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2 A.A.C. 20, Citizens Clean Elections Commission

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9 A.A.C. 10, Department of Health Services - Health Care Institutions: Licensing

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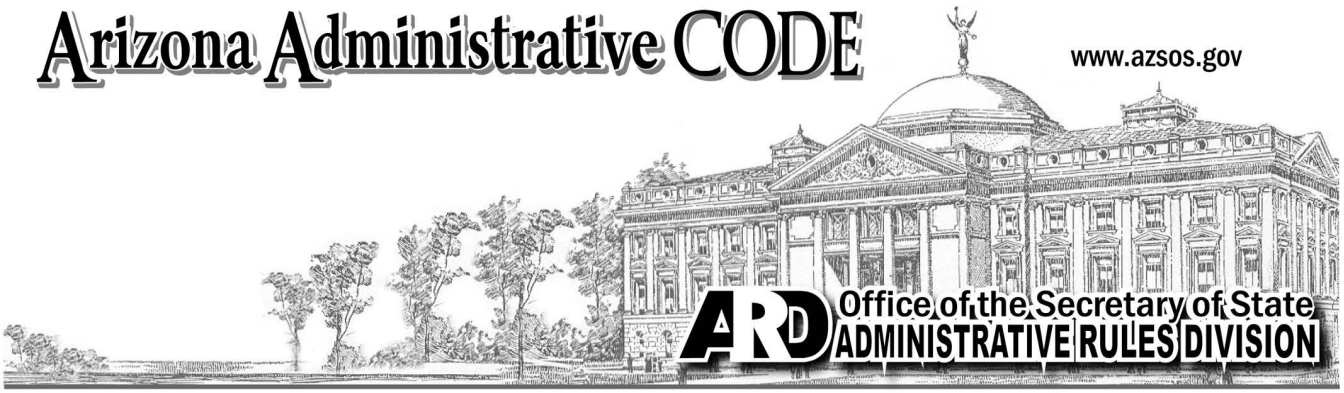
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18 A.A.C. 02, Department of Environmental Quality - Air Pollution Control

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ARIZONA ADMINISTRATIVE CODE

TITLE 2. ADMINISTRATION

CHAPTER 8. STATE RETIREMENT SYSTEM BOARD

2 A.A.C. 8

Supplement Information
Supp. 26-3

Rules filed between July 1, 2026 through September 30, 2026 are codified in this Chapter.

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The release of this Chapter in Supp. 26-3 replaces Supp. 26-1, 1-57 pages. Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained and archived for future reference.

Preface

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

Rules

The definition for a rule is provided for under A.R.S. § 41-1001. "'*Rule' means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.*"

The *Arizona Administrative Code*

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then a Section number with a heading. The "R" at the beginning of the Section number stands for "rule." The rule itself includes sequential letters and numbers in an outline. Each lettered or numbered Section is called a subsection of the rule.

Rules are codified quarterly in the *Code*. For example:

Rules codified in the first quarter are filed between January 1 through March 31.

Rules codified in the second quarter are filed between April 1 through June 30.

Rules codified in the third quarter are filed between July 1 through September 30.

Rules codified in the fourth quarter are filed between October 1 through December 31.

Supplement release dates are included in the footers of each Chapter. The first supplement for the first quarter of 2026 is cited as Supp. 26-1. Supplements are released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

How to Use the *Code*

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Register* for recent updates to rule Sections.

Authentication of PDF *Code* Chapters

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document's content has been compromised.

Rule History

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Arizona Administrative Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

Arizona Revised Statutes References

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature's website, www.azleg.gov. An agency's authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

Session Law References

Arizona Session Law references in a Chapter can be found at the Secretary of State's website, www.azsos.gov under Services-> Legislative Filings.

Exemptions to the APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency's exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor's notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

Personal and Commercial Use of the Chapter

This Chapter is posted as a public courtesy online, and is for private use only. Those who wish to use the contents for resale or profit should contact the Office about Commercial Use fees. For information on commercial use fees review A.R.S. § 39-121.03 and 1 A.A.C. 1, R1-1-113.

Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.

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TITLE 2. ADMINISTRATION

CHAPTER 8. STATE RETIREMENT SYSTEM BOARD

Authority: A.R.S. § 38-711 et seq.

Supp. 26-3

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ARTICLE 1. RETIREMENT SYSTEM

R2-8-101. Repealed

Historical Note
Former Rule, Social Security Regulation 1; Former Section R2-8-01 renumbered as Section R2-8-101 without change effective May 21, 1982 (Supp. 82-3). Amended subsections (A) and (C) effective April 12, 1984 (Supp. 84-2). Section repealed by final rulemaking at 10 A.A.R. 669, effective February 3, 2004 (Supp. 04-1).

R2-8-102. Repealed

Historical Note
Former Rule, Social Security Regulation 2; Amended effective April 15, 1980 (Supp. 80-2). Former Section R2-8-02 renumbered as Section R2-8-102 without change effective May 21, 1982 (Supp. 82-3). Amended as an emergency by adding subsection (E) effective January 1, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Permanent rule, subsections (A), (B), and (D), amended effective April 12, 1984 (Supp. 84-2). Correction, subsection (B), as amended effective April 12, 1984 (Supp. 84-3). Section repealed by final rulemaking at 10 A.A.R. 669, effective February 3, 2004 (Supp. 04-1).

R2-8-103. Repealed

Historical Note
Former Rule, Social Security Regulation 3; Amended effective April 15, 1980 (Supp. 80-2). Former Section R2-8-03 renumbered as Section R2-8-103 without change effective May 21, 1982 (Supp. 82-3). Amended as an emergency by adding subsection (E) effective January 1, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Permanent rule, subsections (A) thru (C), amended effective April 12, 1984 (Supp. 84-2). Section repealed by final rulemaking at 10 A.A.R. 669, effective February 3, 2004 (Supp. 04-1).

R2-8-104. Definitions

A. The definitions in A.R.S. § 38-711 apply to this Chapter.

B. Unless otherwise specified, in this Chapter:

1. "Actuarial assumption" means an estimate of an uncertain future event that affects pension liabilities, or assets, or both.
2. "Assumed actuarial investment earnings rate" means the assumed rate of investment return approved by the Board and contained in R2-8-118(A).
3. "Authorized employer representative" means an individual specified by the Employer to provide the ASRS with information about a member who previously worked for the ASRS employer.
4. "Contribution" means:
   a. Amounts required by A.R.S. Title 38, Chapter 5, Articles 2 and 2.1 to be paid to the ASRS by a member or an employer on behalf of a member;
   b. Any voluntary amounts paid to the ASRS pursuant to 2 A.A.C. 8, Article 5 by a member to be placed in the member's account; and
   c. Amounts credited by transfer under 2 A.A.C. 8, Article 11.
5. "Day" means a calendar day, and excludes the:
   a. Day of the act or event from which a designated period of time begins to run; and
   b. Last day of the period if a Saturday, Sunday, or official state holiday.
6. "Designated beneficiary" means the same as in A.R.S. § 38-762(G) or another person designated as a beneficiary by law.
7. "Director" means the Director appointed by the Board as provided in A.R.S. § 38-715.
8. "Individual retirement account" or "IRA" means the types of eligible retirement plans specified in A.R.S. § 38-770(D)(3)(a) and (b).
9. "DRO" means a copy of an original domestic relations order specified in A.R.S. § 38-773 that contains all of the following:
   a. The requirements of A.R.S. § 38-773;
   b. The date of the member and alternate payee's marriage;
   c. The date of divorce or the date in which the community property interest ended;
   d. A court stamp indicating the domestic relations order is a true and correct copy of the original domestic relations order on file with the court;
   e. If the member is retired on the date of service of the petition for annulment, dissolution of marriage, or legal separation, the gross amount of the member's monthly benefit.
   f. If the member is not retired on the date of service of the petition for annulment, dissolution of marriage, or legal separation, the following:
      i. The member's account balance, including employee and employer contributions;
      ii. The member's estimated amount of refunded contributions;
      iii. The member's estimated survivor benefit amount;
   g. How the member's ASRS benefits should be split in specific amounts for the following possible events;
      i. The member's retirement;
      ii. Return of contributions and termination of membership according to R2-8-115; and
      iii. The death of the member prior to retirement;
   h. Whether the member may transfer all ASRS service credit to another retirement system;
   i. Whether the member is required to maintain the alternate payee as the member's beneficiary;
   j. Whether the member may rescind their retirement option according to A.R.S. § 38-760; and
   k. The judge's dated signature.
10. "Party" means the same as in A.R.S. § 41-1001(14).
11. "Person" means the same as in A.R.S. § 41-1001(15).
12. "Plan" means the same as "defined benefit plan" in A.R.S. § 38-712(B), and as administered by the ASRS.
13. "Retirement account" means the same as in A.R.S. § 38-771(J)(2).
14. "Rollover" means a contribution to the ASRS by an eligible member of an eligible rollover distribution from one or more of the retirement plans listed in A.R.S. § 38-747(H)(2) and (H)(3).
15. "Terminate employment" means to end the employment relationship between a member and an ASRS employer with the intent that the member does not return to employment with an ASRS employer.
16. "United States" means the same as in A.R.S. § 1-215(39).

Historical Note
Former Rule, Social Security Regulation 4; Former Section R2-8-04 renumbered as Section R2-8-104 without change effective May 21, 1982 (Supp. 82-3). Amended subsections (G), (J), and (K) effective April 12, 1984 (Supp. 84-2). Typographical error corrected in subsection (5)(c) "reqired" corrected to "required" (Supp. 97-1). Amended by final rulemaking at 21 A.A.R. 2515, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 24 A.A.R. 1861, effective June 11, 2018 (Supp. 18-2). Amended by final expedited rulemaking at 27 A.A.R. 479, with an immediate effective of March 5, 2021 (Supp. 21-1). Amended by final rulemaking at 28 A.A.R. 1746 (July 22, 2022), effective September 4, 2022 (Supp. 22-3). Amended by final rulemaking at 32 A.A.R. 605 (March 13, 2026, Issue 11), effective April 18, 2026 (Supp. 26-1).

R2-8-105. Repealed

Historical Note
Former Rule, Social Security Regulation 5; Amended effective April 15, 1980 (Supp. 80-2). Former Section R2-8-05 renumbered as Section R2-8-105 without change effective May 21, 1982 (Supp. 82-3). Amended as an emergency by adding subsection (E) effective January 1, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Permanent rule amended effective April 12, 1984 (Supp. 84-2). Section repealed by final rulemaking at 10 A.A.R. 669, effective February 3, 2004 (Supp. 04-1).

R2-8-106. Reserved

R2-8-107. Reserved

R2-8-108. Reserved

R2-8-109. Reserved

R2-8-110. Reserved

R2-8-111. Reserved

R2-8-112. Reserved

R2-8-113. Emergency Expired

Historical Note
New Section made by emergency rulemaking at 11 A.A.R. 579, effective January 4, 2005 (05-1). Emergency rule expired (Supp. 05-2).

R2-8-114. Emergency Expired

Historical Note
New Section made by emergency rulemaking at 11 A.A.R. 579, effective January 4, 2005 (05-1). Emergency rule expired (Supp. 05-2).

R2-8-115. Return of Contributions Upon Termination of Membership by Separation from All ASRS Employment by Other Than Retirement or Death

A. The following definitions apply to this Section unless otherwise specified:
1. "Eligible retirement plan" means the same as in A.R.S. § 38-770(D)(3).
2. "Employer Number" means a unique identifier the ASRS assigns to a member employer.
3. "Employer plan" means the types of eligible retirement plans specified in A.R.S. § 38-770(D)(3)(c), (d), (e), and (f).
4. "LTD" Means the same as in R2-8-301.
5. "On File" means ASRS has received the information.
6. "Process date" means the calendar day the ASRS generates contribution withdrawal documents to be sent to a member.
7. "Warrant" means a voucher authorizing payment of funds due to a member.

B. A member who terminates from all ASRS employment by other than retirement or death and desires a return of the member's contributions, including amounts received for the purchase of service, any employer contributions authorized under A.R.S. § 38-740, and interest on the contributions, shall request from the ASRS, in writing or verbally, the documents necessary to apply for the withdrawal of the member's contributions.

C. Upon request to withdraw by the member, the ASRS shall provide:
1. An Application for Withdrawal of Contributions and Termination of Membership form to the member, and
2. An Ending Payroll Verification - Withdrawal of Contribution and Termination of Membership form to the employer, if ASRS has received contributions for the member within the six months immediately preceding the date the member submitted the request to ASRS.

D. The member shall complete and return to the ASRS the Application for Withdrawal of Contributions and Termination of Membership form that includes the following information:
1. The member's full name;
2. The member's Social Security number or U.S. Tax Identification number;
3. The member's current mailing address, if not On File with ASRS;
4. The member's birth date, if not On File with ASRS;
5. Notarized signature of the member certifying that the member:
   a. Is no longer employed by any Employer;
   b. Is neither under contract nor has any verbal or written agreement for future employment with an Employer;
   c. Is not currently in a leave of absence status with an Employer;
   d. Understands that each of the member's former Employers will complete an ending payroll verification form if ASRS has received contributions for the member within the six months immediately preceding the date the member submitted the request to ASRS;
   e. Understands that the member's most recent Employer will complete an ending payroll verification form for the member if the member has reached the member's required beginning date pursuant to A.R.S. § 38-775;
   f. Has read and understands the Special Tax Notice Regarding Plan Payments the member received with the application and the member elects to waive the member's 30-day waiting period to consider a roll over or a cash distribution;
   g. Understands that the member is forfeiting all future retirement rights and privileges of membership with ASRS;

h. Understands that LTD benefits will be canceled if the member elects to withdraw contributions while receiving or electing to receive long-term disability benefits;
i. Understands that if the member elects to roll over all or any portion of the member's distribution to another employer plan, it is the member's responsibility to verify that the receiving employer plan will accept the rollover and, if applicable, agree to separately account for the pre-tax and post-tax amounts rolled over and the related subsequent earnings on the amounts;
j. Understands that if the member elects to roll over all or any portion of the member's distribution to an individual retirement account, it is the member's responsibility to separately account for pre-tax and post-tax amounts; and
k. Understands that if the member elects a rollover to another employer plan or individual retirement account, any portion of the distribution not designated for roll over will be paid directly to the member and any taxable amounts will be subject to applicable state and federal tax withholding;
l. Understands that the member is not considered terminated and cannot withdraw the member's ASRS contribution if the member was called to active military service and is not currently performing services for an Employer;
m. Understands that any person who knowingly makes any false statement with an intent to defraud the ASRS is guilty of a Class 6 felony in accordance with A.R.S. § 38-793.

6. Specify that:
   a. The entire amount of the distribution be paid directly to the member,
   b. The entire amount of the distribution be rolled over to an eligible retirement plan, or
   c. An identified amount of the distribution be rolled over to an eligible retirement plan and the remaining amount be paid directly to the member; and
7. If the member selects all or a portion of the withdrawal be rolled over to an eligible retirement plan, specify;
   a. The type of eligible retirement plan; and
   b. The name and mailing address of the eligible retirement plan.

E. If ASRS has received contributions for the member within six months immediately preceding the date the member submitted the request to ASRS each Employer shall complete an Ending Payroll Verification - Withdrawal of Contributions and Termination of Membership form electronically that includes the following information:
1. The member's full name;
2. The member's Social Security number or U.S. Tax Identification number;
3. The member's termination date;
4. The member's final pay period ending date;
5. The final amount of contributions, including any adjustments or corrections, but not including any long-term disability contributions;
6. The Employer's name and telephone number;
7. The Employer Number;
8. The name and title of the authorized Employer representative;
9. Certification by the authorized Employer representative that:
   a. The member Terminated Employment and is neither under contract nor bound by any verbal or written agreement for employment with the Employer;
   b. There is no agreement to re-employ the member;
   c. Any person who knowingly makes any false statement or who falsifies any record of the retirement plan with an intent to defraud the plan, is guilty of a Class 6 felony according to A.R.S. § 38-793; and
   d. The authorized Employer representative certifies that they are the Employer user named on the Ending Payroll Verification - Withdrawal of Contributions and Termination of Membership form and their title and contact information is current and correct.

F. If the member has attained a required beginning distribution date as of the date the member submitted the request to ASRS, the most recent Employer shall complete an Ending Payroll Verification - Withdrawal of Contributions and Termination of Membership form electronically that includes the information contained in subsection (E).

G. If the member requests a return of contributions and a Warrant is distributed during the fiscal year that the member began membership in the ASRS, no interest is paid to the account of the member.

H. If the member requests a return of contributions after the first fiscal year of membership, the ASRS shall credit interest at the rate specified in Column 3 of the table in R2-8-118(A) to the account of the member as of June 30 of each year, on the basis of the balance in the account of the member as of the previous June 30. The ASRS shall credit interest for a partial fiscal year of membership in the ASRS on the previous June 30 balance based on the number of days of membership up to and including the day the ASRS issues the Warrant divided by the total number days in the fiscal year. Contributions made after the previous June 30 are returned without interest.

I. Upon submitting to the ASRS the completed and accurate Application for Withdrawal of Contributions and Termination of Membership form and, if applicable, after the ASRS has received any Ending Payroll Verification - Withdrawal of Contributions and Termination of Membership forms, a member is entitled to payment of the amount due to the member as specified in subsection (G) or (H) unless ASRS has received a DRO before the ASRS returns the contributions as specified by the member.

J. A member may cancel an Application for Withdrawal of Contributions and Termination of Membership form at any time before the return of contributions is disbursed by submitting written notice to ASRS to cancel the request.

K. If an Application for Withdrawal of Contributions and Termination of Membership form is completed through the member's secure ASRS account, the secure login and successful submission of the knowledge based answers shall serve as the member's notarized signature required under subsection (D)(5).

Historical Note

Former Rule, Social Security Regulation 1; Amended effective Dec. 20, 1979 (Supp. 79-6). Former Section R2-8-15 renumbered as Section R2-8-115 without change effective May 21, 1982 (Supp. 82-3). Amended by final rulemaking at 11 A.A.R. 1416, effective April 5, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 644, effective February 7, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2515, effective Decem-

ber 5, 2015 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 79, effective March 6, 2016 (Supp. 16-1). Amended by final rulemaking at 26 A.A.R. 2036, effective November 8, 2020 (Supp. 20-3). Amended by final rulemaking at 28 A.A.R. 1746 (July 22, 2022), effective September 4, 2022 (Supp. 22-3).

R2-8-116. Alternate Contribution Rate

A. For purposes of this Section, the following definitions apply:
1. "ACR" means an alternate contribution rate pursuant to A.R.S. § 38-766.02, the resulting amount of which is not deducted from the employee's compensation.
2. "Class of positions" means all employment positions of the employer that perform the same, or substantially similar, function or duties, for the employer as determined by the ASRS in subsection (B).
3. "Compensation" has the same meaning as A.R.S. § 38-711(7) and does not include ACR amounts.
4. "Leased from a third party" means:
   a. The employee is not employed by an employer; and
   b. A co-employment relationship, as defined in A.R.S. § 23-561(4), does not exist.

B. An employer that employs a retired member shall pay an ACR to the ASRS, unless the employer provides proof that:
1. The retired member is leased from a third party; and
2. All employees in the entire class of positions, to which the retired member's position belongs, have been leased from a third party; and
3. No employee who has not been leased is performing the same, or substantially similar, function or duties, as the retired member.

C. In order to determine whether an employer satisfies the criteria in subsection (B), the employer shall submit information and documentation, pursuant to A.R.S. § 38-766.02(E), within 14 days of written request by the ASRS.

D. The employer shall directly remit payment of an ACR to the ASRS from the employer's funds, through the employer's secure ASRS account within 14 days of the first pay period end date after the hire of the retired member.

E. If the employer does not remit the ACR by the date it is due pursuant to subsection (D), the ASRS shall charge interest on the ACR amount from the date it was due to the date the ACR payment is remitted to the ASRS at the assumed actuarial investment earnings rate listed in R2-8-118(A).

F. A payment of an ACR on behalf of a retired member pursuant to A.R.S. § 38-766.02, shall not entitle a retired member to a refund of an ACR payment or any additional ASRS benefit as described in A.R.S. § 38-766.01(E).

Historical Note

Former Rule, Retirement System Regulation 2; Former Section R2-8-16 renumbered as Section R2-8-116 without change effective May 21, 1982 (Supp. 82-3). Section expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3). New Section made by final rulemaking at 22 A.A.R. 1341, effective July 4, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 1861, effective June 11, 2018 (Supp. 18-2).

R2-8-117. Return to Work After Retirement

A. Unless otherwise specified, in this Section:
1. "Commencing employment" means the date a retired member who is not independently contracted or leased from a third party pursuant to R2-8-116(A)(4) renders services directly to an Employer for which the retired member is entitled to be paid.
2. "Returns to work" means the member retired from the ASRS prior to Commencing Employment with an Employer.

B. Pursuant to A.R.S. § 38-766.01(C), a retired member who returns to work directly with an Employer shall submit a Working After Retirement form to each of the retired member's current Employers through the retired member's secure website account within 30 days of the retired member Commencing Employment with an Employer.

C. Pursuant to A.R.S. § 38-766.02(E), within 14 days of receipt of a Working After Retirement form, an Employer shall verify the retired member's employment information and submit the verified Working After Retirement form to the ASRS through the Employer's secure website account for each retired member who returns to work with the Employer.

D. After a retired member returns to work, the Employer shall submit a verified Working After Retirement form to the ASRS through the Employer's secure website account within 30 days of a change in the actual hours or intent of each retired member's employment that results in:
1. The member's number of hours worked per week increasing from less than 20 hours per week to 20 or more hours per week; or
2. The member's number of weeks worked in a fiscal year increasing from less than 20 weeks per fiscal year to 20 or more weeks per fiscal year.

E. The Working After Retirement form shall contain the following information:
1. The retired member's Social Security number or U.S. Tax Identification number;
2. The retired member's full name;
3. The date the member retired;
4. Whether the retired member terminated employment, and if so, the date the retired member terminated employment;
5. The first date of Commencing Employment upon the retired member's return to work;
6. The intent of the retired member's employment reflected as:
   a. The anticipated number of hours the retired member is engaged to work per week and the anticipated number of weeks the retired member is engaged to work per fiscal year; or
   b. The actual number of hours the retired member works for an Employer per week and the actual number of weeks the retired member works for an Employer in a fiscal year.
7. Acknowledgement by the retired member that the retired member has read the Return to Work information on the ASRS website and intends to submit the Working After Retirement form to the Employer and submit any additional Working After Retirement forms to the Employer as required.

F. Upon discovering that the retired member's employment violates A.R.S. §§ 38-766 or 38-766.01, the ASRS shall send the retired member a Retiree Return to Work Notice of Non-Compliance with ASRS Statutes form.

G. By the due date specified on the Retiree Return to Work Notice of Non-Compliance with ASRS Statutes form, the retired member shall return the completed form and any supporting documentation to the ASRS indicating the action the retired member will take to correct the violation of A.R.S. §§ 38-766 or 38-766.01.

H. If the member does not submit the Retiree Return to Work Notice of Non-Compliance with ASRS Statutes form pursuant to subsection (G), the ASRS shall suspend the retired member's retirement benefits from the date on the Retiree Return to Work Notice of Non-Compliance with ASRS Statutes form.

I. If the ASRS suspends the retired member's retirement benefits pursuant to subsection (H), the ASRS shall reinstate the retired member's retirement benefits upon notice from the Employer that all violations pursuant to subsection (F) have been corrected.

J. Notwithstanding any other Section, a member who meets the required minimum distributions age according to A.R.S. § 38-775, may not elect to suspend the member's retirement benefit.

K. If a member elects to continue receiving the member's retirement benefit when the member Returns to Work according to A.R.S. § 38-766.01, the member's election is irrevocable, unless the member terminates employment with the Employer for which the member made the election.

L. The ASRS shall suspend any Premium Benefit a member is receiving according to 2 A.A.C. 8, Article 2 if the member Returns to Work and resumes active membership in ASRS.

M. A member who Returns to Work is not eligible to request a return of contributions according to R2-8-115 for contributions remitted during the period of employment for which the member Returns to Work.

N. If a member received a lump sum payment according to R2-8-126(P), the ASRS shall not include any compensation and credited service the member earned prior to the date the member Returns to Work when the member re-retires according to R2-8-127.

Historical Note

Former Rule, Retirement System Regulation 3; Former Section R2-8-17 renumbered as Section R2-8-117 without change effective May 21, 1982 (Supp. 82-3). Section repealed by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). New Section made by final rulemaking at 23 A.A.R. 209, effective March 5, 2017 (Supp. 17-1). Amended by final expedited rulemaking at 27 A.A.R. 479, with an immediate effective of March 5, 2021 (Supp. 21-1). Amended by final rulemaking at 28 A.A.R. 1255 (June 10, 2022), effective July 17, 2022 (Supp. 22-2). Amended by final rulemaking at 30 A.A.R. 725 (April 12, 2024), effective May 17, 2024 (Supp. 24-1).

R2-8-118. Application of Interest Rates

A. Application of interest from inception of the ASRS Plan through the present is as follows:

Effective Date of Interest Rate Change	Assumed Actuarial Investment Earnings Rate	Interest Rate Used to Determine Return of Contributions Upon Termination of Membership by Separation from Service by Other Than Retirement or Death
7-1-1953	2.50%	2.50%
7-1-1959	3.00%	3.00%
7-1-1966	3.75%	3.75%
7-1-1969	4.25%	4.25%
7-1-1971	4.75%	4.75%
7-1-1975	5.50%	5.50%
7-1-1976	6.00%	5.50%
7-1-1981	7.00%	5.50%
7-1-1982	7.00%	7.00%
7-1-1984	8.00%	8.00%
7-1-2005	8.00%	4.00%
7-1-2013	8.00%	2.00%
7-1-2018	7.50%	2.00%
7-1-2022	7.00%	2.00%

B. At the beginning of each fiscal year, interest is credited to the retirement account of each member on the June 30 that marks the end of the fiscal year based on the balance in the member's account as of the previous June 30. The balance on which interest is credited includes:

1. Employer and employee contributions;
2. Voluntary additional contributions made by members pursuant to A.R.S. §§ 38-742, 38-743, 38-744, and 38-745, if applicable;
3. Amounts credited by transfer under 2 A.A.C. 8, Article 11; and
4. Interest credited in previous years.

C. Notwithstanding subsection (B), the retirement account of each member stops accruing interest the last full month prior to the member's retirement date.

D. A member's retirement account that the ASRS deems abandoned according to A.R.S. § 38-722 shall receive interest at the applicable interest rates according to subsection (A) upon reinstatement of the retirement account.

E. For a member whose address and birthdate are on file with the ASRS, the ASRS shall deem a retirement account of a member who is not retired or deceased as abandoned if:

1. The ASRS has not received any contributions for at least 180 days;
2. The member has reached the required minimum distribution age according to A.R.S. § 38-775; and
3. The ASRS has sent the member at least three annual notices of the member's responsibility to submit an application for disbursement of benefits according to A.R.S. § 38-775 and the member has not responded to those notices.

F. For a member whose address and birthdate are not on file with the ASRS, the ASRS shall deem a retirement account of a member who is not retired or deceased as abandoned if:

1. The ASRS has not received any contributions for at least 180 days; and
2. The ASRS has posted the member's full name to the abandoned monies section of the ASRS website for at least three consecutive years.

G. The ASRS shall deem a retirement account of a deceased member as abandoned if:

1. The ASRS has sent the designated beneficiary at least three annual notices of the beneficiary's responsibility to begin receiving benefits according to A.R.S. § 38-775; and
2. The designated beneficiary has not responded to those notices.

H. The ASRS shall reinstate an abandoned retirement account if the apparent owner notifies the ASRS that the member would like the retirement account reinstated.

Historical Note

Former Rule, Retirement System Regulation 4; Amended effective July 1, 1975 (Supp. 75-1). Amended effective

June 23, 1976 (Supp. 76-3). Former Section R2-8-18 renumbered and amended as Section R2-8-118 effective May 21, 1982 (Supp. 82-3). Amended by final rulemaking at 11 A.A.R. 1416, effective April 5, 2005 (Supp. 05-2). Amended by final rulemaking at 19 A.A.R. 764, effective June 1, 2013 (Supp. 13-2). Amended by final rulemaking at 21 A.A.R. 2515, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 79, effective March 6, 2016 (Supp. 16-1). Amended by final rulemaking at 24 A.A.R. 1861, effective June 11, 2018 (Supp. 18-2). Amended by final expedited rulemaking at 27 A.A.R. 479, with an immediate effective of March 5, 2021 (Supp. 21-1). Amended by final rulemaking at 28 A.A.R. 1481 (June 24, 2022), with an immediate effective date of June 6, 2022 (Supp. 22-2). Amended by final rulemaking at 30 A.A.R. 727 (April 12, 2024), effective May 17, 2024 (Supp. 24-1).

R2-8-119. Expired

Historical Note

Former Rule, Retirement System Regulation 5; Amended effective July 1, 1975 (Supp. 75-1). Amended effective June 23, 1976 (Supp. 76-3). Former Section R2-8-19 renumbered and amended as Section R2-8-119 effective May 21, 1982 (Supp. 82-3). Section R2-8-119 and Appendix A and B expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3).

R2-8-120. Repealed

Historical Note

Former Rule, Social Security Regulation 6; Amended effective June 19, 1975 (Supp. 75-1). Amended effective July 13, 1979 (Supp. 79-4). Former Section R2-8-20 renumbered and amended as Section R2-8-120 effective May 21, 1982 (Supp. 82-3). Repealed effective July 24, 1985 (Supp. 85-4). New Section made by final rulemaking at 20 A.A.R. 2236, effective October 4, 2014 (Supp. 14-3). Amended by final rulemaking at 21 A.A.R. 2515, effective December 5, 2015 (Supp. 15-4). Repealed by final rulemaking at 26 A.A.R. 2036, effective November 8, 2020 (Supp. 20-3).

R2-8-121. Employer Payments for Ineligible Contributions; Unfunded Liability Invoice

A. Upon calculating an unfunded liability amount under A.R.S. § 38-748, the ASRS shall send an Unfunded Liability Invoice to the Employer through the Employer's secure ASRS account.

B. An Employer that owes an unfunded liability amount to the ASRS pursuant to A.R.S. § 38-748, shall remit full payment of the unfunded liability amount within 90 days of being notified of the unfunded liability pursuant to subsection (A).

C. Pursuant to A.R.S. § 38-735(C), if the ASRS does not receive full payment from the Employer of the unfunded liability amount within 90 days of being notified of the unfunded liability amount, the unpaid portion of the unfunded liability amount shall accrue interest at the assumed actuarial investment earnings rate listed in R2-8-118(A).

D. The ASRS may collect any unfunded liability and interest amount pursuant to A.R.S. §§ 38-723 and 38-735(C).

Historical Note

Former Rule, Retirement System Regulation 7; Amended effective April 15, 1980 (Supp. 80-2). Former Section R2-8-21 renumbered as Section R2-8-121 without change effective May 21, 1982 (Supp. 82-3). Amended subsection (A) effective May 30, 1985 (Supp. 85-3). Section repealed by final rulemaking at 11 A.A.R. 444, effective January 4, 2005 (05-1). New Section made by final rulemaking at 27 A.A.R. 458, effective May 2, 2021 (Supp. 21-1).

R2-8-122. Remittance of Contributions

A. Each Employer shall remit the amount of employee member contributions to the ASRS not later than 14 days after the last day of each payroll period. Payments of employee member contributions not received in the offices of the ASRS by the 14th day after the last day of the applicable payroll period shall become delinquent after that date and shall accrue interest at the assumed actuarial investment earnings rate listed in R2-8-118(A) per annum from and after the date of delinquency until payment is received by the ASRS.

B. Each Employer shall remit the amount of employer contributions to the ASRS not later than 14 days after the last day of each payroll period. Payments of employer contributions not received in the offices of the ASRS by the 14th day after the last day of the applicable payroll period shall become delinquent after that date and shall accrue interest at the assumed actuarial investment earnings rate listed in R2-8-118(A) per annum from and after the date of delinquency until payment is received by the ASRS.

C. Each Employer shall remit contributions pursuant to this Section based on the contribution rate in effect on the pay period end date.

D. Each Employer shall certify on each payroll that each employee included on that payroll has met the requirements for active member eligibility and that all contributions to be remitted are for eligible compensation under A.R.S. § 38-711.

E. If an Employer improperly certifies that an employee has met the requirements for active member eligibility and that all contributions remitted for the employee are eligible for compensation under subsection (D), the ASRS may charge the employer an unfunded liability amount under A.R.S. § 38-748.

Historical Note

Former Rule, Retirement System Regulation 8; Amended effective Dec. 8, 1978 (Supp. 78-6). Former Section R2-8-22 renumbered as Section R2-8-122 without change effective May 21, 1982 (Supp. 82-3). Amended by final rulemaking at 22 A.A.R. 79, effective March 6, 2016 (Supp. 16-1). Amended by final rulemaking at 24 A.A.R. 1861, effective June 11, 2018 (Supp. 18-2). Amended by final rulemaking at 26 A.A.R. 371, effective April 11, 2020 (Supp. 20-1). Section amended by final rulemaking at 27 A.A.R. 458, effective May 2, 2021 (Supp. 21-1).

R2-8-123. Actuarial Assumptions and Actuarial Value of Assets

A. For the purposes of this Section, "market value" means an estimated monetary worth of an asset based on the current demand for the asset and the amount of that type of asset available for sale.

B. The Board adopts the following actuarial assumptions and asset valuation method:

1. The interest and investment return rate assumptions are determined by the Board.
2. The actuarial value of assets equals the market value of assets:
   a. Minus a 10-year phase-in of the excess for years in which actual investment return exceeds expected investment return; and

b. Plus a 10-year phase-in of the shortfall for years in which actual investment return falls short of expected investment return.

Historical Note

Adopted effective July 1, 1975 (Supp. 75-1). Amended effective June 23, 1976 (Supp. 76-3). Amended effective December 20, 1977 (Supp. 77-6). Former Section R2-8-23 renumbered and amended as Section R2-8-123 effective May 21, 1982 (Supp. 82-3). Emergency amendments effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency amendments adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent amendments adopted effective December 22, 1993 (Supp. 93-4). Emergency amendments adopted effective January 30, 1997, pursuant to A.R.S. § 41-1026 for a maximum of 180 days (Supp. 97-1). Emergency expired. Permanent amendments adopted effective September 12, 1997 (Supp. 97-3). Amended by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 1006, effective February 24, 2003 for a period of 180 days (Supp. 03-1). Emergency rulemaking renewed at 9 A.A.R. 3963, effective August 21, 2003 for a period of 180 days (Supp. 03-3). Amended by final rulemaking at 9 A.A.R. 4614, effective December 6, 2003 (Supp. 03-4). Amended by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Amended by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3). Section expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3). New Section made by final rulemaking at 20 A.A.R. 3043, effective January 3, 2015 (Supp. 14-4). Amended by final rulemaking at 21 A.A.R. 2515, effective December 5, 2015 (Supp. 15-4).

Table 1. Expired

Historical Note

Emergency adoption effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Emergency amendments to Table 1 adopted effective January 30, 1997, pursuant to A.R.S. § 41-1026 for a maximum of 180 days (Supp. 97-1). Emergency expired. Permanent amendments adopted effective September 12, 1997 (Supp. 97-3). Amended by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Amended by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3). Table expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3).

Table 2. Expired

Historical Note

Emergency adoption effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Emergency amendments to Table 2 adopted effective January 30, 1997, pursuant to A.R.S. § 41-1026 for a maximum of 180 days (Supp. 97-1). Emergency expired. Permanent amendments adopted effective September 12, 1997 (Supp. 97-3). Amended by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Amended by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3). Table expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3).

Table 3. Repealed

Historical Note

Emergency adoption effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Emergency amendments to Table 3 adopted effective January 30, 1997, pursuant to A.R.S. § 41-1026 for a maximum of 180 days (Supp. 97-1). Emergency expired. Permanent amendments adopted effective September 12, 1997 (Supp. 97-3). Table 3 repealed; new Table 3 renumbered from Table 4 by final rulemaking at 9 A.A.R. 4614, effective December 6, 2003 (Supp. 03-4). Table repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Table repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Table 3A. Expired

Historical Note

New Table made by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). New Table made by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3). Table expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3).

Table 3B. Expired

Historical Note

New Table made by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). New Table made by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3). Table expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3).

Table 4. Expired

Historical Note

Emergency adoption effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Table 4 renumbered as Table 3 by final rulemaking at 9 A.A.R. 4614, effective December 6, 2003 (Supp. 03-4). New Table made by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). New Table made by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Table expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3).

Table 4A. Repealed

Historical Note

New Table made by final rulemaking at 9 A.A.R. 4614, effective December 6, 2003 (Supp. 03-4). Table repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Table repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Table 4B. Repealed

Historical Note

New Table made by final rulemaking at 9 A.A.R. 4614, effective December 6, 2003 (Supp. 03-4). Table repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Table repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Table 4C. Repealed

Historical Note

New Table made by final rulemaking at 9 A.A.R. 4614, effective December 6, 2003 (Supp. 03-4). Table repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Table repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Table 5. Expired

Historical Note

Emergency adoption effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Table 5 repealed, new Table 5 adopted by emergency action effective January 30, 1997, pursuant to A.R.S. § 41-1026 for a maximum of 180 days (Supp. 97-1). Emergency expired. Table 5 repealed, new Table 5 adopted by regular rulemaking action effective September 12, 1997 (Supp. 97-3). Table 5 repealed; new Table 5 renumbered from Table 6 and amended by final rulemaking at 9 A.A.R. 4614, effective December 6, 2003 (Supp. 03-4). Table repealed; new Table made by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Former Table 5 renumbered to Table 6; new Table 5 made by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3). Table expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3).

Table 6. Expired

Historical Note

Emergency adoption effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Table repealed, new Table adopted effective September 12, 1997 (Supp. 97-3). Former Table 6 renumbered to Table 5; new Table 6 renumbered from Table 7 and amended by final rulemaking at 9 A.A.R. 4614, effective December 6, 2003 (Supp. 03-4). Table repealed; new Table made by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Former Table 6 renumbered to Table 7; new Table 6 renumbered from Table 5 and amended by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3). Table expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3).

Table 7. Expired

Historical Note

Emergency adoption effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Table repealed, new Table adopted effective September 12, 1997 (Supp. 97-3). Renumbered to Table 6 by final rulemaking at 9 A.A.R. 4614, effective December 6, 2003 (Supp. 03-4). New Table made by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Table 7 renumbered from Table 6 and amended by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3). Table expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3).

R2-8-124. Termination Incentive Program by Agreement; Unfunded Liability Calculations

A. The following definitions apply to this Section unless otherwise specified:
1. "Compensation" means the same as in A.R.S. § 38-711(7).
2. "Termination Incentive Program" means the same as in A.R.S. § 38-749(D)(2).

B. An Employer that intends to implement a Termination Incentive Program shall provide the following information to the ASRS through the Employer's secure ASRS account:
1. Within 90 days before implementation of the program, a complete description of the program terms and conditions, including the program contract, understanding, or agreement; and
2. Within 90 days before implementation of the program, the following information for each member who may be eligible to participate in the program:
   a. The member's full name;
   b. The member's date of birth; and
   c. The member's current Compensation;

C. The ASRS may use the information provided by the Employer pursuant to subsection (B) and the information on file with the ASRS to determine an estimated unfunded liability amount in consultation with the ASRS actuary, which may result from the implementation of the Employer's Termination Incentive Program.

D. If the ASRS determines an estimated unfunded liability amount pursuant to subsection (C), the ASRS may send a Notice of Estimated Liability to the Employer through the Employer's secure ASRS account, in order to notify the Employer of the estimated unfunded liability amount the Employer may owe to the ASRS as a result of implementing the Termination Incentive Program identified under subsection (B). An Employer may owe the ASRS more or less than the

estimated unfunded liability amount based on actual employee participation in the Employer's Termination Incentive Program pursuant to subsection (F).

E. Within 30 days of termination of employment of each member who participated in a Termination Incentive Program identified under subsection (B), the Employer shall provide the following information to the ASRS through the Employer's secure ASRS account:
1. The member's full name;
2. The member's date of birth;
3. The member's Compensation at termination;
4. The date the member terminated employment; and
5. The amount and type of any additional pay the member received, or was entitled to receive, from the Employer as a result of participating in the Employer's Termination Incentive Program.

F. Upon receipt of all the information identified in subsection (E) and in consultation with the ASRS actuary, the ASRS shall calculate the actual unfunded liability amount which resulted from the implementation of the Employer's Termination Incentive Program.

G. If the ASRS calculates an unfunded liability of less than $0.00 for any member who participated in the Employer's Termination Incentive Program, the amount will be applied against the aggregate unfunded liability of the Employer.

H. Upon calculating the unfunded liability pursuant to subsections (F) and (G), the ASRS shall send the Employer a Termination Incentive Program Liability Invoice through the Employer's secure ASRS account.

I. An Employer that owes an unfunded liability amount to the ASRS pursuant to A.R.S. § 38-749, shall remit full payment of the unfunded liability amount by the due date specified in the Termination Incentive Program Liability Invoice.

J. Pursuant to A.R.S. § 38-735(C), if the ASRS does not receive full payment from the Employer of the unfunded liability amount by the due date specified in the Termination Incentive Program Liability Invoice, the unpaid portion of the unfunded liability amount shall accrue interest at the assumed actuarial investment earnings rate listed in R2-8-118(A).

K. The ASRS may collect any unfunded liability amount pursuant to A.R.S. §§ 38-723 and 38-735(C).

Historical Note

Adopted as an emergency effective August 25, 1975 (Supp. 75-1). Former Section R2-8-24 renumbered as Section R2-8-124 without change effective May 21, 1982 (Supp. 82-3). Section repealed by final rulemaking at 10 A.A.R. 669, effective February 3, 2004 (Supp. 04-1). New Section made by final rulemaking at 23 A.A.R. 2743, effective January 1, 2018 (Supp. 17-3). Amended by final rulemaking at 24 A.A.R. 1861, effective June 11, 2018 (Supp. 18-2).

R2-8-125. Termination Incentive Program by 30% Salary Increase; Unfunded Liability Calculations

A. The following definitions apply to this Section unless otherwise specified:
1. "Average monthly compensation" means the same as in A.R.S. § 38-711(5).
2. "Baseline salary" means the average of a member's monthly Compensation during the 12 consecutive months in which the member received Compensation immediately preceding the first month of Compensation used to calculate the member's retirement benefit. The Baseline Salary shall include only Compensation from the Same Employer that paid the Compensation used in the calculation of a member's retirement benefit. If the member has less than 12 consecutive months in which the member received Compensation immediately preceding the first month of Compensation used to calculate the member's retirement benefit, then the ASRS will calculate the member's Baseline Salary as the total of the 12 months of Compensation the member received:
   a. Starting with the first month of Compensation the member received in the 12 months immediately preceding the member's Average Monthly Compensation, or within the Average Monthly Compensation; and
   b. Ending with the 12th month of Compensation the member received after the first month of Compensation used in subsection (A)(2)(a).
3. "Compensation" means the same as in A.R.S. § 38-711(7).
4. "Job reclassification" means a change in the classification of an employment position made by the Employer when it finds the duties and responsibilities of the position have changed significantly, materially, and permanently from when the position was last classified.
5. "Promotion" means, excluding a Salary Regrade or Job Reclassification, the act of advancing an employee to a higher salary or higher rank within the organization, which is characterized by:
   a. A change in the employee's primary job responsibilities; and
   b. A pay increase that is supported by a standard salary administration practice that is documented by the Employer; and
   c. A competitive selection process or a noncompetitive selection process supported by a standard hiring practice that is documented by the Employer.
6. "Salary regrade" means a change in the salary scale of an employment position made by the Employer in order to align the position's salary scale with market factors and/or the Employer's current salary practices.
7. "Same employer" means the Employer has the same ownership as another Employer, except that for purposes of this Section, each agency, board, commission, and department of the State of Arizona shall be considered a separate Employer.
8. "Termination Incentive Program" means the same as in A.R.S. § 38-749(D)(1).

B. Upon a member's retirement on or after January 1, 2018, the ASRS shall compare the member's Baseline Salary to the Average Monthly Compensation used to calculate the member's retirement benefit in order to determine whether an Employer utilized a Termination Incentive Program as defined in A.R.S. § 38-749(D)(1). This subsection only applies to members who earned the Compensation used to calculate the member's Baseline Salary, on or after July 1, 2005.

C. Upon determining that a Termination Incentive Program exists under subsection (B), the ASRS shall send a Request for Documentation to the Employer through the Employer's secure ASRS account, in order to notify the Employer that the ASRS has identified a Termination Incentive Program for a particular member and the Employer may be required to pay the ASRS for the unfunded liability resulting from the Termination Incentive Program, unless the Employer can prove the increase in the member's salary was the result of a Promotion.

D. Within 90 days of the date on the Request for Documentation, the Employer shall respond to the Request for Documentation by:
1. Submitting documentation through the Employer's secure ASRS account that shows the member's increase in Compensation was the result of a Promotion; or
2. Acknowledging in writing that the increase in the member's salary was not the result of a Promotion.

E. Pursuant to subsection (D), the Employer bears the burden of producing evidence that a Promotion has occurred as defined in subsection (A)(5).

F. The ASRS shall use any evidence the Employer submits to the ASRS pursuant to subsection (D) to determine whether a Promotion occurred.

G. If the Employer does not respond to the Request for Documentation within 90 days of the date on the Request for Documentation, the ASRS shall determine that the increase in the member's salary was not the result of a Promotion.

H. If the ASRS determines that the increase in the member's salary was not the result of a Promotion pursuant to subsections (F) or (G), the ASRS shall calculate the unfunded liability amount pursuant to subsection (I).

I. In consultation with the ASRS actuary, the ASRS shall use the calculation under subsection (B) to calculate the unfunded liability resulting from the implementation of the Employer's Termination Incentive Program.

J. Upon calculating an unfunded liability amount pursuant to subsection (I), the ASRS shall send a Termination Incentive Program Liability Invoice to the Employer through the Employer's secure ASRS account, in order to notify the Employer of the unfunded liability amount the Employer shall owe to the ASRS as a result of implementing the Termination Incentive Program identified under subsection (B).

K. An Employer that owes an unfunded liability amount to the ASRS pursuant to A.R.S. § 38-749, shall remit full payment of the unfunded liability amount by the due date specified in the Termination Incentive Program Liability Invoice.

L. Pursuant to A.R.S. § 38-735(C), if the ASRS does not receive full payment from the Employer of the unfunded liability amount by the due date specified in the Termination Incentive Program Liability Invoice, the unpaid portion of the unfunded liability amount shall accrue interest at the assumed actuarial investment earnings rate listed in R2-8-118(A).

M. The ASRS may collect any unfunded liability amount pursuant to A.R.S. §§ 38-723 and 38-735(C).

Historical Note

Adopted as an emergency effective July 30, 1975 (Supp. 75-1). Former Section R2-8-25 renumbered as Section R2-8-125 without change effective May 21, 1982 (Supp. 82-3). Section repealed by final rulemaking at 10 A.A.R. 669, effective February 3, 2004 (Supp. 04-1). New Section made by final rulemaking at 23 A.A.R. 2743, effective January 1, 2018 (Supp. 17-3). Amended by final rulemaking at 24 A.A.R. 1861, effective June 11, 2018 (Supp. 18-2). Amended by final rulemaking at 30 A.A.R. 730 (April 12, 2024), effective May 17, 2024 (Supp. 24-1).

R2-8-126. Retirement Application

A. For the purposes of this Section, the following definitions apply, unless stated otherwise:
1. "Acceptable documentation" means any written request containing all the accurate, required information, dates, and signatures necessary to process the request.
2. "Acceptable form" means any ASRS form request containing all the accurate, required information, dates, and signatures necessary to process the form request.
3. "Applicable retirement date" means the later of:
   a. The date a member retires from the ASRS for the first time; or
   b. The date a member re-retires from the ASRS after returning to active membership.
4. "Conservator" means the same as in A.R.S. § 14-7651.
5. "Joint and survivor retirement benefit option" means an optional form of retirement benefits described in A.R.S. § 38-760(B)(1).
6. "Legal documentation" means:
   a. One document issued from a United States government entity; or
   b. Two documents issued from one or more federal, state, local, sovereign, medical, or religious institution.
7. "LTD" means the same as in R2-8-301.
8. "Irrevocable PDA" means the same as in R2-8-501.
9. "On File" means the same as in R2-8-115.
10. "Original retirement date" means the later of:
    a. The date a member retires from the ASRS for the first time; or
    b. The date a member re-retires from the ASRS after returning to active membership for 60 consecutive months or more according to A.R.S. § 38-766(C).
11. "Period certain and life annuity retirement benefit option" means an optional form of retirement benefits described in A.R.S. § 38-760(B)(2).
12. "Spouse" means the individual to whom a member is married under Arizona law.
13. "Straight life annuity" means the same as monthly life annuity according to A.R.S. § 38-757.

B. A member may retire from the ASRS by submitting a Retirement Application to the ASRS that contains the following information:
1. The member's full name;
2. The member's Social Security number or U.S. Tax Identification number;
3. The member's marital status, if not On File with ASRS;
4. The member's current mailing address; if not On File with ASRS;
5. The member's date of birth, if not On File with ASRS;
6. A retirement date according to A.R.S. § 38-764(A);
7. The retirement option the member is electing;
8. If the member is electing to roll over a lump sum distribution amount to another retirement account, then:
   a. The type of account and account number, if applicable, to which the member is electing to roll over the lump sum distribution; and
   b. The name and address of the financial institution of the account to which the member is electing to roll over the lump sum distribution;
9. The following information for each primary beneficiary, unless the member is receiving a mandatory lump sum distribution under subsection (M):
   a. The beneficiary's full name;
   b. The beneficiary's Social Security number, if the beneficiary is a U.S. citizen;
   c. The beneficiary's date of birth;
   d. The beneficiary's relationship to the member; and

e. The percent of benefit the beneficiary may receive upon death of the member, if the member is designating more than one beneficiary.

10. Whether the member is electing the Optional Health Insurance Premium Benefit;
11. The following spousal consent information, if the member is married and is electing a retirement option other than a Joint and Survivor Retirement Benefit Option with at least 50% of the retirement benefit designated to the member's spouse:
    a. Whether the member's spouse consents to the member making a beneficiary election that provides the member's spouse with less than 50% of the member's account balance;
    b. Whether the member's spouse consents to the member electing a retirement option other than a Joint and Survivor Retirement Benefit Option;
    c. The member's spouse's full name; and
    d. The member's spouse's notarized signature;
12. Whether the member is electing to receive a partial lump sum distribution according to A.R.S. § 38-760 and if so:
    a. How many months of annuity, up to 36 months, the member is electing to receive as a partial lump sum;
    b. Whether the member is electing to directly receive the partial lump sum distribution reduced by applicable tax withholding amounts;
    c. Whether the member is electing to roll over all or a portion of the partial lump sum distribution amount to one other retirement account; and
    d. Whether the member is electing to use the partial lump sum distribution to purchase service credit with ASRS based on a service purchase request dated before January 6, 2013;
13. Acknowledgement of the following statements of understanding:
    a. The member is aware of the member's LTD stop-payment date and any disability benefits the member is receiving shall cease upon the retirement date the member elects according to subsection (B)(6);
    b. The member understands that if an overpayment exists, ASRS shall collect the remaining overpayment amount according to 2 A.A.C. 8, Article 8 and all repayment plans previously established with ASRS LTD claims administrator shall cease;
    c. The member understands that if the member is submitting written notice of a changed retirement date, benefit option, or partial lump sum increment selection, ASRS shall distribute the member's benefit as of the later of:
        i. The date ASRS receives the most recent Acceptable Documentation; or
        ii. The retirement date contained in the most recent Acceptable Documentation.
    d. The member has received the Special Tax Notice Regarding Plan Payments;
    e. The member has received the Return to Work information and will comply with the laws and rules governing the member's return to work;
    f. The member authorizes ASRS and the banking institution identified in subsection (W) to debit the member's account for the purposes of correcting errors and returning any payments inadvertently made after the member's death;
    g. The member understands that the member may have a one-time option to rescind a Joint and Survivor Retirement Benefit Option or a Period Certain and Life Annuity Retirement Benefit Option according to R2-8-130;
    h. The member understands that any person who knowingly makes any false statement with the intent to defraud ASRS is guilty of a Class 6 felony in accordance with A.R.S. § 38-793; and
    i. The member acknowledges that the member has complied with A.R.S. §§ 38-755 and 38-776 regarding spousal consent; and
14. The member's notarized signature.

C. If a Retirement Application is completed through the member's secure ASRS account, the member's notarized signature is not required under subsection (B)(14).

D. If the retirement date the member elects according to subsection (B)(6) is not allowed, the ASRS shall change the retirement date to the earliest eligible date according to A.R.S. 38-764(A), unless the member is not eligible to retire.

E. A member who elects to roll over all or a portion of the partial lump sum distribution amount according to subsection (B)(12)(c), shall submit the following written information to the ASRS:
1. The type of account and account number to which the member is electing to roll over;
2. The name and address of the financial institution of the account to which the member is electing to roll over; and
3. If the member is electing to roll over a portion of the partial lump sum distribution, then the amount the member is electing to roll over.

F. If the member elects to roll over all or a portion of their lump sum or partial lump sum distribution, the ASRS shall only roll over the distribution to one retirement account.

G. Any portion of the partial lump sum distribution that is not rolled over to another retirement account according to subsection (B) shall be distributed directly to the member.

H. If the member elects to use the partial lump sum distribution to purchase service credit according to subsection (B)(12)(d) the member shall submit the following written information to the ASRS:
1. The number of the service purchase invoice;
2. Whether the member is electing to apply the partial lump sum distribution to all eligible service on that invoice;
3. If the member is not electing to apply the partial lump sum distribution to all eligible service on that invoice, then:
    a. The amount of the partial lump sum distribution to be applied to that invoice; or
    b. The number of years on that invoice the member is electing to purchase with the partial lump sum distribution;
4. If the member is electing to make a payment on that service purchase invoice with after-tax payments, a rollover, or termination pay according to A.R.S. § 38-747;
5. Whether the member is electing to authorize the ASRS to increase the number of months of annuity, not to exceed 36 months, to purchase the eligible service on that service purchase invoice, if the member elected an insufficient number of months of annuity to receive as a partial lump sum according to subsection (G) to complete the service purchase invoice;
6. If the member does not have eligible service to purchase on that invoice, whether the member is electing to cancel

the member's election to receive a partial lump sum distribution.

I. A member who elects to receive a partial lump sum distribution shall receive an actuarially reduced annuity retirement benefit according to A.R.S. § 38-760.

J. ASRS shall disburse any partial lump sum amount that is not applied to a service purchase invoice according to subsection (G) directly to the member after withholding applicable taxes.

K. After submitting a Retirement Application according to subsection (B), a member may make changes to the member's Retirement Application by submitting written notice to the ASRS of the specific changes according to A.R.S. § 38-764(G).

L. If ASRS has received contributions for the member within the three years immediately preceding the member's retirement date, the ASRS shall send a New Retirement Ending Payroll Verification form to the Employer. If ASRS has received contributions for the member within the six months immediately preceding the member's retirement date and the member shall receive a one-time lump sum payment according to subsection (P), the ASRS shall send a New Retirement Ending Payroll Verification form to the Employer.

M. If the member has reached the age for minimum required distribution according to A.R.S. § 38-775(H)(4), the ASRS shall send a New Retirement Ending Payroll Verification form to the member's most recent Employer.

N. The Employer shall submit the completed New Retirement Ending Payroll Verification form to ASRS with the following information:
1. The member's Termination date or last day of ASRS membership with that Employer, if applicable;
2. The member's total salary paid during their last fiscal year;
3. The member's compensation for the last pay period;
4. The name and title of the authorized Employer representative;
5. Certification by the authorized Employer representative that:
   a. Any person who knowingly makes any false statement or who falsifies any record of the retirement plan with an intent to defraud the plan, is guilty of a Class 6 felony according to A.R.S. § 38-793; and
   b. The authorized Employer representative certifies that they are the Employer user named on the New Retirement Ending Payroll Verification form and their title and contact information is current and correct.

O. The ASRS shall cancel a member's Retirement Application if ASRS does not receive all forms and information required under this Section within six months immediately after the member's retirement date.

P. As authorized under A.R.S. § 38-764(E), if a member's Straight Life Annuity, after any applicable early retirement reduction factor, is less than a monthly amount of $100, the ASRS shall not pay the annuity. Instead, the ASRS shall make a one-time mandatory lump sum payment in the amount determined by using appropriate actuarial assumptions.

Q. For purposes of calculating a member's retirement benefit according to A.R.S. §§ 38-758 and 38-759, ASRS shall calculate age to the nearest day as of the member's retirement date.

R. Based on the retirement option the member elects according to A.R.S. § 38-760, the ASRS shall calculate a member's actuarially reduced benefits, based on the attained age of the member, and if necessary, the attained age of the contingent annuitant as of the date of the member's retirement as follows:
1. For a partial lump sum retirement benefit option, ASRS shall calculate age to the nearest day as of the member's retirement date;
2. For a Joint and Survivor Retirement Benefit Option, ASRS shall calculate age to the nearest day as of the member's retirement date; and
3. For a mandatory lump sum payment according to subsection (O) or a Period Certain and Life Annuity Retirement Benefit Option, ASRS shall calculate age to the nearest full month in addition to calculating age according to subsection (P) as necessary.

S. If the ASRS is unable to verify the age of the member or a contingent annuitant, the member or contingent annuitant shall provide Legal Documentation showing the member's or contingent annuitant's age.

T. If a member does not retire by the date minimum distribution payments are required according to A.R.S. §§ 38-759 and 38-775, the required minimum distribution payments will accrue interest at the Assumed Actuarial Investment Earnings Rate specified in R2-8-118(A) and in effect on the date the required minimum distribution payments should have begun.

U. The ASRS shall distribute any required minimum distribution payments with interest according to subsection (T) with the member's first finalized benefits payment.

V. If a member submits a retirement application after the member's minimum required distribution date, the ASRS shall determine that the member's Applicable Retirement Date is the date the required minimum distribution payments should have begun.

W. Notwithstanding any other Section, an inactive member who does not have contributions related to compensation is not eligible for retirement.

X. The ASRS shall issue a debit benefit card if the annuitant does not provide the following direct deposit information through the annuitant's secure ASRS account or by a notarized Direct Deposit form:
1. The member's full name;
2. The member's bank account routing number;
3. The member's bank account number; and
4. The type of the account.

Y. If the annuitant does not activate the debit benefit card the ASRS issues to the annuitant within 75 days, the ASRS shall reclaim all the retirement benefits issued on the debit benefit card and suspend the annuitant's retirement benefits until the annuitant:
1. Activates the debit benefit card or provides the direct deposit information according to subsection (X); and
2. Returns the notice of benefit suspension with the following information:
   a. The annuitant's Social Security number or U.S. Tax Identification number;
   b. The annuitant's address; and
   c. The annuitant's notarized signature.

Z. The ASRS shall disburse benefits payments according to subsection (R), only retroactive to the later date specified in A.R.S. § 38-759(B).

AA. ASRS shall not issue additional estimate checks to a member whose retirement is canceled.

Historical Note

Adopted effective September 12, 1977 (Supp. 77-5). Amended effective July 13, 1979 (Supp. 79-4). Former Section R2-8-26 renumbered and amended as Section

R2-8-126 effective May 21, 1982 (Supp. 82-3). Amended subsections (A) through (D) effective October 18, 1984 (Supp. 84-5). Amended subsections (A) through (D) effective July 24, 1985 (Supp. 85-4). Amended by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency amendments adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Amended by emergency rulemaking at 7 A.A.R. 1621, effective March 21, 2001 (Supp. 01-1). Amended by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Amended by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3). Amended by final rulemaking at 19 A.A.R. 332, effective April 6, 2013 (Supp. 13-1). Amended by final rulemaking at 21 A.A.R. 2515, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 79, effective March 6, 2016 (Supp. 16-1). Amended by final rulemaking at 22 A.A.R. 3081, effective December 3, 2016 (Supp. 16-4). Amended by final rulemaking at 26 A.A.R. 2036, effective November 8, 2020 (Supp. 20-3). Amended by final rulemaking at 28 A.A.R. 1746 (July 22, 2022), effective September 4, 2022 (Supp. 22-3). Amended by final rulemaking at 30 A.A.R. 732 (April 12, 2024), effective May 17, 2024 (Supp. 24-1). When amending this Section in Supp. 24-1, the Board did not include the 2022 removal of the defined term DRO, therefore, subsection (A) has been reinstated as amended by final rulemaking at 28 A.A.R. 1746 (July 22, 2022), effective September 4, 2022; the A.R.S. reference in subsection (P) has been corrected at the request of the Board (Supp. 25-3).

R2-8-127. Re-Retirement Application

A. The definitions in R2-8-126 apply to this Section.

B. If a member has previously retired from ASRS, the member may re-retire from ASRS by submitting a Re-Retirement Application to the ASRS that contains:

1. The information identified in R2-8-126(B)(1) through (B)(8);
2. The retirement option the member is electing, if the member suspended the member's annuity from the member's previous retirement from ASRS and returned to work for 60 consecutive months or more according to A.R.S. § 38-766(C);
3. The information identified in R2-8-126(B)(11);
4. Whether the member is electing the Optional Health Insurance Premium Benefit, if the member suspended the member's annuity from the member's previous retirement from ASRS and returned to work for 60 consecutive months or more according to A.R.S. § 38-766(C);
5. The information identified in R2-8-126(B)(13), if the member suspended the member's annuity from the member's previous retirement from ASRS and returned to work for 60 consecutive months or more according to A.R.S. § 38-766(C);
6. Acknowledgement of the following statements of understanding:
   a. The member's signature confirms the member's intent to re-retire and applies to all the sections included in the Re-Retirement Application.
   b. The member understands that as a re-retiree, the member must keep the same retirement option and beneficiary the member elected when the member previously retired from ASRS, unless the member returned to active membership for 60 consecutive months or more according to A.R.S. § 38-766(C);
   c. The member may change the member's beneficiary after re-retiring and changing the beneficiary may change the member's monthly annuity;
   d. The member has complied with A.R.S. §§ 38-755 and 38-766 regarding spousal consent;
   e. The member certifies that the member has read and understands the instructions and Special Tax Notice Regarding Plan Payments;
   f. The member authorizes ASRS and the banking institution the member listed for direct deposit to debit the member's account for the purpose of correcting errors and returning any payments inadvertently paid after the member's death;
   g. The member understands that any person who knowingly makes any false statement with the intent to defraud ASRS is guilty of a Class 6 felony in accordance with A.R.S. § 38-793; and
   h. The member understands that if an overpayment exists, the ASRS shall collect the remaining overpayment amount according to 2 A.A.C. 8, Article 8 and all repayment plans previously established with the ASRS LTD claims administrator shall cease.
7. The member's notarized signature.

C. If the retirement date the member elects according to R2-8-126(B)(6) is not allowed, the ASRS shall change the retirement date to the earliest eligible date according to A.R.S. 38-764(A), unless the member is not eligible to retire.

Historical Note

New Section made by final rulemaking at 26 A.A.R. 2036, effective November 8, 2020 (Supp. 20-3).

R2-8-128. Joint and Survivor Retirement Benefit Options

A. The definitions in R2-8-126 apply to this Section.

B. A member who is ten years and one day, or more, older than the member's non-spouse contingent annuitant is not eligible to elect a 100% Joint and Survivor Retirement Benefit Option.

C. A member who is 24 years and one day, or more, older than the member's non-spouse contingent annuitant is not eligible to elect a 66 2/3% Joint and Survivor Retirement Benefit Option.

D. For members whose Original Retirement Date is on or after March 6, 2016, notwithstanding subsection (B), a member who is ten years and one day, or more, older than the member's ex-spouse contingent annuitant is eligible to participate in a 100% Joint and Survivor Retirement Benefit Option, if:

1. The member elected the ex-spouse as the contingent annuitant prior to divorce from the ex-spouse; and
2. The member submits a DRO to ASRS which requires the ex-spouse to remain as the contingent annuitant on the member's account.

E. For members whose Original Retirement Date is on or after March 6, 2016, notwithstanding subsection (C), a member who is 24 years and one day, or more, older than the member's ex-spouse contingent annuitant is eligible to participate in a 66 2/3% Joint and Survivor Retirement Benefit Option, if:

1. The member elected the ex-spouse as the contingent annuitant prior to divorce from the ex-spouse; and
2. The member submits a DRO to the ASRS which requires the ex-spouse to remain as the contingent annuitant on the member's account.

F. Notwithstanding any other Section, for purposes of determining whether a member is eligible to participate in a Joint and Survivor Retirement Benefit Option, the ASRS shall calculate the difference in a member's age and the contingent annuitant's age based on the birthdates of the member and the contingent annuitant. For purposes of this Section, a contingent annuitant must be a living person.

Historical Note
New Section made by final rulemaking at 26 A.A.R. 2036, effective November 8, 2020 (Supp. 20-3). Amended by final rulemaking at 28 A.A.R. 1746 (July 22, 2022), effective September 4, 2022 (Supp. 22-3).

R2-8-129. Period Certain and Life Annuity Retirement Options

A. The definitions in R2-8-126 apply to this Section.
B. An individual who is 104 years of age or older at the time of retirement is not eligible to elect a Period Certain and Life Annuity Retirement Benefit Option.
C. An individual who is 93 years of age or older at the time of retirement is not eligible to elect a Period Certain and Life Annuity Retirement Benefit Option with ten years certain or 15 years certain.
D. An individual who is 85 years of age or older at the time of retirement is not eligible to elect a Period Certain and Life Annuity Retirement Benefit Option with 15 years certain.
E. The ASRS shall calculate the period certain term as beginning on the first day of the first full calendar month following the member's Applicable Retirement Date.
F. Notwithstanding subsection (E), the ASRS shall calculate the period certain term as beginning on the member's Applicable Retirement Date if the member's Applicable Retirement Date is the first day of the month.

Historical Note
New Section made by final rulemaking at 26 A.A.R. 2036, effective November 8, 2020 (Supp. 20-3).

R2-8-130. Rescind or Revert Retirement Election; Change of Contingent Annuitant

A. The definitions in R2-8-126 apply to this Section.
B. According to A.R.S. § 38-760(B)(2), for a member whose Original Retirement Date is after August 9, 2001, upon the expiration of a member's period certain term the ASRS shall rescind the member's election and the ASRS shall provide the member a Straight Life Annuity retirement benefit subject to any retirement reductions applicable at the member's Original Retirement Date.
C. According to A.R.S. § 38-760(B)(2), a member whose Original Retirement Date is after August 9, 2001 and before July 1, 2008 and who elected a Period Certain and Life Annuity Retirement Benefit Option, may rescind the election and elect to receive a Straight Life Annuity retirement benefit prior to the expiration of the member's period certain term.
D. According to A.R.S. § 38-760(B)(1), a member whose Original Retirement Date is before July 1, 2008 and who elected a Joint and Survivor Retirement Benefit Option may rescind the election and elect to receive a Straight Life Annuity retirement benefit prior to the member's death.
E. A member whose Original Retirement Date is on or after July 1, 2008 and who elected a Period Certain and Life Annuity Retirement Benefit Option may exercise a one-time election to rescind the election and elect to receive a Straight Life Annuity retirement benefit prior to the expiration of the member's period certain term if the member provides proof to ASRS of the death of the primary beneficiary or a DRO showing that the primary beneficiary has ceased to be a primary beneficiary.
F. A member whose Original Retirement Date is on or after July 1, 2008 and who elected a Joint and Survivor Retirement Benefit Option may exercise a one-time election to rescind the election and elect to receive a Straight Life Annuity retirement benefit prior to the death of the member if the member provides proof to ASRS of the death of the contingent annuitant a DRO showing that the contingent annuitant has ceased to be a contingent annuitant.
G. A member who elected to rescind a Period Certain and Life Annuity Retirement Benefit Option according to subsection (C) may elect to revert to the Period Certain and Life Annuity Retirement Benefit Option by submitting an Application to Rescind, Revert or Change Contingent Annuitant as specified in subsection (M).
H. A member who elected to rescind a Joint and Survivor Retirement Benefit Option according to subsection (D) may elect to revert to the Joint and Survivor Retirement Benefit Option by submitting an Application to Rescind, Revert or Change Contingent Annuitant as specified in subsection (M).
I. A member may only revert to the same Period Certain and Life Annuity Retirement Benefit Option the member rescinded according to subsection (C) prior to the expiration of the period certain term the member elected at the member's most recent retirement.
J. A member who rescinds their election according to subsections (E) or (F) is not eligible to revert to a Period Certain and Life Annuity Retirement Benefit Option or a Joint and Survivor Retirement Benefit Option.
K. Notwithstanding any other provision, the time period of a Period Certain and Life Annuity Retirement Benefit Option shall be continuous from the member's retirement date until the term expires regardless of whether the member rescinds or reverts to another retirement option.
L. A member who wants to rescind or revert a retirement election according to subsections (C) through (H) shall ensure ASRS receives an Application to Rescind, Revert or Change Contingent Annuitant at least one day prior to the member's death.
M. In order to rescind, revert, or change a contingent annuitant, the member shall submit an Application to Rescind, Revert or Change Contingent Annuitant with the following information:
1. The member's full name;
2. The member's Social Security number or U.S. Tax Identification number;
3. The member's marital status, if not On File with ASRS;
4. Whether the member is electing to rescind, revert, or change a contingent annuitant;
5. The member's notarized signature acknowledging the following statements of understanding:
   a. For rescinding a retirement election:
      i. By this action, and the member's signature, the member is aware that the member's designated beneficiary or contingent annuitant will not continue with monthly benefits after the member's death;
      ii. The member is aware that a certified copy of the member's designated beneficiary's or contingent annuitant's death certificate or a DRO is required if the member retired or re-retired on or after July 1, 2008;
      iii. At the time of the member's death, if the ASRS has not disbursed the total employee contributions on the member's account, plus interest at

the Assumed Actuarial Investment Earnings Rate specified in R2-8-118(A) through the month prior to the member's retirement date, the balance will be payable in a lump sum to the beneficiary named on the member's most recent Acceptable Form.

b. For changing a contingent annuitant or beneficiary:
   i. For a Joint and Survivor Retirement Benefit Option, by this action, and the member's signature, the contingent annuitant named on the member's most recent Acceptable Form will receive the previously elected percentage amount of the member's monthly benefit for their lifetime following the member's death;
   ii. For a Joint and Survivor Retirement Benefit Option, the member is aware that a copy of the contingent annuitant's Legal Documentation is required and the member's benefit will be recalculated based on the member's age and the age of the member's new contingent annuitant as of the effective date of the member's request according to this Section;
   iii. For a Joint and Survivor Retirement Benefit Option, the member is in compliance with the age difference limitations in R2-8-128; and
   iv. For a Period Certain and Life Annuity Retirement Benefit Option, by this action, and the member's signature, the beneficiary named on the member's most recent Acceptable Form will receive the remaining term of monthly payments.

c. For reverting to a previously elected retirement benefit option according to A.R.S. § 38-760:
   i. For a Joint and Survivor Retirement Benefit Option, by this action, and the member's signature, the contingent annuitant named the member's most recent Acceptable Form will receive the previously elected percentage amount of the member's monthly benefit for their lifetime following the member's death;
   ii. For a Joint and Survivor Retirement Benefit Option, the member is aware that a copy of Legal Documentation showing the contingent annuitant's date of birth is required and the member's benefit will be recalculated based on the member's age and the age of the member's contingent annuitant as of the effective date of the member's request according to this Section;
   iii. For a Joint and Survivor Retirement Benefit Option, the member is in compliance with the age difference limitations in R2-8-128; and
   iv. For a Period Certain and Life Annuity Retirement Benefit Option, by this action, and the member's signature, the beneficiary named on the member's most recent Acceptable Form will receive the remaining term of monthly payments.

6. If the member is electing to change a contingent annuitant, the following information for the new contingent annuitant:
   a. Full name;
   b. Social Security number, if the contingent annuitant is a U.S. citizen;
   c. Date of birth; and
   d. Legal relationship to the member.
7. If the member is married, whether the member's spouse consents to the following with the spouse's notarized signature:
   a. The member making a beneficiary designation that provides the member's spouse with less than 50% of the member's account balance;
   b. The member electing a retirement option other than a Joint and Survivor Retirement Benefit Option; or
   c. The member changing or ending the spouse's contingent annuitant status.
8. Whether the spouse's consent is not required because:
   a. The spouse predeceased the member and if so, provide a copy of the spouse's death certificate; or
   b. The member is divorced and if so, provide a DRO.

N. If the ASRS is unable to verify the age of the member or a contingent annuitant, the member or contingent annuitant shall provide Legal Documentation showing the member's or contingent annuitant's age.

O. The effective date of the member's request according to this Section is the date on which ASRS receives the Application to Rescind, Revert or Change Contingent Annuitant.

P. According to A.R.S. § 38-760(B)(2), a member whose Original Retirement Date is on or after July 1, 2008 and who elects a Period Certain and Life Annuity Retirement Benefit Option, may rescind the election according to subsection (E) and elect to receive a Straight Life Annuity prior to the expiration of the member's period certain term if one or more of the member's primary beneficiaries dies or ceases to be a beneficiary according to the terms of a DRO.

Q. The ASRS shall cancel a member's Application to Rescind, Revert, or Change Contingent Annuitant if ASRS does not receive all forms and information required under this Section within six months immediately after the ASRS receives the application.

Historical Note

New Section made by final rulemaking at 26 A.A.R. 2036, effective November 8, 2020 (Supp. 20-3). Amended by final rulemaking at 28 A.A.R. 1746 (July 22, 2022), effective September 4, 2022 (Supp. 22-3).

R2-8-131. Designating a Beneficiary; Spousal Consent to Beneficiary Designation

A. The definitions in R2-8-126 apply to this Section.

B. In order to designate a beneficiary, a member shall submit an Acceptable Form containing the following information:
1. The Member's full name and one or more of the following information:
   a. The Member's Social Security number or U.S. Tax Identification number; or
   b. The Member's address; or
   c. The Member's date of birth;
2. The following information for the beneficiary:
   a. The full name of the person or entity the member is designating as beneficiary;
   b. Whether the beneficiary is being designated as primary or secondary beneficiary;
   c. The percentage of the benefit the member is allocating to the beneficiary; and
3. The member's notarized signature.

C. If a change in a designated beneficiary is completed through the member's secure ASRS account, the member's notarized signature is not required under subsection (B)(3).

D. If a member submits an Acceptable Form designating a beneficiary without indicating the percentage of the benefit the member is allocating to the beneficiary, the ASRS shall determine that each beneficiary is designated to receive an equal amount of the benefit.

E. Effective July 1, 2013, a married member:
1. Who is not retired shall name and maintain the member's current spouse as primary beneficiary of at least 50% of the member's retirement account unless:
   a. Naming or maintaining the current spouse as beneficiary violates another law, existing contract, or court order; or
   b. The spouse consents to an alternate beneficiary;
2. Who retires shall choose a Joint and Survivor Retirement Benefit Option and name the member's current spouse as contingent annuitant unless:
   a. Naming or maintaining the current spouse as contingent annuitant violates another law, existing contract, or court order; or
   b. The spouse consents to an alternate contingent annuitant; or
   c. The spouse consents to an alternate annuity option under A.R.S. §§ 38-757 or 38-760.

F. The ASRS shall honor a beneficiary designation last made or a retirement election submitted before July 1, 2013, even if the beneficiary designation or retirement election fails to comply with subsection (E).

G. Subsection (E) does not apply to a member who is receiving a mandatory lump sum distribution according to A.R.S. § 38-764.

H. Subsection (E) does not apply to a member who submits a Spousal Consent Exception form that contains the member's notarized signature to the ASRS affirming under penalty of perjury that the member's spouse's consent is not required because of one of the reasons specified in A.R.S. § 38-776(C).

I. In order to change a beneficiary designation, a member shall submit the information contained in subsection (B) and:
1. A married member who changes a beneficiary designation on or after July 1, 2013, shall ensure the new beneficiary designation is consistent with subsection (E); or
2. A married member who retired before July 1, 2013, and who wishes to change the contingent annuitant or beneficiary, shall ensure that the new designation is consistent with subsection (E).

J. A married member who re-retires according to A.R.S. § 38-766:
1. Within less than 60 consecutive months of active membership from the member's previous retirement date, is not eligible to elect a different annuity option or different beneficiary than the member elected at the time of the previous retirement; or
2. At least 60 consecutive months of active membership after the member's previous retirement date, may elect a different annuity option and different beneficiary than the member elected at the time of the previous retirement, and the election shall comply with subsection (E).

K. If a married member submits a retirement application that fails to comply with subsection (E), the member shall submit a new retirement application or written notice of new retirement elections that comply with subsection (E) within six months of the member's Original Retirement Date. The member's new Original Retirement Date is the date ASRS receives the new application or written notice unless the member elects a later date according to A.R.S. § 38-764.

L. If a married member made a beneficiary designation on or after July 1, 2013 that is not consistent with the requirements specified in subsection (E), the ASRS shall, at the time of the member's death:
1. Notify both the spouse and designated beneficiary and:
   a. Provide the spouse with an opportunity to waive the right under subsection (E); and
   b. Provide the designated beneficiary with an opportunity to provide documentation that revokes the spouse's right under subsection (E); and
2. Designate 50% of the member's retirement benefit to the spouse if neither the spouse nor designated beneficiary respond to notification according to subsection (L)(1) within 30 days after notification.

M. If a married member designated a beneficiary before July 1, 2013 that does not comply with subsection (E), upon the death of the member, the member's spouse may submit written notice to the ASRS prior to disbursement of the member's account with the following information:
1. The member's full name;
2. The member's Social Security number or U.S. Tax Identification number;
3. The spouse's assertion to the spouse's right to community property;
4. An original or copy of the marriage certificate; and
5. An original or certified copy of the member's death certificate.

N. If a spouse submits written notice according to subsection (M), the ASRS shall designate the spouse as beneficiary of a percentage of the member's account according to A.R.S. §§ 25-211 and 25-214 and notify the member's designated beneficiary of the spouse's assertion.

O. The ASRS shall determine a spouse's percentage of the member's account according to subsection (L) based on the amount of service credit the member acquired during the marriage divided by the total amount of service credit the member acquired, multiplied by 50%.

P. If a beneficiary is notified of a spouse's assertion according to subsection (N), then before ASRS disburses a survivor benefit, the beneficiary may notify ASRS of the beneficiary's intent to appeal the spouse's right to a survivor benefit.

Q. Within 30 days, a beneficiary who has notified ASRS of the beneficiary's intent to appeal a survivor benefit disbursement according to subsection (P), shall submit an appeal to ASRS according to 2 A.A.C. 8, Article 4.

R. A DRO may supersede the requirements in subsection (B).

S. To consent to an alternative retirement benefit option or beneficiary designation, a member's spouse shall complete and have notarized a Spousal Consent form containing the following information:
1. Member's full name;
2. Member's Social Security number or U.S. Tax Identification number;
3. Whether the member's spouse is consenting to one or more of the following:
   a. The member making a beneficiary designation that provides the spouse with less than 50% of the member's account balance;
   b. The member electing a retirement option other than a Joint and Survivor Retirement Benefit Option;
   c. The member naming a contingent annuitant other than the spouse; and
   d. The spouse's notarized signature.

T. A member's spouse may revoke the spouse's consent to an alternative retirement benefit option or beneficiary designation by sending written notice to ASRS with the following information:
1. The member's full name;
2. The member's Social Security number or U.S. Tax Identification number;
3. The spouse's full name;
4. The spouse's dated signature indicating the spouse is revoking all previous Spousal Consent forms.

U. A spouse who is revoking a Spousal Consent form shall ensure the written notice is received no later than the earlier of one day before the member dies or ASRS disburses a retirement benefit to the member.

Historical Note
New Section made by final rulemaking at 26 A.A.R. 2036, effective November 8, 2020 (Supp. 20-3). Amended by final rulemaking at 28 A.A.R. 1746 (July 22, 2022), effective September 4, 2022 (Supp. 22-3).

R2-8-132. Survivor Benefit Options

A. The definitions in R2-8-126 apply to this Section.

B. If the beneficiary is eligible to elect the survivor benefit as monthly income for life according to A.R.S.§ 38-762(C), the ASRS shall calculate the benefits based on the attained age of the beneficiary, calculated to the nearest full month, as of the date of the member's death.

C. If the beneficiary elects to receive the survivor benefit as monthly income for life according to A.R.S. § 38-762(C), the ASRS shall calculate the benefits effective date as of the day after the member's death and the ASRS shall pay interest up to the benefits effective date.

D. According to A.R.S. § 38-763, if the member elected a Period Certain and Life Annuity Retirement Benefit Option and deceases prior to the expiration of the period certain term, the member's beneficiary may elect to complete the remaining period certain term or the beneficiary may elect to receive a lump sum distribution which is the greater of:
1. The present value of the benefits based on the remaining period certain term; or
2. The member's ASRS account balance plus interest at the Assumed Actuarial Investment Earnings Rate specified in R2-8-118(A) through the month prior to the member's retirement date, reduced by all retirement benefits due to the member.

E. Notwithstanding subsection (D), a beneficiary is not eligible to elect to complete the remaining period certain term if the period certain term has expired.

F. If the beneficiary elects to complete the remaining period certain term or elects to receive a lump sum that is the present value of the benefits based on the remaining period certain term according to subsection (D), the ASRS shall not pay interest.

G. If a member's beneficiary or contingent annuitant does not want to receive a survivor benefit according to 26 U.S.C. § 2518, within nine months after the member's death, the beneficiary or contingent annuitant may submit a written request to the ASRS with the following information for the beneficiary or contingent annuitant:
1. Full name;
2. Social Security number if the beneficiary or contingent annuitant is a U.S. citizen;
3. Address; and
4. Notarized signature acknowledging the following statements:
   a. The beneficiary or contingent annuitant is aware that, as a beneficiary or contingent annuitant of the member, the beneficiary or contingent annuitant is entitled to a survivor benefit in the amount specified by the ASRS;
   b. The beneficiary is renouncing a portion or all of the beneficiary's rights to the member's benefit;
   c. The contingent annuitant is renouncing all of the contingent annuitant's rights to the member's benefit;
   d. The beneficiary understands that by renouncing rights to the member's benefit, the portion that the beneficiary is renouncing will be paid to any other survivor on the member's account, or if there is no other designated survivor, the benefit will be paid to the member's estate; and
   e. The contingent annuitant understands that by renouncing rights to the member's benefit, the ASRS shall pay the member's ASRS account balance plus interest at the Assumed Actuarial Interest and Investment Return Rate specified in R2-8-118(A) through the month prior to the member's retirement date, reduced by all retirement benefits due to the member, to any other survivor on the member's account, or if there is no other designated survivor, to the member's estate.

H. According to 26 U.S.C. § 2518, a minor beneficiary's or contingent annuitant's survivor benefit cannot be renounced.

Historical Note
New Section made by final rulemaking at 26 A.A.R. 2036, effective November 8, 2020 (Supp. 20-3).

R2-8-133. Survivor Benefit Applications

A. The definitions in R2-8-126 apply to this Section.

B. The ASRS shall not distribute a survivor benefit until a claimant notifies the ASRS of a member's death by telephone or submission of a death certificate, unless the member elected a Joint and Survivor Benefit Option upon retirement.

C. Upon notification of the death of a member, the ASRS shall distribute the survivor benefits according to the most recent, Acceptable Form that is On File with the ASRS that was received at least one day prior to the date of the member's death, unless otherwise provided by law.

D. The designated beneficiary or other person specified in A.R.S. § 38-762(E) shall provide the following:
1. An original certified death certificate or a certified copy of a court order that establishes the member's death;
2. If the claimant is not a designated beneficiary, but is a person specified in A.R.S. § 38-762(E), a copy of a document issued from a federal, state, local, sovereign, or medical institution showing the claimant's relationship to the deceased member;
3. A certified copy of the court order of appointment as administrator, if applicable; and
4. Except if the deceased member was retired and elected the joint and survivor option, complete and have notarized an Application for Survivor Benefits, provided by the ASRS that includes:
   a. The deceased member's full name,
   b. The deceased member's Social Security number or U.S. Tax Identification number,

c. The benefit the designated beneficiary or other person specified in A.R.S. § 38-762(E) is electing;
d. If the designated beneficiary or other person specified in A.R.S. § 38-762(E) is electing to roll over a benefit, the following information:
   i. The claimant's full name;
   ii. The name of the institution to which the claimant is electing to roll over;
   iii. The address of the institution to which the claimant is electing to roll over;
   iv. The full name of the authorized representative of the institution to which the claimant is electing to roll over;
   v. The signature of the authorized representative of the institution to which the claimant is electing to roll over;
e. If the beneficiary is electing to have any of the survivor benefits directly deposited into a bank account, the following information:
   i. Whether the bank account is a checking or savings account;
   ii. The name of the banking institution to which the benefit is being sent;
   iii. The routing number;
   iv. The account number; and
f. The following information for the designated beneficiary or other person specified in A.R.S. § 38-762(E):
   i. Full name;
   ii. Mailing address, if not On File with ASRS;
   iii. Date of birth, if applicable; and
   iv. Social Security number or U.S. Tax Identification number, if not On File with ASRS.
g. The following statements of understanding:
   i. The designated beneficiary or other person specified in A.R.S. § 38-762(E) has read and understands the Special Tax Notice Regarding Plan Payments they received with this application;
   ii. The designated beneficiary or other person specified in A.R.S. § 38-762(E) authorizes the ASRS to make payments as indicated above and agree on behalf of themselves and their heirs that such payments shall be a complete discharge of the claim and shall constitute a release of the ASRS from any further obligation on account of the benefit;
   iii. The designated beneficiary or other person specified in A.R.S. § 38-762(E) authorizes the ASRS and the Banking Institution listed above to debit their account for the purposes of correcting errors and returning any payments inadvertently made after their death;
   iv. Under penalties of perjury, the designated beneficiary or other person specified in A.R.S. § 38-762(E) certifies that:
      (1) The Social Security number or U.S. Tax Identification number shown on this application is correct;
      (2) They are not subject to backup withholding because:
         (a) They are exempt from backup withholding, or
         (b) They have not been notified by the Internal Revenue Service that they are subject to backup withholding as a result of a failure to report all interest or dividends, or
         (c) The Internal Revenue Service has notified them that they are no longer subject to backup withholding; and
      (3) They are a legal resident of the United States, unless they are an estate or trust.
   v. The designated beneficiary or other person specified in A.R.S. § 38-762(E) understands their right to a 30-day notice period to consider a rollover or a cash distribution and they elect to waive the notice period by their election for payment on this application;
   vi. The designated beneficiary or other person specified in A.R.S. § 38-762(E) understands if they elect to roll over all or any portion of their distribution to another eligible retirement plan, it is their responsibility to verify that the receiving plan will accept the rollover and, if applicable, agree to separately account for the taxable and nontaxable amounts rolled over and the related subsequent earnings on such amounts;
   vii. The designated beneficiary or other person specified in A.R.S. § 38-762(E) understands if they elect to roll over all or any portion of their distribution to an IRA plan, it is their responsibility to verify that the receiving IRA institution will accept the rollover and, if applicable, it is their responsibility to separately account for taxable and nontaxable amounts;
   viii. The designated beneficiary or other person specified in A.R.S. § 38-762(E) understands if they elect to roll over to another eligible retirement plan, any portion of the distribution not designated for a rollover will be paid directly to them and any taxable amounts will be subject to federal and state income tax withholding;
   ix. The designated beneficiary or other person specified in A.R.S. § 38-762(E) understands if they elect to roll over to an inherited IRA plan, any portion of the distribution not designated for a rollover will be paid directly to them and any taxable amounts will be subject to federal and state income tax withholding.
   xi. The designated beneficiary or other person specified in A.R.S. § 38-762(E) understands if they elect to roll over to an inherited IRA plan, they may be required to receive a minimum distribution and they certify that the date of birth shown on this form is correct.

5. For a member who elected a Joint and Survivor Retirement Benefit Option, a contingent annuitant shall submit a Joint and Survivor Certification form containing:
   a. The following information for the member:
      i. Full name;
      ii. Social Security number or U.S. Tax Identification number;
      iii. Date of death; and
   b. The following information for the beneficiary:
      i. Legal relationship to the member;
      ii. Full name;

iii. Social Security number or United States Tax Identification number, if not On File with ASRS;
iv. Mailing address, if not On File with ASRS;
v. Date of birth, if not On File with ASRS;
vi. If the contingent annuitant is electing to have any of the survivor benefits directly deposited into a bank account, the following information:
(1) Whether the bank account is a checking or savings account;
(2) The name of the banking institution to which the benefit is being sent;
(3) The routing number;
(4) The account number; and

c. The following statements of understanding:
i. The contingent annuitant has read and understands the Special Tax Notice Regarding Plan Payments they received with the Joint and Survivor Certification form;
ii. The contingent annuitant authorizes the ASRS to make payments as indicated above and agree on behalf of themselves and their heirs that such payments shall be a complete discharge of the claim and shall constitute a release of the ASRS from any further obligation on account of the benefit; and
iii. The contingent annuitant authorizes the ASRS and the Banking Institution listed above to debit their account for the purposes of correcting errors and returning any payments inadvertently made after their death.

d. The contingent annuitant's notarized signature.

E. Notwithstanding R2-8-132(H), if the beneficiary or contingent annuitant is a minor as of the date of the member's death, the beneficiary or contingent annuitant may submit a written request with the information contained in R2-8-132(G)(1) through (4) within nine months after the minor attains 18 years of age.

F. For a member who deceases prior to the member's retirement date, if there is no designation of beneficiary or if the designated beneficiary predeceases the member, the ASRS shall pay a survivor benefit as specified in A.R.S. § 38-762(E).

G. The ASRS shall begin disbursing a survivor benefit to a contingent annuitant according to A.R.S. § 38-760(B)(1) upon notification and verification of the member's death by a third party.

H. The ASRS shall suspend a survivor benefit for a contingent annuitant unless the contingent annuitant provides the information in subsection (D) within two months of the ASRS disbursing a survivor benefit.

I. If the member is domiciled in Arizona, according to A.R.S. § 14-3971, and there is no designated beneficiary, the ASRS shall distribute the balance of a member's account to a claimant if the claimant submits an Affidavit for Collection of Personal Property to ASRS with the following:
1. The claimant's name;
2. The claimant's Social Security number or U.S. Tax Identification number;
3. The claimant's mailing address;
4. The member's name;
5. The member's Social Security number or U.S. Tax Identification number;
6. The date of the member's death;
7. The state and county where the member died;
8. Statements indicating:
a. According to A.R.S. § 14-3971(B)(2)(a), no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction and the value of the member's entire estate, less liens and encumbrances, does not exceed the amount in A.R.S. § 14-3971 as valued as of the date of the member's death;
b. According to A.R.S. § 14-3971(B)(2)(b), the personal representative has been discharged, or more than a year has elapsed since a closing statement has been filed and the value of the member's entire estate, less liens and encumbrances, does not exceed the amount in A.R.S. § 14-3971 as valued as of the date the ASRS receives the Affidavit for Collection of Personal Property;
c. The claimant is the successor of the member and is entitled to the member's personal property because:
i. The claimant is named in the member's will; or
ii. The member did not have a will and the claimant is entitled to the member's personal property by right of intestate succession according to A.R.S. § 14-2103;
d. If the claimant is entitled to the member's personal property according to subsection (I)(8)(c)(i), then a copy of the member's will;
e. If the claimant is entitled to the member's personal property according to subsection (I)(8)(c)(ii), then the relationship between the member and the claimant and whether there are other surviving heirs;
f. If there are other surviving heirs, then the name and relationship of each surviving heir;
g. A statement indicating the claimant is making the Affidavit for Collection of Personal Property according to A.R.S. § 14-3971 for the purpose of making a claim to the member's ASRS account; and
h. The claimant's notarized signature.

J. If the member is not domiciled in Arizona and there is no designated beneficiary, the ASRS shall distribute the balance of a member's account to a claimant if the claimant submits legal documentation to claim the member's ASRS account that complies with the statutory requirements of the state in which the member was domiciled at the time of the member's death.

K. Notwithstanding any other provision, if the amount of the survivor benefit as valued at the date of disbursement is less than $10,000 per annum, the ASRS shall not distribute a survivor benefit to a minor beneficiary unless the minor beneficiary's legal guardian submits the following written information:
1. The member's full name;
2. The member's Social Security number or U.S. Tax Identification number;
3. The minor beneficiary's full name;
4. The minor beneficiary's Social Security number or U.S. Tax Identification number;
5. The full name of the minor beneficiary's legal guardian;
6. The minor beneficiary's legal guardian's address, if not On File with ASRS; and
7. The minor beneficiary's legal guardian's signature certifying the minor beneficiary's legal guardian has care and custody of the minor beneficiary.

L. Notwithstanding any other provision, if the amount of the survivor benefit as valued at the date of disbursement is $10,000 or more per annum, the ASRS shall not distribute a survivor benefit to a minor beneficiary unless the minor beneficiary's

conservator submits proof of court-appointed fiduciary responsibility for the minor beneficiary.

M. The ASRS shall remit payment to the minor beneficiary according to subsection (K) by sending the minor beneficiary's conservator a check, if the document providing proof of the court-appointed fiduciary responsibility requires payment to be made to a restricted or secure account.

N. If a person claims that a beneficiary or claimant is not entitled to a survivor benefit, then before ASRS disburses a survivor benefit, the person may notify ASRS of the person's intent to appeal the beneficiary's or claimant's right to a survivor benefit.

O. Within 30 days, a person who has notified ASRS of the person's intent to appeal a survivor benefit disbursement according to subsection (N), shall submit an appeal to ASRS according to 2 A.A.C. 8, Article 4.

P. If the ASRS receives documentation from, or confirmed by, a law enforcement agency, that a beneficiary or claimant may be guilty of the felonious and intentional killing of the member, the ASRS shall not distribute any benefits to the beneficiary or claimant that may be guilty of the felonious and intentional killing of the member until the matter has been adjudicated.

Q. If the member's estate has an appointed personal representative, the member's estate shall submit a court document identifying the personal representative for the member's estate before ASRS may distribute a survivor benefit.

R. If the member's estate is closed, the person claiming a right to the member's ASRS account shall provide a court document proving the estate is closed.

S. If the survivor receives a monthly annuity and does not provide the direct deposit information according to subsection (D)(4)(e) or (D)(5)(b)(vi), ASRS shall issue a debit benefit card.

T. If the survivor does not activate the debit benefit card the ASRS issues to the survivor within 75 days, the ASRS shall reclaim all the survivor benefits issued on the debit benefit card and suspend the survivor's benefits until the survivor:

1. Activates the debit benefit card or provides the direct deposit information according to subsection (D)(4)(e) or (D)(5)(b)(vi); and
2. Returns the notice of benefit suspension with the following information:
   a. The survivor's Social Security number or U.S. Tax Identification number;
   b. The survivor's address; and
   c. The survivor's notarized signature.

Historical Note

New Section made by final rulemaking at 26 A.A.R. 2036, effective November 8, 2020 (Supp. 20-3). Amended by final rulemaking at 30 A.A.R. 732 (April 12, 2024), effective May 17, 2024 (Supp. 21-4).

Table 1. Repealed

Historical Note

Adopted effective September 12, 1977 (Supp. 77-5). Table 1 repealed, new Table 1 adopted effective July 24, 1985 (Supp. 85-4). Repealed by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed again by emergency effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed effective December 22, 1993 (Supp. 93-4).

Table 2. Repealed

Historical Note

Adopted effective September 12, 1977 (Supp. 77-5). Table 2 repealed, new Table 2 adopted effective July 24, 1985 (Supp. 85-4). Repealed by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed again by emergency effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed effective December 22, 1993 (Supp. 93-4).

Table 3. Repealed

Historical Note

Adopted effective September 12, 1977 (Supp. 77-5). Table 3 repealed, new Table 3 adopted effective July 24, 1985 (Supp. 85-4). Repealed by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed again by emergency effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed effective December 22, 1993 (Supp. 93-4).

Table 4. Repealed

Historical Note

Adopted effective September 12, 1977 (Supp. 77-5). Table 4 repealed, new Table 4 adopted effective July 24, 1985 (Supp. 85-4). Repealed by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed again by emergency effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed effective December 22, 1993 (Supp. 93-4).

Table 5. Repealed

Historical Note

Adopted effective September 12, 1977 (Supp. 77-5). Table 5 repealed, new Table 5 adopted effective July 24, 1985 (Supp. 85-4). Repealed by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed again by emergency effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed effective December 22, 1993 (Supp. 93-4).

Table 6. Repealed

Historical Note

Adopted effective September 12, 1977 (Supp. 77-5). Table 6 repealed, new Table 6 adopted effective July 24, 1985 (Supp. 85-4). Repealed by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed again by emergency effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed effective December 22, 1993 (Supp. 93-4).

Table 7. Repealed

Historical Note

Adopted effective September 12, 1977 (Supp. 77-5). Table 7 repealed, new Table 7 adopted effective July 24, 1985 (Supp. 85-4). Repealed by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed again by emergency effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed effective December 22, 1993 (Supp. 93-4).

Table 8. Repealed

Historical Note
Adopted effective September 12, 1977 (Supp. 77-5). Table 8 repealed, new Table 8 adopted effective July 24, 1985 (Supp. 85-4). Repealed by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed again by emergency effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed effective December 22, 1993 (Supp. 93-4).

Table 9. Repealed

Historical Note
Adopted effective September 12, 1977 (Supp. 77-5). Table 9 repealed, new Table 9 adopted effective July 24, 1985 (Supp. 85-4). Repealed by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed again by emergency effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed effective December 22, 1993 (Supp. 93-4).

Table 10. Repealed

Historical Note
Adopted effective October 18, 1984 (Supp. 84-5). Table 10 repealed, new Table 10 adopted effective July 24, 1985 (Supp. 85-4). Repealed by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed again by emergency effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed effective December 22, 1993 (Supp. 93-4).

Table 11. Repealed

Historical Note
Adopted effective October 18, 1984 (Supp. 84-5). Table 11 repealed, new Table 11 adopted effective July 24, 1985 (Supp. 85-4). Repealed by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed again by emergency effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed effective December 22, 1993 (Supp. 93-4).

Exhibit A. Repealed

Historical Note
Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit B, Table 1. Repealed

Historical Note
Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit B, Table 2. Repealed

Historical Note
Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit B, Table 3. Repealed

Historical Note
Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit C. Repealed

Historical Note
Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit D, Table 1. Repealed

Historical Note
Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit D, Table 2. Repealed

Historical Note
Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29,

1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit D, Table 3. Repealed

Historical Note

Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit D, Table 4. Repealed

Historical Note

Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit D, Table 5. Repealed

Historical Note

Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit D, Table 6. Repealed

Historical Note

Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit E, Table 1. Repealed

Historical Note

Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit E, Table 2. Repealed

Historical Note

Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit E, Table 3. Repealed

Historical Note

Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit E, Table 4. Repealed

Historical Note

Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit E, Table 5. Repealed

Historical Note

Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit E, Table 6. Repealed

Historical Note
Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit F, Table 1. Repealed

Historical Note
Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit F, Table 2. Repealed

Historical Note
Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit F, Table 3. Repealed

Historical Note
Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit F, Table 4. Repealed

Historical Note
Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit F, Table 5. Repealed

Historical Note
Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit F, Table 6. Repealed

Historical Note
Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit G. Repealed

Historical Note
Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit H. Repealed

Historical Note
Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit I. Repealed

Historical Note
Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2).

Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit J. Repealed

Historical Note

Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit K. Repealed

Historical Note

Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit L, Table 1. Repealed

Historical Note

Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Amended by emergency rulemaking at 7 A.A.R. 1621, effective March 21, 2001 (Supp. 01-1). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit L, Table 2. Repealed

Historical Note

Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Amended by emergency rulemaking at 7 A.A.R. 1621, effective March 21, 2001 (Supp. 01-1). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit L, Table 3. Repealed

Historical Note

Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Amended by emergency rulemaking at 7 A.A.R. 1621, effective March 21, 2001 (Supp. 01-1). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit L, Table 4. Repealed

Historical Note

Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Amended by emergency rulemaking at 7 A.A.R. 1621, effective March 21, 2001 (Supp. 01-1). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit L, Table 5. Repealed

Historical Note

Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Amended by emergency rulemaking at 7 A.A.R. 1621, effective March 21, 2001 (Supp. 01-1). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit L, Table 6. Repealed

Historical Note

Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Amended by emergency rulemaking at 7 A.A.R. 1621, effective March 21, 2001 (Supp. 01-1). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit L, Table 7. Repealed

Historical Note

Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Amended by emergency rulemaking at 7 A.A.R. 1621, effective March 21,

2001 (Supp. 01-1). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit M, Table 1. Repealed

Historical Note

Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit M, Table 2. Repealed

Historical Note

Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit M, Table 3. Repealed

Historical Note

Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit M, Table 4. Repealed

Historical Note

Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit M, Table 5. Repealed

Historical Note

Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit M, Table 6. Repealed

Historical Note

Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

ARTICLE 2. HEALTH INSURANCE PREMIUM BENEFIT

R2-8-201. Definitions

The following definitions apply to this Article unless otherwise specified:

1. "Coverage" means a medical and/or dental insurance plan a retired member, Disabled member, or beneficiary obtains through the ASRS or an Employer.
2. "Contingent annuitant" means the same as in A.R.S. § 38-711(8) and the person is eligible for Coverage.
3. "Disabled" means the member has a disability and is receiving long-term disability benefits pursuant to A.R.S. § 38-797 et seq.
4. "Family calculation" means the family Coverage premium described in A.R.S. § 38-783(B).
5. "Joint & survivor" means the annuity option described in A.R.S. § 38-760(B)(1).
6. "Net premium" means the amount of the Coverage premium reduced by the amount of the Premium Benefit provided by the ASRS.
7. "On file" means the same as in R2-8-115.
8. "Original retirement date" means the same as in R2-8-126.
9. "Optional premium benefit" means the election, upon retirement, to have the Premium Benefit paid on behalf of the member's Contingent Annuitant upon death of the member pursuant to A.R.S. § 38-783.
10. "Period-certain" means the annuity option described in A.R.S. § 38-760(B)(2).
11. "Premium benefit" means the amount the ASRS provides on behalf of a retired member or Disabled member in order to offset the Coverage premium of the retired or Disabled member pursuant to A.R.S. § 38-783.
12. "Single calculation" means the single Coverage premium calculation described in A.R.S. § 38-783(A).
13. "Subsidized" means the same as in A.R.S. § 38-783(M)(4).

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1962, effective May 4, 2004 (Supp. 04-2). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 34, effective May 31, 2015 (Supp. 16-4). New Section made by final rulemaking at 23 A.A.R. 1414, effective July 3, 2017 (Supp. 17-2). Amended by final expedited rulemak-

ing at 27 A.A.R. 479, with an immediate effective of March 5, 2021 (Supp. 21-1).

R2-8-202. Premium Benefit Eligibility and Benefit Determination

A. A retired member or Disabled member who has five or more years of service and who elects to maintain Coverage is eligible for a Premium Benefit as follows:
1. A retired member or Disabled member who elects to maintain Coverage for the retired member or Disabled member only, is eligible for a Single Calculation of the Premium Benefit as described in R2-8-204(A);
2. A retired member or Disabled member who elects to maintain Coverage for the retired member or Disabled member and a dependent who is not a retired member or Disabled member is eligible for a Family Calculation of the Premium Benefit as described in R2-8-204(B).
3. A retired member or Disabled member who elects to maintain Coverage for the retired member or Disabled member and a dependent who is a retired member or Disabled member is eligible for the greater of:
   a. Two Single Calculations of the Premium Benefit described in R2-8-204(A); or
   b. One Family Calculation of the Premium Benefit described in R2-8-204(B).
4. A retired member or Disabled member who is enrolled as a dependent on a member's insurance plan is eligible for a Single Calculation of the Premium Benefit described in R2-8-204(A) if:
   a. The retired member has an Original Retirement Date prior to August 2, 2012; or
   b. The Disabled member became Disabled prior to August 2, 2012;
5. A retired member or Disabled member who elects to maintain Coverage for the retired member or Disabled member and multiple dependents, some of whom are retired members or Disabled members, is eligible for the greater of:
   a. Two Single Calculations of the Premium Benefit described in R2-8-204(A); or
   b. One Family Calculation of the Premium Benefit described in R2-8-204(B).

B. Pursuant to A.R.S. § 38-783(E), a retired member who returns to work with an Employer and elects to maintain Coverage is eligible to receive a Premium Benefit if the member has an Original Retirement Date prior to August 2, 2012.

C. Pursuant to A.R.S. § 38-783(E), a Disabled member who elects to maintain Coverage is eligible to receive a Premium Benefit if the Disabled member became Disabled prior to August 2, 2012.

D. A member who receives a lump sum distribution from the ASRS upon retirement is eligible to receive a Premium Benefit pursuant to this Article.

E. Notwithstanding any other Section, a retired member who has an Original Retirement Date on or after August 2, 2012, or a Disabled member who became Disabled on or after August 2, 2012 is eligible to receive a Premium Benefit pursuant to this Article, only if Coverage is not Subsidized.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1962, effective May 4, 2004 (Supp. 04-2). Amended by emergency rulemaking at 10 A.A.R. 4259, effective September 30, 2004 (Supp. 04-3). Amended by final rulemaking at 10 A.A.R. 4346, effective October 5, 2004 (Supp. 04-3). Section amended and Table 1 repealed by final rulemaking at 13 A.A.R. 4581, effective February 2, 2008 (Supp. 07-4). Section expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3). New Section made by final rulemaking at 23 A.A.R. 1414, effective July 3, 2017 (Supp. 17-2). Amended by final expedited rulemaking at 27 A.A.R. 479, with an immediate effective of March 5, 2021 (Supp. 21-1).

R2-8-203. Payment of Premium Benefit

A. Every month, the ASRS shall provide a Premium Benefit to the Employer on behalf of a retired member, Disabled member, or Contingent Annuitant who maintains Coverage and is eligible to receive a Premium Benefit pursuant to R2-8-202.

B. Notwithstanding subsection (A), if a retired member who is eligible to receive a Premium Benefit pursuant to R2-8-202 elects to maintain Coverage with the Arizona Department of Administration or the ASRS, the ASRS shall reduce the retired member's pension amount by the amount of the retired member's Net Premium for Coverage pursuant to this Article, unless the Net Premium exceeds the pension amount.

C. Notwithstanding subsection (A), if a retired member who is eligible to receive a Premium Benefit pursuant to R2-8-202 elects to maintain Coverage with the ASRS and the Net Premium exceeds the retired member's pension amount, the retired member shall be responsible for remitting the Net Premium to the retired member's insurance company and the ASRS shall:
1. Not reduce the retired member's pension amount; and
2. Remit payment of the Premium Benefit to the retired member's insurance company.

D. Notwithstanding subsection (A), if a retired member who is eligible to receive a Premium Benefit pursuant to R2-8-202 elects to maintain Coverage with the Arizona Department of Administration and the Net Premium exceeds the retired member's pension amount, the retired member shall be responsible for remitting the Net Premium to the Arizona Department of Administration and the ASRS shall:
1. Not reduce the retired member's pension amount; and
2. Remit payment of the Premium Benefit to the Arizona Department of Administration.

E. If a Disabled member who is eligible to receive a Premium benefit pursuant to R2-8-202 maintains Coverage with the Arizona Department of Administration, the ASRS shall remit the Premium Benefit to the Arizona Department of Administration, unless the Disabled member is participating in the Six-Month Reimbursement Program pursuant to R2-8-206.

F. If a Disabled member who is eligible to receive a Premium Benefit pursuant to R2-8-202 maintains Coverage with the ASRS, the ASRS shall remit the Premium Benefit to the Disabled member's insurance company and the Disabled member shall be responsible for remitting the Net Premium to the Disabled member's insurance company.

G. If a retired member or Disabled member who is eligible to receive a Premium Benefit pursuant to R2-8-202 maintains Coverage with an Employer other than the ASRS or the Arizona Department of Administration, the ASRS shall remit the Premium Benefit to the retired member's or Disabled member's Employer, unless the retired member or Disabled member is participating in the Six-Month Reimbursement Program pursuant to R2-8-206.

H. If a retired member or Disabled member is eligible to receive a Premium Benefit pursuant to R2-8-202, the ASRS shall pro-

vide the lesser of the following for any one retired member or Disabled member:
1. The actual cost of the Coverage premium; or
2. The greatest Premium Benefit calculation for which the retired member or Disabled member is eligible pursuant to R2-8-202.

I. If a retired member is eligible to receive a Premium Benefit pursuant to R2-8-202 and the member retires from the ASRS in addition to retiring from another State retirement system or plan described in A.R.S. § 38-921, each month, the ASRS shall remit any Premium Benefit for which the retired member is eligible under this Article to the other State retirement system or plan from which the member retired.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 1962, effective May 4, 2004 (Supp. 04-2). Section expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3). New Section made by final rulemaking at 23 A.A.R. 1414, effective July 3, 2017 (Supp. 17-2).

R2-8-204. Premium Benefit Calculation

A. A Single Calculation for a Premium Benefit is based on the retired member's or Disabled member's Coverage election, years of service, and Medicare or non-Medicare status.

B. A Family Calculation for a Premium Benefit is based on the retired member's or Disabled member's Coverage election, years of service, and Medicare or Non-Medicare status, and the Medicare or Non-Medicare status of any dependents for which the retired member or Disabled member has obtained Coverage.

C. A Contingent Annuitant who is eligible to receive an Optional Premium Benefit pursuant to R2-8-207 shall receive an Optional Premium Benefit amount based on:
1. The retired member's years of service and optional retirement benefit election pursuant to A.R.S. § 38-760; and
2. The Contingent Annuitant's Coverage and Medicare or non-Medicare status.

D. Notwithstanding R2-8-203(H), if a Contingent Annuitant is a retired member, the Contingent Annuitant may be entitled to receive more than one Premium Benefit.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 1962, effective May 4, 2004 (Supp. 04-2). Section expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3). New Section made by final rulemaking at 23 A.A.R. 1414, effective July 3, 2017 (Supp. 17-2). Amended by final expedited rulemaking at 27 A.A.R. 479, with an immediate effective of March 5, 2021 (Supp. 21-1).

R2-8-205. Premium Benefit Documentation

A. Every year, prior to the effective date of Coverage, an Employer shall report to the ASRS all the Coverage plans and premium rates the Employer offers to its retired or Disabled employees.

B. An Employer shall inform the ASRS of any changes to the retired member's, Disabled member's, or Contingent Annuitant's Coverage, including enrollment in Coverage, maintained through the Employer within 30 days of the changes taking effect.

C. Using the Employer's secure ASRS website account, or another ASRS approved method, an Employer shall submit the following health insurance enrollment, change, and/or deletion information pursuant to subsection (B):
1. The retired member's, Disabled member's, or Contingent Annuitant's Social Security number or U.S. Tax Identification number;
2. The retired member's, Disabled member's, or Contingent Annuitant's full name;
3. The retired member's, Disabled member's, or Contingent Annuitant's date of birth;
4. The Coverage in which the retired member, Disabled member, or Contingent Annuitant is enrolling;
5. The type of change that is being made to the Coverage;
6. The following information for each dependent enrolled in, or to be enrolled in, or removed from, Coverage:
   a. First and last name;
   b. Social Security number or U.S. Tax Identification number;
   c. Date of birth; and
   d. Medicare number, if applicable.
7. The old and new premium amounts for Coverage;
8. The effective date of the change, deletion, and/or enrollment;
9. The Employer's name and telephone number;
10. A certification by the Employer representative's dated signature that the information is current and correct.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 1962, effective May 4, 2004 (Supp. 04-2). Section expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3). New Section made by final rulemaking at 23 A.A.R. 1414, effective July 3, 2017 (Supp. 17-2). Amended by final expedited rulemaking at 27 A.A.R. 479, with an immediate effective of March 5, 2021 (Supp. 21-1). Amended by final rulemaking at 30 A.A.R. 739 (April 12, 2024), effective May 17, 2024 (Supp. 24-1).

R2-8-206. Six-Month Reimbursement Program

A. For a retired member or Disabled member who is eligible for a Premium Benefit pursuant to R2-8-202(A)(4) or (B), the ASRS shall remit the Premium Benefit to the retired member or Disabled member pursuant to subsection (B).

B. Pursuant to subsection (A), the ASRS shall remit the Premium Benefit to the retired member or Disabled member every six months, payable in July and January. For purposes of this Section, the Premium Benefit shall be the aggregate amounts of the Premium Benefit the retired member or Disabled member is entitled to receive during the previous six months.

C. In order to receive a Premium Benefit payment pursuant to subsection (B), a retired member or Disabled member shall submit to the ASRS the Reimbursement of Medical and/or Dental Cost (Six-Month Reimbursement Program) form after the last day of the last month for which the retired member or Disabled member is seeking reimbursement.

D. The Reimbursement of Medical and/or Dental Cost (Six-Month Reimbursement Program) form that a retired member or Disabled member submits pursuant to subsection (C) shall include the following information:
1. The retired member's or Disabled member's Social Security number or U.S. Tax Identification number;
2. The retired member's or Disabled member's full name;
3. The retired member's or Disabled member's mailing address and phone number;
4. The retired member's or Disabled member's date of birth;

5. The retired member's or Disabled member's status with the ASRS;
6. The retired member's or Disabled member's status with the retired member's or Disabled member's Employer;
7. The following Coverage information for the Coverage policy holder:
   a. First and last names;
   b. Social Security number or U.S. Tax Identification number;
   c. Date of birth;
   d. Effective date of Coverage;
8. The following information for each dependent enrolled in, or to be enrolled in, Coverage:
   a. First and last name;
   b. Social Security number or U.S. Tax Identification number;
   c. Date of birth;
   d. Effective date of Coverage;
9. Six-month reimbursement totals identified by:
   a. The month and year the premium is due for Coverage;
   b. The total medical plan premium per month;
   c. The total dental plan premium per month;
   d. The employee's out-of-pocket payroll deduction for a medical premium per month;
   e. The employee's out-of-pocket payroll deduction for a dental premium per month;
   f. The employee's total out-of-pocket payroll deduction for medical and dental premiums per month;
10. The Employer's name;
11. The Employer's phone number;
12. The Employer's email address;
13. The name of the Employer's representative; and
14. The dated signature of the Employer's representative.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1962, effective May 4, 2004 (Supp. 04-2). Section expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3). New Section made by final rulemaking at 23 A.A.R. 1414, effective July 3, 2017 (Supp. 17-2). Amended by final expedited rulemaking at 27 A.A.R. 479, with an immediate effective of March 5, 2021 (Supp. 21-1).

R2-8-207. Optional Premium Benefit

A. A member who retires on or after January 1, 2004, is eligible to elect the Optional Premium Benefit to be effective on the date of the retired member's retirement and may designate a Contingent Annuitant to receive the Optional Premium Benefit upon the death of the retired member if:
   1. The retired member elects a retirement option under A.R.S. § 38-760; and
   2. The retired member elects to maintain Coverage.

B. A retired member who returns to active membership for 60 consecutive months or more before retiring again, may elect or re-elect the Optional Premium Benefit pursuant to subsection (A).

C. A retired member who does not return to active membership for 60 consecutive months or more before retiring again is not eligible to elect the Optional Premium Benefit pursuant to subsection (A) unless the retired member elected the Optional Premium Benefit to be effective on the date of the retired member's Original Retirement Date.

D. In order to elect, re-elect, or terminate the Optional Premium Benefit pursuant to subsection (A), the retired member shall submit to the ASRS the Optional Premium Benefit Program Election or Termination form containing the following information:
   1. The retired member's Social Security number or U.S. Tax Identification number;
   2. Whether the retired member is electing, declining, or terminating the Optional Premium Benefit;
   3. The following information for the Contingent Annuitant if the retired member is electing or re-electing the Optional Premium Benefit:
      a. The Social Security number or U.S. Tax Identification number;
      b. The full name; and
      c. The date of birth, if not On File; and
   4. Certification of understanding by the retired member's dated signature of the following statements:
      a. I have a one-time election at the time of retirement for this benefit, and have a retirement date on or after January 1, 2004;
      b. I must elect a Joint & Survivor or Period-Certain annuity option;
      c. If I elect to participate, my Contingent Annuitant must be either participating or eligible to participate in my retiree health care plan at the time of my death;
      d. I must provide proof of birth date for my Contingent Annuitant;
      e. The Premium Benefit will be actuarially reduced for the remainder of my benefit and my Contingent Annuitant's benefit as long as the Optional Premium Benefit is elected; and
      f. I may rescind the election at any time and be eligible for the unreduced Premium Benefit payable as provided by law.

E. In order to elect or re-elect the Optional Premium Benefit, a member shall submit the Optional Premium Benefit Program Election or Termination form to the ASRS prior to the member's Original Retirement Date.

F. A Contingent Annuitant the retired member designates to receive the Optional Premium Benefit upon the retired member's death is eligible to receive a Premium Benefit if:
   1. The retired member designates the Contingent Annuitant as the primary beneficiary on the member's retirement account;
   2. The Contingent Annuitant is enrolled in a Coverage plan at the time of the member's death or the Contingent Annuitant enrolls in a Coverage plan within six months of the retired member's death pursuant to A.R.S. § 38-782(A); and
   3. The Contingent Annuitant is eligible to receive at least one monthly payment.

G. Upon the death of a retired member who elected the Optional Premium Benefit pursuant to subsection (A), the ASRS shall provide the Optional Premium Benefit on behalf of the retired member's Contingent Annuitant who is eligible to receive the Optional Premium Benefit pursuant to subsection (F).

H. Notwithstanding subsection (G), the amount of the Optional Premium Benefit the ASRS provides on behalf of a Contingent Annuitant shall not exceed the actual amount of the Coverage premium.

I. Unless otherwise indicated by law, the Optional Premium Benefit shall not terminate upon the death of the retired mem-

ber if a Contingent Annuitant is eligible for the Optional Premium Benefit pursuant to subsection (F).

J. The Optional Premium Benefit shall terminate if the member is no longer receiving a Joint & Survivor or Period-Certain annuity.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1962, effective May 4, 2004 (Supp. 04-2). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 34, effective May 31, 2015 (Supp. 16-4). New Section made by final rulemaking at 23 A.A.R. 1414, effective July 3, 2017 (Supp. 17-2). Amended by final expedited rulemaking at 27 A.A.R. 479, with an immediate effective of March 5, 2021 (Supp. 21-1). Amended by final rulemaking at 30 A.A.R. 739 (April 12, 2024), effective May 17, 2024 (Supp. 24-1).

ARTICLE 3. LONG-TERM DISABILITY

R2-8-301. Definitions

The following definitions apply to this Article unless otherwise specified:

1. "Attending Physician" means a provider:
   a. Who is a qualified medical provider or other legally qualified practitioner of a healing art that the claims administrator recognizes or is required by law to recognize;
   b. Whose medical training and clinical experience are qualified to treat the member's disabling condition;
   c. Whose diagnosis and treatment is consistent with the diagnosis of the disabling condition, according to guidelines established by medical, research, and rehabilitative organizations;
   d. Who is licensed to practice in the jurisdiction where care is being given;
   e. Who is practicing within the scope of the license; and
   f. Who is not related to the member by blood or marriage.
2. "Direct Care" means the member is actively receiving treatment from a provider for the member's disability at least once per calendar year.
3. "Legal proceeding" means an appeal of an appealable agency decision at the Office of Administrative Hearings according to A.R.S. § 41-1092 et seq. or an appeal of a Social Security determination at the Social Security Administration, or any other review by a formal body, which determines the rights and responsibilities of the member or survivor.
4. "LTD" means the Long-Term Disability program described in A.R.S. § 38-797 et seq.
5. "LTD benefit" means the amount of funds the member receives from the ASRS or the ASRS contracted LTD claims administrator, for the period of time a member has an eligible disability as described in A.R.S. § 38-797.07(A)(11).
6. "LTD contribution" means the amount of funds the member remits to the ASRS from the member's compensation as payment for the LTD program.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 2746, effective November 13, 2017 (Supp. 17-3). Amended by final rulemaking at 25 A.A.R. 2471, effective November 3, 2019 (Supp. 19-3). Numbering corrected and subsection reference under the "Estimated Social Security disability income amount" definition corrected (Supp. 23-2). Amended by final rulemaking at 32 A.A.R. 1803 (August 14, 2026, Issue 33), effective October 4, 2026 (Supp. 26-3).

R2-8-302. Application for Long-Term Disability Benefit

A. In order to claim an LTD benefit, a disabled member shall submit to the disabled member's Employer all the completed forms prescribed by the ASRS contracted LTD claims administrator within 12 months of the date the disabled member became disabled.

B. Pursuant to A.R.S. § 38-797.07(D), in order to continue receiving an LTD benefit, a disabled member shall submit documentation regarding the disabled member's ongoing disability and occupation as required by the ASRS contracted LTD claims administrator to determine the disabled member's continuing eligibility for an LTD benefit.

C. Pursuant to A.R.S. § 38-797.07(11), in order to submit an application for an LTD benefit, a member must provide objective medical evidence from an Attending Physician.

D. Pursuant to A.R.S. § 38-797.07(7)(b)(i), in order to continue receiving an LTD benefit, the disabled member must be under the Direct Care of a doctor.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 2746, effective November 13, 2017 (Supp. 17-3). Amended by final rulemaking at 25 A.A.R. 2471, effective November 3, 2019 (Supp. 19-3).

R2-8-303. Long-Term Disability Calculation

A. The ASRS contracted LTD claims administrator shall calculate an LTD benefit for a member using the member's monthly compensation as described in A.R.S. § 38-797(11).

B. For a member whose monthly compensation is $0 as of the date of disability, the ASRS shall pay a monthly benefit of $50 unless the benefit is reduced pursuant to R2-8-807 or required to be reduced pursuant to A.R.S. § 38-797.07(A)(2).

C. The ASRS shall reduce a member's LTD benefit in accordance with A.R.S. § 38-797.07(A).

D. Notwithstanding any other section, a member who became disabled on or after August 27, 2019, shall not receive a benefit under this article that would increase the member's monthly compensation after disability to an amount that exceeds 100% of the member's monthly compensation before disability.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 2746, effective November 13, 2017 (Supp. 17-3). Amended by final rulemaking at 25 A.A.R. 2471, effective November 3, 2019 (Supp. 19-3). Amended by final rulemaking at 27 A.A.R. 89, effective March 9, 2021 (Supp. 21-1).

R2-8-304. Payment of Long-Term Disability Benefit

A. An eligible disabled member is eligible to receive an LTD benefit on the member's benefits effective date, which is the first day of the month following the month in which the member has been disabled for a period of six months, based on the date the member became disabled.

B. The ASRS contracted LTD claims administrator shall begin providing an LTD benefit to an eligible disabled member no sooner than the member's benefits effective date.

C. Notwithstanding subsection (A), the ASRS contracted LTD claims administrator may begin providing an LTD benefit to

an eligible disabled member sooner than six months if the disability is related to the member's disability that occurred within six months immediately preceding the disability.

D. Notwithstanding any other Section, a member may receive Long-Term disability benefits for no more than 12 months after the member receives a required minimum distribution of the member's retirement benefit according to A.R.S. § 38-775.

E. Unless a member is accruing service credit under R2-8-903, a member shall receive service credit for each month for which the ASRS provides an LTD benefit to an eligible disabled member.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 2746, effective November 13, 2017 (Supp. 17-3). Amended by final rulemaking at 25 A.A.R. 2471, effective November 3, 2019 (Supp. 19-3). Amended by final rulemaking at 28 A.A.R. 1255 (June 10, 2022), effective July 17, 2022 (Supp. 22-2). Amended by final rulemaking at 32 A.A.R. 1803 (August 14, 2026, Issue 33), effective October 4, 2026 (Supp. 26-3).

R2-8-305. Social Security Disability Appeal

A. Upon request by the ASRS contracted LTD claims administrator, a member who claims an LTD benefit pursuant to R2-8-302(A) shall submit a Social Security disability income application as prescribed by the ASRS contracted LTD claims administrator.

B. In order to continue receiving an LTD benefit, a member whose application for Social Security disability income has been denied or terminated must appeal the most recent determination of denial or termination through a hearing before an administrative law judge pursuant to A.R.S. § 38-797.07(A)(10)(a) until the ASRS contracted LTD claims administrator or the Social Security Claims Administrator determines the member is not eligible for a Social Security benefit.

C. Within 10 days after a member receives notice of the status of the member's Social Security disability income application, the member shall notify:

1. The ASRS of the member's application status by submitting a copy of the notice identifying the status of the member's Social Security disability income application to the ASRS, if the member is not receiving an LTD benefit; or
2. The ASRS contracted LTD claims administrator of the member's application status by submitting a copy of the notice identifying the status of the member's Social Security disability income application to the ASRS contracted LTD claims administrator, if the member is not receiving an LTD benefit.

D. A member who disagrees with an LTD determination by the ASRS contracted LTD claims administrator may submit an appeal pursuant to 2 A.A.C. 8, Article 4.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 2746, effective November 13, 2017 (Supp. 17-3).

R2-8-306. Approval of Social Security Disability

Upon receipt of a Social Security disability income benefit, a member shall immediately remit to:

1. The ASRS the amount of the Social Security disability income benefit necessary to offset the LTD benefit; or
2. The ASRS contracted LTD claims administrator the amount of the Social Security disability income benefit necessary to offset the LTD benefit.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 2746, effective November 13, 2017 (Supp. 17-3).

ARTICLE 4. PRACTICE AND PROCEDURE BEFORE THE BOARD

R2-8-401. Definitions

The following definitions apply to this Article, unless otherwise specified:

1. "Appealable agency action" has the same meaning as in A.R.S. § 41-1092.
2. "Board" means, if established, a Committee designated by the Board to take action on appeals as described in A.R.S. § 38-714(E)(1) or, if a Committee is not established, the same as in A.R.S. § 38-711(6).
3. "Final administrative action" has the same meaning as in A.R.S. § 41-1092 and is rendered by the Board.
4. "Health Plan" means an arrangement under which ASRS engages a Health Plan Vendor for coverage for members and their eligible dependents for routine, preventive, and emergency health-care procedures, pharmaceuticals, dental, vision, or other services and benefits funded through an insurance policy in which the Health Plan Vendor processes and pays claims as an insurer, or a self-funded arrangement in which the Health Plan Vendor processes and pays claims using ASRS funds.
5. "Health Plan Vendor" means an entity that enters into a contract with ASRS to provide an insured Health Plan or to administer, process, and pay claims for a Health Plan self-insured by ASRS.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 444, effective January 4, 2005 (Supp. 05-1). Amended by final rulemaking at 21 A.A.R. 2515, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 23 A.A.R. 487, effective April 8, 2017 (Supp. 17-1). Amended by final rulemaking at 23 A.A.R. 2749, effective November 13, 2017 (Supp. 17-3). Amended by final rulemaking at 28 A.A.R. 223 (January 21, 2022), with an immediate effective date of January 5, 2022 (Supp. 22-1).

R2-8-402. General Procedures

In computing any time period, parties shall exclude the day from which the designated time period begins to run. Parties shall include the last day of the period unless it falls on a Saturday, Sunday, or legal holiday. When the time period is 10 days or less, parties shall exclude Saturdays, Sundays, and legal holidays.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 444, effective January 4, 2005 (Supp. 05-1).

R2-8-403. Letters of Appeal; Request for a Hearing of an Appealable Agency Action

A. After receipt of an agency decision, a person who is not satisfied with the agency decision, may submit a letter of appeal:

1. To the ASRS's vendor for long-term disability benefits, if the appeal relates to a long-term disability decision; or
2. To the ASRS's designated appeals officer, or such officer's designee, if the appeal relates to an agency decision other than a long-term disability decision or Health Plan Vendor decision.

B. Upon receipt of a letter of appeal, the long-term disability vendor, or the designated appeals officer, or such officer's designee, shall send a response letter to the person requesting the appeal notifying the person of:
1. The decision the agency is making in response to the letter of appeal; and
2. The person's right to appeal the agency response by submitting a letter of appeal to the ASRS Director or such director's designee.

C. A person who is not satisfied with the agency response pursuant to subsection (B) may submit a letter of appeal to the ASRS Director or such director's designee within 60 days of the date on the agency response letter.

D. Within 30 days of the date the ASRS receives a letter of appeal pursuant to subsection (C), the ASRS director or such director's designee shall send a response letter by certified mail to the person requesting the appeal that includes:
1. The agency action the ASRS is taking in response to the letter of appeal; and
2. Notice of Appealable Agency Action, as required pursuant to A.R.S. § 41-1092.03 informing the person requesting the appeal, that the person has a right to appeal the agency action by submitting a Request for Hearing pursuant to subsections (E) and (F).

E. For an appealable agency action, a person who is not satisfied with an agency action pursuant to subsection (D) may file a Request for a Hearing, in writing, with the ASRS. The date the Request is filed is established by the ASRS date stamp on the face of the first page of the Request. The Request shall include the following:
1. The name and mailing address of the member, employer, or other person filing the Request;
2. The name and mailing address of the attorney for the person filing the Request, if applicable;
3. A concise statement of the reasons for the appeal.

F. The person requesting a hearing shall file the Request for a Hearing with the ASRS within 30 days after receiving a response letter including a Notice of an Appealable Agency Action, pursuant to subsection (E).

G. Upon receipt of the Request for a Hearing, the ASRS shall notify the Office of Administrative Hearings as required in A.R.S. § 41-1092.03(B).

H. Pursuant to subsection (B):
1. The long-term disability vendor shall send a response letter to the person requesting the appeal within 120 days of the date the long-term disability vendor receives the letter of appeal; and
2. The designated appeals officer, or such officer's designee, shall send a response letter to the person requesting the appeal within 30 days of the date the ASRS receives the letter of appeal.

I. The Board has delegated to each Health Plan Vendor the authority to:
1. Interpret and apply the terms of the Health Plan Vendor's particular Health Plan;
2. Determine whether a particular benefit is included in the Health Plan and, if included, the amount of payment to be made under the Health Plan; and
3. Perform a full and fair review of any decision by the Health Plan Vendor regarding benefits included in or payments to be made under the Health Plan if the decision is appealed in accordance with the Health Plan Vendor's specified procedures.

J. An individual who is enrolled in a Health Plan made available by ASRS and who wishes to appeal a decision by the Health Plan Vendor shall follow the appeal procedures specified in the applicable Health Plan description.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 444, effective January 4, 2005 (Supp. 05-1). Amended by final rulemaking at 23 A.A.R. 487, effective April 8, 2017 (Supp. 17-1). Amended by final rulemaking at 28 A.A.R. 223 (January 21, 2022), with an immediate effective date of January 5, 2022 (Supp. 22-1). Amended by final rulemaking at 32 A.A.R. 608 (March 13, 2026, Issue 11), effective April 18, 2026 (Supp. 26-1).

R2-8-404. Board Decisions on Hearings before the Office of Administrative Hearings

A recommended decision from the Office of Administrative Hearings that is sent to ASRS at least 30 days before the Board's next regular meeting, shall be reviewed by the Board at that meeting. At the meeting, the Board shall render a decision to accept, reject, or modify the findings of fact, conclusions of law and recommendations in whole or in part. If the Board modifies or rejects a recommended decision, the Board shall state the reasons for the modification or rejection. The Board shall deliver the Board's final decision to the Office of Administrative Hearings within five days after the meeting at which the Board made the final decision.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 444, effective January 4, 2005 (Supp. 05-1). Amended by final expedited rulemaking at 27 A.A.R. 479, with an immediate effective of March 5, 2021 (Supp. 21-1).

R2-8-405. Motion for Rehearing Before the Board; Motion for Review of a Final Decision

A. Except as provided in subsection (H), within 30 days after service of the final administrative decision, any aggrieved party in an appealable agency action may file with the Board a Motion for Rehearing Before the Board, in writing, specifying the particular grounds for rehearing before the Board.

B. Except as provided in subsection (H), within 30 days after service of the final administrative decision, any aggrieved party of an appealable agency action may file with the Board a Motion for Review of a Final Decision, in writing, specifying the particular grounds for reviewing the Board's final administrative decision.

C. A party may amend a Motion for Rehearing Before the Board or a Motion for Review of a Final Decision at any time before the Board rules on the motion. A party may file a response within 15 days after the motion or the amended motion is filed. The Board may require the filing of written briefs upon the issues raised in the motion or the amended motion, and may provide for oral argument.

D. The Board may grant a Motion for Rehearing Before the Board or a Motion for Review of a Final Decision for any of the following causes that materially affects the moving party's rights:
1. Irregularity in the administrative proceedings of the agency or the hearing officer, or any order or abuse of discretion that deprives the moving party of a fair hearing;
2. Misconduct of the Board, the hearing officer, or the prevailing party;
3. Accident or surprise that could not have been prevented by ordinary prudence;

4. Newly discovered material evidence that could not with reasonable diligence have been discovered and produced at the original hearing;
5. Excessive or insufficient penalties;
6. Error in the admission or rejection of evidence or other errors of law occurring at the administrative hearing or during the process of the action; or
7. That the decision, or findings of fact, is not justified by the evidence or is contrary to law.

E. The Board may affirm or modify the final administrative decision or grant a rehearing before the Board or review of final administrative decision to all or any of the parties on all or part of the issues for any of the reasons in subsection (C). An order granting a rehearing or review shall specify with particularity the grounds for the order.

F. Not later than 10 days after the final administrative decision, the Board may, after giving each party notice and an opportunity to be heard, order a rehearing or review of its final administrative decision for any reason for which it might have granted a rehearing or review on motion of a party. After giving the parties or their counsel notice and an opportunity to be heard on the matter, the Board may grant a motion for rehearing or review for a reason not stated in the motion. In either case, the order granting a rehearing or review shall specify the grounds on which it is granted.

G. When a motion for rehearing or review is based upon an affidavit, the affidavit shall be filed with the motion. An opposing party may, within 15 days after filing, file an opposing affidavit. The Board may extend the period for filing an opposing affidavit for not more than 20 days for good cause shown or by written stipulation of the parties. The Board may permit a reply affidavit.

H. The Board shall rule on the motion within 15 days after the response to the motion is filed or if a response is not filed, within five days of the expiration of the response period.

I. If the Board makes a specific finding that the immediate effectiveness of a particular decision is necessary for the preservation of the public peace, health, and safety and that a rehearing or review of the decision is impracticable, unnecessary, or contrary to the public interest, the decision may be issued as a final decision without an opportunity for a rehearing or review. If a decision is issued as a final decision without an opportunity for rehearing or review, an application for judicial review of the decision may be made within the time limits permitted for applications for judicial review of the Board's final decisions.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 444, effective January 4, 2005 (Supp. 05-1). Amended by final rulemaking at 23 A.A.R. 487, effective April 8, 2017 (Supp. 17-1).

ARTICLE 5. PURCHASING SERVICE CREDIT

R2-8-501. Definitions

The following definitions apply to this Article unless otherwise specified:

1. "Active duty" means full-time duty in a branch of the United States uniformed service, other than Active Reserve Duty.
2. "Active reserve duty" means participating in required meetings and annual training in a Reserve or National Guard branch of the United States uniformed service.
3. "Actuarial present value" means an amount in today's dollars of a member's future retirement benefit calculated using appropriate actuarial assumptions and the:
   a. Eligible Member's Current Years of Credited Service;
   b. Eligible Member's age as of the date the Eligible Member submits to the ASRS a request to purchase service pursuant to this Article;
   c. Amount of Service Credit the member wishes to purchase; and
   d. Member's current annual compensation.
4. "Authorized representative" means an individual who has been delegated the authority to act on behalf of a Custodian, Trustee, Plan Administrator, or a member, if the member's IRA or 403(b) is not maintained by the member's Employer.
5. "Current years of credited service" means the amount of credited service a member has earned or purchased, and the amount of Service Credit for which an Irrevocable PDA is in effect for which the member has not yet completed payment, but does not include any current requests to purchase Service Credit for which the member has not yet paid.
6. "Custodian" means a financial institution that holds financial assets for guaranteed safekeeping.
7. "Direct rollover" means distribution of Eligible Funds made payable to the ASRS as a contribution for the benefit of an eligible member from a retirement plan listed in A.R.S. § 38-747(H)(2) or (H)(3).
8. "Eligible funds" means payments listed in A.R.S. § 38-747(H)(2) and (H)(3).
9. "Eligible member" means a member who is eligible to purchase service pursuant to A.R.S. §§ 38-742, 38-743, 38-744, or 38-745.
10. "Forfeited service" means credited service for which the ASRS has returned retirement contributions to the member under A.R.S. § 38-740.
11. "IRC" means the same as "Internal Revenue Code" in A.R.S. § 38-711(18).
12. "Irrevocable PDA" means an irrevocable "Payroll Deduction Authorization" contract between an Eligible Member, an Employer, and the ASRS that requires the Employer to withhold payments from an Eligible Member's pay for a specified amount and for a specified number of payments, as provided in A.R.S. § 38-747.
13. "Leave of absence service" means an approved leave of absence without pay as specified in A.R.S. § 38-744.
14. "LTD" means the same as in R2-8-301.
15. "Military Call-up service" means a member is called to Active Duty under A.R.S. § 38-745 in a branch of the United States Uniformed Services.
16. "Military service" means Active Duty or Active Reserve Duty under A.R.S. § 38-745 with any branch of the United States Uniformed Services or the Commissioned Corps of the National Oceanic and Atmospheric Administration.
17. "Military service record" means a United States Uniformed Services or National Oceanic and Atmospheric Administration document that provides the following information:
   a. The member's full name;
   b. The member's Social Security number;
   c. Type of discharge the member received; and
   d. Active Duty dates, if applicable; or

e. Active Reserve Duty dates, if applicable; and
f. Point history for Active Reserve Duty dates, if applicable.

18. "Other public service" means previous employment listed in A.R.S. § 38-743(A).
19. "PDA pay-off invoice" means written correspondence from the ASRS to an Eligible Member that specifies the amount necessary to be paid by the Eligible Member to complete an Irrevocable PDA to receive the total credited service specified in the Irrevocable PDA.
20. "Plan administrator" means the person authorized to represent a specific eligible plan as addressed in IRC § 414(g).
21. "Service credit" means Forfeited Service, Leave of Absence Service, Military Service and Military Call-up Service, and Other Public Service that an Eligible Member may purchase.
22. "SP invoice" means a written correspondence from the ASRS informing an Eligible Member of the amount of money required to purchase a specified amount of Service Credit.
23. "Termination pay" means an Employer's payment to the ASRS of an Eligible Member's pay received as a result of terminating employment to purchase Service Credit as specified in A.R.S. § 38-747(B)(2).
24. "Three full calendar months" means the first day of the first full month through the last day of the third consecutive full month.
25. "Transfer employment" means to terminate employment with one Employer with which an Eligible Member has an Irrevocable PDA:
    a. After accepting an offer to work for a new Employer;
    b. While working as an active member for a different Employer; or
    c. Before returning to work with any Employer within 120 days of terminating employment.
26. "Trustee-to-Trustee transfer" means a transfer of assets to the ASRS as authorized in A.R.S. § 38-747(I), from a retirement program from which, at the time of the transfer, a member is not eligible to receive a distribution.
27. "Uniformed services" means the United States Army, Army Reserve, Army National Guard, Navy, Navy Reserve, Air Force, Air Force Reserve, Air Force National Guard, Marine Corps, Marine Corps Reserve, Coast Guard, Coast Guard Reserve, and the Commissioned Corps of the Public Health Service.
28. "Window credit" means overpayments made on previously purchased Service Credit by members of the ASRS as provided by Laws 1997, Ch. 280, § 21, and Laws 2003, Ch. 164, § 3.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 18 A.A.R. 3130, effective January 6, 2013 (Supp. 12-4). Amended by final rulemaking at 19 A.A.R. 764, effective June 1, 2013 (Supp. 13-2). Amended by final rulemaking at 21 A.A.R. 2515, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1). Amended by final rulemaking at 28 A.A.R. 1257 (June 10, 2022), effective July 17, 2022 (Supp. 22-2).

R2-8-502. Request to Purchase Service Credit and Notification of Cost

A. An Eligible Member may request to purchase Service Credit electronically. The Eligible Member shall verify at the time of request, the following information for the Eligible Member:
1. Name;
2. Mailing address;
3. Date of birth;
4. Marital status;
5. Gender;
6. Primary email address;
7. Primary phone number; and
8. Which category of Service Credit the Eligible Member is requesting to purchase.

B. An Eligible Member who requests to purchase Service Credit pursuant to subsection (A) shall acknowledge the following statements of understanding:
1. Any person who knowingly makes any false statement or who falsifies or permits to be falsified any record of the retirement plan with an intent to defraud the plan is guilty of a class 6 felony per A.R.S. § 38-793; and
2. This transaction is subject to audit. If any errors or misrepresentations are discovered as a result of an audit, the Eligible Member's total credited service with the ASRS will be adjusted as necessary and if the Eligible Member is retired, the Eligible Member's retirement benefit will also be adjusted. Any overpayment or overpayments will be refunded. However, if a payment made with a rollover or pre-tax dollars is returned to the Eligible Member, there may be tax consequences as a result of this refund.

C. Upon receipt of the documentation required by this Article from the Eligible Member and if the Eligible Member's request to purchase Service Credit meets the requirements of this Article, the ASRS shall provide the following to the Eligible Member:
1. An SP Invoice stating the cost to purchase the amount of Service Credit the member is eligible to purchase;
2. Instructions for electing method of payment; and
3. The date payment election is due.

D. An Eligible Member who requests to purchase Service Credit pursuant to this Section shall elect one or more methods of payment and submit the election to the ASRS by the date payment election is due.

E. An Eligible Member who elects to purchase Service Credit using after-tax payments shall acknowledge the following information:
1. After-tax payments must be from the Eligible Member and remitted to the ASRS by the Eligible Member;
2. After-tax payments cannot be used to purchase political subdivision employment with a United States territory, commonwealth, overseas possession, or insular area; and
3. If the Eligible Member joined the ASRS on or after July 1, 1999, §§ 415(b) and 415(c) of the IRC limit the after-tax money the Eligible Member can use to purchase Service Credit.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 18 A.A.R. 3130, effective January 6, 2013 (Supp. 12-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1). Amended by final expe-

dited rulemaking at 27 A.A.R. 479, with an immediate effective of March 5, 2021 (Supp. 21-1).

R2-8-503. Requirements Applicable to All Service Credit Purchases

A. To purchase Service Credit at the amount provided in an SP Invoice, an Eligible Member shall purchase the Service Credit by check or money order, or request an Irrevocable PDA, Direct Rollover, Trustee-to-Trustee Transfer, or Termination Pay as specified in this Article, by the due date specified by the method of payment the Eligible Member elected.

B. An Eligible Member may purchase all of the Service Credit or a portion of the Service Credit. If the Eligible Member wishes to purchase only a portion of the Service Credit, the Eligible Member shall specify:
1. Either the number of years or partial years of Service Credit the Eligible Member wishes to purchase; or
2. The cost for the number of years or partial years of Service Credit the Eligible Member wishes to purchase, not exceeding the years or partial years and cost specified on the SP Invoice.

C. The ASRS shall not consider more than one active request at a time from a member to purchase Service Credit in a single category. The categories are:
1. Leave of Absence Service;
2. Military Service;
3. Forfeited Service; and
4. Other Public Service.

D. An Eligible Member may cancel an active request by notifying the ASRS in writing.

E. If an Eligible Member is entitled to a Window Credit, the Eligible Member may apply the Window Credit to purchase Service Credit. To apply a Window Credit to a purchase of Service Credit, the Eligible Member shall make a request to the ASRS in writing by the date payment election is due as specified on the SP Invoice and include the following information:
1. The amount the Eligible Member wants to apply, and
2. The Eligible Member's dated signature.

F. On or before the due date specified on the SP Invoice, an Eligible Member may request an extension of a due date for purchasing Service Credit.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 18 A.A.R. 3130, effective January 6, 2013 (Supp. 12-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-504. Service Credit Calculation for Purchasing Service Credit

A. An Eligible Member who purchases Service Credit shall receive one month of credited service for one or more days of service in a calendar month.

B. Pursuant to A.R.S. 38-739(B), an Eligible Member who purchases Service Credit shall receive a proportionate amount of credited service based on the length of the Eligible Member's service year.

C. Notwithstanding any other provision, an Eligible Member whose membership date is on or after July 20, 2011, cannot purchase more than five years of Service Credit for each of the following based on the length of the Eligible Member's service year:
1. Leave of Absence Service;
2. Military Service; and
3. Other Public Service.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-505. Restrictions on Purchasing Overlapping Service Credit

A. The ASRS shall not permit an Eligible Member to purchase Service Credit that, when added to credited service earned in any plan year, results in more than:
1. One year of credited service in any plan year, or
2. One month of credited service in any one calendar month.

B. A member may not purchase Service Credit for any period of time for which the member is eligible to receive retirement benefits from another public employee retirement system.

C. For purposes of this Section, "another public employee retirement system" means any retirement plan providing retirement benefits and maintained by the United States government, a state, territory, commonwealth, overseas possession or insular area of the United States or a political subdivision of a state, territory, commonwealth, overseas possession or insular area of the United States.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1). Amended by final rulemaking at 28 A.A.R. 1257 (June 10, 2022), effective July 17, 2022 (Supp. 22-2).

R2-8-506. Cost Calculation for Purchasing Service Credit

A. For Service Credit for Leave of Absence Service, Military Service, and Other Public Service, the ASRS shall calculate, as of the date of the request to purchase Service Credit:
1. The Actuarial Present Value of the future retirement benefit for the Eligible Member including the Service Credit that the Eligible Member requests to purchase, and
2. The Actuarial Present Value of the future retirement benefit for the Eligible Member without the Service Credit that the Eligible Member requests to purchase.

B. The cost for purchasing the Service Credit that the Eligible Member requests to purchase is the difference between the Actuarial Present Value in subsection (A)(1) and the Actuarial Present Value in subsection (A)(2).

Historical Note

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-507. Required Documentation and Calculations for Forfeited Service Credit

A. An Eligible Member who requests to purchase Service Credit for Forfeited Service under A.R.S. § 38-742 shall provide the ASRS:
1. The name of an Employer, if known, for which the Eligible Member is requesting to purchase Service Credit for Forfeited Service; and
2. The year and month the Eligible Member believes the ASRS returned retirement contributions.

B. Upon receipt of payment as specified in subsection (D), the ASRS shall apply the Service Credit to the Eligible Member's account based on the most recent Forfeited Service available for purchase.

C. Notwithstanding subsection (B), if an Eligible Member has more than one return of contributions pursuant to A.R.S. § 38-740, the Eligible Member may elect to purchase Forfeited Service for any of the return of contributions and the ASRS shall apply the Service Credit to the Eligible Member's account based on the most recent Forfeited Service available for purchase.

D. The amount the Eligible Member shall pay to purchase Service Credit for previously Forfeited Service is the amount of retirement contributions that the ASRS issued, plus interest on that amount from the date on the return of retirement contributions check to the date of redeposit at the Assumed Actuarial Investment Earnings Rate specified in R2-8-118(A).

Historical Note

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1). Amended by final expedited rulemaking at 27 A.A.R. 479, with an immediate effective of March 5, 2021 (Supp. 21-1).

R2-8-508. Required Documentation and Calculations for Leave of Absence Service Credit

A. An Eligible Member who requests to purchase Service Credit for Leave of Absence Service under A.R.S. § 38-744 shall provide to the ASRS an Approved Leave of Absence form that includes:

1. The following information completed by the Eligible Member:
   a. The start date and end date of the approved leave of absence;
   b. The date the Eligible Member returned to work or a statement of why employment was not resumed;
   c. The name of the Employer;
   d. Whether the Eligible Member participated in another public retirement system during this leave of absence; and
   e. If the Eligible Member participated in another public retirement system during the leave of absence, whether the Eligible Member is receiving a benefit or is eligible to receive a benefit, from the other public retirement system; and
2. Acknowledgement of the following statements of understanding:
   a. The Eligible Member understands that up to one year of Service Credit may be purchased for each approved leave of absence, if the Eligible Member returns to work for the Employer that approved the leave of absence unless employment could not be resumed because of disability or nonavailability of a position;
   b. The Eligible Member authorizes the Employer to provide any necessary personal information to ASRS in order to process this request; and
   c. The Eligible Member certifies that if the Eligible Member participated in another public retirement system during the approved leave of absence, the Eligible Member is not receiving, and is not eligible to receive, a benefit from the other public retirement system for the time during the approved leave of absence; and
3. The Eligible Member's dated signature.

B. Pursuant to A.R.S. § 38-744, a member who participated in another public retirement system during the leave of absence, and is receiving a benefit or is eligible to receive a benefit from the other public retirement system, is not an Eligible Member for purposes of this Section.

C. If the information provided by the Eligible Member pursuant to subsection (A) is correct, the Employer shall validate the information and submit the information to the ASRS through the Employer's secure ASRS account. If the information provided by the Eligible Member pursuant to subsection (A) is incorrect, the Employer shall correct the information and submit the information to the ASRS through the Employer's secure ASRS account.

D. Upon submitting the information specified in subsection (B), the Employer shall acknowledge the following statements of understanding:

1. The Employer has verified all the dates for the approved leave of absence period are correct; and
2. The contact individual has the legal power to bind the Employer in transactions with the ASRS.

E. The amount the Eligible Member shall pay to purchase Service Credit for an approved leave of absence is determined as provided in R2-8-506.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-509. Required Documentation and Calculations for Military Service Credit

A. An Eligible Member who requests to purchase Service Credit for Military Service under A.R.S. § 38-745(A) and (B) shall provide to the ASRS:

1. A copy of the Eligible Member's Military Service Record within 30 days of the Eligible Member's request to purchase Service Credit; and
2. A Military Service form that contains:
   a. Whether the Eligible Member is receiving a benefit or is eligible to receive a benefit, from the military.
   b. The branch of the Uniformed Services the Eligible Member was in;
   c. Whether the Eligible Member was on Active Duty or Active Reserve Duty;
   d. The start date and end date of the Eligible Member's Military Service for which the Eligible Member is requesting to purchase Service Credit;
   e. Acknowledgement that the Eligible Member will submit to the ASRS:
      i. Proof of honorable separation for each type of Military Service listed on the form; and
      ii. The Eligible Member's Military Service Record that supports all of the service listed on the form;
   f. Acknowledgement of the following statements of understanding:
      i. The Eligible Member understands that the service listed on this form does not include time that the Eligible Member either volunteered or

was ordered into Active Duty service as part of a military call-up while employed by an Employer. This service is purchased under Military Call-up Service and requires a Military Call-up form to be completed by the Eligible Member's Employer; and

ii. The Eligible Member understands that any time the Eligible Member has listed on this form for Reserve or National Guard time reflects the months that the Eligible Member attended at least one drill or assembly for each month listed.

B. The amount the Eligible Member pays to purchase Service Credit for Military Service is determined as provided in R2-8-506.

C. The ASRS determines the amount of Service Credit an Eligible Member receives for Active Duty and Active Reserve Duty time by the time listed on the Military Service form, if the service listed is supported by the information contained in the Eligible Member's Military Service Record.

D. If the ASRS has not received complete and correct documents pursuant to this Section within 30 days of the request to purchase Service Credit, the ASRS shall cancel the Eligible Member's request to purchase Service Credit.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-510. Required Documentation and Calculations for Military Call-up Service Credit

A. An Eligible Member who meets the requirements under A.R.S. § 38-745(D) shall receive up to 60 months of Service Credit, not to exceed 5 years of Service Credit for Military Call-up Service under A.R.S. § 38-745(D) through (K). In order to determine the amount of contributions the Employer owes to purchase Service Credit for Military Call-up Service, the Eligible Member's Employer shall provide to the ASRS a copy of the Eligible Member's Military Service Record and a completed Military Call-up form that includes the following:

1. The Eligible Member's full name;
2. The Eligible Member's Social Security number;
3. The start date of Military Call-up Service;
4. The end date of Military Call-up Service;
5. The date the Eligible Member returned to work for the Employer;
6. The salary for each pay period in each fiscal year while the Eligible Member was on military call-up, including any salary increases the Eligible Member would have received had the Eligible Member not left work due to military call-up;
7. The name of a contact individual for the Employer, and that individual's business telephone number;
8. The contact individual's dated signature;
9. If applicable, the dates that the Eligible Member was hospitalized and released from the hospital as a result of participating in a military call-up.
10. If applicable, the date the Eligible Member became disabled during or as a result of participating in a military call-up;
11. If applicable, the date of the Eligible Member's death during or as a result of participating in a military call-up; and
12. Acknowledgement of the following statements of understanding:
    a. All the dates and payroll information for the Military Call-up Service are correct;
    b. The Eligible Member:
        i. Was honorably separated from Active Duty and returned to the same Employer within 90 days of either discharge from Active Duty or release from service-related hospitalization; or
        ii. Was disabled and unable to return to work; or
        iii. Died during or as a result of Active Duty.
    c. The Employer must pay both the employee and Employer contributions in a lump sum upon the Eligible Member returning to employment, receipt of a declaration of disability, or receipt of a death certificate. These contributions are based on the salary the Eligible Member would have earned if the Eligible Member had not volunteered or been ordered into Active Duty;
    d. The Eligible Member may receive a maximum of 60 months of Service Credit for Military Call-up Service pursuant to A.R.S. § 38-745; and
    e. The contact individual has the legal power to bind the Employer in transactions with the ASRS.

B. An Employer shall make the request to purchase Service Credit for Military Call-up Service within 30 days after the earlier of the dates listed in A.R.S. § 38-745(E).

C. The ASRS calculates the amount the Employer pays to purchase Military Call-up Service pursuant to A.R.S. § 38-745(G) by multiplying the Eligible Member's salary per pay period at the time Active Duty commences, by the contribution rate in effect for the period of Active Duty. Included in the calculation are any salary increases the Eligible Member would have received if the Eligible Member had not left work to participate in a military call-up.

D. The ASRS shall send the Employer a statement of cost for purchase of the Service Credit for Military Call-up Service based on the calculation in subsection (C). Within 90 days from the date on the ASRS statement of cost, the Employer shall pay to the ASRS the amount on the statement. If the Employer fails to make full payment within 90 days, interest shall accrue on the unpaid balance at the Assumed Actuarial Investment Earnings Rate in effect on the date of the statement of cost as specified in R2-8-118(A). The ASRS may collect the unpaid balance plus interest pursuant to A.R.S. § 38-735(C).

E. If an Employer remits retirement or long-term disability contributions on behalf of an Eligible Member while the Eligible Member is on military call-up, the Employer shall reverse the contributions after the ASRS receives the information in subsection (A).

F. If an Employer remits retirement contributions on behalf of an Eligible Member while the Eligible Member is on military call-up, and the Eligible Member does not return to the Employer after separation from active Military Service, the ASRS shall apply the retirement contributions to the Eligible Member's credited service.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December

5, 2006 (Supp. 06-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-511. Required Documentation and Calculations for Other Public Service Credit

A. An Eligible Member who requests to purchase Service Credit for Other Public Service under A.R.S. § 38-743 shall provide to the ASRS a completed Other Public Service form, signed and dated by the Eligible Member, that includes the following:
1. The name and mailing address of the Other Public Service employer;
2. The position the Eligible Member held while working for the Other Public Service employer;
3. The start date and end date of the Eligible Member's employment with the Other Public Service employer;
4. The actual months and years the Eligible Member was employed with the Other Public Service employer;
5. A statement of whether the Eligible Member participated in the Other Public Service employer's retirement plan;
6. If the Eligible Member participated in the Other Public Service employer's retirement plan, the name of the retirement plan, identifying whichever one of the following applies:
   a. The approximate date the Eligible Member took a return of retirement contributions;
   b. The plan is non-contributory and the Eligible Member is not eligible for benefits from the plan; or
   c. That, if not using all of the retirement contributions as a rollover, the Eligible Member will request a return of retirement contributions and forfeit all rights to any benefits from the plan and provide the ASRS with documentation that the Eligible Member has forfeited all rights to benefits from the plan no later than the due date specified on the SP Invoice; and
7. Acknowledgement that if an audit determines that the Eligible Member is eligible for a benefit from the Other Public Service employer's retirement plan, the Eligible Member is required to take necessary steps to forfeit the benefit, and if the forfeiture is not completed within 90 days of being notified of the audit results, the Service Credit purchase listed on this application will be revoked and any funds paid to purchase the Service Credit will be refunded to the member.

B. The amount the Eligible Member shall pay to purchase Service Credit for Other Public Service is determined as provided in R2-8-506.

C. Notwithstanding R2-8-512, the ASRS shall not accept after-tax monies for the purchase of Service Credit for Other Public Service with a territory, commonwealth, overseas possession or insular area pursuant to A.R.S. § 38-743.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-512. Purchasing Service Credit by Check, Cashier's Check, or Money Order

A. An Eligible Member may purchase Service Credit by personal check in the Eligible Member's name, cashier's check, or money order remitted by the Eligible Member.

B. By the due date specified by the method of payment the Eligible Member elected, the Eligible Member shall ensure that the ASRS receives a check, cashier's check, or money order made payable to the ASRS in the amount to purchase the requested Service Credit.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-513. Purchasing Service Credit by Irrevocable PDA

A. An Eligible Member may purchase Service Credit by Irrevocable PDA.

B. If the Eligible Member elects to pay for Service Credit by Irrevocable PDA, the Eligible Member shall elect the terms of the Irrevocable PDA and submit the Irrevocable PDA to the ASRS and the Employer with the following:
1. Acknowledgements:
   a. This Irrevocable PDA is binding and irrevocable;
   b. This Irrevocable PDA shall remain in effect until the earlier of:
      i. The authorized payroll deductions are completed; or
      ii. The Eligible Member terminates employment.
   c. The ASRS cannot terminate the Irrevocable PDA due to financial hardship;
   d. The amount of Irrevocable PDA payments the Eligible Member makes is subject to federal laws;
   e. The cost to purchase Service Credit by Irrevocable PDA includes an administrative interest charge at the Assumed Actuarial Investment Earnings Rate in effect at the time of the authorization as specified in R2-8-118(A);
   f. Payments specified in this Irrevocable PDA are in addition to the regular contributions required pursuant to A.R.S. §§ 38-736 and 38-797.05;
   g. The ASRS shall apply credited service to the Eligible Member's account upon receipt of payments authorized by the Eligible Member under this Irrevocable PDA; and
   h. The ASRS shall not transfer, refund, or disburse the administrative interest that the ASRS charges pursuant to subsection (B)(1)(e); and
2. Statements of Understanding:
   a. It is the Eligible Member's responsibility to ensure the Eligible Member's Employer properly deducts payments and submits contributions as provided by the terms of the Irrevocable PDA;
   b. Payments specified by the terms of this Irrevocable PDA shall be made directly to the ASRS from the Eligible Member's Employer and the Eligible Member does not have the option of receiving such payments directly from the Employer;
   c. The Eligible Member's Employer shall make payments pursuant to this Irrevocable PDA after other mandatory deductions are made;
   d. The Eligible Member's Employer cannot accept an election to change this Irrevocable PDA;
   e. The Eligible Member has up to 14 days to request the ASRS calculate the remaining balance of this Irrevocable PDA after the earlier of:
      i. Terminating employment;
      ii. Terminating LTD without returning to work with an Employer; or

iii. The effective ASRS retirement date;

f. The Eligible Member must complete a purchase of the remaining balance on this Irrevocable PDA by the due date specified on the PDA Pay-off Invoice;

g. It is the Eligible Member's responsibility to notify the ASRS of any changes in the Eligible Member's employment that may affect the status of this Irrevocable PDA;

h. If the Eligible Member terminates employment and returns to work with an Employer within 120 days of terminating employment, this Irrevocable PDA must continue with the new Employer pursuant to R2-8-513.01; and

i. If the Eligible member terminates employment and does not return to work with an Employer within 120 days of terminating employment, the ASRS shall terminate this Irrevocable PDA pursuant to R2-8-513.01.

C. By submitting the Irrevocable PDA to the ASRS, the Irrevocable PDA is deemed to be signed by the Eligible Member.

D. At the time the Eligible Member elects the Irrevocable PDA, the Eligible Member may elect to use Termination Pay towards the balance of the Irrevocable PDA if the Eligible Member terminates employment. If the Eligible Member elects to use Termination Pay, the Eligible Member shall submit the Irrevocable PDA to the ASRS with the following information:

1. A statement that the Eligible Member:
   a. Understands and agrees that the Eligible Member must continue working at least Three Full Calendar Months after the date of submission of the form before Termination Pay may be used on a pre-tax basis;
   b. Understands that if the Termination Pay exceeds the balance owed on the Irrevocable PDA, the overage will be returned to the Employer to be distributed to the Eligible Member;
   c. Understands that the election to use Termination Pay is binding and irrevocable;
   d. The Eligible Member's Termination Pay must be received and processed before the ASRS will accept any other form of payment;
   e. The Eligible Member's Employer is required to make payment directly to the ASRS after mandatory deductions are made, and the Eligible Member does not have the option of receiving the funds directly from the Employer;
   f. It is the Eligible Member's responsibility to ensure that the Eligible Member's Employer properly deducts Termination Pay;
   g. The amount of Termination Pay the Eligible Member elects is irrevocable pursuant to § 414(h)(2) of the IRC;
   h. If the Eligible Member terminates employment and immediately retires, the Eligible Member's retirement processing may be delayed; and
2. Whether the Eligible Member is electing either all Termination Pay or a specified amount of Termination Pay to be applied to the balance of the Irrevocable PDA.

E. The ASRS shall:

1. Charge interest on the unpaid balance at the Assumed Actuarial Investment Earnings Rate in effect at the time the Eligible Member submitted the request to purchase service as specified in R2-8-118(A);
2. Limit the payroll deduction time period to a maximum of 520 payments; and
3. Require a minimum payment of $10.00 per payroll period, or payment in an amount to purchase at least .001 years of Service Credit per payroll period, whichever is greater.

F. The Employer shall implement the payroll deduction on the first pay period after receiving the Irrevocable PDA.

G. If a deduction is not made under an Irrevocable PDA within six months after the Eligible Member submits the authorization, the authorization lapses and the Eligible Member may make another request, which is recalculated based on the new request date unless the failure to begin deductions is due to an ASRS error.

H. A period of leave of absence, LTD, or military call-up shall not cancel the Irrevocable PDA. The Employer shall resume deductions immediately upon the Eligible Member's return to that Employer. The period during which the Eligible Member is on leave of absence, on LTD, or leaves work because of a military call-up is not included in the payment time limitation under subsection (D)(2). If the Eligible Member does not return to active working status, whether due to termination of employment or retirement, the Eligible Member may elect to purchase the balance of unpaid service under the Irrevocable PDA at the time of termination or retirement as specified in this Section.

I. Deductions made pursuant to an Irrevocable PDA continue until the:

1. Irrevocable PDA is completed;
2. Eligible Member retires, whether or not the Eligible Member continues employment as allowed in A.R.S. §§ 38-766.01 and 38-764(I);
3. Eligible Member terminates all ASRS employment without transferring employment; or
4. Date of the Eligible Member's death.

J. If an Eligible Member retires or terminates employment from all Employers without transferring employment as stated in R2-8-513.01 before all deductions are made as authorized by the Irrevocable PDA, the ASRS shall cancel the Eligible Member's Irrevocable PDA unless the Eligible Member notifies the ASRS of the Eligible Member's intent to purchase the remaining amount within 14 days after the earlier of either termination or retirement.

K. When the Eligible Member notifies the ASRS of retirement or termination from all ASRS employment and requests to pay off the Irrevocable PDA, the ASRS shall send the Eligible Member a PDA Pay-off Invoice through the Eligible Member's secure ASRS account. The ASRS shall calculate the amount owed by the Eligible Member.

L. By the date payment election is due, the Eligible Member shall ensure that the ASRS receives the information specified in R2-8-502(C).

M. The Eligible Member may purchase the remaining Service Credit by one or more of the following methods by the due date specified on the PDA Pay-off Invoice:

1. By any method specified in R2-8-512;
2. By making a request to the ASRS for a rollover or transfer under R2-8-514 and completing the rollover or transfer by the due date specified on the PDA Pay-off Invoice; or
3. By Termination Pay under R2-8-519, if the Eligible Member authorized this option at the time the Eligible Member signed the Irrevocable PDA.

Historical Note
New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 18 A.A.R. 3130, effective January 6, 2013 (Supp. 12-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-513.01. Irrevocable PDA and Transfer of Employment to a Different Employer

A. If an Eligible Member Transfers Employment, the Eligible Member's new Employer shall continue to make deductions pursuant to an Irrevocable PDA.

B. If an Eligible Member terminates employment without having accepted an offer to work with an Employer, the ASRS shall terminate an Irrevocable PDA.

C. Notwithstanding subsection (B), if a retirement contribution is due from a new Employer within 120 days from the Eligible Member's termination date with the previous Employer, the ASRS shall determine that the Eligible Member Transferred Employment, unless the Eligible Member notified the ASRS of the termination of employment.

D. If an Eligible Member who has elected Termination Pay pursuant to R2-8-513(D) Transfers Employment, the ASRS shall not accept any Termination Pay that the ASRS receives from the Eligible Member's previous Employer.

Historical Note
New Section made by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-513.02. Termination Date

For the purpose of an Irrevocable PDA, the date an Eligible Member is considered terminated from an Employer is:

1. For an Eligible Member terminating employment, the Eligible Member's last pay period end date with that Employer;
2. For an Eligible Member on military call-up who does not return to the same Employer:
   a. 90 days from the date of separation from military call-up;
   b. 90 days from the date released from the hospital, if injured while on military call-up; or
   c. The date the Eligible Member has been hospitalized for two years for injuries sustained as a result of participating in a military call-up.
3. For an Eligible Member on leave of absence without pay who does not return to the same Employer, the date the Employer required the Eligible Member to return to work;
4. For an Eligible Member who is unable to work because of a disability, the later of:
   a. The date the Eligible Member's request for long-term disability benefits are denied;
   b. The date the Eligible Member no longer has leave with pay available; or
   c. For an Eligible Member on long-term disability who does not return to the same Employer or Transfer Employment, the date long-term disability benefits are terminated.

Historical Note
New Section made by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-514. Purchasing Service Credit by Direct Rollover or Trustee-to-Trustee Transfer

A. An Eligible Member may purchase Service Credit by Direct Rollover or Trustee-to-Trustee Transfer pursuant to this Article.

B. By the due date specified by the method of payment the Eligible Member elected, the Eligible Member shall ensure that the ASRS receives the payment for the service purchase and a completed Direct Rollover/Transfer Certification to Purchase Service Credit form.

C. An Eligible Member who chooses to purchase Service Credit shall provide the following to the ASRS:

1. The name of the financial institution or plan;
2. Whether the Eligible Member is choosing to rollover/transfer the entire balance of their account and if not, the amount of the rollover/transfer;
3. Acknowledgement of the following information:
   a. After-tax funds are only acceptable from 401(a) and 403(b) plans and must be listed separately from the portion that is pre-tax on the payment as after-tax amounts. This information must be provided to the ASRS with the payment.
   b. The only fund types that the ASRS accepts are:
      i. 401(a);
      ii. 401(k) pre-tax only;
      iii. 403(b);
      iv. Governmental 457 pre-tax only;
      v. 403(a) pre-tax only;
      vi. 408 Traditional IRA pre-tax only;
      vii. 408(k) SEP IRA pre-tax only;
      viii. 408(p) Simple IRA pre-tax only and only if the Eligible Member participated for at least 2 years in this plan;
   c. The ASRS shall not accept the following fund types:
      i. Roth funds;
      ii. Funds already distributed to the Eligible Member from a retirement plan listed in subsection (C)(3)(b);
      iii. Inherited IRA;
      iv. Coverdale Education Savings Account funds;
      v. Hardship distributions;
      vi. Funds not includable in gross income;
      vii. Funds required under § 401(a)(9) of the IRC because the Eligible Member have attained age 70 1/2;
      viii. One of a series of substantially equal periodic payments made at least annually for the Eligible Member's life;
      ix. One of a series of substantially equal periodic payments made for 10 years or more;
      x. After-tax contributions from any plan other than a 401(a) or 403(b) qualified plan;
   d. The funds must be sent as a Direct Rollover from a plan listed in subsection (C)(3)(b) and issued to the ASRS for the benefit of the Eligible Member. If the payment is issued to anyone other than the ASRS, including the Eligible Member, then within 60 days of the plan issuing the payment, the Eligible Member must place the payment into a plan specified in

subsection (C)(3)(b) to be reissued directly to the ASRS.

e. It is the Eligible Member's responsibility to contact the administrator of the plan from which the Direct Rollover will be made and have it initiated. The Eligible Member must also ensure all rollovers are completed by the due date. If the ASRS does not receive payment by the due date, the invoice will expire and the payment will be returned to the Eligible Member.

f. If the ASRS accepts a rollover and later determines that it was not eligible, the ASRS will distribute the invalid payment directly to the Eligible Member. Any taxes, penalties, and interest that the IRS, any taxing authority, or financial institution may assess against the Eligible Member due to an invalid payment are solely the Eligible Member's responsibility.

g. The plan from which the Eligible Member is rolling over funds must be solely in the Eligible Member's name. The Eligible Member may be a spousal beneficiary of a deceased person or an alternate payee on the plan from which the Eligible Member is rolling over funds.

D. An Eligible Member who chooses to purchase Service Credit pursuant to this Section shall submit a Direct Rollover/Transfer Certification to Purchase Service Credit form that includes:

1. The Eligible Member's full name;
2. The last 4 digits of the Eligible Member's Social Security number;
3. The Eligible Member's signature certifying that the Eligible Member understands the requirements, limitations, and entitlements for the rollover/transfer that is being used to purchase Service Credit, and has read and understands the Direct Rollover/Transfer Certification to Purchase Service Credit form and any accompanying instructions and information;
4. The Authorized Representative's name and title;
5. The Authorized Representative's telephone number; and
6. Certification by the Authorized Representative's dated signature that:
   a. The plan is either:
      i. A qualified pension, profit sharing, or 401(k) plan described in IRC § 401(a), or a qualified annuity plan described in IRC § 403(a);
      ii. A deferred compensation plan described in IRC § 457(b) maintained by a state of the United States, a political subdivision of a state of the United States, or an agency or instrumentality of a state of the United States;
      iii. An annuity contract described in IRC § 403(b); or
      iv. An IRA described in A.R.S. § 38-747(H)(3);
   b. The rollover/transfer specified on the form from which the pre-tax funds are being rolled over or transferred is intended to satisfy the requirements of the applicable Section of the IRC;
   c. The Authorized Representative is not aware of any plan provision or any other reason that would cause the plan/IRA not to satisfy the applicable Section of the IRC; and
   d. The funds will be sent to the ASRS as a direct plan rollover, IRA rollover, or a Trustee-to-Trustee Transfer.

E. The Eligible Member shall contact the Plan Administrator to have the funds distributed and transferred to the ASRS. Unless the ASRS receives a check for the correct amount from the plan and all documents required by this Article by the due date specified by the method of payment the Eligible Member elected, the ASRS shall cancel the request to purchase Service Credit.

F. The Eligible Member shall ensure that the ASRS receives a check from the plan, made payable to the ASRS, for an amount that does not exceed the amount specified on the SP Invoice.

G. If the payment from the eligible plan exceeds the amount specified on the SP Invoice, the ASRS shall return the entire payment to the Eligible Member.

Historical Note
New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1). Citations to subsection (C)(3)(b) corrected in subsections (C)(3)(c)(ii) and (C)(3)(d) (Supp. 20-1).

R2-8-515. Repealed

Historical Note
New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Repealed by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-516. Expired

Historical Note
New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 3195, effective October 11, 2016 (Supp. 16-3).

R2-8-517. Expired

Historical Note
New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 3195, effective October 11, 2016 (Supp. 16-3).

R2-8-518. Repealed

Historical Note
New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Repealed by final rulemaking at 18 A.A.R. 3130, effective January 6, 2013 (Supp. 12-4).

R2-8-519. Purchasing Service Credit by Termination Pay

A. To purchase Service Credit using Termination Pay, an Eligible Member shall elect to use Termination Pay by the date payment election is due.

B. An Eligible Member who elects to use Termination Pay pursuant to this Section, shall provide the ASRS with the Eligible Member's anticipated termination date which cannot be more

than six months from the date the ASRS issues the SP Invoice and must be at least Three Full Calendar Months after the date the Eligible Member elects and submits Termination Pay as a method of payment.

C. An Eligible Member who elects to use Termination Pay pursuant to this Section, shall provide the ASRS with a Termination Pay Authorization for the Purchase of Service Credit form with the following information:
1. The name of the Employer that will be submitting the Termination Pay to the ASRS;
2. Whether the Eligible Member elects to use all Termination Pay or a specific amount of Termination Pay;
3. Signature of the Eligible Member, certifying that the Eligible Member understands that:
   a. The Eligible Member is required to continue working at least Three Full Calendar Months after the date the Eligible Member submits the Termination Pay Authorization for the Purchase of Service Credit form before Termination Pay may be used on a pre-tax basis;
   b. If the Eligible Member terminates employment more than six months after the date on the SP Invoice, the Eligible Member may purchase the Service Credit at a newly calculated rate and possibly at a higher cost;
   c. The terms elected in the Termination Pay Authorization for the Purchase of Service Credit form are binding and irrevocable;
   d. The Eligible Member's Employer is required to make payment directly to the ASRS after mandatory deductions are made, and the Eligible Member does not have the option of receiving the funds directly from the Employer;
   e. The Eligible Member's Termination Pay must be received and processed before the ASRS will accept any other form of payment;
   f. It is the Eligible Member's responsibility to ensure that the Eligible Member's Employer properly deducts Termination Pay, as provided in the Termination Pay Authorization for the Purchase of Service Credit form; and
   g. The amount of Termination Pay the Eligible Member elects is irrevocable pursuant to § 414(h)(2) of the IRC;
   h. If the Termination Pay exceeds the balance due on the SP Invoice, the ASRS will return the difference to the Eligible Member's Employer to be distributed to the Eligible Member;
   i. If the Eligible Member terminates employment and immediately retires, the Eligible Member's retirement processing may be delayed; and
   j. The ASRS will send a notification to the Eligible Member's Employer two weeks prior to the Eligible Member's termination date, as indicated on the Termination Pay Authorization form, to notify the Employer that the Eligible Member's Termination Pay must be sent directly to the ASRS.

D. The ASRS shall not apply Termination Pay to an SP Invoice covered by an Irrevocable PDA in effect at the time of termination, unless the Eligible Member elected the Termination Pay pursuant to R2-8-513(D) at the time the member authorized the Irrevocable PDA.

E. If an Eligible Member elects to use Termination Pay to purchase Service Credit, the ASRS shall not apply any other form of payment to the Service Credit purchase until the ASRS receives the Termination Pay.

F. Notwithstanding any other Section, if an Eligible Member dies prior to terminating employment, the ASRS shall not accept Termination Pay.

G. If an Eligible Member Transfers Employment, the ASRS shall not accept Termination Pay from the Eligible Member's previous Employer.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-520. Termination of Employment and Request Return of Retirement Contributions or Death of Member While Purchasing Service Credit by an Irrevocable PDA

A. If an Eligible Member terminates employment without transferring employment as specified in R2-8-513.01 while purchasing Service Credit by an Irrevocable PDA and requests return of retirement contributions pursuant to A.R.S. § 38-740, the ASRS shall return any principal payments made for the purchase of Service Credit including interest earned on those principal payments at the interest rate specified in R2-8-118(A), column 3.

B. If an Eligible Member dies while purchasing Service Credit, the ASRS shall credit the Eligible Member's account with:
1. The Service Credit for which the ASRS received payment pursuant to a PDA before the Eligible Member's death;
2. The principal payments made by the Eligible Member; and
3. Interest earned on payment through the date of distribution at the Assumed Actuarial Investment Earnings Rate specified in R2-8-118(A).

C. If an Eligible Member dies while purchasing Service Credit, the ASRS shall not permit the survivor or an estate to purchase the remaining balance.

D. The ASRS shall not transfer, disburse, or refund the administrative interest the ASRS charged as part of an Irrevocable PDA as specified in R2-8-513.

E. The ASRS shall not credit a member's account with the administrative interest the ASRS charged as part of an Irrevocable PDA as specified in R2-8-513.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-521. Adjustment of Errors

A. If the ASRS determines an error has been made in the information provided by the member or in the calculations made by the ASRS, the ASRS shall make an adjustment to the member's account and return ineligible payments, if any.

B. The ASRS shall notify the member in writing of any adjustments.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

ARTICLE 6. PUBLIC PARTICIPATION IN RULEMAKING

R2-8-601. Definitions

The following definitions apply to this Article unless otherwise specified:

1. "Rulemaking record" means a file the ASRS maintains as specified in A.R.S. § 41-1029.
2. "Oral proceeding" means a public gathering the ASRS holds for the purpose of receiving comment and answering questions about a proposed rule as specified in A.R.S. § 41-1023.
3. "Presiding officer" means an individual selected by the ASRS Director to oversee oral proceedings.
4. "Substantive policy statement" means the same as in A.R.S. § 41-1001(22).

Historical Note

New Section made by final rulemaking at 12 A.A.R. 964, effective March 7, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2515, effective December 5, 2015 (Supp. 15-4).

R2-8-602. Reviewing Agency Rulemaking Record and Directory of Substantive Policy Statements

Except on a state holiday, a person may review a rulemaking record or the directory of substantive policy statements at the Phoenix office of the ASRS, Monday through Friday, from 8:00 a.m. until 5:00 p.m.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 964, effective March 7, 2006 (Supp. 06-1). Section amended by final rulemaking at 22 A.A.R. 3323, effective January 1, 2017 (Supp. 16-4).

R2-8-603. Petition for Rulemaking

A. A person submitting a petition to the ASRS to make or amend a rule under A.R.S. § 41-1033 shall include the following in the petition:
1. The name and current address of the person submitting the petition;
2. An identification of the rule to be made or amended;
3. The suggested language of the rule;
4. The reason why a new rule should be made or a current rule should be amended with supporting information, including:
   a. An identification of the persons who would be affected by the rule and how the persons would be affected; and
   b. If applicable, statistical data with references to attached exhibits;
5. The signature of the person submitting the petition; and
6. The date the person signs the petition.

B. The ASRS shall send a written notice of the ASRS's decision regarding the Petition for Rulemaking to the person within 60 days of receipt of the petition.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 964, effective March 7, 2006 (Supp. 06-1). Section amended by final rulemaking at 22 A.A.R. 3323, effective January 1, 2017 (Supp. 16-4).

R2-8-604. Review of a Rule, Agency Practice, or Substantive Policy Statement

A. A person submitting a petition to the ASRS under A.R.S. § 41-1033 requesting that the ASRS review an agency practice or substantive policy statement that the person alleges constitutes a rule shall include the following in the petition:
1. The name and current address of the person submitting the petition,
2. The reason the person alleges that the agency practice or substantive policy statement constitutes a rule,
3. The signature of the person submitting the petition, and
4. The date the person signs the petition.

B. The person who submits a petition under subsection (A) shall attach a copy of the substantive policy statement or a description of the agency practice to the petition.

C. The ASRS shall send a written notice of the ASRS's decision regarding the petition to the person within 60 days of receipt of the petition.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 964, effective March 7, 2006 (Supp. 06-1). Section amended by final rulemaking at 22 A.A.R. 3323, effective January 1, 2017 (Supp. 16-4).

R2-8-605. Objection to Rule Based Upon Economic, Small Business and Consumer Impact

A. A person submitting an objection to a rule based upon the economic, small business and consumer impact under A.R.S. § 41-1056.01 shall include the following in the objection:
1. The name and current address of the person submitting the objection;
2. Identification of the rule;
3. Either evidence that the actual economic, small business and consumer impact:
   a. Significantly exceeded the impact estimated in the economic, small business and consumer impact statement submitted during the making of the rule with supporting information attached as exhibits; or
   b. Was not estimated in the economic, small business and consumer impact statement submitted during the making of the rule and that actual impact imposes a significant burden on persons subject to the rule with supporting information attached as exhibits; or
   c. Reflects that the ASRS did not select the alternative that imposes the least burden and costs to persons regulated by the rule, including paperwork and other compliance costs, necessary to achieve the underlying regulatory objective.
4. The signature of the person submitting the objection; and
5. The date the person signs the objection.

B. The ASRS shall respond to the objection as specified in A.R.S. § 41-1056.01(C).

Historical Note

New Section made by final rulemaking at 12 A.A.R. 964, effective March 7, 2006 (Supp. 06-1). Section amended by final rulemaking at 22 A.A.R. 3323, effective January 1, 2017 (Supp. 16-4).

R2-8-606. Oral Proceedings

A. A person requesting an oral proceeding under A.R.S. § 41-1023(C) shall submit a written request to the ASRS that includes:
1. The name and current address of the person making the request;
2. If applicable, the name of the public or private organization, partnership, corporation or association, or the name of the governmental entity the person represents; and

3. Reference to the proposed rule including, if known, the date and issue of the Arizona Administrative Register in which the Notice of Proposed Rulemaking was published.

B. The ASRS shall record an oral proceeding by either electronic or stenographic means and any CDs, cassette tapes, transcripts, lists, speaker slips, and written comments received shall become part of the official record.

C. A presiding officer shall perform the following acts on behalf of the ASRS when conducting an oral proceeding as prescribed under A.R.S. § 41-1023:
1. Provide a method for a person who attends the oral proceeding to voluntarily note the person's attendance;
2. Provide a Request to Present Oral Comment form that includes space for:
   a. The name of the person submitting the Request to Present Oral Comment form,
   b. The entity the person represents, if applicable, and
   c. The rule on which the person wishes to comment or about which the person has a question;
3. Open the proceeding by identifying the rules to be considered, the location, date, time, purpose of the proceeding, and the agenda;
4. Explain the background and general content of the proposed rulemaking;
5. Provide for public comment as specified in A.R.S. § 41-1023(D); and
6. Close the oral proceeding by announcing the location where written public comments are to be sent and specifying the close of record date and time.

D. A presiding officer may limit comments to a reasonable time period, as determined by the presiding officer. Oral comments may be limited to prevent undue repetition.

Historical Note
New Section made by final rulemaking at 12 A.A.R. 964, effective March 7, 2006 (Supp. 06-1). Section amended by final rulemaking at 22 A.A.R. 3323, effective January 1, 2017 (Supp. 16-4).

R2-8-607. Petition for Delayed Effective Date

A. A person who wishes to delay the effective date of a rule under A.R.S. § 41-1032 shall file a petition with the ASRS prior to the proposed rule's close of record date. The petition shall contain the:
1. Name and current address of the person submitting the petition;
2. Identification of the proposed rule;
3. Need for the delay, specifying the undue hardship or other adverse impact that may result if the request for a delayed effective date is not granted;
4. Reason why the public interest will not be harmed by the delayed effective date;
5. Signature of the person submitting the petition; and
6. Date the person signs the petition.

B. The ASRS shall send a written notice of the ASRS's decision to the person within 30 days of receipt of the Petition for Delayed Effective Date.

Historical Note
New Section made by final rulemaking at 12 A.A.R. 964, effective March 7, 2006 (Supp. 06-1). Section amended by final rulemaking at 22 A.A.R. 3323, effective January 1, 2017 (Supp. 16-4).

ARTICLE 7. CONTRIBUTIONS NOT WITHHELD

R2-8-701. Definitions

The following definitions apply to this Article unless otherwise specified:
1. "218 agreement" means a written agreement between the state, political subdivision, or political subdivision entity and the Social Security Administration, under the provisions of § 218 of the Social Security Act, to provide Social Security and Medicare or Medicare-only coverage to employees of the state, political subdivision, or political subdivision entity.
2. "Documentation" means a pay stub, completed W-2 form, completed Verification of Contributions Not Withheld form, Employer letter or spreadsheet, completed State Personnel Action Request Form, Social Security Earnings Report, employment contract, payroll record, timesheet, or other Employer-provided form that includes:
   a. Whether the employee was covered under the Employer's 218 Agreement prior to July 24, 2014,
   b. The number of hours the member worked or was Engaged to Work for the Employer per pay period, and
   c. The amount and type of compensation earned by the member within each pay period.
3. "Eligible service" means employment with an Employer:
   a. That is no more than 15 years before the date the ASRS receives written credible evidence that less than the correct amount of contributions were paid into the ASRS or the ASRS otherwise determines that less than the correct amount of contributions were made as specified in A.R.S. § 38-738(C); and
   b. In which the member was Engaged to Work for an Employer.
4. "Engaged to Work" means the same as in R2-8-1001.

Historical Note
New Section made by final rulemaking at 12 A.A.R. 4793, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 21 A.A.R. 2515, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1). Amended by final expedited rulemaking at 28 A.A.R. 1366 (June 10, 2022), with an immediate effective date of May 18, 2022 (Supp. 22-2).

R2-8-702. General Information

A. The Employer shall pay the Employer's portion of the contributions the ASRS determines is owed under R2-8-706 whether or not the member pays the member's portion of the contributions.

B. The person who initiates the claim that contributions were not withheld for Eligible Service has the burden to prove a contribution error was made.

C. The ASRS shall not waive payment of contributions or interest owed under this Article.

D. If a member is not able to establish eligibility for purchasing service credit pursuant to this Article, the member may be eligible to purchase service pursuant to A.R.S. § 38-743 and Article 5 of this Chapter.

Historical Note
New Section made by final rulemaking at 12 A.A.R. 4793, effective December 5, 2006 (Supp. 06-4).

Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-703. Employer's Discovery of Error

If an Employer determines that any amount of contributions have not been withheld for a member for a period of Eligible Service, the Employer shall notify the ASRS by submitting through the Employer's secure ASRS account a Verification of Contributions Not Withheld form with the following information:

1. The member's full name;
2. The member's Social Security number;
3. The range of dates that any contribution was not withheld;
4. The member's position title during the date range listed in subsection (3);
5. The amount and type of compensation the member was entitled to receive, and the number of hours the member worked for the Employer per pay period for each fiscal year;
6. The member's hire date;
7. Whether the member was Engaged to Work for the Employer;
8. Whether the position was covered under the Employer's 218 Agreement for periods prior to July 24, 2014; and
9. The dated signature of the Employer's authorized agent certifying:
   a. All the dates and salary information is correct;
   b. The person submitting this form has the legal power to enter into binding transactions with the ASRS;
   c. Acknowledgement the Employer will receive an invoice for the contributions owed for Eligible Service only, as well as the accumulated interest on the contributions that were not withheld for both the member and Employer contributions; and
   d. Acknowledgement the member will receive an invoice for their contributions owed.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 4793, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-704. Member's Discovery of Error

A. If a member believes that an Employer has not withheld contributions for the member for a period of Eligible Service, the member shall:

1. Notify the member's Employer that the Employer has not withheld contributions correctly by contacting the Employer directly; or
2. Submit to the ASRS a Contributions Not Withheld Request form through the member's secure ASRS account with the following:
   a. The name of the Employer that should have remitted contributions;
   b. The range of dates that any contribution was not withheld;
   c. The member's position title during the date range listed in subsection (A)(2)(b);
   d. Whether the member was Engaged to Work for the Employer; and
   e. Dated signature of the member certifying the member understands:
      i. The ASRS will be providing the member's Social Security number to the Employer for verification; and
      ii. If the member's Employer cannot verify this request, it is the member's responsibility to provide Documentation of Eligible Service.

B. If the information provided by the eligible member pursuant to subsection (A) is correct, the Employer shall validate the information and submit the information to the ASRS through the Employer's secure ASRS account. If the information provided by the eligible member pursuant to subsection (A) is incorrect, the Employer shall either correct the information and submit the corrected information to the ASRS through the Employer's secure ASRS account, along with the information identified in R2-8-703 or cancel the request by notifying the member through ASRS secure messaging the reason the request was canceled.

C. If the Employer refuses to fill out the Verification of Contributions Not Withheld form, or if the member disputes the information the Employer completes on the form, the member shall provide the ASRS with the Documentation the member believes supports the allegation that contributions should have been withheld.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 4793, effective December 5, 2006 (Supp. 06-4). Section amended by final rulemaking at 22 A.A.R. 3326, effective January 1, 2017 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1). Amended by final expedited rulemaking at 28 A.A.R. 1366 (June 10, 2022), with an immediate effective date of May 18, 2022 (Supp. 22-2).

R2-8-705. ASRS' Discovery of Error

If the ASRS determines, as specified in A.R.S. § 38-738(B)(7), that all contributions have not been withheld for a member for a period of Eligible Service, the ASRS shall notify the Employer in writing and shall request the Employer submit through the Employer's secure ASRS account a Verification of Contributions Not Withheld form pursuant to R2-8-703.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 4793, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-706. Determination of Contributions Not Withheld

A. Upon receipt of the information listed in R2-8-703, R2-8-704, or R2-8-705, the ASRS shall review the information to determine whether or not member contributions should have been withheld by the Employer, the length of time those contributions should have been withheld, and the amount of contributions that should have been withheld.

B. Except for a member who met the requirements to be an active member while simultaneously contributing to another retirement plan listed in subsection (B)(2), for purposes of this Article, the ASRS shall determine that contributions should not have been withheld for the period of service in question if:

1. An Employer remits an accurate ACR amount pursuant to R2-8-116; or
2. The employee participates in:
   a. Another Arizona retirement plan listed in A.R.S. Title 38, Chapter 5, Articles 3, 4, or 6; or
   b. In an optional retirement plan listed in A.R.S. Title 15, Chapter 12, Article 3 or A.R.S. Title 15, Chapter 13, Article 2.

C. Except for returning to work under A.R.S. § 38-766.01, the presence of a contract between a member and the Employer does not alter the contribution requirements of A.R.S. §§ 38-736 and 38-737.

D. If there is any discrepancy between the Documentation provided by the Employer and the Documentation provided by the member, a document used in the usual course of business prepared at the time in question is controlling.

E. The ASRS shall provide to each, Employer and the member, an invoice with the following:
1. The amount of Eligible Service for which contributions were not withheld,
2. The dollar amount of the contributions to be paid to the ASRS by the Employer,
3. The interest on the Employer contributions and member contributions to be paid to the ASRS by the Employer pursuant to A.R.S. § 38-738,
4. The amount of the delinquent interest late charge to be paid to the ASRS by the Employer pursuant to A.R.S. § 38-735, and
5. The dollar amount of contributions to be paid to the ASRS by the member.

F. The ASRS shall send the member an invoice according to subsection (E) after the Employer has remitted the full amount due to be paid by the Employer.

Historical Note
New Section made by final rulemaking at 12 A.A.R. 4793, effective December 5, 2006 (Supp. 06-4). Section amended by final rulemaking at 22 A.A.R. 3326, effective January 1, 2017 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1). Amended by final expedited rulemaking at 28 A.A.R. 1366 (June 10, 2022), with an immediate effective date of May 18, 2022 (Supp. 22-2).

R2-8-707. Submission of Payment

A. Within 90 days from the date on the statement invoice identified in R2-8-706(E), the Employer shall pay to the ASRS the amount due to be paid by the Employer. An Employer who makes payment under A.R.S. § 38-738(B)(3) is not liable for additional interest that may accrue as a result of a member's failure to remit payment required by A.R.S. § 38-738(B)(1). If the ASRS does not receive full payment of the Employer's amount due within 90 days after the ASRS notifies the Employer of the amount due, the full amount due will accrue interest as provided in A.R.S. § 38-738. The ASRS may collect the unpaid balance plus interest pursuant to A.R.S. § 38-735(C).

B. The member shall make payment to the ASRS pursuant to A.R.S. § 38-738 by the due date specified on the member's invoice identified in R2-8-706(E).

C. If the ASRS does not receive full payment of the member's amount due by the due date specified on the member's invoice identified in R2-8-706(E), the full amount due will accrue interest, as provided in A.R.S. § 38-738.

D. A member does not receive service credit or credit for salary until both the Employer and member portions of the contributions and all interest has been paid pursuant to A.R.S. § 38-738.

Historical Note
New Section made by final rulemaking at 12 A.A.R. 4793, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1). Amended by final expedited rulemaking at 28 A.A.R. 1366 (June 10, 2022), with an immediate effective date of May 18, 2022 (Supp. 22-2).

R2-8-708. Expired

Historical Note
New Section made by final rulemaking at 12 A.A.R. 4793, effective December 5, 2006 (Supp. 06-4). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 2982, effective September 15, 2016 (Supp. 16-3).

R2-8-709. Repealed

Historical Note
New Section made by final rulemaking at 12 A.A.R. 4793, effective December 5, 2006 (Supp. 06-4). Repealed by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

ARTICLE 8. RECOVERY OF OVERPAYMENTS

R2-8-801. Definitions

For purposes of this Article, the following definitions apply, unless specified otherwise:
1. "Estimated Social Security disability income amount" and "Revised Social Security disability income amount" mean the amount of funds the ASRS is entitled to collect pursuant to R2-8-802.
2. "LTD" means long-term disability program as described in A.R.S. § 38-797 et seq.
3. "LTD benefit" means the same as in R2-8-301.
4. "Overpayment" means:
   a. Any funds the ASRS distributes in excess of the amount to which the recipient is legally entitled; and
   b. Any estimated social security disability income amount or revised social security disability income amount the ASRS is entitled to collect pursuant to A.R.S. § 38-765.

Historical Note
New Section made by final rulemaking at 23 A.A.R. 2750, effective November 13, 2017 (Supp. 17-3). Amended by final rulemaking at 28 A.A.R. 1746 (July 22, 2022), effective September 4, 2022 (Supp. 22-3).

R2-8-802. Estimated Social Security Disability Income Amount and Revised Social Security Disability Income Amount

A. The ASRS contracted LTD claims administrator shall determine a member's estimated Social Security disability income amount as follows:
1. Prior to the death, retirement, or forfeiture of a member, the estimated Social Security disability income amount shall be equal to the member's full monthly LTD benefit reduced by $50 per month pursuant to A.R.S. § 38-797.07(A)(9); and
2. Upon the member's death, retirement, or forfeiture, the estimated Social Security disability income amount shall be equal to the total amount of the member's LTD benefit, reduced by $50 per month pursuant to A.R.S. § 38-797.07(A)(9).

B. A member or survivor who disputes the estimated Social Security disability income amount based on the conclusions of a legal proceeding may request a revised Social Security disability income amount by submitting supporting documentation from the legal proceeding to the ASRS contracted LTD claims administrator within 30 days of the date of conclusion of the legal proceeding.

C. Pursuant to subsection (B), the ASRS or the ASRS contracted LTD claims administrator shall determine whether the estimated Social Security disability income amount needs to be revised based on the conclusions of the legal proceeding.

D. If the ASRS or the ASRS contracted LTD claims administrator determines the estimated Social Security disability income amount was inaccurate, the ASRS or the ASRS contracted LTD claims administrator shall calculate a revised Social Security disability income amount based on the supporting documentation provided by the member or survivor pursuant to subsection (B).

E. Pursuant to subsection (B), if the revised Social Security disability amount is less than the amount of the estimated Social Security disability benefit, the ASRS or the ASRS contracted LTD claims administrator shall:

1. Refund a portion of the amount of the estimated Social Security disability benefit that the ASRS retained upon forfeiture of the member in order to offset the difference between the estimated Social Security disability income amount and the revised Social Security disability income amount, or
2. Adjust the member's retirement benefits or the survivor's benefits to offset the difference between the estimated Social Security disability income amount and the revised Social Security disability income amount.

F. If a member or survivor is not satisfied with the determination on the request for a revised Social Security disability income amount, the member or survivor may appeal the determination pursuant to 2 A.A.C. 8, Article 4.

Historical Note
New Section made by final rulemaking at 23 A.A.R. 2750, effective November 13, 2017 (Supp. 17-3).

R2-8-803. Reimbursement of Overpayments

A. Upon the ASRS discovering that it has made an overpayment to an Employer, member, survivor, or alternate payee, the ASRS shall send a letter to notify the necessary person that an overpayment was provided and the person shall reimburse the ASRS in the amount of the overpayment.

B. A person, other than Employer, who reimburses the ASRS for an overpayment shall do so by remitting a check or money order, made payable to the ASRS, by the due date specified in the letter providing notice of the overpayment.

C. An Employer that reimburses the ASRS for an overpayment shall do so by remitting payment through the Employer's secure ASRS account, or by check or money order made payable to the ASRS, by the due date specified in the letter providing notice of the overpayment.

D. If the ASRS is unable to collect the amount of an overpayment by reducing future payments to Employers, members, survivors, or alternate payees as provided in this Article, the ASRS shall allow the appropriate person to reimburse the ASRS for the amount of the overpayment by making payments over the course of as many months as the number of months in which an overpayment was made by the ASRS, not to exceed 36 months.

E. A person may request to reimburse the amount of the overpayment to the ASRS sooner than provided in this Article.

F. If an Employer, member, survivor, or alternate payee does not repay the amount of an overpayment pursuant to this Article, the ASRS may reduce a Health Insurance Premium Benefit that is paid pursuant to Article 2.

Historical Note
New Section made by final rulemaking at 23 A.A.R. 2750, effective November 13, 2017 (Supp. 17-3). Amended by final rulemaking at 28 A.A.R. 1261 (June 10, 2022), effective July 17, 2022 (Supp. 22-2).

R2-8-804. Collection of Overpayments from Forfeiture

The ASRS shall reduce the member's refund amount by the amount of any overpayment and the ASRS shall:

1. Pursue collection of any remaining overpayment amount according to this Article; and
2. Distribute the remaining refund amount to the member according to R2-8-115.

Historical Note
New Section made by final rulemaking at 23 A.A.R. 2750, effective November 13, 2017 (Supp. 17-3). Amended by final rulemaking at 32 A.A.R. 1803 (August 14, 2026, Issue 33), effective October 4, 2026 (Supp. 26-3).

R2-8-805. Collection of Overpayments from Retirement Benefit

A. Notwithstanding A.R.S. § 38-768, the ASRS may reduce a person's benefit pursuant to this Section.

B. Upon retirement, the ASRS shall reduce the amount of a member's retirement benefit by the amount of any overpayments that have not been reimbursed to the ASRS, pursuant to R2-8-803 as follows:

1. If the member elects to receive a lump sum or partial lump sum benefit, the amount of the lump sum or partial lump sum shall be reduced by the amount of the overpayment to no less than $5.00 and the ASRS shall pursue overpayment collections for any remaining overpayment amount pursuant to this Article;
2. If the member elects to receive retirement benefits as a monthly annuity and the amount of the overpayment is equal to or less than the amount of the member's first annuity disbursement minus $5.00, the ASRS shall reduce the amount of the first annuity disbursement by the amount of any overpayment to no less than $5.00;
3. If the member elects to receive retirement benefits as a monthly annuity and the amount of the overpayment exceeds the amount of the member's first annuity disbursement plus $5.00, the ASRS shall reduce the amount of the first annuity disbursement by the amount of the overpayment to no less than $5.00 and pursue collection pursuant to subsection (C).

C. The ASRS shall reduce a member's or alternate payee's monthly annuity as follows in order to offset any overpayments which have not been reimbursed or collected pursuant to this Article:

1. The ASRS shall reduce the member's monthly annuity by up to 10% for 36 months, if the amount of the overpayment can be collected by the ASRS within that time.
2. If the amount of the overpayment cannot be collected pursuant to subsection (C)(1), the ASRS will notify the member that the member must make payment arrangements within 60 days of the date on the notice. If the member does not make payment arrangements within 60 days of the date on the notice, the ASRS shall actuarially reduce the amount of the member's monthly annuity.

D. Notwithstanding subsection (B), the ASRS shall not reduce a member's or alternate payee's monthly annuity by an estimated Social Security disability income amount while the member is pursuing a Social Security disability income deter-

mination pursuant to R2-8-305, if the member submits documentation to the ASRS every six months informing the ASRS of the status of the member's Social Security disability income request until a determination is made regarding the amount of Social Security disability income.

Historical Note
New Section made by final rulemaking at 23 A.A.R. 2750, effective November 13, 2017 (Supp. 17-3).

R2-8-806. Collection of Overpayments from Survivor Benefit

A. Notwithstanding A.R.S. § 38-768, the ASRS may reduce a person's benefit pursuant to this Section.

B. If a member, survivor, or alternate payee does not repay the amount of an overpayment pursuant to this Article, the ASRS shall reduce the necessary person's amount of benefits pursuant to subsection (C).

C. The ASRS shall collect the amount of any remaining overpayment by reducing the necessary person's monthly annuity over the same number of months in which the overpayment was made, up to 3 months for each month an overpayment was made by the ASRS.

D. If the ASRS is unable to collect the amount of any overpayment pursuant to subsection (C), the ASRS shall pursue collection of any remaining overpayment amount pursuant to this Article.

E. Notwithstanding subsection (C), the ASRS shall not reduce a survivor's monthly annuity by an estimated Social Security disability income amount while the survivor is pursuing a Social Security disability income determination on behalf of the member pursuant to R2-8-305, if the survivor submits documentation to the ASRS every six months informing the ASRS of the status of the member's Social Security disability income request until a determination is made regarding the amount of Social Security disability income to which the member was entitled.

Historical Note
New Section made by final rulemaking at 23 A.A.R. 2750, effective November 13, 2017 (Supp. 17-3).

R2-8-807. Collection of Overpayments from LTD Benefit
Upon disability of the member, the ASRS or the ASRS contracted LTD claims administrator shall reduce the amount of the disabled member's LTD benefit by the amount of any overpayment the member received from the ASRS and has not reimbursed according to this Section.

Historical Note
New Section made by final rulemaking at 23 A.A.R. 2750, effective November 13, 2017 (Supp. 17-3). Amended by final rulemaking at 25 A.A.R. 2471, effective November 3, 2019 (Supp. 19-3). Amended by final rulemaking at 32 A.A.R. 1803 (August 14, 2026, Issue 33), effective October 4, 2026 (Supp. 26-3).

R2-8-808. Collection of Overpayments by the Attorney General
If an Employer, member, survivor, or alternate payee does not reimburse the ASRS for an overpayment pursuant to R2-8-803, the ASRS may submit the overpayment amount for collection by the Arizona Attorney General's Office.

Historical Note
New Section made by final rulemaking at 23 A.A.R. 2750, effective November 13, 2017 (Supp. 17-3). Amended by final rulemaking at 28 A.A.R. 1261 (June 10, 2022), effective July 17, 2022 (Supp. 22-2).

R2-8-809. Collection of Overpayments by the Arizona Department of Revenue
If an Employer, member, survivor, or alternate payee does not reimburse the ASRS for an overpayment pursuant to R2-8-803, the ASRS may submit the overpayment amount for collection by the Arizona Department of Revenue.

Historical Note
New Section made by final rulemaking at 23 A.A.R. 2750, effective November 13, 2017 (Supp. 17-3). Amended by final rulemaking at 28 A.A.R. 1261 (June 10, 2022), effective July 17, 2022 (Supp. 22-2).

R2-8-810. Collection of Overpayments by Garnishment or Levy
Pursuant to A.R.S. § 38-723, the ASRS may collect the amount of any overpayment that has not been reimbursed or collected pursuant to this Article by garnishing wages and/or placing a levy on the appropriate person's bank account.

Historical Note
New Section made by final rulemaking at 23 A.A.R. 2750, effective November 13, 2017 (Supp. 17-3).

ARTICLE 9. COMPENSATION

R2-8-901. Definitions
"Services rendered" means the duties which a member performs for an Employer as required by the member's employment with the Employer.

Historical Note
New Section made by final rulemaking at 23 A.A.R. 2754, effective January 1, 2018 (Supp. 17-3). Section expired under A.R.S. § 41-1056(J) at 24 A.A.R. 1872, effective June 12, 2018 (Supp. 18-2). New Section made by final rulemaking at 27 A.A.R. 91, effective March 9, 2021 (Supp. 21-1).

R2-8-902. Remitting Contributions
Pursuant to A.R.S. §§ 38-736, 38-737, and 38-797.05, an Employer shall remit contributions to the ASRS through the Employer's secure ASRS account for any payment the Employer provides to the member that is eligible to be included as compensation under this Section.

Historical Note
New Section made by final rulemaking at 23 A.A.R. 2754, effective January 1, 2018 (Supp. 17-3). Section expired under A.R.S. § 41-1056(J) at 24 A.A.R. 1872, effective June 12, 2018 (Supp. 18-2). New Section made by final rulemaking at 27 A.A.R. 91, effective March 9, 2021 (Supp. 21-1).

R2-8-903. Accrual of Credited Service and Calculating Average Monthly Compensation

A. A member shall accrue service credits pursuant A.R.S. § 38-739 for each month in which the Employer's pay period ends and for which contributions have been remitted to the ASRS, except for pay the member receives from the Employer for services rendered in a prior pay period for which contributions were remitted pursuant to R2-8-902.

B. Regardless of whether the member meets membership requirements with more than one Employer, a member may not earn more than one month of service credit in a calendar month and not more than one year of service credit during a service year.

C. Each month, a member shall accrue service credit, proportionate to the member's normal work year according to A.R.S. § 38-739.

D. The ASRS shall calculate the member's Average Monthly Compensation proportionately based on the member's service year according to A.R.S. §§ 38-711 and 38-739.

E. For the purposes of this Section, "Normal Work Year" means a period of nine months or 12 months as determined by employment.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 2754, effective January 1, 2018 (Supp. 17-3). Section expired under A.R.S. § 41-1056(J) at 24 A.A.R. 1872, effective June 12, 2018 (Supp. 18-2). New Section made by final rulemaking at 27 A.A.R. 91, effective March 9, 2021 (Supp. 21-1). Amended by final rulemaking at 32 A.A.R. 610 (March 13, 2026, Issue 11) effective April 18, 2026 (Supp. 26-1).

R2-8-904. Compensation from An Additional Employer

A. For purposes of remitting contributions pursuant to R2-8-902, compensation includes pay the member receives from an additional Employer if:

1. The member meets membership pursuant to A.R.S. § 38-711 with at least one Employer;
2. The member was employed with the additional Employer and did not meet membership with the additional Employer pursuant to A.R.S. § 38-711 between January 1, 2005 through December 31, 2009;
3. The member resumed or continued employment with the additional Employer and did not meet membership with the additional Employer prior to January 1, 2012; and
4. The member does not leave employment with an Employer or the additional Employer in an unpaid status for more than 30 consecutive days during the member's service year.

B. For purposes of calculating average monthly compensation according to A.R.S. § 38-711, compensation includes the pay identified in subsection (A).

C. Notwithstanding any other subsection, for a member whose membership began after December 31, 2009, compensation includes pay the member receives from an additional Employer if the member meets membership pursuant to A.R.S. § 38-711 with the additional Employer.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 2754, effective January 1, 2018 (Supp. 17-3). Section expired under A.R.S. § 41-1056(J) at 24 A.A.R. 1872, effective June 12, 2018 (Supp. 18-2). New Section made by final rulemaking at 27 A.A.R. 91, effective March 9, 2021 (Supp. 21-1).

R2-8-905. Expired

Historical Note

New Section made by final rulemaking at 23 A.A.R. 2754, effective January 1, 2018 (Supp. 17-3). Section expired under A.R.S. § 41-1056(J) at 24 A.A.R. 1872, effective June 12, 2018 (Supp. 18-2).

ARTICLE 10. MEMBERSHIP

R2-8-1001. Definitions

The following definitions apply to this Article unless otherwise specified:

1. "218 Agreement" means the same as in R2-8-701.
2. "218 Resolution" means written authorization for a potential Employer to provide Social Security and Medicare or Medicare-only coverage to employees under the provisions of § 218 of the Social Security Act.
3. "Acceptable Documentation" means the same as in R2-8-115.
4. "Designated Employer Administrator" means an individual designated by the Employer and who has authorized access to the Employer's secure ASRS account in order to fulfill the Employer's responsibilities.
5. "Engaged To Work" means the earlier of:
   a. The date the employee begins rendering services for the Employer and the Employer intends the employee to work for at least 20 hours a week for at least 20 weeks in a fiscal year or;
   b. The week an employee renders services to an Employer for at least 20 hours a week for at least 20 weeks in a fiscal year.
6. "Leasing An Employee From A Third Party" means the same as "Leased from a third party" in R2-8-116.
7. "State Social Security Administrator" means the Arizona Department of Administration staff designated to approve 218 Agreements and 218 Resolutions.
8. "Week" means 12:00 a.m. on Sunday through 11:59 p.m. on the following Saturday.

Historical Note

New Section made by final rulemaking at 24 A.A.R. 3407, effective February 4, 2019 (Supp. 18-4). Amended by final rulemaking at 30 A.A.R. 742 (April 12, 2024), effective May 17, 2024 (Supp. 24-1).

R2-8-1002. Employee Membership

A. For purposes of active member eligibility, an employee of an Employer becomes a member of the ASRS pursuant to A.R.S. § 38-711(23) when the employee is Engaged To Work for the Employer.

B. If the Employer does not provide an accurate date for which an employee was Engaged To Work pursuant to subsection (A), the ASRS shall determine that an employee's membership effective date will be the member's hire date, if provided by the Employer and within 30 days of the first pay period end date after the hire date, for which the Employer was required to submit contributions.

C. If the Employer does not provide a hire date pursuant to subsection (B), the effective date is the first pay period end date of contributions received for that member.

D. Unless a member terminates employment or retires from the ASRS, for purposes of determining active member eligibility, a member will continue to be an active member for the remainder of a fiscal year in which the employee met the requirements to be an active member in the ASRS with that Employer pursuant to A.R.S. § 38-711.

E. Within 30 days of employment, an employee who is eligible for ASRS membership pursuant to A.R.S. § 38-711(23) shall create a secure ASRS account and submit to the ASRS through the employee's secure ASRS account the following information:

1. The Employee's full name;
2. The Employee's Social Security number;
3. The Employee's date of birth;
4. The Employee's gender;
5. The Employee's marital status;
6. The Employee's primary phone number;
7. The Employee's personal email address;

8. The Employee's current mailing address; and
9. The Employee's designated beneficiary.

F. Within 30 days of a change in the member's name, the member shall submit to the ASRS through the member's secure ASRS account a Change of Name form that contains:
1. The member's full name that is on file with the ASRS;
2. The member's Social Security number;
3. The member's current mailing address;
4. The member's date of birth;
5. The member's personal email address;
6. The member's primary phone number;
7. The member's gender;
8. The member's marital status;
9. The member's retired, active, inactive, or LTD status with the ASRS;
10. The member's new full name;
11. The type of legal document establishing the member's new name;
12. A copy of the legal document establishing the member's new name; and
13. The member's dated signature.

G. Within 30 days of a change in the member's contact information, the member shall notify the ASRS of the change.

H. If an employee of an Employer meets the requirements of A.R.S. § 38-727(A)(8), the employee may elect to not participate in the ASRS.

I. Within 30 days after employment, an Employer whose employee is 65 years of age or older as of the date of employment and who has elected not to participate in the ASRS pursuant to subsection (H), shall submit to the ASRS through the Employer's secure ASRS account a 65+ Membership Waiver form that contains:
1. The employee's full name;
2. The employee's Social Security number;
3. The employee's current mailing address;
4. The employee's date of birth;
5. The employee's dated signature acknowledging the following statements:
   a. The employee is electing to waive any rights to ASRS membership and the employee will not be eligible for any retirement, disability, or health insurance benefits offered by the ASRS;
   b. The employee is not a member of the ASRS as of the date of employment; and
   c. The employee understands that this election is irrevocable for the remainder of the employee's employment with that Employer and the time the employee works under this election is not eligible for purchase in the ASRS;
6. The Employer's name;
7. The date employee's employment began; and
8. The name and dated signature of the Employer's representative.

J. A corrected and completed 65+ Membership Waiver form must be resubmitted to the ASRS pursuant to subsection (I) within 14 days of the date the ASRS notifies the employee that the 65+ Membership Waiver form is incorrect or incomplete.

Historical Note
New Section made by final rulemaking at 24 A.A.R. 3407, effective February 4, 2019 (Supp. 18-4).

R2-8-1003. Charter School Employer Membership

A. Pursuant to A.R.S. § 15-187(C), a charter school in Arizona is considered a political subdivision that is eligible to participate in the ASRS if the charter school is sponsored by:
1. A state university;
2. A community college district;
3. A group of community college districts;
4. The state board of education; or
5. The state board for charter schools.

B. In order to participate as an Employer in the ASRS, a charter school shall notify the ASRS in writing of the charter school's intent to join the ASRS and provide:
1. A copy of the current and active Charter Contract, including any amendments, which is approved by the entity sponsoring the charter school pursuant to subsection (A);
2. Documentation showing the name and location of all schools authorized by the Charter Contract identified in subsection (B)(1); and
3. Documentation showing the charter school board's approval to pursue ASRS membership and complete ASRS requirements for membership.

C. Upon receipt of the information contained in subsection (B), the ASRS shall determine if the charter school is eligible to participate in the ASRS. If the charter school is not eligible to participate in the ASRS, the ASRS shall send the charter school a notice of ineligibility. If the charter school is eligible to participate, the ASRS shall provide the charter school a Potential New Employer Letter.

D. In order to participate as an Employer in the ASRS, an eligible charter school shall submit to the ASRS by the due date listed on the Potential New Employer Letter:
1. The following original documents:
   a. The current retirement plan or a statement signed by the designated authorized agent for the charter school acknowledging there is no current retirement plan.
   b. Two ASRS Agreements showing:
      i. The legal name and current mailing address of the charter school as sponsored pursuant to subsection (A);
      ii. What amount of prior service the charter school shall purchase for employees pursuant to R2-8-1006;
      iii. The approximate number of employees that will become members upon the effective date of the ASRS Agreement;
      iv. The name, title, email address, and telephone number of the designated authorized agent for the charter school;
      v. The designated authorized agent is authorized and directed to conduct all negotiations, conclude all arrangements, and sign all documents necessary to administer the supplemental ASRS retirement plan pursuant to A.R.S. Title 38, Chapter 5, Articles 2 and 2.1; and
      vi. The ASRS Agreement is binding and irrevocable;
      vii. The effective date of the ASRS Agreement;
      viii. The charter school agrees to be bound by the provisions of A.R.S. Title 38, Chapter 5, Article 2 and Article 2.1 unless otherwise indicated by law; and
      ix. The dated signature of the designated authorized agent for the charter school.
   c. Two ASRS Resolutions showing:

i. The legal name of the charter school as sponsored pursuant to subsection (A);
ii. The charter school is adopting a supplemental ASRS retirement plan pursuant to A.R.S. § 38-729;
iii. The charter school agrees to be bound by the provisions of A.R.S. Title 38, Chapter 5, Article 2 and Article 2.1 unless otherwise indicated by law;
iv. The designated authorized agent for the charter school;
v. The designated authorized agent is authorized and directed to conduct all negotiations, conclude all arrangements, and sign all documents necessary to administer the supplemental ASRS retirement plan pursuant to A.R.S. Title 38, Chapter 5, Articles 2 and 2.1; and
vi. The dated and notarized signature of the designated authorized agent.

2. The following copies if the eligible charter school has elected coverage pursuant to a 218 Agreement:
a. A 218 Agreement. If the charter school is electing coverage pursuant to a 218 Agreement, the 218 Agreement must be completed and approved by the Social Security Administration prior to joining the ASRS.
b. A 218 Resolution. The 218 Resolutions must be completed and approved by the Social Security Administration prior to joining the ASRS.

E. Upon receipt of Acceptable Documentation identified in subsection (D), the ASRS may approve the charter school's request for membership pursuant to A.R.S. § 38-729. If the request to join the ASRS is approved, the ASRS Director shall sign the ASRS Agreements before the ASRS shall send one of each of the original documents identified in subsection (D) to the charter school.

F. Any charter school that is established under the charter contract of a participating charter school shall participate in the ASRS.

G. Upon joining the ASRS, a charter school has a one-time opportunity to identify and exclude current employees from ASRS membership based on a classification of those employees that is established by the charter school consistent with federal law and that is not designed to, and does not result in, the cost of providing the benefits to the charter school's employees being greater than the cost of providing benefits to the employees of Employers as determined by the ASRS.

H. A charter school that elects to identify and exclude a classification of employees according to subsection (G) shall provide the ASRS with all information the ASRS requests in order for the ASRS to determine the cost of providing the benefits to the charter school's employees is not greater than the cost of providing benefits to the employees of Employers as determined by the ASRS.

I. Notwithstanding subsection (G), all other current and future employees of the charter school who meet membership eligibility requirements are required to participate in the ASRS as of the effective date of the charter school joining the ASRS according to A.R.S. §§ 38-711 *et seq*.

Historical Note

New Section made by final rulemaking at 24 A.A.R. 3407, effective February 4, 2019 (Supp. 18-4). Amended by final rulemaking at 30 A.A.R. 742 (April 12, 2024), effective May 17, 2024 (Supp. 24-1).

R2-8-1004. Other Political Subdivision and Political Subdivision Entity Employer Membership

A. A political subdivision or political subdivision entity, other than a charter school, may be eligible to participate in the ASRS pursuant to A.R.S. §§ 38-711 and 38-729 if it notifies the ASRS in writing of the political subdivision's or political subdivision entity's intent to join the ASRS and provides to the ASRS:
1. A copy of the current legal authority establishing the political subdivision or political subdivision entity;
2. Documentation showing the name and location of the political subdivision or political subdivision entity; and
3. Documentation showing the political subdivision or political subdivision entity has taken the necessary legal action to be eligible to participate pursuant to A.R.S. § 38-729.

B. Upon receipt of the information contained in subsection (C), the ASRS shall determine if the political subdivision or political subdivision entity is eligible to participate in the ASRS. If the political subdivision or political subdivision entity is not eligible to participate in the ASRS, the ASRS shall send the political subdivision or political subdivision entity a notice of ineligibility. If the political subdivision or political subdivision entity is eligible to participate, the ASRS shall provide the political subdivision or political subdivision entity a Potential New Employer Letter.

C. In order to participate as an Employer in the ASRS, an eligible political subdivision or political subdivision entity shall submit to the ASRS by the due date listed on the Potential New Employer Letter:
1. The following original documents:
a. The current retirement plan or a statement signed by the designated authorized agent for the political subdivision or political subdivision entity acknowledging there is no current retirement plan.
b. Two ASRS Agreements showing:
i. The legal name and current mailing address of the political subdivision or political subdivision entity;
ii. What amount of prior service the political subdivision or political subdivision entity shall purchase for employees pursuant to R2-8-1006;
iii. The approximate number of employees that will become members upon the effective date of the ASRS Agreement;
iv. The name, title, email address, and telephone number of the designated authorized agent for the political subdivision or political subdivision entity;
v. The designated authorized agent is authorized and directed to conduct all negotiations, conclude all arrangements, and sign all documents necessary to administer the supplemental ASRS retirement plan pursuant to A.R.S. Title 38, Chapter 5, Articles 2 and 2.1; and
vi. The ASRS Agreement is binding and irrevocable;
vii. The effective date of the ASRS Agreement;
viii. The political subdivision or political subdivision entity agrees to be bound by the provisions of A.R.S. Title 38, Chapter 5, Article 2 and Article 2.1 unless otherwise indicated by law; and

ix. The dated signature of the designated authorized agent for the political subdivision or political subdivision entity.

c. Two ASRS Resolutions showing:

i. The legal name of the political subdivision or political subdivision entity;

ii. The political subdivision or political subdivision entity is adopting a supplemental ASRS retirement plan pursuant to A.R.S. § 38-729;

iii. The political subdivision or political subdivision entity agrees to be bound by the provisions of A.R.S. Title 38, Chapter 5, Article 2 and Article 2.1 unless otherwise indicated by law;

iv. The designated authorized agent for the political subdivision or political subdivision entity;

v. The designated authorized agent is authorized and directed to conduct all negotiations, conclude all arrangements, and sign all documents necessary to administer the supplemental ASRS retirement plan pursuant to A.R.S. Title 38, Chapter 5, Articles 2 and 2.1; and

vi. The dated and notarized signature of the designated authorized agent.

2. The following copies if the eligible political subdivision or political subdivision entity has elected coverage pursuant to a 218 Agreement:

a. A 218 Agreement. If the political subdivision or political subdivision entity is electing coverage pursuant to a 218 Agreement, the 218 Agreement must be completed and approved by the Social Security Administration prior to joining the ASRS.

b. A 218 Resolution. The 218 Resolutions must be completed and approved by the Social Security Administration prior to joining the ASRS.

D. Upon receipt of Acceptable Documentation identified in subsection (B), the ASRS may approve the political subdivision's or political subdivision entity's request for membership pursuant to A.R.S. § 38-729. If the request to join the ASRS is approved, the ASRS Director shall sign the ASRS Agreements before the ASRS shall send one of each of the original documents identified in subsection (B) to the political subdivision or political subdivision entity.

E. Upon joining the ASRS, a political subdivision or political subdivision entity has a one-time opportunity to identify and exclude current employees from ASRS membership based on a classification of those employees that is established by the political subdivision or political subdivision entity consistent with federal law and that is not designed to, and does not result in, the cost of providing the benefits to the political subdivision's or political subdivision entity's employees being greater than the cost of providing benefits to the employees of Employers as determined by the ASRS.

F. A political subdivision or political subdivision entity that elects to identify and exclude a classification of employees according to subsection (E) shall provide the ASRS with all information the ASRS requests in order for the ASRS to determine the cost of providing the benefits to the political subdivision's or political subdivision entity's employees is not greater than the cost of providing benefits to the employees of Employers as determined by the ASRS.

G. Notwithstanding subsection (E), all other current and future employees of the political subdivision or political subdivision entity who meet membership eligibility requirements are required to participate in the ASRS as of the effective date of the political subdivision or political subdivision entity joining the ASRS according to A.R.S. §§ 38-711 *et seq*.

Historical Note

New Section made by final rulemaking at 24 A.A.R. 3407, effective February 4, 2019 (Supp. 18-4). Amended by final rulemaking at 30 A.A.R. 742 (April 12, 2024), effective May 17, 2024 (Supp. 24-1).

R2-8-1005. Employer Reporting

A. An Employer shall submit contribution information and contribution payments pursuant to A.R.S. § 38-735, through the Employer's secure ASRS account.

B. Within 14 days of receiving the information contained in subsection R2-8-1002(E)(1) through (E)(3), the Employer shall:

1. Verify the information the employee provided;
2. Confirm the employee meets membership requirements pursuant to A.R.S. § 38-711; and
3. Submit the verified information to the ASRS through the Employer's secure ASRS account.

C. For an Employer whose employee elects to participate in an Optional Retirement Plan in lieu of the ASRS pursuant to A.R.S. §15-1628, within 30 days of electing to participate in an Optional Retirement Plan, the Employer shall submit to the ASRS through the Employer's secure ASRS account the:

1. Employee's full name;
2. Employee's Social Security number;
3. Date of the employee's employment; and
4. Date of the employee's Optional Retirement Plan election.

D. For an Employer who has submitted information pursuant to subsection (C), within 30 days of that employee terminating employment with that Employer, the Employer shall notify the ASRS through the Employer's secure ASRS account of the employee's termination date.

E. Within 14 days before the effective date of joining the ASRS, an Employer shall submit an initial online authorization and designation form in writing to the ASRS with the following information:

1. The Employer's name;
2. The following information for the person authorized by the Employer to approve the Employer's Designated Employer Administrator:
   a. The person's full name;
   b. The person's title;
   c. The person's phone number;
   d. The person's email address;
   e. The person's dated signature affirming that person has the authority to approve the Employer's Designated Employer Administrator;
3. The full name of the individual the Employer is designating as the Employer's Designated Employer Administrator;
4. The title of the individual the Employer is designating as the Employer's Designated Employer Administrator;
5. The phone number of the individual the Employer is designating as the Employer's Designated Employer Administrator;
6. The email address of the individual the Employer is designating as the Employer's Designated Employer Administrator;
7. The dated signature of the individual the Employer is designating as the Employer's Designated Employer Administrator.

F. An Employer's Designated Employer Administrator shall establish a new Employer's Designated Employer Administrator as needed through the Employer's secure ASRS account.

G. Within 30 days of an Employer no longer having an Employer's Designated Employer Administrator, the Employer shall submit in writing an initial online authorization and designation form pursuant to subsection (E).

H. Within 30 days of change in the Employer's address, the Employer shall notify the ASRS of the change through the Employer's secure ASRS account.

I. Within 10 days of any change in the name or ownership of the Employer, the Employer shall provide written notice of the change to the ASRS through the Employer's secure ASRS account by providing the Employer's previous account information and the changes to that information.

J. Within 30 days of any change in the character of an Employer's organizational structure, the Employer shall send to the ASRS through the Employer's secure ASRS account, written notice of the previous organizational structure and the effective changes to the Employer's organizational structure.

K. Within 30 days of Leasing An Employee From A Third Party, an Employer shall submit the following information:
1. The employee's full name;
2. The number of hours per week the employee works for the Employer;
3. The title of the employee's position;
4. A copy of the agreement showing the Employer Leasing An Employee From A Third Party; and
5. Whether the employee is retired from the ASRS.

Historical Note
New Section made by final rulemaking at 24 A.A.R. 3407, effective February 4, 2019 (Supp. 18-4).

R2-8-1006. Prior Service Purchase Cost for New Employers

A. Pursuant to A.R.S. § 38-729, upon the effective date of joining the ASRS, an Employer may elect to purchase service credit for a period of employment prior to the effective date of joining the ASRS for employees Engaged To Work for the Employer on the effective date of joining the ASRS who are members of the ASRS as of the effective date of joining the ASRS.

B. The ASRS may provide to a potential Employer an estimated cost to purchase service credit pursuant to this Section. In order for the ASRS to estimate the cost to purchase service pursuant to this Section, a potential Employer shall provide the following information to the ASRS for each employee of the potential Employer who is Engaged To Work for the potential Employer and for whom the potential Employer intends to purchase service credit pursuant to this Section:
1. The employee's full name;
2. The employee's date of birth;
3. The employee's Social Security number;
4. The employee's current salary; and
5. The date the employee began employment with the potential Employer.

C. An Employer who elects to purchase service credit pursuant to this Section shall submit the following information for each member for which the Employer is purchasing service credit:
1. Member's full name;
2. Member's date of birth;
3. Member's Social Security number;
4. Member's date of employment;
5. Documentation showing the Member is Engaged To Work for the Employer as of the effective date of joining the ASRS;
6. Member's current salary as of the effective date of joining the ASRS; and
7. The number of years the Employer is electing to purchase for the member pursuant to this Section or the dollar amount the Employer is electing to pay to purchase service for the member pursuant to this Section.

D. The cost to purchase service credit pursuant to this Section shall be determined using an actuarial present value calculation.

E. An Employer who elects to purchase service credit pursuant to this Section shall submit payment for the full cost of the service purchase to the ASRS within 90 days of the date of notification by the ASRS.

F. If an Employer who elects to purchase service credit pursuant to this Section does not submit payment for the full cost of the service purchase within 90 days of the date of notification, the Employer is not eligible to purchase service credit pursuant to this Section.

G. An employer may not purchase service credit pursuant to this Section for a time period for which the employee is eligible to receive retirement benefits from another public employee retirement system.

H. For purposes of this Section, "another public employee retirement system" means the same as in R2-8-505.

Historical Note
New Section made by final rulemaking at 24 A.A.R. 3407, effective February 4, 2019 (Supp. 18-4). Amended by final rulemaking at 28 A.A.R. 1257 (June 10, 2022), effective July 17, 2022 (Supp. 22-2).

ARTICLE 11. TRANSFER OF SERVICE CREDIT

R2-8-1101. Definitions

The following definitions apply to this Article unless otherwise specified:
1. "Actuarial present value" means an amount in today's dollars of a member's future retirement benefit calculated using appropriate actuarial assumptions and the:
   a. Member's Current Years of Credited Service;
   b. Member's age as of the date the Member submits to the ASRS a request to transfer service credit pursuant to this Article; and
   c. Member's most recent annual compensation.
2. "Current years of credited service" means:
   a. For Transfer In Service, the amount of credited service a member has earned or purchased, and the amount of service credit for which an Irrevocable PDA is in effect for which the member has not yet completed payment, but does not include any current requests to purchase service credit for which the member has not yet paid; and
   b. For transferring service credit to the Other Retirement Plan, the amount of credited service a member has earned or purchased, but does not include service credit for which the member has not yet paid.
3. "Irrevocable PDA" means the same as in R2-8-501.
4. "Funded Actuarial Present Value" means the Actuarial Present Value reduced to the extent funded on market value basis as of the most recent actuarial evaluation of the ASRS.

5. "Member's accumulated contribution account balance" means the sum of all the member's retirement contributions and any principal payments made for:
   a. The purchase of service credit;
   b. Contributions not withheld; and
   c. Previous transfers of service credit.
6. "Other retirement plan" means the state retirement plans specified in A.R.S. § 38-921, other than the ASRS, or a retirement plan of a charter city as specified in A.R.S. § 38-730.
7. "Other Retirement Plan's cost" means the amount determined by the ASRS pursuant to R2-8-1102(D).
8. "Other public service" means the same as in R2-8-501.
9. "Transfer in service" means credited service with the Other Retirement Plan that a member is eligible to transfer to the ASRS pursuant to A.R.S. §§ 38-730 and 38-921.

Historical Note

New Section made by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-1102. Required Documentation and Calculations for Transfer In Service Credit

A. A member who is eligible to Transfer In Service credit, may request to transfer service credit by providing a Transfer In form to the ASRS with the following:
1. The name of the Other Retirement Plan;
2. The date the member either terminated employment with an employer of the Other Retirement Plan or ceased to participate in the Other Retirement Plan;
3. The date the member began employment with the employer through which the member was participating in the Other Retirement Plan;
4. The number of years the member participated in the Other Retirement Plan;
5. Acknowledgement the member agrees that:
   a. Knowingly making a false statement or falsifying or permitting falsification of any record of the ASRS with an intent to defraud ASRS is a Class 6 felony, pursuant to A.R.S. § 38-793; and
   b. The Transfer In Service credit transaction is subject to audit and if any errors are discovered, the ASRS shall adjust a member's account, or if the member is already retired, adjustments to the member's account may affect the member's retirement benefit.

B. Upon receipt of the information specified in subsection (A), the ASRS shall submit the information to the Other Retirement Plan and request:
1. The Other Retirement Plan's Funded Actuarial Present Value pursuant to A.R.S. §§ 38-730 and 38-922;
2. The Member's Accumulated Contribution Account Balance in the Other Retirement Plan;
3. The amount of service credit the member has accumulated in the Other Retirement Plan; and
4. The start date and end date for the member's participation in the Other Retirement Plan.

C. Upon receipt of the information specified in subsection (B), the ASRS shall calculate the Actuarial Present Value as specified in R2-8-506 necessary to transfer full service credit to the ASRS.

D. The ASRS shall calculate the Other Retirement Plan's Cost as follows:
1. If the ASRS Actuarial Present Value is greater than the Other Retirement Plan's Funded Actuarial Present Value, then the Other Retirement Plan's Cost is the greater of:
   a. The Other Retirement Plan's Funded Actuarial Present Value; or
   b. The Member's Accumulated Contribution Account Balance in the Other Retirement Plan;
2. If the ASRS Actuarial Present Value is less than or equal to the Other Retirement Plan's Funded Actuarial Present Value, then the Other Retirement Plan's Cost is the greater of:
   a. The ASRS Actuarial Present Value; or
   b. The Member's Accumulated Contribution Account Balance in the Other Retirement Plan.

E. The ASRS shall compare the Other Retirement Plan's Cost to the ASRS Actuarial Present Value calculated pursuant to subsection (C) and:
1. If the Other Retirement Plan's Cost is less than the ASRS Actuarial Present Value, then the member may elect to transfer service credit to the ASRS and:
   a. Pay the difference between the Other Retirement Plan's Cost and the ASRS Actuarial Present Value; or
   b. Accept a proportionately reduced amount of service credit;
2. If the Other Retirement Plan's Cost is greater than or equal to the ASRS Actuarial Present Value, then the member may elect to transfer the service to the ASRS pursuant to subsection (F).

F. Upon completion of the comparison specified in subsections (D) and (E), the ASRS shall send the member a transfer in invoice notifying the member of the member's options to complete the transfer of service credit through the member's secure ASRS account.

G. The member may elect to complete a transfer of service credit pursuant to this Section by submitting the member's election by the election due date specified on the transfer in invoice.

H. Upon receipt of the member's election to complete a transfer of service credit, the ASRS shall send the transfer in invoice to the Other Retirement Plan and the Other Retirement Plan shall make payment to the ASRS by submitting a check made payable to the ASRS for the Other Retirement Plan's Cost specified on the transfer in invoice by the payment due date specified on the transfer in invoice.

I. If a member elects to pay the total difference between the ASRS Actuarial Present Value and the Other Retirement Plan's Cost pursuant to R2-8-1102(E), the member shall elect the method of payment by the payment due date specified on the transfer in invoice.

J. A member may elect to pay the total difference between the ASRS Actuarial Present Value and the Other Retirement Plan's Cost pursuant to R2-8-1102(E) by any one or more methods specified in R2-8-512, R2-8-513, R2-8-514, or R2-8-519.

K. For a member who elects to accept a proportionately reduced amount of service pursuant to subsection (E)(1)(b), the ASRS shall calculate the proportionately reduced amount of service credit based on the member's service credits in the Other Retirement Plan multiplied by the ratio of the Other Retirement Plan's Cost to the ASRS Actuarial Present Value.

L. The member shall submit payment to transfer service credit pursuant to this Section by the payment due date specified on the transfer in invoice.

M. If the member does not submit payment for the total difference in the calculations pursuant to R2-8-1102(E) by the payment due date specified on the transfer in invoice, the member may be eligible to purchase the remaining service credit as Other Public Service, and the member is not eligible to purchase the remaining service credit based on the cost specified in the transfer in invoice.

Historical Note
New Section made by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-1103. Transferring Service to Other Retirement Plans

A. Upon receipt of a request to transfer a member's service credit from the ASRS to the Other Retirement Plan, the ASRS shall calculate:
1. The ASRS Funded Actuarial Present Value pursuant to A.R.S. §§ 38-730 and 38-922; and
2. The Member's Accumulated Contribution Account Balance in the ASRS.

B. Upon completing the calculations specified in subsection (A), the ASRS shall submit the calculations and member information to the Other Retirement Plan with a due date for the Other Retirement Plan to submit a fund request to the ASRS pursuant to subsection (C).

C. If a member elects to transfer service credit to the Other Retirement Plan, the member shall ensure that the Other Retirement Plan submits a fund request on the Other Retirement Plan's letterhead by the due date specified in subsection (B) to the ASRS with the following information:
1. The member's full name;
2. The last four digits of the member's Social Security number;
3. The name of the Other Retirement Plan; and
4. The Actuarial Present Value necessary to transfer full service credit to the Other Retirement Plan.

D. Upon receipt of the information specified in subsection (C), the ASRS shall compare the calculations specified in subsection (A) to the Other Retirement Plan's Actuarial Present Value specified in subsection (C) and transfer funds as follows:
1. If the Other Retirement Plan's Actuarial Present Value specified in subsection (C) is greater than the ASRS Funded Actuarial Present Value specified in subsection (A), then the ASRS shall transfer the greater of:
   a. The ASRS Funded Actuarial Present Value specified in subsection (A); or
   b. The Member's Accumulated Contribution Account Balance in the ASRS.
2. If the Other Retirement Plan's Actuarial Present Value specified in subsection (C) is less than or equal to the ASRS Funded Actuarial Present Value, then the ASRS shall transfer the greater of:
   a. The Other Retirement Plan's Actuarial Present Value specified in subsection (C); or
   b. The Member's Accumulated Contribution Account Balance in the ASRS.

E. Transferring service credit to the Other Retirement Plan pursuant to this Section constitutes a withdrawal from ASRS membership and results in a forfeiture of all other benefits under ASRS.

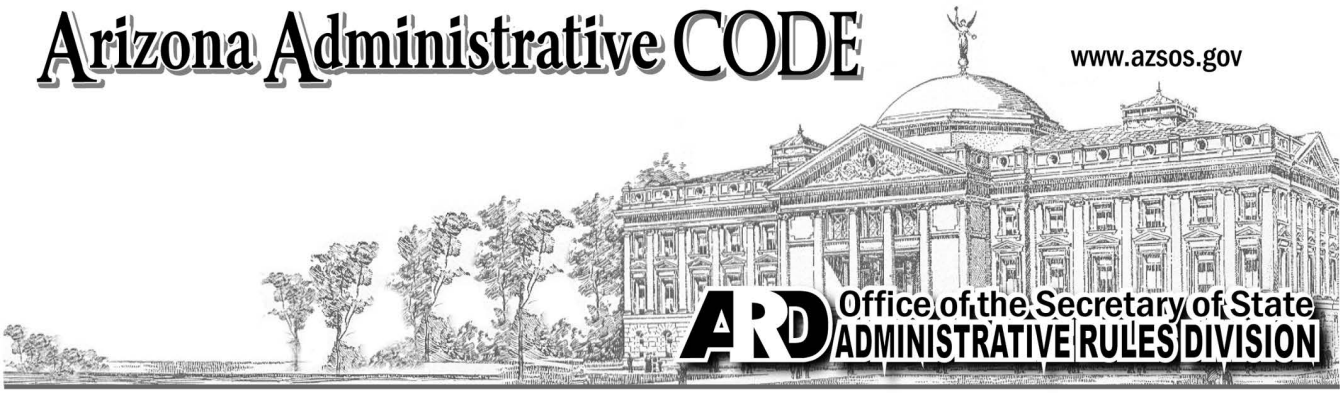
F. Notwithstanding subsection (E), pursuant to A.R.S. § 38-750, a transferred employee who continues an Irrevocable PDA after transferring service credit to the Other Retirement Plan may be eligible to:
1. Transfer service credit associated with the remaining balance of the Irrevocable PDA for which the transferred employee paid for the purchase of service credit plus interest at the Assumed Actuarial Investment Earnings Rate pursuant to A.R.S. § 38-922, not including any administrative interest charge the transferred employee paid pursuant to an Irrevocable PDA; or
2. Receive a return of contributions plus interest as specified in R2-8-118(A), column 3, pursuant to A.R.S. § 38-740.

G. If the ASRS has a DRO on file for a member, the ASRS shall not transfer a member's service credit from the ASRS to the Other Retirement Plan unless the DRO indicates whether the member may transfer all ASRS service credit to the Other Retirement Plan.

H. Notwithstanding subsection (G), if the ASRS has a DRO on file for a member that does not indicate whether the member may transfer all ASRS service credit to the Other Retirement Plan, the ASRS shall not transfer a member's service credit from the ASRS to the Other Retirement Plan unless the alternate payee submits written acceptance of the transfer with the alternate payee's notarized signature.

Historical Note
New Section made by final rulemaking by final rulemaking at 28 A.A.R. 1746 (July 22, 2022), effective September 4, 2022 (Supp. 22-3).

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ARIZONA ADMINISTRATIVE CODE

TITLE 2. ADMINISTRATION

CHAPTER 20. CITIZENS CLEAN ELECTIONS COMMISSION

2 A.A.C. 20

Supplement Information
Supp. 26-3

Rules filed between July 1, 2026 through September 30, 2026 are codified in this Chapter.

For questions, contact:

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The release of this Chapter in Supp. 26-3 replaces Supp. 26-2, 1-35 pages. Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained and archived for future reference.

Preface

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

Rules

The definition for a rule is provided for under A.R.S. § 41-1001. "'*Rule' means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.*"

The *Arizona Administrative Code*

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then a Section number with a heading. The "R" at the beginning of the Section number stands for "rule." The rule itself includes sequential letters and numbers in an outline. Each lettered or numbered Section is called a subsection of the rule.

Rules are codified quarterly in the *Code*. For example:

Rules codified in the first quarter are filed between January 1 through March 31.

Rules codified in the second quarter are filed between April 1 through June 30.

Rules codified in the third quarter are filed between July 1 through September 30.

Rules codified in the fourth quarter are filed between October 1 through December 31.

Supplement release dates are included in the footers of each Chapter. The first supplement for the first quarter of 2026 is cited as Supp. 26-1. Supplements are released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

How to Use the *Code*

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Register* for recent updates to rule Sections.

Authentication of PDF *Code* Chapters

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document's content has been compromised.

Rule History

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Arizona Administrative Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

Arizona Revised Statutes References

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature's website, www.azleg.gov. An agency's authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

Session Law References

Arizona Session Law references in a Chapter can be found at the Secretary of State's website, www.azsos.gov under Services-> Legislative Filings.

Exemptions to the APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency's exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor's notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

Personal and Commercial Use of the Chapter

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Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.

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TITLE 2. ADMINISTRATION

CHAPTER 20. CITIZENS CLEAN ELECTIONS COMMISSION

Authority: A.R.S. § 16-956(A)(7)

Supp. 26-3

Editor's Note: The Office of the Secretary of State, Administrative Rules Division, complied with its legal obligation to publish the Notice of Rule Expiration filed for Sections R2-20-109 and R2-20-111 under A.R.S. § 41-1011(C) and 41-1056(G) and (J)(2) in Supp. 17-2, version 2. As a courtesy to the Commission, the Office also published R2-20-109 and R2-20-111 as adopted and made by the Commission because it stated the Governor's Regulatory Review Council did not have the authority to file such a notice. On December 14, 2017, the Commission "re-adopted" rules in the disputed Sections of R2-20-109 and R2-20-111; therefore, our Division has removed the expired rule Sections as published in Supp. 17-2, version 2. The Office will not interpret the legality of any actions made by the Commission or the Council as to whether the rules in R2-20-109 and R2-20-111 were effective at 23 A.A.R. 1761 or expired at 23 A.A.R. 1757 between the dates of June 7, and December 14, 2017. Those interested in that issue should consult counsel.

Editor's Note: The Citizen's Clean Elections Commission has filed a Notice of Public Information with the Office of the Secretary of State (Office) stating the Governor's Regulatory Review Council (G.R.R.C.) "cannot effectively repeal the rules" in this Chapter. The Notice also states, "persons subject to the Act and Rules are advised that it is the Commission's position [sic] that an action of G.R.R.C…. cannot relieve them of their obligations under the Act and Rules." [published at 23 A.A.R. 1761] The Office has received a Notice of Rule Expiration from the G.R.R.C. stating R2-20-109 and R2-20-111 have automatically expired [published at 23 A.A.R. 1757]. Under A.R.S. § 41-1056(G), our Office publishes filed G.R.R.C. notices and has included the rule expiration in this Chapter. Since the Office is merely the publisher, it has not, nor will it interpret the legality of the G.R.R.C. authority to "effectively repeal rules."

Editor's Note: The Office of the Secretary of State publishes all Code Chapters on white paper (Supp. 02-1).

Editor's Note: This Chapter contains rules that were adopted under an exemption from the rulemaking provisions of the Arizona Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to A.R.S. § 16-956(D). Exemption from A.R.S. Title 41, Chapter 6 means that these rules were not certified by the Attorney General or the Governor's Regulatory Review Council. Because this Chapter contains rules that are exempt from the regular rulemaking process, the Chapter is printed on blue paper. The rules affected by this exemption appear throughout this Chapter.

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ARTICLE 1. GENERAL PROVISIONS

R2-20-101. Definitions

In addition to the definitions provided in A.R.S. § 16-961, the following shall apply to the Chapter, unless the context otherwise requires:

1. "Act" means the Citizens Clean Elections Act set forth in the Arizona Revised Statutes, Title 16, Chapter 6, Article 2.
2. "Audit" means a written report pertaining to an examination of a candidate's campaign finances that is reviewed by the Commission in accordance with A.A.C. Title 2, Chapter 20, Article 4.
3. "Campaign account" means an account at a financial institution designated by a political committee that is used solely for political campaign purposes.
4. "Candidate" means a natural person who receives or gives consent for receipt of a contribution for the person's nomination for or election to any office in this state, and includes the person's campaign committee, the political committee designated and authorized by the person, or any agents or personnel of the person. When not otherwise specified by statute or these rules, "Candidate" includes a Candidate for Statewide Office or a Legislative Candidate.
5. "Candidate for Statewide Office" means: A natural person seeking the office of governor, attorney general, secretary of state, treasurer, superintendent of public instruction, or mine inspector.
6. "Current campaign account" means a campaign account used solely for election campaign purposes in the present election cycle.
7. "Direct campaign purpose" includes, but is not limited to, materials, communications, transportation, supplies and expenses used toward the election of a candidate. This does not include the candidate's personal appearance, support, or support of a candidate's family member.
8. "Early contributions" means private contributions that are permitted pursuant to A.R.S. § 16-945.
9. "Examination" means an inspection by the Commission or agent of the Commission of a candidate's books, records, accounts, receipts, disbursements, debts and obligations, bank account records, and campaign finance reports related to the candidate's campaign, which may include fieldwork, or a visit to the campaign headquarters, to ensure compliance with campaign finance laws and rules.
10. "Executive Director" means the highest ranking Commission staff member, who is appointed pursuant to A.R.S. § 16-955(J) and is responsible for directing the day-to-day operations of the Commission.
11. "Expressly advocates" means:
    a. Conveying a communication containing a phrase such as "vote for," "elect," "re-elect," "support," "endorse," "cast your ballot for," "(name of candidate) in (year)," "(name of candidate) for (office)," "vote against," "defeat," "reject," or a campaign slogan or words that in context can have no reasonable meaning other than to advocate the election or defeat of one or more clearly identified candidates.
    b. Making a general public communication, such as in broadcast medium, newspaper, magazine, billboard, or direct mailer referring to one or more clearly identified candidates and targeted to the electorate of that candidate(s) that in context can have no reasonable meaning other than to advocate the election or defeat of the candidate(s), as evidenced by factors such as the presentation of the candidate(s) in a favorable or unfavorable light, the targeting, placement, or timing of the communication, or the inclusion of statements of the candidate(s) or opponents.
    c. A communication within the scope of subsection (10)(b) shall not be considered as one that "expressly advocates" merely because it presents information about the voting record or position on a campaign issue of three or more candidates, so long as it is not made in coordination with a candidate, political party, agent of the candidate or party, or a person who is coordinating with a candidate or candidate's agent.
12. "Extension of credit" means the delivery of goods or services or the promise to deliver goods or services to a candidate in exchange for a promise from the candidate to pay for such goods or services at a later date.
13. "Family member" means parent, grandparent, aunt, uncle, child or sibling of the candidate or the candidate's spouse, including the spouse of any of the listed family members, regardless of whether the relation is established by marriage or adoption.
14. "Fair market value" means the amount at which property would change hands between a willing buyer and a willing seller, neither being under any compulsion to buy or sell and both having reasonable knowledge of the relevant facts.
15. "Fixed Asset" means tangible property usable in a capacity that will benefit the candidate for a period of more than one year from the date of acquisition.
16. "Fund" means the Citizens Clean Elections Fund established pursuant to A.R.S. § 16-949(D).
17. "Future campaign account" means a campaign account that is used solely for campaign election purposes in an election that does not include the present or prior primary or general elections.
18. "Independent candidate" means a candidate who is registered as an independent or with no party preference or who is registered with a political party that is not eligible for recognition on the ballot.
19. "Legislative Candidate" means: A natural person seeking the office of state senator or state representative.
20. "Officeholder" means a person who has been elected to a statewide office or the legislature in the most recent election, as certified by the Secretary of State, or who is appointed to or otherwise fills a vacancy in such office.
21. "Person," unless stated otherwise, or having context requiring otherwise, means: A corporation, company, partnership, firm, association or society, as well as a natural person.
22. "Prior campaign account" means a campaign account used solely for campaign election purposes in a prior election.
23. "Public funds" includes all funds deposited into the Citizens Clean Elections Fund and all funds disbursed by the Commission to a participating candidate.
24. "Solicitor" means a person who is eligible to be registered to vote in this state and seeks qualifying contributions from qualified electors of this state.
25. "Unopposed" means in reference to state senate candidates and statewide candidates other than Corporation Commission, that the candidate is opposed by no candi-

dates who will appear on the ballot. In reference to candidates for the House of Representatives and Corporation Commission, "unopposed" means that no more candidates will appear on the ballot than the number of seats available for the office sought.

Historical Note

New Section adopted by exempt rulemaking at 6 A.A.R. 1567, effective June 21, 2000 (Supp. 00-2). Section repealed; new Section made by exempt rulemaking at 8 A.A.R. 588, effective October 17, 2001 (Supp. 02-1). Amended by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by exempt rulemaking at 13 A.A.R. 2434, effective August 27, 2007 (Supp. 07-2). Amended by exempt rulemaking at 15 A.A.R. 1156, effective August 31, 2009 (Supp. 09-2). Amended by exempt rulemaking at 19 A.A.R. 3515, effective September 27, 2013 (Supp. 13-4). Amended by final exempt rulemaking at 23 A.A.R. 113, effective December 15, 2016 (Supp. 16-4). Amended by final rulemaking at 28 A.A.R. 491 (March 4, 2022), with an immediate effective date of February 7, 2022 (Supp. 22-1).

R2-20-102. Repealed

Historical Note

New Section adopted by exempt rulemaking at 6 A.A.R. 1567, effective June 21, 2000 (Supp. 00-2). Section repealed; new Section made by exempt rulemaking at 8 A.A.R. 588, effective October 17, 2001 (Supp. 02-1). Repealed by exempt rulemaking at 19 A.A.R. 3518, effective September 27, 2013 (Supp. 13-4).

R2-20-103. Communications: Time and Method

A. General rule: in computing any period of time prescribed or allowed by the Act or these rules, unless otherwise specified, days are calculated by calendar days, and the day of the act, event, or default from which the designated period of time begins to run shall not be included. The last day of the period so computed shall be included, unless it is a Saturday, a Sunday, or a legal holiday. The term "legal holiday" includes New Year's Day, Martin Luther King Jr. Day, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving Day, Christmas Day, and any other day appointed as a holiday for employees of the state.

B. Special rule for periods less than seven days: when the period of time prescribed or allowed is less than seven days, intermediate Saturdays, Sundays, and legal holidays shall be excluded in the computation.

C. Whenever the Commission or any person has the right or is required to do some act within a prescribed period after the service of any paper by or upon the Commission by regular mail, three calendar days shall be added to the prescribed period.

D. Whenever the Commission or any person is required to do some act within a prescribed period after the service of paper by or upon the Commission by overnight delivery, the time period shall begin on the date the recipient signs for the overnight delivery.

E. The Commission shall use the address of the candidate that is provided on the application for certification filed pursuant to A.R.S. § 16-947. A candidate may designate in writing for the Commission to send written correspondence to a person other than the candidate.

F. If possible, the Commission shall furnish a copy of all communications electronically.

G. Delivery of subpoenas, orders and notifications to a natural person may be made by handing a copy to the person, or leaving a copy at his or her office with the person in charge thereof, by leaving a copy at his or her dwelling place or usual place of abode with a person of suitable age and discretion residing therein, by mailing a copy by overnight delivery to his or her last known address, or by any other method whereby actual notice is given.

H. When the person to be served is not an individual, delivery of subpoenas, orders and notifications may be made by mailing a copy by overnight delivery to the person at its place of business or by handing a copy to a registered agent for service, or to any officer, director, or agent in charge of any office of such person, or by mailing a copy by overnight delivery to such representative at his or her last known address, or by any other method whereby actual notice is given.

Historical Note

New Section adopted by exempt rulemaking at 6 A.A.R. 1567, effective June 21, 2000 (Supp. 00-2). Section repealed; new Section made by exempt rulemaking at 8 A.A.R. 588, effective October 17, 2001 (Supp. 02-1). Amended by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by exempt rulemaking at 12 A.A.R. 758, effective February 15, 2006 (Supp. 06-1). Amended by exempt rulemaking at 13 A.A.R. 2434, effective August 27, 2007 (Supp. 07-2).

R2-20-104. Certification as a Participating Candidate

A. A nonparticipating candidate who accepts contributions up to the limits authorized by A.R.S. § 16-941(B), but later chooses to run as a participating candidate, shall:

1. Make the change to participating candidate status during the exploratory and qualifying periods only;
2. Return the amount of each contribution in excess of the individual contribution limit for participating candidates;
3. Return all Political Action Committee (PAC) monies received;
4. Not have made expenditures exceeding the early contribution limit, or have spent any part of a contribution exceeding the early contribution limit;
5. Comply with all provisions of A.R.S. § 16-941 and Commission rules.
6. Return all contributions received from another candidate's candidate committee.

B. Money from prior election. If a nonparticipating candidate has a cash balance remaining in the campaign account from the prior election cycle, the candidate may seek certification as a participating candidate in the current election after:

1. Transferring money from the prior campaign account to the candidate's current election campaign account. The amount transferred shall not exceed the permitted personal monies, early contributions, and debt-retirement contributions, as defined in A.R.S. § 16-945(C), and shall contain contributions received from individuals only;
2. Spending the money lawfully prior to April 30 of an election year in a way that does not constitute a direct campaign purpose and does not meet the definition of "expenditure" under A.R.S. § 16-901(24); and the event or item purchased is completed or otherwise used and depleted prior to April 30 of an election year;
3. Remitting the money to the Fund; or

4. Holding the money in the prior election campaign account, not to be used during the current election, except as provided pursuant to this Section.

C. Application for certification as a participating candidate. Pursuant to A.R.S. § 16-947, a candidate seeking certification shall file with the Secretary of State a Commission-approved application and a campaign finance report reflecting all campaign activity to date. In the application, a candidate shall certify under oath that the candidate:

1. Agrees to use all Clean Elections funding for direct campaign purposes only;
2. Has filed a campaign finance report, showing all campaign activity to date in the current election cycle;
3. Will comply with all requirements of the Act and Commission rules;
4. Is subject to all enforcement actions by the Commission as authorized by the Act and Commission rules;
5. Has the burden of proving that expenditures made by or on behalf of the candidate are for direct campaign purposes;
6. Will keep and furnish to the Commission all documentation relating to expenditures, receipts, funding, books, records (including bank records for all accounts), and supporting documentation and other information that the Commission may request;
7. Will permit an audit or examination by the Commission of all receipts and expenditures including those made by the candidate. The candidate shall also provide any material required in connection with an audit, investigation, or examination conducted by the Commission. The candidate shall facilitate the audit by making available in one central location, such as the Commission's office space, records and such personnel as are necessary to conduct the audit or examination, and shall pay any amounts required to be repaid;
8. Will submit the name and mailing address of the person who is entitled to receive primary and general election funding on behalf of the candidate and the name and address of the campaign depository designated by the candidate. Changes in the information required by this subsection shall not be effective until submitted to the Commission in a letter signed or submitted electronically, by the candidate or the committee treasurer;
9. Will pay any civil penalties included in a conciliation agreement or otherwise imposed against the candidate;
10. Will timely file all campaign finance reports with the Secretary of State in an electronic format; and
11. Will file an amended application for certification reporting any change in the information prescribed in the application for certification within five days after the change.

D. If certified as a participating candidate, the candidate shall:

1. Only accept early contributions from individuals during the exploratory and qualifying periods in accordance with A.R.S. § 16-945. No contributions may be accepted from political action committees, political parties or corporations;
2. Not accept any private contributions, other than early contributions and a limited number of $5 qualifying contributions;
3. Make expenditures of personal monies of no more than the amounts prescribed in A.R.S. § 16-941(A)(2) for legislative candidates and for statewide office candidates;
4. Conduct all campaign activity through a single campaign account. A participating candidate shall only deposit early contributions, qualifying contributions and Clean Elections funds into the candidate's current campaign account. The campaign account shall not be used for any non-direct campaign purpose as provided in Article 7 of these rules;
5. Attend a Commission sponsored candidate training class within 60 days of being certified or within 60 days of the beginning of the qualifying period if the candidate is certified before the beginning of the qualifying period. If the candidate is unable to attend a training class, the candidate shall:
   a. Notify the Commission that the candidate is unable to attend a training class. The Commission then will send that person the Commission training materials; and
   b. The candidate shall sign and send to the Commission a statement certifying that he or she has received and reviewed the Commission training materials; and
6. Limit campaign expenditures. Prior to qualifying for Clean Elections funding, a candidate shall not incur debt, or make an expenditure in excess of the amount of cash on hand. Upon approval for funding by the Secretary of State, a candidate may incur debt, or make expenditures, not to exceed the sum of the cash on hand and the applicable spending limit.

E. Loans. A participating candidate may accept an individual contribution as a loan or may loan his or her campaign committee personal monies during the exploratory and qualifying periods only. The total sum of the contribution received or personal funds and loans shall not exceed the expenditure limits set forth in A.R.S. § 16-941(A)(1) and (2). If the loan is to be repaid, the loans shall be repaid promptly upon receipt of Clean Elections funds if the participating candidate qualifies for Clean Elections funding. Loans from a financial institution or bank, to a candidate used for the purpose of influencing that candidate's election shall be considered personal monies and shall not exceed the personal monies expenditure limits set forth in A.R.S. § 16-941(A)(2).

F. A participating candidate may raise early contributions for election to one office and choose to run for election to another office.

G. Contributions to officeholder expense accounts are subject to the restrictions of A.R.S. § 41-1234.01, contributions prohibited during session; exceptions.

Historical Note

New Section adopted by exempt rulemaking at 6 A.A.R. 1567, effective June 21, 2000 (Supp. 00-2). Section repealed; new Section made by exempt rulemaking at 8 A.A.R. 588, effective October 17, 2001 (Supp. 02-1). Amended by exempt rulemaking at 9 A.A.R. 3506, effective April 2, 2002 (Supp. 03-3). Amended by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by exempt rulemaking at 12 A.A.R. 758, effective February 15, 2006 (Supp. 06-1). Amended by exempt rulemaking at 13 A.A.R. 3597, effective January 1, 2008 (Supp. 07-4). Amended by exempt rulemaking at 15 A.A.R. 1156, effective August 31, 2009 (Supp. 09-2). Amended by exempt rulemaking at 15 A.A.R. 1420, effective April 30, 2010 (Supp. 09-3). Subsection R2-20-104(C)(8) amended by exempt rulemaking at 19 A.A.R. 1685, effective October 6, 2011; Subsection R2-20-104(D)(5) amended by exempt rulemaking at 19 A.A.R. 1685, effective May 23, 2013

(Supp. 13-2). Amended by final exempt rulemaking at 23 A.A.R. 115, effective December 15, 2016 (Supp. 16-4).

R2-20-105. Certification for Funding

A. After a candidate is certified as a participating candidate, pursuant to A.R.S. § 16-947, in accordance with the procedure set forth in R2-20-104, that candidate may collect qualifying contributions only during the qualifying period.

B. A participating candidate must submit to the Secretary of State, a list of names of persons who made qualifying contributions, an application for funding prescribed by the Secretary of State, the minimum number of original reporting slips, and an amount equal to the sum of the qualifying contributions collected pursuant to A.R.S. § 16-950 no later than one week after the end of the qualifying period. Any and all expenses associated with obtaining the qualifying contributions, including credit card processing fees must be paid for from the candidate's early contributions or personal monies. A candidate may develop his or her own three-part reporting slip for qualifying contributions, or one that is photocopied or computer reproduced, if the form substantially complies with the form prescribed by the Commission. The candidate must comply with the Act and ensure that the original qualifying slip is tendered to the Secretary of State, a copy remains with the candidate, and that a copy is given to the contributor.

C. A candidate may accept electronic $5 qualifying contributions for the elected office sought by the candidate. The Secretary of State's secured internet portal must be used to collect electronic $5 qualifying. A $5 contribution must accompany every $5 qualifying contribution form and must be submitted via the Secretary of State's portal using a private electronic payment service, specified by the Secretary of State's Office, bank account, credit or debit card. A non-refundable transaction fee may be assessed on electronic $5 qualifying contribution transactions. The transaction fee is not a contribution to the candidate's campaign and is paid by the contributor. If excess funds are accumulated by the candidate's campaign based on the transaction fee then all excess funds must be given to the Commission and must be entered into the candidate's campaign finance report in a manner that indicates the transaction fees have been accumulated and transferred.

D. A solicitor who seeks signatures and qualifying contributions on behalf of a participating candidate shall provide his or her residential address, typed or printed name and signature on each reporting slip. The solicitor shall also sign a sworn statement on the contribution slip avowing that the contributor signed the slip, that the contributor contributed the $5, that based on information and belief, the contributor's name and address are correctly stated and that each contributor is a qualified elector of this state. If a contribution is received unsolicited, the candidate or contributor may sign the qualifying contribution form as the solicitor and is accountable for all of the responsibilities of a solicitor. Nothing in this rule shall prohibit the use of direct mail or the internet to obtain qualifying contributions as long as an original signature is provided on the qualifying contribution form. The candidate may sign the qualifying contribution form as the solicitor and is accountable for all of the responsibilities of a solicitor. For qualifying contributions received in accordance with subsection (C) of this Section, the residential address and signature of the solicitor is not required.

E. The Secretary of State has the authority to approve or deny a candidate for Clean Elections funding, pursuant to A.R.S. § 16-950(C) based upon the verification of the qualifying contribution forms by the appropriate county recorder. The county recorder shall disqualify any qualifying contribution forms that are:

1. Unsigned by the contributor;
2. Undated; or
3. That the recorder is unable to verify as matching signature of a person who is registered to vote, on the date specified inside the electoral district the candidate is seeking.

F. The Secretary of State will notify the candidate and the Commission regarding the approval or denial of Clean Elections funds. A candidate who is denied Clean Elections funding after all of the slips are verified is eligible to submit supplemental qualifying contribution forms for one additional opportunity to be approved for funding pursuant to subsection (G) of this rule.

G. The amount equal to the sum of the qualifying contributions collected and tendered to the Secretary of State pursuant to A.R.S. § 16-950(B) will be deposited into the fund, and the amount tendered will not be returned to a candidate if a candidate is denied Clean Elections funding.

H. In accordance with the procedure set forth at A.R.S. § 16-950(C), if the Secretary of State determines that the result of the five percent random sample is less than 110 percent of the slips needed to qualify for funding, then the Secretary of State shall send all of the slips for verification. If the county recorder has verified all of the candidate's signature slips and there is an insufficient number of valid qualifying contribution slips to qualify the candidate for funding, the candidate may make only one supplemental filing of additional qualifying contribution slips and qualifying contributions to the Secretary of State if all of the following apply:

1. The candidate files at least the minimum number of additional slips needed to qualify for funding;
2. The slips are not receipts for duplicate contributions from individuals who have previously contributed to that candidate; and
3. The period for filing qualifying contributions slips has not expired.

I. The Secretary of State shall forward facsimiles of all of the supplemental qualifying contribution slips to the appropriate county recorders for the county of the contributors' addresses as shown on the contribution slips. The county recorder shall verify all of the supplemental slips within 10 business days after receipt of the facsimiles and shall provide a report to the Secretary of State identifying as disqualified any slips that are unsigned by the contributor or undated or that the recorder is unable to verify as matching the signature of a person who is registered to vote, on the date specified on the slip, inside the electoral district of the office the candidate is seeking. On receipt of the report of the county recorder on all supplemental slips, the Secretary of State shall calculate the candidate's total number of valid qualifying contribution slips and shall approve or deny the candidate for funds.

Historical Note

New Section adopted by exempt rulemaking at 6 A.A.R. 1567, effective June 21, 2000 (Supp. 00-2). Section repealed; new Section made by exempt rulemaking at 8 A.A.R. 588, effective October 17, 2001 (Supp. 02-1). Amended by exempt rulemaking at 9 A.A.R. 3506, effective April 30, 2002 (Supp. 03-3). Amended by exempt rulemaking at 13 A.A.R. 2434, effective August 27, 2007 (Supp. 07-2). Amended by exempt rulemaking at 16 A.A.R. 1200, effective February 28, 2008 (Supp. 10-2). Subsection R2-20-105(C) amended by exempt rulemak-

ing at 19 A.A.R. 1688, effective October 6, 2011; Subsection R2-20-105(J) amended by exempt rulemaking at 19 A.A.R. 1688, effective May 23, 2013 (Supp. 13-2). Amended by final exempt rulemaking at 23 A.A.R. 117, effective January 1, 2017 (Supp. 16-4).

R2-20-106. Distribution of Funds to Certified Candidates

A. The Commission staff shall not authorize any disbursements to a participating candidate's campaign account until that candidate submits a sworn, notarized statement stating that under penalty of perjury:
1. All campaign finance reports have been filed.
2. All campaign finance reports are complete and accurate including all reporting requirements related to vendors and subcontractors.
3. All conditions related to the use consultants have been met.
4. Stipulating that, once funding is authorized, the Commission may make a rebuttable presumption pursuant to R2-20-706 that a candidate has not used funds for direct campaign expenses within five days after the failure file a campaign finance report.

B. Before the initial disbursement of funds, the Commission shall review the candidate's funding application and all relevant facts and circumstances and:
1. Verify that the number of signatures on the candidate's nominating petitions equals or exceeds the number required pursuant to A.R.S. § 16-322 as follows:
   a. If the application is submitted before the March 1 voter registration list is determined, the Commission shall verify that the number of signatures on the candidate's nominating petitions equals or exceeds 115 percent of the number required pursuant to A.R.S. § 16-322 based on the prior election voter registration list as determined by the Secretary of State; or
   b. If the application is submitted after the current year March 1 voter registration list is determined, the Commission shall verify that the number of signatures on the candidate's nominating petitions is equal to or greater than the number required pursuant to A.R.S. § 16-322.
2. Determine that the required number of qualifying contributions have been received and paid to the Secretary of State for deposit in the Fund; and
3. Determine whether the candidate is opposed in the election.

C. In making the determinations described in subsection (B)(3), the Commission shall consider all relevant facts and circumstances, and it shall not be bound by election formalities such as the filing of nominating petitions by others in determining whether an applicant is opposed. Among other evidence the Commission may consider is the existence of exploratory committees or filings made to organize campaign committees of opponents and other like indicia.

D. The Commission may review and affirm or change its determination that the candidate is or is not opposed until the ballot for the election is established.

E. Within seven days after a primary election and before the Secretary of State completes the canvass, the Commission shall disburse funds for general election campaigns to the participating candidates who received the greatest number of votes at each primary election, provided that the candidate with the highest number of votes out of the total number of votes, has at least two percentage points greater than the candidate with the next highest votes based on the unofficial results as of that date. In a legislative race for the Arizona House of Representatives, the Commission shall disburse funds for general election campaigns to participating candidates with the highest or second highest number of votes cast, provided such candidate received votes totaling at least two percentage points, of the total ballots cast, larger than the vote total cast for the candidate with the third highest vote total.

F. Promptly after the Secretary of State completes the canvass, the Commission shall disburse funds for general election campaigns to all eligible participating candidates to whom payment has not been made. If a participating candidate has received funds from the Commission pursuant to subsection (E) and the canvass or recount determines that the candidate is not eligible to appear on the general election ballot, the participating candidate shall return all unused funds to the Fund within 10 days after such determination is made. That candidate shall make no expenditures from general election funds from the date of the canvass.

G. The Commission may refuse to distribute funds to participating candidates in cases in which the Commission finds evidence of fraud or illegal activity committed by the participating candidate.

H. Pursuant to A.R.S. § 16-953, a participating candidate shall return to the Fund:
1. All primary election funds not committed to expenditures (1) during the primary election period; and (2) for goods or services directed to the primary election. A candidate shall not be deemed to have violated A.R.S. § 16-953(A) or this subsection on account of failure to use all materials purchased with primary election funds prior to the primary election, provided such candidate exercises good faith and diligent efforts to comply with the requirement that goods and services purchased with primary election funds be directed to the primary election. Subject to A.R.S. § 16-953(A) and this subsection, a candidate may continue to use goods purchased with primary election funds during the general election period.
2. All general funds not committed to expenditures (1) during the general election period; and (2) for goods or services directed to the general election.

I. All funds returned to the Commission pursuant to subsection (H) of this Section, shall be returned to the Fund by a cashier's check drawn on the candidate's campaign bank account. Any fee associated with the issuance of a cashier's check shall be deemed a direct campaign expenditure and reported on the candidate's campaign finance report.

J. If a participating candidate does not account for any outstanding expenditures in the amount of the funds returned to the Commission, the participating candidate must reconcile the outstanding expenditures with personal monies. Once funds have been returned to the Commission, no further reimbursements from the Clean Elections Fund shall be permitted. Participating candidates may not exceed the primary or general election spending limits.

K. Commission staff may waive the return of funds if:
1. The Commission staff determines the amount to be returned is de minimus;
2. The Commission staff determines the cost of recovery exceeds the amount of the return;
3. The funds to be returned shall not exceed $25; and
4. The Commission is notified of any waiver of the return of funds.

Historical Note
New Section adopted by exempt rulemaking at 6 A.A.R. 1567, effective June 21, 2000 (Supp. 00-2). Section repealed; new Section made by exempt rulemaking at 8 A.A.R. 588, effective October 17, 2001 (Supp. 02-1). Amended by exempt rulemaking at 13 A.A.R. 2434, effective August 27, 2007 (Supp. 07-2). Amended by final exempt rulemaking at 24 A.A.R. 107, effective December 14, 2017 (Supp. 17-4). Amended by final rulemaking at 32 A.A.R. 807 (April 3, 2026, Issue 14), with an immediate effective date of March 9, 2026 (Supp. 26-1).

R2-20-107. Candidate Debates

A. The Commission shall sponsor debates among statewide and legislative office candidates prior to the primary and general elections. Except as set forth in the subsection below, the Commission shall not be required to sponsor a debate if there is no participating candidate in the election for a particular office.

B. In the primary election period, the Commission shall sponsor political party primary election debates for every office in which:
1. There are more candidates appearing on the ballot than there are seats available for the political party's nomination for general election candidates, and
2. At least one of the candidates is a participating candidate.

C. The following candidates will not be invited to participate in debates as follows:
1. In the primary election, write-in candidates for the primary election, independent candidates, no party affiliation or unrecognized party candidates.
2. In the general election, write-in candidates.

D. In the event that there is no participating candidate in a primary or general election but there is an election involving candidates who are not unopposed, a candidate may request that the Commission sponsor a debate pursuant to this rule. If the requesting candidate is the sole participant in the debate the format shall be as prescribed in R2-20-107(K).
1. A nonparticipating candidate who requests a debate pursuant to this rule shall complete and return the invitation form sent to the candidate by the Commission by the deadline identified on the form. Forms received by the Commission past the deadline may still be considered at the discretion of the Commission. Commission staff shall notify all invited candidates if a debate will be sponsored by the Commission and which candidates will participate.
2. If a candidate requests that the Commission sponsor a debate and fails or refuses to attend the debate, or a candidate agrees to participate in a debate and subsequently fails or refuses to attend the debate sponsored by the Commission, each candidate who fails or refuses to attend the debate shall reimburse the Commission for the cost of debate preparations not to exceed $10,000 for a non-participating candidate for the legislature and $25,000 for a non-participating candidate for statewide office. In the event that a candidate requests a general election debate or agrees to participate in a general election debate but does not advance to the general election, the candidate shall not be liable for the reimbursement.

E. Pursuant to A.R.S. § 16-956(A)(2), all participating candidates certified pursuant to A.R.S. § 16-947 shall attend and participate in the debates sponsored by the Commission. No proxies or representatives are permitted to participate for any candidate and no statements may be read on behalf of an absent candidate.

F. Unless exempted, if a participating candidate fails to participate in any Commission-sponsored debate, the participating candidate shall be fined $500.00. For purposes of this Section, each primary or general election shall be considered a separate election.

G. A participating candidate may request to be exempt from participating in a required debate by doing the following:
1. Submit a written request to the Commission at least one week prior to the scheduled debate, and
2. State the reasons and circumstances justifying the request for exemption.

H. After examining the request to be exempt, the Commission will exempt a candidate from participating in a debate if at least three Commissioners determine that the circumstances are:
1. Beyond the control of the candidate; or
2. Of such nature that a reasonable person would find the failure to attend justifiable or excusable.

I. A participating candidate who fails to participate in a required debate may submit a request for excused absence to the Commission.
1. The candidate's request for excused absence shall:
   a. State the reason the candidate failed to participate in the debate, and
   b. State the reason the candidate failed to request an exemption in advance, and
   c. Be submitted to the Commission no later than five business days after the date of the debate the candidate failed to attend.
2. After examining the request for excused absence, the Commission may excuse a candidate from the penalties imposed if at least three Commissioners determine that the circumstances were:
   a. Beyond the control of the candidate; or
   b. Of such nature that a reasonable person would find the failure to attend justifiable or excusable.

J. When a participating candidate is not opposed in the general election, the candidate shall be exempt from participating in a Commission-sponsored debate for the general election.

K. In the event that a participating candidate is opposed in the primary election or general election but is the only candidate taking part in a primary election period or general election period debate, as applicable, the debate will be held and will consist of a 30-minute question and answer session for the single participating candidate. If more than one candidate takes part in the debate, regardless of participation status, the debate will be held in accordance with the procedures established by the Commission staff.

Historical Note
New Section adopted by exempt rulemaking at 6 A.A.R. 1567, effective June 21, 2000 (Supp. 00-2). Section repealed; new Section made by exempt rulemaking at 8 A.A.R. 588, effective October 17, 2001 (Supp. 02-1). Section repealed by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). New Section made by exempt rulemaking at 12 A.A.R. 758, effective February 15, 2006 (Supp. 06-1). Amended by exempt rulemaking at 13 A.A.R. 2434, effective August 27, 2007 (Supp. 07-2). Amended by exempt rulemaking at 15 A.A.R. 1156, effective August 31, 2009 (Supp. 09-2). Amended by exempt rulemaking at 19 A.A.R. 1690, effective October 6, 2011 (Supp. 13-2). Amended by

exempt rulemaking at 19 A.A.R. 4213, effective November 21, 2013 (Supp. 13-4). Amended by final exempt rulemaking at 21 A.A.R. 1627, effective July 23, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 119, effective December 15, 2016 (Supp. 16-4).

R2-20-108. Termination of Participating Candidate Status

A. A candidate may voluntarily request termination of his or her participating candidate status at any time prior to notification by the Commission that such candidate has qualified for Clean Elections funding. To withdraw from participating candidate status, a candidate shall send a letter to the Commission stating the candidate's intent to withdraw and the reason for the withdrawal. The candidate shall not accept any private monies until the withdrawal is approved by the Commission. The Commission shall act on the withdrawal request within seven days. If the Commission takes no action within the seven-day time period, the withdrawal is automatic.

B. A candidate's participating candidate status shall automatically terminate if:
1. The candidate fails to make such submissions to the Secretary of State as prescribed in R2-20-105(B) within seven days after the end of the qualifying period, or
2. The candidate is denied Clean Elections funding by the Secretary of State and the candidate is ineligible to make a supplemental filing with the Secretary of State in accordance with R2-20-105(G).

C. A candidate whose participating candidate status has been terminated in accordance with this Section shall be ineligible to receive Clean Elections funding for that election cycle unless he/she reapplies for certification and is in compliance with R2-20-104(A) and (C).

D. In the event that a candidate who has collected qualifying contributions decides not to seek certification as a participating candidate, the candidate shall return all qualifying contributions received from contributors who have not given written permission to use their qualify contributions as campaign contributions. Written permission may include a check box on the original $5 form that authorizes a candidate to treat the qualifying contribution as a general campaign contribution if he or she decides not to participate in the Clean Elections system. If a good faith attempt to return the funds to the contributor is unsuccessful, the contributions shall be submitted to the Fund.

Historical Note

New Section adopted by exempt rulemaking at 6 A.A.R. 1567, effective June 21, 2000 (Supp. 00-2). Section repealed; new Section made by exempt rulemaking at 8 A.A.R. 588, effective October 17, 2001 (Supp. 02-1). Amended by exempt rulemaking at 13 A.A.R. 2434, effective August 27, 2007 (Supp. 07-2). Amended by exempt rulemaking at 17 A.A.R. 1950, effective August 25, 2011 (Supp. 11-3).

Revised Editor's Note: The Office will not interpret the legality of any actions made by the Commission or the Governor's Regulatory Review Council as to whether the rules in R2-20-109 and R2-20-111 were effective at 23 A.A.R. 1761 or expired at 23 A.A.R. 1757 between the dates of June 7, and December 14, 2017. Those interested in that issue should consult counsel.

R2-20-109. Independent Expenditure Reporting Requirements

A. In accordance with A.R.S. § 16-958(E), all persons obligated to file any campaign finance report under any provisions of Chapter 6, Article 2 of the Arizona Revised Statutes shall file such reports using the Secretary of State's Internet-based finance-reporting system, except if:
1. Expressly provided otherwise by another Commission rule; or
2. That system, or the necessary function on the system, is unavailable, in which case the Executive Director shall implement a suitable process.

B. Independent Expenditure Reporting Requirements.
1. Any person making independent expenditures cumulatively exceeding the amount prescribed in A.R.S. § 16-941(D) in an election cycle shall file campaign finance reports in accordance with A.R.S. § 16-958 and Commission rules.
2. Any person who fails to file a timely campaign finance report pursuant to A.R.S. § 16-941(D), A.R.S. § 16-958, shall be subject to a civil penalty as prescribed in A.R.S. § 16-942(B). Subsection R2-20-109(B)(4) does not apply to reports pursuant to A.R.S. §§ 16-941(D) and 16-958 or this subsection. Any expenditure advocating against one or more candidates shall be considered an expenditure on behalf of any opposing candidate or candidates. Penalties shall be assessed as follows:
   a. For an election involving a candidate for statewide office, the civil penalty shall be $300 per day.
   b. For an election involving a legislative candidate, the civil penalty shall be $100 per day.
   c. The penalties in (a) and (b) shall be doubled if the amount not reported for a particular election cycle exceeds ten (10%) percent of the applicable adjusted primary election spending limit or adjusted general election spending limit.
   d. The dollar amounts in items (a) and (b), and the spending limits in item (c) are subject to adjustment of A.R.S. § 16-959.
   e. Penalties imposed pursuant to this subsection shall not exceed twice the amount of expenditures not reported.
3. A.R.S. § 16-942(B) applies to any entity including political committees that accepts contributions or makes expenditures on behalf of any candidate regardless of any other contributions taken or expenditures made and fails to timely file a campaign finance report under Chapter 6 of Title 16, Arizona Revised Statutes. Any expenditure advocating against one or more candidates shall be considered an expenditure on behalf of any opposing candidate or candidates. Penalties shall be assessed as follows:
   a. For an election involving a candidate for statewide office, the civil penalty shall be $300 per day.
   b. For an election involving a legislative candidate, the civil penalty shall be $100 per day.
   c. The penalties in (a) and (b) shall be doubled if the amount not reported for a particular election cycle exceeds ten (10%) percent of the applicable adjusted primary election spending limit or adjusted general election spending limit.
   d. The dollar amounts in items (a) and (b), and the spending limits in item (c) are subject to adjustment of A.R.S. § 16-959.
   e. Penalties imposed pursuant to this subsection shall not exceed twice the amount of expenditures not reported.
4. For purposes of A.A.C. R2-20-109(B)(3):
   a. Subject to A.R.S. § 16-901(43) and notwithstanding any rule to the contrary of that section, an entity

shall not be found to have the predominant purpose of influencing elections unless, a preponderance of the evidence establishes that during a two-year legislative election cycle, the total reportable contributions made by the entity, in any combination, in a calendar year exceeds $1,000 and is more than fifty percent (50%) of the entity's total spending during the election cycle.

i. For purposes of this provision, a "reportable contribution" or "reportable expenditure" shall be limited to a contribution or expenditure, as defined in title 16 of the Arizona revised statutes, that must be reported to the Arizona secretary of state, the Arizona citizens clean elections commission, or local filing officer in Arizona. A contribution or expenditure that must be reported to the federal election commission or to the election authority of any other state, but not to the Arizona secretary of state, the Arizona citizens clean elections commission or a local filing officer in Arizona, shall not be considered a reportable contribution or reportable expenditure.

ii. For purposes of this provision, "total spending" shall not include volunteer time or fundraising and administrative expenses but shall include all other spending by the organization.

iii. For purposes of this provision, grants to other organizations shall be treated as follows:
   (1) A grant made to a political committee or an organization organized under section 527 of the internal revenue code shall be counted in total spending and as a reportable contribution or reportable expenditure, unless expressly designated for use outside Arizona or for federal elections, in which case such spending shall be counted in total spending but not as a reportable contribution or reportable expenditure.
   (2) If the entity making a grant takes reasonable steps to ensure that the transferee does not use such funds to make a reportable contribution or reportable expenditure, such a grant shall be counted in total spending but not as a reportable contribution or reportable expenditure.

iv. If the entity making a grant earmarks the grant for reportable contributions or reportable expenditures, knows the grant will be used to make reportable contributions or reportable expenditures, knows that a recipient will likely use a portion of the grant to make reportable contributions or reportable expenditures, or responds to a solicitation for reportable contributions or reportable expenditures, the grant shall be counted in total spending and the relevant portion of the grant as set forth in subsection (v) of this Section shall count as a reportable contribution or reportable expenditure.

v. Notwithstanding subsections (iii) and (iv) the amount of a grant counted as a reportable contribution or reportable expenditure shall be limited to the lesser of the grant or the following:
   (1) The amount that the recipient organization spends on reportable contributions and reportable expenditures, plus
   (2) The amount that the recipient organization gives to third parties but not more than the amount that such third parties fund reportable contributions or reportable expenditures.

b. Notwithstanding subsection (4)(a) above, the commission may nonetheless determine that an entity is not a political committee if, taking into account all the facts and circumstances of grants made by an entity, it is not persuaded that the preponderance of the evidence establishes that the entity is a political committee as defined in title 16 of Arizona Revised Statutes.

Historical Note

New Section adopted by exempt rulemaking at 6 A.A.R. 1567, effective June 21, 2000 (Supp. 00-2). Section repealed; new Section made by exempt rulemaking at 8 A.A.R. 588, effective October 17, 2001 (Supp. 02-1). Amended by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by exempt rulemaking at 13 A.A.R. 3597, effective January 1, 2008 (Supp. 07-4). Amended by exempt rulemaking at 15 A.A.R. 1156, effective August 31, 2009 (Supp. 09-2). Amended by exempt rulemaking at 16 A.A.R. 152, effective January 29, 2010 (Supp. 10-1). Subsections R2-20-109(A), (A)(4), and (B) through (E) amended by exempt rulemaking at 19 A.A.R. 2923, effective October 6, 2011; Subsections R2-20-109(A) and (C)(2) amended by exempt rulemaking at 19 A.A.R. 2923, effective August 29, 2013; Subsection R2-20-109(C)(3) amended by exempt rulemaking at 19 A.A.R. 2923, effective January 1, 204 (Supp. 13-3). Amended by exempt rulemaking at 19 A.A.R. 3519, effective September 27, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1329, effective May 22, 2014 (Supp. 14-2). Amended by exempt rulemaking at 20 A.A.R. 2804, effective September 11, 2014 (Supp. 14-3). Subsection R2-20-109(D) amended by final exempt rulemaking at 21 A.A.R. 3168 effective October 29, 2015; subsection R2-20-109(F) amended by final exempt rulemaking at 21 A.A.R. 3168 effective October 30, 2015 (Supp. 15-4). Amended by exempt rulemaking at 22 A.A.R. 2892, effective January 1, 2017 (Supp. 16-3). Amended by final exempt rulemaking at 23 A.A.R. 121, effective January 1, 2017 (Supp. 16-4). Section retained at the request of the Commission at 23 A.A.R. 1761 (Supp. 17-2, version 2). The Commission adopted and unanimously voted to reenact and republish this Section that was "currently in effect" for the purpose of public notice and clarity at 24 A.A.R. 109, effective December 14, 2017 (Supp. 17-4). Amended by final rulemaking at 27 A.A.R. 1568, with an immediate effective date of September 14, 2021 (Supp. 21-3).

R2-20-110. Participating Candidate Reporting Requirements

A. All participating candidates shall file campaign finance reports that include all receipts and disbursements for their current campaign account as follows:

1. Expenditures for consulting, advising, or other such services to a candidate shall include a detailed description of what is included in the service, including an allocation of

services to a particular election. When appropriate, the Commission may treat such expenditures as though made during the general election period.

2. If a participating candidate makes an expenditure on behalf of the campaign using personal funds, the candidate's campaign shall reimburse the candidate within seven calendar days of the expenditure. After the 7 day period has passed, the expenditure shall be deemed an in-kind contribution subject to all applicable limits.
3. A candidate may authorize an agent to purchase goods or services on behalf of such candidate, provided that:
   a. Expenditures shall be reported as of the date that the agent promises, agrees, contracts or otherwise incurs an obligation to pay for the goods or services;
   b. The candidate shall have sufficient funds in the candidate's campaign account to pay for the amount of such expenditure at the time it is made and all other outstanding obligations of the candidate's campaign committee; and
   c. Within seven calendar days of the date upon which the amount of the expenditure is known, the candidate shall pay such amount from the candidate's campaign account to the agent who purchases the goods or services.
4. A joint expenditure is made when two or more candidates agree to share the cost of goods or services. Candidates may make a joint expenditure on behalf of one or more other campaigns, but must be authorized in advance by the other candidates involved in the expenditure, and must be reimbursed within seven days. Participating candidates may participate in joint expenditures for the cost of goods and services with one or more candidates, subject to the following:
   a. Joint expenditures must be allocated fairly among candidates. An allocated share of a joint expenditure paid by one candidate pursuant to such an agreement must be reimbursed within seven days.
   b. Any violator of part (a) shall be liable for a penalty pursuant to R2-20-222, in addition to penalties prescribed by any other law.
   c. If a fairly allocated share of any joint expenditure is not reimbursed to a candidate, the unreimbursed amount of the joint expenditure fairly allocated to that candidate shall be deemed a contribution to that candidate by the campaign committee of the candidate obligated to reimburse the share.
   d. If a fairly allocated share of any joint expenditure is not reimbursed to a participating candidate, the candidate obligated to reimburse the share shall reimburse the fund for the unreimbursed amount of the joint expenditure fairly allocated to the obligated candidate, in addition to any penalty specified by law.
   e. A candidate's payment for an advertisement, literature, material, campaign event or other activity shall be considered a joint expenditure including, but not limited to, the following criteria:
      i. The activity includes express advocacy of the election or defeat of more than 2 candidates;
      ii. The purpose of the material or activity is to promote or facilitate the election of a second candidate;
      iii. The use and prominence of a second candidate or his or her name or likeness in the material or activity;
      iv. The material or activity includes an expression by a second candidate of his or her view on issues brought up during the election campaign;
      v. The timing of the material or activity in relation to the election of a second candidate;
      vi. The distribution of the material or the activity is targeted to a second candidate's electorate; or
      vii. The amount of control a second candidate has over the material or activity.
   5. For the purposes of the Act and Commission rules, a candidate or campaign shall be deemed to have made an expenditure as of the date upon which the candidate or campaign promises, agrees, contracts or otherwise incurs an obligation to pay for goods or services.

B. Timing of reporting expenditures.

1. Except as set forth in subsection (A)(2) above, a participating candidate shall report a contract, promise or agreement to make an expenditure resulting in an extension of credit as an expenditure, in an amount equal to the full future payment obligation, as of the date the contract, promise or agreement is made.
2. In the alternative to reporting in accordance with subsection (A)(1) above, a participating candidate may report a contract, promise or agreement to make an expenditure resulting in an extension of credit as follows:
   a. For a month-to-month or other such periodic contract or agreement that is terminable by a candidate at will and without any termination penalty or payment, the candidate may report an expenditure, in an amount equal to each future periodic payment, as of the date upon which the candidate's right to terminate the contract or agreement and avoid such future periodic payment elapses.
   b. For a contract, promise or agreement to provide goods or services during the general election period that is contingent upon a candidate advancing to the general election period, the candidate may report an expenditure, in an amount equal to the general election period payment obligation, as of the date upon which such contingency is satisfied.
   c. For a contract, promise or agreement to pay rent, utility charges or salaries payable to individuals employed by a candidate's campaign committee as staff, the candidate may report an expenditure, in an amount equal to each periodic payment, as of the date that is the sooner of (i) the date upon which payment is made; or (ii) the date upon which payment is due.

C. Reports and Refunds of Excess Monies by Participating Candidates.

1. In addition to any campaign finance report required by Chapter 6 of Title 16, Arizona Revised Statutes, participating candidates shall file the following campaign finance reports and dispose of excess monies as follows:
   a. Prior to filing the application for funding pursuant to A.R.S. § 16-950, participating candidates shall file a campaign finance report with the names of the persons who have made qualifying contributions to the candidate.
   b. At the end of the qualifying period, a participating candidate shall file a campaign finance report con-

sisting of all early contributions received, including personal monies and the expenditures of such monies.

i. The campaign finance report shall be filed with the Secretary of State no later than five days after the last day of the qualifying period and shall include all campaign activity through the last day of the qualifying period.

ii. If the campaign finance report shows any amount of unspent monies, the participating candidate, within five days after filing the campaign finance report, shall remit all unspent contributions to the Fund, pursuant to A.R.S. § 16-945(B). Any unspent personal monies shall be returned to the candidate or the candidates' family member within five days.

2. Each participating candidate shall file a campaign finance report consisting of all expenditures made in connection with an election, all contributions received in the election cycle in which such election occurs, and all payments made to the Clean Elections Fund. If the campaign finance report shows any amount unspent, the participating candidate, within five days after filing the campaign finance report, shall send a check from the candidate's campaign account to the Commission in the amount of all unspent monies to be deposited in the Fund.

a. The campaign finance report for the primary election shall be filed within five days after the primary election day and shall reflect all activity through the primary election day.

b. The campaign finance report for the general election shall be filed within five days after the general election day and shall reflect all activity through the general election day.

3. In the event that a participating candidate purchases goods or services from a subcontractor or other vendor through an agent pursuant to subsection (A)(3), the candidate's campaign finance report shall include the same detail as required in A.R.S. § 16-948(C) for each such subcontractor or other vendor. Such detail is also required when petty cash funds are used for such expenditures.

Historical Note

New Section adopted by exempt rulemaking at 6 A.A.R. 1567, effective June 21, 2000 (Supp. 00-2). Section repealed; new Section made by exempt rulemaking at 8 A.A.R. 588, effective October 17, 2001 (Supp. 02-1). Amended by exempt rulemaking at 19 A.A.R. 1693, effective May 23, 2013 (Supp. 13-2). Amended by final exempt rulemaking at 21 A.A.R. 1629, effective July 23, 2015 (Supp. 15-3). Section R2-20-110 renumbered to Section R2-20-114; new Section R2-20-110 made by exempt rulemaking at 22 A.A.R. 2897, effective January 1, 2017 (Supp. 16-3). Amended by final exempt rulemaking at 23 A.A.R. 124, effective January 1, 2017 (Supp. 16-4).

Revised Editor's Note: The Office will not interpret the legality of any actions made by the Commission or the Governor's Regulatory Review Council as to whether the rules in R2-20-109 and R2-20-111 were effective at 23 A.A.R. 1761 or expired at 23 A.A.R. 1757 between the dates of June 7, and December 14, 2017. Those interested in that issue should consult counsel.

R2-20-111. Non-participating Candidate Reporting Requirements and Contribution Limits

A. Any person may file a complaint with the Commission alleging that any non-participating candidate or that candidate's campaign committee has failed to comply with or violated A.R.S. § 16-941(B). Complaints shall be processed as prescribed in Article 2 of these rules. In addition to those penalties outlined in R2-20-222(B), a non-participating candidate or candidate's campaign committee violating A.R.S. § 16-941(B) shall be subject to penalties prescribed in A.R.S. § 16-941(B) and A.R.S. § 16-942(B) and (C) as applicable:

B. Penalties under A.R.S. § 16-942(B):

1. For an election involving a candidate for statewide office, the civil penalty shall be $300 per day.
2. For an election involving a legislative candidate, the civil penalty shall be $100 per day.
3. The penalties in (B)(1) and (B)(2) shall be doubled if the amount not reported for a particular election cycle exceeds ten percent (10%) of the applicable one of the adjusted primary election spending limit or adjusted general election spending limit.
4. The dollar amounts in items (B)(1) and (B)(2), and the spending limits in item (B)(3) are subject to adjustment of A.R.S. § 16-959.

C. Penalties under A.R.S. § 16-942(C): Where a campaign finance report filed by a non-participating candidate or that candidate's campaign committee indicates a violation of A.R.S. § 16-941(B) that involves an amount in excess of ten percent (10%) of the sum of the adjusted primary election spending limit and the adjusted general election spending limits specified by A.R.S. § 16-961(G) and (H) as adjusted pursuant to A.R.S. § 16-959, that violation shall result in disqualification of a candidate or forfeiture of office.

D. Penalties under A.R.S. § 16-941(B): Regardless of whether or not there is a violation of a reporting requirement, a person who violates A.R.S. § 16-941(B) is subject to a civil penalty of three times the amount of money that has been received, expended, or promised in violation of A.R.S. § 16-941(B) or three times the value in money for an equivalent of money or other things of value that have been received, expended, or promised in violation of A.R.S. § 16-941(B).

E. The twenty percent reduction in A.R.S. § 16-941(B) applies to all campaign contributions limits on contributions that are permitted to be accepted by nonparticipating candidates.

F. Contribution limits as adjusted by A.R.S. § 16-931 shall be the base level contribution limits subject to reduction pursuant to A.R.S. § 16-941(B).

Historical Note

New Section adopted by exempt rulemaking at 6 A.A.R. 1567, effective June 21, 2000 (Supp. 00-2). Section repealed; new Section made by exempt rulemaking at 8 A.A.R. 588, effective October 17, 2001 (Supp. 02-1). Amended by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by exempt rulemaking at 13 A.A.R. 2434, effective August 27, 2007 (Supp. 07-2). Amended by exempt rulemaking at 13 A.A.R. 3597, effective January 1, 2008 (Supp. 07-4). Amended by exempt rulemaking at 15 A.A.R. 1156, effective August 31, 2009 (Supp. 09-2). Amended by final exempt rulemaking at 21 A.A.R. 1631, effective July 23, 2015 (Supp. 15-3). Section R2-20-111 renumbered to R2-20-115 at 22 A.A.R. 2904; new Section R2-20-111 made by exempt rulemaking at 22 A.A.R. 2899 effective January 1, 2017 (Supp. 16-3). Amended by final exempt rulemaking at 23 A.A.R. 126, effective January 1, 2017 (Supp. 16-4). Section retained at the request of the

Commission at 23 A.A.R. 1761 (Supp. 17-2, version 2). The Commission unanimously adopted and voted to reenact and republish this Section that was "currently in effect" for the purpose of public notice and clarity, with amendments at 24 A.A.R. 111, effective December 14, 2017 (Supp. 17-4).

R2-20-112. Political Party Exceptions

The provisions of A.R.S. § 16-911(B)(4) shall apply to a candidate, whether participating or nonparticipating, who becomes a nominee as defined in A.R.S. § 16-901(38).

Historical Note

New Section adopted by exempt rulemaking at 6 A.A.R. 1567, effective June 21, 2000 (Supp. 00-2). Section repealed; new Section made by exempt rulemaking at 8 A.A.R. 588, effective October 17, 2001 (Supp. 02-1). Section repealed by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). New Section made by exempt rulemaking at 13 A.A.R. 3597, effective January 1, 2008 (Supp. 07-4). Amended by exempt rulemaking at 15 A.A.R. 1423, effective October 22, 2009 (Supp. 09-3). Amended by final exempt rulemaking at 23 A.A.R. 128, effective January 1, 2017 (Supp. 16-4).

R2-20-113. Candidate Statement Pamphlet

A. The Commission shall publish a candidate statement pamphlet in both the primary and general elections as required by A.R.S. § 16-956(A)(1). Commission staff shall send invitations for submission of a 200 word statement, 100 word biography, and headshot photograph to candidates identified in A.R.S. § 16-956(A)(1) who have qualified for the ballot. Statements submitted for the primary candidate statement pamphlet shall be used for the general candidate statement pamphlet unless otherwise stated by the candidate.

B. The following candidates will not be invited to submit a statement for the candidate statement pamphlet:

1. In the primary election: write-in candidates for the primary election, independent candidates, no party affiliation or unrecognized party candidates.
2. In the general election: write in candidates.

Historical Note

New Section adopted by exempt rulemaking at 6 A.A.R. 1567, effective June 21, 2000 (Supp. 00-2). Section repealed by exempt rulemaking at 8 A.A.R. 588, effective October 17, 2001 (Supp. 02-1). New Section made by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by exempt rulemaking at 13 A.A.R. 2434, effective August 27, 2007 (Supp. 07-2). Amended by exempt rulemaking at 13 A.A.R. 3597, effective January 1, 2008 (Supp. 07-4). Amended by exempt rulemaking at 15 A.A.R. 1156, effective August 31, 2009 (Supp. 09-2). Amended by exempt rulemaking at 15 A.A.R. 1423, effective October 22, 2009 (Supp. 09-3). Amended by exempt rulemaking at 15 A.A.R. 1567, effective September 2, 2009 (Supp. 09-3). Amended by exempt rulemaking at 16 A.A.R. 1200, effective January 8, 2010 (Supp. 10-2). Repealed by exempt rulemaking at 19 A.A.R. 1694, effective October 6, 2011 (Supp. 13-2). New Section made by final exempt rulemaking at 21 A.A.R. 1633, effective July 23, 2015 (Supp. 15-3). Amended by final rulemaking at 25 A.A.R. 2118, effective July 29, 2019 (Supp. 19-3). Amended by final rulemaking at 26 A.A.R. 335, effective February 4, 2020; amendments made to subsection (A) were originally codified in Supp. 19-3 at 25 A.A.R. 2118 (Supp. 20-1). Amended by final rulemaking at 32 A.A.R. 1773 (August 7, 2026, Issue 32), with an immediate effective date of July 14, 2026 (Supp. 26-3).

R2-20-114. Candidate Campaign Bank Account

A. Each participating candidate shall designate a single campaign bank account for conducting campaign financial activity. During an election cycle, each participating candidate shall conduct all campaign financial activities through a single, current election campaign bank account and any petty cash accounts as are permitted by law.

B. A participating candidate may maintain a campaign bank account other than the current election campaign bank account described in subsection (A) if the other campaign bank account is for a campaign in a prior election cycle in which the candidate was not a participating candidate.

C. During the exploratory period, a candidate may receive debt-retirement contributions for a campaign during a prior election cycle if the funds are deposited in the bank account for that prior campaign. A candidate shall not deposit debt-retirement contributions into the current election campaign bank account.

Historical Note

New Section R2-20-114 renumbered from R2-20-110 by exempt rulemaking at 22 A.A.R. 2897 and 22 A.A.R. 2902, effective January 1, 2017 (Supp. 16-3).

R2-20-115. Books and Records Requirements

A. All candidates shall maintain, at a single location within the state, the books and records of financial transactions, and other information required by A.R.S. § 16-904.

B. All candidates shall ensure that the books and records of accounts and transactions of the candidate are recorded and preserved as follows:

1. The treasurer of a candidate's campaign committee is the custodian of the candidate's books and records of accounts and transactions, and shall keep a record of all of the following:
   a. All contributions or other monies received by or on behalf of the candidate.
   b. The identification of any individual or political committee that makes any contribution together with the date and amount of each contribution and the date of deposit into the candidate's campaign bank account.
   c. Cumulative totals contributed by each individual or political committee.
   d. The name and address of every person to whom any expenditure is made, and the date, amount and purpose or reason for the expenditure.
   e. All periodic bank statements or other statements for the candidate's campaign bank account.
   f. In the event that the campaign committee uses a petty cash account the candidate's campaign finance report shall include the same detail for each petty cash expenditure as required in A.R.S. § 16-948(C) for each vendor.
2. No expenditure may be made for or on behalf of a candidate without the authorization of the treasurer or his or her designated agent.
3. Unless specified by the contributor or contributors to the contrary, the treasurer shall record a contribution made by check, money order or other written instrument as a contribution by the person whose signature or name appears on the bottom of the instrument or who endorses the instrument before delivery to the candidate. If a contribu-

tion is made by more than one person in a single written instrument, the treasurer shall record the amount to be attributed to each contributor as specified.

4. All contributions other than in-kind contributions and qualifying contributions must be made by a check drawn on the account of the actual contributor or by a money order or a cashier's check containing the name of the actual contributor or must be evidenced by a written receipt with a copy of the receipt given to the contributor and a copy maintained in the records of the candidate.
5. The treasurer shall preserve all records set forth in subsection (B) and copies of all campaign finance reports required to be filed for three years after the filing of the campaign finance report covering the receipts and disbursements evidenced by the records.
6. If requested by the attorney general, the county, city or town attorney or the filing officer, the treasurer shall provide any of the records required to be kept pursuant to this Section.

C. Any request to inspect a candidate's records under A.R.S. § 16-958(F) shall be sent to the candidate, with a copy to the Commission, 10 or more days before the proposed date of the inspection. If the request is made within two weeks before the primary or general election, the request shall be delivered at least two days before the proposed date of inspection. Every request shall state with reasonable particularity the records sought.

1. The inspection shall occur at a location agreed upon by the candidate and the person making the request. If no agreement can be reached, the inspection shall occur at the Commission office. The inspection shall occur during the Commission's regular business hours and shall be limited to a two-hour time period.
2. The requesting party may obtain copies of records for a reasonable fee. The Commission shall not be responsible for making copies. The person in possession of the records shall produce copies within a reasonable time of the receipt of the copying request and fees.
3. The Commission will not permit public inspection of records if it determines that the inspection is for harassment purposes.
4. If a person who requests to inspect a candidate's records under A.R.S. § 16-958(F) is denied such a request, the requesting party may notify the Commission. The Commission may enforce the public inspection request by issuing a subpoena pursuant to A.R.S. § 16-956(B) for the production of any books, papers, records, or other items sought in the public inspection request. The subpoena shall order the candidate to produce:
   a. All papers, records, or other items sought in the public inspection request;
   b. No later than two business days after the date of the subpoena; and
   c. To the Commission's office during regular business hours.
5. Any person who believes that a candidate or a candidate's campaign committee has not complied with this Section may appeal to Superior Court.

Historical Note
New Section R2-20-115 renumbered from R2-20-111 by exempt rulemaking at 22 A.A.R. 2899 and 22 A.A.R. 2904, effective January 1, 2017 (Supp. 16-3).

ARTICLE 2. COMPLIANCE AND ENFORCEMENT PROCEDURES

R2-20-201. Scope
These rules provide procedures for processing possible violations of the Citizens Clean Elections Act.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-202. Initiation of Compliance Matters
Compliance matters may be initiated by a complaint or on the basis of information ascertained by the Commission in the normal course of carrying out its statutory responsibilities.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-203. Complaints
A. Any person who believes that a violation of any statute or rule over which the Commission has jurisdiction has occurred or is about to occur may file a complaint in writing to the Executive Director.

B. A complaint shall conform to the following:

1. Provide the full name and address of the complainant; and
2. Contents of the complaint shall be sworn to and signed in the presence of a notary public and shall be notarized.

C. All statements made in a complaint are subject to the statutes governing perjury. The complaint shall differentiate between statements based upon personal knowledge and statements based upon information and belief.

D. The complaint shall conform to the following provisions:

1. Clearly identify as a respondent each person or entity who is alleged to have committed a violation;
2. Statements which are not based upon personal knowledge shall be accompanied by an identification of the source of information which gives rise to the complainant's belief in the truth of such statements;
3. Contain a clear and concise recitation of the facts which describe a violation of a statute or rule over which the Commission has jurisdiction; and
4. Be accompanied by any documentation supporting the facts alleged if such documentation is known of, or available to, the complainant.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Amended by exempt rulemaking at 9 A.A.R. 3511, effective May 21, 2002 (Supp. 03-3). Amended by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4).

R2-20-204. Initial Complaint Processing; Notification
A. Upon receipt of a complaint, the Administrative Counsel shall review the complaint for substantial compliance with the technical requirements of R2-20-203, and, if it complies with those requirements, shall within five days after receipt notify each respondent that the complaint has been filed, advise each respondent of Commission compliance procedures, and provide each respondent a copy of the complaint.

B. If a complaint does not comply with the requirements of R2-20-203, the Administrative Counsel shall so notify the complainant and any person or entity identified therein as respon-

dent, within the five-day period specified in subsection (A), that no action should be taken on the basis of that complaint. A copy of the complaint shall be provided with the notification to each respondent.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Amended by final exempt rulemaking at 21 A.A.R. 1634, effective July 23, 2015 (Supp. 15-3).

R2-20-205. Opportunity for No Action on Complaint-generated Matters

A. A respondent shall be afforded an opportunity to demonstrate that no action should be taken on the basis of a complaint by submitting, within 5 days from receipt of a written copy of the complaint, a letter or memorandum setting forth reasons why the Commission should take no action.

B. The Commission shall not take any action, or make any finding, against a respondent other than action dismissing the complaint, unless it has considered such response or unless no such response has been served upon the Commission within the 5 day period specified in subsection A.

C. The respondent's response shall be sworn to and signed in the presence of a notary public and shall be notarized. The respondent's failure to respond in accordance with subsection A within 5 days of receiving the written copy of the complaint may be viewed as an admission to the allegations made in the complaint for purposes of the reason to believe finding pursuant to A.A.C. R2-20-206.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Amended by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by final exempt rulemaking at 21 A.A.R. 1636, effective July 23, 2015 (Supp. 15-3).

R2-20-206. Executive Director's Recommendation on Complaint-generated Matters

A. Following either the expiration of the 5 day period specified by A.A.C. R2-20-205 or the receipt of a response as specified by A.A.C. R2-20-205(A), whichever occurs first, the Executive Director:

1. May recommend to the Commission whether it should find reason to believe that a respondent has committed or is about to commit a violation of a statute or rule over which the Commission has jurisdiction;
2. May recommend that the Commission find that there is no reason to believe that a violation of a statute or rule over which the Commission has jurisdiction has been committed or is about to be committed, or that the Commission otherwise dismiss a complaint without regard to the provisions of A.A.C. R2-20-205(A); or
3. May close the complaint generated matter without a reason to believe recommendation from the Executive Director based upon Respondent complying with the statute or rule on which the complaint is founded and in such case shall notify the Commission.

B. Neither the complainant nor the respondent has the right to appeal the Executive Director's recommendation made pursuant to subsection (A) because the recommendation is not an appealable agency action.

C. If the complaint relates to a violation of A.R.S. § 16-941(B) by a non-participating candidate or that candidate's campaign committee, the Executive Director shall not proceed pursuant to R2-20-206(A) or R2-20-207(A), without first receiving Commission approval to initiate an inquiry.

D. The respondent shall not have the right to appeal the Commission's decision to authorize an inquiry pursuant to subsection (C) because the Commission's decision whether or not to authorize an inquiry is not an appealable agency action.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Amended by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by exempt rulemaking at 12 A.A.R. 758, effective February 15, 2006 (Supp. 06-1). Amended by exempt rulemaking at 20 A.A.R. 1332, effective May 22, 2014 (Supp. 14-2). Amended by final exempt rulemaking at 21 A.A.R. 1638, effective July 23, 2015 (Supp. 15-3).

R2-20-207. Internally Generated Matters; Referrals

A. On the basis of information ascertained by the Commission in the normal course of carrying out its statutory responsibilities, or on the basis of a referral from an agency of the state, the Executive Director may recommend in writing that the Commission find reason to believe that a person or entity has committed or is about to commit a violation of a statute or rule over which the Commission has jurisdiction.

B. If the Commission finds reason to believe that a violation of a statute or rule over which the Commission has jurisdiction has occurred or is about to occur, the Executive Director shall notify the respondent of the Commission's decision and shall include a copy of a staff report setting forth the legal basis and the alleged facts which support the Commission's action.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Amended by exempt rulemaking at 13 A.A.R. 3524, effective January 1, 2008 (Supp. 07-3).

R2-20-208. Complaint Processing; Notification

A. If the Commission, either after reviewing a complaint-generated recommendation as described in R2-20-206 and any response of a respondent submitted pursuant to R2-20-205, or after reviewing an internally-generated recommendation as described in R2-20-207, determines by an affirmative vote of at least three of its members that it has reason to believe that a respondent has violated a statute or rule over which the Commission has jurisdiction, the Commission shall notify such respondent of the Commission's finding, setting forth the sections of the statute or rule alleged to have been violated and the alleged factual basis supporting the finding. In accordance with A.R.S. § 16-957(A), the Commission shall serve on the respondent an order requiring compliance within 14 days. During that period, the respondent may provide any explanation to the Commission, comply with the order, or enter into a public administrative settlement with the Commission.

B. If the Commission finds no reason to believe that a violation of a statute or rule over which the Commission has jurisdiction has occurred, or otherwise terminates its proceedings, the Executive Director shall so notify both the complainant and respondent.

C. The complainant may bring an action in Superior Court in accordance with A.R.S. § 16-957(C) if the Commission finds there is no reason to believe a violation of a statute or rule over

which the Commission has jurisdiction has occurred or otherwise terminates its proceedings.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Amended by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by exempt rulemaking at 12 A.A.R. 758, effective February 15, 2006 (Supp. 06-1).

R2-20-209. Investigation

A. The Executive Director or any other person designated by the Executive Director shall conduct an investigation in any case in which the Commission finds reason to believe that a violation of a statute or rule over which the Commission has jurisdiction has occurred or is about to occur.

B. The investigation may include, but is not limited to, field investigations, audits, and other methods of information gathering.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Section amended by final rulemaking at 26 A.A.R. 111, with a immediate effective of December 12, 2019 (Supp. 19-4). Amended by final rulemaking at 26 A.A.R. 542, effective March 9, 2020; the amendments to subsections (A) and (B) were originally codified in Supp. 19-4 at 26 A.A.R. 1111 (Supp. 20-1).

R2-20-210. Written Questions Under Order

The Commission may issue an order requiring any person to submit sworn, written answers to written questions and may specify a date by which such answers must be submitted to the Commission.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Amended by exempt rulemaking at 9 A.A.R. 3511, effective May 21, 2002 (Supp. 03-3).

R2-20-211. Subpoenas and Subpoenas Duces Tecum; Depositions

A. The Commission may authorize its Executive Director or Assistant Attorney General to issue subpoenas requiring the attendance and testimony of any person by deposition and to issue subpoenas duces tecum for the production of documentary or other tangible evidence in connection with a deposition or otherwise.

B. If the Commission orders oral testimony to be taken by deposition or for documents to be produced, the subpoena shall so state and shall advise the deponent or person subpoenaed that all testimony will be under oath. The Commission may authorize its Executive Director to take a deposition and have the power to administer oaths.

C. The deponent shall have the opportunity to review and sign depositions taken pursuant to this rule.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Amended by exempt rulemaking at 13 A.A.R. 3524, effective January 1, 2008 (Supp. 07-3).

R2-20-212. Repealed

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Section repealed by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4).

R2-20-213. Motions to Quash or Modify a Subpoena

A. Any person to whom a subpoena is directed may, prior to the time specified therein for compliance, but in no event more than five days after the date of receipt of such subpoena, apply to the Commission to quash or modify such subpoena, accompanying such application with a brief statement of the reasons therefore.

B. The Commission may deny the application, quash the subpoena or modify the subpoena.

C. The person subpoenaed and the Executive Director may agree to change the date, time, or place of a deposition or for the production of documents without affecting the force and effect of the subpoena, but such agreements shall be confirmed in writing.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Amended by exempt rulemaking at 13 A.A.R. 3524, effective January 1, 2008 (Supp. 07-3).

R2-20-214. The Probable Cause to Believe Recommendation; Briefing Procedures

A. Upon completion of the investigation conducted pursuant to R2-20-209, the Executive Director shall prepare a brief setting forth his or her position on the factual and legal issues of the case and containing a recommendation on whether the Commission should find probable cause to believe that a violation of a statute or rule over which the Commission has jurisdiction has occurred or is about to occur.

B. The Executive Director shall notify each respondent of the recommendation and enclose a copy of his or her brief.

C. Within five days from receipt of the Executive Director's brief, the respondent may file a brief with the Commission setting forth the respondent's position on the factual and legal issues of the case.

D. After reviewing the respondent's brief, the Executive Director shall promptly advise the Commission in writing whether he or she intends to proceed with the recommendation or to withdraw the recommendation from Commission consideration.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Amended by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by exempt rulemaking at 12 A.A.R. 758, effective February 15, 2006 (Supp. 06-1).

R2-20-215. Probable Cause to Believe Finding

A. If the Commission, after having found reason to believe and after following the procedures set forth in R2-20-214, determines by an affirmative vote of at least three of its members that there is probable cause to believe that a respondent has violated a statute or rule over which the Commission has jurisdiction, the Commission shall authorize the Executive Director to so notify the respondent by an order, that states the nature of the violation, pursuant to A.R.S. § 16-957.

B. If the Commission finds no probable cause to believe that a violation of a statute or rule over which the Commission has jurisdiction has occurred or otherwise orders a termination of

Commission proceedings, it shall authorize the Executive Director to notify both respondent and complainant by letter that the proceeding has ended. The Executive Director's letter also will inform the parties that the Commission is not precluded from taking action on this matter in the future if evidence is discovered which may alter the decision of the Commission.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Amended by exempt rulemaking at 9 A.A.R. 3511, effective May 21, 2002 (Supp. 03-3). Amended by exempt rulemaking at 13 A.A.R. 3524, effective January 1, 2008 (Supp. 07-3).

R2-20-216. Conciliation

A. Upon a Commission finding of probable cause to believe that the respondent has violated a statute or rule over which the Commission has jurisdiction, the Executive Director shall attempt to settle the matter as authorized by A.R.S. § 16-957(A) by informal methods of administrative settlement or conciliation, and shall attempt to reach a tentative conciliation agreement with the respondent.

B. A conciliation agreement pursuant to subsection (A) of this Section is not binding upon either party unless and until it is signed by the respondent and by the Executive Director upon approval by the affirmative vote of at least three members of the Commission.

C. If a conciliation agreement is reached between the Commission and the respondent, the Executive Director shall send a copy of the signed agreement to both complainant and respondent.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Amended by exempt rulemaking at 9 A.A.R. 3511, effective May 21, 2002 (Supp. 03-3).

R2-20-217. Enforcement Proceedings

A. Upon a finding of probable cause that the alleged violator remains out of compliance, the Executive Director may recommend to the Commission that the Commission authorize the issuance of an order and assessment of civil penalties pursuant to A.R.S. § 16-957(B).

B. The Commission may, by an affirmative vote of at least three of its members, authorize the Executive Director to issue an order and assess civil penalties pursuant to A.R.S. § 16-957(B).

C. Subsections (A) and (B) of this rule shall not preclude the Commission, upon request of a respondent, from entering into a conciliation agreement pursuant to R2-20-216 even after the Commission authorizes the Executive Director to issue an order and assess civil penalties pursuant to subsection (B). Any conciliation agreement reached under this subsection is subject to the provisions of R2-20-216(B) and shall have the same force and effect as a conciliation agreement reached under R2-20-216(D).

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Amended by exempt rulemaking at 9 A.A.R. 3511, effective May 21, 2002 (Supp. 03-3). Amended by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by exempt rulemaking at 12 A.A.R. 758, effective February 15, 2006 (Supp. 06-1).

R2-20-218. Repealed

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Section repealed by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4).

R2-20-219. Repealed

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Section repealed by exempt rulemaking at 9 A.A.R. 3511, effective May 21, 2002 (Supp. 03-3).

R2-20-220. Ex Parte Communications

A. In order to avoid the possibility of prejudice, real or apparent, to the public interest in enforcement actions pending before the Commission pursuant to its compliance procedures, except to the extent required for the disposition of ex parte matters as required by law (for example, during the normal course of an investigation or a conciliation effort), no interested person outside the agency shall make or cause to be made to any Commissioner or any member of any Commission staff any ex parte communication relative to the factual or legal merits of any enforcement action, nor shall any Commissioner or member of the Commission's staff make or entertain any such ex parte communications.

B. This rule shall apply from the time a complaint is filed with the Commission or from the time that the Commission determines on the basis of information ascertained in the normal course of its statutory responsibilities that it has reason to believe that a violation of a statute or rule over which the Commission has jurisdiction has occurred or may occur, and remains in force until the Commission has finally concluded all action with respect to the matter in question.

C. Nothing in this Section shall be construed to prohibit contact between a respondent or respondent's attorney and any staff member or other authorized representative of the Commission or the Commission staff in the course of representing the Commission or the respondent with respect to an enforcement proceeding or civil action. No statement made by a Commission representative or staff member shall bind or estop the Commission.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Amended by final rulemaking at 29 A.A.R. 994 (May 5, 2023), effective June 17, 2023 (Supp. 23-2).

R2-20-221. Representation by Counsel; Notification

A. If a respondent wishes to be represented by counsel with regard to any matter pending before the Commission, respondent shall so advise the Commission by sending a letter of representation signed by the respondent, which letter shall state the following:

1. The name, address, and telephone number of the counsel; and
2. A statement authorizing such counsel to receive any and all notifications and other communications from the Commission on behalf of respondent.

B. Upon receipt of a letter of representation, the Commission shall have no contact with respondent except through the designated counsel unless authorized in writing by respondent. The Commission will send a copy of this letter to the respondent's attorney.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-222. Civil Penalties

A. If the Commission has reason to believe by a preponderance of the evidence that a participating candidate is not in compliance with the Act or Commission rules, then in addition to other penalties under law, the Commission may decertify a candidate, deny or suspend funding, order repayment of funds, or impose a penalty not to exceed $1,000 for a participating candidate for the legislature and 5,000 for a participating candidate for statewide office.

B. If the Commission has reason to believe by a preponderance of the evidence that a person other than a participating candidate is not in compliance with the Act or Commission rules, then in addition to other penalties under law, the Commission may impose a penalty not to exceed $1,000.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Amended by exempt rulemaking at 13 A.A.R. 3524, effective January 1, 2008 (Supp. 07-3). Amended by exempt rulemaking at 19 A.A.R. 1697, effective May 23, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3524, effective September 27, 2013 (Supp. 13-4).

R2-20-223. Notice of Appealable Agency Action

If the Commission makes a probable cause finding pursuant to R2-20-215 or decides to initiate an enforcement proceeding pursuant to R2-20-217, any person authorized to provide legal services on behalf of the Commission shall draft and serve notice of an appealable agency action pursuant to A.R.S. § 41-1092.03 and § 41-1092.04 on the respondent. The notice shall identify the following:

1. The statute or rule violated and specific facts constituting the violation;
2. A description of the respondent's right to request a hearing and to request an informal settlement conference; and
3. A description of what the respondent may do if the respondent wishes to remedy the situation without appealing the Commission's decision.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Amended by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by final exempt rulemaking at 21 A.A.R. 2921, effective July 1, 2011; filed in the Office October 27, 2015 (Supp. 15-4). Amended by final rulemaking at 29 A.A.R. 994 (May 5, 2023), effective June 17, 2023 (Supp. 23-2).

R2-20-224. Request for an Administrative Hearing

A. The respondent must be file a request for a hearing with the Commission within 30 days of receipt of the notice prescribed in R2-20-223.

B. If the respondent requests a hearing, the AAG shall notify the Office of Administrative Hearings (OAH) of the appeal and shall coordinate a hearing date with the Commission's AAG and Commission staff that may be called as witnesses and OAH. The hearing must be held within 60 days after the notice of appeal is filed with the Commission.

C. The AAG shall prepare and serve a notice of hearing on all parties to the appeal at least 30 days before the hearing date, unless and expedited hearing is requested and granted. The notice of hearing shall be drafted in accordance with A.R.S. § 41-1092.05(D).

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-225. Informal Settlement Conference

A. If the respondent requests an informal settlement conference, the informal settlement conference shall be held within 15 days after the Commission receives the request. A request for an informal settlement conference shall be in writing and must be filed with the Commission no later than 20 days before the hearing date. A person with the authority to act on behalf of the Commission must represent the Commission at the conference. The AAG shall attend the settlement conference, but shall not be the individual authorized to act on behalf of the Commission.

B. The Commission representative shall notify the appellant in writing that the statements, either written or oral, made by the appellant at the conference, including a written document, created or expressed solely for the purpose of settlement negotiations, are inadmissible in any subsequent administrative hearing. The parties participating in the settlement conference waive their right to object to the participation of the agency representative in the final administrative decision.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-226. Administrative Hearing

A. If the matter continues to a hearing, the hearing shall be held in accordance with A.R.S. § 41-1092.07. The Administrative Law Judge (ALJ) must issue a written recommended decision within 20 days after the hearing is concluded.

B. If the enforcement action occurs within six months of the primary or general election, the Commission will request an expedited review of the matter

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-227. Review of Administrative Decision by Commission

A. Within 30 days after the date OAH sends a copy of the ALJ's decision to the Commission, the Commission may review the ALJ's decision and accept, reject or modify the decision.

B. If the Commission declines to review the ALJ's decision, the Commission shall serve a copy of the decision on all parties. If the Commission modifies or rejects the decision, the Commission shall file with OAH and serve on all parties, a copy of the ALJ's decision with the rejection or modification and a written justification setting forth the reasons for the rejection or modification. If the Commission accepts, rejects or modifies the decision, the Commission's decision will be certified as final.

C. If the Commission does not accept, reject or modify the decision within 30 days after OAH sends the ALJ's decision to the Commission, the ALJ's decision will be certified as final.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-228. Judicial Review
A party may appeal a final administrative decision pursuant to A.R.S. § 12-901 et seq. (Judicial Review of Administrative Decisions). A party does not have the right to judicial review unless that party first exhausts its administrative remedies by going through the above steps. After a hearing has been held and a final administrative decision has been entered pursuant to § 41-1092.08, a party is not required to file a motion for rehearing or review of the decision in order to exhaust the party' s administrative remedies.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-229. Repealed

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Section repealed by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4).

R2-20-230. Repealed

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Section repealed by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4).

R2-20-231. Repealed

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Section repealed by exempt rulemaking at 12 A.A.R. 758, effective February 15, 2006 (Supp. 06-1).

ARTICLE 3. STANDARD OF CONDUCT FOR COMMISSIONERS AND EMPLOYEES

R2-20-301. Purpose and Applicability

A. The Commission is committed to implementing the Act in an honest, independent, and impartial fashion and to seeking to uphold public confidence in the integrity of the electoral system. To ensure public trust in the fairness and integrity of the Arizona elections process, all Commissioners and employees must observe the highest standards of conduct. This Article prescribes standards of ethical conduct for Commissioners and employees of the Commission relating to conflicts of interest arising from outside employment, private businesses, professional activities, political activities, and financial interests. The avoidance of misconduct and conflicts of interest on the part of the Commissioners and the employees through informed judgment is indispensable to the maintenance of these prescribed ethical standards. Attainment of these goals necessitates strict and absolute fairness and impartiality in the administration of the law.

B. This Article applies to all persons included within the terms "employee" and "Commissioner" of the Commission.

C. These Standards of Conduct shall be construed in accordance with any applicable laws, regulations, and agreements between the Commission and a labor organization.

D. Pursuant to A.R.S. § 16-955(I), for three years after a Commissioner completes his or her tenure, Commissioners shall not seek or hold any public office, serve as an officer of any political committee, or employ or be employed as a lobbyist.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-302. Definitions
The following terms apply in all Citizens Clean Elections Act matters:

1. "Commission" means the Citizens Clean Elections Commission of Arizona.
2. "Commissioner" means a voting member of the Commission, appointed pursuant to A.R.S. § 16-955.
3. "Conflict of interest" means a situation in which a Commissioner's or an employee's private interest is or appears to be inconsistent with the efficient and impartial conduct of his or her official duties and responsibilities.
4. "Employee" means an employee or staff member of the Commission.
5. "Former employee" means one who was, and is no longer, an employee of the Commission.
6. "Official responsibility" means the direct administrative or operating authority, whether intermediate or final, to approve, disapprove, or otherwise direct Commission action. Official responsibility may be exercised alone or with others and either personally or through subordinates.
7. "Outside employment" or "outside activity" means any work, service or other activity performed by a Commissioner or employee other than in the performance of the Commissioner's or employee's official employment duties. It includes such activities as writing and editing, publishing, teaching, lecturing, consulting, self-employment, and other services or work performed, with or without compensation.
8. "Person" means an individual, corporation, company, association, firm, partnership, society, joint stock company, political committee, or other group, organization, or institution.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-303. Notification to Commissioners and Employees
The Executive Director shall provide to each Commissioner and employee of the Commission, upon commencement of his or her term or employment and at least annually thereafter, a copy of this Article and such other information regarding standards of conduct as the Commission and/or applicable law may prescribe.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Amended by exempt rulemaking at 13 A.A.R. 3527, effective January 1, 2008 (Supp. 07-3).

R2-20-304. Interpretation and Advisory Service
Commissioners or employees seeking advice and guidance on questions of conflict of interest and on other matters covered by this Article shall consult with the Commission's Chair or Executive Director. The Commission's Chair or Executive Director shall be consulted prior to the undertaking of any action that might violate this Article governing the conduct of Commissioners or employees.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Amended by exempt rulemaking at 13 A.A.R. 3527, effective January 1, 2008 (Supp. 07-3).

R2-20-305. Reporting Suspected Violations

A. Persons who have information that causes them to believe that there has been a violation of a statute or a rule set forth in this Article or that a Commissioner should not participate in a Commission decision, shall report promptly, in writing, such information to the Commission's Chair or Executive Director.

B. When information made available to the Commission under subsection (A) indicates a conflict between the interests of a Commissioner or employee and the performance of his or her Commission duties, the Commissioner or employee shall be provided notice of the conflict issue and an opportunity to explain the conflict or appearance of conflict in writing. In the case of a Commissioner, the response shall be due five days from the issuance of the notice. The Commission's Chair or Executive Director may decline to require a response if the claim is clearly meritless and, in such event, no response is required. In such cases, the Commission's Chair or Executive Director shall state in writing why the claim is clearly meritless and provide the writing to the person who provided the information and the Commissioner.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Amended by final rulemaking at 29 A.A.R. 1549 (July 14, 2023), effective August 13, 2023 (Supp. 23-2).

R2-20-306. Disciplinary and Other Remedial Action

A. A violation of this Article by an employee or Commissioner may be cause for remedial action or, if the matter involves a Commission employee, disciplinary action, which may be in addition to any penalty or enforcement mechanism provided by law.

B. When the Commission's Executive Director determines that an employee may have or appears to have a conflict of interest, the Commission's Executive Director may question the employee in the matter and gather other information. The Commission's Executive Director and the employee's supervisor shall discuss with the employee possible ways of eliminating the conflict or appearance of conflict. If the Commission's Executive Director, after consultation with the employee's supervisor, concludes that remedial action should be taken, he or she shall refer a statement to the Commission containing his or her recommendation for such action. The Commission, after consideration of the employee's explanation and the results of any investigation, may direct appropriate remedial action as it deems necessary.

C. Remedial action pursuant to subsection (B) may include, but is not limited to:
1. Changes in assigned duties;
2. Divestment by the employee of his or her conflicting interest;
3. Disqualification for particular action; or
4. Disciplinary action.

D. When the matter involves a Commissioner, the Commission's Chair and Executive Director may conduct an appropriate investigation or gather relevant information for consideration by the Commission. After review of relevant information and a response from the Commissioner, the Commission's Chair and Executive Director shall ensure that the matter is made part of the agenda for a Commission meeting for discussion and possible action no later than the next regular Commission meeting, unless there is less than one week before that meeting, in which case, the matter shall be scheduled at the next subsequent meeting. The Commission's Chair may call for an interim meeting regarding the matter at the discretion of the Commission's Chair.

E. After consideration of the relevant information and a Commissioner's response at an open meeting, the Commission may vote on an action for proper remedial action. Remedial action may include, but is not limited to:
1. An expression of the majority opinion of the Commissioners about voluntary remedial action the Commissioner at issue should take to resolve the conflict issues and ensure the appropriate level of impartiality in Commission proceedings; or
2. Disqualification of the Commissioner from participation in discussion or votes on any matter for which the Commissioner has, in the determination of a majority of the other non-disqualified Commissioners, a disqualifying conflict.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Amended by final rulemaking at 29 A.A.R. 1549 (July 14, 2023), effective August 13, 2023 (Supp. 23-2).

R2-20-307. General Prohibited Conduct

A. A Commissioner or employee shall avoid any action whether or not specifically prohibited by this Section that might result in, or create the appearance of:
1. Using public office for unlawful private gain;
2. Giving favorable or unfavorable treatment to any person or organization due to any partisan or political consideration;
3. Impeding Commission efficiency or economy;
4. Losing impartiality.
5. Making a Commission decision without Commission approval; or
6. Adversely affecting the confidence of the public in the integrity of the Commission.

B. A Commissioner or employee of the Commission shall not solicit or accept, directly or indirectly, any gift, gratuity, favor, entertainment, loan, or any other thing of monetary value, from a person who:
1. Has, or is seeking to obtain, contractual or other business or financial relations with the Commission;
2. Conducts operations or activities that are regulated or examined by the Commission; or
3. Has an interest that may be substantially affected by the performance or nonperformance of the Commissioner or employee's official duty.

C. Subsection (B) of this Section shall not apply in the following circumstances:
1. When circumstances make it clear that obvious family or personal relationships, rather than the business of the persons concerned, are the motivating factors;
2. To the acceptance of food, refreshments, and accompanying entertainment of nominal value in the ordinary course of a social occasion or a luncheon or dinner meeting or other function where a Commissioner or an employee is properly in attendance;

3. To the acceptance of unsolicited advertising or promotional material or other items of nominal value such as pens, pencils, note pads, calendars; and
4. To the acceptance of loans from banks or other financial institutions on customary terms to finance proper and usual activities, such as home mortgage loans.

D. A Commissioner or an employee shall not solicit a contribution from another employee for a gift to an official superior, make a donation as a gift to an official superior, or accept a gift from an employee receiving less pay than himself or herself. However, this subsection does not prohibit a voluntary gift of nominal value or donation in a nominal amount made on a special occasion such as birthday, holiday, marriage, illness, or retirement.

E. This Section does not preclude a Commissioner or employee from receipt of reimbursement, unless prohibited by law, for expenses of travel and such other necessary subsistence as is compatible with this Article for which no state payment or reimbursement is made. However, this Section does not allow a Commissioner or employee to be reimbursed, or payment to be made on his or her behalf, for excessive personal living expenses, gifts, entertainment, or other personal benefits, nor does it allow a Commissioner or employee to be reimbursed by a person for travel on official business under Commission orders when reimbursement is prescribed by statute.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-308. Outside Employment or Activities

A. A Commissioner or employee shall not engage in outside employment that is incompatible with the full discharge of his or her duties as a Commissioner or employee.

B. Incompatible outside employment or other activities by Commissioners or employees include, but are not limited to:
1. Outside employment or other activities that involve illegal activities;
2. Outside employment or other activities that would give rise to a real or apparent conflict of interest situation even though no violation of a specific statutory provision was involved;
3. Acceptance of a fee, compensation, gift, payment of expense, or any other thing of monetary value in circumstances where acceptance may result in, or create the appearance of, a conflict of interest;
4. Outside employment or other activities that might bring discredit upon the state or Commission;
5. Outside employment or other activities that establish relationships or property interests that may result in a conflict between the Commissioner's or the employee's private interests and official duties;
6. Outside employment or other activities which would involve any contractor or subcontractor connected with any work performed for the Commission or would involve any person or organization in a position to gain advantage in its dealings with the state through the Commissioner's or employee's exercise of his or her official duties;
7. Outside employment or other activities that may be construed by the public to be the official acts of the Commission. In any permissible outside employment, care shall be taken to ensure that names and titles of Commissioners and employees are not used to give the impression that the activity is officially endorsed or approved by the Commission or is part of the Commission's activities;
8. Outside employment or other activities which would involve use by a Commissioner or employee of his or her official duty time; use of official facilities, including office space, machines, or supplies, at any time; or use of the services of other employees during their official duty hours;
9. Outside employment or other activities which impair the Commissioner's or employee's mental or physical capacities to perform Commission duties and responsibilities in an acceptable manner; or
10. Use of information obtained as a result of state employment that is not freely available to the general public or would not be made available upon request. However, written authorization for the use of any such information may be given when the Commission determines that such use would be in the public interest.

C. Commissioners and employees shall not receive any salary or anything of monetary value from a private source as compensation for the Commissioner's or employee's services to the state.

D. Commissioners and employees are encouraged to engage in teaching, lecturing, and writing that is not prohibited by law or this Article. However, Commissioners and employees shall not, either with or without compensation, engage in teaching or writing that is dependent on information obtained as a result of his or her Commission employment, except when that information has been made available to the public or will be made available on request, or when the Commission gives written authorization for the use of nonpublic information on the basis that the use is in the public interest.

E. This Section does not preclude a Commissioner or employee from participating in the activities of or acceptance of an award for meritorious public contribution or achievement given by a charitable, religious, professional, social, fraternal, nonprofit, educational, recreational, public service, or civic organization.

F. An employee who intends to engage in outside employment shall obtain the approval of the Executive Director. The request shall include the name of the person, group, or organization for whom the work is to be performed, the nature of the services to be rendered, the proposed hours of work, or approximate dates of employment, and the employee's certification as to whether the outside employment (including teaching, writing, or lecturing) will depend in any way on information obtained as a result of the employee's official position. The employee will receive, from the Executive Director, written notice of approval or disapproval of any written request. A record of the decision shall be placed in each employee's official personnel folder.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-309. Financial Interests

A. Commissioners and employees shall not engage in, directly or indirectly, a financial transaction as a result of, or primarily relying on, information obtained through the Commissioner's or employee's duties or employment.

B. Commissioners and employees shall not have a direct or indirect financial interest that conflicts substantially, or appears to conflict substantially, with the Commissioner's or employee's official duties and responsibilities, except in cases where the

Commissioner or employee makes full disclosure, and disqualifies himself or herself from participating in any decisions, approval, disapproval, recommendation, the rendering of advice, investigation, or in any proceeding of the Commission in which the financial interest is or appears to be affected. Full disclosure by a Commissioner or employee will require that individual to submit a written statement to the Executive Director or Chair disclosing the particular financial interest which conflicts substantially, or appears to conflict substantially, with the Commissioner's or employee's duties and responsibilities.

C. Commissioners and employees shall disqualify themselves from a proceeding in which the Commissioner's or employee's impartiality might reasonably be questioned, such as in a situation where the Commissioner or employee knows that he or she, or his or her family member, has an interest in the subject matter in controversy or is a party to the proceeding, or has any other interest that could be substantially affected by the outcome of the proceeding.

D. This Section does not preclude a Commissioner or employee from having a financial interest or engaging in financial transactions to the same extent as a private citizen not employed by the Commission, as long as the Commissioner's or employee's financial interest does not conflict with official Commission duties.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-310. Political and Organization Activity

A. Due to the Commission's role in the political process, the following restrictions on political activities are required:
1. Commissioners and employees shall not advocate for the election or defeat of a candidate, nor make contributions to a candidate, political party, or political committee subject to the jurisdiction of the Commission. Commissioners and employees, however, are not prohibited from signing candidate nomination petitions;
2. Commissioners and employees shall not provide volunteer or paid services for a candidate, political party, or political committee subject to the jurisdiction of the Commission; and
3. Commissioners and employees not shall display partisan buttons, badges, or other insignia on Commission premises.

B. Employees on leave, leave without pay, or on furlough or terminal leave, even though the employees' resignations have been accepted, are subject to the restrictions of this Section. A separated employee who has received a lump-sum payment for annual leave, however, is not subject to the restrictions during the period covered by the lump-sum payment or thereafter, provided he or she does not return to state employment during that period. An employee is not permitted to take a leave of absence to work with a political candidate, committee, or organization or become a candidate for office despite any understanding that he or she will resign his or her position if nominated or elected.

C. A Commissioner or employee is accountable for political activity by another person acting as his or her agent or under the Commissioner's or employee's direction or control if the Commissioner or employee is thus accomplishing what he or she may not lawfully do directly and openly.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-311. Membership in Associations

Commissioners or employees who are members of nongovernmental associations or organizations shall avoid activities on behalf of those associations or organizations that are incompatible with their official positions.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-312. Use of State Property

A Commissioner or employee shall not directly or indirectly use, or allow the use of, state property of any kind, including property leased to the state, for other than officially approved activities. Commissioners and employees have a positive duty to protect and conserve state property including equipment, supplies, and other property entrusted or issued to him or her.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

ARTICLE 4. AUDITS

R2-20-401. Purpose and Scope

This article prescribes procedures for conducting examinations and audits of participating candidates' campaign finances.

Historical Note
New Section made by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by exempt rulemaking at 19 A.A.R. 1699, effective October 6, 2011 (Supp. 13-2).

R2-20-402. General

The Commission may conduct an examination and audit of the receipts, disbursements, debts and obligations of each candidate. In addition, the Commission may conduct other examinations and audits as it deems necessary to carry out the provisions of the Act and regulations. Information obtained pursuant to any audit and examination may be used by the Commission as the basis, or partial basis, for its repayment determinations.

Historical Note
New Section made by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4).

R2-20-402.01. Audits of Participating Legislative Candidates

To ensure compliance with the Act and Commission rules, the Commission shall conduct audits of all participating legislative candidates after each election. Candidates who win their primary election will not be subject to an audit until after the general election. Audits shall include the review of campaign finance reports for the entire election cycle and related documentation in accordance with procedures established by the Commission. The Commission may hire independent accounting firms to carry out the audits.

Historical Note
New Section made by exempt rulemaking at 13 A.A.R. 3529, effective January 1, 2008 (Supp. 07-3). Amended by exempt rulemaking at 19 A.A.R. 1700, effective October 6, 2011 (Supp. 13-2). Amended by final exempt rulemaking at 21 A.A.R. 1640, effective July 23, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 130, effective December 15, 2016 (Supp. 16-4).

Amended by final exempt rulemaking at 23 A.A.R. 2944, effective September 28, 2017 (Supp. 17-4).

R2-20-402.02. Audits of Participating Statewide Candidates
All participating statewide candidates shall be audited after each primary election period and each general election period.

Historical Note
New Section made by final exempt rulemaking at 23 A.A.R. 131, effective December 15, 2016 (Supp. 16-4).

R2-20-403. Conduct of Fieldwork
A. The Commission will provide the candidate two days notice of the Commission's intention to commence fieldwork on the audit and examination. The Commission will conduct fieldwork at a site provided by the candidate. During or after fieldwork, the Commission may request additional or updated information, which expands the coverage dates of information previously provided. During or after fieldwork, the Commission may also request additional information that was created by or becomes available to the candidate that is of assistance in the Commission's audit. The candidate shall produce the additional or updated information no later than two days after service of the Commission's request.
B. On the date scheduled for the commencement of fieldwork, the candidate shall facilitate the examination or audit by making records available in one central location, such as the Commission's office space, or shall provide the Commission with office space and records. The candidate shall be present at the site of the fieldwork. The candidate shall be familiar with the candidate's records and shall be available to the Commission to answer questions and to aid in locating records.
C. If the candidate fails to provide adequate office space, personnel or records, the Commission may seek judicial intervention to enforce the request or assess other penalties.
D. If, in the course of the examination or audit process, a dispute arises over the documentation sought, the candidate may seek review by the Commission of the issues raised. To seek review, the candidate shall submit a written statement within five days after the disputed Commission request is made, describing the dispute and indicating the candidate's proposed alternatives.

Historical Note
New Section made by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4).

R2-20-404. Preliminary Audit Report
A. After the completion of fieldwork, the auditors may prepare a written preliminary audit report, which will be provided to the candidate after it is reviewed by the Executive Director. The preliminary audit report may include:
1. An evaluation of procedures and systems employed by the candidate to comply with applicable provisions of the Act and Commission rules,
2. The accuracy of statements and campaign finance reports filed with the Secretary of State by the candidate, and
3. Preliminary findings.

B. The candidate may submit in writing within 10 days after receipt of the preliminary audit report, legal and factual materials disputing or commenting on the proposed findings contained in the preliminary audit report. In addition, the candidate shall submit any additional documentation requested by the Commission.
C. If the preliminary audit report cannot be completed, the Commission shall notify the candidate in writing that the audit report will not be completed.

Historical Note
New Section made by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by exempt rulemaking at 16 A.A.R. 1200, effective February 28, 2008 (Supp. 10-2).

R2-20-405. Final Audit Report
A. Before voting on whether to approve and issue a final audit report, the Commission will consider any written legal and factual materials timely submitted by the candidate in accordance with R2-20-404. The Commission-approved final audit report may address issues other than those contained in the preliminary audit report.
B. The final audit report may identify issues that warrant referral for possible enforcement proceedings.
C. Addenda to the final audit report may be approved and issued by the Commission from time to time as circumstances warrant and as additional information becomes available. Such addenda may be based on follow-up fieldwork conducted, or information ascertained by the Commission in the normal course of carrying out its responsibilities. The procedures set forth in R2-20-404 and subsections (A) and (B) will be followed in preparing such addenda.

Historical Note
New Section made by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4).

R2-20-406. Release of Audit Report
A. The Commission will consider the final audit report specified in R2-20-405 in an open meeting. The Commission will provide the candidate with copies of the final audit report to be considered in an open meeting 24 hours prior to the public meeting.
B. Following Commission approval of the final audit report, the report will be forwarded to the candidate within five days after the public meeting.

Historical Note
New Section made by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4).

ARTICLE 5. RULEMAKING

R2-20-501. Purpose and Scope
This Article prescribes the procedures for the submission, consideration, and disposition of rulemaking petitions filed with the Commission, establishes the conditions under which the Commission may identify and respond to petitions for rulemaking, and informs the public of the procedures the agency follows in response to such petitions.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-502. Procedural Requirements
A. Any interested person may file with the Commission a written petition for the issuance, amendment, or repeal of an administrative rule implementing any of the Citizens Clean Elections Act.
B. The petition shall:
1. Include the name and address of the petitioner or agent. An authorized agent of the petitioner may submit the petition, but the agent shall disclose the identity of his or her principal;
2. Identify itself as a petition for the issuance, amendment, or repeal of a rule;

3. Identify the specific Section of the regulations to be affected;
4. Set forth the factual and legal grounds on which the petitioner relies, in support of the proposed action; and
5. Be addressed and submitted to the Commission.

C. The petition may include draft regulatory language that would effectuate the petitioner's proposal.

D. The Commission may, in its discretion, treat a document that fails to conform to the format requirements of subsection (B) of this Section as a basis for rulemaking addressing issues raised in a petition.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-503. Processing of Petitions

A. Within 10 days of receiving a petition, the Commission shall send a letter to the petitioner acknowledging the receipt of the petition and informing the petitioner that the Commission will review and decide whether to deny or accept the petition. To assist in determining whether a rulemaking proceeding should be initiated, the Commission may publish a Notice of Availability on the Commission web site or otherwise post notice, stating that the petition is available for public inspection in the Commission's Office and that statements in support of or in opposition to the petition may be filed within a stated period after publication of the Notice of Availability.

B. If the Commission decides a public hearing on the petition would help determine whether to commence a rulemaking proceeding, it will publish an appropriate notice of the hearing on the Commission web site or otherwise post notice, to notify interested persons and to invite their participation in the hearing.

C. The Commission will consider all comments regarding whether rulemaking proceedings should be initiated.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-504. Disposition of Petitions

A. After considering the comments and any other information relevant to the subject matter of the petition, the Commission will decide whether to initiate rulemaking based on the filed petition.

B. If the Commission decides to initiate rulemaking proceedings, it shall file a Notice of Proposed Rulemaking and the proposed rule, in the format prescribed in A.R.S. § 41-1022, with the Secretary of State's office for publication in the Arizona Administrative Register. After the Commission approves the proposed rule, the Commission will accept public comments on the proposed rule for 60 days. After consideration of the comments received in the 60-day comment period, the Commission may adopt the rule in open meeting.

C. If the Commission decides not to initiate rulemaking, it will give notice of this action by publishing a Notice of Disposition on the Commission web site, or otherwise post notice, and by sending a letter to the petitioner. The Notice of Disposition will include a brief statement of the grounds for the Commission's decision.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-505. Commission Considerations

The Commission's decision on the petition for rulemaking may include, but will not be limited to, the following considerations:

1. The Commission's statutory authority;
2. Policy considerations;
3. The desirability of proceeding on a case-by-case basis;
4. The necessity or desirability of statutory revision;
5. Available agency resources; and
6. Substantive policy statements.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-506. Administrative Record

A. The Commission record for the petition process consists of the following:

1. The petition, including all attachments on which it relies, filed by the petitioner;
2. Written comments on the petition that have been circulated to and considered by the Commission, including attachments submitted as a part of the comments;
3. Agenda documents, in the form they are circulated to and considered by the Commission in the course of the petition process;
4. All notices published on the Commission web site and in the Arizona Administrative Register, including the Notice of Availability and Notice of Disposition;
5. The transcripts or audiotapes of any public hearing on the petition;
6. All correspondence between the Commission and the petitioner, other commentators and state agencies pertaining to Commission consideration of the petition; and
7. The Commission's decision on the petition, including all documents identified or filed by the Commission as part of the record relied on in reaching its final decision.

B. The administrative record specified in subsection (A) of this Section is the exclusive record for the Commission's decision.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

ARTICLE 6. EX PARTE COMMUNICATIONS

R2-20-601. Purpose and Scope

This Article prescribes procedures for handling ex parte communications made regarding Commission audits, investigations, and litigation. Rules governing such communications made in connection with Commission enforcement actions are found at R2-20-220.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-602. Definitions

A. "Ex parte communication" means any written or oral communication, by any person outside the agency to any Commissioner or any employee, which imparts information or argument regarding prospective Commission action or potential action concerning:

1. Any ongoing audit;
2. Any pending investigation; or
3. Any litigation matter.

B. "Ex parte communication" does not include the following communications:

1. Public statements by any person in a public forum; or

2. Statements or inquiries by any person limited to the procedural status of an open proceeding involving a Commission audit, investigation, or litigation matter.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-603. Audits, Investigations, and Litigation

A. In order to avoid the possibility of prejudice, real or apparent, in Commission decision making, no person outside the Commission shall make, or cause to be made, to any Commissioner or employee, any ex parte communication regarding any audit undertaken by the Commission or any pending or prospective Commission decision regarding any investigation or litigation, including whether to initiate, settle, appeal, or any other decision concerning an investigation or litigation matter.

B. A Commissioner or employee who receives an oral ex parte communication concerning any matters addressed in subsection (A) of this Section shall attempt to prevent the communication. If unsuccessful in preventing the communication, the Commissioner or employee shall advise the person making the communication that he or she will not consider the communication and shall, as soon after the communication as is reasonably possible, but no later than three business days after the communication, or prior to the next Commission discussion of the matter, whichever is earlier, prepare a statement setting forth the substance and circumstances of the communication, and deliver the statement to the Executive Director for placement in the applicable case file.

C. A Commissioner or employee who receives a written ex parte communication concerning any matters addressed in subsection (A) of this Section shall, as soon after the communication as is reasonably possible but no later than three business days after the communication, or prior to the next Commission discussion of the matter, whichever is earlier, deliver a copy of the communication to the Executive Director for placement in the applicable case file.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-604. Sanctions

Any person who becomes aware of a possible violation of this Article shall notify the Executive Director in writing of the facts and circumstances of the alleged violation. The Executive Director shall recommend to the Commission the appropriate action to be taken. The Commission shall determine the appropriate action by at least three votes.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

ARTICLE 7. USE OF FUNDS AND REPAYMENT

R2-20-701. Purpose and Scope

Notwithstanding any other provision of the rules to the contrary, a participating candidate shall not make any payment to a private organization that is exempt under section 501(a) of the internal revenue code and that is eligible to engage in activities to influence the outcome of a candidate election, nor make any payment directly or indirectly to a political party; and subject to the foregoing, may spend clean elections monies only for reasonable and necessary expenses that are directly related to the campaign of that participating candidate.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Amended by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by final rulemaking at 26 A.A.R. 886, with an immediate effective date of February 27, 2020; the same amendments were filed and codified by final rulemaking at 26 A.A.R. 1259, with an immediate effective date of June 4, 2020 (Supp. 20-2).

R2-20-702. Use of Campaign Funds

A. A participating candidate shall use funds in the candidate's current campaign account to pay for goods and services for direct campaign purposes only. Funds shall be disbursed and reported in accordance with A.R.S. § 16-948(C).

B. Participating candidates may purchase fixed assets with a value not to exceed $800. Fixed assets, including accessories, purchased with campaign funds that can be used for non-campaign purposes with a value of $200 or more shall be turned into the Commission no later than 14 days after the primary election or the general election if the candidate was successful in the primary. For purposes of determining whether a fixed asset is valued at $200 or more, the value shall include any accessories purchased for use with the fixed asset in question. A candidate may elect to keep an item by reimbursing the Commission for 80 percent of the original purchase price including the cost of accessories.

C. During the primary election period, a participating candidate shall not make any expenditure greater than the difference between:
1. The sum of early contributions received plus public funds disbursed through the primary election period; less
2. All other expenditures made during and for the exploratory, qualifying and primary election periods.

D. During the general election period, a participating candidate shall not make any expenditure greater than the difference between:
1. The amount of public funds disbursed during and for the general election period; less
2. All other expenditures made during and for the general election period.

E. Transportation expenses.
1. Except as otherwise provided in this subsection (D), the costs of transportation relating to the election of a participating statewide or legislative office candidate shall not be considered a direct campaign expense and shall not be reported by the candidate as expenditures or as in-kind contributions.
2. If a participating candidate travels for campaign purposes in a privately owned automobile, the candidate may:
   a. Use campaign funds to reimburse the owner of the automobile at a rate not to exceed the state mileage reimbursement rate in which event the reimbursement shall be considered a direct campaign expense and shall be reported as an expenditure and reported in the reporting period in which the expenditure was incurred. If a candidate chooses to use campaign funds to reimburse, the candidate shall keep an itinerary of the trip, including name and type of event or events attended, miles traveled and the rate at which the reimbursement was made. This subsection applies to candidate owned automobiles in addition to any other automobile.

b. Use campaign funds to pay for direct fuel purchases for the candidate's automobile only and shall be reported. If a candidate chooses to use campaign funds for direct fuel purchases, the candidate shall keep an itinerary of the trip, including name and type of event or events attended, miles traveled and the rate at which the reimbursement could have been made.

3. Use of airplanes.
   a. If a participating candidate travels for campaign purposes in a privately owned airplane, within seven days from the date of travel, the candidate shall use campaign funds to reimburse the owner of the airplane at a rate of $150 per hour of flying time, in which event the reimbursement shall be considered a direct campaign expense and shall be reported as an expenditure. If the owner of the airplane is unwilling or unable to accept reimbursement, the participating candidate shall remit to the fund an amount equal to $150 per hour of flying time.
   b. If a participating candidate travels for campaign purposes in a state-owned airplane, within seven days from the date of travel, the candidate shall use campaign funds to reimburse the state for the portion allocable to the campaign in accordance with subsection (3)(a). The portion of the trip attributable to state business shall not be reimbursed. If payment to the State is not possible, the payment shall be remitted to the Clean Elections Fund.
4. If a participating candidate rents a vehicle or purchases a ticket or fare on a commercial carrier for campaign purposes, the actual costs of such rental (including fuel costs), ticket or fare shall be considered a direct campaign expense and shall be reported as an expenditure.

F. A participating candidate shall not use funds in the candidate's campaign account for:

1. Costs of legal defense in any campaign law enforcement proceeding or for any affirmative claim or litigation in court or before the Commission regarding a campaign. This prohibition does not bar use of campaign funds for payments to attorneys or certified accountants for proactive compliance advice and assistance.
2. Food and beverages for staff and volunteers exceeding $11 for breakfast, $16 for lunch, and $27 for dinner, per person.
3. Personal use, which includes, but is not limited to, any item listed below:
   a. Household food items or supplies.
   b. Clothing, other than items of de minimis value used in the campaign, such as campaign t-shirts or caps with campaign slogans.
   c. Tuition payments, other than those associated with training campaign staff.
   d. Mortgage, loan, rent, lease, or utility payments:
      i. For any part of a personal residence of the candidate or Family Member; or
      ii. For real or personal property owned or leased by the candidate or a Family Member and used for campaign purposes, to the extent payments exceed the fair market value of the property usage.
   e. Admission to a sporting event, concert, theater, or other form of entertainment, unless it is part of a specific campaign activity.
   f. Dues, fees, or gratuities at a country club, health club, recreational facility, or other non-political organization, unless they are part of the costs of a specific fundraising event that takes place on the organization's premises.
   g. Gifts or donations.
   h. Extended warranties or other similar purchase options that extend beyond the campaign.
4. Payment to a Family Member or an enterprise owned in whole or part by a Family Member, for the provision of goods or services to the extent payments exceed the fair market value of the goods or services. All such payments shall be clearly itemized and indicated as such in all campaign finance reports.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Section repealed; new Section made by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by exempt rulemaking at 13 A.A.R. 3606, effective January 1, 2008 (Supp. 07-4). Amended by exempt rulemaking at 15 A.A.R. 1423, effective October 22, 2009 (Supp. 09-3). Amended by exempt rulemaking at 17 A.A.R. 1267, effective April 12, 2011 (Supp. 11-2). Since language in subsections R2-20-702(C)(3)(d)(i) and (ii) and R2-20-702(C)(4) and (5) are substantively identical, the Commission requested to remove the redundant language in R2-20-702(C)(3)(d)(i) and (ii) under A.R.S. § 41-1011(C), Office File No. M11-345, filed October 3, 2011 (Supp. 11-2). Amended by exempt rulemaking at 19 A.A.R. 1702, effective October 6, 2011 (Supp. 13-2). Amended by exempt rulemaking at 22 A.A.R. 2906, effective January 1, 2017 (Supp. 16-3). Amended by exempt rulemaking at 23 A.A.R. 2342, effective January 1, 2018 (Supp. 17-3). Amended by final rulemaking at 25 A.A.R. 2120, effective July 29, 2019 (Supp. 19-3). Amended by final rulemaking at 26 A.A.R. 309, with an immediate effective date of January 23, 2020 (Supp. 20-1). Amended by final rulemaking at 26 A.A.R. 1132, with an immediate effective date of May 11, 2020 (Supp. 20-2). Amended by final rulemaking at 32 A.A.R. 1430 (June 26, 2026, Issue 26), with an immediate effective date of June 5, 2026 (Supp. 26-2).

R2-20-702.01. Use of Assets

A participating candidate may use assets such as signs, pamphlets, and office equipment from a prior election cycle only after the candidate's current campaign pays for the assets in an amount equal to the fair market value of the assets, which amount shall in no event be less than one-fifth (1/5) the original purchase price of such assets. If the candidate was a participating candidate during the prior election cycle, the cash payment shall be made to the Fund. If the candidate was not a participating candidate during the prior election cycle, the cash payment shall be made to the prior campaign. If the prior campaign account of a nonparticipating candidate is closed, the payment shall be made to the candidate. Notwithstanding any other provision of the rules to the contrary, a participating candidate shall not make any payment to a private organization that is exempt under section 501(a) of the internal revenue code and that is eligible to engage in activities to influence the outcome of a candidate election, nor make any payment directly or indirectly to a political party.

Historical Note

New Section made by exempt rulemaking at 12 A.A.R. 758, effective February 15, 2006 (Supp. 06-1). Amended by exempt rulemaking at 13 A.A.R. 3606, effective January 1, 2008 (Supp. 07-4). Amended by exempt rulemaking at 15 A.A.R. 1156, effective August 31, 2009 (Supp. 09-2). Amended by final rulemaking at 26 A.A.R. 887, with an immediate effective date of March 9, 2020; the same amendments were filed and codified by final rulemaking at 26 A.A.R. 1261, with an immediate effective date of June 4, 2020 (Supp. 20-2).

R2-20-703. Documentation for Direct Campaign Expenditures

A. In addition to the general books and records requirements prescribed in R2-20-111, participating candidates shall comply with the following requirements:
1. All participating candidates shall have the burden of proving that expenditures made by the candidate were for direct campaign purposes. The candidate shall obtain and furnish to the Commission on request any evidence regarding direct campaign expenses made by the candidate as provided in subsection (A)(2).
2. All participating candidates shall retain records with respect to each expenditure and receipt, including bank records, vouchers, worksheets, receipts, bills and accounts, journals, ledgers, fundraising solicitation material, accounting systems documentation, and any related materials documenting campaign receipts and disbursements, for a period of three years, and shall present these records to the Commission on request.
3. All participating candidates shall maintain a list of all fixed assets whose purchase price exceeded $200 when acquired by the campaign. The list shall include a brief description of each fixed asset, the purchase price, the date it was acquired, the method of disposition and the amount received in disposition.

B. Upon written request from a candidate, the Commission shall determine whether a planned campaign expenditure or fundraising activity is permissible under the Act. To make a request, a candidate shall submit a written description of the planned expenditure or activity to the Commission. The Commission shall inform the candidate whether an enforcement action will be necessary if the candidate carries out the planned expenditure or activity. The Commission shall ensure that the candidate can rely on a "no action" letter. A "no action" letter applies only to the candidate who requested it.

C. Any expenditure made by the candidate or the candidate's committee that cannot be documented as a direct expenditure shall promptly be repaid to the Fund with the candidate's personal monies.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Section repealed; new Section made by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by exempt rulemaking at 12 A.A.R. 758, effective February 15, 2006 (Supp. 06-1). Amended by final exempt rulemaking at 21 A.A.R. 1641, effective July 23, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 133, effective January 1, 2017 (Supp. 16-4).

R2-20-703.01. Campaign Consultants

A. For purposes of this rule "Campaign Consultant" means any person paid by a participating candidate's campaign or who provides services that are ordinarily charged to a person, except services provided for in A.R.S. § 16-911(6)(b).

B. A participating candidate may engage campaign consultants.

C. A participating candidate may only advance a campaign consultant for services such as consulting, communications, field employees, canvassers, mailers, auto-dialers, telephone town halls, electronic communications and other advertising purchases and other campaign service if an itemized invoice identifying the value of the services is provided directly to that particular candidate at the time of the advance payment.
1. Providing payment for such services as described in subsection (C) of this rule in the absence of an itemized invoice or advance payment for such services shall be deemed not to be a direct campaign expenditure.
2. A participating candidate may advance payment for postage upon the receipt of a written estimate and so long as any balance is returned to the candidate if the advance exceeds the actual cost of postage.
3. A participating candidate may advance payment for advertising that customarily requires pre-payment upon the receipt of a written estimate and so long as any balance is returned to the candidate if the advance exceeds the actual cost of the advertisement.

D. The Commission shall be included in the mail batch for all mailers and invitations. The Commission shall also be provided with documentation from the mail house, printer or other original source, showing the number of mailers printed and the number of households to which a mailer was sent. Failure to provide this information within 7 days after the mailer has been mailed may be considered as evidence the mailer was not for direct campaign purposes.

E. Notwithstanding any other provision of the rules to the contrary, a participating candidate shall not make any payment to a private organization that is exempt under section 501(a) of the internal revenue code and that is eligible to engage in activities to influence the outcome of a candidate election, nor make any payment directly or indirectly to a political party.

Historical Note

New Section made by exempt rulemaking at 23 A.A.R 2344, effective July 20, 2017 (Supp. 17-3). Amended by final rulemaking at 26 A.A.R. 889, with an immediate effective date of March 16, 2020; the same amendments were filed and codified by final rulemaking at 26 A.A.R. 1263, with an immediate effective date of June 4, 2020 (Supp. 20-2).

R2-20-704. Repayment

A. In general, the Commission may determine that a participating candidate who has received payments from the Fund must repay the Fund as determined by the Commission.
1. A candidate who has received payments from the Fund shall pay the Fund any amounts that the Commission determines to be repayable. In making repayment determinations, the Commission may utilize information obtained from audits and examinations or otherwise obtained by the Commission in carrying out its responsibilities.
2. The Commission will notify the candidate of any repayment determinations made under this Section as soon as possible.
3. Once the candidate receives notice of the Commission's repayment determination, the candidate should give preference to the repayment over all other outstanding obliga-

tions of the candidate, except for any taxes owed by the candidate.

4. Repayments may be made only from the following sources: personal funds of the candidate, funds in the candidate's current election campaign account, and any additional funds raised subject to the limitations and prohibitions of the Act.
5. The Commission may withhold the portion of funds required to be repaid from future payments to a participating candidate if the Commission has made a repayment determination.

B. The Commission may determine that a participating candidate who has received payments from the Fund must repay the Fund under any of the following circumstances:

1. Payments in excess of candidate's entitlement. If the Commission determines that any portion of the payments made to the candidate was in excess of the aggregate payments to which such candidate was entitled, it will so notify the candidate, and such candidate shall pay to the Fund an amount equal to such portion.
2. Use of funds not for direct campaign expenses. If the Commission determines that any amount of any payment to an eligible candidate from the Fund was used for purposes other than direct campaign purposes described in R2-20-702, it will notify the candidate of the amount so used, and such candidate shall pay to the Fund an amount equal to such amount.
3. Expenditures that were not documented in accordance with campaign finance reporting requirements, expended in violation of state or federal law, or used to defray expenses resulting from a violation of state or federal law, such as the payment of fines or penalties.
4. Surplus. If the Commission determines that a portion of payments from the Fund remains unspent after all direct campaign expenses have been paid, it shall so notify the candidate, and such candidate shall pay the Fund that portion of surplus funds.
5. Income on investment or other use of payments from the Fund. If the Commission determines that a candidate received any income as a result of an investment or other use of payments from the Fund, it shall so notify the candidate, and such candidate shall pay to the Fund an amount equal to the amount determined to be income, less any federal, state or local taxes on such income.
6. Unlawful acceptance of contributions by an eligible candidate. If the Commission determines that a participating candidate accepted contributions, other than early contributions or qualifying contributions, it shall notify the candidate of the amount of contributions so accepted, and the candidate shall pay to the Fund an amount equal to such amount, plus any civil penalties assessed.

C. Repayment determination procedures. The Commission's repayment determination will be made in accordance with the following procedures:

1. Repayment determination. The Commission will send a repayment determination pursuant to Article 2, Compliance and Enforcement Procedures, and will set forth the legal and factual reasons for such determination, as well as the evidence upon which any such determination is based. The candidate shall repay, in accordance with subsection (D), the amount that the Commission has determined to be repayable.
2. Administrative review of repayment determination. If a candidate disputes the Commission's repayment determination, he or she may request an administrative appeal of the determination in accordance with A.R.S. § 41-1092 et. seq.

D. Repayment period.

1. Within 30 days of service of the notice of the Commission's repayment determination, the candidate shall repay the amounts the Commission has determined must be repaid. Upon application by the candidate, the Commission may grant an extension of time in which to make repayment.
2. If the candidate requests an administrative appeal of the Commission's repayment determination of this Section, the time for repayment will be suspended until the Commission has concluded its review of the Administrative Law Judge's (ALJ) decision. Within 30 days after service of the notice of the Commission's review of the ALJ's decision, the candidate shall repay the amounts that the Commission has determined to be repayable. Upon application by the candidate, the Commission may grant an extension of up to 30 days in which to make repayment.
3. Interest shall be assessed on all repayments made after the initial 30-day repayment period or the 30-day repayment period established by this Section. The amount of interest due shall be the greater of:
   a. An amount calculated in accordance with A.R.S. § 44-1201(A); or
   b. The amount actually earned on the funds set aside or to be repaid under this Section.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Section repealed; new Section made by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by final exempt rulemaking at 21 A.A.R. 1643, effective July 23, 2015 (Supp. 15-3). Amended by final rulemaking at 25 A.A.R. 2122, effective July 29, 2019 (Supp. 19-3). Amended by final rulemaking at 26 A.A.R. 337, effective February 4, 2020; the amendment to subsection (A)(2) was originally codified in Supp. 19-3 at 25 A.A.R. 2020 (Supp. 20-1).

R2-20-705. Additional Audits or Repayment Determinations

A. The Commission may conduct an additional audit or examination of any candidate in any case in which the Commission finds reason to believe that a violation of a statute or regulation over which the Commission has jurisdiction has occurred or is about to occur.

B. The Commission may make additional repayment determinations after it has made an initial repayment determination pursuant to R2-20-704. The Commission may make additional repayment determinations where there exist facts not used as the basis for any previous determination. Any such additional repayment determination will be made in accordance with the provisions of this Article.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Section repealed; new Section made by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4).

R2-20-706. Rebuttable Presumption of Funds Used for Direct Campaign Expenses

Once a participating candidate receives clean elections funding, the Commission may make a rebuttable presumption that the participating candidate has not used funds for direct campaign expenses within five days after the participating candidate fails to file a timely campaign finance report.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Section repealed by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). New Section made by final rulemaking at 32 A.A.R. 807 (April 3, 2026, Issue 14), with an immediate effective March 9, 2026 (Supp. 26-1).

R2-20-707. Repealed

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Section repealed by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4).

R2-20-708. Repealed

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Section repealed by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4).

R2-20-709. Repealed

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Section repealed by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4).

R2-20-710. Repealed

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Section repealed by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4).

ARTICLE 8. VOTER'S RIGHT TO KNOW ACT RULES

R2-20-801. Definitions and Rules of Construction

A. The definitions in A.R.S. § 16-971 shall apply to these rules.

B. For purposes A.R.S. § 16-971(2)(a)(vii), research, design, production, polling, data analytics, mailing or social media list acquisition or any other activity conducted in preparation for or in conjunction with any of the other activities described in A.R.S. § 16-971(2)(a) shall not be considered campaign media spending unless these activities are specifically conducted in preparation for or in conjunction with those other activities.

C. In response to a request pursuant to A.R.S. §16-972(D), a person must inform that covered person in writing, of the identity of each other person that directly or indirectly contributed more than $2,500 in original monies being transferred and the amount of each other person's original monies being transferred up to the amount of money being transferred to the requesting person.

Historical Note
New Section made by final exempt rulemaking at 29 A.A.R. 3523 (November 10, 2023), effective August 24, 2023 (Supp. 23-4).

R2-20-802. Time

The following rules apply in computing any time period specified in these rules:

1. The day of the event or act shall be excluded.
2. If the deadline is five days or fewer, then Saturdays, Sundays, and legal holidays shall be excluded.
3. If the last day of the period is a Saturday, Sunday, or legal holiday, the last day is excluded, and the period runs until the next day that is not a Saturday, Sunday, or legal holiday.
4. The next day is determined by continuing to count forward when the period is measured after an event and backward when measured before an event.

Historical Note
New Section made by final exempt rulemaking at 29 A.A.R. 3523 (November 10, 2023), effective August 24, 2023 (Supp. 23-4).

R2-20-803. Opt-out Notices

A. Before a covered person may use or transfer a donor's monies for campaign media spending, the donor must be notified in writing that the monies may be so used. The covered person must give the donor an opportunity to opt out of having the donation used or transferred for campaign media spending.

B. The notice must:

1. Inform donors that their monies may be used for campaign media spending and that information about donors may have to be reported to the appropriate government authority in this state for disclosure to the public.
2. Inform donors that they can opt out of having their monies used or transferred for campaign media spending by notifying the covered person in writing within twenty-one days after receiving the notice that the donor prefers to opt-out of having their monies used or transferred for campaign media spending and that a receipt confirming their choice shall be provided upon request.
3. Opt-out information shall be provided in writing. If provided with other written information the opt-out information must be provided in a format at least the same size type as any other information provided in writing along with the notice. The information must be either the first sentence in a paragraph or itself constitute a paragraph. If the opt-out information is provided without additional writing it must be clearly readable. To be valid, the opt-out information must provide contact information to allow the recipient to contact the person who provided the opt-out information within 21 days. Upon request of the donor, the person responsible for providing the opt-out information must provide a receipt to the donor confirming the donor's choice. If the covered person regularly provides receipts for donations the receipt shall confirm the donor's choice. Nothing in this Section precludes providing a donor a receipt without waiting for a request.

C. Any person responsible for providing the opt-out information must keep a record of when the information was provided and maintain all related records including the written notice for five years.

D. If a donor does not opt out after the initial notice period, a covered person may make subsequent written notices to a donor of their right to opt out and may set a time for response of no less

than 1 day from the date the donor receives the notice. To be valid, the opt-out information must provide contact information to allow the recipient to contact the person who provided the opt-out information within the time identified in the subsequent request. Upon request by the donor, the person responsible for providing the opt-out information must provide a receipt to the donor confirming the donor's choice. If the covered person regularly provides receipts for donations the receipt shall confirm the donor's choice.

E. A donor may request to opt out at any time after the initial notice period and the covered person must confirm the opt out to the donor in writing no later than five days after the request and subsequently that donor shall be treated as having opted out by the covered person. Upon request of the donor, the person responsible for providing the opt-out information must provide a receipt to the donor confirming the donor's choice. If the covered person regularly provides receipts for donations the receipt shall confirm the donor's choice.

Historical Note
New Section made by final exempt rulemaking at 29 A.A.R. 3523 (November 10, 2023), effective August 24, 2023 (Supp. 23-4).

R2-20-804. Request for Exemptions

A. An original source who has reason to believe their identity will or could be subject to disclosure under A.R.S. Title 16, Chapter 6.1 may file a request for exemption pursuant to A.R.S. § 16-973(F) at any time. An original source who has not opted out of having their monies used for campaign media spending may file a request for an exemption with the Executive Director no later than 14 days after the notice to opt out is given. In the event an original source did not receive a notice to opt out, the person may file a request for exemption with the Executive Director no later than 21 days after discovering their monies may be or have been used for campaign media spending.

B. In the event the request provides documentation of a court order requiring confidentiality, the Executive Director shall confirm the validity of the court order in five days. If the order is confirmed, the Executive Director shall issue a letter to the requestor stating that their identity shall not be disclosed. In the event that the order is not confirmed, the Executive Director shall issue a letter to the requestor stating their identity may be disclosed.

C. In the event that the person making the request claims a statute provides for such confidentiality, the request shall include a citation to the statute and argument why the statute applies to require confidentiality. The Executive Director may make a recommendation to the Commission. The Executive Director shall place the item on an agenda no later than the next regular Commission meeting. The person and their counsel may appear. In order to protect the interests of the original source pending a determination, the Commission may vote to go into executive session to protect confidential information and if warranted for other reasons authorized by the Open Meeting Law. For purposes of this Section, the person and their counsel shall be deemed individuals whose presence is reasonably necessary in order for the public body to carry out its executive session responsibilities if the Commission votes to go into executive session pursuant to A.R.S. § 38-431.03(A)(2). No vote may be taken in the executive session. If the Commission decides that the statute applies by a roll call vote in public session in favor of the request, the Executive Director shall issue a letter to the requestor within five days stating that their identity shall not be disclosed. If the Commission does not vote that the statute applies by roll call vote in favor of the request, the Executive Director shall issue a letter to the requestor within five days stating that their identity may be disclosed.

D. In the event the person making the request claims that there is a reasonable probability that they or their family will experience threats of physical harm, the request shall provide such evidence. The request may also include argument in favor of the request. The Executive Director may make a recommendation to the Commission. The Executive Director shall place the item on an agenda no later than the next regular commission meeting. The person and their legal representative may appear. In order to protect the interests of the original source pending a determination, the Commission may vote to go into executive session to protect confidential information and if warranted for other reasons authorized by the Open Meeting Law. For purposes of this rule, the person and their counsel shall be deemed individuals whose presence is reasonably necessary in order for the public body to carry out its executive session responsibilities if the Commission votes to go into executive session pursuant to A.R.S. § 38-431.03(A)(2). No vote may be taken in the executive session. If the Commission decides that the request should be granted by a roll call in public session in favor of the request, the Executive Director shall issue a letter to the requestor within five days stating that their identity shall not be disclosed. If the Commission does not approve the request by a roll call vote the Executive Director shall issue a letter to the requestor within five days stating that their identity may be disclosed.

E. The agenda shall not identify the requestor.

F. No records related to a request shall be subject to a public records request or any other type of request. The records shall not be produced absent a court order compelling disclosure.

G. All records except the Executive Director's letter shall be destroyed within 30 days after the determination, unless timely review of the Commission's action is sought. The Executive Director's letter shall not be made public except by a court order.

Historical Note
New Section made by final exempt rulemaking at 29 A.A.R. 3523 (November 10, 2023), effective August 24, 2023 (Supp. 23-4).

R2-20-805. Disclaimers

A. A covered person shall include the words "paid for by" on every public communication followed by the full legal name of the covered person making the public communication. The public communication shall also state whether it is:

1. Authorized by any candidate or their agents and any candidate's name who individually or through their agents participated in the authorization; or
2. That the public communication is not authorized by any candidate or their agents acting on the candidate's behalf.

B. Public communications by covered persons shall state the names of the top three donors who directly or indirectly made the three largest contributions of original monies in excess of $5,000 for the election cycle and who have not opted out pursuant to A.R.S. § 16-972 or a rule of the Commission during the election cycle to the covered person as calculated by the covered person at the time the advertisement was distributed for publication, display, delivery, or broadcast. In the event a donor otherwise subject to disclosure pursuant to this Section is protected under A.R.S. § 16-973(F) the disclaimer shall omit that donor's identity.

C. If it is not technologically possible for a public communication disseminated on the internet or by social media message, text message or short message service to provide all the information required by this Section, the public communication must provide a means for viewers to obtain, immediately and easily, the required information without having to receive extraneous information. The public communication must always state the full legal name of the covered person.

D. If the public communication is:
1. Broadcast on radio, the disclosure shall be clearly spoken at the beginning or end of the advertisement.
2. Delivered by hand or by mail, the disclosure shall be clearly readable.
3. Delivered electronically, the disclosure shall be clearly readable.
4. Displayed on a sign or billboard, the disclosure shall be displayed at a height that is at least four percent of the vertical height of the sign or billboard.
5. Broadcast on television, in a video or film, both of the following requirements apply:
   a. The disclosure shall be both written and spoken at the beginning or end of the advertisement, except that if the written disclosure statement is displayed for the greater of at least one-sixth of the broadcast duration or four seconds, a spoken disclosure statement is not required.
   b. The written disclosure statement shall be printed in letters that are displayed in a height that is at least four percent of the vertical picture height, except that if the advertisement is paid for by a political action committee, the written disclosure statement shall be displayed in a height that is at least ten percent of the vertical picture height.
   c. These disclosure requirements apply to any broadcast, video, or film format, whether distributed via airwaves, cable, the internet, or other delivery methods.

Historical Note
New Section made by final exempt rulemaking at 29 A.A.R. 3523 (November 10, 2023), effective September 21, 2023 (Supp. 23-4).

R2-20-806. Ex Parte Communications

A. No individual shall communicate with any Commissioner ex parte as defined in subsections (E) and (F). No Commissioner shall communicate with any individual ex parte as defined in subsections (E) and (F).

B. In the event of a Complaint, no Commissioner shall communicate with the Executive Director or any other commission staff or attorney who represents the Executive Director regarding the Complaint except in commission proceedings where the Respondent or Respondent's Counsel is present.

C. The Executive Director may communicate with a Respondent, a Respondent's counsel, a Complainant or Complainant's Counsel or any other person with information regarding a Complaint.

D. If a Respondent wishes to be represented by counsel with regard to any matter pending before the Commission, Respondent or Respondent's Counsel shall so advise the Commission by sending a writing to the Commission including the following:
1. The name, address, and telephone number of the counsel.
2. A statement authorizing such counsel to receive any and all notifications, service of process, and other communications from the Commission, its staff and attorneys on behalf of Respondent. Upon receipt, the Commission shall have no contact with Respondent except through the designated counsel unless authorized by Respondent.

E. Ex parte communication means any written or oral communication by any person outside the agency to any Commissioner or any member of a Commissioner's staff which imparts information or argument regarding prospective Commission action or potential action concerning:
1. Any proceeding involving a request for an exemption.
2. Any enforcement proceeding.
3. Any pending litigation matter, or
4. Any pending rulemaking, or
5. Any pending advisory opinion request.

F. Ex parte communications do not include the following communications:
1. Statements by any person publicly made in a public forum; or
2. Statements or inquiries by any person limited to the procedural status of an open proceeding, rulemaking, advisory opinion request, or a litigation matter.

G. In the event that a Commissioner receives an ex parte communication as defined in this Section, the Commissioner shall disclose receipt of such a communication in a public meeting of the Commission.

Historical Note
New Section made by final exempt rulemaking at 29 A.A.R. 3523 (November 10, 2023), effective August 24, 2023 (Supp. 23-4).

R2-20-807. Recordkeeping

A. All records required to be retained by A.R.S. Title 16, Chapter 6.1 shall be kept in such order that a reasonable person could confirm the accuracy of transactions, transfer records, reports, opt out notices, and other information by review of the documents and other information.

B. Records may be kept in any media a person subject to A.R.S. Title 16, Chapter 6.1 chooses, provided that the media is commonly available and not proprietary.

C. Failure to maintain records in a reasonable manner may give rise to factual presumption against the person in an enforcement proceeding or other action under A.R.S. Title 16, Chapter 6.1.

Historical Note
New Section made by final exempt rulemaking at 29 A.A.R. 3523 (November 10, 2023), effective August 24, 2023 (Supp. 23-4).

R2-20-808. Advisory Opinions

A. Requests for Advisory Opinions.
1. Any person may request in writing an advisory opinion concerning the A.R.S. Title 16, Chapter 6.1 or any regulation prescribed by the Commission pursuant to that chapter. An authorized agent of the requesting person may submit the advisory opinion request, but the agent shall disclose the identity of his or her principal.
2. The written advisory opinion request shall set forth a specific transaction or activity that the requesting person plans to undertake or is presently undertaking and intends to undertake in the future. Requests presenting a general question of interpretation, or posing a hypothetical situation, or regarding the activities of third parties, do not qualify as advisory opinion requests.

3. Advisory opinion requests shall include a complete description of all facts relevant to the specific transaction or activity with respect to which the request is made.
4. The Executive Director shall review all requests for advisory opinions submitted. If the Executive Director determines that a request for an advisory opinion is incomplete or otherwise not qualified, they shall, within 10 days of receipt of such request, notify the requesting person and specify the deficiencies in the request.
5. Advisory opinion requests must be sent to the Clean Elections Commission by email or as directed by the Commission staff. Procedures for advisory opinion requests shall be available on the Commission website.

B. Availability and Comments on Requests.
1. Advisory opinion requests which qualify under this Section shall be made public at the Commission promptly upon their receipt.
2. A copy of the original request and any supplements thereto, shall be available for public inspection and may be obtained via a written request to the Executive Director.
3. Any interested person may submit written comments concerning advisory opinion requests made public at the Commission.
4. The written comments shall be submitted within 10 days following the date the request is made public at the Commission. Additional time for submission of written comments may be granted upon written request for an extension by the person who wishes to submit comments or may be granted by the Executive Director without an extension request. Comments on Advisory opinion requests must be sent to the Clean Elections Commission by email or as directed by the Commission staff.

C. Issuance and Reliance on Advisory Opinions
1. Within 60 calendar days after receiving a qualifying advisory opinion request, the Commission shall issue to the requesting person a written advisory opinion or shall issue a written response stating that the Commission was unable to approve an advisory opinion by the required affirmative vote of a majority of members present at a meeting of the Commission.
2. The 60 calendar day period is reduced to 20 calendar days for a qualified advisory opinion request provided the request:
   a. Is submitted by a person within the 60 calendar days preceding the date of any election to which A.R.S. Title 16, Chapter 6.1 applies;
   b. Identifies the election by date and jurisdiction;
   c. Presents a specific transaction or activity related to the election that may invoke the 20 day period if the connection is explained in the request.
3. An advisory opinion rendered by the Commission may be relied upon by any person involved in the specific transaction or activity with respect to which such advisory opinion is rendered, and any person involved in any specific transaction or activity which is indistinguishable in all its material aspects from the transaction or activity with respect to which such advisory opinion is rendered.
4. Any person who relies upon an advisory opinion and who acts in good faith in accordance with that advisory opinion shall not, as a result of any such act, be subject to any sanction provided in A.R.S. Title 16, Chapter 6.1.

D. A request for reconsideration may be made by:
1. The person who made the request within 15 days of the opinion's approval but no later than five days before the Commission's next regular meeting; or
2. Any person who states a good faith basis for vacating or reversing a prior opinion subject to other rules in this Section.

E. Any request for reconsideration shall meet all of the requirements otherwise required of an initial request.

Historical Note
New Section made by final exempt rulemaking at 29 A.A.R. 3523 (November 10, 2023), effective August 24, 2023 (Supp. 23-4).

R2-20-809. Complaint Procedures

A. Any qualified voter in this state may submit a complaint to the Executive Director if the person believes a violation of A.R.S. Title 16, Chapter 6.1 or these rules has occurred. The complaint must be made in writing. Email submissions are acceptable.

B. Regardless of whether a complainant is represented by counsel, a complaint must contain the full name, email address, and mailing address of the complainant.

C. A complaint must:
1. Clearly recite the facts that describe a violation of A.R.S. Title 16, Chapter 6.1 or these rules as specifically as possible. Citations to law are not required.
2. Clearly identify any person, including any individual, entity, committee, organization or group, that is alleged to have committed a violation.
3. Include any supporting documentation which the Complainant believes establishes the alleged violation, if available.
4. Differentiate between statements based on a complainant's personal knowledge and those based on information and belief. Statements not based on personal knowledge should identify the source of the information, and include supporting documentation if available. Contents of the complaint shall be sworn to and signed in the presence of a notary public and shall be notarized.

D. The Executive Director shall review the complaint within five days to determine if the Commission has jurisdiction to hear and rule on the complaint, and to ensure the complaint meets the criteria identified in subsection (C).

E. If the complaint does not meet the criteria, Commission staff shall notify the complainant of the deficiencies in the complaint and that no action shall be taken on the complaint unless those deficiencies are remedied.

F. If the complaint is deemed sufficient, Commission staff shall:
1. Assign the complaint a complaint number.
2. Confirm in a writing to the complainant and respondent that the complaint has been received.
3. Inform the complainant that the respondent shall be provided an opportunity to submit a response.

G. A complainant may withdraw the complaint by writing to the Executive Director no later than 14 days after filing the complaint or before the response, whichever is sooner.

H. The Executive Director may file a complaint if a person believes a violation of A.R.S. Title 16, Chapter 6.1 or these rules has occurred. The complaint shall:
1. Clearly recite the facts that describe a violation of A.R.S. Title 16, Chapter 6.1 or these rules as specifically as possible. Citations to law are not required;

2. Clearly identify any person, including any individual, entity, committee, organization or group, that is alleged to have committed a violation; and
3. Include any supporting documentation which the Complainant believes establishes the alleged violation, if available.

I. Any employee, agent or representative of another government agency or subdivision of Arizona, including the state, any Arizona county, or any Arizona city or town, may make a referral to the Executive Director under this subsection.

Historical Note
New Section made by final exempt rulemaking at 29 A.A.R. 3687 (December 1, 2023), effective October 26, 2023 (Supp. 23-4).

R2-20-810. Response Procedures

A. Within 14 days after receiving a complaint that complies with R2-20-809, a staff member shall send the respondent a copy of the complaint and a written communication describing the campaign finance processing procedures. The written communication shall:
1. Inform the respondent that the Executive Director has received allegations as to possible violations of campaign finance laws by the respondent.
2. Provide a copy of the complaint.
3. Gives the respondent an opportunity to respond in writing in a timely manner and setting forth a deadline of not more than 30 days after the respondent's receipt of the written communication. Extensions shall be granted on request at the discretion of the Executive Director.

B. The notification letter reflects no judgment about the accuracy of the allegations.

C. The response is the respondent's opportunity to demonstrate to the Executive Director why they should not pursue an enforcement action, or to clarify, correct, or supplement the information in the complaint or referral. Respondents are not required to respond to the allegations.

D. Respondents, if they choose, may be represented by counsel. Once the Executive Director receives a notification that the respondent is represented by counsel, the Commission staff shall communicate only with the counsel unless otherwise authorized by the respondent or the respondent's counsel.

E. The respondent's response shall be sworn to and signed in the presence of a notary public and shall be notarized. The respondent's failure to respond within the time specified in subsection (A) may be viewed as an admission to the allegations made in the complaint.

F. If a respondent provides a response, the response should address each and every reason why no further action should be taken, including any legal or factual basis for an assertion that the matter is not subject to the Commission's jurisdiction.

G. While not required, when possible, a response should provide documentation, including sworn affidavits or declarations under penalty of perjury from persons with first-hand knowledge of the facts.

H. The response may be submitted by email, and the respondent need not copy the complainant on the response.

I. A complainant may request a copy of the response.

J. Complainants other than the Executive Director are not parties to any enforcement matter that may arise as a result of the complaint and response.

Historical Note
New Section made by final exempt rulemaking at 29 A.A.R. 3687 (December 1, 2023), effective October 26, 2023 (Supp. 23-4).

R2-20-811. Investigation and Enforcement Procedures

A. Upon the expiration of the time for a response, the Executive Director or other Commission staff may conduct an investigation. The Executive Director or other Commission staff may engage attorneys pursuant to A.R.S. § 16-979(D).

B. Attorneys who do substantial work investigating the complaint or enforcing orders and other matters arising from the complaint shall not participate as attorneys for the Commission regarding the complaint. Such attorneys may represent the Executive Director or other Commission staff before the Commission.

C. The Executive Director or other Commission staff may subpoena witnesses, compel their attendance and testimony, administer oaths and affirmations, take evidence and require by subpoena the production of any books, papers, records or other items material to the performance of the commission's duties or the exercise of its powers. The Executive Director or Commission staff may utilize attorneys to effectuate any of these actions, including filing any action necessary to compel compliance. A person subject to a subpoena or other order pursuant to this subsection may appeal to the Commission by sending a written request to the Commission's attention. The Chair or a Commissioner designated by the chair may confer with an independent legal advisor and shall issue an order scheduling the appeal for a public meeting of the Commission and may set a schedule for any additional briefing.

D. Upon the completion of an investigation the Executive Director may prepare a report stating with reasonable particularity the nature of the violation, including the facts, laws, or rules substantiating the allegations in the complaint, and issue it to the respondent. The Executive Director may make a recommendation regarding the seriousness of violation, the appropriate remedy, and any other factors that the Executive Director and staff believe are relevant to the matter.

E. If the Executive Director determines that a consent agreement with the respondent is sufficient, the Executive Director and the respondent may agree to present the agreement to the Commission for acceptance. A consent agreement may include a penalty. The Commission may vote to accept, reject, or modify the proposed consent agreement at a public meeting. At this meeting, the Commission's commission attorney for independent advice shall serve as the legal advisor for the commission. That attorney must not have worked on the investigation, enforcement, or consent agreement.

F. The Executive Director may dismiss the complaint at any time. If, upon completion of an investigation, the Executive Director does not find sufficient facts to substantiate the allegations in the complaint, the Executive Director shall dismiss the complaint and issue a written report to the respondent stating that after completion of an investigation, the Executive Director did not find sufficient facts substantiating the allegations in the complaint to pursue the matter.

Historical Note
New Section made by final exempt rulemaking at 29 A.A.R. 3687 (December 1, 2023), effective October 26, 2023 (Supp. 23-4).

R2-20-812. Enforcement Hearing Procedures

A. Within 30 days after the issuance of the Executive Director's report and recommendations, a respondent may request a hear-

ing before the Commission. The Commission shall be represented by counsel who have had no role in the investigation or enforcement.

B. No later than 14 days after the request, the Executive Director, other Commission staff or attorneys for the Executive Director shall meet with the respondent or their attorneys to develop a proposed hearing plan. At the conference the following matters shall be considered:
1. The possibility of a consent agreement, and possible terms;
2. Select at least three mutually-agreeable dates for the hearing to present to the Commission;
3. Discuss whether any additional written material shall be provided to the Commission. If additional written material is necessary, discuss deadlines for the parties to exchange those materials prior to the hearing;
4. Decide whether either side shall call live witnesses, disclosure of the witness' proposed testimony, and agree whether alternative procedures for providing the evidence are available and appropriate;
5. Determine how much time each side shall need at the hearing;
6. Any pre-hearing matters that must be decided by the Commission and a schedule for presenting such matters;
7. A schedule for any pre-hearing briefing; and
8. Each side may prepare a draft final order to be submitted to the Commission with other materials.

C. Following the Conference, the Executive Director and respondent shall provide a report to the Commission's Chair or other Commission member designated by the Chair. The Chair may consult with an independent legal advisor. The Chair or the independent legal advisor shall issue a scheduling order.

D. The complaint, the response, the report, and any additional documents shall be provided to the Commission no later than 14 days before the hearing.

E. At the conclusion of hearing of the Commission may:
1. Vote to issue a final order and assessment of penalties;
2. Vote to dismiss the matter; or
3. Vote to continue the matter to another meeting.

F. The Commission shall schedule the next hearing as soon as practicable, considering the schedules of respondent, respondent's counsel, the Executive Director, and any counsel for the Executive Director.

G. Following a vote in favor of a final order and assessment of penalties a respondent may seek timely judicial review.

H. At the expiration of the time for judicial review, the Executive Director or their representatives must seek compliance with the Commission's final order. This may include the Executive Director, Commission staff, or their attorneys seeking judicial enforcement of the order if necessary.

Historical Note
New Section made by final exempt rulemaking at 29 A.A.R. 3687 (December 1, 2023), effective October 26, 2023 (Supp. 23-4).

R2-20-813. Transactions and Structuring

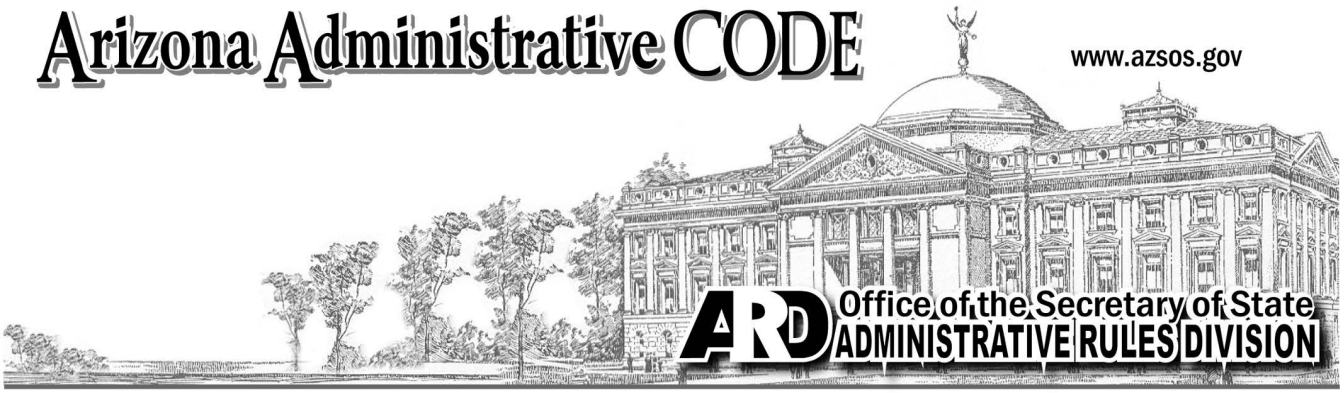
A. A person, including an individual, may rely on records provided to the person as documentation of a transaction related to campaign media spending if the records are provided by an independent person who owns or controls the monies involved in the transaction. The person claiming reliance bears the burden of showing the reliance is reasonable by a preponderance of the evidence. The person claiming reliance must not have knowledge the records are false or misleading, and must not refuse to consider or produce information that indicates the records are false or misleading.

B. A person who is not a covered person may provide the notice prescribed by A.R.S. § 16-972(B) to another person who has given that person monies before transferring monies or making an in-kind donation to a covered person.

C. In order to establish structuring, the Executive Director shall provide evidence that a person acted willfully with regard to the transaction or other circumstance.

Historical Note
New Section made by final exempt rulemaking at 29 A.A.R. 3687 (December 1, 2023), effective October 26, 2023 (Supp. 23-4).

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ARIZONA ADMINISTRATIVE CODE
TITLE 3. AGRICULTURE
CHAPTER 2. DEPARTMENT OF AGRICULTURE - ANIMAL SERVICES DIVISION
3 A.A.C. 2

Supplement Information
Supp. 26-3

Rules filed between July 1, 2026 through September 30, 2026 are codified in this Chapter.

For questions, contact:

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The release of this Chapter in Supp. 26-3 replaces Supp. 25-4, 1-58 pages. Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained and archived for future reference.

Preface

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

Rules

The definition for a rule is provided for under A.R.S. § 41-1001. "'*Rule' means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.*"

The *Arizona Administrative Code*

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then a Section number with a heading. The "R" at the beginning of the Section number stands for "rule." The rule itself includes sequential letters and numbers in an outline. Each lettered or numbered Section is called a subsection of the rule.

Rules are codified quarterly in the *Code*. For example:

Rules codified in the first quarter are filed between January 1 through March 31.

Rules codified in the second quarter are filed between April 1 through June 30.

Rules codified in the third quarter are filed between July 1 through September 30.

Rules codified in the fourth quarter are filed between October 1 through December 31.

Supplement release dates are included in the footers of each Chapter. The first supplement for the first quarter of 2026 is cited as Supp. 26-1. Supplements are released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

How to Use the *Code*

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Register* for recent updates to rule Sections.

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The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document's content has been compromised.

Rule History

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Arizona Administrative Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

Arizona Revised Statutes References

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature's website, www.azleg.gov. An agency's authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

Session Law References

Arizona Session Law references in a Chapter can be found at the Secretary of State's website, www.azsos.gov under Services-> Legislative Filings.

Exemptions to the APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency's exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor's notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

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Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.

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TITLE 3. AGRICULTURE

CHAPTER 2. DEPARTMENT OF AGRICULTURE - ANIMAL SERVICES DIVISION

Authority: A.R.S. § 3-107(A)(1)

Supp. 26-3

Chapter 2, Articles 1 through 7 renumbered from Title 3, Chapter 9, Articles 1 through 7; Article 8, consisting of Sections R3-2-801 through R3-2-808, renumbered from Title 3, Chapter 5, Article 1, Sections R3-5-01 through R3-5-08; Article 9, consisting of Sections R3-2-901 through R3-2-909 renumbered from Title 3, Chapter 6, Article 1, Sections R3-6-101 through R3-6-109 (Supp. 91-4).

Article 1 consisting of Sections R3-9-101 through R3-9-103; Article 2 consisting of Sections R3-9-201 through R3-9-208; Article 3 consisting of Sections R3-9-301 and R3-9-302; Article 4 consisting of Sections R3-9-401 through R3-9-409; Article 5 consisting of Sections R3-9-501 through R3-9-504; Article 6 consisting of Sections R3-9-601 through R3-9-620; Article 7 consisting of Sections R3-9-701 and R3-9-702 adopted effective August 19, 1983.

Former Article 1 consisting of Sections R3-9-01 through R3-9-11; Article 2 consisting of Sections R3-9-16 through R3-9-26; Article 3 consisting of Sections R3-9-22 through R3-9-35; Article 4 consisting of Sections R3-9-46 through R3-9-48 repealed effective August 19, 1983.

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Article 11, consisting of Sections R3-2-1101 through R3-2-1109, expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3).

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ARTICLE 1. GENERAL PROVISIONS

R3-2-101. Definitions

In addition to the definitions provided in A.R.S. §§ 3-1201, 3-1451, and 3-1771, the following terms apply to this Chapter:

"Accredited veterinarian" means a veterinarian approved by the State Veterinarian and USDA Area Veterinarian In Charge (A.V.I.C.) to perform functions required by cooperative State-Federal animal disease control and eradication programs.

"Animal" means livestock, bison, dogs, cats, rabbits, rodents, aquatic animals, game animals, furbearing and wildlife mammals, poultry and psittacines.

"APHIS" means the Animal and Plant Health Inspection Service of the United States Department of Agriculture.

"Beef cattle" means all cattle other than dairy cattle.

"Certificate of Veterinary Inspection" or "CVI" means a legible record that is issued by a VS animal health official, state animal health official, or accredited veterinarian at the point of origin of a shipment of animals, conforms to the requirements of R3-2-606, and is written on a form approved by the chief animal health official of the state of origin or an equivalent form of the USDA attesting that the animal described has been inspected and found to meet the Arizona entry requirements.

"Dairy cattle" means any domesticated bovine dairy animal or crosses of the Bos genus that show at least 50 percent phenotypic characteristics of a dairy breed, including; Ayrshire, Brown Swiss, Canadienne, Dutch Belt, Holstein, Jersey, Guernsey, Kerry, Milking Devon, Milking Shorthorn, or Norwegian Red.

"Designated feedlot" means a feedlot containing a confined drylot area under state quarantine that is approved and authorized by the State Veterinarian; contains a restricted feeding pen; and is maintained for finish feeding of cattle or bison that do not meet the brucellosis or tuberculosis import test requirements.

"Entry permit number" or "Import permit number" means a serialized number issued by the State Veterinarian's Office that conforms to the requirements of this chapter and allows the regulated movement of certain animals into Arizona.

"Equine Infectious Anemia" or "EIA" means an infectious, noncontagious, and potentially fatal viral disease of members of equine caused by a RNA virus classified in the Lentivirus genus, family Retroviridae.

"Official Identification" as defined in 9 CFR 71.19 (b) as revised on January 1, 2018 for swine; 9 CFR 79.2 (a)(2) as revised on January 1, 2018 for sheep and goats; and 9 CFR 86.4 as revised on January 1, 2018 for cattle.

"Poultry" means any bird except psittacine, whether live or dead, including but not limited to chickens, turkeys, ducks, geese, guineas, ratites, squabs, and any exotic birds not regulated as restricted wildlife by the Arizona Game and Fish Department. The definition "poultry" also includes hatching eggs, which are fertilized eggs produced by breeding poultry.

"Psittacine" means a bird belonging to the family Psittacidae, which includes macaws, parakeets, and parrots.

"USDA" means the United States Department of Agriculture.

"VS" means the Veterinary Services branch of APHIS.

Historical Note

Reserved Section R3-2-101 renumbered from R3-9-101 (Supp. 91-4). New Section adopted effective September 11, 1996 (Supp. 96-3). Section R3-2-101 recodified to R3-2-1101 (Supp. 97-1). New Section adopted effective May 7, 1997 (Supp. 97-2). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-102. Licensing Time-frames

A. Overall time-frame. The Department shall issue or deny a license within the overall time-frames listed in Table 1 after receipt of the complete application. The overall time-frame is the total of the number of calendar days provided for the administrative completeness review and the substantive review.

B. Administrative completeness review.

1. The administrative completeness review time-frame established in Table 1 begins on the date the Department receives the application. The Department shall notify the applicant in writing within the administrative completeness review time-frame whether the application or request is incomplete. The notice shall specify what information is missing. If the Department does not provide notice to the applicant within the administrative completeness review time-frame, the Department considers the application complete.
2. An applicant with an incomplete license application shall supply the missing information within the completion request period established in Table 1. The administrative completeness review time-frame is suspended from the date the Department sends the notice of missing information to the applicant until the date the Department receives the information.
3. If the applicant fails to submit the missing information before the expiration of the completion request period, the Department shall close the file, unless the applicant requests an extension. An applicant whose file has been closed may obtain a license by submitting a new application.

C. Substantive review. The substantive review time-frame established in Table 1 shall begin after the application is administratively complete.

1. If the Department makes a comprehensive written request for additional information, the applicant shall submit the additional information identified by the request within the additional information period provided in Table 1. The substantive review time-frame is suspended from the date of the Department request until the information is received by the Department. If the applicant fails to provide the information identified in the written request within the additional information period, the Department shall deny the license.
2. The Department shall issue a written notice granting or denying a license within the substantive review time-frame. If the application is denied, the Department shall send the applicant written notice explaining the reason for the denial with citations to supporting statutes or rules, the applicant's right to seek a fair hearing, and the time period in which the applicant may appeal the denial.

Historical Note

Reserved Section R3-2-102 renumbered from R3-9-102 (Supp. 91-4). New Section adopted effective September

11, 1996 (Supp. 96-3). Section R3-2-102 recodified to R3-2-1102 (Supp. 97-1). New Section R3-2-102 adopted effective October 8, 1998 (Supp. 98-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-103. Recodified

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). R3-2-103 renumbered from Section R3-9-103 (Supp. 91-4). Repealed effective April 11, 1994 (Supp. 94-2). New Section adopted effective September 11, 1996 (Supp. 96-3). Section R3-2-103 recodified to R3-2-1103 (Supp. 97-1).

R3-2-104. Recodified

Historical Note

Adopted effective September 11, 1996 (Supp. 96-3). Section R3-2-104 recodified to R3-2-1104 (Supp. 97-1).

R3-2-105. Recodified

Historical Note

Adopted effective September 11, 1996 (Supp. 96-3). Section R3-2-105 recodified to R3-2-1105 (Supp. 97-1).

R3-2-106. Recodified

Historical Note

Adopted effective September 11, 1996 (Supp. 96-3). Section R3-2-106 recodified to R3-2-1106 (Supp. 97-1).

R3-2-107. Recodified

Historical Note

Adopted effective September 11, 1996 (Supp. 96-3). Section R3-2-107 recodified to R3-2-1107 (Supp. 97-1).

R3-2-108. Recodified

Historical Note

Adopted effective September 11, 1996 (Supp. 96-3). Section R3-2-108 recodified to R3-2-1108 (Supp. 97-1).

R3-2-109. Recodified

Historical Note

Adopted effective September 11, 1996 (Supp. 96-3). Section R3-2-109 recodified to R3-2-1109 (Supp. 97-1).

Table 1. Time-frames (Calendar Days)

License	Authority	Administrative Completeness Review	Response to Completion Request	Substantive Completeness Review	Response to Additional Information	Overall Time-frame
MEAT AND POULTRY INSPECTION						
License to Slaughter	A.R.S. §§ 3-2002 & 3-2003 R3-2-208	14	14	30	14	44
Transfer of license without fee	A.R.S. § 3-2009	14	14	30	5	44
State Meat Inspection Service	A.R.S. § 3-2047	14	14	30	14	44
Sale or Exchange of Meat or Poultry	A.R.S. § 3-2081 R3-2-208	14	14	30	14	44
Rendering Facility Certification	A.R.S. § 3-2081	14	14	30	14	44
Transfer of License	A.R.S. § 3-2086	14	14	30	5	44
Official Slaughter Meat Licenses	A.R.S. § 3-2122 R3-2-208	14	14	30	14	44
FEEDING OF ANIMALS						
Feed Lot License	A.R.S. § 3-1452	14	14	60	14	74
Permit to Feed Garbage to Swine	A.R.S. § 3-2664	14	14	60	14	74
DAIRY PRODUCTS AND CONTROL						
Milk Distributing Plant	A.R.S. § 3-607					
New		14	14	14	14	28
Renewal		14	14	14	14	28
Milk Processing Plant	A.R.S. § 3-607					
New		14	14	14	14	28
Renewal		14	14	14	14	28
Plant Licensing	A.R.S. § 3-665					
New		14	14	14	14	28
Renewal		14	14	14	14	28
Request to market a product as a milk product	A.R.S. § 601.01	14	14	14	14	28
Tester License	A.R.S. § 3-619	7	7	7	7	14
Trade Product Label	A.R.S. § 3-667	14	14	30	30	44

Table 1. Time-frames (Calendar Days) (Continued)

License	Authority	Administrative Completeness Review	Response to Completion Request	Substantive Completeness Review	Response to Additional Information	Overall Time-frame
LIVESTOCK INSPECTION						
Equine Trader Permit	A.R.S. § 3-1348	7	7	7	7	14
Ownership and Hauling Certificate for Equines	A.R.S. §§ 3-1344 & 3-1345	14	14	14	14	28
EGG PRODUCTS AND CONTROL						
Annual Licensing	A.R.S. § 3-714	10	10	10	10	20
AQUACULTURE						
Aquaculture Facility	A.R.S. § 3-2907 R3-2-1004	14	14	30	14	44
Fee Fishing Facility	R3-2-1005	14	14	30	14	44
Processor	R3-2-1006	14	14	30	14	44
Transporter	R3-2-1007	14	14	30	14	44
Special Licenses	A.R.S. § 3-2908	14	14	30	14	44

Historical Note
Adopted effective October 8, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 3625, effective August 7, 2002 (Supp. 02-3). Amended by final rulemaking at 9 A.A.R. 2089, effective August 2, 2003 (Supp. 03-2). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

ARTICLE 2. MEAT AND POULTRY INSPECTION

R3-2-201. Definitions
In addition to the definitions provided in A.R.S. §§ 3-101 and 3-2001 and 9 CFR 301.2 and 9 CFR 381.1, which are incorporated by reference in R3-2-202, the following terms apply to this Article:

1. "Animal" means any steer, heifer, calf, cow, bull, sheep, goat, swine, horse, ass, mule, burro, ratite, or poultry.
2. "Dead animal" means an animal that died other than by slaughter in a place where inspection is performed by the Department or by the United States Department of Agriculture.
3. "Inedible meat" means:
   a. Meat or meat food product from an animal that died by slaughter or was processed in an inspected slaughterhouse, but which an inspector did not pass as fit for human consumption; or
   b. Meat condemned by a federal or state inspector.
4. "Rendering" means the conversion of packinghouse waste or dead animal carcasses and parts into industrial fat, oil, or other product unfit for human consumption.

Historical Note
Adopted effective August 19, 1983 (Supp. 83-4). Amended effective June 4, 1987 (Supp. 87-2). Amended subsection (A) effective February 28, 1989 (Supp. 89-1). Section R3-2-201 renumbered from Section R3-9-201 (Supp. 91-4). Section repealed, new Section adopted effective July 13, 1995 (Supp. 95-3). Amended by final rulemaking at 10 A.A.R. 2661, effective August 7, 2004 (Supp. 04-2).

R3-2-202. Meat and Poultry Inspection; Slaughtering Standards
All meat and poultry inspection, slaughtering, production, processing, labeling, storing, handling, transportation and sanitation procedures shall be conducted as prescribed in 9 CFR Chapter III, revised January 1, 2024, as amended by 88 FR 55913 (August 17, 2023), except sections 302.2, 307.5, 307.6, 312, 322, 327, 329.7, 329.9, 331, 335, 351, 352, 354, 355, 381.38, 381.39, 381.96 through 381.112, 381.195 through 381.209, 381.218 through 381.225, 390, 391, 392, 530 through 561, 590 and 592. This material is incorporated by reference and does not include any later amendments or editions. A copy of the incorporated material is available from the Department and may also be viewed online at www.gpo.gov/fdsys.

Historical Note
Adopted effective August 19, 1983 (Supp. 83-4). Amended effective June 4, 1987 (Supp. 87-2). Amended subsection (A) effective February 28, 1989 (Supp. 89-1). Section R3-2-202 renumbered from Section R3-9-202 (Supp. 91-4). Amended effective July 13, 1995 (Supp. 95-3). Amended effective March 5, 1997 (Supp. 97-1). Amended by final rulemaking at 6 A.A.R. 465, effective January 5, 2000 (Supp. 00-1). Amended by final rulemaking at 8 A.A.R. 3625, effective August 7, 2002 (Supp. 02-3). Amended by final rulemaking at 10 A.A.R. 1971, effective May 4, 2004 (Supp. 04-2). Amended by emergency rulemaking at 15 A.A.R. 1890, effective October 21, 2009 for 180 days (Supp. 09-4). Emergency expired; Section amended by final rulemaking at 16 A.A.R. 351, effective April 3, 2010 (Supp. 10-1). Amended by emergency rulemaking at 19 A.A.R. 150, effective January 9, 2013 (Supp. 13-1). Amended by final rulemaking at 19 A.A.R. 1789, effective July 9, 2013 (Supp. 13-3). Amended by final rulemaking at 22 A.A.R. 2167, effective October 2, 2016 (Supp. 16-3). Amended by final rulemaking at 31 A.A.R. 530 (February 14, 2025), effective April 8, 2025 (Supp. 25-1).

R3-2-203. Licenses; Registration; Records
A. Any person operating a business in any of the following categories shall obtain the appropriate license from the Department.

1. Types of slaughter licenses.
   a. Official slaughter – the slaughtering of animals in a slaughterhouse for sale for human consumption.
   b. Exempt slaughter.

i. Exempt non-mobile slaughter – the slaughtering or dressing of an animal in a stationary building for human consumption, that is not sold or offered for sale.
ii. Exempt mobile slaughter – the slaughtering or dressing of an animal for human consumption by using a mobile structure on the property of the animal's owner, that is not sold or offered for sale.

2. Types of meat licenses.
a. Broker – any person, firm or corporation engaged in buying or selling carcasses, parts of carcasses, meat or poultry food products, or by-products from state or federally inspected establishments. A broker negotiates purchases or sales of these products other than for the broker's own account, as an employee of another person, and is paid a commission.
b. Exempt – any person, firm, or corporation engaged in processing meat or poultry products without meat inspection, for an individual owner of meat that is not for sale.
c. Distributor – any person, firm, or corporation engaged in receiving carcasses, parts of carcasses, meat or poultry food products, or by-products from state or federally inspected establishments and storing or distributing these products to commercial outlets, processors, or individuals. A distributor does not process any of these products.
d. Jobber – any person, firm, or corporation with an established place of business that buys meat or poultry food products and offers the products for sale to someone other than the end-use consumer.
e. Pet food manufacturer – any person, firm, or corporation engaged in manufacturing animal food from meat or poultry unfit for human consumption.
f. Processor – any person, firm, or corporation that changes meat or poultry food products by cutting, mixing, blending, canning, curing or otherwise preparing meat or meat food products wholesale for human consumption.
g. Renderer – any person, firm, or corporation that renders and tallows and any person, firm, or corporation engaged commercially in the hide, hair, or pelt removal, cutting up, or rendering of animals.

B. Applications for a license or registration pursuant to A.R.S. § 3-2081(A), shall be made on forms provided by the Department and shall contain the following:
1. The name of the applicant and the applicant's partners, officers or directors of the business, if any;
2. The business name, mailing address, email address, telephone number, and Social Security number of the applicant;
3. The exact location of the business, if different from subsection (B)(2).

C. All persons licensed or registered under this Section, and all other persons described in A.R.S. § 3-2081, shall maintain the records required under A.R.S. § 3-2081 for a minimum of one year. In addition, all registered dead animal haulers, licensed rendering and tallow plants, and pet food manufacturing plants shall prepare and submit the reports required under A.R.S. § 3-2695 and shall include copies of those reports as part of records maintained under this Section and A.R.S. § 3-2081.

D. During fiscal year 2024, the fee to obtain or renew a license to slaughter is:
1. Not to exceed 45 head of cattle, and not to exceed 55 head of sheep, goats or swine in one calendar year: $250.
2. For more than 45 and not to exceed 150 head of cattle and more than 45 and not to exceed 160 head of sheep, goats or swine in one calendar year: $300.
3. For more than 150 head of cattle and more than 160 head of sheep, goats or swine in any one calendar year: $450.

E. During fiscal year 2024, the fee to obtain or renew a meat license is:
1. For a broker, $450.
2. For exempt processing, $300.
3. For a distributor, $500 for a large distributor (more than $100,000 in sales per calendar year) and $150 for a small distributor (not to exceed $100,000 in sales per calendar year).
4. For a jobber, $450.
5. For a pet food manufacturer, $300.
6. For a processor, $300.
7. For meat storage, $450.
8. For transportation, $300.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-208 renumbered from Section R3-9-208 (Supp. 91-4). Amended effective July 13, 1995 (Supp. 95-3). Former Section R3-2-203 renumbered to R3-2-208; new Section R3-2-203 renumbered from Section R3-2-208 and amended by final rulemaking at 5 A.A.R. 1593, effective May 5, 1999 (Supp. 99-2). Amended by exempt rulemaking at 16 A.A.R. 1331, effective June 29, 2010 (Supp. 10-2). Amended by exempt rulemaking at 17 A.A.R. 1756, effective July 20, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 2060, effective August 2, 2012 (Supp. 12-3). Amended by exempt rulemaking at 19 A.A.R. 3127, effective September 14, 2013 (Supp. 13-3). Amended by exempt rulemaking at 20 A.A.R. 2449, effective July 24, 2014 (Supp. 14-3). Amended by exempt rulemaking pursuant to Laws 2015, Ch. 10, § 14, at 21 A.A.R. 2404, effective July 3, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 1937, effective August 9, 2017 (Supp. 17-2). Amended by final exempt rulemaking at 24 A.A.R. 2219, effective August 3, 2018 (Supp. 18-3). Amended by final exempt rulemaking at 25 A.A.R. 2081, effective August 27, 2019 (Supp. 19-3). Amended by final exempt rulemaking at 26 A.A.R. 1471, effective August 25, 2020 (Supp. 20-3). Amended by final exempt rulemaking at 27 A.A.R. 1264, effective September 29, 2021 (Supp. 21-3). Amended by final exempt rulemaking at 28 A.A.R. 2017 (August 12, 2022), effective September 24, 2022 (Supp. 22-3). Amended by exempt rulemaking at 29 A.A.R. 3483 (November 3, 2023), effective October 30, 2023 (Supp. 23-4). Amended by final rulemaking at 31 A.A.R. 530 (February 14, 2025), effective April 8, 2025 (Supp. 25-1).

R3-2-204. Official Slaughter Establishment

In addition to the requirements in A.R.S. § 3-2051, the following shall be provided when slaughtering cattle, calves, sheep, and hogs:
1. Cattle.
a. A metal knocking box or concrete box with metal door to confine the animals prior to stunning;
b. A separately drained, dry landing area at least five feet wide in front of the knocking box;

c. A curbed-in bleeding area at least eight feet wide and seven feet long, located so that blood will not splash upon stunned animals lying in the dry landing area or upon carcasses being skinned on the siding bed. Curbing shall be at least six inches high and six inches wide;
d. A separately drained area at least five feet from the curbed-in bleeding area to the siding bed;
e. A distance of at least 14 feet from the vertical of the dropoff to the vertical of the hoist where carcasses are eviscerated. For multiple-bed plants, this distance shall be increased to 16 feet;
f. A distance of at least 14 feet between the vertical of the hoist where carcasses are eviscerated and the header rail leading to the cooler. This distance may be shortened when a single rail hang-off is used;
g. A distance of at least three feet from the header rail to the adjacent wall;
h. A bleeding rail with its top at least 16 feet above the floor or a traveling hoist on an I-beam which will provide an equivalent distance of the carcass from the floor;
i. Floor space for a head-flushing cabinet and head inspection rack with removable hooks;
j. When hides are dropped to a room below, a hide chute near the point where hides are removed from the carcasses. The chute shall have a vented hood with a self-closing, push-in door. The vent shall be approximately 10 inches in diameter and extend to a point above the roof. Additional chutes, which meet the requirements of this subsection, for inedible and condemned materials shall be provided separate from the hide chutes;
k. A two-level viscera inspection truck for evisceration, except when a moving top viscera inspection table is used;
l. An area for washing and shrouding carcasses which shall be curbed and sloped to a separate drain or have a slope of approximately 1/2 inch to the foot leading to a separate drain;
m. Dressing rails and cooler rails at least 11 feet in height.

2. Calves and sheep.
a. A bleeding rail with its top approximately 11 feet from the floor. The floor of the bleeding area shall be curbed and separately drained;
b. Dressing and cooler rails of such height as to provide a clearance of at least eight inches from the carcasses to the floor. Calves which are of such size that there is not a clearance of at least eight inches above the floor, or whose viscera cannot be transferred manually and unaided to the inspection stand, shall be skinned and eviscerated as cattle;
c. Facilities for washing hides of calves before any incision is made (except the sticking wound) when carcasses are dressed hide on. The heads of calves and veal slaughtered by the Kosher method shall be skinned prior to the washing of the carcasses;
d. Facilities for flushing, washing, and inspecting calf heads, including head-flushing cabinet and head inspection rack with removal calf loops;
e. Facilities for the inspection of the viscera. A hoppered metal stand shall be provided which accommodates two removal inspection pans. One inspection pan is for the thoracic viscera; the other is for the abdominal viscera. The pans shall have perforated bottoms and handles or hand holes for removal. A sterilizing receptacle shall be provided for sterilization of contaminated pans;
f. Facilities for washing sheep carcasses after removal of the pelt. Calves and sheep shall be washed again after they have been eviscerated.

3. Hogs.
a. Facilities for bleeding hogs in a hanging position, over a separately drained, curbed-in bleeding area;
b. A scalding vat and gambreling table, including the platforms, of metal construction;
c. A shaving rail to assure that carcasses are cleaned;
d. A hoppered metal stand for the inspection of viscera. A sterilizing receptacle shall be provided at a convenient location for the sterilization of contaminated pans;
e. Dressing and cooler rails at least nine feet high or of such height as to provide a clearance of at least eight inches between the lowest point of the carcass, or head if left attached, and the floor.

4. Coolers. A chill cooler and separate holding coolers may be provided or both may be combined in one room. The chill cooler shall have floors of concrete sloped to a drain. The walls shall be smooth, light colored, impervious, and the room shall be sealed. The other coolers shall have floors of concrete; the walls shall be smooth, free of cracks, light colored, impervious, and the room shall be sealed. The door between the slaughtering department and the chill cooler shall be clad with rust-resistant metal. Rails shall be spaced at least two feet from walls, columns, refrigerating equipment, or other fixed equipment to prevent contact with the carcasses. Header rails shall be three feet from the walls. When overhead refrigerating facilities are provided, insulated drip pans must be installed beneath them and the pans connected to the drainage system. If wall coils are installed, a drip gutter of impervious material and connected with the drainage system shall be installed beneath the coils. When edible offal is chilled or stored in a cooler other than a separate offal cooler, that area shall be separately drained.

5. Other edible products departments.
a. Floors, walls, and ceilings in the various edible products departments of the plant shall be constructed of material that can be readily kept clean. Wooden structures and equipment shall be kept at a minimum. Floors requiring drainage shall be constructed of dense concrete or floor brick laid on a concrete base. The interior walls and, where practical, ceiling surfaces shall be smooth and flat. Walls shall be constructed of glazed tile, smooth cement plaster, or other USDA-approved impervious material. Walls shall be free of cracks and crevices, and, where brick or tile is used, the mortar joints shall be flush with the surface of the walls. Walls shall be light colored.
b. The floors of the plant shall be well-drained; a slope of not less than 1/4 inch to the foot to drainage inlets is required. The floors shall be smooth, impervious, and in good repair; they shall be free from cracks and depressions which could hold floor liquids. Wooden floors are not permitted. Junctions of floors and walls shall be coved.

c. Walls, ceilings, beams, and hangers shall be cleaned. Rails may be oiled instead of painted. Rust and scale shall be removed from hangers and meat trolleys. Smooth Portland cement plaster walls shall not be painted.

6. Hide room. The floor of the hide room, if provided, shall be of concrete and drained. Walls shall be smooth and impervious to at least the highest point of the hide pile. The hide room shall not connect with the slaughtering department except for one opening which shall be equipped with a tight-fitting, self-closing door. The hide room shall not connect with any other room in which edible products are stored, processed, or handled.
7. Disposal of blood. When blood is not permitted to drain into the sewage system, it may be collected in a metal tank and removed from the premises or blown to the blood drier in a manner that will not mask odors or create a harborage for pests.
8. Other inedible products departments.
   a. An inedible products department, completely separate and apart from edible products departments, shall be provided. Walls shall be of smooth, finished, Portland cement plaster, glazed tile, or other USDA-approved material impervious to moisture. Floors shall be constructed of dense concrete or floor tile, sloped to drain. Hot and cold water connections shall be provided. With the exception of one opening to the slaughtering department, there shall be no openings between an inedible products department and an edible products department. This one opening shall be approximately five feet in width to allow the free passage of materials and shall be equipped with a close-fitting, self-closing door of solid construction. This door shall be kept closed at all times, except when in actual use, to prevent the entrance of undesirable odors to the slaughtering department. The area at the loading dock shall be paved, drained, and of sufficient size to accommodate the largest truck used. If inedible offal is stored in an edible offal room, the room is classed as an inedible products department. Paunches may be opened in the slaughtering department only when a hydraulic mechanically operated paunch lift table is provided and used for this purpose. Otherwise, the paunches shall be opened in the inedible offal rooms.
   b. Requests for permission for rendering of shop scraps and outside dead animals shall be made to the inspector who shall grant or deny the request pursuant to Article 2.
9. Pens.
   a. Holding pens shall be surfaced with an impervious material, sloped to drains. A curb shall be installed around the outside of the pens to prevent the wash from escaping. Water under pressure shall be available for washing out the pens. Feeding pens shall be at least 300 feet from the plant and shall not be located in front of the plant.
   b. Holding and shackling pens shall be located outside of, or separated from, the slaughtering department.
10. Drainage
   a. Floors which require flushing during operations shall have sloped floor drains to carry off the floor drainage. Each floor drain shall be equipped with a deep-seal trap; the drainage lines shall be vented to the outside in accordance with local plumbing codes. In no case shall a drain line be less than four inches in diameter.
   b. Sewage may be disposed of into a municipal sewer system, if permitted by local ordinance, or it may be disposed of into a stream or other similar body of water, provided that:
      i. This method is acceptable to local health authorities having jurisdiction over sewage disposal, and
      ii. The flow of the stream or other body of water is sufficient to carry the sewage away from the plant at all seasons of the year. When cesspools are used, they shall be of sufficient size to receive the sewage from the plant at all times; they shall be so constructed that they do not create a nuisance by breeding flies or other insects.
   c. Grease recovery basins shall not mask odors or create a harborage for pests.
11. Equipment and utensils.
   a. Equipment shall be constructed of metal and shall be so constructed that it can be easily cleaned. Cutting boards may be of hard wood or synthetic material, but equipment, such as the framework of boning or cutting tables, scalding vats, offal racks and trees, product storage racks, and product trucks shall be of metal construction. Rusty or worn-out equipment shall be replaced.
   b. All equipment shall be thoroughly cleaned following each day's operations. The use of a clear, colorless, odorless, tasteless, edible mineral oil may be used on metal equipment, such as choppers, grinders, mixers, tables, meat trucks, offal racks, hooks, and trolleys. Scale shall not be permitted to accumulate on metal equipment.
   c. Sterilizing receptacles equipped with drains to permit draining and cleaning shall be placed at convenient locations in the slaughtering department for the cleaning and sterilization of contaminated tools and equipment. Water wasting from equipment shall not flow across the floor.
   d. Shovels used for transferring ice or other edible materials from one container to another shall not touch the floor.
12. Ventilation and lighting. Natural ventilation may be supplemented by artificial means and shall be sufficient to assure the absence of dust, masking odors, or steam vapors. Points where inspection is conducted may require special lighting. The glass area shall be at least 1/4 of the floor area in all nonrefrigerated work rooms. To assure adequate lighting at all times and at all places, natural lighting must be supplemented by well-distributed artificial lighting.
13. Water supply, wash basins, sterilizing facilities.
   a. Hot and cold running water, under pressure, shall be available at all parts of the establishment and in conformity with the requirements of the Arizona Department of Health Services. The hot water used for sterilizing equipment, floors, and walls that may be contaminated by the dressing procedure or handling of diseased carcasses, viscera, and other animal parts, shall be at least 180° F. A thermometer shall be installed to verify the temperature of the

water at the point of use. A cleanup hose shall be available for use.

b. Foot-pedal operated wash basins shall be placed in or near dressing rooms. These wash basins shall be equipped with running hot and cold water, delivered through a combination mixing faucet with an outlet at least 12 inches above the rim of the bowl. The drainage outlet shall lead directly into the sewage lines. Soap and towels, and a receptacle for dirty paper towels or other trash, shall be convenient to the wash basin.

c. One or more wash basins shall be located in the slaughtering department, and one or more in the sausage manufacturing room and at any other place in the establishment essential to ensure cleanliness of all persons handling products. The wash basins shall be equipped with hot and cold running water, delivered through a combination mixing faucet with an outlet at least 12 inches above the rim of the bowl. The water delivery shall be foot-pedal operated, and the drainage outlet shall lead directly into the sewage lines. Soap and disposable towels shall be convenient to the wash basins.

d. Water for sterilizing purposes shall be maintained at a temperature of at least 180° F. One or more sterilizing receptacles of rust-resisting, impervious material shall be placed at convenient locations in the slaughtering department for the sterilization of all implements that have been contaminated or used on a diseased carcass or part of a diseased carcass. The sterilizer shall be equipped with a cold water and steam line, or other means to maintain water at a temperature of at least 180° F during slaughtering operations. The sterilizer shall contain a drain so that water may be completely drained out for daily cleaning. Boilers and water heaters shall not be located in the slaughtering department or in any edible products department. To prevent possible back siphonage, vacuum breakers shall be provided on all steam and water lines when open ends are submerged or connected to equipment.

14. Protection against flies, rodents, or other vermin.

a. Plants must be kept free of flies, rats, mice, roaches, and other pests or vermin. The plant shall be constructed to prevent entrance of rodents to the premises and to eliminate their breeding places from the surrounding areas and in the establishment. Construction of the plant shall be such as to eliminate roach and other insect harbors. Windows, doors, and other openings to the plant shall be provided with insect screens, or other measures to prevent entrance of flies or other insects. The screens shall be kept in good repair. Sprays containing residual-acting chemicals shall not be used in edible products departments.

b. Animal-handling facilities such as stock pens and runways shall be cleaned as often as necessary and the manure or other waste materials removed shall not be permitted to accumulate at or near the plant.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-204 renumbered from Section R3-9-204 (Supp. 91-4). Amended effective July 13, 1995 (Supp. 95-3). Amended by final rulemaking at 5 A.A.R. 1593, effective May 5, 1999 (Supp. 99-2).

R3-2-205. Expired

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-205 renumbered from Section R3-9-205 (Supp. 91-4). Amended effective July 13, 1995 (Supp. 95-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 135, effective December 15, 2016 (Supp. 16-4).

R3-2-206. Purchase, Sale, Collection, Transportation, Disposition, and Use of Meat or Meat Food Products; Dead Animals; Animal Bone, Animal Fat, Animal Offal

A. A person shall not buy, sell, offer for sale, store, transport, receive, or collect any meat or meat food product except as provided in this subsection.

1. Any of the following meat or meat food products may be bought, sold, or offered for sale as animal food and may be stored, transported, received, or collected anywhere within the state:
   a. Any meat or meat food product that is processed in an animal food manufacturing plant licensed by the Department;
   b. Any meat or meat food product that comes from an animal that died by slaughter or is approved or passed for animal food by either state or federal meat inspectors;
   c. Any meat or meat food product that is thoroughly cooked at a minimum temperature of 180° F for 30 minutes and is certified by a state or a federal meat inspector having jurisdiction at the place of processing.
2. A carcass with the hide, hair, or pelt still on the carcass may be bought, sold, offered for sale, collected and transported to or received by the following only:
   a. A rendering or tallow plant;
   b. A state or county diagnostic laboratory, a veterinarian's clinic, or crematory;
   c. An animal food manufacturing plant;
   d. A landfill regulated by the Arizona Department of Environmental Quality;
   e. An out-of-state landfill regulated by that state's landfill regulatory authority; or
   f. A landfill located on a Native American reservation that is regulated by equivalent standards to those prescribed by the Arizona Department of Environmental Quality.
3. Any meat or meat food product described in subsection (A)(1) or a carcass with the hide, hair, or pelt still on the carcass from an official state or federal slaughter establishment shall be denatured with a denaturant that will not leave a toxic residue and is removable when steam-distilled at atmospheric pressure.
4. Any meat or meat food product that has been condemned by state or federal meat inspectors shall be treated as provided in 9 CFR 314.3, which has been incorporated by reference in R3-2-202, and may be disposed of as provided in that rule or may be collected and transported to or received by a rendering or tallow plant or a state or county diagnostic laboratory or crematory.

B. A person engaged commercially in the collection or transportation of dead animal carcasses or inedible meat shall register with the Department as a dead animal hauler as prescribed in R3-2-203(B) and shall maintain and keep all records for the time required by R3-2-203(C).

C. A vehicle or other means of conveyance used to transport a dead animal carcass or inedible meat shall be:
1. Leak-proof,
2. Constructed of impervious materials that permit thorough cleaning and sanitizing,
3. Equipped to control insects and odors and prevent the spread of disease, and
4. Comply with the Department of Environmental Quality vehicle requirements prescribed in R18-13-310(A) and (B).

D. Except as provided in subsection (E), a dead animal carcass may be rendered or made into animal food only at a licensed rendering or animal food manufacturing plant as prescribed in A.R.S. § 3-2088 and this Article.

E. Dead animals diagnosed with anthrax or an animal disease foreign to the United States shall be handled as directed by the State Veterinarian.

F. Discarded animal bone, animal fat, and animal offal generated by a wholesale food manufacturer shall be transported to and received by only a:
1. Licensed rendering plant, or
2. Landfill, as prescribed in subsections (A)(2)(d), (A)(2)(e), and (A)(2)(f).

Historical Note
Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-206 renumbered from Section R3-9-206 (Supp. 91-4). Amended effective July 13, 1995 (Supp. 95-3). Citation in subsection (B) corrected to R3-2-203(C) from R3-2-208(C) under R1-1-109(C) (Supp. 01-2). Amended by final rulemaking at 8 A.A.R. 3015, effective July 10, 2002 (Supp. 02-3).

R3-2-207. Meat from Dead Animals Processed and Decharacterized for Use as Animal Food

A. The following are minimum requirements for animal food manufacturing plants:
1. Hot and cold water shall be provided with facilities for its distribution in the plant which shall conform with the minimum requirements of the state Department of Health Services. The hot water shall be at least 180° F and shall be used for the cleaning of equipment, floors, and walls.
2. There shall be a drainage and plumbing system and a sewage disposal system that will not serve as a breeding place for flies, constitute a hazard, or endanger public health. Both systems shall meet the minimum requirements of the state Department of Health Services.
3. The floors, walls, ceilings, partitions, posts, doors, and other parts of all structures shall be of materials, construction, and finish that are capable of being thoroughly cleaned. The floors shall be tile, cement or other material impervious to water and shall have sufficient drainage to preclude stagnant accumulations of moisture.
4. All outside windows and doors shall be screened.
5. All rooms shall have natural or artificial lighting and well-distributed ventilation sufficient to prevent uncontrolled mold growth and filth or bacteria that may endanger health.
6. The plant shall be kept free from flies, rats, mice, and other vermin. Dogs and cats shall be excluded from the plants.
7. Tables, benches, and other equipment shall be provided so that processing can be performed free from filth or bacteria that may endanger health.
8. Each plant shall provide toilets, wash basins, towels, hot and cold running water, and soap for the employees with separate facilities when both sexes are employed. Toilets and wash basins shall be kept free from filth or bacteria that may endanger health. The rooms in which the toilet facilities are located shall be ventilated and shall be separated from the rooms in which the animal food is manufactured.
9. Coolers shall be maintained below 40^{o} F. Freezers shall be maintained below 10^{o} F.

B. Decharacterizing or denaturant agents: The following USDA-approved denaturant agents may be used: Charcoal (finely powdered) with a minimum l lb. per 100 lbs. meat, F-D & C Blue 1, F-D & C Blue 2, F-D & C Green 3, or liquid charcoal.
1. In addition to the application of the denaturing agents listed, meat or meat products shall be identified with the following information:
   a. The kind of animal,
   b. The following phrases:
      i. For pet food only from dead animals,
      ii. Denatured with _____,
   c. The correct statement of net weight, and
   d. The name and address of processor or manufacturer.
2. Before the denaturing agents are applied to pieces more than four inches in diameter, the pieces shall be freely slashed or sectioned. The application of any of the denaturing agents listed in this Section to the outer surfaces of molds or blocks of boneless meat, meat by-products, or meat food products shall not be considered adequate. The denaturing agent shall be mixed thoroughly with all of the material to be denatured and shall be applied in such quantity and manner that it cannot easily and readily be removed by washing or soaking. Denaturant shall be used to give the meat, meat by-products, raw animal fat, or rendered animal fats and oils, a distinctive color, odor, or taste so that such material cannot be confused with an article of human food.
3. All denaturing shall be done immediately upon condemnation of the meat or product, or immediately after the meat or product is prepared or during preparation.
4. True containers shall be legibly marked with the words “Beef or horse meat from dead animals for pet food only and not for human consumption” in letters at least 3/4 inch in height, on all sides and in at least two places if the container has less than four sides.
5. Every carrying container in which meat obtained from a dead animal is packaged shall have an exterior surface sufficiently absorbent so that the markings on at least two sides, in letters two inches high “Pet food only,” will not become illegible during handling, storage, or transportation of the container.

C. Sales of meat obtained from a dead animal are permitted only to kennels, zoos, and animal food manufacturing plants registered by the Department, and records of sales shall be maintained by the purchaser and animal food manufacturing plant.

D. Each vehicle used for the transportation of fresh or frozen pet food shall be clearly and legibly marked with the name of the manufacturer in letters not less than four inches in height on both sides of the cab or body.

Historical Note
Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-207 renumbered from Section R3-9-207 (Supp. 91-

4). Amended effective July 13, 1995 (Supp. 95-3).

R3-2-208. Diseased and Injured Animals

A. Diseased animals.
1. No meat from any diseased animal shall be processed, sold or stored at premises where food is sold or prepared for human consumption, unless it is decharacterized and clearly identified "Not for Human Consumption."
2. Subsection (A)(1) does not apply to meat from animals affected by any disease that does not render the meat unfit for human consumption if the affected animals are slaughtered in establishments where meat inspection is maintained under A.R.S. § 3-2051 and 9 CFR, Chapter III, Subchapter A, which is incorporated by reference in R3-2-202(A).

B. Injured animals. An injured animal may be slaughtered by:
1. The animal's owner at the owner's premises if the meat is used solely for consumption by the owner, the owner's immediate family, or employees. The owner shall keep the animal's hide until it has been inspected and marked or tagged by a livestock officer under A.R.S. § 3-2011.
2. An official slaughter establishment, if:
   a. The animal is inspected by a livestock officer at origin; or
   b. The animal is transported to the official slaughter establishment with a self-inspection certificate; or
   c. The animal is transported to an official slaughter establishment with a waiver from the Associate Director and the waiver is documented by the livestock officer.
3. An exempt slaughterer, if the meat is used solely for consumption by the animal's owner, the owner's immediate family or employees, and if:
   a. The animal's body temperature is 103º F or less and except for the injury its condition appears normal; and
   b. The animal is inspected by a livestock officer at origin who verifies the temperature and condition of the animal and approves it for slaughter; or
   c. The Associate Director waives the inspection and the waiver is documented by the livestock officer, and the exempt slaughterer verifies the temperature and condition of the animal.

C. Non-ambulatory disabled cattle. Non-ambulatory disabled cattle shall not be slaughtered by any official or exempt slaughterer. Non-ambulatory disabled cattle are cattle that cannot rise from a recumbent position or that cannot walk, including, but not limited to, those with broken appendages, severed tendons or ligaments, nerve paralysis, fractured vertabal column, or metabolic conditions.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-203 renumbered from Section R3-9-203 (Supp. 91-4). Amended effective July 13, 1995 (Supp. 95-3). Former Section R3-2-208 renumbered to R3-2-203; new Section R3-2-208 renumbered from Section R3-2-203 and amended by final rulemaking at 5 A.A.R. 1593, effective May 5, 1999 (Supp. 99-2). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-209. Exempt Non-mobile Slaughter Establishments

In addition to A.R.S. § 3-2050 and the material incorporated in R3-2-202(A), the following shall be provided when slaughtering animals in an exempt non-mobile slaughter establishment:

1. General.
   a. A metal knocking box or concrete box with metal door to confine the animal before stunning;
   b. A distance of at least three feet from the header rail to the adjacent wall;
   c. A bleeding rail with its top at least 16 feet above the floor; and
   d. Dressing rails and cooler rails placed so the lowest part of the carcass is at least 12 inches from the floor.
2. Coolers. A chill cooler and separate holding cooler may be provided or both may be combined in one unit. The walls shall be light colored, smooth, free from cracks, and impervious to moisture. The door between the slaughtering department and the chill cooler shall be clad with rust-resistant material. Rails shall be spaced at least two feet from walls, columns, refrigeration equipment, or other fixed equipment to prevent contact with the carcasses.
3. Disposal of blood. If blood is not permitted to drain into the sewage system, it may be collected in a metal tank and removed from the premises.
4. Drainage.
   a. Floors that require flushing during operations shall have sloped floor drains to carry off the effluent. Drainage systems shall conform to state and local plumbing codes.
   b. Grease recovery systems shall not mask odors or create a harborage for pests.
5. Ventilation and lighting. Natural ventilation may be supplemented by artificial means and shall be sufficient to ensure the absence of dust, masking odors, or steam vapors. To ensure adequate lighting at all times and at all places, natural lighting shall be supplemented by well-distributed artificial lighting.
6. Potable water supply, wash basins, sterilizing facilities.
   a. Hot and cold running water, under pressure, shall be available in all parts of the plant and in conformity with the requirements of the Arizona Department of Health Services. The hot water used for sterilizing equipment, floors, and walls that may be contaminated by the dressing procedure or handling of diseased carcasses, viscera, and other animal parts, shall be at least 180° F. A thermometer shall be installed to verify the temperature of the water at the point of use. A cleanup hose shall be available for use.
   b. One or more wash basins shall be located in the slaughtering department. The wash basins shall be equipped with hot and cold running water, delivered through a combination mixing faucet with an outlet at least 12 inches above the rim of the bowl. The water delivery shall be foot-pedal operated, and the drainage outlet shall lead directly into the sewage lines. Soap and disposable towels shall be convenient to the wash basins.
   c. The tool sterilizer shall be maintained at 180° F and be in operation at all times during slaughter activities.
7. Protection against flies, rodents, or other vermin.
   a. Establishments shall be free of flies, rats, mice, roaches, and other pests or vermin. The establishment shall be constructed and maintained to prevent entrance of pests to the premises and to eliminate

breeding places from the surrounding area and in the establishment.

b. Animal handling facilities such as stock pens and runways shall be clean and manure or other waste materials removed shall not accumulate at or near the establishment.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 1593, effective May 5, 1999 (Supp. 99-2).

ARTICLE 3. FEEDING OF ANIMALS

R3-2-301. Repealed

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-301 renumbered from Section R3-9-301 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Section repealed by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-302. Permit to Feed Garbage to Swine; Requirements

A swine garbage feeding permit holder or applicant for a permit to feed garbage to swine shall comply with the following requirements:

1. An approved cooker is installed, is in operating condition on the premises, and fenced off from all swine.
2. A concrete slab, trough, or other easily cleanable area, and equipment for feeding garbage is provided.
3. Premises utilized for swine garbage feeding are reasonably clean, free of litter, adequately drained, and provide for removal of animal excrement and garbage not consumed.
4. Individually operated swine garbage feeding premises are separated from other swine premises by a minimum distance of 200 feet in all directions and constructed to prevent the escape of any swine.
5. In addition, all swine garbage feeding permit holders shall follow all federal garbage feeding regulations as outlined in 9 CFR Part 166 as revised on January 1, 2018.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-302 renumbered from Section R3-9-302 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

ARTICLE 4. ANIMAL DISEASE PREVENTION AND CONTROL

R3-2-401. Definitions

1. "Animal Name" refers to the shelter impound number of the animal.
2. "Anti-Rabies Vaccine" is an active immunizing agent used to prevent infection caused by the rabies virus approved by the State Veterinarian pursuant to A.R.S. § 11-1002.
3. "Approved Rabies Vaccinator Curriculum" means an in-person vaccination training curriculum approved by the State Veterinarian of Arizona and administered by a supervising veterinarian.
4. "Biologics" means medical preparations made from living organisms and their products, including serums, vaccines, antigens, and antitoxins.
5. "Certified Rabies Vaccinator" means an unlicensed individual who is appointed and certified by a supervising veterinarian and authorized under A.R.S. § 32-2240.02 to vaccinate domestic animals against rabies, who is employed by a shelter, as defined herein, and who in the absence of a licensed veterinarian, has agreed to supervise the acquisition, storage, administration, and record keeping of the anti-rabies vaccine.
6. "Compendium of Animal Rabies Prevention and Control" refers to the 2016 edition of the NASPHV Compendium of Animal Rabies Prevention and Control, incorporated by reference, and does not include any later amendments or editions of the incorporated matter, and is on file with the Department.
7. "Domestic animal" means a mammal, not regulated by title 3, that is kept primarily as a pet or companion or that is bred to be a pet or companion.
8. "Foreign Animal Disease" means a transboundary animal disease or pest, or an aquatic animal disease or pest, not known to exist in the United States.
9. "NASPHV" refers to the National Association of State Public Health Veterinarians.
10. "Rabies Certificate" refers to the NASPHV FORM 51 (revised 2007) or equivalent computer-generated form.
11. "Shelter" means an animal care and control shelter or pound operated by any town, city, county or the state, including privately run animal shelters that are utilized by a town, city, county or the state.
12. "State Veterinarian" means the person appointed as the State Veterinarian under A.R.S. § 3-1211.
13. "Supervising Veterinarian" means a veterinarian licensed by the Arizona Veterinary Medical Examining Board, who is authorized under these rules to designate a Certified Rabies Vaccinator.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-401 renumbered from Section R3-9-401 (Supp. 91-4). Former Section R3-2-401 renumbered to R3-2-402; new Section R3-2-401 adopted by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2). Amended by final rulemaking at 30 A.A.R. 311 (February 16, 2024), effective March 24, 2024 (Supp. 24-1).

R3-2-402. Mandatory Disease Reporting by Veterinarians and Veterinary Laboratories

A. All veterinarians and laboratories performing diagnostic services on animals shall:

B. Notify the State Veterinarian at (602) 542-4293 and diseasereporting@azda.gov, within four hours of diagnosing or suspecting any disease or clinical signs of disease listed below:

1. African horse sickness
2. African swine fever
3. African trypanosomiasis
4. Anthrax
5. Avian influenza

6. Bovine Babesiosis
7. Bovine spongiform encephalopathy
8. Classical Swine Fever
9. Contagious agalactia
10. Contagious bovine pleuropneumonia
11. Contagious caprine pleuropneumonia
12. Crimean Congo Hemorrhagic Disease
13. Dourine
14. Enterovirus encephalomyelitis
15. Equine infectious anaemia
16. Equine Neurologic Diseases (Eastern, Western, Venezuelan, West Nile Virus, Equine Herpesvirus-1/ Equine Herpesvirus Myeloencephalopathy)
17. Foot and Mouth Disease
18. Glanders
19. Heartwater (Ehrlichia ruminantium)
20. Hemorrhagic septicemia (Pasteurella multocida)
21. Hendra virus (Equine morbillivirus)
22. Infectious haematopoietic necrosis of fish
23. Japanese encephalitis
24. Lumpy skin disease
25. Malignant catarrhal fever
26. Melioidosis (Burkholderia pseudomallei)
27. Nairobi sheep disease
28. Newcastle Disease
29. Nipah
30. Peste des Petits Ruminants
31. Rabies
32. Rabbit Hemorrhagic Disease
33. Rift Valley Fever
34. Rinderpest
35. Schmallenberg virus/Akabane
36. Senecavirus A
37. Screwworm myiasis
38. Sheep and goat pox
39. Surra (Trypanosoma evansi)
40. Swine Vesicular Disease
41. Theileriosis (T. parva or T. annulata)
42. Tuberculosis (Mycobacterium bovis)
43. Tularemia
44. Turkey rhinotracheitis (Avian metapneumovirus)
45. Trypanosomiasis
46. Viral hemorrhagic septicemia of fish
47. Vesicular exanthema of swine virus
48. Vesicular stomatitis

B. Notify the State Veterinarian at (602) 542-4293 and diseasereporting@azda.gov, within 24 hours of diagnosing or suspecting any disease or clinical signs of disease listed below:

1. Brucellosis (Brucella spp.)
2. Chronic Wasting Disease in Cervids
3. Contagious Equine Metritis
4. Epizootic Lymphangitis
5. Equine Piroplasmosis
6. Equine Viral Arteritis
7. Fowl typhoid (Salmonella gallinarum)
8. Ornithosis (Psittacosis, Avian Chlamydiosis, Chlamydophila psittaci)
9. Pigeon Fever (Corynebacterium pseudotuberculosis)
10. Pseudorabies (Aujeszky's disease)
11. Q fever
12. Pullorum disease (Salmonella pullorum)
13. Scrapie
14. Sheep scabies
15. Strangles (Strep equi spp. equi)
16. Swine enteric coronavirus diseases
17. Trichomoniasis (Tritrichomonas foetus)

Aquatic Diseases

1. Crayfish plague
2. Epizootic hematopoietic necrosis disease
3. Epizootic ulcerative syndrome
4. Gyrodactylosis
5. Abalone Viral Ganglioneuritis
6. Bonamiosis (B. exitiosa/ostreae)
7. Marteiliosis (M. refringens)
8. Perkinsosis (P. marinus /olseni)
9. Salmonid alphavirus infection
10. Infection with Xenohaliotis californiensis
11. Infectious hematopoietic necrosis
12. Infectious hypodermal and haematopoietic necrosis
13. Infectious myonecrosis
14. Infectious salmon anemia
15. Koi herpesvirus disease
16. Necrotizing hepatopancreatitis
17. Red sea bream iridoviral disease
18. Spring viremia of carp
19. Taura syndrome
20. Tilapia Lake Virus (TiLV)
21. Viral hemorrhagic septicemia
22. Viral nervous necrosis (VNN)
23. White spot disease
24. White tail disease
25. Yellowhead

C. Notify the State Veterinarian by email at diseasereporting@azda.gov or facsimile at (602) 542-4290 within 30 days after diagnosing any of the diseases listed below:

1. Anaplasmosis
2. Avian infectious bronchitis
3. Avian infectious laryngotracheitis
4. Bluetongue
5. Bovine cysticercosis
6. Bovine genital campylobacteriosis
7. Bovine viral diarrhea
8. Camelpox
9. Caprine arthritis/encephalitis
10. Duck viral hepatitis
11. Echinococcosis/hydatidosis
12. Enzootic abortion of ewes
13. Enzootic bovine leukosis (BLV)
14. Epizootic hemorrhagic disease
15. Equine Herpesvirus - 4
16. Equine influenza
17. Infectious bovine rhinotracheitis
18. Infectious bursal disease
19. Johne's disease
20. Leishmaniasis
21. Leptospirosis
22. Maedi-visna (OPP)
23. Marek's disease
24. Mycoplasma Gallisepticum
25. Mycoplasma Synoviae
26. Myxomatosis in rabbits
27. Porcine cysticercosis
28. Porcine Reproductive and Respiratory Syndrome
29. Paratyphoid abortion in Ewes (Salmonella abortusovis)
30. Swine influenza
31. Trichinellosis (Trichinella spiralis)

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section

R3-2-402 renumbered from Section R3-9-402 (Supp. 91-4). Former Section R3-2-402 renumbered to R3-2-403; new Section R3-2-402 renumbered from R3-2-401 and amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-403. Quarantine for Diseased Animals

A. A quarantine order shall be issued by the Director or his designee when the presence of a Foreign Animal Disease is suspected or diagnosed.

B. A quarantine order may be issued by the Director or his designee on the advice of the State Veterinarian when the presence of a disease is suspected or diagnosed.

C. The quarantine order may isolate specific animals, premises, counties, districts, or sections of the state and shall restrict the movement of animals.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-403 renumbered from Section R3-9-403 (Supp. 91-4). Former Section R3-2-403 repealed; new Section R3-2-403 renumbered from Section R3-2-402 and amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 135, effective December 15, 2016 (Supp. 16-4). New Section made by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-404. Importation, Manufacture, Sale, and Distribution of Biologics

A. Any person importing, manufacturing, selling, or distributing any biologic intended for diagnostic or therapeutic treatment of animals shall request, in writing, permission from the State Veterinarian.

B. The State Veterinarian shall not approve the importation, manufacture, sale, or distribution of any biologic that will interfere with the state's animal disease control programs.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-404 renumbered from Section R3-9-404 (Supp. 91-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-405. Depopulation of Animals Infected with a Foreign Animal Disease

When a Foreign Animal Disease is diagnosed, the State Veterinarian may order the owner, agent, or feedlot operator to immediately depopulate and dispose of all infected and exposed animals on the premises if necessary to prevent the spread of the disease among animals.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-405 renumbered from Section R3-9-405 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-406. Disease Control; Designated Feedlots

A. Designated feedlots are subject to the following restrictions:

B. A designated feedlot shall have a restricted feeding pen. A restricted feeding pen shall:

1. Be isolated from all other pens,
2. Have separate loading and unloading chutes, alleys, and handling facilities from all other pens,
3. Not share water or feeding facilities accessible to other areas,
4. Be posted at all corners with permanently affixed signs stating "Restricted Feeding Area,"
5. Have a minimum of eight feet between restricted and other pens and facilities, and
6. Have no common fences or gates with other pens.

C. An operator may place diseased cattle or bison that are under state quarantine into a restricted feeding pen as follows:

1. All cattle or bison, except steers and spayed heifers, shall be branded with an "F" at least two inches in height, adjacent to the tailhead before entering the pen; and
   a. Imported cattle or bison, of any age and from any area shall be transported under seal and shall be accompanied by an entry permit number and a Certificate of Veterinary Inspection or federal restricted movement document; or
   b. Native Arizona cattle or bison shall be accompanied by an Arizona livestock inspection certificate, as approved by the State Veterinarian or designee.

D. An operator may move cattle or bison from a restricted feeding pen to slaughter or to another designated feedlot only by prior written approval of the State Veterinarian or APHIS veterinarian.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-406 renumbered from Section R3-9-406 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-407. Disease Control; Equine Infectious Anemia

A. The Arizona official test for EIA is either the agar-gel immunodiffusion test, known as the Coggins Test, or the Competitive Enzyme-Linked Immunosorbent Assay test, known as the CELISA test. The test shall be performed in a laboratory approved by APHIS, and required samples shall be drawn by an accredited veterinarian, the State Veterinarian, the State Veterinarian's designee, or an APHIS veterinarian.

B. Disposal of equine testing positive.

1. When an Arizona equine tests positive to EIA, the testing laboratory shall notify the State Veterinarian by telephone at (602) 542-4293 and email at diseasereporting@azda.gov, within four hours.

2. The EIA-positive equine shall be quarantined at its current location, segregated from other equine, and shall not be moved unless authorized by the State Veterinarian. The equine shall be retested by the State Veterinarian, the State Veterinarian's designee, or an APHIS veterinarian within two weeks of the notification.
3. Within 14 days of being notified by the testing laboratory of a positive test conducted under subsection (B)(2), the State Veterinarian or the State Veterinarian's designee shall brand the equine on the left side of its neck with "86A" not less than two inches in height.
4. Within 10 days after being branded, the EIA-positive equine shall be:
   a. Humanely destroyed,
   b. Confined to a screened stall marked "EIA Quarantine" that is at least 200 yards from other equine, or
   c. Consigned to slaughter at a slaughtering establishment. If consigned to slaughter, the equine shall be accompanied by a Permit for Movement of Restricted Animals, VS 1-27, issued by the State Veterinarian, the State Veterinarian's designee, or an APHIS veterinarian.
5. Offspring of mares testing EIA-positive shall be quarantined, segregated from other equine, and tested for EIA at six months of age. Offspring testing positive shall be handled as prescribed in subsections (B)(3) and (B)(4).
6. If an EIA-positive equine is located on premises other than those of the owner at the time a quarantine under this Section, the State Veterinarian may authorize movement of the EIA-positive equine to the owner's premises if requested by the owner. Movement shall be under the direct supervision of the State Veterinarian or the State Veterinarian's designee. If the owner lives in another state, the owner may move the equine to that state with the permission of the chief livestock health official of the state and APHIS.

C. The State Veterinarian shall require testing of any equine located in the same facility as the EIA-positive equine or any equine considered exposed to the EIA-positive equine. The owner of the equine tested shall pay the expenses for the testing.

D. The owner of any equine found to be EIA-positive shall not be indemnified by the state for any loss caused by the destruction or loss of value of the equine.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-407 renumbered from Section R3-9-407 (Supp. 91-4). Amended effective February 4, 1998 (Supp. 98-1). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-408. Disposition of Livestock Exposed to Rabies

Livestock bitten by a known or suspected rabid animal shall be handled using the methods prescribed in the NASPHV Compendium of Animal Rabies Control.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-408 renumbered from Section R3-9-408 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2). Amended by final rulemaking at 30 A.A.R. 311 (February 16, 2024), effective March 24, 2024 (Supp. 24-1).

R3-2-409. Rabies Vaccines for Animals

A. All animals in Arizona vaccinated against rabies shall be vaccinated as prescribed in the NASPHV Compendium of Animal Rabies Control.

B. A person who is not a licensed veterinarian may be certified as a rabies vaccinator by a licensed veterinarian after completing the approved rabies-vaccinator curriculum. Initial certification shall be valid for one year and renewals after the first year shall be valid for two years. Each renewal shall only be granted upon completion of the current rabies-vaccinator curriculum.

C. Anti-rabies vaccines may be administered under the supervision of a licensed veterinarian or by a Certified Rabies Vaccinator to animals on the premises of shelters before release.

D. Duties and responsibilities of the Certified Rabies Vaccinator are to:
1. Abide by all local, state, and federal laws and regulations pertaining to the operation of a shelter, including those laws and regulations governing possession and use of anti-rabies vaccine.
2. Comply with the Compendium of Animal Rabies Prevention and Control, including storage of anti-rabies vaccine at the required temperature, and administration of anti-rabies vaccine in an aseptic manner that meets the current standards of veterinary practice.
3. Refer for appropriate treatment domestic animals that experience an adverse event to a licensed veterinarian; and report the adverse event to the supervising veterinarian and the vaccine manufacturer.
4. Procure anti-rabies vaccine through the state veterinary license number of the supervising veterinarian.
5. A Rabies Certificate must be completed in full for every vaccinated domestic animal, shall include the legible name of the Certified Rabies Vaccinator, and shall be signed by the Certified Rabies Vaccinator or supervising veterinarian.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Amended effective October 16, 1986 (Supp. 86-5). Amended effective January 6, 1989 (Supp. 89-1). Section R3-2-409 renumbered from Section R3-9-409 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2). Amended by final rulemaking at 30 A.A.R. 311 (February 16, 2024), effective March 24, 2024 (Supp. 24-1).

R3-2-409.01. Requirements of Certified Rabies Vaccinator Approved Curriculum; Recordkeeping; Inspection

A. Approved curriculum training shall include an instructional section and a practical exam showing competency; and shall include, but not be limited to, the following topics:
1. Anatomy.
2. Personnel safety.
3. Acceptable methods of disposal of supplies.
4. Humane methods of handling domestic animals.
5. Proper vaccine storage and handling.
6. Proper vaccine administration.
7. Record keeping.
8. Management and reporting of adverse events.

B. These rules are provided as components of a certified rabies-vaccinator program, and no fee shall be charged by the State Veterinarian, however the State Veterinarian takes no position on establishment of reasonable fees by a supervising veterinarian for implementation of a certified rabies-vaccinator program.

C. The Certified Rabies Vaccinator shall keep records of all vaccination-related activities for three years including, but not limited to:
1. Rabies certificates.
2. Adverse event reports, including reports of human exposure to rabies vaccines.

D. A shelter is subject to periodic random inspection by the Office of the State Veterinarian. Upon request by the Office of the State Veterinarian, the responsible supervising veterinarian or Certified Rabies Vaccinator shall immediately produce requested records.

E. Following an audit or inspection, if evidence exists of non-compliance with the above standards, the State Veterinarian reserves the right to terminate a Certified Rabies Vaccinator's certification.

Historical Note

New Section made by final rulemaking at 30 A.A.R. 311 (February 16, 2024), effective March 24, 2024 (Supp. 24-1).

R3-2-410. Trichomonas Testing Requirements

A. Definitions. For purposes of this Section, the following definitions shall apply.

"Accredited Veterinarian" means an individual who is currently licensed to practice veterinary medicine in the State of Arizona and is an Accredited Level II by the United States Department of Agriculture, Animal Plant Health Inspection Service.

"Approved Laboratory" means any laboratory designated and approved by the State Veterinarian for examining *T. foetus* samples and reporting all results to the State Veterinarian.

"Bull" means an intact male bovine 12 months of age and older and is not confined to a drylot dairy.

"Change of Ownership" means when a bull is sold, leased, gifted, or exchanged and changes premises for breeding purposes in Arizona.

"Commingle" means cattle of opposite sex in the same enclosure or pasture with a reasonable opportunity for sexual contact.

"Direct to Slaughter" means transporting an animal from site of testing to a sale yard or directly to a slaughter plant without unloading or commingling prior to arrival.

"Official *T. foetus* bull test" means the sampling of a bull by a licensed, accredited veterinarian. Such test must be conducted after at least seven days separation from all female bovine. The bull and sample must be officially and individually identified and documented for laboratory submission. The official laboratory test shall be a polymerase chain reaction (PCR), or other technologies as approved by the State Veterinarian and adopted through a Director's Administrative Order. The test is not considered official until results are reported by the testing laboratory.

"Official *T. foetus* laboratory testing" means the laboratory procedures that shall be approved by the State Veterinarian for identification of *T. foetus*.

"Positive *T. foetus* bull" means a bull that has had a positive official *T. foetus* bull test.

"Tritrichomonas foetus" OR "*T. foetus*" means a protozoan parasite that is the causative agent to the contagious venereal disease Trichomoniasis.

B. Testing requirements for Official *T. foetus*.
1. All Arizona origin bulls sold, leased, gifted, exchanged or otherwise changing possession for breeding purposes in Arizona shall be tested for *T. foetus* via Official *T. foetus* bull test prior to sale or change of ownership in the state, unless going to direct slaughter. *T. foetus* testing shall be performed on bulls prior to change of ownership of that bull.
2. The Official *T. foetus* test shall be collected by an Accredited Veterinarian and performed though an Approved Laboratory.
3. Pooled testing is not an official test.
4. The *T. foetus* negative test is valid for 60 days after the test is performed, providing the bull is kept separated from all female bovine.

C. Positive bull identification.
1. When a positive *T. foetus* bull is identified, the Accredited Veterinarian shall notify the producer upon receipt of the positive test results.
2. Regardless of R3-2-402, the Accredited Veterinarian and Approved Laboratory shall notify the State Veterinarian of a positive *T. foetus* bull within 24 hours of receiving the results. The State Veterinarian's Office, working in coordination with the regional livestock inspection staff, shall to the best of their ability notify the regional bovine producers about the positive test within 14 days upon notification of positive test. The State Veterinarian and/or livestock inspection staff is not required to reveal any details of the test just that there is a positive test in the region.
3. The Accredited Veterinarian that performed the test shall return to place of testing to verify the Official Identification of the positive bull.
4. The Accredited Veterinarian, or a person under direct supervision of the Veterinarian, shall brand the bull with an official "S" brand adjacent to the tailhead on the right hip.
5. If the bull testing positive is not at the premises where the *T. foetus* testing occurred, the Accredited Veterinarian will immediately notify the State Veterinarian's Office.
6. If an Accredited Veterinarian is unable to return to the premises in a time that is reasonable for sale of the bull,

the producer shall take the positive *T. foetus* bull directly to the regional livestock sale yard.

a. The producer shall immediately notify the sale yard of the positive *T. foetus* bull. Failure to notify the sale yard of the positive *T. foetus* bull will result in a violation of this Section and the producer shall be subject to the penalties of A.R.S. § 3-1205(D).
b. Prior to sale at the sale yard, a Livestock Officer shall verify the official identification of the positive *T. foetus* test bull.
c. After the official identification is verified, the bull shall be branded with an official "S" brand adjacent to the tailhead on the right hip. The branding shall be done under direct supervision of a Livestock Officer or Livestock Inspector.

7. If a bull arrives at a livestock auction without an Official *T. foetus* bull test, the bull shall be quarantined at the auction and tested at the expense of the owner or shall be branded with an "S" brand and be sold only for slaughter.

D. Disposal of bull testing positive.

1. A bull testing positive for *T. foetus* or branded with the official "S" brand shall go direct to slaughter or shall be placed under State Quarantine and fed in a restricted feeding pen within a designated feedlot according to R3-2-406.
2. The *T. foetus* positive bull shall not be commingled with any other female bovine. The bull shall go from the testing premises to direct slaughter or to the restricted feeding pen within 30 days of the positive *T. foetus* test.
3. All remaining herd bulls shall be under a Trichomonas Herd Management Program overseen by the Herd Veterinarian until two negative *T. foetus* tests are performed and documented.
4. "S" branded bulls purchased at a sale yard shall go direct to a slaughter plant without unloading or commingling prior to arrival.

E. Trespassing or Stray Bulls.

1. In the event of a trespassing or stray bull, the herd owner who locates the bull, may request an Official *T. foetus* bull test for that bull. In the event of a positive Official *T. foetus* bull test, subsections (B) and (C) shall apply.
2. The cost of the veterinary services and Official *T. foetus* bull test shall be the responsibility of the herd owner. In the event of a stray bull, the animal will be subject to A.R.S. §§ 3-1401 et seq.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Repealed by final rulemaking at 26 A.A.R. 781, effective June 8, 2020; new Section made by final rulemaking at 26 A.A.R. 812, effective June 8, 2020 (Supp. 20-2).

R3-2-411. Repealed

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 4812, effective December 7, 2000 (Supp. 00-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by exempt rulemaking under Laws 2016, Ch. 160, § 9 at 22 A.A.R. 2400, effective August 6, 2016 (Supp. 16-3). Repealed by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-412. Repealed

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3628, effective August 7, 2002 (Supp. 02-3). Repealed by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-413. Sheep and Goats; Intrastate Movement

A. Before intrastate movement of a sheep more than 18 months of age, or a sheep or goat of any age not in a slaughter channel, the producer shall identify the animal to the flock of birth using official identification before leaving the flock of birth. A sheep or goat not in a slaughter channel includes an animal not for sale, transfer, or movement to:

1. A slaughter facility,
2. Custom slaughter, or
3. A feeding operation before movement to slaughter.

B. Subsection (A) does not apply if the first point of commingling with animals other than those in the flock of birth is an Arizona auction market that is an approved tagging site.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3628, effective January 1, 2003 (Supp. 02-3). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

ARTICLE 5. STATE-FEDERAL COOPERATIVE DISEASE CONTROL PROGRAM

R3-2-501. Tuberculosis Control and Eradication Procedures

A. Procedures for tuberculosis control and eradication in cattle, bison, and goats shall be as prescribed in 9 CFR Part 77 as revised on January 1, 2018. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Office of the Secretary of State.

B. Procedures for tuberculosis control and eradication in cervidae not listed as restricted live wildlife in A.A.C. R12-4-406 shall be as prescribed in 9 CFR 77 Subpart C as revised on January 1, 2018. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Office of the Secretary of State.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Amended subsection (A) effective October 16, 1986 (Supp. 86-5). Section R3-2-501 renumbered from Section R3-9-501 (Supp. 91-4). Amended effective March 5, 1997 (Supp. 97-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-502. Repealed

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-502 renumbered from Section R3-9-502 (Supp. 91-4). Amended effective March 5, 1997 (Supp. 97-1). Section repealed by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is

January 1, 2000 (Supp. 01-1).

R3-2-503. Brucellosis Control and Eradication Procedures

A. Procedures for brucellosis control and eradication in cattle and bison shall be as prescribed in 9 CFR 78 as revised on January 1, 2018. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department.

B. Procedures for brucellosis control and eradication in swine shall be as prescribed in 9 CFR 78 Subpart D as revised on January 1, 2018. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department.

C. Procedures for brucellosis control and eradication in animals not listed as restricted live wildlife in A.A.C. R12-4-406, shall be as prescribed in the USDA publication, Brucellosis in Cervidae: Uniform Methods and Rules, effective September 30, 2003. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Amended effective October 16, 1986 (Supp. 86-5). Amended effective January 6, 1989 (Supp. 89-1). Section R3-2-503 renumbered from Section R3-9-503 (Supp. 91-4). Amended March 5, 1997 (Supp. 97-1). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-504. Pseudorabies Procedures for Eradication

Procedures for pseudorabies control and eradication in swine shall be as prescribed in 9 CFR 85 as revised on January 1, 2018. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department.

Historical Note

Adopted effective March 5, 1997 (Supp. 97-1). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-505. Scrapie Procedures for Eradication

The Department controls and eradicates scrapie using the procedures outlined in 9 CFR 79 as revised on January 1, 2018. This material is incorporated by reference, does not include any later amendments or editions, and is on file with the Department.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3628, effective August 7, 2002 (Supp. 02-3). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

ARTICLE 6. HEALTH REQUIREMENTS GOVERNING ADMISSION OF ANIMALS

R3-2-601. Repealed

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-601 renumbered from Section R3-9-601 (Supp. 91-4). Amended effective March 5, 1997 (Supp. 97-1). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4). Repealed by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-602. Importation Requirements

A. All animals transported or moved into the state of Arizona, shall be accompanied by a valid, official Certificate of Veterinary Inspection from the state of origin, or a VS 9-3 form for National Poultry Improvement Plan flocks. All animals shall be imported in accordance with this Section and the species-specific Section in this Article. Any violation of this Article is subject to a hold order pursuant to R3-2-605.

B. Livestock may not enter the state of Arizona unless accompanied by an Arizona entry permit number documented on the Certificate of Veterinary Inspection. This requirement applies regardless of the species, breed, sex, class, age, point of origin, place of destination, or purpose of the movement of the livestock entering the state, except:

1. Equine;
2. Livestock consigned directly to slaughter at a state or federally licensed slaughter establishment; or
3. Livestock being transported through the state.

C. An animal affected with or recently exposed to any infectious, contagious, or communicable disease, or which originates in a state or federal quarantine area, shall not be transported or moved into the state of Arizona unless a permit for the entry is first obtained from the Arizona State Veterinarian's Office. All conditions for the movement of animals from a quarantined area established by the quarantining authority or APHIS shall be met. Animals imported from a quarantine area may be subject to additional import requirements by the State Veterinarian prior to entry into Arizona.

D. The owner or owner's agent shall obtain prior permission from the State Veterinarian to ship or move into the state of Arizona any animal from a lot or herd from which an animal shows clinical signs of disease or positive reaction to a test required for admission to Arizona.

E. The Director may enter into an agreement to allow New Mexico livestock consigned directly to an Arizona livestock auction to enter the state on a New Mexico brand inspection certificate in place of a Certificate of Veterinary Inspection. If the agreement is entered, it shall be posted on the Arizona Department of Agriculture's website. In the event the agreement is terminated or expires, the Department shall put notice of the termination on the website. The livestock owner or owner's agent is responsible for ensuring that the agreement is current prior to shipping the livestock. This process is subject to the restrictions included in the agreement.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section

R3-2-602 renumbered from Section R3-9-602 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-603. Repealed

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-603 renumbered from Section R3-9-603 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4). Repealed by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-604. Repealed

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-604 renumbered from Section R3-9-604 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Repealed by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-605. Hold Order for Animals Entering Illegally

A. Animals entering the state in violation of any Section under this Article, may be placed under a hold order at the risk and expense of the owner until released by an authorized representative of the State Veterinarian. Animals placed under a hold order for noncompliance with this Article may be released only after the State Veterinarian is satisfied by testing, dipping, or observation over time, that the animals are not a threat to the livestock industry.

B. The State Veterinarian may order that an imported animal failing to meet entry requirements be returned to the state of origin, consigned directly to slaughter, confined to a designated feedlot, or consigned to a feedlot in another state within two weeks of the request. Any extension to this time-frame must be approved in writing by the State Veterinarian.

C. If the owner or owner's agent fails to comply with an order to return an animal to the state of origin within the time-frame required in subsection (B), the Department shall require that the animal be immediately gathered and tested at the owner's risk and expense to avoid exposure of Arizona animals to disease. The owner shall pay the expenses no later than five days after receipt of the bill. Failure to do so will result in an auction of sufficient livestock to pay the expenses which shall be held within 10 days at public auction. If additional expenses occur due to lack of cooperation by the owner or the owner's agent, the Director shall order the further sale of livestock.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Former Section R3-9-605 renumbered to R3-2-605 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-606. Certificate of Veterinary Inspection

A. A Certificate of Veterinary Inspection is valid for not more than 30 days after the date of issue, except where otherwise noted in this Article, and shall contain:
1. The name and address of the Consignor and Consignee;
2. The physical address of the origin of the animal;
3. The physical address of the animal's final destination;
   a. Entry permit number if applicable;
   b. Official identification if applicable; and
   c. Certificate of Veterinary Inspection individual certificate number.
   d. Qualifying required tests with completion dates.

B. The Certificate of Veterinary Inspection shall be forwarded to the State Veterinarian in Arizona within 14 days of issue.

C. A VS form 17-30 is deemed a valid international CVI if the following conditions are met:
1. Accompanied by a valid brand inspection certificate from a southern border state with an entry permit number; and
2. Official identification as documented on the VS form 17-30.

D. Official Certificates of Veterinary Inspection may be used in electronic or paper form.

E. Additions, deletions, and unauthorized or uncertified changes inserted or applied to a Certificate of Veterinary Inspection renders the certificate void and may be subject to state or federal penalties.

F. The veterinarian issuing a Certificate of Veterinary Inspection shall certify that the animals shown on the Certificate of Veterinary Inspection are free from evidence of any infectious, contagious, or communicable disease or known exposure.

G. An accredited veterinarian shall inspect animals for entry into the state.

H. The Director may limit the period for which a Certificate of Veterinary Inspection is valid to less than 30 days if advised by the State Veterinarian of the occurrence of a disease that constitutes a threat to the livestock industry.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-606 renumbered from Section R3-9-606 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 8 A.A.R. 3628, effective August 7, 2002 (Supp. 02-3). Amended by final rulemaking at 14 A.A.R. 884, effective May 3, 2008 (Supp. 08-1). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020

(Supp. 20-2).

R3-2-607. Entry Permit Number

A. An entry permit number for interstate movement may be obtained from the Office of the State Veterinarian, by calling (602) 542-4293 during the hours of 8 a.m. to 5 p.m. Monday through Friday, excluding state holidays. Any person applying for an entry permit number shall provide the following information:
1. The name and address of the Consignor and Consignee;
2. The number and kind of animals;
3. The physical address of the origin of shipment;
4. The physical address of the shipment's final destination;
5. The method of transportation; and
6. Any other information required by the State Veterinarian.

B. An entry permit number is valid for a maximum of 30 calendar days from the date of issuance unless otherwise indicated on the CVI.

C. An entry permit number shall be issued if the animals listed on the Certificate of Veterinary Inspection are in compliance with this Article. To cope with changing disease conditions, the State Veterinarian may refuse to issue an entry permit number or may require additional conditions not specifically established in this Article if necessary to protect animal health in Arizona.

D. The entry permit number issued shall be affixed or written on the Certificate of Veterinary Inspection, brand inspection certificate, and any other official documents as follows: "Arizona Permit No. _____" followed by the serialized number.

E. The State Veterinarian shall refuse to grant an entry permit number to any person who repeatedly commits the following:
1. Giving false information concerning an entry permit number for transportation of animals,
2. Failing to fulfill the conditions of an entry permit number, or
3. Failing to obtain an entry permit number.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-607 renumbered from Section R3-9-607 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-608. Repealed

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-608 renumbered from Section R3-9-608 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4). Repealed by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-609. Diversion; Prohibitions

A person consigning, transporting, or receiving an animal into the state of Arizona shall not authorize, order, or carry out diversion of the animal to a destination or consignee other than as set forth on the Certificate of Veterinary Inspection and entry permit, if required, without first obtaining permission from the State Veterinarian.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-609 renumbered from Section R3-9-609 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-610. Tests; Official Confirmation

A state or federal animal diagnostic laboratory or APHIS-approved laboratory shall perform or confirm any animal testing required by a state or federal authority as a condition for entry into Arizona.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-610 renumbered from Section R3-9-610 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4).

R3-2-611. Transporter Duties

A. All owners and operators of railroads, trucks, airplanes, or other conveyances transporting animals into or through the state shall possess all of the importation documents required by this Article. These documents shall be attached to the waybill, or be in the possession of the vehicle driver, or person in charge of the animals. When a single Certificate of Veterinary Inspection and entry permit number is issued for animals being moved in more than one vehicle, the driver of each vehicle shall possess the original or a copy of the Certificate of Veterinary Inspection containing the entry permit number, if required.

B. The owner or operator of a railroad car, truck, airplane, or other conveyance used to transport animals into or through the state shall maintain the conveyance in a clean and sanitary condition.

C. The owners and operators of railroads, trucks, airplanes, or other conveyances who transport animals into the state in violation of this Section shall clean and disinfect the conveyance in which the animals were illegally brought into the state before using the conveyance for transporting more animals. The cleaning and disinfection shall be performed under the supervision of an authorized representative of the State Veterinarian or the USDA.

D. The owners or operators of railroads, trucks, airplanes, or other conveyances shall follow the USDA requirements and Arizona Department of Agriculture rules and statutes, in the humane transport of animals into, within, or through the state.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-611 renumbered from Section R3-9-611 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is

January 1, 2000 (Supp. 01-1). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-612. Importation of Cattle and Bison

A. The Certificate of Veterinary Inspection for cattle and bison shall include:
1. A valid entry permit number.
2. The number of cattle and bison covered by the Certificate of Veterinary Inspection, an accurate description and official identification, if applicable except for "F" branded heifers consigned to a designated feedlot identified by brand.
3. The health status of the cattle and bison including:
   a. The date of the inspection;
   b. The dipping date, if applicable;
   c. The date of negative results for required testing under this Article; and
   d. The vaccination status as required by this Article.
4. The method of transportation; and
5. For bulls subject to testing under R3-2-612(I), a statement that the bulls:
   a. Tested negative for Tritrichomonas foetus within 30 days prior to shipment using a polymerase chain reaction test; and
   b. Have had no breeding activity during the interval between the collection of the samples and the date of shipment.

B. The owner of cattle and bison entering Arizona or the owner's agent shall comply with the requirements in this Article. Failure to comply with entry requirements will incur the following conditions:
1. Pay the expenses incurred by a hold order to test and retest the imported cattle or bison or return them to the state of origin.
2. For imported beef breeding cattle, breeding bison, and dairy cattle, ensure that an accredited veterinarian applies official identification to each bovine or bison.

C. Arizona shall not accept:
1. Cattle or bison from brucellosis infected, exposed, or quarantined herds regardless of their vaccination or test status, or both, except:
   a. Steers and spayed females, and
   b. Cattle or bison shipped directly for immediate slaughter to an official state or federal slaughter establishment;
2. Cattle or bison of unknown brucellosis exposure status, unless consigned for feeding purposes to a designated feedlot;
3. Dairy cattle from a state or region within a foreign country without brucellosis status comparable to a Class-Free State, or without tuberculosis status comparable to an Accredited-Free State;
4. Dairy and dairy cross steers, and dairy and dairy cross spayed heifers from Mexico;
5. Beef breeding cattle or breeding bison from a state or region within a foreign country without brucellosis status comparable to a Class A State, or without tuberculosis status comparable to a Modified Accredited State.

D. Brucellosis testing requirements for beef breeding cattle, breeding bison, and dairy cattle imported into Arizona from other states.
1. Brucellosis testing is not required in dairy and beef cattle from a brucellosis Class-Free State that does not have free-ranging brucellosis infected bison or wildlife.
2. Brucellosis not required for any cattle or bison consigned to a designated feedlot that are branded with an "F" adjacent to the tail head as long as the State Veterinarian grants permission to apply the "F" brand upon arrival. All "F" branded cattle or bison that leave the designated feedlot shall be shipped directly to:
   a. An official state or federal slaughter establishment for immediate slaughter,
   b. Another designated feedlot, or
   c. Another state if shipping is permitted by the State Veterinarian in the state of destination.
3. All female dairy cattle four months of age or older, imported into Arizona, shall be official calfhood vaccinates, officially identified, certified, and legibly tattooed except for the following:
   a. Show cattle for exhibition,
   b. Cattle consigned directly to an official state or federal slaughter establishment for immediate slaughter, and
   c. Cattle consigned for feeding purposes to a designated feedlot with an entry permit number.
4. For beef breeding cattle, breeding bison, and dairy breeding cattle from a Class A state the owner or owner's agent:
   a. Shall ensure that the cattle remain under quarantine and isolation until the cattle test negative for brucellosis. The test shall be performed no earlier than 45 days and no later than 120 days after entry.
   b. Shall retest dairy cattle if the State Veterinarian determines there is a potential risk of the introduction of brucellosis in the state.
   c. Is not required to quarantine or test for brucellosis official calfhood vaccinates less than 18 months of age, if permission is granted by the State Veterinarian.
5. The owner or owner's agent:
   a. Shall notify the State Veterinarian within seven days of moving cattle or bison that are under quarantine from the destination listed on the import permit and Certificate of Veterinary Inspection.
   b. Shall notify the State Veterinarian at the time animals are retested for brucellosis, if the animals are under quarantine and are not moved from the destination listed on the import permit and Certificate of Veterinary Inspection.
   c. Is not required to notify the State Veterinarian if the cattle or bison are shipped directly to an official state or federal slaughter establishment for immediate slaughter.

E. Tuberculosis testing requirements for beef breeding cattle, breeding bison, and dairy cattle imported into Arizona from other states.
1. No tuberculosis test is required for:
   a. Beef breeding cattle or breeding bison, from a tuberculosis accredited Free State if the state accredited status is documented on the Certificate of Veterinary Inspection and entry permit; or
   b. Steers and spayed heifers.

2. Beef breeding cattle and breeding bison from a Tuberculosis Modified Accredited State or Tuberculosis Class Free State with a Tuberculosis Quarantine in effect, shall test negative for Bovine Tuberculosis within 60 days prior to entry into Arizona.
3. All dairy breeding cattle greater than 120 days of age shall test negative for Bovine Tuberculosis within 60 days prior to entry into Arizona.

F. Brucellosis testing requirements for beef breeding cattle, breeding bison, and dairy cattle imported into Arizona from Mexico.

1. Prior to entry into Arizona, beef breeding cattle, breeding bison, or dairy cattle from Mexico shall meet the requirements of 9 CFR 93.424 through 93.427, as revised on January 1, 2018. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department at 1688 W. Adams St., Phoenix, AZ 85007.
2. The owner or owner's agent shall ensure that beef breeding cattle, breeding bison, and dairy cattle from Mexico remain under import quarantine and isolation until tested negative for brucellosis. The test shall not be performed earlier than 60 days nor later than 120 days after entry into Arizona. All cattle or bison consigned to a designated feedlot shall be branded with an "F" adjacent to the tail head before entry into Arizona unless the State Veterinarian grants permission to apply the "F" brand on arrival. Unless neutered, all beef breeding cattle, breeding bison, and dairy cattle leaving the designated feedlot shall go directly to an official state or federal slaughter establishment for immediate slaughter or to another designated feedlot. The owner of the designated feedlot shall ensure that official identification records are kept on all incoming consignments and then submit the records monthly to the State Veterinarian. An accredited veterinarian shall identify, on a form approved by the State Veterinarian, all cattle and bison leaving the designated feedlot. A copy of the form shall accompany the cattle or bison to slaughter and a copy shall be submitted to the State Veterinarian.
3. Dairy cattle from Mexico shall test for brucellosis again 30 days after calving, unless the dairy cattle were consigned directly to a feedlot.

G. Tuberculosis testing requirements for cattle and bison imported into Arizona from Mexico.

1. Prior to entry into Arizona, cattle and bison from Mexico shall meet the requirements of 9 CFR 93.424 through 93.427 as revised on January 1, 2018, incorporated by reference in subsection (F)(1).
2. Steers and spayed heifers from states or regions in Mexico shall not enter the state if they have not been determined by the State Veterinarian to have fully implemented the Control, Eradication, or Free Phase of the bovine tuberculosis eradication program of Mexico.
3. Steers and spayed heifers from states or regions in Mexico determined by the State Veterinarian to have fully implemented the Control Phase of the bovine tuberculosis eradication program of Mexico shall not be imported into Arizona without permission of the State Veterinarian.
4. Steers and spayed heifers from states or regions in Mexico determined by the State Veterinarian to have fully implemented the Eradication Phase of the bovine tuberculosis eradication program of Mexico may be imported into Arizona, if they have either:
   a. Tested negative for tuberculosis in accordance with procedures equivalent to the 9 CFR Part 77 as amended on January 9, 2013 within 60 days before entry into the United States, or
   b. Originated from a herd that is equivalent to an accredited herd in the United States and are moved directly from the herd of origin across the border as a single group and not commingled with other cattle or bison before arriving at the border.
5. Steers and spayed heifers from states or regions in Mexico determined by the State Veterinarian to have achieved the Free Phase of the bovine tuberculosis eradication program of Mexico may move directly into Arizona without testing or further restrictions if they are moved as a single group and not commingled with other cattle before arriving at the border.
6. Beef breeding cattle and breeding bison from states or regions in Mexico may be imported into Arizona if the State Veterinarian determines the Eradication or Free Phase of the bovine tuberculosis eradication program of Mexico has been fully implemented and the breeding cattle and breeding bison remain under quarantine and isolation until retested negative for tuberculosis in accordance 9 CFR Part 77 as revised on January 1, 2018. The test shall be performed not earlier than 60 days but not later than 120 days after entry unless consigned to a designated feedlot for feeding purposes only. Unless neutered, all beef breeding cattle or breeding bison consigned to a designated feedlot shall be branded with an "F" adjacent to the tail head before entry into Arizona, unless permission is granted by the State Veterinarian to apply the "F" brand on arrival. All beef breeding cattle or breeding bison leaving the designated feedlot shall go directly to an official state or federal slaughter establishment for immediate slaughter or to another designated feedlot. The owner of the designated feedlot shall ensure that official identification records are kept on all incoming consignments and submit the records monthly to the State Veterinarian. An accredited veterinarian shall identify, on a form approved by the State Veterinarian, all beef breeding cattle and breeding bison leaving the designated feedlot. A copy of the form shall accompany the cattle and bison to slaughter and a copy shall be submitted to the State Veterinarian.

H. Bovine scabies requirements.

1. The owner or owner's agent shall ensure that no cattle or bison affected with or exposed to scabies is shipped, trailed, driven, or otherwise transported or moved into Arizona except cattle or bison identified and moving under a VS Form 1-27 and seal for immediate slaughter at an official state or federal slaughter establishment.
2. The owner or owner's agent of cattle or bison from an official state or federal scabies quarantined area shall comply with the requirements of 9 CFR 73, Scabies in Cattle, as revised on January 1, 2018, before moving the cattle or bison into Arizona. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department.
3. The State Veterinarian may require that breeding and feeding cattle and bison from known scabies infected areas and states be dipped or treated even if the animals are not known to be exposed. The State Veterinarian shall require that dairy cattle be dipped only if the animals are

known to be exposed; otherwise an accredited veterinarian's examination and certification shall be sufficient.

I. Trichomoniasis requirements for bulls imported into Arizona from other states.
   1. The owner or owner's agent shall ensure bulls:
      a. Test negative for Tritrichomonas foetus within 30 days prior to shipment using a polymerase chain reaction test or a diagnostic test approved by the state veterinarian, except for bulls:
         i. Less than 12 months of age,
         ii. Consigned directly to a state or federal licensed slaughter facility,
         iii. Consigned directly to a dairy,
         iv. Consigned directly to an exhibition or rodeo,
         v. Consigned directly to a licensed feedlot for castration on arrival,
         vi. Branded with an "F" adjacent to the tailhead and consigned directly to a designated feedlot for feeding and later movement directly to slaughter, and
      b. Have no breeding activity during the interval between the collection of a sample and the date of shipment.
      c. The following statements documented on the CVI in reference to R3-2-612(A)(5):
         i. Test negative for Tritrichomonas foetus within 30 days prior to shipment using a polymerase chain reaction test; and
         ii. Have had no breeding activity during the interval between the collection of the samples and the date of shipment.
   2. An accredited veterinarian approved to collect samples for Tritrichomonas foetus testing by the state animal health official in the state of origin shall collect the Tritrichomonas foetus test samples.
   3. A laboratory approved to conduct tests for Tritrichomonas foetus by the state animal health official in the state of origin shall perform the test for Tritrichomonas foetus.

J. For purposes of this Section beef breeding cattle means intact beef cattle.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-612 renumbered from Section R3-9-612 (Supp. 91-4). Amended effective March 5, 1997 (Supp. 97-1). Amended effective February 4, 1998 (Supp. 98-1). Amended by final rulemaking at 14 A.A.R. 884, effective May 3, 2008 (Supp. 08-1). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-613. Importation of Swine

A. A Certificate of Veterinary Inspection for swine shall include:
   1. A valid entry permit number;
   2. The following statements recorded on the CVI;
      a. The swine listed on this CVI have never been fed garbage; and
      b. The swine listed on this CVI have not been vaccinated for pseudorabies;
   3. Official Identification; and
   4. If applicable, the validated brucellosis-free herd number and last test date for swine originating from a validated brucellosis-free herd.

B. Brucellosis test requirements. Swine imported into Arizona from other states shall:
   1. Originate from a validated swine brucellosis-free herd or from a swine brucellosis-free state; or
   2. Test negative for brucellosis within 30 days before entry.

C. For purposes of this Section, breeding swine means intact swine that have had breeding activity.

D. It is unlawful for any person to import into the state of Arizona live feral swine. Any person or corporation owning or possessing a live feral swine in this state shall at all times keep such feral swine in a safe and suitable enclosure so that it may not run at large or damage the person or property of others. For purposes of this Section, feral swine means a hog, boar, or pig that appear to be untamed, undomesticated, or in a wild state; or appear to be contained for commercial hunting or trapping.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Amended effective June 29, 1984 (Supp. 84-3). Section R3-2-613 renumbered from Section R3-9-613 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 4812, effective December 7, 2000 (Supp. 00-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-614. Importation of Sheep and Goats

A. A Certificate of Veterinary Inspection for sheep and goats shall include:
   1. A valid entry permit number; and
   2. A statement that:
      a. The sheep or goats are not infected with bluetongue, or exposed to scrapie, and do not originate from a scrapie-infected or source flock; and
      b. The sheep or goats test negative for Brucella ovis if a test is required by subsection (B); and if applicable
      c. Breeding rams have been individually examined and are free of gross lesions of ram epididymitis.

B. A breeding ram six months of age or older shall test negative for Brucella ovis within 30 days of entry or originate from a certified brucellosis-free flock. An exhibition ram that returns to the out-of-state flock of origin within five days of the conclusion of the exhibit is exempt from the testing requirement of this subsection.

C. Arizona native commercial flocks participating in a Brucella ovis control program through testing performed by an accredited and licensed veterinarian may return to Arizona from another state without testing, provided the flock has not commingled with other flocks.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-614 renumbered from Section R3-9-614 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 8 A.A.R. 3628, effective August 7, 2002 (Supp. 02-3). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020

(Supp. 20-2).

R3-2-615. Importation of Equine

A. A Certificate of Veterinary Inspection for equine shall include:
1. An accurate identification for each equine including age, sex, breed, color, name, brand, tattoo, scars, microchip if any, and distinctive markings; and
2. A statement that the equine has a negative test for EIA, including:
   a. The date and results of the test;
   b. The name of the testing laboratory; and
   c. The laboratory accession number.

B. Equine entering the state are not required to obtain an entry permit number.

C. All equine six months of age or older shall, using a test established in R3-2-407(A), test negative for EIA within 12 months before entry. Testing expenses shall be paid by the owner.

D. Extended Equine Certificates of Veterinary Inspection (EECVI) are valid for the life of the certificate (up to 6 months) in the state of Arizona. The equine listed on the EECVI shall be officially identified with a microchip.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-615 renumbered from Section R3-9-615 (Supp. 91-4). Amended effective February 4, 1998 (Supp. 98-1). Amended by final rulemaking at 8 A.A.R. 3628, effective August 7, 2002 (Supp. 02-3). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-616. Importation of Cats and Dogs

A dog or cat shall be accompanied by a Certificate of Veterinary Inspection that documents the animal is currently vaccinated against rabies if older than three months of age according to the requirements of the National Association of State Public Health Veterinarians' Compendium of Animals Rabies Control, incorporated by reference in R3-2-409.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-616 renumbered from Section R3-9-616 (Supp. 91-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-617. Importation of Poultry

Poultry entering the state shall appear healthy, not originate from a poultry quarantine area, comply with all interstate requirements of APHIS, and be accompanied by a Certificate of Veterinary Inspection or Form 9-3 from the National Poultry Improvement Program.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-617 renumbered from Section R3-9-617 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1). Repealed by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-618. Importation of Psittacine Birds

A. The owner or the owner's agent of a psittacine bird entering Arizona shall obtain a Certificate of Veterinary Inspection issued by a veterinarian within 30 days of entry, certifying:
1. The bird is not infected with the agent that causes avian chlamydiosis, and
2. The bird was not exposed to birds known to be infected with avian chlamydiosis within the past 30 days.

B. The Certificate of Veterinary Inspection shall accompany the psittacine bird at the time of entry into Arizona.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-618 renumbered from Section R3-9-618 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1). Repealed by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-619. Repealed

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-619 renumbered from Section R3-9-619 (Supp. 91-4). Section repealed by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1).

R3-2-620. Importation of Zoo Animals

A. An owner or owner's agent may transport or move zoo animals into the state of Arizona if the animals are accompanied by an official Certificate of Veterinary Inspection, and consigned to a zoo or in the charge of a circus or show.

B. The owner, or owner's agent, of livestock except swine and equine in a "Petting Zoo" shall have the livestock tested for tuberculosis within 12 months before importation. A negative test result is required for entry into Arizona.

C. A business that transports or exhibits zoo animals shall be licensed by the Arizona Game and Fish Department.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-620 renumbered from Section R3-9-620 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-621. Expired

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date

is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 135, effective December 15, 2016 (Supp. 16-4).

R3-2-622. Expired

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 135, effective December 15, 2016 (Supp. 16-4).

ARTICLE 7. LIVESTOCK INSPECTION

R3-2-701. Department Livestock Inspection

A. A Division employee shall inspect range cattle, as defined in R3-2-702(A), at a ranch if the owner or agent of livestock is:
1. Moving cattle out-of-state,
2. Transferring cattle ownership, or
3. Shipping cattle for custom slaughter.

B. An owner or agent of cattle cannot be issued both non-range and range self-inspection certificates.

C. With prior approval from a Division employee, livestock can be moved to a licensed custom slaughter facility using the livestock owner's or agent's or feedlot operator's self-inspection certificate. A Division employee must validate the self-inspection certificate prior to slaughter.

D. The Department shall not issue a self-inspection certificate to an owner or agent of livestock or feedlot operator if that individual has been convicted of a felony under A.R.S. Title 3 within the three-year period before the date on the self-inspection application. The Department may deny self-inspection to an applicant if within the five-year period before the date on the self-inspection application, the applicant was convicted of any A.R.S. Title 3 offense or an A.R.S. Title 13 offense related to livestock. A Division employee shall inspect livestock if an applicant is denied self-inspection authority.

E. During fiscal year 2024, livestock officers and inspectors shall collect from the person in charge of cattle, dairy cattle, or sheep inspected a service charge of $10 plus the per head inspection fee set out in A.R.S. § 3-1337 for making inspections for the transfer of ownership, sale, slaughter or transportation of the animals.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-701 renumbered from Section R3-9-701 (Supp. 91-4). Section R3-2-701 repealed; new Section R3-2-701 adopted effective February 4, 1998 (Supp. 98-1). Error in subsection (A)(3) corrected under R1-1-109, filed with the Office of the Secretary of State October 18, 2001 (Supp. 01-3). Amended by final rulemaking at 9 A.A.R. 513, effective April 6, 2003 (Supp. 03-1). Amended by exempt rulemaking at 16 A.A.R. 1331, effective June 29, 2010 (Supp. 10-2). Amended by exempt rulemaking at 17 A.A.R. 1756, effective July 20, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 2060, effective August 2, 2012 (Supp. 12-3). Amended by exempt rulemaking at 19 A.A.R. 3127, effective September 14, 2013 (Supp. 13-3). Amended by exempt rulemaking at 20 A.A.R. 2449, effective July 24, 2014 (Supp. 14-3). Amended by exempt rulemaking pursuant to Laws 2015, Ch. 10, § 14, at 21 A.A.R. 2404, effective July 3, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 1937, effective August 9, 2017 (Supp. 17-2). Amended by final exempt rulemaking at 24 A.A.R. 2219, effective August 3, 2018 (Supp. 18-3). Amended by final exempt rulemaking at 25 A.A.R. 2081, effective August 27, 2019 (Supp. 19-3). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2). Amended by final exempt rulemaking at 26 A.A.R. 1471, effective August 25, 2020 (Supp. 20-3). Amended by final exempt rulemaking at 27 A.A.R. 1264, effective September 29, 2021 (Supp. 21-3). Amended by final exempt rulemaking at 28 A.A.R. 2017 (August 12, 2022), effective September 24, 2022 (Supp. 22-3). Amended by exempt rulemaking at 29 A.A.R. 3483 (November 3, 2023), effective October 30, 2023 (Supp. 23-4).

R3-2-702. Livestock Self-inspection

A. Definitions.

"Dairy" means an owner or agent of a place or premise where one or more lactating animals are kept for milking purposes and from which a part or all of the milk is provided, sold, or offered for sale that meets both of the following conditions: the livestock is not permitted to range and the dairy is permitted by the Department. If these conditions are met, then a Division employee may grant the applicant dairy status.

"Description" means sex, breed, color, and markings, as applicable to the type of livestock.

"Exhibition" means an event including a fair, show, or field day that has as its primary purpose the opportunity for a member of a livestock organization, including 4-H and FFA, to display an animal raised by the individual in a judged competition.

"Feedlot" means an operator of a beef cattle feedlot or feed yard in which the livestock is not permitted to range and that is licensed by the Department. If these conditions are met, then a Division employee may grant the applicant feedlot status.

"Livestock" means cattle, sheep, goats, and swine.

"Livestock broker" means an owner or agent who engages in the business of buying and selling livestock and has immediate possession of the livestock for 10 days or less in which the livestock is not permitted to range. If these conditions are met, then a Division employee may grant the applicant livestock broker status.

"Non-range" means any owner or agent of an enclosed property that is 100 acres or less that meets all of the following conditions: the fence enclosing the livestock is well maintained, the livestock is not permitted to range, and the owner or agent of the livestock lives where the livestock are kept. If these conditions are met, then a Division employee may grant the applicant non-range status.

"Range" means every character of lands, enclosed or unenclosed, outside of cities and towns, upon which livestock is permitted by custom, license or permit to roam and feed. A.R.S. § 3-1201(7)

"Range cattle" means cattle *customarily permitted to roam upon the ranges of the state, whether public domain or in private control, and not in the immediate actual possession or control of the owner although occasionally placed in enclosures for temporary purposes.* A.R.S. § 3-1201(8)

B. Application.
1. Owners or agents of livestock or feedlot operators shall request a book of self-inspection certificates from the Department. The applicant shall submit a written application form obtained from the Department and provide the following information:
   a. Name, mailing address, physical address, telephone number, and email address;
   b. Name of business and type of livestock operation;
   c. Whether the applicant has been convicted of a violation of A.R.S. Title 3, or a violation of A.R.S. Title 13 related to livestock within the past five years, and if so, the case number, court, charge, and sentence;
   d. Recorded brand number;
   e. Individual or individuals designated to sign self-inspection certificates, if applicable; and
   f. Signature and date.
2. The holder of a self-inspection book shall advise the Department within 30 days of any change to the information provided on an application form.
3. The holder of a self-inspection book shall renew registration with the Department every three years from the date the initial or renewal application form is signed.
4. If a holder with self-inspection privileges has been convicted of a criminal violation under A.R.S. Title 3, or a violation of Title 13 related to livestock, that holder shall notify the Department immediately and their privileges shall be revoked.
5. Prior to a Department employee issuing a book of self-inspection certificates, the owner shall submit the following payment amount and the Department shall receive the payment in full prior to issuing the book:
   a. $25.00 for a twenty five page feedlot or livestock broker book;
   b. $20.00 for a twenty page dairy book; or
   c. $10.00 for a ten page non-range, range, sheep, goat, or swine book.

C. Self-inspection certificate.
1. An owner or agent of livestock or feedlot operator shall provide the following information, as applicable, on a self-inspection certificate whenever livestock subject to self-inspection are moved or ownership is transferred:
   a. Name, address, and signature, of the owner or agent of livestock or feedlot operator;
   b. Date of the shipment or transfer of ownership;
   c. If moved, location from which and to which the livestock are moved, including the name of the auction, feedlot, arena, slaughter establishment, pasture, or other premises, and physical location;
   d. Name of transporter;
   e. Number and description of livestock;
   f. Official identification of each dairy cattle and sexually intact cattle over 18 months of age shipped out of state and back tag numbers of culled dairy cattle;
   g. Brand number, expiration date, and location;
   h. Name and address of buyer;
   i. Number of head of cattle sold for which Beef Council fees are payable under A.R.S. §§ 3-1236 and 3-1238.
2. The owner or agent of livestock or feedlot operator shall complete a self-inspection certificate, except when livestock are subject to inspection by a Division employee under R3-2-701, and distribute copies of the certificate as follows:
   a. One copy and any fees that are owed under subsection (C)(1)(i) shall be sent to the Department within 10 days after the end of the month in which it was used;
   b. If the livestock are shipped, the original certificate shall accompany the livestock whenever they are in transit and one copy shall be retained by the person transporting the livestock; or
   c. If ownership of the livestock is transferred without shipment, two copies shall be provided to the new owner or agent of livestock or feedlot operator; and one copy shall be retained by the seller.
3. A certificate may be used once to either transfer livestock ownership or to move livestock to a specific destination. If the livestock are diverted to a destination other than that stated on the self-inspection certificate, the certificate is void. The owner or agent of livestock, or feedlot operator shall complete a new certificate and send both the voided and new certificates to the Department within 10 days after the end of the month in which the certificates are used or voided.
4. An owner or agent of livestock or feedlot operator shall use a self-inspection certificate only with a shipment of livestock matching the description for which the certificate is issued and only for the self-inspection issued date. If any of the information on the self-inspection certificate changes, the certificate is void and the owner or agent of livestock or feedlot operator shall complete a new certificate.
5. An altered, erased, completed but unused, or defaced self-inspection certificate is void. A voided certificate shall be returned to the Department within 10 days after the end of the month in which it is voided.
6. Upon request, certificates shall be returned to the Department by the owner or agent of livestock or feedlot operator. If an operation licensed for self-inspection is sold, leased, transferred, or otherwise disposed of, the owner or agent of livestock or feedlot operator shall notify the Department and return all self-inspection certificates to the Department within 30 days of the transaction.
7. If the owner or agent of livestock or feedlot operator cannot find an unused or used certificate, they must sign an affidavit provided by the Department verifying the certificate is lost and cannot be found. New certificates will not be issued until the signed affidavit has been received by the Department.

D. Sale of livestock. A seller shall document a sale by completing a self-inspection certificate as prescribed in subsection (C) and providing a bill of sale to the purchaser as required under A.R.S. § 3-1291.

E. Feedlot receiving form.
1. The operator of a feedlot shall document receipt of incoming cattle on a form obtained from the Department. The operator shall include the following information on the form:
   a. Name of feedlot and location;
   b. Month and year for which report is made;
   c. Number of cattle received, date received, and name and address of owner;
   d. Description of the cattle;
   e. If not Arizona native cattle, the import permit and Certificate of Veterinary Inspection numbers;

f. If native Arizona cattle, self-inspection certificate number or Department inspection certificate number; and
g. Pen number to which cattle are initially assigned.

2. The operator shall return the completed form within 10 days after the end of the month of the reporting period.

F. Quarantine. Livestock under quarantine by the Department shall not be shipped or sold by use of a self-inspection certificate.

G. Violations. The Department shall process violations of this Section as prescribed under A.R.S. § 3-1203(D).

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-702 renumbered from Section R3-9-702 (Supp. 91-4). Section R3-2-702 repealed; new Section R3-2-702 adopted effective February 4, 1998 (Supp. 98-1). Amended by final rulemaking at 9 A.A.R. 513, effective April 6, 2003 (Supp. 03-1). Amended by exempt rulemaking under Laws 2016, Ch. 160, § 9 at 22 A.A.R. 2400, effective August 6, 2016 (Supp. 16-3). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-703. Seasonal Self-inspection Certificate

Exhibition cattle, sheep, goats, and swine.

1. An applicant for a seasonal self-inspection certificate prescribed under A.R.S. § 3-1346 shall request a seasonal self-inspection certificate from the Department. The applicant shall provide the following information, as applicable:
   a. Name, mailing address, physical address if different from mailing address, telephone number, and email address;
   b. Name of 4-H or FFA group, and group leader;
   c. Physical description of livestock;
   d. Official identification of livestock, except for native cattle born and raised in Arizona;
   e. Permit number and Certificate of Veterinary Inspection number for livestock imported from another state;
   f. Name of seller and self-inspection certificate number or Department inspection certificate number for livestock purchased from an Arizona seller; and
   g. Signature and date of signature of the owner or lessee. If the owner or lessee is under 18 years of age, a signature of the parent or guardian and date of signature are required.
2. The Department employee who records the information required in subsection (1) shall advise the applicant of the required fee prescribed under A.R.S. § 3-1346(A). The Department shall issue a seasonal self-inspection certificate upon receipt of the fee.
3. An exhibitor shall provide the following information, as applicable, on a seasonal self-inspection certificate whenever livestock subject to seasonal self-inspection is moved or ownership is transferred:
   a. Name, address, telephone number, email address, and signature;
   b. Date of movement;
   c. Name of exhibition and location;
   d. Final disposition of the livestock (sale, death, or retention) and date of occurrence; and
   e. If the livestock is sold, name, address, and phone number of purchaser (person or slaughter plant).
4. The holder of a seasonal self-inspection certificate shall return the certificate to the Department within two weeks of the sale or slaughter of the livestock or at the end of the show season if the livestock is retained.

Historical Note

Adopted effective November 27, 1987 (Supp. 87-4). Section R3-2-703 renumbered from Section R3-9-703 (Supp. 91-4). Section R3-2-703 repealed; new Section R3-2-703 adopted effective February 4, 1998 (Supp. 98-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 513, effective April 6, 2003 (Supp. 03-1). Amended by exempt rulemaking under Laws 2016, Ch. 160, § 9 at 22 A.A.R. 2400, effective August 6, 2016 (Supp. 16-3). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-704. Emergency Expired

Historical Note

Adopted effective February 4, 1998 (Supp. 98-1). Section repealed by final rulemaking at 9 A.A.R. 513, effective April 6, 2003 (Supp. 03-1). Section made by emergency rulemaking at 24 A.A.R. 3589, with an immediate effective date of December 13, 2018, valid for 180 days (Supp. 18-4). Emergency expired (Supp. 20-2).

R3-2-705. Repealed

Historical Note

Adopted effective February 4, 1998 (Supp. 98-1). Amended by final rulemaking at 8 A.A.R. 3628, effective August 7, 2002 (Supp. 02-3). Section repealed by final rulemaking at 9 A.A.R. 513, effective April 6, 2003 (Supp. 03-1).

R3-2-706. Repealed

Historical Note

Adopted effective February 4, 1998 (Supp. 98-1). Section repealed by final rulemaking at 9 A.A.R. 513, effective April 6, 2003 (Supp. 03-1).

R3-2-707. Ownership and Hauling Certificate for Equines; Fees

The fee for a new, transferred, or replacement Ownership and Hauling Certificate for Equines as prescribed under A.R.S. §§ 3-1344(B) and 3-1345(B) is $10 per certificate.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 3932, effective August 22, 2002 (Supp. 02-3).

R3-2-708. Equine Rescue Facility Registration

A. "Arizona Equine Rescue Standards" means the American Association of Equine Practitioners Care Guidelines for Equine Rescue and Retirement Facilities, 2004 Edition. This material, which includes the Veterinary Checklist for Rescue/Retirement Facilities, is incorporated by reference, does not include any later amendments or editions, and is available for inspection at the Department of Agriculture, 1688 W. Adams St., Phoenix, Arizona 85007. A copy of this material may also be obtained from the American Association of Equine Practitioners web site at http://www.aaep.org/pdfs/rescue_retirement_guidelines.pdf. The American Association of Equine Practitioners is located at 4033 Iron Works Parkway, Lexington, Kentucky 40511.

B. An equine rescue facility shall pay the annual registration fee and file the following documents with the Department's Ani-

mal Services Division for the facility to be included on the Department's registry of equine rescue facilities:

1. An application form containing the facility's name, physical and mailing address, and contact person and the contact person's phone number and email address.
2. A copy of documents filed with the Arizona Corporation Commission demonstrating the facility's current status as a nonprofit corporation in good standing in this state.
3. A letter from a licensed veterinarian, dated within 15 days of filing, certifying that the facility is not inadequate with respect to any of the Arizona Equine Rescue Standards and attaching a signed copy of the completed Arizona Equine Rescue Standards' veterinary checklist.

C. Registration is valid for one year. Registration may be renewed annually by complying with subsection (B).

D. The annual registration fee is $75.

E. A nonprofit corporation owning multiple equine rescue facilities must file the letter and checklist described in subsection (B)(3) and pay the annual registration fee for each location it wants included on the registry.

F. The Department shall remove a facility from the registry if it determines that the facility is not presently incorporated as a nonprofit corporation in this state or is inadequate with respect to any of the Arizona Equine Rescue Standards.

Historical Note

New Section made by final rulemaking at 16 A.A.R. 876, effective July 3, 2010 (Supp. 10-2). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

ARTICLE 8. DAIRY AND DAIRY PRODUCTS CONTROL

R3-2-801. Definitions

In addition to the definitions in A.R.S. §§ 3-601 and 3-661, the following terms apply to this Article:

"3-A Sanitary Standards" and "3-A Accepted Practices," as published by the International Association for Food Protection, effective on or before October 15, 2017, means the criteria for design, materials, construction and use of dairy processing equipment. This material is incorporated by reference, does not include any later amendments or editions, and is available for inspection at the Department located at 1110 W. Washington St., Ste. 450, Phoenix, AZ 85007 or available for purchase online at https://www.3-a.org/.

"C-I-P" means a procedure by which equipment, pipelines, and other facilities are cleaned-in-place as prescribed in the 3-A Accepted Practices.

"Converted" means the process by which a frozen dessert is changed from a frozen to semi-frozen form without any change in the ingredients.

"Fluid milk" means milk and any other product made by the addition of a substance to milk or to a liquid form of milk product if the milk or other product is produced, processed, distributed, sold or offered or exposed for sale for human consumption.

"Fluid trade product" means any trade product as defined in A.R.S. § 3-661(5) that resembles or imitates any fluid milk product.

"Food establishment" means any establishment, except a private residence, that prepares or serves food for human consumption, regardless of whether the food is consumed on the premises.

"Frozen desserts mix" or "mix" means any frozen dessert before being frozen.

"Grade A raw milk" means raw milk produced on a dairy farm that conforms to Section 7 of the PMO and the requirements of R3-2-805.

"Parlor" and "milk room" mean the facilities used for the production of Grade A raw milk for pasteurization or Grade A raw milk.

"Plant" means any place, premise, or establishment, or any part, including specific areas in retail stores, stands, hotels, restaurants, and other establishments where frozen desserts are manufactured, processed, assembled, stored, frozen, or converted for distribution or sale, or both. A plant may consist of rooms or space where utensils or equipment is stored, washed, or sanitized and where ingredients used in manufacturing frozen desserts are stored. Plant includes:

"Manufacturing plant" means a location where frozen desserts are manufactured, processed, pasteurized, and converted.

"Handling plant" means a location that is not equipped or used to manufacture, process, pasteurize, or convert frozen desserts, but where frozen desserts are sold or offered for sale other than at retail.

"PMO" means the Grade A Pasteurized Milk, 2025 Revision. This material is incorporated by reference, does not include any later amendments or editions, and is on file with the Department at 1110 W. Washington St., Suite 450, Phoenix, AZ 85007. A copy of the incorporated material may also be viewed at https://agriculture.az.gov/.

"Retail food store" means any establishment offering packaged or bulk goods for human consumption for retail sale.

Historical Note

Former Regulations 1-11. Section R3-2-801 renumbered from R3-5-01 (Supp. 91-4). R3-2-801 renumbered to R3-2-803; new Section R3-2-801 adopted effective December 2, 1998 (Supp. 98-4). Amended by final rulemaking at 7 A.A.R. 2215, effective May 9, 2001 (Supp. 01-2). Amended by final rulemaking at 9 A.A.R. 2089, effective August 2, 2003 (Supp. 03-2). Amended by final rulemaking at 12 A.A.R. 3030, effective September 30, 2006 (Supp. 06-3). Amended by final rulemaking at 14 A.A.R. 889, effective May 3, 2008 (Supp. 08-1). Amended by emergency rulemaking at 20 A.A.R. 1134, effective May 2, 2014, for 180 days (Supp. 14-2). Emergency expired. Amended by exempt rulemaking at 21 A.A.R. 2407, effective September 22, 2015 (Supp. 15-3). Amended by final rulemaking at 22 A.A.R. 2169, effective October 2, 2016 (Supp. 16-3). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2). Amended by exempt rulemaking at 20 A.A.R. 2841 (September 13, 2024), with an immediate effective date of August 27, 2024 (Supp. 24-3). Amended by exempt rulemaking at 32 A.A.R. 2141 (September 11, 2026, Issue 37), effective August 27, 2026 (Supp. 26-3).

R3-2-802. Milk and Milk Products Standards

Unless specifically mentioned in A.R.S. Title 3, Chapter 4, Article 1, or in this Article, all milk and milk products, except frozen desserts, sold or distributed for human consumption shall meet the PMO standards for production, processing, storing, handling, and transportation.

Historical Note
Former Regulations 1, 2. Section R3-2-802 renumbered from R3-5-02 (Supp. 91-4). Section repealed; new Section adopted effective December 2, 1998 (Supp. 98-4).

R3-2-803. Milk and Milk Products Labeling

A. The manufacturer or processor shall ensure that milk and milk products listed in A.R.S. § 3-601(10), and Sections 1 and 2 of the PMO are designated by the name of the product and shall conform to its definition.

B. The manufacturer or processor of milk and milk products shall conform with the labeling requirements in A.R.S. §§ 3-601.01 and 3-627, Section 4 of the PMO, and 21 CFR 101, 131, and 133, amended April 1, 2017. This CFR material is incorporated by reference, does not include any later amendments or editions, and is on file with the Department.

C. The name of the manufacturer or processor shall be on all cartons or closures where it can be easily seen. A manufacturer or processor that has plants in other states shall use a code number or letter to designate the state in which a carton or closure is manufactured or processed. If a manufacturer or processor has a plant within Arizona, the Dairy Supervisor shall issue a code number or letter for each plant and shall keep a record of the number or letter issued. Manufacturers and processors shall include the Arizona code, 04, with the plant code assigned by the Dairy Supervisor.

D. If milk or milk products are manufactured or processed and packaged at a plant for other retailers and the container or closure is not labeled the same as the manufacturer's or processor's like product, the manufacturer or processor shall include the statement "Manufactured or Processed at (name and address of plant or code number or letter)" on the carton or closure. The carton or closure may also contain the statement, "Distributed by: (name of person or firm)."

E. Any person planning to use a new or modified label on a container shall submit the proposed label to the Dairy Supervisor for review.
1. If the proposed label does not meet labeling standards specified in subsection (B), the Dairy Supervisor shall note the required changes on the proposed label, and sign and return the proposed label to the applicant.
2. A person who requests additional time to use the inventory amounts of slow moving cartons or closures before using a modified label shall submit a written request to the Dairy Supervisor. The Dairy Supervisor may approve continued use of the existing cartons and closures if:
   a. The use does not present a public health issue, and
   b. The information on the cartons and closures is not misleading.

Historical Note
Former Regulations 1 - 21; Amended effective August 4, 1978 (Supp. 78-4). Section R3-2-803 renumbered from R3-5-03 (Supp. 91-4). R3-2-803 renumbered to R3-2-804; new Section R3-2-803 renumbered from R3-2-801 and amended effective December 2, 1998 (Supp. 98-4). Amended by final rulemaking at 9 A.A.R. 2089, effective August 2, 2003 (Supp. 03-2). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-804. Trade Products

A. Any fluid trade product containing milk solids shall be regulated as a fluid milk product.

B. Advertising, display, and sale:
1. Any retail food store may submit its methods and techniques for the advertising, display, and sale of trade products and real products to the Dairy Supervisor to determine compliance with this Section.
2. No food establishment shall sell or provide any patron or employee, for use as food, any trade product or food whose main ingredient is a trade product, unless one of the following disclosures is posted for each trade product, in a prominent place on the premises, or is plainly visible on each menu where other food items are described:
   a. "_____ served here
   (brand or common name of trade product)
   instead of _____."
   (common name of dairy product)
   b. "Nondairy products served here."
3. No food establishment shall advertise or otherwise represent to the public that it serves, or uses in the preparation of a food, a real product when it actually serves or uses a trade product.

C. Labeling: Except as follows, all labels shall comply with the PMO and 21 CFR 101, 131, and 133.
1. The Dairy Supervisor shall approve a new or modified trade product label before the label is used. The applicant shall file a written request with duplicate copies of the proposed label and any supporting materials necessary to establish the truthfulness, reasonableness, relevancy, and completeness of the label.
2. Unless each ingredient of a trade product is homogenized or pasteurized, the whole product shall not be labeled or advertised as an homogenized or pasteurized product. Individual ingredients that are homogenized or pasteurized may be identified as homogenized or pasteurized in the listing of ingredients.
3. Except for combined ingredients constituting less than 1% of the whole product or unless each ingredient of a trade product qualifies as grade A, the whole product shall not be labeled or advertised as a grade A product. Ingredients that qualify as grade A may be identified as grade A in the listing of ingredients.
4. Any trade product produced outside the state and labeled as prescribed in R3-2-802 and R3-2-803, may be sold within the state provided that the product meets the requirements of A.R.S. §§ 3-663 and 3-665.

Historical Note
Former Regulations 1 - 8; Amended effective December 7, 1976 (Supp. 76-5). Correction, subsection (A)(2) through (H) omitted, Supp. 76-5 (Supp. 79-4). Section R3-2-804 renumbered from R3-5-04 (Supp. 91-4). R3-2-804 renumbered to R3-2-805; new Section R3-2-804 renumbered from R3-2-803 and amended effective December 2, 1998 (Supp. 98-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-805. Grade A Raw Milk For Consumption

A. All cattle and other dairy animals from which Grade A raw milk is produced shall be tested and found free of tuberculosis before any milk is sold. All herds shall be tested for tuberculosis at least every 12 months. All cattle and other dairy animals from which Grade A raw milk is produced shall be tested and found free of brucellosis before any milk is sold, and shall be tested every 12 months or have negative brucellosis ring tests of the milk at least once each month, or both, as determined by the State Veterinarian.

B. Grade A raw milk shall be cooled immediately after completion of milking to 45° F or less and shall be maintained at that temperature until delivery.

C. Grade A raw milk shall be bottled on the farm where it is produced. Raw milk products authorized under A.R.S. § 3-606, except for hard cheeses aged 60 days or more as defined in 7 CFR 58.439, shall be processed, manufactured and packaged on the farm where the milk is produced. Bottling and capping shall be done in a sanitary manner on approved equipment. Hand-capping is prohibited. Caps and cap stock shall be kept in sanitary containers until used.

D. All vehicles used for the distribution of Grade A raw milk shall prominently display the distributor's name.

E. Grade A raw milk shall be labeled as prescribed in R3-2-803 and A.R.S. § 3-606.

Historical Note

Former Regulations 1, 2. Section R3-2-805 renumbered from R3-5-05 (Supp. 91-4). Section R3-2-805 repealed; new Section R3-2-805 renumbered from R3-2-804 and amended effective December 2, 1998 (Supp. 98-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-806. Parlors and Milk Rooms

A. Construction Plans.

1. Any person constructing or extensively altering a parlor or milk room shall submit the plans and specifications to the Dairy Supervisor for written approval before work begins. The Dairy Supervisor shall approve or deny the plans within 10 business days.
2. Plans shall consist of a scaled plot design with elevations and pertinent dimensions.
3. Any deviations from the requirements in this Section and from approved plans and specifications may be made only after written approval of the Dairy Supervisor.

B. Site.

1. The parlor and milk room shall be located in a place free from contaminated surroundings.
2. Feed racks, calf pens, bull pens, hog pens, poultry pens, horse stables, horse corrals, and shelter sheds shall not be closer than 100 feet to the milk room or closer than 50 feet to the parlor.

C. Surroundings.

1. Dirt or unpaved corrals and unpaved lanes shall not be closer than 25 feet to the parlor or closer than 50 feet to the milk room; corrals shall be constructed to remove runoff from the lowest point of the grade.
2. A paved (concrete or equivalent) ramp or corral shall be provided to allow the animals to enter and leave the parlor. This paved area shall be curbed sufficiently high enough to contain waste material and water used to clean this area.

D. Drains and waste disposal systems shall be adequate to drain the volume of water used in rinsing and cleaning, as well as the waste created by animals in the parlor. Instead of natural drainage, automatic pumps or other means shall be provided for drainage disposal.

E. Milk room.

1. The milk room shall consist of one or more rooms for the handling of the milk and the cleaning, sanitization, and storage of the milk-handling equipment. Hot and cold running water outlets shall be provided as needed for sanitation. There shall be a minimum of five feet between a farm milk tank at the widest point and the milk room wall where the wash vats are installed. Except for currently installed milk tanks, there shall be at least three feet between any farm tank or farm tank appurtenance and the milk room walls.
2. Passageway. The passageway between the milk room and parlor shall have at least a 3-foot clearance for ingress and egress. Equipment such as milk receivers, dump tanks, or coolers that are part of an enclosed milk line system may be installed in the passageway if:
   a. A 3-foot clearance is allowed for the walkway;
   b. Space is provided between walls and equipment to permit the disassembly of equipment for cleaning or inspection;
   c. The passageway between the parlor and the milk room may be closed at one end. The parlor may be separated from the passageway by a pipe rail fence if the slope of the parlor floor is away from the passageway. If the slope of the parlor floor is toward the passageway, a concrete wall between the passageway and parlor floor of at least 12 inches in height shall be provided.
   d. Rustless pipe sleeves with tight-fitting flanges and protective closures shall be installed where the milk lines, hoses for tankers, and wash lines go through the walls of the passageway.
3. Floors.
   a. The floors of the milk room, and passageway, if provided, shall be constructed of four-inch thick concrete, or other impervious material troweled smooth. The milk room floor shall slope at least 1/4 inch per 12 inches to a vented trapped drain. The passageway floor shall slope at least one inch per 10 feet toward a drain or gutter. All floor and wall junctions shall have at least a two-inch radius cove.
   b. Drainage from the milk room may be independent from or connected to the parlor drainage. Floor drains shall be vented, have a water trap, and a clean-out plug. All floor drains and pipes under the milk room and parlor floor shall meet all applicable plumbing codes.
4. Walls and ceilings.
   a. All walls and ceilings shall be constructed of a light colored, impervious material with a smooth finish. If concrete block or masonry construction is used, all voids below the floor line shall be filled with concrete.
   b. The main ceiling height shall allow sufficient room for access to, and sampling from, the bulk milk storage tank.
5. Doors and windows.
   a. All opening windows shall have at least 16-inch mesh screen.
   b. Exterior doors of the milk room shall open outward, be solid, self-closing, and tight fitting. Any door from the passageway shall be a solid door, metal covered on both sides of the bottom half. Wooden door jambs or frames shall terminate six inches above the floor, and the concrete floor cove shall extend to the jambs or frames.
   c. All working areas in the milk room shall contain at least 30 foot-candles of natural and/or artificial lighting.
6. Ventilation. The milk room shall provide adequate ventilation to minimize condensation on ceilings, walls and

equipment. Vents shall be protected from the penetration of insects, dust and other contaminants. The milk room shall contain one or more ceiling vents. Ceiling vents shall not be installed directly above bulk milk storage tanks.

7. Tanker loading area. A tanker-loading area, at least 10 feet by 12 feet, paved, curbed, and sloped to drain, shall be provided adjacent to the milk room where milk is transferred from a farm tank to a milk tanker. If a tanker is used instead of a farm tank, a tanker shelter shall be provided that complies with the construction, light, drainage, and general maintenance requirements of the milk room.
8. Farm tank installations. All farm tanks for the cooling and storing of milk shall be installed in the milk room. Bulk milk tanks equipped with agitator shaft opening seals may, if approved by the Dairy Supervisor, be bulkheaded through a wall.

F. Parlor.

1. Floors.
   a. The floors shall be constructed of four-inch thick concrete or other, light-colored, impervious material, finished smooth. The floors, alleys, gutters, mangers, and curbs shall slope lengthwise toward a drain or gutter. The cow standing platform in the elevated stall parlor shall slope sufficiently to provide for adequate drainage and cleaning.
   b. Floor and wall junctions shall have at least a two-inch radius cove and shall be an integral part of the floor.
   c. The cow standing platform, litter alley, holding corral and concrete lane shall be treated to prevent slipping.
2. Walls. All walls shall be constructed of a light-colored, impervious material. If necessary, means shall be provided to prevent the entrance of swine, fowl and other prohibited animals. All walls shall be finished smooth on the inside with the top ledge rounded on open walls. If a parlor wall forms a part of the holding corral or an entrance or exit lane, it shall be finished smooth on the outside. If a concrete block or masonry construction is used, all voids below the floor line shall be filled with concrete. In elevated stall parlors, the wall under the cow standing platform adjacent to the milking area shall be finished smooth and designed to prevent leakage.
3. Stalls. A tandem stall and a herringbone stall shall have a smooth, flat, non-absorbent splash panel behind each cow.
4. Light. Natural and/or artificial light shall be at least 30 foot-candles at the floor level and located to minimize shadows in the milking area.
5. Gutters.
   a. All parlors shall have gutters to catch the defecation of cows while in the stall and for any water used for rinsing.
   b. Pipe used for parlor gutter drainage shall be at least four inches in diameter and meet applicable plumbing codes.
6. Curbs.
   a. In elevated stall parlors, the cow standing platform shall be curbed on the side next to the milking alley and the curb shall be at least six inches in height with the top rounded to retain the elevated stall floor washings. This curb may be lowered to not less than two inches at the area where the milking machines are applied. Metal curbs shall be free of voids and sealed to stall and floor or wall.
   b. Floor level parlors shall contain a curb under the stanchion line at least six inches wide, 12 inches high from the stall floor, except if metal mangers are used the top of this curb shall be rounded.
7. Stanchions.
   a. The stanchion shall be metal or other impervious, easily cleanable material.
   b. Mangers and feed boxes in all types of parlors shall be constructed of impervious materials, finished smooth, and provided with drainage outlets at low points.
8. Ventilation. Adequate ventilation shall be provided in the parlor, holding corral, and wash area, if roofed.

G. Roof drainage from parlors and milk rooms shall not drain into a corral unless the corral is paved and properly drained.

H. If animals are fed in the parlor, feed storage facilities shall be provided. Feed storage rooms, when installed, shall be partitioned from the parlor and shall be fly and rodent proof. The feed discharge area of the bulk feed storage shall be concrete or other impervious material that is curbed and drained. Bulk feed may discharge directly into the parlor. A bulk feed tank located opposite the passageway shall be at least six feet from the milk room. Overhead feed storage is permissible if it is fly, rodent, and dust tight. Feed shall be conveyed to the manger or feed box in a tightly closed dust-free system. Overhead metal feed tanks may be used.

I. Facilities to store dairy supplies shall be provided. Only supplies that come in contact with the milk or milk contact surface of the milk-handling equipment may be stored in the milk room and shall be protected from toxic materials, vectors, and dust.

Historical Note

Former Regulations 1 - 11. Section R3-2-806 renumbered from R3-5-06 (Supp. 91-4). Section amended effective December 2, 1998 (Supp. 98-4). Amended by final rulemaking at 22 A.A.R. 2169, effective October 2, 2016 (Supp. 16-3).

R3-2-807. Frozen Dessert Plant and Processing Standards

A. Plant and Processing Standards.

1. The plant area shall be clean, orderly and free from refuse, rubbish, smoke, dust, air pollution and strong or foul odors originating on the premises. A drainage system shall be provided for the rapid drainage of water away from the building. If unsatisfactory conditions occur in the plant area, with respect to smoke, dust, air pollution, or odors, provision shall be made to protect the frozen desserts and ingredients from contamination.
2. Sewage and industrial waste shall be disposed in accordance with the provisions of the state or county environmental laws. Refuse, unless in appropriate containers, shall not accumulate on the premises.
3. Roads, driveways, yards, and parking areas adjacent to the plant shall be paved or treated to prevent dust and shall be smooth and well drained to prevent accumulation of stagnant liquid.
4. Buildings.
   a. The building exterior and interior shall be kept clean and in good repair.

b. In processing and packaging areas, outside doors, windows, skylights, transoms, or other openings shall be protected and operated to preclude the entrance of dust, insects, vermin, rodents, and other animals. Outside doors shall be self-closing wherever practical. Window sills on new construction shall slope inward at least 45-degrees. Outside conveyor openings and other outside openings shall be protected by doors, screens, flaps, fans, or tunnels. Pipes shall be sealed where they extend through exterior walls. Outside pipe openings shall be covered when not in use.

c. Rooms. All rooms, compartments, coolers, freezers, and dry storage space in which any raw material, packaging or ingredient supplies, or finished products are handled, processed, manufactured, packaged, or stored shall be constructed to ensure clean and orderly operations.
   i. Boiler and tool rooms shall be separate from rooms where milk products are received, where processing and packaging is done, or where equipment, facilities, and containers are washed and stored.
   ii. Toilets and dressing rooms shall be conveniently located and toilets shall not open directly into any room where milk products, ingredients, or frozen desserts are handled, processed, packaged, or stored. Toilet and dressing room doors shall be self-closing. Toilets and dressing rooms shall be well vented to the outer air, and contain hand-washing facilities, hot and cold running water, soap, single-service towels or air dryers. Hand-washing signs shall be posted. Fixtures shall be kept clean and in good repair.
   iii. Rooms for receiving milk and other raw ingredients and materials shall be separated from the processing area to avoid contamination of frozen desserts in the processing operations, except that products in cans or other closed containers may be received and transferred to a cooler or other storage without being received in a separate room.
   iv. If tank truck deliveries of milk, milk products, or frozen desserts mix are made, other than occasional deliveries, a tank truck room large enough to accommodate the entire truck shall be provided with equipment for cleaning. A covered outside unloading pad may be used for truck tankers with filter dome vents, if washing and sanitizing facilities are provided. If a tank truck room is not located on the premises of an existing plant, facilities for washing and sanitizing tank trucks shall be provided at another location where the washing and sanitizing facility is free from dust and extreme weather conditions.
   v. Except for existing processing and packaging rooms, there shall be at least three feet clearance between installations and the wall to prevent overcrowding and to facilitate cleaning. Existing facilities not meeting this requirement shall be permitted if cleaning can be accomplished and permission is obtained from the Dairy Supervisor or the Dairy Supervisor's designee. All processing and packaging rooms shall be equipped with hand-washing facilities including hot and cold running water, soap, single-service towels, or air-dryer.
   vi. Refrigeration rooms and units shall be constructed of impervious material and shall be kept clean and sanitary.
   vii. Separate rooms shall be provided so that the manufacturing, processing, and packaging are separate from the cleaning and sterilizing of utensils and containers.
   viii. No person shall reside or sleep in a frozen desserts plant or in any room connected with it. No animal shall be kept or permitted in a frozen desserts plant.

d. Walls and ceilings shall be constructed of smooth, washable, impervious material. They shall be light-colored, kept clean and sanitary, and refinished when discolored. A darker color material may be used to a height not exceeding 60 inches from the floor.

e. Floors shall be an impervious, smooth-surfaced material that may be flushed clean with water. Except for hardening rooms, floors shall slope 3/16 to 1/4 inch per foot to one or more trapped outlets. No open channel drainage is permitted in new construction or in extensive remodeling of existing plants. Floor drains are not required in freezers used for storing frozen desserts or frozen ingredients. However, the floors shall be sloped to drain to at least one exit and shall be kept clean. Floors in new construction or extensive remodeling shall be joined and coved with the walls to form water-tight joints. Smooth wood floors may only be permitted in rooms where there will be no spillage of product or ingredients, such as rooms where wrapped or packaged frozen products are packed in multiple-pack containers. Toilets and dressing rooms shall have impervious floors and smooth walls.

f. Plumbing shall be installed to prevent back-up of sewage or odors into the plant.

g. All rooms and compartments, including storage space for materials, ingredients, and packages, and toilets and dressing rooms, shall be ventilated to maintain sanitary conditions, and to minimize or eliminate condensation and odors.

h. Lighting, whether natural or artificial, shall be well distributed in all rooms and compartments. Light bulbs and fluorescent tubes shall be protected so that broken glass cannot fall into any product or equipment.
   i. Rooms where frozen desserts are handled, processed, manufactured, or packaged, or where equipment or utensils are washed, shall have at least 30 footcandles of light on all working surfaces;
   ii. Areas where dairy products are examined for condition and quality shall have at least 50 footcandles of light; and
   iii. All other rooms shall have at least 20 footcandles of light 30 inches above the floor.

i. Containers for collecting and holding waste other than dry waste paper and other dry packaging mate-

rial shall be constructed of metal or other impervious material, covered with tight-fitting lids or covers, and emptied or disposed of daily or at least once during the shift. Clothing, tools, equipment, and other material not used with the frozen desserts operations shall not accumulate in the work areas or in the storage rooms.

j. A room or other space separate from any room or space where milk products or frozen desserts are received, handled, processed, packaged, or stored, shall be provided where employees may change and store clothing. This area shall contain hand-washing facilities, with hot and cold running water, soap or other detergents, and single-service towels or air dryers. Self-closing containers shall be provided for used towels and other wastes.

k. Approval of plans. Plans shall be submitted to the Dairy Supervisor, for any new or remodeled frozen dessert manufacturer, to be reviewed for compliance with this Section. The Dairy Supervisor may allow variances to the requirements in this Section, if protection from contamination is provided for all products handled.

5. Water and steam.

a. Potable hot and cold water shall be available in sufficient quantity for all plant operations and facilities. Non-potable water may be used for boiler feed and condenser water, if the water lines are separated from the water lines carrying the potable water supply and the equipment is constructed to preclude contamination of any product or product contact surface. If water for washing frozen desserts equipment and utensils and for use in rehydration or as an ingredient in any frozen desserts is obtained from other than a regulated municipal supply, a bacteriological examination shall be made of the water supply at least once every six months by a laboratory acceptable to the Dairy regulatory program to determine potability. If the examination indicates contamination of the water supply, a device shall be installed to eliminate the contamination.

b. If steam is used, it shall be provided in sufficient volume and pressure for the operation of equipment or for sterilization, or both. Steam that comes in contact with frozen desserts, ingredients, or with the product contact surface, shall be steam of culinary quality as prescribed in Appendix H, Part III, Culinary Steam – Milk and Milk Products, of the PMO.

6. Equipment and utensils.

a. New equipment shall meet applicable 3-A Sanitary Standards. All equipment, including connections, coming in contact with frozen desserts or ingredients during processing, manufacturing, handling, or packaging, shall be made of stainless steel. No equipment shall be permitted that is rusted, corroded, or in any other condition that may result in contamination of the frozen desserts. Non-metallic parts with product contact surfaces shall consist of material that meets 3-A Sanitary Standards for Plastic or Rubber and Rubber-like Materials or shall be of plastic approved by the United States Food and Drug Administration. Equipment, apparatus, and piping shall be easily accessible for cleaning and shall be kept in good repair and free from cracks and corroded surfaces. Stationary equipment, including welded sanitary lines and apparatus that permit in-place-cleaning, may be used if prior approval from the Dairy Supervisor has been obtained. C-I-P piping and welded sanitary pipeline systems shall be permitted if engineered and installed according to 3-A Accepted Practices for Permanently Installed Sanitary Product and Solution Pipelines and Cleaning Systems. If rigid pipelines are not practical, plastic pipelines listed in the 3-A Accepted Practices may be used. Product pumps shall be sanitary and easily dismantled for cleaning or shall be constructed to allow C-I-P procedures. All parts of interior surfaces of equipment, pipes (except C-I-P piping), or fittings, including valves and connections shall be accessible for inspection. The Dairy Supervisor may require other equipment, apparatus or piping if stationary equipment, apparatus or piping cannot or is not being effectively cleaned-in-place.

b. Equipment for storage and distribution of liquid sweetening agents shall be constructed of metals, alloys, or other material that will withstand corrosive action by the ingredient. The equipment and the ingredients shall be protected from contamination.

c. Pasteurizing equipment shall meet the standards prescribed in the PMO and 3-A Accepted Practices for Sanitary Construction, Installation, Testing and Operation of High-Temperature-Short-Time Pasteurizers and 3-A Sanitary Standards for Non-Coiled Type Batch Pasteurizers. Batch-type pasteurizers shall be provided with close-coupled outlet valves protected against leakage and shall be equipped with thermometers that record the information of each day's operation on separate charts. Air space thermometers and indicating thermometers shall be provided to check the recording thermometers. The recording thermometer chart shall contain the date, the identity of the pasteurizing number, the batch and product name, and the signature of the employee responsible for this information. The record shall be kept on file at the plant for at least six months. The accuracy of the recording thermometer shall be checked daily using the indicating thermometer and the time and temperature shall be documented on the recording chart. Chart recorders and thermometers for batch pasteurizers shall be tested and sealed by the Dairy Supervisor or the Supervisor's designee after testing and seals shall not be removed without immediately notifying the Dairy Supervisor or the Supervisor's designee.

d. Every plant shall contain hardening rooms, refrigerating rooms, or refrigerated cabinets with space for storage of frozen desserts and perishable ingredients.

e. All utensils used in the receiving, storing, processing, manufacturing, packaging, and handling of frozen desserts or any ingredients shall be of smooth, stainless steel, or plastic listed in the 3-A Accepted Practices and shall have flush seams. Utensils that are badly worn, rusted, or corroded or that cannot be rendered clean and sanitary by washing shall not be used. Lead solder shall not come in contact with milk or milk products or frozen desserts.

7. Cleaning and sanitizing.

a. Cleaning and sanitizing. Equipment, sanitary piping and utensils used in receiving, storing, processing, manufacturing, packaging, and handling frozen desserts and ingredients, and all product contact surfaces of homogenizers, high pressure pumps, packing glands on agitators, pumps and vats, and lines shall be kept clean. Before use, all equipment coming in contact with milk products or frozen desserts shall have a bactericidal or sanitizing treatment. Equipment not designed for C-I-P cleaning shall be disassembled, thoroughly cleaned and sanitized. Biodegradable dairy cleaners, wetting agents, detergents, sanitizing agents, or other similar material that does not adversely affect or contaminate the frozen desserts or ingredients may be used. Steel wool or metal sponges shall not be used to clean any equipment or utensils with product contact surfaces. C-I-P cleaning shall be used only on equipment and pipeline systems designed, engineered, and installed for that type of cleaning. Other equipment and areas in the plant shall be thoroughly cleaned with appropriate methods that prevent potential contamination of ingredients, packaging and frozen desserts. Exhaust stacks, elevators and elevator pits, conveyors and similar facilities shall be inspected and cleaned regularly.

b. Equipment shall be sanitized by using one of the following methods:
   i. Using 180° F water for at least two minutes.
   ii. Using steam under pressure for at least two minutes or until all parts of the equipment being sanitized have reached 180° F, or the condensate off the equipment remains at 180° F for at least two minutes.
   iii. Using chlorine with a residual of at least 50 ppm after one minute contact with equipment, or if sprayed, with a residual of at least 100 ppm after five minutes.
   iv. Using any other sanitizing substance prescribed in Appendix F of the PMO.

8. Pasteurization and cooling.
   a. All frozen desserts mix, except for flavoring agents used in frozen desserts, shall be pasteurized.
   b. Frozen desserts mix shall be pasteurized by heating every particle as described in Table 1.
   c. Continuous flow pasteurizers, high-temperature-short-time and higher-heat-shorter-time, shall have all public health controls sealed against access and alteration. The seals shall be applied by the Dairy Supervisor or the Supervisor's designee after testing and shall not be removed without immediately notifying the Dairy Supervisor or the Supervisor's designee. The system shall be designed to meet the requirements of the PMO.
   d. After pasteurization all mix shall be cooled immediately to 45° F or less and shall be maintained at that temperature until frozen. Milk, cream, and other fluid milk products other than sterilized, evaporated or sweetened condensed milk in hermetically sealed containers shall be stored at 45° F or less.
      i. Refrigerated vehicles or approved insulated containers shall be used when transporting frozen desserts mix from the manufacturing or other plant to a retail manufacturer, and
      ii. Mix shall be moved from coolers or refrigeration units in a manufacturing plant to freezers by using pipes, tubing, or other means listed in the Permanently Installed Product and Solution Pipelines and Cleaning Systems Used in Milk and Milk Product Processing Plants section of the 3-A Accepted Practices.
9. Storage.
   a. Utensils and equipment. Utensils and portable equipment used in processing, handling, or packaging of frozen desserts shall be stored above the floor in clean, dry locations and in a self-draining position on racks constructed of impervious, corrosion-resistant material.
   b. Supplies and containers. Whenever possible, supplies shall be kept in a room separate from the processing, handling, and packaging of frozen desserts and under conditions that result in keeping the materials clean and free from dust, moisture, insects, rodents, or other possible contamination. Supplies shall be arranged to permit cleaning of the area and easy inspection and access. Insecticides and rodenticides shall be plainly labeled, segregated, and stored in a separate room or cabinet away from the edible material or packaging supplies. Caps, parchment papers, wrappers, liners, gaskets, and single-service sticks, spoons, covers, and containers for frozen desserts or ingredients shall be stored only in sanitary tubes, wrappings, or cartons and kept in a clean, dry place until used and shall be handled in a sanitary manner.
   c. Raw milk products. Raw products for use in frozen desserts that are conducive to bacterial growth shall be handled and stored to minimize bacterial growth. When stored, raw products shall be maintained at 45° F or lower until processing commences.
   d. Non-refrigerated products. Products such as non-fat dry milk and other frozen desserts ingredients that do not require refrigeration for proper storing shall be placed in dry storage to be easily accessible for inspection and removal, and for adequate cleaning of the room. Dunnage, pallets or other similar method of elevation shall be used. Frozen desserts or ingredients shall not be stored with any product that would damage them or impair their quality. Opened containers of ingredients shall be protected from contamination.
   e. Refrigerated products. All products that require refrigeration shall, except as otherwise specified, be stored under conditions of temperature and humidity that best maintain quality and condition. Products shall not be stored directly on wet floors or be exposed to foreign odors or conditions such as dripping or condensation that may cause package or product damage.
10. Notification of change in products to be manufactured. Any person manufacturing only frozen desserts with butterfat, or only frozen desserts with fats other than butterfat, and uses the other type of fat shall first notify the Dairy Supervisor.
11. Clearing lines and equipment. If the same equipment is used for processing, pasteurizing, and packaging frozen desserts made with dairy products and frozen desserts made with vegetable fats, oils, or proteins, any remaining

product shall be completely removed from the lines and equipment and sanitized before introducing another product into the lines and equipment. All equipment and lines shall be sanitized either at the end or beginning of each day's operations.

12. Packaging and containers.
    a. Frozen desserts shall be packaged in commercial containers using packaging material that protects the product from contamination. The packaging, cutting, molding, dispensing, and other handling or preparation of frozen desserts and their ingredients shall be in a sanitary manner. Frozen dessert containers shall be filled at the place of pasteurization using approved mechanical equipment. Existing manual processes may be permitted if done in a manner that prevents all contact surface contamination and is approved by the Dairy Supervisor.
    b. Multi-use containers for frozen desserts shall be kept clean and dry. If used for transporting frozen desserts, the containers shall be:
        i. Rinsed immediately after emptying,
        ii. Cleaned upon return to the plant, and
        iii. Protected from contamination during storage.
    c. Metal cans and containers shall be free from rust and corrosion.
    d. Paper and plastic containers, liners, covers, or other materials coming in contact with frozen desserts shall be free from contamination.
    e. Single-service containers shall not be reused.

B. Personnel.

1. Plant employees shall wash their hands before beginning work and upon returning to work after using toilet facilities, eating, smoking, or otherwise soiling their hands. Employees shall keep their hands clean and follow good hygienic practices while on duty. Expectorating or using tobacco in rooms or compartments where frozen desserts or ingredients are exposed is prohibited. Clean, white, or light-colored, washable outer garments shall be worn by all employees engaged in handling dairy products, mix or frozen desserts. Hair coverings for head and facial hair shall be worn by all employees engaged in the processing, pasteurizing, packaging, handling, and storage of frozen desserts, product containers, and utensils.
2. Frozen desserts shall be handled so that there is no direct contact between an employee's hands and the product.
3. A person who has a discharging or infected wound, sore or lesion on hands, arms or other exposed portions of the body shall not work in any plant processing or packaging room or in any capacity resulting in contact with milk products or frozen desserts or equipment used in the processing or handling of milk products or frozen desserts. An employee returning to work following illness from a communicable disease shall provide a certificate from a physician attesting to the employee's complete recovery before processing or handling milk products or frozen desserts.

C. Quality standards.

1. Milk products used in the manufacture of frozen desserts shall meet the following standards:

Product	Standard Plate Count Not to Exceed
Raw Milk	500,000 per ml.
Pasteurized Milk	50,000 per ml.
Raw Cream	500,000 per ml.
Pasteurized Cream	100,000 per ml.

2. Butter, 80% cream, plastic cream, mixtures of butterfat, sugar or sweetening agent, moisture and flavoring, condensed milk, mixes and all other similar products shall meet the following standards:

Bacterial Standards	Not to Exceed
Standard Plate Count	50,000 per gram
Coliform Count	20 per gram
Yeast Count	50 per gram
Mold Count	50 per gram

3. Powdered non-fat dry milk, dry whey, and dry buttermilk shall meet the PMO standards.
4. Fats and oils other than from milk shall meet the standards of the United States Food, Drug and Cosmetic Act as amended, or those of any applicable state regulation for fats and oils of food grade standards.
5. Frozen desserts in broken or opened containers or in containers from which the product has been partially used may be returned to the plant for examination but shall not be used or sold for making frozen desserts.
6. All reconstituted frozen desserts shall be pasteurized before packaging.

D. Labeling.

1. All packages of frozen desserts, including cans or other containers of frozen desserts mix but not including frozen desserts packaged in accordance with a customer's request and in the presence of the customer, shall be labeled as prescribed in the federal Food, Drug and Cosmetic Act, as amended.
2. Each frozen dessert package shall contain:
    a. The code number assigned by the Dairy Supervisor, identifying the specific manufacturing plant; or
    b. The name and address of the frozen dessert manufacturer.

E. License suspension. The Dairy Supervisor may suspend the license of a frozen dessert plant whenever the bacteria count, coliform determination, yeast or mold count exceeds the quality standards for frozen desserts in three out of the last five samples taken on separate days. In addition, the Dairy Supervisor may suspend the permit of a frozen dessert plant for failure to comply with any of the provisions of this Section.

Historical Note

Adopted effective December 7, 1976 (Supp. 76-5). Amended effective December 5, 1977 (Supp. 77-6). Section R3-2-807 renumbered from R3-5-07 (Supp. 91-4). Amended effective December 2, 1998 (Supp. 98-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

Table 1. Pasteurization

Batch (Vat) Pasteurization	
Temperature	**Time**
69ºC (155ºF)	30 minutes
Continuous Flow (HTST) Pasteurization	
Temperature	**Time**
80ºC (175ºF)	25 seconds
83ºC (180ºF)	15 seconds
Continuous Flow (HHST) Pasteurization	
89ºC (191°F)	1.0 seconds
90ºC (194°F)	0.5 seconds
94ºC (201°F)	0.10 seconds
96ºC (204°F)	0.05 seconds
100ºC (212°F)	0.01 seconds

Historical Note
Table 1 made by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2). Table 1 heading added for clarity (Supp. 21-3).

R3-2-808. Frozen Desserts Reconstituted from Powdered Mixes
Except for R3-2-807(A)(8), retail establishments that reconstitute frozen desserts from powdered mixes and dispense the desserts on the premises shall comply with the requirements prescribed in R3-2-807 and the following standards:

1. All equipment, containers, and utensils shall be washed and air-dried after each use and shall be sanitized before each use, in accordance with the sanitation standards established in subsection R3-2-807(A)(7)(b).
2. When not in use, all equipment, utensils, and containers shall be stored above the floor in a clean, dry location free from dust, moisture, insects, rodents, or other possible sources of contamination.
3. Excess quantities of the reconstituted frozen dessert shall not be made from the powdered mix in advance and stored outside the dispensing machine.
4. Frozen desserts shall be reconstituted according to the directions provided by the powdered mix manufacturer.

Historical Note
Adopted effective May 11, 1977 (Supp. 77-3). Section R3-2-808 renumbered from R3-5-08 (Supp. 91-4). Section R3-2-808 renumbered to Section R3-2-809; new Section R3-2-808 adopted effective December 2, 1998 (Supp. 98-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-809. Medicinal, Chemical, and Radioactive Residues in Milk

A. All dairies shall comply with the following procedures to exclude medicinal, chemical, and radioactive residues from milk intended for human consumption:

1. Identify all cows that have been treated with or have consumed medicinal, chemical, and radioactive agents capable of being secreted in milk;
2. Maintain a written record of the date of treatment, type, and quantity of the medicine or chemical administered to each cow;
3. Milk all treated cows last, or with separate equipment to prevent contamination of the wholesome milk supply;
4. Clean and sanitize all equipment, utensils, and containers used in the handling of milk from the treated cows before the equipment is used in the handling of any milk intended for human consumption; and
5. Discard all milk from the treated cows for the period of time recommended by the attending veterinarian or as indicated on the package or label of the medicine used in the treatment of the cow.

B. Enforcement.

1. When the residue of a chemical, medicinal, or radioactive agent is found in the milk of a dairy and the Dairy Supervisor determines that the residue may be deleterious to human health, the Director shall immediately suspend the dairy from further selling, offering for sale, or distributing milk for human consumption until:
   a. The Dairy Supervisor determines that the practice causing the contamination of the milk has been corrected and the dairy is in compliance with the procedures established in subsection (A);
   b. Any milk that has not been excluded from human consumption as required by subsection (A) is appropriately discarded; and
   c. The first milk shipment following suspension indicates negative test results for medicinal, chemical, or radioactive residues.
2. If the Dairy Supervisor determines that a dairy is not in compliance with the procedures established in subsection (A), the Dairy Supervisor may suspend the dairy until the prescribed procedures are observed.

Historical Note
Section R3-2-809 renumbered from R3-2-808 and amended effective December 2, 1998 (Supp. 98-4).

R3-2-810. License Fees
During fiscal year 2024, an applicant shall pay the following fee to obtain or renew a dairy license:

1. For a license to operate a milk distributing plant or business: $300 plus $2,500 per pasteurizer.
2. For a license to operate a manufacturing milk processing plant: $100.
3. For a license to engage in the business of producer-distributor as an interstate milk shipper listed facility: $150 plus $2,500 per pasteurizer.
4. For a license to engage in the business of producer-distributor: $150.
5. For a license to engage in the business of producer-manufacturer: $25.
6. For a license to engage in the manufacture of trade products: $100.
7. For a license to engage in the business of selling at wholesale milk or dairy products, or both: $100.
8. For a license to sample milk or cream: an initial fee of $50 and a renewal fee of $30.

Historical Note
New Section made by exempt rulemaking at 16 A.A.R. 1331, effective June 29, 2010 (Supp. 10-2). Amended by exempt rulemaking at 17 A.A.R. 1756, effective July 20, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 2060, effective August 2, 2012 (Supp. 12-3). Amended by exempt rulemaking at 18 A.A.R. 2060, effective August 2, 2012 (Supp. 12-3). Amended by exempt rulemaking at 19 A.A.R. 3127, effective September 14, 2013 (Supp. 13-3). Amended by exempt rulemaking at 20 A.A.R. 2449, effective July 24, 2014 (Supp. 14-3). Amended by exempt rulemaking pursuant to Laws 2015, Ch. 10, § 14, at 21 A.A.R. 2404, effective July 3, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 1937, effective August 9, 2017 (Supp. 17-2). Amended by final exempt rulemaking at 24 A.A.R. 2219, effective August 3, 2018 (Supp. 18-3). Amended by final exempt rulemaking at 25 A.A.R. 2081, effective August 27, 2019 (Supp. 19-3). Amended by final exempt rulemaking at 26 A.A.R. 1471, effective August 25, 2020 (Supp. 20-3). Amended by final exempt rulemaking at 27 A.A.R. 1264, effective September 29, 2021 (Supp. 21-3). Amended by final exempt rulemaking at 28 A.A.R. 2017 (August 12, 2022), effective September 24, 2022 (Supp. 22-3). Amended by exempt rulemaking at 29 A.A.R. 3483 (November 3, 2023), effective October 30, 2023 (Supp. 23-4).

R3-2-811. Dairy Farm Permit

A. A dairy farm, as defined in the PMO, may apply for a PMO milk producer permit by submitting the following information about the dairy farm on a form provided by the Department:
1. Legal name,
2. Physical and mailing address,
3. Telephone number,
4. Owner's name,
5. Herd size,
6. Daily milk production,
7. Water source,
8. Waste water disposal system,
9. Number of bulk storage tanks, and
10. Certification that the dairy farm facilities comply with Grade A requirements.

B. An applicant for a dairy farm permit shall demonstrate compliance with the minimum standards set out in the PMO by a Department inspection.

C. A permittee shall maintain compliance with the minimum standards set out in the PMO and shall be subject to inspection by the Department in accordance with the PMO.

D. The Department may suspend a permit for a permittee's failure to comply with the minimum standards and may revoke a permit if the permittee fails to correct deficiencies within a reasonable time.

E. Dairy farm permits are not transferable.

Historical Note

New Section made by emergency rulemaking at 20 A.A.R. 1134, effective May 2, 2014, for 180 days (Supp. 14-2). Emergency expired; new Section made by exempt rulemaking at 21 A.A.R. 2407, effective September 22, 2015 (Supp. 15-3).

ARTICLE 9. EGG AND EGG PRODUCTS CONTROL

R3-2-901. Definitions and Interpretation Guidance

A. In addition to the definitions provided in A.R.S. §§ 3-701, 3-703 and 3-704, the following shall apply to this Article:
1. "Business owner or operator" means any person who owns ten percent or more of a business, or a person who controls the operations of a business.
2. "Check" means an individual egg that has a broken shell or crack in the shell but with its shell membranes intact and its contents do not leak. A "check" is considered to be lower in quality than a "dirty."
3. "Dirty" means a shell that is unbroken and that has dirt or foreign material adhering to its surface, which has prominent stains, or moderate stains covering more than 1/32 of the shell surface if localized, or 1/16 of the shell surface if scattered.
4. "Egg-laying hen" means any hen that produces eggs for human consumption.
5. "Egg products":
   a. Means eggs, in raw or pasteurized form, that are removed from the shell in a liquid, frozen, dried, or freeze-dried state, but are not fully cooked.
   b. May consist of whole eggs, yolks, whites, or any blend of yolk and white, with or without additives, if eggs are the main ingredient.
6. "Housed in a cage-free manner" means confined in a housing system that provides egg-laying hens with all of the following:
   a. The amount of usable floor space per egg-laying hen equal to or greater than that required by the 2017 edition of the United Egg Producers' Animal Husbandry Guidelines for U.S. Egg-Laying Flocks: Guidelines for Cage-Free Housing.
   b. An indoor or outdoor controlled environment, which can consist of multi-tiered aviaries, partially-slatted systems, single-level all litter floor systems, or other systems, and which allows egg-laying hens to have:
      i. Unrestricted freedom to roam;
      ii. An environment that allows them to exhibit natural behaviors, including, at a minimum, scratch areas, perches, nest boxes, and dust bathing areas; and
      iii. An environment in which farm employees can provide care while standing within the hens' usable floor space.
7. "Leaker" means an individual egg that has a crack or break in the shell and shell membranes to the extent that the egg contents are exuding or free to exude through the shell.
8. "Lot" means any quantity of two or more eggs.
9. "Lot Consolidation" means the removal of damaged eggs from cartons labeled by a producer or producer dealer and replacement of the damaged eggs with eggs of the same grade, size, brand, expiration date and source.
10. "Multi-tiered aviaries" means cage-free housing systems in which egg-laying hens have unfettered access to multiple elevated flat platforms that provide the egg-laying hens with usable floor space both on top of and underneath the platforms.
11. "Partially-slatted systems" means cage-free housing systems in which egg-laying hens have unfettered access to elevated flat platforms under which manure drops through the flooring to a pit or litter removal belt below.
12. "Pasteurized in-shell eggs" means eggs that have been pasteurized with the shell intact by any method approved by the Federal Food and Drug Administration or the Department.
13. "Repacking" means changing the identity of a lot of eggs by removing them from the original container labeled by a packer and placing them into another container not labeled by the packer at the point of origin with the same grade, size, lot number, source and/or brand.
14. "Single-level all-litter floor systems" means cage-free housing systems bedded with litter, in which egg-laying hens have limited or no access to elevated flat platforms.
15. "Spot-check" sample means any sample less than a representative sample described in the chart in R3-2-903(B).
16. "Ultimate consumer" means a person consuming eggs or egg products and a restaurant using eggs in the preparation of a meal.
17. "Usable floor space" means the total square footage of floor space provided to each egg-laying hen, as calculated by dividing the total square footage of floor space provided to the egg-laying hens in an enclosure by the number of egg-laying hens in that enclosure. "Usable floor space" shall include both ground space and elevated level flat platforms upon which hens can roost, but shall not include perches or ramps.
18. "UEP" means United Egg Producers.
19. "United Egg Producers Animal Husbandry Guidelines" means the United Egg Producers Animal Husbandry Guidelines for U.S. Egg Laying Flocks, 2017 Edition. This material is incorporated by reference, does not include any later amendments or editions, and is available for inspection at the Department of Agriculture, 1688 W.

Adams St., Phoenix, AZ 85007, or the United Egg Producers at 1720 Windward Concourse, Ste. 230, Alpharetta, GA 30005.

20. "United Egg Producers Certified" means a company that has achieved United Egg Producers Certified status pursuant to the requirements prescribed by the United Egg Producers Animal Husbandry Guidelines.
21. "United Egg Producers Certified logo" means the official symbol and accompanying language used to identify eggs produced by United Egg Producers Certified companies.
22. "United Egg Producers Cage Free Certified logo" means the official symbol and accompanying language used to identify cage-free eggs produced by United Egg Producers Certified companies.

B. Wherever appropriate, and if not expressly indicated, words in the singular form shall be construed to include the plural and vice versa. Nouns and pronouns in masculine, feminine and neuter genders shall be construed to include any other gender.

C. Examples shall not be construed to limit, expressly or by implication, the matter they illustrate.

D. The word "includes" and its derivatives means "includes, but is not limited to" and corresponding derivative expressions.

Historical Note

Former Rule 1; Amended as an emergency effective November 18, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-6). Former Section R3-6-01 amended as an emergency now adopted and amended as a permanent rule effective February 19, 1982. Section renumbered as R3-2-901 (Supp. 82-1). Section R3-6-101 renumbered to R3-2-901 (Supp. 91-4). Section repealed, new Section adopted effective July 13, 1995 (Supp. 95-3). Amended by final rulemaking at 15 A.A.R. 863, effective October 1, 2009 (Supp. 09-2). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2). Amended by final rulemaking at 28 A.A.R. 802 (April 22, 2022), effective October 1, 2022 (Supp. 22-2).

R3-2-902. Standards, Grades, and Weight Classes for Eggs; Pasteurized In-Shell Eggs

A. Standards for Eggs. All standards, grades, and weight classes of quality for chicken eggs in the shell shall meet the grades for eggs as prescribed in AMS 56, United States Standards, Grades, and Weight Classes for Shell Eggs, revised as of July 20, 2000. This material is incorporated by reference, does not include any later amendments or editions, and is on file with the Department at 1688 W. Adams St., Phoenix, AZ 85007 and the United States Department of Agriculture, Agricultural Marketing Service, Poultry Programs, STOP 0259, Room 3944-South, 1400 Independence Ave., S.W., Washington, DC 20250-0259, or online at www.ams.usda.gov/grades-standards/eggs. "AMS" means Agricultural Marketing Service, United States Department of Agriculture.

B. Standards for Pasteurized In-Shell Eggs. It is unlawful for a producer, producer dealer, dealer, or retailer to sell, offer for sale, or expose for sale pasteurized in-shell eggs that are packed for human consumption unless both of the following conditions are met:

1. Quality and weight classes:
   a. The eggs used to produce pasteurized in-shell eggs shall meet Consumer Grades A or AA and Weight Classes for Eggs of subsection (A).
   b. At destination:
      i. Pasteurized in-shell eggs shall contain no more than 7 percent (9 percent for Jumbo size) Checks and not more than 1 percent Leakers, Dirties, or Loss (due to meat or blood spots) in any combination, except that such Loss may not exceed 0.30 percent. Other types of Loss are not permitted.
      ii. In lots of two or more cases, no individual case may exceed 10 percent Checks.
   c. Pasteurized in-shell eggs shall meet the weight classes as indicated in Table I. Weight Classes for Pasteurized In-Shell Eggs.
2. Labeling requirements. Except as provided in subsection (B)(2)(j), it is unlawful for an egg producer, producer dealer, dealer or retailer to sell, offer for sale, or expose for sale pasteurized in-shell eggs that are packed for human consumption unless each container intended for sale to the ultimate consumer is labeled on one outside top, side, or end with all of the following:
   a. The consumer container is conspicuously labeled "KEEP REFRIGERATED" or with words of similar meaning as approved by the Department. Consumer container labeling that complies with the safe handling instructions required by Section 101.17 of Title 21 of the Code of Federal Regulations shall be deemed to comply with this subsection.
   b. The consumer container is conspicuously labeled "produced from" in conjunction with the appropriate consumer grade in letters no smaller than 1/2 size of the labeled consumer grade. The use of the consumer grade without the qualifier "produced from" is not permitted.
   c. The words "Best By", or "Use by" immediately followed by the month and day in bold type. Months shall be abbreviated Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov or Dec. The "Use by," or "Best before" date shall not exceed 75 days from the date on which the pasteurized in-shell eggs were pasteurized, excluding the date of pasteurization. Processors of in-shell eggs that subject the eggs to the pasteurization process shall establish a sell-by date by completion of an appropriate shelf stability study that includes public health and safety criteria. The processor shall retain the study on file at the processing plant and make it available to the Department upon request.
   d. If the pasteurized in-shell eggs are repacked, the original "Best By" or "Use by" date shall apply.
   e. A Julian pack date which is the consecutive day of the year on which the pasteurized in-shell eggs were pasteurized.
   f. The identification number of the plant of origin.
   g. A conspicuous identification of the eggs as "pasteurized."
   h. All state and federal labeling requirements.
   i. This Section does not apply to pasteurized in-shell eggs that are packaged for export.
   j. Subsection (B) does not apply to pasteurized in-shell eggs that are packaged for interstate commerce or pasteurized in-shell eggs that are packaged for military sales if exported to a state or federal agency that requires a different format for the sell-by or best-if-used-by date on pasteurized in-shell eggs, and the processor is utilizing that format.

Historical Note
Former Rule 2; Amended as an emergency effective November 18, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-6). Former Section R3-6-02 amended as an emergency now adopted and amended as a permanent rule effective February 19, 1982. Section renumbered as R3-2-902 (Supp. 82-1). Section R3-6-102 renumbered to R3-2-902 (Supp. 91-4). Section repealed, new Section adopted effective July 13, 1995 (Supp. 95-3). Amended by final rulemaking at 9 A.A.R. 2089, effective August 2, 2003 (Supp. 03-2). Amended by final rulemaking at 14 A.A.R. 892, effective May 3, 2008 (Supp. 08-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

Table I. Weight Classes for Pasteurized In-Shell Eggs

Weight Classes for Pasteurized In-Shell Eggs			
Size or weight class	Minimum net weight per dozen (ounces)	Minimum net weight 30 per dozen (pounds)	Minimum net weight for individual eggs at rate per dozen (ounces)
Jumbo	30	56	29
Extra large	27	50 1/2	26
Large	24	45	23
Medium	21	39 1/2	20
*A lot average tolerance of 3.3 percent for individual eggs in the next lower weight class is permitted as long as no individual case within the lot exceeds 5 percent.			

Historical Note
Table I. Weight Classes for Pasteurized In-Shell Eggs made by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-903. Sampling: Schedule and Methods for Evidence

A. An inspector may conduct random spot-check sampling of a lot of eggs to determine whether the lot meets minimum quality and weight standards and is in compliance with R3-2-907.

B. Representative egg sampling, under A.R.S. § 3-710(G), shall be based on Table II. A lot that does not meet minimum quality or weight standards or is not in compliance with R3-2-907 shall receive a warning notice hold tag.
1. An inspector may draw additional samples to determine whether the lot meets the minimum requirements.
2. When loose eggs are out of the case, the sample shall be based on a carton.
3. Eggs shall be sampled on a 30-dozen-case basis. When eggs are packed in other lot quantities, an inspector shall convert the quantity of eggs to the equivalent 30-dozen-case basis to establish the official sample size.

Historical Note
Former Rule 3; Amended effective March 17, 1976 (Supp. 76-2). Amended as an emergency effective November 18, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-6). Former Section R3-6-03 amended as an emergency now adopted and amended as a permanent rule effective February 19, 1982. Section renumbered as R3-2-903 (Supp. 82-1). Section R3-6-103 renumbered to R3-2-903 (Supp. 91-4). Section repealed, new Section R3-2-903 renumbered from R3-2-906 and amended effective July 13, 1995 (Supp. 95-3). Amended by final rulemaking at 9 A.A.R. 2089, effective August 2, 2003 (Supp. 03-2). Amended by final rulemaking at 15 A.A.R. 863, effective October 1, 2009 (Supp. 09-2). Amended by final rulemaking at 28 A.A.R. 802 (April 22, 2022), effective October 1, 2022 (Supp. 22-2).

Table II. Minimum Number of Cases and Cartons Comprising a Representative Sample

Lot size of cartons	**Minimum eggs for inspection**	**Lot size of 30 doz. per case**	**Minimum cases for inspection[1]**
1 - 4 cartons	All	1 case	1 case
5 - 30 cartons inclusive	50	2 - 10 cases inclusive	2 cases
31 - 120 cartons inclusive	100	11 - 25 cases inclusive	3 cases
120 - 210 cartons inclusive	200	26 - 50 cases inclusive	4 cases
211 - 315 cartons inclusive	300	51 - 100 cases inclusive	5 cases
		101 - 200 cases inclusive	8 cases
		201 - 300 cases inclusive	11 cases
		301 - 400 cases inclusive	13 cases
		401 - 500 cases inclusive	14 cases
		501 - 600 cases inclusive	16 cases
		For each additional 50 cases or fraction of a case in excess of 600 cases	1 case

[1]An inspector shall take 100 eggs from each case for inspection.

Historical Note

Table II was made under new Section R3-2-903 renumbered from R3-2-906 and amended effective July 13, 1995 (Supp. 95-3); it was last amended by final rulemaking at 9 A.A.R. 2089, effective August 2, 2003 (Supp. 03-2). The table and historical notes were moved out of R3-2-903 to maintain the numbering codification scheme of tables made at 26 A.A.R. 781 (Supp. 20-2).

R3-2-904. Quarterly Report Periods

Quarterly reports are due as prescribed in A.R.S. § 3-716(D). The quarterly report periods for inspection fees are:

1. July 1 to September 30,
2. October 1 to December 31,
3. January 1 to March 31, and
4. April 1 to June 30.

Historical Note

Former Rule 4; Amended effective March 17, 1976 (Supp. 76-2). Amended as an emergency effective November 18, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-6). Former Section R3-6-04 amended as an emergency now adopted and amended as a permanent rule effective February 19, 1982. Section renumbered as R3-2-904 (Supp. 82-1). Section R3-6-104 renumbered to R3-2-904 (Supp. 91-4). Section repealed, new Section R3-2-904 renumbered from R3-2-907 and amended effective July 13, 1995 (Supp. 95-3).

R3-2-905. Inspection Fee Rate

A. All dealers, producer-dealers, manufacturers, and producers shall pay an inspection fee at the rate of 3.0 mills (.00300) per dozen on all shell eggs sold as prescribed in A.R.S. § 3-716(A).

B. All dealers, producer-dealers, manufacturers, and producers shall pay an inspection fee at the rate of 3.0 mills (.00300) per pound on all egg products sold as prescribed in A.R.S. § 3-716(A).

C. For scheduled continuous grading, certification, and inspection services. The following rates apply to continuous grading service on a resident basis and continuous grading service on a nonresident basis per grader:

1. Regular rate: $38.00/hour;
2. Overtime rate: $57.00/hour;
3. Holiday rate: $58.00/hour.

D. For plant survey, unscheduled temporary, certification, auditing and appeal grading services. The following rates apply to temporary and auditing service per grader:

1. Regular rate: $57.00/hour;
2. Overtime rate: $85.00/hour;
3. Holiday rate: $87.00/hour.

Historical Note

Former Rule 5; Former Section R3-6-05 renumbered as Section R3-2-905 (Supp. 82-1). Section R3-6-105 renumbered to R3-2-905 (Supp. 91-4). Section repealed, new Section R3-2-905 renumbered from R3-2-908 and amended effective July 13, 1995 (Supp. 95-3). Amended by emergency rulemaking at 12 A.A.R. 4063, effective October 1, 2006 for 180 days (Supp. 06-4). Emergency renewed at 13 A.A.R. 1509, effective April 9, 2007 for 180 days (Supp. 07-2). Amended by final rulemaking at 13 A.A.R 1639, effective June 30, 2007 (Supp. 07-2). Amended by final rulemaking at 28 A.A.R. 802 (April 22, 2022), effective October 1, 2022 (Supp. 22-2).

R3-2-906. Violations and Penalties

A. A dealer, producer-dealer, manufacturer, producer, or retailer, at each individual location, is subject to the penalties in subsection (B) for any of the following violations:

1. Category A:
   a. Making a false or misleading statement relating to advertising or selling eggs and egg products;
   b. Acting as a dealer, producer-dealer, producer, or manufacturer without a valid license;
   c. Selling shell eggs with an incorrect or incomplete expiration date, or without an expiration date;
   d. Selling grade AA or grade A eggs after the expiration date on the carton, case, or container. Selling pasteurized in-shell eggs without or past the "Best By" or "Use by" date;
   e. Failing to maintain records and reports required by this Article;
   f. Failing to label a carton, case, or container with one size, one grade, one brand name, or, as required under R3-2-907;
   g. Moving eggs or an egg case, carton, or container with a warning tag or notice, or removing a warning tag or notice without permission from the Director;
   h. Refusing to submit egg or egg product, an egg case, carton, container, subcontainer, lot, load, or display of eggs to inspection; or
   i. Refusing to stop, at the request of an authorized representative of the Department, any vehicle transporting eggs or egg products;
   j. Selling eggs that have not been produced in accordance with the standards prescribed under R3-2-907;
   k. Failing to raise egg-laying hens in this state in accordance with the standards prescribed under R3-2-907.
2. Category B:
   a. Extending the expiration date of shell eggs as defined in A.R.S. § 3-701(13); or
   b. Advertising, representing, or selling out-of-state eggs as local eggs.
3. Category C:
   a. Failing to ensure that shell eggs for human consumption are kept refrigerated at an ambient temperature not higher than 45° F;
   b. Failing to ensure that frozen egg products for human consumption, labeled for storage at 0° F or below, are kept under refrigeration at a temperature of 0° F or lower;
   c. Failing to ensure that liquid egg products for human consumption are kept refrigerated at a temperature not higher than 40° F; or
   d. Failing to meet the sanitary standards egg processing of R3-2-908.

B. Any violation of this Article or of A.R.S. Title 3, Chapter 5, Article 1 not listed in subsection (A) is subject to a Category A civil penalty.

C. Under A.R.S. § 3-739, the civil penalty for a violation of subsection (A) is in Table III.

Historical Note

Former Rule 6; Amended effective February 19, 1982. Former Section R3-6-06 renumbered as Section R3-2-906 (Supp. 82-1). Section R3-6-106 renumbered to R3-2-906 (Supp. 91-4). Former Section R3-2-906 renumbered to R3-2-903, new Section adopted effective July 13, 1995 (Supp. 95-3). Amended by final rulemaking at 5 A.A.R.

4058, effective October 7, 1999 (Supp. 99-4). Amended by final rulemaking at 9 A.A.R. 2089, effective August 2, 2003 (Supp. 03-2). Amended by final rulemaking at 15 A.A.R. 863, effective October 1, 2009 (Supp. 09-2). Amended by made by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2). Amended by final rulemaking at 28 A.A.R. 802 (April 22, 2022), effective October 1, 2022 (Supp. 22-2).

Table III. Violations and Penalties

Number of Violations	Category A	Category B	Category C
1	Warning	Warning	Warning
2	$50	$50	$100
3	$100	$100	$200
4		$150	$400
5		$200	$500
6		$250	
7		$300	

Historical Note

Table III made by made by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2). Heading added for clarity (Supp. 21-3).

R3-2-907. Poultry Husbandry; Standards for Production of Eggs and Biosecurity Requirements

A. Until December 31, 2031 all egg-laying hens in this state shall be raised according to the UEP Animal Husbandry Guidelines.

B. Until December 31, 2031 all eggs sold in this state produced by hens shall be from hens raised according to the UEP Animal Husbandry Guidelines. All eggs shall display the UEP Certified logo on their cases, cartons, and containers, or the egg dealer shall annually provide the Department with a copy of a current independent third-party audit that demonstrates that the eggs were produced by hens raised according to UEP Animal Husbandry Guidelines.

C. Beginning no later than January 1, 2032, all egg-laying hens in this state shall be housed in a cage-free manner.

D. Beginning no later than January 1, 2032, all eggs and egg products sold in this state shall be from hens housed in a cage-free manner including eggs and egg products purchased outside of Arizona used by a bakery or manufacturer in products produced that are offered for sale to retailers, wholesaler, or consumers for human consumption within this state.

E. Subsections (A) through (H) of this Section do not apply to egg producers or business owners or operators operating or controlling the operation of one or more egg ranches each having fewer than 20,000 egg-laying hens producing eggs. Subsections (A) and (B) of this Section also do not apply to any hens that are raised cage-free or any eggs produced by hens that are raised cage-free.

F. Beginning no later than January 1, 2032, in order to sell eggs or egg products within the state, a business owner or operator must have a certificate from the Supervisor certifying that the eggs or egg products are produced in compliance with subsections (C) and (D) or are exempt under subsection (E). The Supervisor will certify that eggs and egg products are produced in compliance with subsections (C) and (D) if the eggs or egg products are accompanied by documentation from a government or private inspection and continuous process verification service that the Supervisor deems acceptable establishing that the eggs or egg products were produced in compliance with this Section. The immediate container of eggs and egg products shall be plainly and conspicuously marked with the words “Cage Free” or “Organic” (if the eggs or egg products are USDA Certified Organic) in bold-faced type not less than one-eighth inch in height; or in another manner pre-approved by the Department.

G. It shall be a defense to any action to enforce this Section that a business owner or operator relied in good faith upon a written certification by the supplier that the eggs or egg products at issue were derived from an egg-laying hen which was housed in compliance with this Section.

H. All producers and producer dealers with operations within the state shall have a written biosecurity plan in place. At a minimum each producer and producer dealer shall:

1. Restrict access to all areas where poultry are housed or kept.
2. Take steps to ensure that contaminated material is not transported into any poultry barns.
3. Cover and secure feed in a manner that prevents wild bird, rodents or other animals from accessing the feed.
4. Cover and properly contain poultry carcasses, used litter, or other disease-containing organic materials that prevents wild birds, rodents or other animals from accessing the material and movement of the materials by the wind.
5. Keep houses in good repair and all areas to which the birds have access should be kept free of materials hazardous to the birds.

I. The biosecurity plan shall contain the following:

1. Methods for the disposal and handling of poultry manure.
2. Procedures for prevention, control and eradication of vectors for poultry diseases.
3. Procedures for the detection, control and treatment of poultry diseases.
4. Methods for the disposal and handling of culled birds and entire flocks under normal cyclic operations and following emergency depletion as a result of disease.
5. A facility poultry disease control and prevention plan which includes standard operating procedures with respect to specific measures to control and prevent disease including but not limited to structural and operational disease control and prevention provisions.
6. Procedures to prevent cross contamination between nest run and in line eggs.
7. Procedures to prevent the introduction and transmittal of diseases by vehicles and any other forms of transportation.
8. Signed agreements with all employees containing biosecurity procedures regarding contact with outside poultry and wild birds.

J. A producer and producer dealer shall allow the Department to enter the premises during normal working hours to inspect the biosecurity plan documents and the biosecurity that is implemented.

Historical Note

Former Rule 7; Former Section R3-6-07 renumbered as Section R3-2-907 (Supp. 82-1). Section R3-6-107 renumbered to R3-2-907 (Supp. 91-4). Section R3-2-907 renumbered to R3-2-904 effective July 13, 1995 (Supp. 95-3). New Section made by final rulemaking at 15 A.A.R. 863, effective October 1, 2009 (Supp. 09-2). Amended by made by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2). Amended by final rulemaking at 28 A.A.R. 802 (April 22, 2022), effective October 1, 2022 (Supp. 22-2). Amended by final rulemaking at 31 A.A.R. 4575 (December 19, 2025), effective February 2, 2026 (Supp. 25-4).

R3-2-908. Sanitary Standards; Egg Processing

A. All egg producers and retail locations where lot consolidation is conducted in this state shall meet the facility and sanitary operation requirements prescribed by the Regulations Governing the Voluntary Grading of Shell Eggs, 7 CFR 56, effective March 30, 2008. This material is incorporated by reference, does not include any later editions, and is available for inspection at the Department of Agriculture, 1688 W. Adams St., Phoenix, AZ 85007.

B. No person other than a producer or producer dealer shall repack eggs. All eggs sold to the ultimate consumer must be pre-packaged with all required labeling requirements of this Article and A.R.S. Title 3 Chapter 5. A producer, producer dealer shall not pack or repack eggs that have been in retail distribution channels.

C. A retailer may lot consolidate eggs labeled for the ultimate consumer by a packer. A daily log with lot information is required and shall include volume consolidated, grade, size, brand, lot and source.

Historical Note

Former Rule 8; Amended effective October 1, 1979 (Supp. 79-5). Former Section R3-6-08 renumbered as Section R3-2-908 (Supp. 82-1). Amended effective January 1, 1985 (Supp. 84-6). Amended effective December 30, 1987 (Supp. 87-4). Amended effective March 23, 1990 (Supp. 90-1). Section R3-6-108 renumbered to R3-2-908 (Supp. 91-4). Section R3-2-908 renumbered to R3-2-905 effective July 13, 1995 (Supp. 95-3). New Section made by final rulemaking at 15 A.A.R. 863, effective October 1, 2009 (Supp. 09-2). Amended by made by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

R3-2-909. Repealed

Historical Note

Former Rule 9; Former Section R3-6-09 renumbered as Section R3-2-909 (Supp. 82-1). Section R3-6-109 renumbered to R3-2-909 (Supp. 91-4). Section repealed effective July 13, 1995 (Supp. 95-3).

ARTICLE 10. AQUACULTURE

R3-2-1001. Definitions

In addition to the definitions provided in A.R.S. § 3-2901, the following shall apply unless the context otherwise requires:

1. "Certificate of Aquatic Health" is an official document from an issuing state or an equivalent form published by the United States Fish and Wildlife Service or the United States Department of Agriculture attesting that the live aquatic animals described thereon have been inspected and are free of the diseases and causative agents set forth in R3-2-1009.
2. "Department" means the Arizona Department of Agriculture.

Historical Note

Adopted effective May 3, 1993 (Supp. 93-2).

R3-2-1002. Fees for Licenses; Inspection Authorization and Fees

A. License fees are established as follows:

1. Aquaculture facility: $100 annually.
2. Fee fishing facility: $100 annually.
3. Aquaculture processor: $100 annually.
4. Aquaculture transporter: $100 annually.
5. Special licenses: $10 annually.

B. An expired license may be renewed within 90 days after expiration by payment of a $50 late fee.

C. Upon request of the licensee, the Department shall assess the licensed facility and, if applicable, certify the facility is free from infectious diseases and causative agents listed in R3-2-1009 before issuing a Certificate of Aquatic Health. All expenses properly incurred in the certification procedure of the inspection, including time, travel, and laboratory expenses, shall be paid to the Department by the licensee requesting certification.

Historical Note

Adopted effective May 3, 1993 (Supp. 93-2). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3).

R3-2-1003. General Licensing Provisions

A. An applicant for a license to operate an aquaculture facility or a fee fishing facility, or to operate as an aquaculture processor or aquaculture transporter shall provide the following information on a form furnished by the Department:

1. Whether the applicant is an individual, corporation, partnership, cooperative, association, or other type of organization;
2. The name and address of the applicant;
3. A corporation shall specify the date and state of incorporation;
4. The principal name of the business, and all other business names that may be used;
5. The name, mailing address, and telephone number of the applicant's authorized agent;
6. The street address or legal description of the location of the facility to be licensed; and
7. The signature of the person designated in subsection (A)(5), and the date the application is completed for submission to the Department.

B. The Department shall grant a license when all conditions are met and assign a Department establishment number to each facility.

C. All licenses expire on December 31 for the year issued.

D. A licensee shall advise the Department in writing of any change in the information provided on the application during the license year. This information shall be provided within 30 calendar days of the change.

E. To prevent the spread of diseases and causative agents listed in R3-2-1009, the Department may inspect and take samples from any facility or shipment being transported. A licensee shall notify the Department within 72 hours of becoming aware of the presence of any disease or causative agent listed in R3-2-1009. Aquatic animals found to be infected with a disease or causative agent listed in R3-2-1009 are prohibited from interstate or intrastate movement without prior written Department approval.

F. The Department shall quarantine or seize aquatic animals, alive or dead, plants, or products for examination or diagnostic study when there is a potential for spread of a disease or causative agent listed in R3-2-1009, or any other disease or causative agent that could constitute a threat to aquatic animals or plants of the state. The Department shall issue a written notice to the licensee specifying:

1. The reason for the Department's action; and
2. The licensee's right to request a hearing as prescribed in A.R.S. § 3-2906.

G. A licensee shall conspicuously mark all quarantined aquatic products and quarantined areas in a manner specified by the Department.

H. A licensee shall pay all diagnostic, quarantine, and destruction costs.

Historical Note
Adopted effective May 3, 1993 (Supp. 93-2). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3).

R3-2-1004. Specific Licensing Provisions; Aquaculture Facility; Fee Fishing Facility; Special License Facility

A. In addition to the application requirements in R3-2-1003, an applicant for a license to operate an aquaculture facility, a fee fishing facility, or a special license facility under A.R.S. § 3-2908(A) shall provide the following information on a form provided by the Department:
1. Water sources, transmission, and conveyances;
2. Method used to dispose of tailing waters and solid wastes;
3. Number and size of ponds, raceways, and tanks, if applicable;
4. Whether hatchery facilities are included;
5. A list of all animals and plants to be authorized under the license by genus, species, and common name.

B. An application to culture or possess an aquatic animal or plant that has not previously occurred in the drainage where the facility is located shall be accompanied by a written proposal. The applicant's proposal shall include:
1. Anticipated benefits from introducing the species;
2. Anticipated adverse effects from introducing the species, as it may affect indigenous or game fish, including hybridization;
3. Anticipated diseases inherent to introducing the species;
4. Suggestions for post-introduction evaluation of status and impacts of the introduced species; and
5. Structural and operational methods implemented to prevent escape of the species, if applicable.

C. Each body of water serving a facility shall be contained within the boundaries of the land owned or leased by the licensee.

D. A facility using public waters having natural or artificial inlets, rivers, creeks, washes, or canals shall provide mechanical screening approved by the Department to prevent live aquatic animals and plants, including eggs and fry, from escaping beyond the aquaculture facility boundaries or into public bodies of water.

E. An applicant for a special license under A.R.S. § 3-2908(A) shall also provide the following information to the Department at the time of application:
1. A written narrative describing the project in detail, the project purpose, the hypothesis, and the project duration; and
2. The proposed disposition of the aquatic animals or plants upon completion of the project.

F. The Department shall consider the recommendations of the Arizona Game and Fish Department, under A.R.S. § 3-2903, when determining whether to issue a license or an import permit under R3-2-1010. The Department may issue a license excluding some of the aquatic animal or plant species listed in the application.

Historical Note
Adopted effective May 3, 1993 (Supp. 93-2). Amended by final rulemaking at 10 A.A.R. 673, effective April 3, 2004 (Supp. 04-1).

R3-2-1005. Fee Fishing Facility

A licensee shall not allow an aquatic animal to be removed from a fee fishing facility unless:
1. The aquatic animal is dead, and
2. The licensee provides the person removing the aquatic animal with written proof of sale identifying the:
   a. Facility, by name, address, and Department establishment number issued under R3-2-1003(B);
   b. Date of harvest; and
   c. Number and species of aquatic animals transported from the facility.

Historical Note
Adopted effective May 3, 1993 (Supp. 93-2). Amended by final rulemaking at 10 A.A.R. 673, effective April 3, 2004 (Supp. 04-1).

R3-2-1006. Processor License

A. In addition to complying with the application requirements of R3-2-1003, applicants for a license to operate as an aquaculture processor as defined in A.R.S. § 3-2901(12) shall provide the following information on a form furnished by the Department:
1. Water sources, transmission, conveyances, and annual consumption in gallons or acre feet;
2. Method used to dispose of tailing waters and solid wastes;

B. A processing facility shall operate in a clean and sanitary condition during all periods of operation. The following are the minimum requirements for such establishments.
1. Each establishment shall have sanitary floors and walls impervious to water.
2. All outside windows and doors shall be screened.
3. There shall be a supply of potable water.
4. There shall be a sewage disposal system of such a type as not to be a breeding place for insects and not to constitute a hazard or to endanger public health.

Historical Note
Adopted effective May 3, 1993 (Supp. 93-2).

R3-2-1007. Transporter License; Transport; Delivery

A. In addition to the application requirements in R3-2-1003, an applicant for a license to operate as an aquaculture transporter of live aquatic animals as defined in A.R.S. § 3-2901(15) shall, on a form provided by the Department:
1. Designate whether the license is for interstate or intrastate transport, or both;
2. List aquatic transporting equipment to be used, including tanks and vehicles, and vehicle license number; and
3. State prior year volume or anticipated annual tonnage of live aquatic animals transported.

B. A transporter shall ensure that the aquatic transporting equipment has adequate water and oxygen at a temperature and in a quantity normal for the health of the live aquatic animals and shall be clearly marked, "Live Fish."

C. In addition to a copy of the Certificate of Aquatic Health, a transporter shall transport each container of live aquatic animals within the state with a document identifying:
1. Consignor's name, address, and telephone number;
2. Consignee's name, address, and telephone number;
3. Quantity and size of the aquatic animal being transported;
4. Genus, species, and common name of the aquatic animal being transported;
5. Date of shipment; and
6. Department establishment number.

D. A transporter shall deliver live aquatic animals only to a retail outlet, as prescribed at A.R.S. § 3-2907(J) or to a person listed in R3-2-1010(B).

Historical Note
Adopted effective May 3, 1993 (Supp. 93-2). Amended by final rulemaking at 10 A.A.R. 673, effective April 3, 2004 (Supp. 04-1).

R3-2-1008. Repealed

Historical Note
Adopted effective May 3, 1993 (Supp. 93-2). Section repealed by final rulemaking at 10 A.A.R. 673, effective April 3, 2004 (Supp. 04-1).

R3-2-1009. Disease Certification

A. A licensee requesting and receiving a Certificate of Aquatic Health shall have their facility inspected and all live aquatic animals, fertilized eggs and milt shall be found free of, but not limited to, the following diseases and causative agents:
1. Causative agent: Egtved Virus. Disease: VHS, Viral Hemorrhagic Septicemia of Salmonids.
2. Causative agent: Infectious Hematopoietic Necrosis Virus. Disease: IHN, Infectious Hematopoietic Necrosis of Salmonids.
3. Causative agent: Infectious Pancreatic Necrosis Virus. Disease: IPN, Infectious Pancreatic Necrosis of Salmonids.
4. Causative agent: *Ceratomyxa shasta*. Disease: Ceratomyxosis of Salmonids.
5. Causative agent: *Rhabdovirus carpio*. Disease: Spring Viremia of carp. Certification is required in this case only when the original origin of the shipment is from outside the United States.
6. Causative agent: *Renibacterium salmoniarum*. Disease: BKD, Bacterial Kidney Disease of Salmonids.
7. Causative agent: *Aeromonas salmonicida*. Disease: Furunculosis.
8. Causative agent: *Myxobolus cerebralis*. Disease: Whirling Disease of Salmonids.

B. The Department may require inspection for any disease or causative agent not listed in subsection (A) when there is evidence that the disease or causative agent may constitute a threat to aquatic animals or plants, aquatic wildlife or the aquaculture industry. The Department shall send written notice to all licensees pursuant to this Chapter when implementing this subsection, naming the disease or causative agent of concern. Action to quarantine or seize aquatic animals or plants pursuant to this subsection shall not be subject to delay pending such written notice.

Historical Note
Adopted effective May 3, 1993 (Supp. 93-2).

R3-2-1010. Importation of Aquatic Animals

A. The owner, or owner's agent, importing live aquatic animals into the state shall ensure the animals are accompanied by the following:
1. A Certificate of Aquatic Health as defined in R3-2-1001, based upon an inspection of the originating facility within the 12 months preceding the shipment;
2. A transporter license issued under R3-2-1007; and
3. An import permit number issued by the Department under this Section, legibly written or typed on the certificate of aquatic health.

B. The owner, or owner's agent, of live aquatic animals, except those imported by a retail outlet as prescribed in A.R.S. § 3-2907(J), shall ensure that the animals are consigned to or in the care of:
1. An Arizona resident;
2. An aquaculture facility, fee fishing facility, or special license holder licensed by the Department;
3. A holder of an aquatic wildlife stocking permit issued by the Arizona Game and Fish Department; or
4. A holder of any aquatic animal license issued by the Arizona Game and Fish Department.

C. The owner, or owner's agent, may obtain an import permit number from the Department, Office of the State Veterinarian, by providing the following information:
1. Consignor's name, address, and telephone number;
2. Consignee's name, address, and telephone number;
3. Consignee's Department establishment number issued by the Department or a copy of an aquatic wildlife stocking permit or the license issued by the Arizona Game and Fish Department;
4. Origin of the shipment;
5. Genus, species, and common name of aquatic animals to be imported; and
6. Quantity and size classification of aquatic animals to be imported.

D. An import permit number remains valid for 15 calendar days from the date of issuance by the Department.

E. The Department shall refuse entry to any shipment that does not comply with this rule.

F. The Department shall quarantine and require destruction of any shipment, after its arrival, that it determines is infected with or was previously exposed to any causative agent or disease listed in R3-2-1009.

Historical Note
Adopted effective May 3, 1993 (Supp. 93-2). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3).

ARTICLE 11. VOLUNTARY EGG GRADING PROGRAM

R3-2-1101. Definitions

For the purpose of this Article, unless the context otherwise requires, the terms in this Section shall have the following meaning:

"Acceptable" means suitable for the purpose intended.

"Administrator" means the supervisor as defined in A.R.S. § 3-701.

"Ambient temperature" means the air temperature maintained in an egg storage facility or transport vehicle.

"AMS" means Agricultural Marketing Service, United States Department of Agriculture.

"Applicant" means any person or entity who requests any grading service.

"Appeal grading" means a re-grading requested by a recipient who is dissatisfied with an initial grading decision.

"Associate Director" means the associate director of the animal service division.

"Auditing services" means the act of providing independent verification of written quality assurance and value added standards for production, processing and distribution of eggs. Auditing services are performed by graders authorized by the Administrator to perform such audits and the service provided

will be in accordance with the provisions of this Article for grading services, as appropriate.

"Cage mark" means any stain-type mark caused by an egg coming in contact with a material that imparts a rusty or blackish appearance to the shell.

"Case" means, when referring to containers, an egg case, as used in commercial practice in the United States, holding 30 dozens of eggs.

"Class" means any subdivision of a product based on essential physical characteristics that differentiate between major groups of the same size, kind, species, or method of processing.

"Chick papers" means the papers in which chicks are delivered.

"Condition" means any condition (including, but not being limited to, the state of preservation, cleanliness, soundness, wholesomeness, or fitness for human food) of any product which affects its merchantability.

"Consumer grades" means U.S. Grade AA, A, and B.

"Controlling person" means a person at least 21 years of age legally accountable for operations and management of the egg production plant.

"Department" or "AZDA" means the Arizona Department of Agriculture.

"Director" means the Director of the Arizona Department of Agriculture.

"Egg grading service" means the personnel who are actively engaged in the administration, application, and direction of egg grading programs and services pursuant to this Article.

"Eggs" means eggs of domesticated chickens.

"Eggs of current production" means eggs that are no more than 21 days old.

"Grademark" means the official identification symbol used to identify eggs officially graded by AZDA in accordance with this Article.

"Grader" means any employee assigned by AZDA to investigate and certify in accordance with this Article, the class, quality, quantity, or condition of products.

"Grading or grading service" means the determination by a grader that a product meets the standards of this Article regarding the class, quality, quantity, or condition of the product for the purpose of issuing a grade or grading certificate. Such determination may be performed by examining all product units or representative samples drawn by the grader; may be performed as a temporary, resident or non-resident grading service; and includes regrading performed in response to an appeal of a previous grading decision.

"Grading certificate" means a statement, either written or printed, issued by a grader pursuant to this Article, relative to the class, quantity, quality, or condition of products.

"Holiday or legal holiday" means the legal public holidays specified by State of Arizona Accounting Manual (SAAM).

"Identify" means to apply a grademark to products or the containers thereof.

"Interested party" means any person financially interested in a transaction involving any grading, appeal grading, or regrading of any product.

"Office of grading" means the office of any resident grader at the plant.

"Official AZDA certificate" means any form of certification, either written or printed, used under this Article to certify with respect to the sampling, class, grade, quality, size, quantity, or condition of products (including the compliance of products with applicable specifications).

"Official AZDA memorandum" means any initial record of findings made by an authorized person in the process of grading or sampling pursuant to this Article, any processing or plant-operation report made by an authorized person in connection with grading or sampling under this Article, and any report made by an authorized person of services performed pursuant to this Article.

"Official AZDA mark" means the grademark and any other mark, or any variations in such marks approved by the Administrator and authorized to be affixed to any product, or affixed to or printed on the packaging material of any product, stating that the product was graded, or indicating the appropriate U.S. grade or condition of the product, or for the purpose of maintaining the identity of products graded under this Article, including but not limited to, those set forth in R3-2-1111.

"Official identification" means any AZDA standard designation of class, grade, quality, size, quantity, or condition specified in this Article or any symbol, stamp, label, logo, or seal indicating that the product has been officially AZDA graded and/or indicating the class, grade, quality, size, quantity, or condition of the product approved by the Supervisor and authorized to be affixed to any product, or affixed to or printed on the packaging material of any product.

"Official plant" means the facilities used for a shell egg operation that has been approved by AZDA for grading purposes.

"Origin grading" means a grading made on a lot of eggs at a plant where the eggs are graded and packed.

"Packaging" means the primary or immediate container in which eggs are packaged and which serves to protect, preserve, and maintain the condition of the eggs.

"Packing" means the secondary container in which the primary or immediate container is placed to protect, preserve, and maintain the condition of the eggs during transit or storage.

"Person" means any individual, partnership, association, business trust, corporation, or any organized group of persons, whether incorporated or not.

"Plant" means the facilities used for a shell egg operation.

"Potable water" means water that has been approved by the State health authority or agency or laboratory acceptable to the Administrator as safe for drinking and suitable for food processing.

"Product or products" means eggs of the domesticated chicken.

"Quality" means the inherent properties of any product which determine its relative degree of excellence.

"Quality assurance inspector" means any designated company employee other than the plant owner, manager, foreman, or

supervisor, authorized by the State supervisor to examine product and to supervise the labeling, dating, and lotting of officially graded eggs and to assure that such product is packaged under sanitary conditions, graded by authorized personnel, and maintained under proper inventory control until released by an employee of the Department.

"Recipient" means the individual or entity whose application for grading services has been approved by the Department.

"Resident grading service" means continuous supervision, in an official plant, of the handling or packaging of any product.

"Sampling" means the act of taking samples of any product for grading or certification.

"SE" means *Salmonella* Enteritidis.

"Shell protected" means eggs which have had a protective covering such as oil applied to the shell surface. The product used shall be acceptable to the Food and Drug Administration.

"Shipped for retail sale" means eggs that are forwarded from the processing facility for distribution to the ultimate consumer.

"State supervisor" means the immediate supervisor of a Grader.

"Washed ungraded eggs" means eggs which have been washed and that are either sized or unsized, but not segregated for quality.

Historical Note

Section R3-2-1101 recodified from R3-2-101 (Supp. 97-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3). New Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

R3-2-1102. General Provisions

A. Administration. The Administrator shall perform such duties as the Associate Director may require in the enforcement or administration of the provisions of this Article. The Administrator is authorized to waive for limited periods any particular provisions of this Article to permit experimentation so that new procedures, equipment, and processing techniques may be tested to facilitate definite improvements and at the same time to determine full compliance with the spirit and intent of this Article. The AZDA and its officers and employees shall not be liable in damages through acts of commission or omission in the administration of this Article.

B. Basis of grading service.

1. Grading service with respect to the determination of the quality of products shall be on the basis of the United States Standards, Grades, and Weight Classes for shell eggs. However, grading service may be rendered with respect to products which are bought and sold on the basis of institutional contract specifications or specifications of the recipient; and such service, when approved by the Administrator, shall be rendered on the basis of such specifications. The supervision of packaging shall be in accordance with such instructions as may be approved or issued by the Administrator.
2. Whenever grading service is performed on a representative sample basis, such sample shall be drawn and consist of not less than the minimum number of cases as indicated in:
   a. R3-2-903 for stationary lots; or
   b. QAD 700 Shell Egg Graders Handbook Section 8 on-line sampling of Shell Eggs (8-30-2016).
3. Accessibility of product. Each product for which grading service is requested shall be so conditioned and placed as to permit a proper determination of the class, quality, quantity, or condition of such product.

C. Prerequisites to grading. Grading of products shall be rendered pursuant to this Article and under such conditions and in accordance with such methods as may be prescribed or approved by the Administrator.

D. Supervision. All plant grading service shall be subject to supervision at all times by an AZDA grader. Such service shall be rendered in accordance with instructions issued by the Administrator where the facilities and conditions are satisfactory for the conduct of the service and the requisite graders are available.

E. Other applicable regulations. Compliance with this Article shall not excuse failure to comply with any other applicable Federal, State, or local laws or regulations.

Historical Note

Section R3-2-1102 recodified from R3-2-102 (Supp. 97-1). Amended effective October 8, 1998 (Supp. 98-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3). Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

R3-2-1103. Equipment and Facilities for Graders

Equipment and facilities to be furnished by the recipient for use of graders in performing service on a resident basis shall include, but not be limited to, the following:

A. An accurate metal stem thermometer.

B. An accurate means to determine pH level of wash water.

C. Test kits for checking the concentration level of the solution used for sanitizing eggs and monitoring the concentration level of potable water treatment compounds in plants having chlorinators. The kit must be designed for testing the compound being used.

D. Protective equipment including, general purpose gloves and safety glasses to all egg graders who are monitoring the strength of potable water treatment compounds and egg sanitizing solutions, unless plant employees are trained to perform the testing under the direct supervision of the grader.

E. Electronic digital-display scales graduated in increments of 1/10-ounce or less for weighing individual eggs and test weights for calibrating such scales. Plants packing product based on metric weight must provide scales graduated in increments of one gram or less.

F. Electronic digital-display scales graduated in increments of 1/4-ounce or less for weighing the lightest and heaviest consumer packages packed in the plant and test weights for calibrating such scales.

G. Scales graduated in increments of 1/4-pound or less for weighing shipping containers and test weights for calibrating such scales.

H. Test weights sufficient in size to verify the accuracy of the lightest and heaviest unit of measurement weighed on any given scale located in the plant.

I. Two candling lights that provide a sufficient combined illumination through both the aperture and downward through the bottom to facilitate accurate interior and exterior quality determinations.

J. A candling booth adequately darkened and located in close proximity to the work area that is reasonably free of excessive noise. The booth must be sufficient in size to accommodate two graders, two candling lights, and other necessary grading equipment.

K. If deemed necessary by the supervisor, a cart or method of conveyance for the transportation of samples to and from the candling booth.

L. Furnished office space, suitable wireless internet connection, a desk and file or storage cabinets (equipped with a satisfactory locking device), suitable for the security and storage of official supplies, and other facilities and equipment as may otherwise be required. Such space and equipment must meet the approval of the Administrator.

Historical Note

Section R3-2-1103 recodified from R3-2-103 (Supp. 97-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3). Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

R3-2-1104. Schedule of Operation of Official Plants

Grading operating schedules for services performed pursuant to this Article shall be requested in writing and be approved by the Administrator. Normal operating schedules for a full week consist of a continuous eight-hour period per day (excluding not to exceed one hour for lunch), five consecutive days per week, within the administrative workweek, Saturday through Friday, for each shift required. Less than eight-hour schedules may be requested and will be approved if a grader is available. Clock hours of daily operations need not be specified in the request, although as a condition of continued approval, the hours of operation shall be reasonably uniform from day to day. Graders are to be notified by management one day in advance of any change in the hours grading service is requested.

Historical Note

Section R3-2-1104 recodified from R3-2-104 (Supp. 97-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3). Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

R3-2-1105. Application for Grading Service

A. An application for AZDA grading service may be made by egg producer or a producer dealer with operations located in Arizona.

B. Form of application. Each application for grading or sampling a specified lot of any product shall include such information as may be required by the Administrator in regard to the product and the premises where such product is to be graded or sampled. The applicant shall designate the employees of the applicant who will authorized to provide information to the AZDA grader or graders as may be necessary for the performance of the grading service.

C. Application for grading service in official plants; approval. Any person desiring to process and pack products in a plant under grading service must receive approval of such plant and facilities as an official plant prior to the rendition of such service. When a signed application for service has been received, the State supervisor or the supervisor's assistant shall complete a plant survey pursuant to this Article. An application for grading service shall be approved when the application has been filed for grading service; a successful plant survey is completed; and all required facility or equipment modifications are completed.

D. Denial of service. An application for grading service may be denied by the Administrator when:

1. The applicant fails to meet the requirements of this Article prescribing the conditions under which the service is made available.
2. The product is owned by or located on the premises of a person currently denied the benefits of this Article.
3. Any individual holding office or a responsible position with or having a substantial financial interest or share in the applicant is currently denied the benefits of the Act or was responsible in whole or in part for the current denial of the benefits of this Article to any person or entity.
4. The Administrator determines that the application is an attempt on the part of a person currently denied the benefits of this Article to obtain grading services.
5. The applicant, after an initial survey has been made in accordance with this Article, fails to bring the grading facilities and equipment into compliance with this Article within a reasonable period of time.
6. Notwithstanding any prior approval whenever, before initiation of service, the applicant fails to fulfill commitments concerning the initiation of the service.
7. It appears that performing the services specified in this Article would not be in the best interests of the public welfare or of the Government.
8. It appears to the Administrator, in his sole discretion, that prior commitments of the Department or lack of resources necessitate denial of service.

E. Debarment. An applicant may be permanently debarred for the following reasons:

1. The giving or offering, directly or indirectly, of a bribe, or any money, loan, gift, or anything of value to an employee of the Department to obtain any benefit or special treatment;
2. Taking any action that falsely brings the Department in disrepute or that creates the appearance of impropriety;
3. Knowingly making a false or misleading statement of a material fact to the Department;
4. Using any official identification, grademark, stamp, symbol, label, seal, or identification without authority from the Department;
5. Forging, counterfeiting, or falsely simulating any grading certificate, symbol, stamp, label, seal, or identification authorized pursuant to this Article;
6. Use of an official grademark, certificate, symbol, stamp, label, seal, or identification without authority;
7. Failure to make an official plant or product accessible for grading service;
8. Interference with the performance of duty of an AZDA grader, licensee, contractor, or employee.
9. Failure to pay a Department invoice within 30 days after issuance of the invoice; or
10. Any other violation of any provision of the statutes, rules and regulations of the Department that threatens the health, safety, or welfare of the public.

F. Notification. An applicant shall be promptly notified of the reasons for a denial of service. A written petition for reconsideration of such denial may be filed by the applicant with the Administrator if postmarked or delivered within 10 days after the receipt of notice of the denial. Such petition shall state specifically the errors alleged to have been made by the Administrator in denying the application. Within 20 days following the

receipt of such a petition for reconsideration, the Administrator shall approve the application or notify the applicant of the reasons for the denial thereof. Service of notice may be accomplished by regular mail and/or email.

G. Withdrawal of application. An application for grading service may be withdrawn by the applicant at any time before the service is performed, provided that the applicant pays all expenses incurred by the AZDA in connection with such application.

Historical Note

Section R3-2-1105 recodified from R3-2-105 (Supp. 97-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3). Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

R3-2-1106. Authority of Applicant

A. Proof that an authorized controlling person is applying for any grading service may be required at the discretion of the Administrator. Such proof may include, but is not limited to:
1. Documentation, as specified under A.R.S. § 41-1080(A), of the applicant's lawful presence in the U.S.
2. Proof of business entity structure of the plant.
3. Proof of ownership interest or position held in the plant.
4. Documentation of designated authority from the business entity under which the plant operates.

B. The approved recipient of grading services must notify the Department of a change of control or ownership of the official plant within 15 days after such change is effective.

Historical Note

Section R3-2-1106 recodified from R3-2-106 (Supp. 97-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3). Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

R3-2-1107. Order of Service

AZDA grading service shall be performed, insofar as practicable and subject to the availability of qualified graders, on a first-come, first-served basis, except that precedence may be given to an application for an appeal grading.

Historical Note

Section R3-2-1107 recodified from R3-2-107 (Supp. 97-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3). Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

R3-2-1108. Types of Grading Service

A. Scheduled continuous grading service on a resident basis and continuous grading service on a nonresident basis. Service on a resident basis has a scheduled tour of duty, while service on a nonresident basis has a nonscheduled tour of duty, but is of a reoccurring nature. Both of these services are performed when an applicant requests that an AZDA/inspector grader be stationed in the applicant's processing plant and grade eggs in accordance with U.S. Standards. The applicant agrees to comply with the facility, operating, and sanitary requirements of resident service. The charges for resident grading services are based on the hours of the regular tour of duty. Eggs graded under AZDA resident grading service are only eligible to be identified with the official grademarks shown in R3-2-1111 when processed and graded under the supervision of a grader/inspector, or quality assurance inspector as provided in R3-2-1114.

B. Unscheduled temporary grading service. Temporary grading service is performed when an applicant requests resident grading on a fee basis. The applicant must meet all of the facility, operating, and sanitary requirements of resident service. Charges or fees are based on the time and expenses needed to perform the work. Eggs graded under temporary grading service are only eligible to be identified with the official AZDA grademarks when they are processed and graded under the supervision of a grader or quality assurance inspector as provided in R3-2-1114.

C. Auditing service. Auditing service is performed when an applicant requests independent verification of written quality assurance and value added standards for production, processing, and distribution of eggs. Charges or fees are based on time, travel, and expenses needed to perform the work.

D. The Department shall determine the number of graders needed to perform grading services. Recipients shall not ask AZDA graders to assume plant managerial responsibilities.

Historical Note

Section R3-2-1108 recodified from R3-2-108 (Supp. 97-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3). Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

R3-2-1109. Suspension of Grading Service or Plant Approval for Correctable Cause

A. Provision of grading services is a privilege and not a right. Any plant approval of grading services given pursuant to this Article may be suspended by the Administrator for:
1. Failure to maintain grading facilities and equipment in a satisfactory state of repair, sanitation, or cleanliness.
2. The use of operating procedures which are not in accordance with this Article;
3. Alterations of grading facilities or equipment which have not been approved in accordance with this Article; or
4. Any reasons listed under R3-2-1105(D) "Denial of Service," or required by any other need to protect public health, safety, or welfare.

B. Suspension may occur prior to the right to have a hearing in cases in which immediate suspension is required to protect public health, safety, or welfare. Whenever it is feasible to do so, written notice in advance of such suspension of plant approval shall be given to the person concerned and shall specify a reasonable period of time in which corrective action must be taken. If advance written notice is not given, the action shall be promptly confirmed in writing after the suspension and the reasons therefor shall be stated, except in instances where the person has already corrected the deficiency. During such period of suspension, grading service shall not be rendered. After appropriate corrective action is taken, grading service will be restored immediately, or as soon thereafter as a grader can be made available.

C. If the grading facilities or methods of operation are not brought into compliance within a reasonable period of time as specified by the Administrator, the Administrator shall send formal notice of the suspension pursuant to A.R.S. Title 41, Chapter 6, Article 10. Any suspension shall continue in effect

pending the outcome of a hearing unless otherwise ordered by the Administrator.

D. Upon suspension of grading service, all grademarks (labels, seals, tags, or packaging material bearing other official identification), shall, under the supervision of a person designated by the AZDA, be destroyed, obliterated, or sequestered in a manner acceptable to the AZDA.

E. In any case where grading service is suspended under this Section, the person concerned may thereafter apply for grading service once the conditions giving rise to the suspension or withdrawal have been remediated.

Historical Note

Section R3-2-1109 recodified from R3-2-109 (Supp. 97-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3). Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

R3-2-1110. Authority to Use Official Insignia

A. Authority to use official AZDA grademarks. Authority to use an AZDA grademark on products is granted only to recipients who utilize the services of a grader or quality assurance inspector in accordance with this Article. Packaging materials bearing official identification marks shall be approved pursuant to R3-2-1110 to R3-2-1111, inclusive, and shall be used only for the purpose for which approved and prescribed by the Administrator. Any unauthorized use or disposition of approved labels or packaging materials which bear any official AZDA identification may result in cancellation of grading service, denial of the permission to use of labels or packaging materials bearing official identification, or denial of other benefits of the Act pursuant to the provisions of R3-2-1105 D.

B. Approval of official identification. No label, container, or packaging material which bears official identification may contain any statement that is false or misleading. No label, container, or packaging material bearing official identification may be printed or prepared for use until the printers' or other final proof has been approved by the Administrator in accordance with this Article. It is the recipient's responsibility to ensure label compliance with the Federal Food, Drug, and Cosmetic Act, the Fair Packaging and Labeling Act, and the regulations promulgated under this Article. The use of finished labels must be approved as prescribed by the Administrator. A grader may apply official identification stamps to shipping containers if they do not bear any statement that is false or misleading. If the label is printed or otherwise applied directly to the container, the principal display panels of such container shall for this purpose be considered as the label. The label shall contain the name, address, and ZIP Code of the packer or distributor of the product, the name of the product, a statement of the net contents of the container, and the AZDA grademark.

C. Nutritional labeling. Nutrition information must be included on the labeling of each unit container of consumer packaged eggs in accordance with the General Regulations for the Enforcement of the Federal Food, Drug, and Cosmetic Act and the Fair Packaging and Labeling Act, located at 21 CFR §§ 101.1 to 101.108. The nutrition information included on labels is subject to review by the Food and Drug Administration prior to approval by the Department.

D. Refrigeration labeling. All containers bearing official AZDA "Grade AA" or "Grade A" identification shall be labeled to indicate that refrigeration is required, for example, "Keep refrigerated," or words of similar meaning.

Historical Note

Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

R3-2-1111. Form of AZDA Grademark and Information Required

A. Form of official identification symbol and grademark. The logo set forth in Illustration 1 shall be the official identification symbol for purposes of this Article and when used, imitated, or simulated in any manner in connection with eggs, shall be *prima facia* evidence that the product has been officially graded in compliance with this Article.

B. Eggs with consumer grades. Except as otherwise authorized, the AZDA grademark used to officially identify AZDA consumer-graded eggs shall be of the form and design indicated in Illustrations 2 through 4. The logo shall be of sufficient size so that the printing and other information contained therein is legible and in approximately the same proportion as shown in these figures. No variation may be used for the color scheme of Illustration 4.

C. The **"**Produced From**"** AZDA grademark. The Illustration 5 grademark may be used to identify products for which there are no official U.S. grade standards (for example, pasteurized shell eggs, and/or hard boiled eggs), provided that these products are approved by the Department and are prepared from AZDA compliant Consumer Grade AA or A eggs. The Illustration 5 grademark may utilize any one of the designs shown in Illustrations 2 through 4. The "Produced From" text outside the symbol shall be conspicuous, legible, and in approximately the same proportion and close proximity to the symbol as shown in Illustration 5.

D. Information required on AZDA grademark. Except as otherwise authorized by the Administrator, each AZDA grademark shall include the letters "AZDA" and the U.S. grade of the product it identifies, such as "Grade AA," as shown in Illustration 2. Such information shall be printed with the symbol and the wording within the symbol in contrasting colors in a manner such that the design is legible and conspicuous on the material upon which it is printed.

E. Product class. The size or weight class of the product, such as **"**Large,**"** may appear within the grademark as shown in Illustration 3. If the size or weight class is omitted from the grademark, it must appear prominently on the main panel of the carton.

F. Plant number. The plant number of the official plant preceded by the letter **"P"** must be shown on each carton or packaging material.

Historical Note

Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020

(Supp. 20-2).

Illustration 1. AZDA



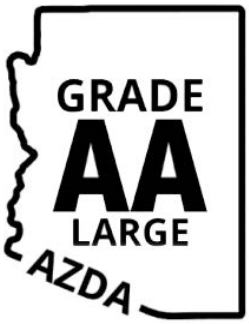
Historical Note
Illustration 1 made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

Illustration 2. AZDA Grade AA



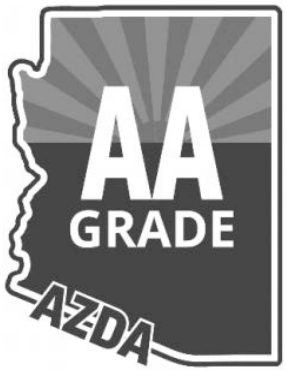
Historical Note
Illustration 2 made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

Illustration 3. AZDA Grade AA Large



Historical Note
Illustration 3 made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

Illustration 4. AZDA AA Grade



Historical Note
Illustration 4 made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

Illustration 5. AZDA Grade AA Produced From Shell Eggs



Historical Note
Illustration 5 made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

R3-4-1112. Lot Marking of Officially Identified Eggs
Each carton identified with the AZDA grademarks shown in R3-2-1111 shall be legibly lot-numbered on the consumer package and the carton, and may also be shown on the individual egg. The lot number shall be the consecutive day of the year (Julian date) on which the eggs were packed (for example, 132), except other lot-numbering systems may be used when submitted in writing and approved by the Administrator.

Historical Note
Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

R3-2-1113. Retention Directives
A grader may use retention tags or other devices and methods as approved by the Administrator for the identification and control of eggs which are not in compliance with this Article or are held for further examination, and for any equipment, utensils, rooms or

compartments which are found unclean or otherwise in violation of this Article. Any such item shall not be released until in compliance with this Article and retention identification shall not be removed by anyone other than a grader.

Historical Note
Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

R3-2-1114. Prerequisites to Packaging Eggs Identified with Grademarks
Quality assurance inspector required. The official grademark identification of any product as provided in this Article shall be done only under the supervision of a grader or quality assurance inspector. The grader or quality assurance inspector shall have supervision over the use and handling of all material bearing any official grademark identification.

Historical Note
Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

R3-2-1115. Grading Requirements of Eggs Identified with AZDA Grademarks

A. Eggs to be identified with the AZDA grademarks illustrated in R3-2-1111 must be individually graded by a grader.

B. In order to be officially identified with an AZDA consumer grademark, eggs shall:
1. Be of current production;
2. Be produced and processed within the borders of Arizona;
3. Not possess any undesirable odors or flavors;
4. Not have previously been shipped for retail sale;
5. Meet consumer Grade A or Grade AA, as prescribed in AMS 56, United States Standards, Grades, and Weight Classes for Shell Eggs, revised as of July 20, 2000, which is incorporated by reference, does not include any later amendments or editions of the incorporated matter, is on file with the Department at 1688 W. Adams St., Phoenix, AZ 85007, and can be found online at https://www.ams.usda.gov/sites/default/files/media/Shell_Egg_-Standard%5B1%5D.pdf;
6. Be produced and packaged in a facility in accordance with the Food and Drug Administration, Department of Health and Human Services' requirements for the Production, Storage, and transportation of Shell Eggs as specified in 21 CFR §§ 118.1 to 118.12, revised as of April 1, 2011, which is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department at 1688 W. Adams St., Phoenix, AZ 85007;
7. Be produced and packaged in a facility that meets the Regulations Governing the Inspection of Eggs under the Egg Products Inspection Act (EPIA), as specified in 7 CFR §§ 57.1 to 57.970, revised as of April 12, 2006, which is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department at 1688 W. Adams St., Phoenix, AZ 85007;
8. Be produced in a facility that has implemented a SE environmental monitoring program which includes testing for SE in chick papers and in the house environment when the pullets are 14-16 weeks of age, 40-45 weeks of age, four to six weeks post-molt, and pre-depopulation.
9. Be produced in a facility that has implemented and maintained a vaccination program to protect against SE infection, which includes a minimum of two attenuated live vaccinations and one killed or inactivated vaccination, or an alternative vaccination program that has been approved by the Department after having been demonstrated in the Department's estimation to be equally effective.

C. Management at an official plant is responsible for notifying the AZDA grader whenever contaminated or adulterated eggs are present in the official plant. Any eggs identified as contaminated or adulterated must be properly labeled and controlled by plant management. This includes eggs originating from a layer house with an SE-positive environment or eggs testing positive for the presence of SE. Failure to control, detain and/or notify the grader of the presence of contaminated or adulterated eggs in the official plant will constitute a violation of this Article. Department employees are authorized to inspect lay houses and review plant documents to determine compliance with this Article.

Historical Note
Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

R3-2-1116. Payment of Fees and Charges

A. Fees and charges for any grading service shall be paid by the recipient by check, draft, or money order payable to the "Arizona Department of Agriculture Egg Program." AZDA may require that fees and charges shall be paid in advance, and shall include travel, per diem, or other expenses incurred by the Department in connection with providing grading services.

B. The cost of an appeal grading or review of a grader's decision shall be borne by the appellant on a unscheduled temporary basis at rates set forth in R3-2-1117, plus travel, per diem, or other expenses. If the appeal grading or review of a grader's decision discloses that a material error was made in the original determination, no fee or expenses will be charged for the regrading.

C. Invoices for services previously rendered will be issued no later than the 10th day following the end of the period in which the service was rendered and are payable in full upon receipt.

Historical Note
Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

R3-2-1117. Charges for Grading Service

A. Scheduled continuous grading service. The following rates apply to continuous grading service on a resident basis and continuous grading service on a nonresident basis per grader:
1. Regular rate: $38.00/hour
2. Overtime rate: $57.00/hour
3. Holiday rate: $58.00/hour

B. Plant survey, unscheduled temporary, auditing and appeal grading services. The following rates apply to temporary and auditing service per grader:
1. Regular rate: $57.00/hour
2. Overtime rate: $85.00/hour
3. Holiday rate: $87.00/hour

C. Reapplication after termination of service by recipient. If a recipient causes termination under R3-2-1105(D), and reapplies within 12 months from the date of termination, there will

be an additional re-application fee of $300 in addition to the above fees.

D. Extra charges. The following extra charges shall be assessed:
1. All hours worked by an assigned grader or another grader in excess of the approved tour of duty, worked on a non-scheduled workday, or worked on a State holiday outside of the approved tour of duty, will be considered as overtime, at the rate of time and one-half.
2. For all hours of work performed in a plant without an approved tour of duty, the charge will be the temporary grading service.

E. No charges. No charges will be assessed:
1. Solely because of a change in name or ownership of the official plant, unless the recipient of services fails to notify the Department within the time limit specified in R3-2-1105, in which case the above charges will apply.
2. When the assigned grader is temporarily reassigned by AZDA to perform grading service for another service recipient.

Historical Note
Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

R3-2-1118. Termination by Recipient
Grading services under this Article shall be unilaterally terminated by the recipient of such service when:

A. Service is not installed within six months from the date the application is filed due to inaction by the applicant or recipient on Department requirements.

B. Service remains inactive for a period of more than six months due to a recipient's request for removal of a grader and the recipient does not accept reassignment of another grader by the Department.

C. The recipient is terminated for cause based on violations listed in R3-2-1105(D).

Historical Note
Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

R3-2-1119. Mutual Termination

A. The Department and the recipient of service may mutually agree to termination of the service, under the following terms:

B. Previously paid fees will not be returned to the service recipient.

C. Pending charges will be paid in full for completed work of the Department.

D. A pending application will be considered terminated, but a new application may be filed at any time, without penalty.

E. Termination shall not take effect until the end of a 30-days' notice period, unless the parties agree otherwise.

F. The mutual decision to terminate and any related agreements are documented in writing.

Historical Note
Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

R3-2-1120. Appeals

A. Appeal grading. An appeal grading may be requested by any recipient or authorized designee or other interested party ("appellant") who is dissatisfied with the determination by a grader of the class, quality, quantity, or condition of any product as evidenced by the AZDA grademark and accompanying label, or as stated on a grading certificate.
1. The appeal shall be filed with the original grader's immediate supervisor.
2. Initial review of the appeal shall be made by the original grader's immediate supervisor, or by one or more licensed graders assigned by the immediate supervisor to review the appeal.
2. An appeal may be made orally or in writing. If made orally, written confirmation is required. The appellant shall clearly state the reasons for requesting the appeal grading and a description of the product, or the decision which is questioned. If such appeal request is based on the results stated on an official certificate, the original and all available copies of the certificate shall be provided to the grader assigned to perform the appeal grading.
3. The appellant's request for the appeal grading may be refused when it appears to the reviewer that the reasons given in the request are frivolous or not substantial, the quality or condition of the product has undergone a material change since the original grading, the original lot has changed in some manner, or the appellant has not materially complied with the requirements of this Article. In such case, the appellant shall be promptly notified of the reason or reasons for such refusal.
4. If an appeal grading is granted, it shall be performed by a grader other than the original grader. Whenever practical, an appeal grading shall be conducted jointly by two independent graders.
5. The following procedures shall be used for appeal grading:
   a. The appeal sample shall consist of product taken from the original sample container plus an equal number of samples selected at random.
   b. When the original samples are not available or have been altered, such as the removal of undergrades, the appeal sample size for the lot shall consist of double the samples required in R3-2-1102.
   c. Eggs shall not have been moved from the original place of grading and must have been maintained under adequate refrigeration.
6. Immediately after an appeal grading is completed, an appeal certificate shall be issued to show that the original grading was upheld, modified, or rejected. Such certificate shall supersede any previously issued certificate for the product involved and shall clearly identify the number and date of the superseded certificate. The issuance of the appeal certificate may be withheld until any previously issued certificate and all copies have been returned when such action is deemed necessary to protect the interest of the Department. When the appeal grader assigns a different grade to the lot, the existing AZDA grademark shall be changed or obliterated as necessary. When the appeal grader assigns a different class or quantity designation to the lot, the labeling shall be corrected.

B. Appeal for suspension, termination or denial of service or debarment. Any person whose grading service is suspended, terminated, denied service, or debarred, may request a hearing before an administrative law judge pursuant to A.R.S. Title 41, Chapter 6, Article 10. The decision of the administrative law judge is subject to review by the Director as provided by A.R.S. Title 41, Chapter 6, Article 10.

Historical Note
Section made by final exempt rulemaking at 26 A.A.R.

916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

R3-2-1121. AZDA Grading Certificates

A. Forms. AZDA grading certificates and sampling report forms (including appeal grading certificates and regrading certificates) shall be issued on forms approved by the Administrator.

B. Issuance.

1. Resident grading basis. Certificates will be issued only upon request therefor by the applicant or AZDA. When requested, a grader shall issue a certificate covering product graded by such grader. In addition, a grader may issue a grading certificate covering product graded in whole or in part by another grader when the grader has knowledge that the product is eligible for certification based on personal examination of the product or official grading records.
2. Other than resident grading. Each grader shall, in person or by the grader's authorized agent, issue a grading certificate covering each product graded by such grader. A grader's name may be signed on a grading certificate by a person other than the grader, if such person has been designated as the authorized agent of such grader by the Administrator, provided that:
   a. The certificate is prepared from an official memorandum of grading signed by the grader; and
   b. A notarized power of attorney authorizing such signature has been issued to such person by the grader and is on file in the office of grading. In such case, the authorized agent shall sign both the agent's name and the grader's name, for example, "John Doe by Mary Roe."

C. Disposition. The original and required or requested copies of the grading certificate, immediately upon issuance, shall be delivered, mailed, or electronically submitted to the recipient or the recipient's designee. One copy is required to be sent and the recipient may request additional copies. Other copies shall be filed and retained in accordance with the disposition schedule for grading program records.

Historical Note

Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

R3-2-1122. Minimum Facility and Operating Requirements for Egg Grading and Packing Plants

A. For grading services that are provided on a resident or temporary basis, QAD 700 Shell Egg Graders Handbook Section 02 through Section 08, revised as of August 30, 2016. This material is incorporated by reference, does not include any later amendments or editions of the incorporate matter, and is on file with the Department at 1688 W. Adams St., Phoenix, AZ 85007; and the following minimum facility and operating conditions will be required:

B. Applicants must comply with all applicable Federal, State and local government occupational safety and health regulations.

C. Processing facilities are required to have a documented and implemented Quality Management System that meets Title 21, Part 117 of the U.S. Code of Federal Regulations "Current Good Manufacturing Practice, Hazard Analysis, and Risk-based Preventive Controls for Human Foods," revised as of April 1, 2018. This material is incorporated by reference, does not include any later amendments or editions of the incorporate matter, and is on file with the Department at 1688 W. Adams St., Phoenix, AZ 85007.

D. General requirements for premises, buildings and plant facilities.

1. The outside premises shall be free from refuse, rubbish, waste, unused equipment, and other materials and conditions which constitute a source of odors or a harbor for insects, rodents, and other vermin.
2. The outside premises adjacent to grading, packing, cooler, and storage rooms must be constructed to provide proper drainage to prevent conditions that may constitute a source of odors or propagate insects or rodents.
3. Buildings shall be of sound construction so as to prevent, insofar as practicable, the entrance or harboring of vermin.
4. Grading and packing rooms shall be of sufficient size to permit installation of necessary equipment and conduct grading and packing in a sanitary manner. These rooms shall be kept reasonably clean during grading and packing operations and shall be thoroughly cleaned at the end of each operating day.
5. The floors, walls, ceilings, partitions, and other parts of the grading and packing rooms including benches and platforms shall be constructed of materials that are readily cleanable, maintained in a sanitary condition, and impervious to moisture in areas exposed to cleaning solutions or moist conditions. The floors shall be constructed as to provide proper drainage.
6. Adequate toilet accommodations that are conveniently located and separated from the grading and packing rooms are to be provided. Handwashing facilities shall be provided with hot and cold running water, an acceptable handwashing detergent, and a sanitary method for drying hands. Toilet rooms shall be ventilated to the outside of the building and be maintained in a clean and sanitary condition. Signs shall be posted in the toilet rooms instructing employees to wash their hands before returning to work. In new or remodeled construction, toilet rooms shall be located in areas that do not open directly into processing rooms.
7. A separate refuse room or a designated area for the accumulation of trash must be provided in plants which do not have a system for the daily removal or destruction of such trash.
8. Adequate packing and packaging storage areas are to be provided that protect packaging materials and are dry and maintained in a clean and sanitary condition.

E. Grading and packing room requirements.

1. The egg grading or candling area shall be capable of adequate darkening to make possible the accurate quality determination of the candled appearance of eggs. There shall be no light source or reflection of light that interferes with, or prohibits the accurate quality determination of eggs in the grading or candling areas.
2. The grading and candling equipment shall provide adequate light to facilitate quality determinations. When needed, other light sources and equipment or facilities shall be provided to permit the detection and removal of stained and dirty eggs or other undergrade eggs.
3. The grading and candling equipment must be sanitarily designed and constructed to facilitate cleaning. Such equipment shall be kept reasonably clean during grading and packing operations and be thoroughly cleaned at the end of each operating day.

4. Egg weighing equipment shall be constructed of materials to permit cleaning; operated in a clean, sanitary manner; and shall be capable of ready adjustment.
5. Adequate ventilation, heating, and cooling shall be provided where needed.

F. Cooler room requirements.
1. Cooler rooms holding eggs that are identified with a consumer grade shall be refrigerated and capable of maintaining an ambient temperature no greater than 45 °F (7.2 °C).
2. Accurate thermometers shall be provided for monitoring cooler room temperatures.
3. Cooler rooms shall be free from objectionable odors and from mold, and shall be maintained in a sanitary condition.

G. Egg protecting operations.
1. Egg protecting (oil application) operations shall be conducted in a manner to avoid contamination of the product and maximize conservation of its quality.
2. Component equipment within the egg protecting system, including holding tanks and containers, must be sanitarily designed and maintained in a clean and sanitary manner, and the application equipment must provide an adequate amount of oil for shell coverage of the volume of eggs processed.
3. Eggs with excess moisture on the shell shall not be shell protected.
4. Oil having any off odor, or that is obviously contaminated, shall not be used in egg protection operations. Oil is to be filtered prior to application.
5. The component equipment of the application system shall be washed, rinsed, and treated with a bactericidal agent each time the oil is removed.
6. Adequate coverage and protection against dust and dirt shall be provided when the equipment is not in use.

H. Egg cleaning operations.
1. Egg washing equipment must be sanitarily designed, maintained in a clean and sanitary manner, and thoroughly cleaned at the end of each operating day.
2. Egg drying equipment must be sanitarily designed and maintained in a clean and sanitary manner. Air used for drying purposes must be filtered. These filters shall be cleaned or replaced as needed to maintain a sanitary process.
3. The temperature of the wash water shall be maintained at 90 ^{o}F (32.2 ^{o}C) or higher, and shall be at least 20 ^{o}F (6.7 ^{o}C) warmer than the internal temperature of the eggs to be washed. These temperatures shall be maintained throughout the cleaning cycle. Accurate thermometers shall be provided for monitoring wash water temperatures.
4. Approved cleaning compounds shall be used in the wash water.
5. Wash water shall be maintained at a measurable pH level of 11 or higher. Accurate testing equipment shall be provided and accessible to the grader. If continuous monitoring of pH is not possible, the applicant should devise a monitoring system for documenting pH with a frequency that has been validated.
6. Wash water shall be changed approximately every four hours or more often if needed to maintain sanitary conditions, and at the end of each shift. Remedial measures shall be taken to prevent excess foaming during the egg washing operation.
7. Replacement water shall be added continuously to the wash water of washers. Chlorine or quaternary sanitizing rinse water may be used as part of the replacement water, provided, they are compatible with the washing compound. Iodine sanitizing rinse water may not be used as part of the replacement water.
8. Only potable water may be used to wash eggs. Each official plant shall submit certification to the office of grading stating that their water supply is potable. An analysis of the iron content of the water supply, stated in parts per million, is also required. When the iron content exceeds two parts per million, equipment shall be provided to reduce the iron content below the maximum allowed level. Frequency of testing for potability and iron content shall be determined by the Administrator. When the water source is changed, new tests are required.
9. Waste water from the egg washing operation shall be piped directly to drains.
10. The washing, rinsing, and drying operations shall be continuous and shall be completed as rapidly as possible to maximize conservation of the egg's quality and to prevent sweating of eggs. Eggs shall not be allowed to stand or soak in water. Immersion-type washers shall not be used.
11. Prewetting eggs prior to washing may be accomplished by spraying a continuous flow of water over the eggs in a manner which permits the water to drain away or other methods which may be approved by the Administrator. The temperature of the water shall be the same as prescribed in this Section.
12. Washed eggs shall be spray-rinsed with water having a temperature equal to, or warmer than, the temperature of the wash water. The spray-rinse water shall contain a sanitizer that has been determined acceptable for the intended use by the supervisor and of not less than 100 PPM nor more than 200 PPM of available chlorine or its equivalent. Alternate procedures, in lieu of a sanitizer rinse, may be approved by the Administrator.
13. Test kits shall be provided and used to determine the strength of the sanitizing solution.
14. During non-processing periods, eggs shall be removed from the washing and rinsing area of the egg washer and from the scanning area whenever there is a buildup of heat that may diminish the quality of the egg.
15. Washed eggs shall be reasonably dry before packaging and packing.
16. Steam, vapors, or odors originating from the washing and rinsing operation shall be continuously and directly exhausted to the outside of the building.

I. Requirements for eggs officially identified with a grademark.
1. Eggs that are officially identified with an AZDA grademark shall be placed under refrigeration at an ambient temperature no greater than 45 °F (7.2 °C) promptly after packaging.
2. Eggs that are to be officially identified with the AZDA grademark shall be packed only in new packaging materials that are clean, free of mold, mustiness and off odors, or clean and sanitized packaging material designed to be reused, and must be of sufficient strength and durability to adequately protect the eggs during normal distribution. When packed in other than fiber packing material, the containers must be of sound construction and maintained in a reasonably clean manner.

J. Use of approved chemicals and compounds.

1. All egg washing and equipment cleaning compounds, defoamers, destainers, sanitizers, inks, oils, lubricants, or any other compound that comes into contact with the eggs shall be approved by the national supervisor for their specified use and handled in accordance with the manufacturer's instructions.
2. All pesticides, insecticides, and rodenticides shall be approved for their specified use and handled in accordance with the manufacturer's instructions.

K. Marking individual eggs. The marking of individual eggs may be requested by processors as part of a specification requirement or for other marketing purposes.

1. Stamping eggs. Recognizing the difficulty in clearly stamping the rounded surface of an egg, a lot average tolerance of 10-percent for individual eggs with partial, illegible, or no marks in any combination is permitted with no individual case exceeding 20-percent. These tolerances may be applied as a moving average when performing online sampling or as a lot average while performing stationary lot gradings. If more than 50% of the image or letter or letters is missing, the symbol is illegible. Stamped eggs are not classified as stains or dirty. They are to be graded without regard to marking. An official grade cannot be assigned to a mixed lot of eggs that contains individually marked and unmarked eggs. If requested, the lot may be graded for all factors except ink stains. Lot averages may be shown on the certificate. The section "Official Grade and Size" shall state "No AZDA Grade." The following statement shall also be placed in the "Remarks" section: "Lot contains marked and unmarked eggs. Eggs graded for all factors except ink stains." Individual eggs with ink blotches or smears from dating devices are to be classified as stains or dirty, depending on the intensity and/or area of the stain [guidance not clear]. Inks used in marking individual eggs which will be officially graded are to be approved by the Administrator prior to their use. The request for approval should be accompanied with a copy of the ink formula, the name of the product, and the name and address of the manufacturer.
2. Laser etching (marking eggs). The use of a laser etching system to mark information is subject to joint review by the Food and Drug Administration (food safety impact evaluation) and AZDA (quality impact evaluation). Only approved laser etching systems may be used to identify eggs to be officially graded and identified with an AZDA grademark. The amount of the shell surface available for laser etching and the information etched on the shell is subject to review by the resident grader and the supervisor. The information etched on the shell must not interfere with the graders ability to evaluate the quality attributes of the egg.
3. When an individual egg is marked, whether an applied ink or laser etched, the information must be consistent with the information on the label, for example, any marketing claims, production code, or packer identity. If this information is not consistent throughout the lot, the eggs are not eligible to be identified with an AZDA grademark.

Historical Note
Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

R3-2-1123. Health and Hygiene of Personnel

A. No person known to be affected by a communicable or infectious disease shall be permitted to come in contact with the product.

B. Plant personnel coming into contact with the product shall wear clean clothing.

Historical Note
Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

R3-2-1124. Use of the "Produced From" Labeling

A. Use of the wording "Produced From" in conjunction with the AZDA grademark, is limited to products derived from AZDA Grade AA or Grade A eggs for which there are no U.S. grade standards (for example, pasteurized eggs or hard-cooked eggs). The following guidelines are to be used when monitoring the official grade identification of these types of products.

1. Approval. Applicants interested in utilizing the "Produced From" labeling must submit a written proposal to the Administrator. The proposal is to include the type or types of product to be labeled and the applicant's plan for controlling the use and labeling of officially identified product. After review by the supervisor, the supervisor is to forward the request to the Administrator for final review and approval. Upon approval, the supervisor is to reconfirm all of the requirements with the applicant prior to any actual grade identification.
2. Verification visits. To assure that only officially graded eggs are being used, the processing, packing, and packaging must be closely monitored. Each verification visit shall include a review of records, product inventory, processing procedures, packing, packaging, storage, and shipping practices to confirm that the applicant is following the protocol outlined in their approved plan. In plants with resident service, the supervisor or Administrator is to be present during the initial production period to monitor the process and verify compliance. The grader will conduct all subsequent monitoring and verification activities with oversight from the supervisor. In temporary or fee locations, plant management must notify the supervisor each time the "produced from" labeling will be used or, alternatively, provide the supervisor with a projected production schedule. At these locations, compliance will be based on the applicant's established history of compliance as outlined in the following schedule:
   a. Level 1 - The supervisor or administrator is to monitor and verify the process on the initial day of production. The supervisor or a grader will conduct subsequent visits. At least one additional verification visit is to be conducted during the next 10 production days. If no discrepancies are noted, one visit is to be conducted for each 30 days of production until three consecutive satisfactory visits have been completed. Once this verification period has ended without any noted program non-conformance, monitoring may proceed to Level 2.
   b. Level 2 - Supervisor or a grader is to conduct quarterly verification visits provided the applicant continues to meet all program requirements. If any nonconformance is noted during these visits, monitoring reverts back to Level 1. Misuse of the labeling will result in cancellation of the approval.

B. Recordkeeping. Recipients shall maintain, and make available for review, all invoices or applicable Grading Certificates covering product received, produced, and shipped. At a minimum, these records must include the name and address of original packer, amount received, quantity produced, brand names, lot numbers, quantity shipped and name and address of receivers. Records must be maintained for two years.

C. Cost. There will be no additional charge to resident plants when graders monitor product labeling during their normal grading activities. When graded product is shipped from official plants to other processing locations for re-packaging that are not under continuous AZDA supervision, time and expenses associated in conducting the verification visits will be charged to the recipient at the current Temporary grading and auditing service rate.

Historical Note
Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

R3-2-1125. Specification Grading

A. Applicants may request for additional specifications to be certified that exceed the standards of this Chapter. The requested specifications must be submitted in writing to the administrator for approval. The approving official will review the information for approval or advise the applicant of the reason or reasons for disapproval. If the specification is approved, a letter enclosing a copy of the approved application and specification will be returned to the applicant with a request to provide copies of the specification to each supplier and applicable AZDA grader. Each page of the approved specification will have an approval stamp bearing the date of approval and the signature of the approving official. Additionally, each page will be sequentially numbered such as page 1 of 5, page 2 of 5, etc.

B. Plant management is responsible for advising graders when they are preparing to pack eggs in accordance with an approved specification. However, each grader must be familiar with the approved specification list and, to the extent practically possible, be aware when products with approved specifications are being packed at the duty location. When a plant packs product requiring compliance with an approved specification, the grader shall obtain a copy of the specification from plant management and assure that all provisions of the specification are met. As applicable, product that meets specification requirements will be identified in accordance with procedures outlined in the approved specification. When the specification requires the issuance of a grading certificate, the following statement is to be placed in the remarks section of the certificate: "Product covered by this certificate meets specification requirements for_____."

Historical Note
Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

ARTICLE 12. ACQUISITION AND USE OF SODIUM PENTOBARBITAL AND DERIVATIVES BY UNLICENSED INDIVIDUALS IN ANIMAL SHELTERS

R3-2-1201. Definitions

1. "Agreement" shall refer to a contract signed by the responsible person and the State Veterinarian whereby the responsible person has met all requirements set forth in Section R3-2-1202. The agreement remains in effect until the expiration of the DEA registration or a change in employment status of the responsible person with the animal shelter.
2. "Approved curriculum" means any euthanasia-training curriculum approved by the AVMA or the State Veterinarian of Arizona.
3. "Authorized employee" means an unlicensed individual who is authorized to euthanize animals, takes direction from a responsible person or a licensed person, and has obtained State-Veterinarian-approved training in the use and handling of controlled substances as set forth in this Article.
4. "AVMA" means the American Veterinary Medical Association.
5. "AVMA Guidelines for the Euthanasia of Animals: 2020 Edition" means that specific edition of guidelines and does not include any later amendments or editions of the incorporated material, and is on file with the Department.
6. "Controlled Substances Act" refers to 21 U.S.C.A. § 801, et seq.
7. "Controlling person" means the natural person who exercises legal ownership, control, or designated leadership of a shelter.
8. "DEA" refers to the federal Drug Enforcement Agency.
9. "Licensed person" means a veterinarian licensed by the Arizona Veterinary Medical Examining Board, who is exempt from the euthanasia training requirements.
10. "Responsible person" means an unlicensed individual who meets the requirements of R3-2-1202, who is employed by the shelter, and who in the absence of a licensed person, has agreed to supervise the acquisition, storage, administration, and record- keeping of the controlled substances in accordance with the Controlled Substances Act and this Article.
11. "Shelter" means an animal care and control shelter operated by any town, city, county or the state, including privately operated animal shelters that are utilized by a town, city, county or the state.
12. "State Veterinarian" means the person appointed as the State Veterinarian under A.R.S. § 3-1211.

Historical Note
New Section made by final rulemaking at 29 A.A.R. 1327 (June 9, 2023), effective July 8, 2023 (Supp. 23-2).

R3-2-1202. General Provisions

A. Euthanasia of animals shall be done in compliance with the provisions of this Article and in accordance with procedures established under A.R.S. § 11-1021 by the local governing body.

B. Any shelter that does not employ a licensed supervisory veterinarian may apply for a DEA controlled-substances registration for each physical location in order to administer euthanasia. DEA will only grant the registration if the shelter is approved by, and meets the standards of, the State Veterinarian, as follows:

1. The responsible person is formally designated by the controlling person of the shelter as the individual responsible to obtain and manage controlled substances on behalf of the shelter;
2. The responsible person must successfully complete an approved euthanasia training course;
3. The responsible person and the State Veterinarian must execute an agreement obligating the responsible person to comply with this Article;

4. The responsible person is 21 years of age or older; and
5. The responsible person shall provide three professional references to the State Veterinarian to demonstrate professionalism and good moral character.

C. Duties and responsibilities of the responsible person are to:
1. Abide by all local, state, and federal laws and regulations pertaining to the operation of a shelter, including those laws and regulations governing possession and use of controlled substances.
2. Ensure that any authorized employee who administers euthanasia complies with the American Veterinary Medical Association (AVMA) Guidelines for the Euthanasia of Animals: 2020 Edition.
3. Ensure that any authorized employee who administers euthanasia has successfully completed a curriculum of euthanasia training approved by the State Veterinarian.

D. Prior to the expiration of the current DEA registration, the responsible person shall submit an application to the State Veterinarian at least 45 days prior to that expiration, requesting re-approval of the shelter according to the requirements of this Article. The State Veterinarian approval shall run concurrently with the DEA registration, except as indicated in subsection (E).

E. The shelter shall inform the State Veterinarian within 14 days of a change in:
1. Ownership or controlling person;
2. Location;
3. Responsible person; or
4. Expiration or termination of an agreement or contract between a town, city, county or state utilizing the services of a privately operated shelter or shelters.

F. Upon a change listed in subsection (E), the controlling person shall file an application with the State Veterinarian, requesting re-approval of the shelter according to the requirements of this Article. The existing agreement terminates upon the date of the change, and the shelter shall not administer any controlled substances until the State Veterinarian approves the new application and a new DEA registration is obtained.

Historical Note
New Section made by final rulemaking at 29 A.A.R. 1327 (June 9, 2023), effective July 8, 2023 (Supp. 23-2).

R3-2-1203. Requirements of Euthanasia Approved Curriculum; Recordkeeping; Inspection

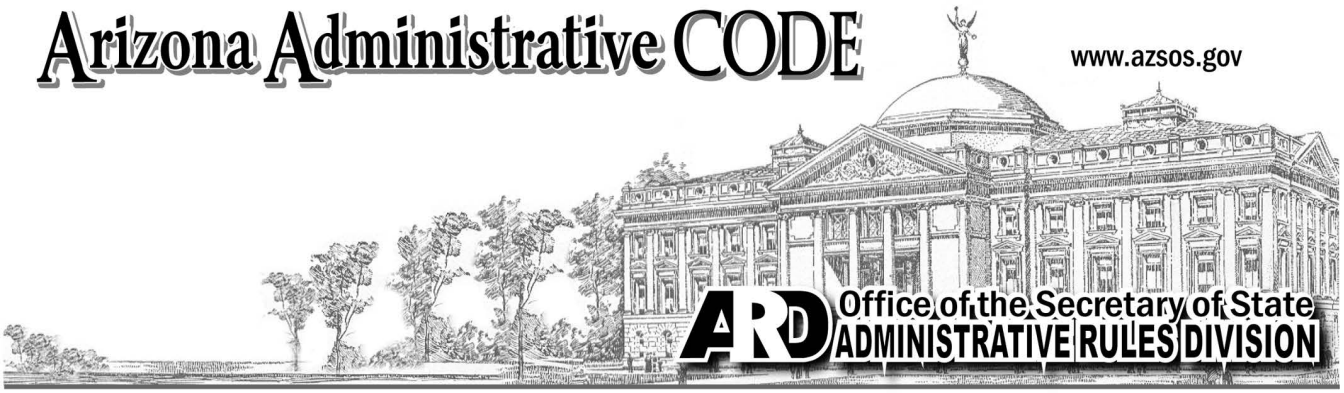
A. The following organizations offer approved euthanasia courses: The American Humane Association; The National Animal Care and Control Association; Companion Animal Euthanasia Training Academy. The State Veterinarian reserves the right to approve or withdraw the approval of curricula at any time. Approved curriculum training shall include an instructional section and a practical exam showing skill competency; and shall include, but not be limited to, the following topics:
1. Anatomy;
2. Personnel safety, controlled substance diversion, and compassion fatigue;
3. Controlled substance handling and mechanism of action;
4. Humane methods of handling and euthanasia of domestic animals;
5. Methods to ensure barriers between animals during euthanasia;
6. Concepts particular to euthanasia of wild or feral animals;
7. Administering pre-euthanasia sedatives;
8. Verification of death; and
9. Acceptable methods of disposal of animal remains and euthanasia supplies.

B. The responsible person shall keep records of all euthanasia-related activities including, but not limited to:
1. Identification of animals euthanized;
2. Reason for euthanasia;
3. Method of euthanasia;
4. Adverse events; and
5. All recordkeeping required by the Controlled Substances Act.

C. A shelter is subject to periodic random inspection by the Office of the State Veterinarian. Upon request by the Office of the State Veterinarian, the responsible person or controlling person shall immediately produce records.

D. Following an audit or inspection, if evidence exists of non-compliance with the standards in this Section, the State Veterinarian reserves the right to modify the agreement. The State Veterinarian may also terminate the agreement, and notify the DEA that the shelter has lost approval by the State Veterinarian to administer euthanasia by unlicensed individuals.

Historical Note
New Section made by final rulemaking at 29 A.A.R. 1327 (June 9, 2023), effective July 8, 2023 (Supp. 23-2).



ARIZONA ADMINISTRATIVE CODE

TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 10. BARBERING AND COSMETOLOGY BOARD

4 A.A.C. 10

Supplement Information
Supp. 26-3

Rules filed between July 1, 2026 through September 30, 2026 are codified in this Chapter.

For questions, contact:

Board:	Barbering and Cosmetology Board
Address:	1740 W. Adams St., Ste. 4400 Phoenix, AZ 85007
Website:	bcb.az.gov
Name:	Frank Migali, Executive Director
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Email:	azboard@bcb.az.gov

The release of this Chapter in Supp. 26-3 replaces Supp. 24-1, 1-30 pages. Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained and archived for future reference.

Preface

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

Rules

The definition for a rule is provided for under A.R.S. § 41-1001. "'*Rule' means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.*"

The *Arizona Administrative Code*

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then a Section number with a heading. The "R" at the beginning of the Section number stands for "rule." The rule itself includes sequential letters and numbers in an outline. Each lettered or numbered Section is called a subsection of the rule.

Rules are codified quarterly in the *Code*. For example:

Rules codified in the first quarter are filed between January 1 through March 31.

Rules codified in the second quarter are filed between April 1 through June 30.

Rules codified in the third quarter are filed between July 1 through September 30.

Rules codified in the fourth quarter are filed between October 1 through December 31.

Supplement release dates are included in the footers of each Chapter. The first supplement for the first quarter of 2026 is cited as Supp. 26-1. Supplements are released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

How to Use the *Code*

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Register* for recent updates to rule Sections.

Authentication of PDF *Code* Chapters

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document's content has been compromised.

Rule History

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Arizona Administrative Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

Arizona Revised Statutes References

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature's website, www.azleg.gov. An agency's authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

Session Law References

Arizona Session Law references in a Chapter can be found at the Secretary of State's website, www.azsos.gov under Services-> Legislative Filings.

Exemptions to the APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency's exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor's notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

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Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.

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TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 10. BARBERING AND COSMETOLOGY BOARD

Authorizing statute: A.R.S. § 32-504(A)(1)

Implementing statute: A.R.S. § Title 32, Chapter 5

Supp. 26-3

Editor's Note: The Board of Cosmetology was merged with the Board of Barbers; the name of this Chapter was changed to the Barbering and Cosmetology Board under Laws 2021, Ch. 334. The Board of Barbers rules codified under 4 A.A.C. 5, were recodified to Articles 5, 6, 7, 8, and 9 under Laws 2021, Ch. 334 and A.R.S. § 32-304, at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2).

Editor's Note: The Board of Cosmetology repealed or renumbered Sections with the old Administrative Code numbering scheme and adopted new Sections under the current numbering scheme (Supp. 96-2). The old and new Sections cannot be shown in numerical order because of the two Articles; therefore the old numbers are not shown here. Please refer to this Chapter as published in Revised Format 6-92 for historical note information on the old numbered Sections.

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Article 1, Part A, consisting of Section R4-10-A101 and Table A1 made by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

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PART B. REPEALED

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TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 10. BARBERING AND COSMETOLOGY BOARD

PART A. REPEALED

Article 2, Part A, consisting of Sections R4-10-A201 and R4-10-A202 repealed by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

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PART A. REPEALED

Article 4, Part A repealed; Section R4-10-A401 renumbered by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

Article 4, Part A, consisting of Section R4-10-A401 made by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

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PART B. REPEALED

Article 4, Part B repealed; Sections R4-10-B401 and R4-10-B402 renumbered by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

Article 4, Part B, consisting of Sections R4-10-B401 and R4-10-B402 made by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

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ARTICLE 5. REPEALED

Section R4-10-501 and Table 1 renumbered; Article 5, and Sections R4-10-502 through R4-10-509 repealed by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

Article 5, consisting of Sections R4-10-501 through R4-10-504, and R4-10-506 through R4-10-509, and Table 1, recodified from A.A.C. R4-5-101 through R4-5-104, and R4-5-106 through R4-5-109, and Table 1, at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2).

Section
R4-10-501. Renumbered ..... page 28
R4-10-502. Repealed ..... page 28
R4-10-503. Repealed ..... page 28
R4-10-504. Repealed ..... page 28
R4-10-505. Reserved ..... page 28
R4-10-506. Repealed ..... page 28
R4-10-507. Repealed ..... page 29
R4-10-508. Repealed ..... page 29
Table 1. Renumbered ..... page 29
R4-10-509. Repealed ..... page 29

ARTICLE 6. REPEALED

Sections R4-10-601 and R4-10-603 renumbered; Article 6 and Section R4-10-602 repealed by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

Article 6, consisting of Sections R4-10-601 through R4-10-603, recodified from A.A.C. R4-5-201 through R4-5-203, at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2).

Section
R4-10-601. Renumbered ..... page 29
R4-10-602. Repealed ..... page 29
R4-10-603. Renumbered ..... page 29

ARTICLE 7. REPEALED

Sections R4-10-703 and R4-10-704 renumbered; Article 7 and Sections R4-10-701, R4-10-702, and R4-10-705 repealed by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

Article 7, consisting of Sections R4-10-701 through R4-10-705, recodified from A.A.C. R4-5-301 through R4-5-305, at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2).

Section
R4-10-701. Repealed ..... page 29
R4-10-702. Repealed ..... page 29
R4-10-703. Renumbered ..... page 29
R4-10-704. Renumbered ..... page 29
R4-10-705. Repealed ..... page 29

ARTICLE 8. REPEALED

Sections R4-10-802, R4-10-805, R4-10-807 and R4-10-811 renumbered; Article 8, and Sections R4-10-801, R4-10-803 and R4-10-804, Exhibits 1 and 2, and Sections R4-10-806, R4-10-808 and R4-10-800, repealed by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

Article 8, consisting of Sections R4-10-801 through R4-10-811, and Exhibits 1 and 2, recodified from A.A.C. R4-5-401 through R4-5-411, and Exhibits 1 and 2, at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2).

Section
R4-10-801. Repealed ..... page 29
R4-10-802. Renumbered ..... page 30
R4-10-803. Repealed ..... page 30
R4-10-804. Repealed ..... page 30
R4-10-805. Renumbered ..... page 30
Exhibit 1. Repealed ..... page 30
Exhibit 2. Repealed ..... page 30
R4-10-806. Repealed ..... page 30
R4-10-807. Renumbered ..... page 30
R4-10-808. Repealed ..... page 30
R4-10-809. Repealed ..... page 30
R4-10-810. Reserved ..... page 30
R4-10-811. Renumbered ..... page 30

ARTICLE 9. REPEALED

Article 9, consisting of Sections R4-10-901 and R4-10-902, repealed by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

Article 9, consisting of Sections R4-10-901 and R4-10-902, recodified from A.A.C. R4-5-501 and R4-5-502, at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2).

Section
R4-10-901. Repealed ..... page 30
R4-10-902. Repealed ..... page 30

ARTICLE 1. GENERAL PROVISIONS

R4-10-101. Definitions

The definitions in A.R.S. §§ 32-501, 32-516, 32-572, and 32-581 apply to this Chapter. Additionally, in this Chapter unless otherwise specified:

1. "Accredited" means approved by any regional or national accreditation organization.
2. "Administrative completeness review" means the Board's process for determining that an applicant has provided all information and documents required by Board statute or rule for an application.
3. "Applicant" means an individual or any of the following seeking licensure or registration by the Board:
   a. If a corporation, one officer as the applicant and a list of all officers of the corporation; or
   b. If a partnership, one partner as the applicant and a list of all other partners; or
   c. If a limited liability company, the designated contact person, or if no contact person is designated, one member as the applicant and a list of all other members.
4. "Application" means the forms and documents the Board requires an applicant to submit.
5. "Approved by the Board," as used in A.R.S. § 32-501, means a cosmetologist, aesthetician, barber, hair stylist, or nail technician has a current license or an eyelash technician has a current registration, issued by the Board and no record of disciplinary action.
6. "Authorized representative" means a person designated by the owner of an establishment or school.
7. "Barber pole" means a stationary or revolving sign composed of a vertical cylinder or pole with alternating, diagonal, stripes of any combination including red, white, and blue or a likeness of the sign.
8. "Bracing" means to use a support that helps to steady or strengthen while performing a procedure.
9. "Certificate of hours" means a document issued by a licensed school to a student that states the total number of hours or credits completed at the school by the student who is transferring or withdrawing.
10. "Certification of licensure" means the status of the license, signed by the authorized individual of the agency authorized to issue cosmetology, hairstyling, nail technician, aesthetics, barbering, or instructor licenses in the jurisdiction in which the applicant received a license.
11. "Change of ownership," as used in A.R.S. §§ 32-545 and 32-552, means any change of ownership for the individual or entity holding a license to operate an establishment or school.
12. "Classroom" means an area in which instruction or demonstration is provided.
13. "Clinic" means the area where a student practices cosmetology, hairstyling, nail technology, aesthetics, or barbering on the general public for a fee.
14. "Course" means an organized subject matter in which instruction is offered within a given period of time and for which credit toward graduation is given.
15. "Credit" means one earned academic unit of study based on completing the required number of class sessions per calendar week in a course at a community college, an accredited college or university, or a high school.
16. "Crossover hours" means hours of training obtained by a licensed aesthetician, cosmetologist, hair stylist, nail technician, or barber that a school licensee accepts as hours of training required to complete a course of training in a different discipline.
17. "Days" means business days.
18. "Direct supervision" means a licensee is physically present and observing the work of a supervisee.
19. "Discipline" means the fields of study or service regulated by the Board including cosmetology, hairstyling, aesthetics, nail technology, eyelash technology, and barbering.
20. "Disinfect" means the use of EPA-registered chemicals to kill most microbial life that can lead to infection in humans.
21. "Domestic administration," as used in A.R.S. § 32-506(19)(b) means a licensee performs services on a person to whom the licensee is related by blood, marriage, or state action.
22. "EPA" means the U.S. Environmental Protection Agency.
23. "Establishment suite" means multiple individually operated and licensed establishments that share a physical address except for suite number.
24. "Graduation" or "graduated from a school" means completion of the criteria established by a licensed cosmetology, hairstyling, aesthetics, nail technology, or barbering school for the course in which the applicant was enrolled including completion of the required curriculum hours.
25. "High school diploma or equivalency" means:
   a. A high school diploma from a school recognized by the basic education authority or the Department of Education in the jurisdiction in which the school is located,
   b. A passing score on a high school equivalency general educational development test or its equivalent as required by the Department of Education,
   c. An associate degree or 15 academic credits from a junior college recognized by the basic education authority in the jurisdiction in which the college is located, or
   d. Any degree from a college or university recognized by the basic education authority in the jurisdiction in which the college or university is located.
26. "Licensed in another state of the United States or foreign country" means:
   a. A governmental regulatory agency in the state or country is authorized to examine the competency of individuals who graduate from a licensed cosmetology, hairstyling, nail technology, aesthetics, or barbering school, or instructors for these disciplines; and
   b. The governmental regulatory agency issues licenses over which the state or country has regulatory and disciplinary jurisdiction.
27. "Manager" means an individual who is responsible for ensuring an establishment for which the Board has issued a license to operate complies with A.R.S. Title 32, Chapter 5, and this Chapter.
28. "Owner" means a person that has controlling interest in an establishment or school or the owner's designee.
29. "Passport-style photo" means a full-forward view of the face from the shoulders up, centered, on a plain white background taken within the last six months.
30. "Practice" means engaging in one of the disciplines regulated by the Board or engaging as an instructor of one of the disciplines in accordance with the license or registra-

tion issued by the Board and A.R.S. Title 32, Chapter 5, and this Chapter.

31. "Reciprocity" means the procedure for granting an Arizona license to an applicant who is currently licensed in another state of the United States or a foreign country.
32. "Student instructor" means an individual who is licensed by the Board in a discipline and training to be an instructor in that discipline.
33. "Substantive review" means the Board's process for determining whether an applicant for licensure, registration, or other approval meets the requirements for the license, registration, or other approval for which application is made including, if applicable, taking and passing all examinations required by the Board.
34. "Tool drawer" means an ultraviolet electrical sanitizer or a clean, dust-proof cabinet, drawer, or other container that is disinfected with an EPA-registered disinfection agent and used to store disinfected tools.
35. "Transfer hours" means hours of study a student completed at one school that a school licensee accepts to meet the requirements at a second school.
36. "Two years of high school or its equivalent" means one of the following:
    a. Ten high school credits attained by an individual;
    b. If the individual is homeschooled, a copy of the Affidavit of Intent filed with the county school superintendent and proof the individual is at least 16 years old; or
    c. Obtaining a passing score on a high school equivalency general educational development (GED) test or its equivalent as required by the Department of Education.
37. "Virtual learning" means the use of technology to teach students who may or may not be physically present in a classroom.
38. "Workstation" means a specific location within an establishment, mobile unit, offsite training facility, or school where services are performed not including hair-cleaning activity.

Historical Note

Adopted effective April 9, 1996 (Supp. 96-2). Amended by final rulemaking at 5 A.A.R. 1791, effective May 18, 1999 (Supp. 99-2). Amended by final rulemaking at 12 A.A.R. 807, effective April 8, 2006 (Supp. 06-1). Amended by final rulemaking at 23 A.A.R. 3028, effective December 31, 2017 (Supp. 17-4). Amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). Amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Amended by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

R4-10-102. Fees and Charges

A. Cosmetology, aesthetics, hairstyling, and nail technology. Under the specific authority provided by A.R.S. § 32-507 and subject to R4-10-103, the Board establishes and shall collect the following fees:

1. Personal license: $60
2. Personal license renewal: $60
3. Delinquent personal license renewal: $30 for every two years or portion of two years that the license is expired to a maximum of five years
4. Personal license by reciprocity or universal recognition license: $60
5. Instructor license by examination, reciprocity, or universal recognition; renewal: $60
6. Delinquent instructor license renewal: $30 for every two years or portion of two years that the license is expired to a maximum of five years
7. Establishment license: $110
8. Establishment license renewal: $50 annually
9. Delinquent establishment license renewal: $30 for every year or portion of a year that the license is expired
10. School license: $600
11. School license renewal: $250
12. Delinquent school license renewal: $100 for every year or portion of a year that the license is expired
13. Cosmetology multistate license: $90
14. Cosmetology multistate license renewal: $90

B. Barbering. Under the specific authority provided by A.R.S. § 32-507 and subject to R4-10-103, the Board establishes and shall collect the following fees:

1. Barber
    a. Personal license by reciprocity or universal recognition: $175
    b. Personal license: $40
    c. Personal license renewal: $80
    d. Delinquent personal license renewal: $30 for every two years or portion of two years that the license is expired to a maximum of five years
2. Instructor
    a. Instructor license: $50
    b. Instructor license by reciprocity or universal recognition: $175
    c. Instructor license renewal: $60
    d. Delinquent instructor license renewal: $30 for every two years or portion of two years that the license is expired to a maximum of five years
3. Establishment
    a. Establishment license: $150
    b. Establishment license renewal: $50 annually
    c. Delinquent establishment license renewal: $30 for every year or portion of a year that the license is expired
4. School
    a. School license and initial inspection: $1,000
    b. School license renewal: $400
    c. Delinquent school license renewal: $100 for every year or portion of a year that the license is expired

C. Eyelash technology. Under the specific authority provided by A.R.S. § 32-507 and subject to R4-10-103, the Board establishes and shall collect the following fees:

1. Personal registration: $45
2. Personal registration renewal: $45
3. Delinquent personal registration renewal: $30 for delinquent renewal for every two years or portion of two years that the registration is expired to a maximum of five years
4. Approval of an eyelash technician training program: $250
5. Eyelash technician training program renewal: $100
6. Delinquent eyelash technician training program renewal: $40 for every year or portion of a year that the approval is expired

D. An applicant for licensure by examination shall pay directly to the national professional organization with which the Board contracts the amount charged to administer and grade the written and practical examinations.

E. The Board shall collect the following charges for the services provided:
1. Board administered educational classes: $25
2. Certification of licensure or hours: $30
3. As authorized by A.R.S. § 35-101(8), a service charge for use of a credit or debit card: $3 per transaction
4. For copying public documents: 50¢ per page
5. For audiotapes, videotapes, computer discs, or other media used for recording sounds, images, or information: $15 per tape, disc, or other medium
6. For a list of licensees' names and mailing addresses: a maximum of 10¢ per name
7. Issuing an updated license following receipt of a notice of establishment-suite change: $20

F. As authorized by A.R.S. § 44-6852, the Board shall charge a service fee of $20 for the return of a dishonored check or the failure of any other means of payment to be honored plus the actual charges assessed by the financial institution dishonoring the check or other means of payment.

G. The Board shall consider a fee payment timely only if the fee is received in the correct amount, in the form specified in R4-10-103(B), and:
1. The Board receives the fee on or before the date due, or
2. The fee is postmarked or electronically submitted on or before the date due.

Historical Note
Adopted effective April 9, 1996 (Supp. 96-2). Amended by final rulemaking at 9 A.A.R. 1050, effective May 6, 2003 (Supp. 03-1). Amended by final rulemaking at 21 A.A.R. 3441, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). Amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Amended by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

R4-10-103. Payment of Fees

A. A fee is not considered paid until the Board receives the amount required in the form specified in subsection (B). The Board shall not provide services, administer examinations, or issue licenses or registrations until it receives the required fee.

B. Form of payment. The Board shall accept:
1. A credit card, money order, or cashier's check as payment of licensing fees for a school;
2. A credit card, cashier's check, business check, or money order as payment of a civil penalty; and
3. A credit or debit card as payment of all other fees and service charges.

C. If any payment to the Board is dishonored, including a charge-back, the license or registration application is incomplete and any license or registration renewal issued is void effective the date the Board provides written notice to the licensee or registrant that the license or registration is void.

D. An applicant, licensee, or registrant whose fee payment to the Board is dishonored is not entitled to a further service, license, or registration until the Board receives the following:
1. The amount of the fee for which the payment was dishonored;
2. The service charge provided in R4-10-102 (F); and
3. If applicable, the delinquent fee for each year or part of a year the license or registration was expired.

E. Fees are nonrefundable except if A.R.S. § 41-1077 applies.

F. The Board shall not refund fees tendered for fewer than $5.00 over the amount specified in R4-10-102, except the Board shall refund fees paid over the amount specified as the maximum fee in A.R.S. § 32-507.

Historical Note
Adopted effective April 9, 1996 (Supp. 96-2). Amended by final rulemaking at 9 A.A.R. 1050, effective May 6, 2003 (Supp. 03-1). Amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). Amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Amended by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

R4-10-104. Renumbered

Historical Note
Adopted effective April 9, 1996 (Supp. 96-2). Former Section R4-10-104 renumbered to R4-10-108; new Section adopted by final rulemaking at 5 A.A.R. 1791, effective May 18, 1999 (Supp. 99-2). Amended by final rulemaking 11 A.A.R. 4239, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 23 A.A.R. 3028, effective December 31, 2017 (Supp. 17-4). Amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). Section R4-10-104 renumbered to R4-10-202, by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-105. Renumbered

Historical Note
Section R4-10-105 renumbered from former Section R4-10-27 and amended effective April 9, 1996 (Supp. 96-2). Former Section R4-10-105 renumbered to R4-10-109; new Section adopted by final rulemaking at 5 A.A.R. 1791, effective May 18, 1999 (Supp. 99-2). Amended by final rulemaking at 12 A.A.R. 807, effective April 8, 2006 (Supp. 06-1). Amended by final rulemaking at 23 A.A.R. 3028, effective December 31, 2017 (Supp. 17-4). Amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). Section R4-10-105 renumbered to R4-10-201, by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-106. Time Frames

A. The overall, administrative completeness, and substantive review time frames described in A.R.S. § 41-1072 for each type of license, registration, or approval granted by the Board are listed in Table 1. The applicant and Executive Director of the Board may agree in writing to extend the overall time frame. The substantive review time frame may not be extended by more than 25 percent of the overall time frame.

B. The administrative completeness review time frame begins when the Board receives an application.
1. If an application is incomplete because an incorrect document is submitted, the Board shall notify the applicant. The administrative completeness review time frame and the overall time frame are suspended from the date of the notice until the date the Board receives the correct document from the applicant.
2. If an application is complete, the Board shall send a written notice of administrative completeness to the applicant.

3. If the Board grants a license, registration, or approval during the administrative completeness time frame, the Board may issue a separate written notice of administrative completeness.

C. The substantive review time frame begins on the date of notice of administrative completeness.
1. As part of the substantive review for a license to operate a school, the Board shall conduct an inspection that may require more than one visit to the school.
2. During the substantive review time frame, the Board may make one comprehensive written request for additional information or documentation. If the applicant applied for licensure by examination, the Board may request evidence the applicant passed all required examinations. The time frame for the Board to complete the substantive review is suspended from the date of the comprehensive written request for additional information or documentation until the Board receives the additional information or documentation.
3. If an applicant does not meet the requirements of A.R.S. Title 32, Chapter 5, and this Chapter, the Board shall send a written notice denying a license, registration, or approval to the applicant. The Board shall include in the notice of denial the basis for the denial and an explanation of the applicant's right to appeal under A.R.S. Title 41, Chapter 6, Article 10.

D. The Board shall consider an application withdrawn if within 90 days after the date on which the applicant submitted the application, the applicant fails to comply with subsection (B)(1) or (C)(2).

E. An individual shall not practice as an aesthetician, cosmetologist, hairstylist, instructor, nail technician, barber, or eyelash technician until the individual receives and posts the license or registration issued by the Board at the individual's place of employment.

Historical Note
Adopted effective April 9, 1996 (Supp. 96-2). Section repealed; new Section adopted by final rulemaking at 5 A.A.R. 1791, effective May 18, 1999 (Supp. 99-2). Amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). Amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Amended by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

R4-10-107. Renumbered

Historical Note
Adopted effective April 9, 1996 (Supp. 96-2). Former Section R4-10-107 renumbered to R4-10-110; new Section adopted by final rulemaking at 5 A.A.R. 1791, effective May 18, 1999 (Supp. 99-2). Amended by final rulemaking at 11 A.A.R. 4239, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 21 A.A.R. 3441, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 23 A.A.R. 3028, effective December 31, 2017 (Supp. 17-4). Amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). Section R4-10-107 renumbered to R4-10-203, by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-108. Repealed

Historical Note
Adopted effective April 9, 1996 (Supp. 96-2). Former Section R4-10-108 renumbered to R4-10-111; new Section R4-10-108 renumbered from Section R4-10-104 by final rulemaking at 5 A.A.R. 1791, effective May 18, 1999 (Supp. 99-2). Amended by final rulemaking at 12 A.A.R. 807, effective April 8, 2006 (Supp. 06-1). Amended by final rulemaking at 22 A.A.R. 3329, effective November 4, 2016 (Supp. 16-4). Amended by final rulemaking at 23 A.A.R. 3028, effective December 31, 2017 (Supp. 17-4). Amended by final rulemaking at 23 A.A.R. 3028, effective December 31, 2017 (Supp. 17-4). Amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). Repealed by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-109. Repealed

Historical Note
Adopted effective April 9, 1996 (Supp. 96-2). Former Section R4-10-109 renumbered to R4-10-112; new Section R4-10-109 renumbered from Section R4-10-105 by final rulemaking at 5 A.A.R. 1791, effective May 18, 1999 (Supp. 99-2). Section repealed by final rulemaking at 12 A.A.R. 807, effective April 8, 2006 (Supp. 06-1).

R4-10-110. Renumbered

Historical Note
Adopted effective April 9, 1996 (Supp. 96-2). Former Section R4-10-110 renumbered to Section R4-10-113; new Section R4-10-110 renumbered from Section R4-10-107 by final rulemaking at 5 A.A.R. 1791, effective May 18, 1999 (Supp. 99-2). Amended by final rulemaking at 12 A.A.R. 807, effective April 8, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3441, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 23 A.A.R. 3028, effective December 31, 2017 (Supp. 17-4). Amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). Section R4-10-110 renumbered to R4-10-204, by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-111. Display of Licenses, Registrations, and Signs

A. An establishment or school licensee shall ensure the name on the establishment's or school's sign, advertising, and publications is the same as the name on the license to operate the establishment or school issued by the Board. The establishment's or school's sign shall be prominently posted in view of the public.

B. A school licensee shall:
1. Display the licenses of the school licensee and all instructors near the school entrance, visible to the public; and
2. Ensure that if "accredited," "approved," or a similar term appears in the school catalog, publication, or advertisement, the name of the accrediting or approving organization is provided.

C. An establishment licensee shall:
1. Prominently post the current license of the establishment licensee in view of the public, and
2. Ensure the personal license or registration of each licensee or registrant performing services in the establishment is posted at the licensee's or registrant's workstation.

D. A licensee or registrant performing mobile services shall prominently display, in view of the public and in the area where mobile services are provided:
1. A duplicate of the licensee's or registrant's personal license or registration, and
2. A duplicate of the Board-issued license to operate an establishment.

E. A copy of R4-10-112 shall be prominently posted in each establishment and school.

F. If applicable, an establishment licensee shall prominently post a sign, in view of the public, that reads: "These services are not regulated by the Arizona Barbering and Cosmetology Board" and include a list of services provided but not regulated.

G. Display of barber pole.
1. Under A.R.S. § 32-543(B), it is unlawful to display a sign or advertise as being engaged in the practice or business of barbering without being licensed under A.R.S. Title 32, Chapter 5, and this Chapter.
2. A business shall not display a barber pole unless a barber licensed under A.R.S. Title 32, Chapter 5, and this Chapter is available to provide barbering services during the business hours the barber pole is displayed.

Historical Note

Adopted effective April 9, 1996 (Supp. 96-2). Former Section R4-10-111 renumbered to Section R4-10-114; new Section R4-10-111 renumbered from R4-10-108 by final rulemaking at 5 A.A.R. 1791, effective May 18, 1999 (Supp. 99-2). Amended by final rulemaking at 12 A.A.R. 807, effective April 8, 2006 (Supp. 06-1). Amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). Amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Amended by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

R4-10-112. Infection Control and Safety Standards

A. The holder of an establishment or school license issued under A.R.S. Title 32, Chapter 5, and this Chapter, shall ensure the establishment or school has and maintains the following minimum equipment and supplies:
1. Non-leaking, solid-side waste receptacles with liners, which are emptied, cleaned, and disinfected daily;
2. Ventilated, covered, containers for soiled linens including towels and capes;
3. Covered, clean containers or cabinets to hold clean linens including towels and capes;
4. Covered, wet disinfectant container that:
   a. Is set up with disinfectant solution at all times the establishment or school is open, and
   b. Is changed as determined by the manufacturer's instructions or when visibly cloudy or contaminated; and
5. An EPA-registered bactericidal, virucidal, or fungicidal, disinfectant effective against HIV and human hepatitis B virus, which shall be mixed and used according to manufacturer's directions on all tools, instruments, and equipment.

B. Procedure for disinfecting non-electrical equipment. A licensee, registrant, or student shall disinfect non-electrical equipment by:
1. Cleaning with soap or detergent and warm water, rinsing with clean water, and patting dry; and
2. Totally immersing in the wet disinfectant required under subsection (A)(5) following manufacturer's recommended directions.

C. Procedure for storing tools and instruments. A licensee, registrant, or student shall:
1. Place a tool or instrument that has been used on a client or soiled in any manner in a covered receptacle that is labeled "dirty"; and
2. Place a disinfected instrument in a disinfected, dry, covered container that is labeled "ready to use" and isolate the disinfected instrument from contaminants.

D. Procedure for disinfecting electrical equipment, which shall be in good repair, before each use. A licensee, registrant, or student shall disinfect electrical equipment by:
1. Removing all foreign matter from the equipment;
2. Cleaning and spraying or wiping with an EPA-registered bactericidal, virucidal, or fungicidal disinfectant, compatible with electrical equipment, as required in subsection (A)(5), ensuring the electrical equipment is in contact with the disinfectant for the time specified on the disinfectant label;
3. Storing the disinfected electrical equipment in a clean place separated from cords for the electrical equipment; and
4. If the electrical equipment has removable parts, disinfecting the removed parts as described in subsection (B).

E. Tools, instruments, and supplies. A licensee, registrant, or student shall:
1. Dispose of all tools, instruments, or supplies that come into direct contact with a client and cannot be disinfected (for example, cotton pads, sponges, porous emery boards, and neck strips) by placing them in a waste receptacle immediately after use;
2. Not store or carry disinfected tools and instruments in a leather or cloth pouch or pocket;
3. Dispose of a sharp tool or instrument by sealing the tool or instrument in a rigid, puncture-proof container and disposing in a manner that keeps licensees, registrants, students, clients, and sanitation workers safe;
4. Not place clips or other tools and instruments in the mouth, pocket, or other holder that cannot be cleaned and disinfected;
5. Sharpen pencil cosmetics before each use and clean and disinfect the sharpener after each use; and
6. A client's personal tools and instruments that are brought into and used in the establishment shall comply with these rules.

F. If there is exposure to blood or other body fluids during a service, a licensee, registrant, or student shall stop the service and:
1. If the wound is on the licensee's, registrant's or student's hand, the licensee, registrant, or student shall:
   a. Clean the wound with an antiseptic solution;
   b. Cover the wound with a sterile bandage; and
   c. Cover the wounded area with a glove or finger cover;
2. Discard all blood-stained tissue or cotton or other blood-contaminated material;
3. Disinfect all equipment, tools, and instruments that came in contact with blood or other body fluids as discussed in subsections (A)(5) and (B); and
4. Disinfect electrical equipment as discussed in subsection (D).

G. An establishment or school licensee shall ensure all circulating and non-circulating tubs or spas are cleaned as follows:
1. After each client or service, complete the following:
   a. Drain the tub; and
   b. Remove and discard a used tub liner and replace the used tub liner with a new, unused tub liner; or
   c. Clean the tub according to manufacturer's instructions, taking special care to remove all film, especially at the water line, rinse the tub and fill with disinfectant listed in subsection (A)(5), and allow the disinfectant to stand or circulate for the time specified in the manufacturer's instructions.
2. At the end of the day, complete all of the following:
   a. Drain the tub;
   b. Remove all filters, screens, drains, jets, and other removable parts;
   c. Scrub all removed parts with a brush and soap or detergent until free from debris;
   d. Rinse the removed parts;
   e. Completely immerse the removed parts in the disinfectant listed under subsection (A)(5);
   f. Rinse the tub;
   g. Replace the disinfected parts;
   h. Fill the tub with clean water and the amount of disinfectant proper for the volume of water;
   i. Circulate the water and disinfectant for the full contact time listed on the manufacturer's label. If the tub does not have jets, allow the water and disinfectant to stand for the full contact time listed on the manufacturer's label; and
   j. Drain the tub.

H. Personal cleanliness. A licensee, registrant, or student shall:
1. Thoroughly wash his or her hands with soap and warm water or any equally effective hand sanitizer immediately before providing services to each client, before checking a student's work on a client, or after smoking, eating, or using the restroom;
2. Wash a client's skin on which services will be performed with soap and warm water or wipe the skin with waterless hand sanitizer approved for use on skin before a nail technology service, including a pedicure service, is provided; and
3. Wear clean, fluid-proof, single-use, protective gloves while performing any service if any bodily discharge is present from the licensee, registrant, student, or client or if any discharge is likely to occur from the client because of services being performed. Discard gloves immediately after use.

I. Disease and infestation. A licensee, registrant, or student shall not perform a service on an individual who:
1. Has a contagious disease that may be transmitted by the performing of the service on the individual; or
2. Is exhibiting a sign of infection such as reddened, erupted, or open skin.

J. Client protection. A licensee, registrant, or student shall:
1. Protect a client's clothing from direct contact with shampoo bowls or headrests by using clean linens, capes, robes, or protective neck strips;
2. Maintain infection control and perform services safely;
3. Use bracing when performing a service around a client's eyes, ears, lips, fingers, and toes; and
4. When applicable, provide a client a pre- and post-analysis that includes appropriate instructions for follow-up.

K. Care and storage of linens including towels, robes, and capes. An establishment licensee shall ensure:
1. Clean linens are provided for each client and laundered after each use;
2. Soiled linens are stored in a ventilated receptacle;
3. Laundering includes washing linens using detergent and bleach; and
4. Clean linens are stored in covered containers or closets.

L. Care and storage of products including liquids, creams, oils, gels, antiseptics, clay, ointments, waxes, powders, cosmetics, chemicals, and disinfectants. An establishment licensee shall ensure:
1. All products are stored in a container that is clean and free of corrosion, labeled to identify contents, and in compliance with state and local laws and manufacturer's instruction;
2. All products containing poisonous substances are distinctly marked;
3. When only a portion of a product is to be used, the portion is removed from the container in a way that does not contaminate the remaining product; and
4. Once dispensed, a product is not returned to the original container.

M. Prohibited hazardous substances and use of products. An establishment licensee shall ensure:
1. No products containing hazardous substances banned by the U.S. Food and Drug Administration (FDA) for use in products on clients, including liquid methyl methacrylate monomer and methylene chloride, are on the establishment premises;
2. All products are used only in a manner approved by the FDA, EPA, or other regulatory agency; and
3. Instructions on the manufacturer's label are followed at all times.

N. Care of headrests, shampoo bowls, and treatment tables. An establishment licensee shall ensure:
1. Headrests of chairs and treatment tables are disinfected at least daily;
2. Treatment tables are covered with a clean linen or paper sheet for each client;
3. Shampoo bowls and neck rests are cleaned with soap and warm water or other detergent and disinfected after each use and kept in good repair; and
4. Shampoo neck rests are disinfected with a solution listed under subsection (A)(5) before each use.

O. Prohibited devices, tools, or chemicals; invasive procedures. An establishment licensee shall ensure:
1. Except as provided in this subsection and subsection (O)(2), all of the following devices, tools, or chemicals are not present in or used in an establishment:
   a. A device, tool, or chemical designed or used to pierce the dermis; and
   b. A low-frequency, or low-power ultrasonic, or sonic device except one intended for skin cleansing, exfoliating, or product application.
2. A licensee or registrant that provides an invasive procedure, using a device, tool, or chemical described in subsection (O)(1), that is otherwise allowed under Arizona law, complies with statutes and rules governing the procedure, training, or supervision as required by the relevant, regulatory authorities.

P. Skin peeling. A licensee shall:
1. Except as provided in subsection (O)(2), remove only the non-living, uppermost layer of skin, known as the epider-

mis, by any method or means and only for the purpose of beautification;
2. Not use a skin removal technique or practice that affects the dermal layer of the skin;
3. Not mix or combine skin removal products except as required by manufacturer instructions and approved by the FDA; and
4. Use only commercially available products for the removal of epidermis for the purpose of beautification.

Q. Restricted use tools and instruments. A licensee shall use:
1. Nippers only to remove loose cuticles; and
2. Pre-sterilized, disposal lancets only to dilate follicles and release sebaceous debris from the follicle.

R. Lash use and storage. A cosmetology or aesthetics licensee or eyelash technician registrant shall:
1. Have at the lashing workstation a covered, wet disinfectant container large enough to submerge tools completely;
2. Clean hands between clients;
3. Perform all lash services using clean or clean-gloved hands;
4. Store lashes in the original tray or jar in a covered container that is free from debris or contaminants;
5. Dispense lashes from the original tray or jar using only a disinfected tool;
6. Not return a lash to the original tray or jar after the lash is dispensed from the original tray or jar;
7. Spray and wipe the lash workstation with an EPA-registered disinfectant after each client;
8. Disinfect all cutting implements after use and store the disinfected cutting implements in a covered container that is free from debris or contaminants;
9. Keep tape dispensers inside a labeled, clean, closed drawer; and
10. Disinfect lash tweezers, adhesive stones, lash tiles, lash pallets, lash cases, and other items between clients.

S. An establishment licensee shall maintain cleanliness and repair of the establishment according to the following guidelines:
1. Discard all clippings immediately after each client;
2. Clean and disinfect shampoo bowls using a disinfectant listed under subsection (A)(5) and ensure drains are free running;
3. Disinfect counters and all work areas after each client by using a disinfectant listed under subsection (A)(5).

T. An establishment licensee, including the licensee of an establishment in a residence, shall ensure compliance with the following building standards:
1. There is an entrance into the establishment from the outside. If the establishment is in a residence, the entrance may be through living quarters;
2. Except for an establishment in a residence, an establishment shall not be used for residential or other living purposes;
3. The establishment has a restroom open and available for employees' and clients' use during business hours. The restroom has a wash basin, running water, liquid soap, and disposable towels; is kept clean and sanitary at all times; and is in close enough proximity to the establishment to ensure safety for procedures during use;
4. Extra material stored in the establishment restroom is locked in a cabinet;
5. The establishment, including a mobile unit, has sufficient hot and cold running water; and
6. The establishment has natural or mechanical ventilation and an air filtration system that provides free flow of air to each room, prevents the build-up of emissions and particulates, keeps odors and diffusions from chemicals and solutions at a safe level, and provides sufficient air circulation and oxygen.

U. An establishment licensee shall ensure compliance with the following general requirements.
1. A first-aid kit that contains, at a minimum, bandages, gauze, antiseptic, and antibiotic cream is present in the establishment and easily accessible;
2. No animals except fish in aquariums and service animals are allowed in the establishment; and
3. The establishment complies with federal and state requirements.

Historical Note

Section R4-10-112 renumbered from former Section R4-10-33 and amended effective April 9, 1996 (Supp. 96-2). Former Section R4-10-112 renumbered to Section R4-10-115; new Section R4-10-112 renumbered from Section R4-10-109 by final rulemaking at 5 A.A.R. 1791, effective May 18, 1999 (Supp. 99-2). Amended by final rulemaking at 11 A.A.R. 4239, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 2083, effective July 5, 2008 (Supp. 08-2). Amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). Amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Amended by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

R4-10-113. Establishment and School Management

A. An establishment or school licensee shall ensure:
1. Licenses, notices, and the Board's most recent inspection sheet are prominently displayed in view of the public;
2. All licensees or registrants in the establishment, school, or a mobile service area have current licenses or registrations;
3. Infection control and safety standards are maintained; and
4. If the establishment closes, the licensee or authorized representative notifies the Board within 10 days by completing a form that is available on the Board's website; or
5. If the school closes, the licensee or authorized representative notifies the Board within five days by completing a form that is available on the Board's website.

B. The Board shall hold the establishment or school licensee responsible for all violations of requirements in subsection (A) that occur within the establishment or school.

C. If an establishment licensee rents or leases space within the establishment to a person who obtains a separate license to operate an establishment, the Board shall hold the second licensee responsible for all violations of requirements in subsection (A) that occur within the portion of the establishment the second licensee is licensed to operate.

Historical Note

New Section R4-10-113 renumbered from Section R4-10-110 by final rulemaking at 5 A.A.R. 1791, effective May 18, 1999 (Supp. 99-2). Amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). Amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Amended by final rulemaking at 32 A.A.R. 2283 (Sep-

tember 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

R4-10-114. Board Inspection

A. A licensee or manager of an establishment or school shall permit a Board inspector or representative to inspect the premises of the establishment or school regardless of whether the establishment or school has been identified in a complaint. If the Board inspector or representative leaves the establishment or school without completing the inspection because of aggressive behavior, threats, or violence by the licensee or manager, the licensee or manager of the establishment or school shall be subject to disciplinary action under A.R.S. § 32-572.

B. A Board inspector or representative may inspect:
1. The premises of a location alleged to be operating as an establishment or school without a license from the Board;
2. The premises of each establishment at least once during every two years; and
3. An establishment or school at any time allowed under A.R.S. §§ 32-542 and 32-562.

C. Inspection procedure. According to the requirements of A.R.S. Title 32, Chapter 5, and this Chapter, the Board inspector or representative shall document that:
1. The establishment or school complies with R4-10-111(C) through (G);
2. All required equipment and implements necessary to provide services are present, clean, in good working order, and in appropriate quantity to the number of establishment employees;
3. All procedures, including those in R4-10-112, are followed by establishment and school employees; and
4. All applicable statutes and rules are followed.

D. Inspection findings. The Board inspector or representative shall provide a copy of a completed inspection report to the licensee or manager of the establishment or school and the Board.

E. Disciplinary action. The Board shall follow disciplinary procedures established under A.R.S. §§ 32-571 through 32-576 for any inspection finding indicating a violation of any provision of A.R.S. Title 32, Chapter 5, or this Chapter.

Historical Note

New Section R4-10-114 renumbered from Section R4-10-111 by final rulemaking at 5 A.A.R. 1791, effective May 18, 1999 (Supp. 99-2). Amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). Amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Amended by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

R4-10-115. Rehearing or Review of a Board Decision

A. The Board shall provide for a rehearing or review of its decisions under A.R.S. Title 41, Chapter 6, Article 10 and the rules established by the Office of Administrative Hearings.

B. Except as provided in subsection (H), a party is required to file a motion for rehearing or review of a Board decision, within 30 calendar days after service of the decision, to exhaust the party's administrative remedies.

C. A motion for rehearing or review may be amended at any time before it is ruled on by the Board. A response may be filed within 15 calendar days after service of a motion or amended motion by any party. The Board may require the filing of written briefs regarding the issues raised in the motion and may provide for oral argument.

D. The Board may grant a rehearing or review for any of the following causes materially affecting the moving party's rights:
1. Irregularity in the administrative proceedings or any order or abuse of discretion that deprived the moving party of a fair hearing;
2. Misconduct of the Board or its staff, an administrative hearing officer, or the prevailing party;
3. Accident or surprise that could not have been prevented by ordinary prudence;
4. Newly discovered material evidence that could not with reasonable diligence have been discovered and produced at the original hearing;
5. Excessive penalties;
6. Error in the admission or rejection of evidence or other errors of law occurring at the administrative hearing or during the progress of the proceedings; or
7. A decision that is not justified by the evidence or is contrary to law.

E. The Board may affirm or modify the decision or grant a rehearing or review to any of the parties on all or part of the issues for any of the reasons in subsection (D). The Board shall specify the particular grounds for any order modifying a decision or granting a rehearing or review. If a rehearing or review is granted, the rehearing or review shall cover only the matters specified in the order. If a rehearing is granted, the Board shall hold the rehearing within 60 days after the date on the order granting the rehearing.

F. No later than 30 calendar days after the date of a decision and after giving the parties notice and an opportunity to be heard, the Board may, on its own initiative, order a rehearing or review of its decision for any reason for which it might have granted a rehearing or review on motion of a party. The Board may grant a motion for rehearing or review, timely served, for a reason not stated in the motion. An order granting a rehearing or review shall specify the grounds on which the rehearing or review is granted.

G. When a motion for rehearing or review is based on affidavits, they shall be served with the motion. An opposing party may, within 20 calendar days after service, serve opposing affidavits. This time may be extended for an additional period not exceeding 20 calendar days by the Board when there is a showing of good cause or written stipulation of the parties. Reply affidavits may be permitted.

H. If the Board makes a specific finding that a particular decision needs to be effective immediately to preserve public peace, health, or safety and that a rehearing or review of the decision is impractical, unnecessary, or contrary to the public interest, the Board may issue the decision as a final decision without an opportunity for rehearing or review.

I. A Board order is final on expiration of the time for filing a motion for review or rehearing or on denial of a motion for review or rehearing, whichever is later. A party that has exhausted the party's administrative remedies may appeal a final order of the Board under A.R.S. Title 12, Chapter 7, Article 6.

J. A person that files a complaint with the Board against a licensee or registrant:
1. Is not a party to:
   a. A Board administrative action, decision, or proceeding; or
   b. A court proceeding for judicial review under A.R.S. Title 12, Chapter 7, Article 6; and
2. Is not entitled to seek rehearing or review of a Board action or decision under this Section.

Historical Note
New Section R4-10-115 renumbered from Section R4-10-112 by final rulemaking at 5 A.A.R. 1791, effective May 18, 1999 (Supp. 99-2). Amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). Amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

Table 1. Time Frames (in days)

Type of Approval	Statutory Authority	Overall Time Frame	Administrative Completeness Time Frame	Substantive Review Time Frame
License by Examination; Instructor License	A.R.S. §§ 32-510, 32-511, 32-512, 32-512.01, 32-512.02, 32-531, 32-532	90	60	30
Registration as Eyelash Technician	A.R.S. § 32-519	45	15	30
License by Reciprocity or Universal Recognition; Multistate License	A.R.S. §§ 32-513, 32-532, 32-583, 32-4302	60	30	30
School License	A.R.S. § 32-551	90	30	60
Approval of an Eyelash Technician Training Program	A.R.S. § 32-519	60	20	40
License or Registration Renewal	A.R.S. §§ 32-517, 32-519, 32-535, 32-544, 32-564, 32-583	75	45	30
Establishment License	A.R.S. §§ 32-541, 32-542	90	30	60
Establishment or School Renewal	A.R.S. §§ 32-544, 32-564	30	15	15
License or Registration Reactivation	A.R.S. §§ 32-518, 32-519	30	15	15

Historical Note
New Table 1 adopted by final rulemaking at 5 A.A.R. 1791, effective May 18, 1999 (Supp. 99-2). Table 1 amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). Table 1 renumbered to Part A., Table A1 and Part B., Table B2 by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). New Table 1 renumbered from Table B1 and amended by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

PART A. REPEALED

R4-10-A101. Repealed

Historical Note
New Section R4-10-A101, made under Article 1, Part A renumbered from R4-10-501 and amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Section R4-10-A101 repealed by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

Table A1. Repealed

Historical Note
New Table A1, made under Article 1, Part A renumbered from Table 1 and amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Table A1 repealed by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

PART B. REPEALED

Table B1. Renumbered

Historical Note
New Table B1, made under Article 1, Part B renumbered from Table 1 and amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Table B1 renumbered to Table 1 by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

ARTICLE 2. PERSONAL LICENSURE OR REGISTRATION

Editor's Note: Article 2, Schools renumbered to Article 3 by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

Editor's Note: The Board of Cosmetology repealed or renumbered Sections with the old Administrative Code numbering scheme and adopted new Sections under the current numbering scheme (Supp. 96-2). The old and new Sections cannot be shown in numerical order because of the two Articles; therefore the old numbers are not shown here. Please refer to this Chapter as published in Revised Format 6-92 for historical note information on the old numbered Sections.

R4-10-201. Application for Personal License by Reciprocity or Universal Recognition; Application for Multistate License

A. License by reciprocity. An applicant for an aesthetics, cosmetology, hairstyling, nail technology, or barber, license by reciprocity shall submit the applicable fee required in R4-10-102 and all of the following to the Board:
1. An application form available on the Board's licensing portal that contains:
   a. The applicant's name, full mailing and email addresses, telephone number, Social Security number, and birth date;
   b. If previously licensed by the Board, the type of license and license number;
   c. A statement of whether the applicant has ever had an aesthetics, cosmetology, hairstyling, nail technology, or barber license suspended or revoked in any state of the United States or foreign country; and

d. The applicant's signature verifying the information provided is true and correct;
2. A passport-style photo of the applicant;
3. One of the following:
a. If currently licensed in another state, a certification from the licensing state indicating the license requires education that is substantially equivalent to the requirements of this state and is active and in good standing; or
b. If currently licensed in a foreign country that:
i. Has a governmental regulatory agency providing disciplinary or judicial oversight, translated evidence demonstrating the license requires education that is substantially equivalent to the requirements of this state and is active and in good standing; or
ii. Has no governmental regulatory agency providing disciplinary or judicial oversight, a passing score on both a theory and practical examination.
4. Documentation specified under A.R.S. § 41-1080 indicating the applicant's presence in the United States is authorized under federal law.

B. License by universal recognition. An applicant for an aesthetics, cosmetology, hairstyling, nail technology, or barber license who meets the requirements specified at A.R.S. § 32-4302 is eligible for licensure by universal recognition. To apply for licensure by universal recognition, an applicant shall submit the applicable fee required in R4-10-102 and all of the following to the Board:
1. An application form available on the Board's licensing portal that contains:
a. The applicant's name, full mailing and email addresses, telephone number, Social Security number, and birth date; and
b. The applicant's signature verifying the information provided is true and correct;
2. A passport-style photo of the applicant;
3. A certification from the state in which the applicant is licensed indicating the license requires education that is substantially equivalent to the requirements of this state and is active and in good standing;
4. Proof the applicant has been licensed for at least one year;
5. Documentation specified under A.R.S. § 41-1080 indicating the applicant's presence in the United States is authorized under federal law; and
6. Proof of Arizona residency.

C. Multistate license. An applicant for a cosmetology multistate license who meets the requirements specified at A.R.S. § 32-583 may apply for a multistate license by submitting an application form available on the Board's licensing portal and paying the fee required in R4-10-102.

Historical Note
Adopted effective April 9, 1996 (Supp. 96-2). Section repealed; new Section adopted by final rulemaking at 5 A.A.R. 1791, effective May 18, 1999 (Supp. 99-2). Amended by final rulemaking at 12 A.A.R. 807, effective April 8, 2006 (Supp. 06-1). Amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). R4-10-201 renumbered to R4-10-302; new Section R4-10-201 renumbered from R4-10-105 and amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Amended by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

R4-10-202. Application for a Personal Cosmetology, Aesthetics, Hairstyling, Nail Technology, or Barber License by Examination

A. An applicant for an aesthetics, cosmetology, hairstyling, nail technology, or barber license by examination shall submit to the Board:
1. The fee required for an initial personal license in R4-10-102;
2. A passport-style photo of the applicant; and
3. An application form available on the Board's licensing portal that contains:
a. The applicant's name, full mailing and email addresses, telephone number, Social Security number, and birth date;
b. If previously licensed by the Board, type of license and license number;
c. A statement of whether the applicant has ever had an aesthetics, cosmetology, hairstyling, nail technology, or barber license suspended or revoked in any state of the United States or foreign country; and
d. The applicant's signature verifying the information provided is true and correct; and
4. Documentation specified under A.R.S. § 41-1080 indicating the applicant's presence in the United States is authorized under federal law.

B. In addition to complying with the requirements in subsection (A), an applicant for an aesthetics, cosmetology, hairstyling, nail technology, or barber license by examination shall:
1. Comply with A.R.S. § 32-510, 32-511, 32-512, 32-512.01, or 32-512.02 by being at least 18 years old or, if younger than 18, by submitting documentation of two years of high school or its equivalent;
2. Comply with A.R.S. § 32-510, 32-511, 32-512, 32-512.01, or 32-512.02 by submitting:
a. If the applicant graduated from a course presented by a school licensed by the Board, a copy of the certificate of graduation required under R4-10-305(E);
b. Proof of passing all required examinations;
c. If the applicant completed an apprenticeship program described under A.R.S. §§ 32-510(3)(c)(ii), 32-511(3)(c)(ii), 32-512(3)(c)(ii), 32-512.01(3)(c)(11), or 32-512.02(B)(2)(c) a notice of completion from the Department of Economic Security; and
d. If the applicant graduated from a course presented by a school in another state or country, evidence the school's requirements at the time the applicant graduated were substantially equivalent to those required by the Board.

Historical Note
Adopted effective April 9, 1996 (Supp. 96-2). Amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). Section R4-10-202 renumbered to R4-10-304.1; new Section R4-10-202 renumbered from R4-10-104 and amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Amended by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

R4-10-203. Personal License; Instructor License, or Registration Renewal

An aesthetician, cosmetologist, hairstylist, nail technician, barber, or instructor licensee or an eyelash technician registrant shall submit through the Board's licensing portal an application for renewal on or before the licensee's or registrant's birthday every two years. A renewal application consists of:

1. A form that confirms the licensee's or registrant's name, address, email address, Social Security number, and signature;
2. If the documentation submitted at the time of initial licensure or registration did not establish citizenship in the United States or was an expiring work authorization, documentation specified under A.R.S. § 41-1080 that the licensee's or registrant's presence in the United States continues to be authorized under federal law;
3. A statement of whether the licensee or registrant has changed the licensee's or registrant's name since the previous application and, if the name has changed, a copy of a legal document, such as a marriage license, divorce decree, or driver license showing the name change;
4. The fee required in R4-10-102; and
5. Every four years, a passport-style photo.

Historical Note

Adopted effective April 9, 1996 (Supp. 96-2). Amended by final rulemaking at 12 A.A.R. 807, effective April 8, 2006 (Supp. 06-1). Amended by final rulemaking at 23 A.A.R. 3028, effective December 31, 2017 (Supp. 17-4). Amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). Section R4-10-203 renumbered to R4-10-306; new Section R4-10-203 renumbered from R4-10-107 and amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Amended by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

R4-10-204. Reactivating an Inactive or Expired License or Registration

A. A cosmetology, hairstyling, nail technology, aesthetics, barbering, or instructor license or eyelash technician registration that has been inactive or expired for fewer than two years may be reactivated by paying the delinquent renewal fee.

B. A cosmetology, hairstyling, nail technology, aesthetics, barbering, or instructor license or eyelash technician registration that has been inactive or expired for more than three years but fewer than five years, may be reactivated by the inactive or expired licensee or registrant paying the delinquent renewal fees, as described in R4-10-102, and completing the infection protection and law review requirements specified by the Board.

C. If a cosmetology, hairstyling, nail technology, aesthetics, barbering, or instructor license or eyelash technician registration has been inactive or expired for more than five years, the inactive or expired licensee or registrant shall pay five years of delinquent renewal fees and comply with all application requirements in R4-10-202 or R4-10-207 before practicing or teaching barbering, cosmetology, aesthetics, hairstyling, nail technology, or eyelash technology in Arizona.

Historical Note

Adopted effective April 9, 1996 (Supp. 96-2). Amended by final rulemaking at 12 A.A.R. 807, effective April 8, 2006 (Supp. 06-1). Amended by final rulemaking at 23 A.A.R. 3028, effective December 31, 2017 (Supp. 17-4). Amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). Section R4-10-204 renumbered to R4-10-305; new Section R4-10-204 renumbered from R4-10-110 and amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Amended by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

R4-10-205. Application for an Instructor License by Examination

A. An applicant for an aesthetics, cosmetology, hairstyling, nail technology, or barber instructor license by examination shall submit to the Board:

1. The fee required under R4-10-102;
2. A passport-style photo of the applicant; and
3. An application form available on the Board's licensing portal that contains:
   a. The applicant's name, full mailing and email addresses, telephone number, Social Security number, and birth date;
   b. If previously licensed by the Board, type of license and license number;
   c. A statement of whether the applicant has ever had an instructor license suspended or revoked in any state of the United States or foreign country; and
   d. The applicant's signature verifying the information provided is true and correct; and
4. Documentation specified under A.R.S. § 41-1080 indicating the applicant's presence in the United States is authorized under federal law.

B. In addition to complying with the requirements in subsection (A), an applicant for an instructor license by examination shall comply with A.R.S. § 32-531 by submitting the following:

1. Proof the applicant is at least 16 years old and has a high school diploma or the equivalent of a high school diploma or is at least 18 years old;
2. Proof of current licensure, in good standing, in the discipline in which the applicant is applying for an instructor license;
3. Proof of passing both the written and practical instructor examinations;
4. Proof of completing the infection protection and law review requirements specified by the Board;
5. If the applicant graduated from a course presented by a school licensed by the Board, a copy of the certificate of graduation required under R4-10-305(E);
6. If the applicant graduated from a course presented by a school in another state or country, evidence the school's requirements at the time the applicant graduated were substantially equivalent to those required by the Board; and
7. Documentation of at least one year of practice in the discipline for which the applicant is applying for an instructor license. The documentation shall be on a form supplied by the Board and signed by the owner or manager of an establishment or an individual with knowledge of the applicant's practice based on direct observation.

Historical Note

Adopted effective April 9, 1996 (Supp. 96-2). Amended by final rulemaking at 12 A.A.R. 807, effective April 8, 2006 (Supp. 06-1). Amended by final rulemaking at 23 A.A.R. 3028, effective December 31, 2017 (Supp. 17-4). Amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). Section R4-10-205 renumbered to R4-10-B301 by final rulemaking at 30

A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). New Section R4-10-205 renumbered from R4-10-B201 and amended by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

R4-10-206. Application for an Instructor License by Reciprocity or Universal Recognition

A. License by reciprocity under A.R.S. § 32-532(1). An applicant for an aesthetics, cosmetology, hairstyling, nail technology, or barber instructor license by reciprocity under A.R.S. § 32-532(1) shall submit the applicable fee required in R4-10-102 and all the following to the Board:
1. An application form available on the Board's licensing portal that contains:
   a. The applicant's name, full mailing and email addresses, telephone number, Social Security number, and birth date;
   b. If previously licensed by the Board, the type of license and license number;
   c. A statement of whether the applicant has ever had an aesthetics, cosmetology, hairstyling, nail technology, barber, or instructor license suspended or revoked in any state of the United States or foreign country; and
   d. The applicant's signature verifying the information provided is true and correct;
2. A passport-style photo of the applicant;
3. Certification from the state in which the applicant is licensed as an instructor that the applicant's license is current and in good standing; and
4. Documentation specified under A.R.S. § 41-1080 indicating the applicant's presence in the United States is authorized under federal law.

B. License by reciprocity under A.R.S. § 32-532(2). An applicant for an aesthetics, cosmetology, hairstyling, nail technology, or barber instructor license by reciprocity under A.R.S. § 32-532(2) shall submit the applicable fee required in R4-10-102 and all the following to the Board:
1. The documents required under subsections (A)(1), (A)(2), and (A)(4);
2. Certification from the state in which the applicant is licensed as an aesthetician, cosmetologist, hairstylist, nail technician, or barber that the applicant's license is current and in good standing; and
3. Proof the applicant has at least one year of instructor experience in another state or country in aesthetics, cosmetology, hairstyling, nail technology, or barbering or any combination of these disciplines.

C. License by reciprocity under A.R.S. § 32-532(3). An applicant for an aesthetics, cosmetology, hairstyling, nail technology, or barber instructor license by reciprocity who does not qualify under subsection (A) or (B) shall submit the applicable fee required in R4-10-102 and all the following to the Board:
1. The documents required under subsections (B)(1) and (B)(2);
2. Proof the applicant is at least 16 years old and has a high school diploma or the equivalent of a high school diploma or is at least 18 years old;
3. Proof of five years of licensed experience in aesthetics, cosmetology, hairstyling, nail technology, or barbering or any combination of these disciplines within the ten years immediately preceding application;
4. Proof of graduating in another state or country from an instructor training program that has educational requirements substantially equivalent to those of this state; and
5. Proof of passing both the written and practical instructor examinations required for an instructor license.

D. License by universal recognition. An applicant for an aesthetics, cosmetology, hairstyling, nail technology, or barber instructor license who meets the requirements specified at A.R.S. § 32-4302 is eligible for licensure by universal recognition. To apply for instructor licensure by universal recognition, an applicant shall submit the applicable fee required in R4-10-102 and all of the following to the Board:
1. An application form available on the Board's licensing portal that contains:
   a. The applicant's name, full mailing and email addresses, telephone number, Social Security number, and birth date; and
   b. The applicant's signature verifying the information provided is true and correct;
2. A passport-style photo of the applicant;
3. Certification from a state in which the applicant is licensed as an instructor that the applicant's license is active and in good standing;
4. Proof the applicant has been licensed for at least one year;
5. Documentation specified under A.R.S. § 41-1080 indicating the applicant's presence in the United States is authorized under federal law; and
6. Proof of Arizona residency.

Historical Note

Adopted effective April 9, 1996 (Supp. 96-2). Amended by final rulemaking at 12 A.A.R. 807, effective April 8, 2006 (Supp. 06-1). Amended by final rulemaking at 23 A.A.R. 3028, effective December 31, 2017 (Supp. 17-4). Amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). Section R4-10-206 renumbered to R4-10-B302 by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). New Section R4-10-206 made by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

R4-10-206.1. Renumbered

Historical Note

New Section made by final rulemaking at 23 A.A.R. 3028, effective December 31, 2017 (Supp. 17-4). Amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). Section R4-10-206.1 renumbered to R4-10-B303 by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-207. Application for an Eyelash Technician Registration

An applicant for an eyelash technician registration shall submit to the Board:
1. The fee for an initial personal registration required in R4-10-102;
2. A passport-style photo of the applicant;
3. An application, on a form available on the Board's licensing portal, that provides:
   a. The applicant's name, full mailing and email addresses, telephone number, Social Security number, and birth date;
   b. For an individual not previously licensed by the Board, one of the following:

i. A copy of any eyelash extension training certificate of completion received before October 30, 2023; or
ii. A copy of the provisional registration required under A.R.S. § 32-519(A)(3) verifying successful completion of a Board-approved eyelash technician training program;
c. A statement of whether the applicant has ever had an aesthetics, cosmetology, hairstyling, nail technology, or instructor license suspended or revoked in any state of the United States or foreign country; and
d. The applicant's signature verifying the information provided is true and correct;
4. As required under A.R.S. § 32-519, documentation of being at least 18 years old or if not, documentation of completing two years of high school or its equivalent as defined at R4-10-101; and
5. Documentation specified under A.R.S. § 41-1080 indicating the applicant's presence in the United States is authorized under federal law.

Historical Note
Adopted effective April 9, 1996 (Supp. 96-2). Amended by final rulemaking at 11 A.A.R. 4239, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). Section R4-10-207 renumbered to R4-10-B304 by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Section R4-10-207 renumbered from R4-10-B202 and amended by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

R4-10-208. Renumbered

Historical Note
Adopted effective April 9, 1996 (Supp. 96-2). Amended by final rulemaking at 11 A.A.R. 4239, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 23 A.A.R. 3028, effective December 31, 2017 (Supp. 17-4). Amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). Section R4-10-208 renumbered to R4-10-308 by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-209. Renumbered

Historical Note
Adopted effective April 9, 1996 (Supp. 96-2). Amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). Section R4-10-209 renumbered to R4-10-310 by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-210. Renumbered

Historical Note
New Section made by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). Section R4-10-210 renumbered to R4-10-301 by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

PART A. REPEALED

R4-10-A201. Repealed

Historical Note
New Section R4-10-A201 made under Article 2, Part A renumbered from R4-10-601 and amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Repealed by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

R4-10-A202. Repealed

Historical Note
New Section R4-10-A202 made under Article 2, Part A renumbered from R4-10-603 and amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Repealed by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

PART B. REPEALED

R4-10-B201. Renumbered

Historical Note
New Section R4-10-B201, under Article 2, Part B made by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Section R4-10-B201 renumbered to R4-10-205 by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

R4-10-B202. Renumbered

Historical Note
New Section R4-10-B202, under Article 2, Part B made by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Section R4-10-B202 renumbered to R4-10-207 by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

ARTICLE 3. SCHOOLS; EYELASH TECHNOLOGY TRAINING PROGRAM

Editor's Note: Article 3, heading repealed; new Article 3 heading renumbered from Article 2 and amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-301. License to Operate a School

A. A license to operate a school is not transferrable.
B. To continue to operate a school, a school licensee shall apply for a new license and pay the fee specified under R4-10-102 when:
1. The physical address of the school changes;
2. The name of the school changes; or
3. There is any change of ownership of the school.
C. The school licensee shall submit the application and fee required under subsection (B) within 10 days after a change specified under subsection (B) occurs.
D. The school licensee shall ensure a Board-issued license to operate the school, indicating the correct name, physical location, and ownership of the school, is posted in the school before the school is opened for business.

Historical Note
Adopted effective April 9, 1996 (Supp. 96-2). Amended by final rulemaking at 14 A.A.R. 2083, effective July 5, 2008 (Supp. 08-2). Amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). Section R4-10-301 repealed; new Section R4-10-301 renumbered from R4-10-210 and amended by final

rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Amended by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

R4-10-302. Application for a License to Operate a Barber, Cosmetology, Aesthetician, Hairstyling, or Nail Technology School

A. An applicant for a license to operate a barber, cosmetology, aesthetician, hairstyling, or nail technology school shall submit:

1. An application, on a form available on the Board's licensing portal, which provides the following information:
   a. The applicant's name, full mailing, physical, and email addresses, federal tax identification number, and telephone number;
   b. If the applicant is an individual or sole proprietor, the applicant's Social Security or federal tax identification number;
   c. If the applicant is a partnership, each partner's name, address, and an identification of whether each is a limited or general partner;
   d. If the applicant is a corporation, the name, title, mailing and email addresses, and telephone number of each officer of the corporation and the statutory agent;
   e. If the applicant is a limited liability company, name, mailing and email addresses, and telephone number of each member, manager, and statutory agent;
   f. If the applicant is an Arizona school district or community college:
      i. Office address of the school district or community college, and
      ii. Number of the school district and name of the superintendent, or
      iii. Name of the community college dean;
   g. Documentation specified under A.R.S. § 41-1080(A) that the presence in the U.S. of the individual specified under subsection (A)(1)(b) is authorized under federal law;
   h. The name and Board-issued license number of the instructor in charge of the school;
   i. The scheduled date for opening the school; and
   j. A signed attestation by the applicant verifying the information provided is true and correct;
2. A Certificate of Good Standing from the Arizona Corporation Commission, if applicable.
3. A signed attestation that the school has the equipment required by statute and rule;
4. An unexecuted student-school contract form, as required under R4-10-305;
5. An operating schedule that includes the hours of each day and each day of a calendar week during which the school will be open for instruction;
6. A proposed schedule of courses to be taught at the school;
7. The name, full mailing address, email address, and telephone number of the bonding company, the number and expiration date of the bond, and a copy of the bond required under A.R.S. § 32-551;
8. A copy of all school policies and procedures;
9. A school catalog that contains the information required under A.R.S. § 32-559 and:
   a. The number of days during course enrollment necessary to complete the course hours;
   b. The days and hours of operation, vacation periods, and holidays; and
   c. Policies regarding leaves of absence, refunds, and vacation approval for students;
10. A copy of the Certificate of Graduation required under R4-10-305(E) that will be given to students who successfully complete the course of study; and
11. The fee required in R4-10-102.

B. Demonstrate compliance with A.R.S. Title 32, Chapter 5, and this Chapter through a school inspection conducted by the Board. The Board shall schedule the inspection only after the applicant has submitted a complete application. The applicant shall not open a school until the inspection is completed and the Board determines the school complies with all requirements.

Historical Note

Adopted effective April 9, 1996 (Supp. 96-2). Amended by final rulemaking at 11 A.A.R. 4239, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 23 A.A.R. 3028, effective December 31, 2017 (Supp. 17-4). Amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). R4-10-302 renumbered to R4-10-307; new Section R4-10-302 renumbered from R4-10-201 and amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Amended by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

R4-10-303. Application to Renew a License to Operate a School

A school licensee shall annually submit through the Board's licensing portal an application for renewal on or before the license renewal date. A renewal application consists of:

1. A form provided by the Board that contains the school's name and the licensee's license number.
2. A statement that indicates:
   a. Any modifications, additions, or deletions to the previously submitted catalog;
   b. Any changes that have occurred regarding the school's accrediting or approving organization; and
   c. The school continues to maintain all equipment required by statute and rule;
3. A subject description for each new course, if applicable;
4. The name, full mailing and email addresses, and telephone number of a new statutory agent if the statutory agent will change beginning with the new license year;
5. The name and license number of the instructor in charge of the school;
6. The name, full mailing and email addresses, and telephone number of the bonding company, the bond number, expiration date of the bond, and a copy of the bond required under A.R.S. § 32-551;
7. If the school licensee is an individual or sole proprietor:
   a. Who has not previously submitted to the Board proof of citizenship or lawful presence in the United States, documentation specified under A.R.S. § 41-1080 that the school licensee's presence in the United States is authorized under federal law; or
   b. Who previously submitted an expiring work authorization, documentation specified under A.R.S. § 41-1080 that the school licensee's presence in the United States continues to be authorized under federal law; and

8. The fee required in R4-10-102.

Historical Note
Adopted effective April 9, 1996 (Supp. 96-2). Amended by final rulemaking at 11 A.A.R. 4239, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 2083, effective July 5, 2008 (Supp. 08-2). Amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). Section repealed; new Section R4-10-303 made by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Amended by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

R4-10-304. Notification of Changes

A. A school licensee shall send written notice and updated information to the Board within 10 days if the school licensee:
1. Amends the school catalog or school policies,
2. Stops offering a course or offers a new course,
3. Appoints a new statutory agent,
4. Changes the number of instructional hours devoted to a course,
5. Changes the hours during which instruction is provided,
6. Changes the school supervisor,
7. Enters a new contract regarding management of the school, or
8. Establishes an offsite training facility.

B. A change listed under R4-10-301 requires the school licensee to apply for a new license.

Historical Note
Adopted effective April 9, 1996 (Supp. 96-2). Amended by final rulemaking at 11 A.A.R. 4239, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 2083, effective July 5, 2008 (Supp. 08-2). Amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). Section repealed; new Section R4-10-304 renumbered from R4-10-802 and amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Amended by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

R4-10-304.1 School Closure

A. The Board shall consider a school to be closed if the school licensee fails for five consecutive school days to ensure instruction is provided in accordance with the schedule of operations on file with the Board.
1. The school licensee shall notify all enrolled students and employees in writing of a pending closure at least five calendar days before closure of the school, unless the time of closure could not have been anticipated. A copy of the notice shall be sent to the Board at the time the notice is delivered to students and employees.
2. The licensee of a closed school shall release students' and employees' personal belongings, including equipment, tools, and instruments at the time of closure.
3. The licensee of a closed school shall provide students with written information regarding how to make a claim against the bond required under A.R.S. § 32-551(A)(2).
4. The licensee of a closed school shall electronically deliver or otherwise send the following student records to the Board within 10 business days after the school closes:
   a. Copies of hour sheets documenting all student hours and the current time cards or time records received by the student after the last monthly report before the school closed;
   b. A copy of the file of each student who was enrolled the last school day before closure. If a teach-out was arranged with another school, the licensee of the closed school shall transfer the student's file to that school; and
   c. A written statement signed by each enrolled student verifying the school licensee's compliance with all provisions of this Section that apply to students.

B. The Board shall consider failure to comply with subsection (A) as possible grounds for refusal to issue a school license to an owner or the licensee of the school at the time of closure.

Historical Note
New Section made by final rulemaking at 23 A.A.R. 3028, effective December 31, 2017 (Supp. 17-4). Amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). Section repealed; new Section R4-10-304.1 renumbered from R4-10-202 and amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Amended by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

R4-10-305. School Records; Student Certificates

A. A school licensee shall maintain a student's records at the school where the student is enrolled. The Board may inspect the records at any time the school is open.

B. A school licensee shall ensure that when a student withdraws or transfers from one school to another, the school from which the student is transferring or withdrawing:
1. Keeps a copy of the student's transcript, and
2. Forwards a copy of the student's certificate of hours, required under subsection (E), to the student within three days of the date of transfer or withdrawal.

C. A school licensee shall ensure the following are maintained:
1. A complete and accurate record of the time devoted by each student to the enrolled course of study, including hours devoted to alternative learning and field trips;
2. A complete and accurate record that shows the basis for certification of the student hours. A school licensee shall certify only hours of training the student receives at the licensee's school or transfer hours the school licensee accepts from another licensed school in Arizona or another state or country;
3. A complete and accurate individual student file for each student enrolled containing:
   a. Executed student-school contract;
   b. Proof of being at least 16 years old or having two years of high school or its equivalent for a student enrolled in an aesthetics, cosmetology, hairstyling, nail technology, or barbering course or proof of high school diploma or its equivalent or 18 years of age for a student enrolled in an aesthetics, cosmetology, hairstyling, nail technology, or barber instructor course;
   c. Proof of an active license in good standing in the discipline for which a student instructor is enrolled;
   d. A statement signed by a school administrator and the student that provides a list of the supplies contained in the training kit provided to the student; and
   e. A record of transfer and crossover hours, if applicable; and

4. Complete and accurate academic transcripts and attendance and hour records or time cards.

D. A school licensee shall keep a complete and accurate monthly report, containing the following information:
1. Only for each student enrolled since the prior monthly report:
   a. Name;
   b. Enrollment date;
   c. Mailing, physical, and email addresses;
   d. Telephone number;
   e. Transfer hours accepted, if applicable;
   f. Crossover hours accepted, if applicable; and
   g. Birth date.
2. The discipline in which each student is enrolled;
3. The name and license number of the instructor in charge of the school and name of the custodian of records;
4. The name and license number of each instructor employed by the school licensee;
5. The signature of the instructor who prepares and certifies the report is correct;
6. The name, scheduled attendance, and Board-issued license number for each student instructor;
7. For each demonstration given, the name of the demonstrator, name of the observing instructor, name of the process or product demonstrated, number of students in attendance, and name of the course in which the demonstration was given;
8. Hours received by each student for the prior month, the current month, and total cumulative hours. The school licensee shall not amend total hours without satisfactory proof of error;
9. The school licensee's certification of the students who meet graduation requirements, including the day, month, and year of graduation; and
10. The notation "transferred," "withdrawn," or "leave of absence" for students who discontinue training, and the day, month, and year training was discontinued.

E. A school licensee shall provide the following certificates to each student:
1. Certificate of graduation. When a student successfully completes the course of study offered by the school licensee, the school licensee shall provide the student with a certificate of graduation that includes the following information:
   a. Name of the school;
   b. License number of the school licensee;
   c. Name of the graduating student;
   d. Discipline in which the student completed the course of study;
   e. Hours of study completed at the school;
   f. Transfer hours accepted by the school licensee, if applicable;
   g. Crossover hours accepted by the school licensee, if applicable;
   h. Grand total of the hours under subsections (E)(1)(e) through (g);
   i. The dates on which the student started and ended the course of study at the school; and
   j. Dated signature of the school licensee or authorized representative.
2. Certificate of hours. When a student withdraws or transfers from one school to another, the school licensee shall provide the student with a certificate of hours that includes the following information:
   a. Name of the school;
   b. License number of the school licensee;
   c. Name of the withdrawing or transferring student;
   d. Discipline in which the student was enrolled;
   e. Hours of study completed at the school;
   f. The date on which the student started the course of study at the school and the date on which the student withdrew or transferred; and
   g. Dated signature of the school licensee or authorized representative.

F. A school licensee shall credit a student with additional hours earned after graduation if the student completes the required hours for graduation, registers for the required examination, and stays in school until the date of the examination.

G. A school licensee shall ensure records of student hours, transcripts, withdrawal forms, copies of certificates of graduation, and copies of certificates of hours are maintained for at least 25 years.

Historical Note

Adopted effective April 9, 1996 (Supp. 96-2). Amended by final rulemaking at 11 A.A.R. 4239, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). Section repealed; new Section R4-10-305 renumbered from R4-10-204 and amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Amended by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

R4-10-306. General Barber, Cosmetology, Aesthetics, Hairstyling, or Nail Technology School Requirements

A. The licensee of a barber, aesthetics, cosmetology, hairstyling, or nail technology school shall ensure the school complies with R4-10-112 and has the following minimum facilities, equipment, supplies, and materials:
1. An area of instruction for students;
2. Sufficient instructional fixtures and facilities for instructor and student use;
3. A board on which to write or post materials during instruction;
4. A secured area for personal items of students and instructors;
5. A sink area for every 50 students in attendance for preparing, mixing, and dispensing supplies and chemicals, and for disinfecting small tools or instruments;
6. At least one restroom that meets the requirements of R4-10-112; and
7. Separate receptacles for garbage and soiled linens.

B. The school licensee shall furnish equipment, tools, instruments, materials, and supplies needed to perform assignments and for instructional purposes, except each student may be required to furnish small tools or instruments. The school licensee shall ensure all equipment, tools, and materials are establishment quality and maintained in good repair at all times.

C. The school licensee shall ensure students have access to the following materials whether in a school library or electronically:
1. Standard dictionary;
2. Medical dictionary;
3. Anatomy chart on bones, muscles, nerves, hands, arms, nails, veins, arteries, circulatory system, hair, and skin;

4. Instruction manuals or textbooks for aesthetics, barbering, cosmetology, hairstyling, or nail technology that adhere to curriculum and examination requirements for the disciplines taught at the school; and
5. Current Board statutes and rules.

D. The school licensee may allow a student to satisfy theory curriculum requirements by participating in virtual learning.

E. The school licensee shall maintain at the school a complete file on all current curriculum requirements.

F. The school licensee shall not pay an enrolled student for time while the student is taking courses or receiving credit. Under A.R.S. § 32-557(C), an employee who is enrolled in a school for the purpose of becoming an instructor may be paid for work done as an employee.

G. The school licensee may offer a postgraduate or advanced continuing education barber, aesthetics, cosmetology, hairstyling, or nail technology course to currently licensed individuals without a licensed instructor present and to students currently enrolled in the school with a licensed instructor present. The school licensee shall not report postgraduate credit hours to the Board or apply the hours toward graduation.

H. The school licensee shall not allow enrolled students to perform services on a person without a licensed instructor present.

I. A school licensee may enroll an individual licensed by the Board in the school for a refresher course as a current student.

J. A school licensee shall establish a periodic grading schedule and ensure student transcripts are kept current.

K. A school licensee shall ensure each student is evaluated for progress and suggestions are provided to the student for remediating deficiencies.

L. A school licensee shall schedule a minimum of four hours of theory courses each week for each full-time student and a minimum of two hours of theory courses each week for each part-time student.

M. A school licensee shall ensure safety and infection control measures relating to each subject are taught in conjunction with that subject.

N. A school licensee shall not solicit students for enrollment at other school sites.

O. A school licensee shall ensure that while teaching, instructors wear a tag indicating the instructor's name and disciplines taught.

P. A school licensee shall ensure compliance with the following:
1. A student does not attend school more than 56 hours in any one week;
2. A student operates only safe equipment in good repair;
3. A student of barbering, aesthetics, cosmetology, hairstyling, or nail technology performs services within the enrolled course, on the public or fellow students, only in the presence of a licensed instructor and, except for shampooing, only after completing the specified hours applicable to the student:
   a. 120 hours of aesthetics training;
   b. 300 hours of barbering, cosmetology, or hairstyling training; or
   c. 80 hours of nail technology training;
4. The school licensee does not receive remuneration for clinical services a student performs for the public until the student has completed the applicable hours specified in subsection (P)(3);
5. A student is not prevented or discouraged from making a complaint to the Board;
6. A student is not dismissed from a scheduled theory instruction or written or practical examination to perform clinical services for the public;
7. While in school, each student wears a tag indicating the student's name and the course in which the student is enrolled; and

Q. The school licensee shall ensure a nonreturnable student training kit, containing at least the following, is provided to each enrolled student:
1. One disinfected, covered container to store disinfected tools and instruments as specified under R4-10-112; and
2. One container for contaminated tools and instruments as specified under R4-10-112.

Historical Note

Adopted effective April 9, 1996 (Supp. 96-2). Amended by final rulemaking at 11 A.A.R. 4239, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 2083, effective July 5, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 3028, effective December 31, 2017 (Supp. 17-4). Amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). Section R4-10-306 renumbered to R4-10-309; new Section R4-10-306 renumbered from R4-10-203 and amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Amended by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

R4-10-307. Instructor 350-hour Curriculum Requirements

A. A school licensee shall ensure each student in a barber, aesthetics, cosmetology, hairstyling, or nail technology instructor course completes 350 curriculum hours that include the following:
1. Orientation and review of Board statutes and rules;
2. Theory, preparation, and practice curriculum development. This includes:
   a. Developing and using educational aids;
   b. Practical and written presentation principles;
   c. Classroom management evaluation, assessment, and remediation methods;
   d. Diversity in learning including cultural differences;
   e. Methods of teaching;
   f. Professional development including ethics; and
   g. Alternative learning;
3. Classroom and clinic oversight.

B. A school licensee may allow a student in an instructor course to satisfy, in part, curriculum hours required under subsection (A)(2) by completing a course at an accredited college or university or an educational institution described under R4-10-101(24)(c) and (d). Hours obtained under this subsection are subject to the following limits:
1. No more than nine credit hours for barbering, cosmetology, hairstyling, nail technology, or aesthetics; and
2. Each credit hour equals no more than 30 of the curriculum hours required under subsection (A).

C. A school licensee may allow a student in an instructor course to satisfy the curriculum hours required under subsection (A)(2) by participating in virtual learning.

D. A school licensee shall ensure all instruction given by a student instructor is under the direct supervision and observation of a licensed instructor.

E. A school licensee shall not allow a student instructor to instruct students or check student services performed on the public until the student instructor has received at least 80 hours of instructor training.

F. Under A.R.S. § 32-557, a student enrolled in a school for the purpose of becoming an instructor may be a paid employee of the school.

Historical Note
New Section R4-10-307 renumbered from R4-10-302 and amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-308. Combined School Requirements

A. A school licensee shall ensure the following hours are taught to a student enrolled in the specific curriculum before allowing the student to graduate:
1. Aesthetics course – 600 hours,
2. Aesthetics instructor course – 350 hours,
3. Cosmetology course – 1500 hours,
4. Cosmetology instructor course – 350 hours,
5. Hairstyling course – 1000 hours,
6. Hairstyling instructor course – 350 hours,
7. Nail technology course – 600 hours,
8. Nail technology instructor course – 350 hours,
9. Barbering course – 1200 hours, and
10. Barbering instructor course – 350 hours.

B. A school licensee that provides training in all of the above courses shall have the minimum records, facilities, equipment, supplies, and materials required under:
1. R4-10-305,
2. R4-10-306,
3. R4-10-B301 except subsection (A)(1) is one workstation for each two aesthetics students in attendance,
4. R4-10-B302,
5. R4-10-B303, and
6. R4-10-B304 except subsection (A)(1) is one workstation for each two nail technology students in attendance.

C. A school licensee that provides the curriculum specified in subsections (A)(3) through (A)(8) only shall have the minimum records, facilities, equipment, supplies, and materials required under:
1. R4-10-305,
2. R4-10-306,
3. R4-10-B302,
4. R4-10-B303, and
5. R4-10-B304 except subsection (A)(1) is one workstation for each two nail technology students in attendance.

D. A school licensee that provides the curriculum specified in subsections (A)(1) through (A)(6) only shall have the minimum records, facilities, equipment, supplies, and materials required under:
1. R4-10-305,
2. R4-10-306,
3. R4-10-B301 except subsection (A)(1) is one workstation for each two aesthetics students in attendance,
4. R4-10-B302, and
5. R4-10-B303.

E. A school licensee that provides the curriculum specified in subsections (A)(1), (A)(2), (A)(7) and (A)(8) only shall have the minimum records, facilities, equipment, supplies, and material required under:
1. R4-10-305,
2. R4-10-306,
3. R4-10-B301, and
4. R4-10-B304.

F. A school licensee that provides the curriculum specified in subsections (A)(9) and (A)(10) only shall have the minimum records, facilities, equipment, supplies, and material required under:
1. R4-10-305, and
2. R4-10-306.

Historical Note
New Section R4-10-308 renumbered from R4-10-208 and amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-309. Curricula Hours

A. A school licensee shall ensure hours of training received in a barbering, aesthetics, cosmetology, hairstyling, or nail technology course are not applied toward hours required to obtain an instructor's license.

B. A school licensee shall ensure hours of training received in an instructor course are not applied toward hours required to obtain a barber, aesthetician, cosmetologist, hairstylist, or nail technician license. Hours received in an instructor course may apply toward hours required to reactivate a barber, aesthetics, cosmetology, hairstyling, or nail technology license if the instructor hours are received after inactive status occurs.

C. A school licensee shall ensure that when a student completes a course of instruction, the cumulative hours for the student equal, at a minimum, those specified in this Article, as applicable.

D. A school licensee shall ensure that infection control, disinfection procedures, and safety issues are taught with every subject and every procedure.

E. Alternative learning hours are hours a school licensee may authorize to enable a student to pursue knowledge of barbering, cosmetology, aesthetics, hairstyling, or nail technology in an alternative format or at a location other than an establishment. A school licensee shall ensure a student is not credited with more than 20 percent of the total hours required for graduation as alternative learning hours. The school licensee shall ensure the record of alternative learning hours required under R4-10-305(C) is maintained.

F. A school licensee that authorizes alternative learning hours under subsection (E) shall include details of the alternative learning format or location in the school policies and procedures in the school catalog.

G. A school licensee may grant a maximum of 16 hours obtained during field trips toward the hours required for graduation if the field trips are provided by or in the presence of a licensed instructor. The school licensee shall ensure the record of field trip hours required under R4-10-305(C) is maintained.

H. If a school is physically closed while alternative learning hours or a field trip is provided, the school licensee shall ensure a notice visible to the public and students is posted.

I. A student instructor may obtain classroom hours in a licensed school other than the licensed school in which the student instructor is enrolled if the student:
1. Has available proof of enrollment in a licensed school to show to a Board inspector, and
2. Earns no more than the classroom hours required under R4-10-307.

Historical Note
New Section R4-10-309 renumbered from R4-10-306 and amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-310. Demonstrators; Exclusions

A. A school licensee shall ensure only an individual who holds an instructor license or a student instructor is allowed to teach in a school.

B. A school licensee shall ensure an unlicensed individual who demonstrates a process, product, or appliance to enrolled students:
1. Presents the demonstration only when a licensed instructor is present and observing the demonstration; and
2. Confines the demonstration to an explanation of the products, procedures, and appliances being promoted.

Historical Note
New Section R4-10-310 renumbered from R4-10-209 and amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

PART A. BARBERING

R4-10-A301. Barbering School Operations

A. A barbering school licensee shall comply with R4-10-306.

B. The barbering school licensee shall ensure all equipment provided under this Chapter is establishment quality and maintained in good repair.

C. The barbering school licensee shall provide each student with a non-returnable training kit that includes the following equipment, all of which are new:
1. Course textbooks,
2. One mannequin for barbering practice,
3. Twelve combs and four brushes,
4. One hair dryer,
5. One straight razor with interchangeable blades,
6. One pair of haircutting shears with at least six-inch blades,
7. One pair of thinning shears,
8. One clipper with interchangeable blades sizes 1 and .000 or an adjustable clipper,
9. One neck duster, and
10. One copy of the current statutes and rules governing the Board.

D. As provided under R4-10-307(E), a student instructor shall not teach students until the student instructor has received 80 hours of training in methods of teaching.

Historical Note
New Section R4-10-A301 made under Article 3, Part 1 renumbered from R4-10-805 and amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Amended by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

R4-10-A302. Barbering School 1200-hour Curriculum Requirements

In addition to complying with the minimum requirements under A.R.S. § 32-551, a barbering school licensee shall include instruction in the following:
1. Professional ethics;
2. Establishment management;
3. At least 250 hours of instruction regarding:
   a. The fundamentals of barbering;
   b. Hygiene;
   c. Bacteriology;
   d. Histology of the hair, skin, muscles, and nerves;
   e. Structure of the head, face, and neck;
   f. Elementary chemistry relating to sterilization and antiseptics; and
   g. Diseases of the skin, hair, and glands;
4. At least 950 hours of instruction regarding:
   a. The practice and study of massaging and manipulating muscles of the scalp, face, and neck;
   b. Hair cutting;
   c. Shaving; and
   d. Chemical work relating to permanent waves, hair straightening, coloring, and bleaching; and
5. Regulatory provisions prescribed under A.R.S. Title 32, Chapter 5, and this Chapter.

Historical Note
New Section R4-10-A302 made under Article 3, Part 1 renumbered from R4-10-807 and amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Amended by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

R4-10-A303. Offsite Training Facility

A. A barbering school licensee may operate an offsite training facility that complies with the provisions of R4-10-306 applicable to the instruction provided at the offsite training facility, R4-10-A302(5), and R4-10-A303(B).

B. In addition to the requirements of subsection (A), a barbering school licensee operating an offsite training facility shall:
1. Post a sign indicating that barbering services at the offsite training facility are provided by students,
2. Require a student to give oral notice of status as a student to each client, and
3. Ensure a student receives no more than 25 percent of the student's training at the offsite training facility.

Historical Note
New Section R4-10-A303 made under Article 3, Part 1 renumbered from R4-10-811 and amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Amended by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

PART B. COSMETOLOGY

R4-10-B301. Aesthetic School and 600-hour Curriculum Requirements

A. School requirements. The licensee of a school that provides aesthetics 600-hour training for students, 350-hour training for instructors, or both, shall ensure the following minimum facilities, equipment, supplies, and materials are provided in addition to those required under R4-10-305 and R4-10-306:
1. A workstation for each student in attendance to perform aesthetics services for the public for a fee, each having;
   a. A facial chair or table;
   b. A supported table top;
   c. A dry, disinfected, covered container to store disinfected tools and instruments as specified under R4-10-112; and
   d. A labeled receptacle for contaminated tools and instruments as specified under R4-10-112.
2. One steamer machine for each group of four students in attendance during classroom instruction and two students in attendance during clinic instruction;
3. One microdermabrasion machine to be used at a non-invasive level;
4. One magnifying lamp of at least 5 diopters for each group of two students in attendance during classroom instruc-

tion and each group of four students in attendance during clinic instruction;
5. Cleansers;
6. Massage medium;
7. Toner; and
8. Exfoliants and masks.

B. Curriculum requirements. The licensee shall ensure students in an aesthetics course are provided the following 600-hour curriculum:
1. Theory of aesthetics, infection control, anatomy, physiology and histology of the body, diseases and disorders, and Board statutes and rules; and
2. Clinical and classroom aesthetics including theory involving all skin types:
   a. Principles and practices of infection control and safety;
   b. Recognition of diseases and the treatment of disorders of the skin;
   c. Interpersonal skills and professional ethics;
   d. Clinical and classroom practice that includes face and body;
   e. Morphology and treatment of skin, including face and body, by hand and machine;
   f. Product pharmacology and chemistry interaction, formulation, composition, and hazards;
   g. Aesthetics machines, tools, and instruments and their uses;
   h. Alternative skin technology;
   i. Client pre- and post- service consultation, documentation, and analysis;
   j. Spa body modalities;
   k. Exfoliation modalities;
   l. Body and face massage and manipulations;
   m. Body and facial hair removal except by electrolysis;
   n. Introduction to electricity and light therapy for cosmetic purposes including laser/Intense Pulsed Light (IPL) procedures and devices;
   o. Cosmetic enhancement applications; and
   p. Required industry standards and ecology, including monitor duties.

Historical Note
New Section R4-10-B301 made under Article 3, Part 2 renumbered from R4-10-205 and amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-B302. Cosmetology School and 1500-hour Curriculum Requirements

A. School requirements. The licensee of a school that provides cosmetology 1500-hour training for students, 350-hour training for instructors, or both, shall ensure the following minimum facilities, equipment, supplies, and materials are provided in addition to those specified under R4-10-305 and R4-10-306:
1. A workstation for each student in attendance to perform cosmetology services for the public for a fee, each having:
   a. A mirror for client services;
   b. A table top or counter;
   c. An industry standard chair for the service being provided;
   d. A dry, disinfected, covered receptacle to store disinfected tools and instruments as specified under R4-10-112; and
   e. A container for contaminated tools and instruments as specified under R4-10-112;
2. One shampoo basin for each group of 10 students in attendance during classroom or clinic instruction;
3. One hand-held hair dryer for each student in attendance during classroom or clinic instruction;
4. Two electric clippers in the school;
5. Chemical hair straighteners;
6. One nail technology table for each group of 10 students in attendance during practical instruction;
7. A facial workstation for each group of 10 students in attendance and receiving classroom or clinic aesthetics instruction;
8. A receptacle large enough to completely immerse two feet for each group of 10 students in attendance during classroom or clinic nail technology instruction;
9. One electronic nail file for filing and buffing; and
10. Nail products for acrylics, gels, tips, wraps, and polishing.

B. Curriculum requirements. The licensee shall ensure students in a cosmetology course are provided the following 1500-hour curriculum:
1. Theory of cosmetology, infection control, anatomy, physiology and histology of the body, diseases and disorders, and Board statutes and rules; and
2. Clinical and classroom cosmetology including theory that involves nails, hair, and skin:
   a. Principles and practices of infection control and safety;
   b. Recognition of diseases and the treatment of disorders of the hair, skin, and nails;
   c. Morphology and treatment of hair, skin, and nails;
   d. Interpersonal skills and professional ethics;
   e. Product pharmacology and chemistry interaction, formulation, composition, and hazards;
   f. Cosmetology machines, tools, and instruments and their uses;
   g. Chemical texturizing;
   h. Changing existing hair color;
   i. Hair and scalp care;
   j. Fundamentals of hairstyling including braiding and extensions;
   k. Body, scalp, and facial massage and manipulations;
   l. Hair cutting fundamentals;
   m. Fundamental aesthetics of the body and face;
   n. Fundamentals of nail technology;
   o. Clinical and classroom practice that includes hair, skin, and nails;
   p. Alternative hair, skin, and nail technology;
   q. Client pre- and post- service consultation, documentation, and analysis;
   r. Body and facial hair removal except by electrolysis;
   s. Cosmetology technology; and
   t. Required industry standards and ecology, including monitor duties.

Historical Note
New Section R4-10-B302 made under Article 3, Part 2 renumbered from R4-10-206 and amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-B303. Hairstyling School and 1000-hour Curriculum Requirements

A. School requirements. The licensee of a school that provides hairstyling 1000-hour training for students, 350-hour training for instructors, or both, shall ensure the minimum facilities, equipment, supplies, and materials listed under R4-10-B302(A)(1) through (A)(5) are provided in addition to those specified under R4-10-305 and R4-10-306.

B. Curriculum requirements. The licensee shall ensure students in a hairstyling course are provided the following 1000-hour curriculum:
1. Theory of hairstyling, infection control, anatomy, diseases and disorders, and Board statutes and rules; and
2. Clinical and classroom instruction in hairstyling including theory that involves hair:
   a. Principles and practices of infection control and safety;
   b. Recognition of diseases and the treatment of disorders of the hair and scalp;
   c. Morphology and treatment of hair;
   d. Interpersonal skills and professional ethics;
   e. Product pharmacology and chemistry interaction, formulation, composition, and hazards;
   f. Hairstyling machines, tools, and instruments and their uses;
   g. Chemical texturizing;
   h. Changing existing hair color;
   i. Hair and scalp care;
   j. Fundamentals of hairstyling including braiding and extensions;
   k. Neck and scalp massage and manipulations;
   l. Hair cutting fundamentals;
   m. Clinical and classroom practice that includes hair;
   n. Alternative hair technology;
   o. Client pre- and post-service consultation, documentation, and analysis;
   p. Hairstyling technology;
   q. Facial hair removal except by electrolysis; and
   r. Required industry standards and ecology, including monitor duties.

Historical Note
New Section R4-10-B303 made under Article 3, Part 2 renumbered from R4-10-206.1 and amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-B304. Nail Technology School and 600-hour Curriculum Requirements

A. School requirements. The licensee of a school that provides nail technology 600-hour training for students, 350-hour training for instructors, or both, shall ensure the following minimum facilities, tools, instruments, equipment, supplies, and materials are provided, in addition to those specified under R4-10-305 and R4-10-306:
1. A workstation to perform nail technology services for the public for a fee for each student in attendance containing:
   a. A nail technology table;
   b. Industry standard chairs appropriate for the skills being taught;
   c. A disinfected, covered container to store disinfected tools and instruments as specified under R4-10-112;
   d. A container with wet disinfectant as specified under R4-10-112;
   e. A container for soiled tools and instruments as specified under R4-10-112;
   f. A waste receptacle as specified under R4-10-112; and
   g. A disinfectant for blood or body-fluid exposure as specified under R4-10-112.
2. One container large enough to immerse two feet completely, for every five students in attendance during clinic instruction;
3. Nail products for acrylics, gels, tips, wraps, and polishing; and
4. One ultraviolet light.

B. In addition to the nonreturnable student training kit required under R4-10-306(Q), a school licensee shall ensure the following nonreturnable items are provided to each enrolled nail technology student:
1. One simulated hand;
2. Disinfected tools and instruments including pusher, nipper, file or porous emery boards, tweezer, nail brush, and finger bowl;
3. Artificial nail enhancement kit with remover, wrap kit, two dappen dishes, polish kit, nail forms, finishing tools and instruments, and one brush product applicator; and
4. One electric nail file.

C. Curriculum requirements. The licensee shall ensure students in a nail technology course are provided the following 600-hour curriculum:
1. Theory of nail technology; infection control; diseases and disorders of the nails and skin; anatomy; physiology and histology of the limbs, nails, and skin structures; and Board statutes and rules; and
2. Clinical and classroom instruction in nail technology including theory that involves nails, skin, and limbs:
   a. Principles and practices of infection control and safety;
   b. Recognition of diseases and the treatment of disorders of the nail and skin;
   c. Massage and manipulation of the limbs;
   d. Interpersonal skills and professional ethics;
   e. Product pharmacology and chemistry interaction, formulation, composition, and hazards;
   f. Nail technology machines, tools, and instruments and their uses;
   g. Clinical and classroom practice that includes nails, skin, and limbs;
   h. Client pre- and post- treatment consultation, documentation, and analysis;
   i. Manicuring, including use of nippers;
   j. Pedicuring, including use of nippers;
   k. Artificial nail enhancements (application and removal);
   l. Alternative nail technology;
   m. Electric file use;
   n. Pedicure spa modalities;
   o. Exfoliation modalities on limbs or the body; and
   p. Required industry standards and ecology, including monitor duties.

Historical Note
New Section R4-10-B304 made under Article 3, Part 2 renumbered from R4-10-207 and amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-B305. Distant Classrooms

If an aesthetics, cosmetology, hairstyling, or nail technology school has a distant classroom, the school licensee shall ensure the equip-

ment in the distant classroom is the same as that required under R4-10-305 and R4-10-306; and:

1. Private postsecondary and public educational facilities do not extend beyond Arizona boundaries;
2. A copy of the Board-issued license to operate the school is posted in each distant classroom;
3. A copy of the Board-issued license for each instructor providing instruction in the distant classroom is posted in the distant classroom; and
4. No clinic or public services are provided in the distant classroom.

Historical Note

New Section made by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Amended by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

R4-10-B306. Approval of an Eyelash Technician Training Program

A. Board approval of an eyelash technician training program is non-transferable.

B. To obtain Board approval of an eyelash technician training program, an applicant shall submit the following to the Board:

1. An application form available on the Board's licensing portal that contains:
   a. The applicant's name, full mailing, physical, and email addresses, federal tax identification number, and telephone number;
   b. Name of person responsible for the eyelash technician training program if different from the applicant;
   c. Name of the instructor who will be in charge of the approved training program and evidence the instructor meets the qualifications specified in R4-10-B307(B);
   d. An outline of the training program including the topics to be addressed, hours devoted to each topic, and evidence the training program will comply with the standards specified in R4-10-B307(C), (D), and (E); and
   e. A verification signed by the applicant indicating the training program has the equipment and supplies listed in R4-10-B307(A); and
2. A copy of the provisional registration, required under A.R.S. § 32-519, which will be completed and provided to each student to verify the student successfully completed the training program. A completed provisional registration shall include:
   a. Name of the trainee,
   b. Name of the approved training program,
   c. Registration number of the approved training program,
   d. Name of the person responsible for the approved training program,
   e. Address of the approved training program,
   f. Name of the instructor in charge of the approved training program,
   g. Total number of hours of training completed, and
   h. Dates of training completed.

Historical Note

New Section made by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Amended by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

R4-10-B307. Requirements of an Eyelash Technician Training Program

A. The person responsible for an eyelash technician training program shall ensure the training program:

1. Complies with R4-10-112;
2. Has the following minimum equipment and supplies:
   a. Sufficient instructional fixtures and facilities for instructor and student use;
   b. Covered, wet disinfectant container;
   c. EPA-registered disinfectant;
   d. Sufficient sinks with hot and cold running water;
   e. Separate receptacles for garbage and soiled linens;
   f. One chalkboard or whiteboard;
   g. Functioning time display;
   h. A wall mirror; and
   i. Sufficient mannequins;
3. Furnish establishment-quality equipment, tools, instruments, materials, and supplies for instructional purposes and for students to perform assignments except a student may be required to furnish small tools and instruments; and
4. Maintain all equipment, tools, instruments, materials, and supplies in good repair.

B. The person responsible for an eyelash technician training program shall ensure the instructor in charge of the training program is qualified. An instructor in charge is qualified if the instructor in charge:

1. Is a cosmetologist or aesthetician licensed by the Board or an eyelash technician registered by the Board;
2. Provides a notarized letter from an individual licensed or registered by the Board who has personal knowledge of the instructor's work and can verify that the instructor has practiced as an eyelash technician for at least 30 hours a week for two years; and
3. Provides a statement indicating whether the instructor has ever had an aesthetics, cosmetology, hairstyling, nail technology, or instructor license or eyelash technology registration suspended or revoked in any state of the United States or a foreign country.

C. The person responsible for an eyelash technician training program shall ensure the training program includes the following minimum curriculum:

1. Ten hours of preclinical theoretical instruction in:
   a. Eye structure,
   b. Function and disorders of the eye and orbital areas,
   c. Eyelash growth cycles,
   d. Contraindications and allergic reactions,
   e. Infection control,
   f. Eye shapes and eyelash evaluation,
   g. Product ingredients,
   h. Health and safety, and
   i. Board statutes and rules; and
2. Twenty hours of clinical instruction in the practical application of eyelash extensions including:
   a. Client consultation,
   b. Design,
   c. Cleansing the eye area,
   d. Applying eyelash extensions, and
   e. Removing eyelash extensions.

D. As part of the clinical instruction specified under subsection (C)(2), the person responsible for an eyelash technician train-

ing program shall ensure each student is required to complete clinical service exercises in:
1. Applying eyelash extensions,
2. Removing eyelash extensions, and
3. Conducting a patch test before eyelash extension service.

E. The person responsible for an eyelash technician training program shall ensure:
1. All training is provided by the qualified instructor in charge, and
2. No training is provided by a guest presenter or on a field trip.

Historical Note
New Section made by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Amended by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

ARTICLE 4. ESTABLISHMENTS

R4-10-401. License to Operate an Establishment; Establishment Changes

A. A license to operate an establishment is not transferrable.

B. An establishment suite is an establishment to which all provisions of this Article are applicable.

C. Except as provided in subsection (G), an establishment licensee shall apply for a new license and pay the fee specified under R4-10-102 when:
1. The physical address of the establishment changes;
2. The name of the establishment changes;
3. There is any change in ownership of the establishment; or
4. If the establishment licensee is a corporation, limited liability company, or partnership, a corporate officer, partner, or statutory agent changes.

D. When a change under subsection (C) occurs but the establishment licensee continues to operate the establishment, the establishment licensee shall submit within 10 days after the change:
1. An establishment closure form, which is available on the Board's licensing portal;
2. The license application specified under R4-10-402; and
3. The fee specified under R4-10-102.

E. When an establishment is sold to a new owner, the establishment licensee shall comply with subsection (D)(1) and the new owner shall comply with subsections (D)(2) and (D)(3).

F. The establishment licensee shall ensure a Board-issued license to operate the establishment, indicating the correct name, physical location, and ownership of the establishment, is posted in the establishment before the establishment is opened for business.

G. If the only change to the physical address of an establishment is the suite number, the establishment licensee shall:
1. Apply to update the establishment license by submitting a suite change application using a form available on the Board's licensing portal; and
2. Pay the fee specified under R4-10-102.

Historical Note
Adopted effective April 9, 1996 (Supp. 96-2). Section repealed; new Section adopted by final rulemaking at 5 A.A.R. 1791, effective May 18, 1999 (Supp. 99-2). Amended by final rulemaking at 12 A.A.R. 807, effective April 8, 2006 (Supp. 06-1). Amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). Section R4-10-401 renumbered to R4-10-402; new Section R4-10-401 renumbered from R4-10-402 and amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Amended by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

R4-10-402. Application for a License to Operate an Establishment

An applicant for a license to operate an establishment shall submit:
1. An application on a form available on the Board's licensing portal, and provide the following information:
   a. The applicant's name, full mailing, physical, and email addresses, telephone number, and federal tax identification number;
   b. If the applicant is a partnership, each partner's name, full mailing and email addresses, telephone number, and an indication of whether each is a limited or general partner;
   c. If the applicant is an individual or sole proprietor, the applicant's Social Security or federal tax identification number;
   d. If the applicant is a corporation, the state of incorporation and name, title, mailing and email addresses, and telephone number of each officer of the corporation and the statutory agent;
   e. If the applicant is a limited liability company, name, mailing and email addresses, and telephone number of each member, manager, and statutory agent;
   f. Documentation specified under A.R.S. § 41-1080(A) that the presence in the U.S. of the individual specified in subsection (1)(c) is authorized under federal law; and
   g. A statement of whether the applicant or any partner, corporate officer, or member or manager of the applicant has ever been suspended or revoked by any state or foreign country.
2. A Certificate of Good Standing from the Arizona Corporation Commission, if applicable.
3. The applicant's signature and verification that the information provided is true and correct and the establishment is in compliance with A.R.S. Title 32, Chapter 5, and this Chapter and has all basic equipment required to be in an establishment.
4. The fee required in R4-10-102.

Historical Note
Former Section R4-10-402 renumbered to R4-10-403; new Section adopted by final rulemaking at 5 A.A.R. 1791, effective May 18, 1999 (Supp. 99-2). Amended by final rulemaking at 12 A.A.R. 807, effective April 8, 2006 (Supp. 06-1). Amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). Section R4-10-402 renumbered to R4-10-401; new Section R4-10-402 renumbered from R4-10-401 and amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Amended by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

R4-10-403. Establishment Requirements and Minimum Equipment

A. An establishment licensee shall ensure that, except as provided in R4-10-408, all services are performed for the public by an individual who holds a Board-issued license or registration.

B. An establishment licensee shall ensure the establishment has enough equipment, materials, supplies, tools, and instruments

to control infection and protect the safety of the public and employees.

C. An establishment licensee shall ensure the establishment has:
1. A workstation for each licensee or registrant using space within the establishment;
2. If licensees using space in the establishment are performing barbering, cosmetology, or hairstyling services, at least one shampoo bowl and one hair dryer, which may be a blow dryer; and
3. If licensees or registrants using space in the establishment are performing aesthetics, nail technology, or eyelash technology services, at least one sink in addition to the restroom.

Historical Note
Adopted April 9, 1996 (Supp. 96-2). Former Section R4-10-403 renumbered to R4-10-404; new Section R4-10-403 renumbered from Section R4-10-402 by final rulemaking at 5 A.A.R. 1791, effective May 18, 1999 (Supp. 99-2). Amended by final rulemaking at 12 A.A.R. 807, effective April 8, 2006 (Supp. 06-1). Amended by final rulemaking at 23 A.A.R. 3028, effective December 31, 2017 (Supp. 17-4). Amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). Amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Amended by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

R4-10-404. Renewal of an Establishment License

An establishment licensee shall annually submit to the Board an application for renewal on or before the license renewal date. A renewal application consists of:
1. A form available on the Board's licensing portal that contains:
   a. The establishment's name; and
   b. The licensee's license number;
2. If the establishment licensee is an individual or sole proprietor:
   a. Who has not previously submitted to the Board proof of citizenship or lawful presence in the United States, documentation specified under A.R.S. § 41-1080 that the establishment licensee's presence in the United States is authorized under federal law; or
   b. Who previously submitted an expiring work authorization, documentation specified under A.R.S. § 41-1080 that the establishment licensee's presence in the United States continues to be authorized under federal law; and
3. The fee required in R4-10-102.

Historical Note
Adopted April 9, 1996 (Supp. 96-2). Former Section R4-10-404 renumbered to R4-10-405; new Section R4-10-404 renumbered from Section R4-10-403 by final rulemaking at 5 A.A.R. 1791, effective May 18, 1999 (Supp. 99-2). Amended by final rulemaking at 12 A.A.R. 807, effective April 8, 2006 (Supp. 06-1). Amended by final rulemaking at 23 A.A.R. 3028, effective December 31, 2017 (Supp. 17-4). Amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). R4-10-404 renumbered to R4-10-B401; new Section R4-10-404 made by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Amended by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

R4-10-405. Establishment Supervision

A. An establishment licensee shall designate an individual licensed under this Chapter as manager to directly supervise the establishment during all hours of operation. If the establishment licensee has a personal license issued under Article 2 of this Chapter, the establishment licensee may directly supervise the establishment.

B. The establishment licensee or manager shall ensure:
1. Every individual, whether an employee or independent contractor, who practices barbering, cosmetology, aesthetics, hairstyling, nail technology, or eyelash technology in the establishment has a current license or registration issued by the Board;
2. Each required license, registration, and the most recent Board inspector's record are printed and displayed in a manner visible to establishment clients; and
3. Each licensee and registrant complies with all applicable provisions of A.R.S. Title 32, Chapter 5, and this Chapter.

C. The Board shall hold the establishment licensee responsible for any violation of an applicable provision of A.R.S. Title 32, Chapter 5, or this Chapter.

Historical Note
New Section R4-10-405 renumbered from Section R4-10-404 by final rulemaking at 5 A.A.R. 1791, effective May 18, 1999 (Supp. 99-2). Amended by final rulemaking at 26 A.A.R. 3123, effective January 31, 2021 (Supp. 20-4). R4-10-405 renumbered to R4-10-B402; new Section R4-10-405 renumbered from R4-10-703 and amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Amended by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

R4-10-406. Establishment Mobile Units

A. To operate a mobile unit as an establishment, the owner of the mobile unit shall apply for a license under R4-10-402.

B. The Board shall issue a license to operate a mobile unit as an establishment only if:
1. The mobile unit is self-contained;
2. The mobile unit meets all requirements for an establishment specified under A.R.S. Title 32, Chapter 5, and this Chapter; and
3. The owner of the mobile unit agrees to provide the Board with written or oral notice at least 15 days before the mobile unit is placed in a location or moved to a new location.

Historical Note
New Section R4-10-406 renumbered from R4-10-A401 and amended by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

R4-10-407. Mobile Services

A. If an establishment licensee provides mobile services as an extension of the establishment, the establishment licensee shall advertise the mobile service using the name of the establishment on the Board-issued license. The establishment licensee and manager shall ensure mobile services comply with Board statutes and rules.
1. An establishment licensee providing mobile services shall ensure licenses are posted as required under R4-10-111.

2. An establishment licensee providing mobile services shall ensure client appointments are made through the establishment using an appointment book that lists the appointments and locations where services are performed.
3. Mobile services are subject to inspection by the Board at any time.
4. If a retrofitted motor vehicle is used to provide mobile services, the establishment licensee and manager shall ensure the vehicle has the same equipment as specified under R4-10-403 and complies with safety and infection control requirements specified under R4-10-112.
5. If mobile services are provided in a location other than a retrofitted motor vehicle, the establishment licensee and manager shall ensure equipment is disinfected before use and stored as specified under R4-10-112.

B. If a retrofitted motor vehicle is used exclusively as a mobile facility dispatched from an establishment address, the establishment licensee and manager of the mobile facility shall:
1. Comply with all establishment requirements, including infection control and equipment requirements, specified in this Chapter;
2. Maintain a complete and current list of appointment locations at the establishment address and ensure the list is displayed as specified in the application for a license to operate an establishment and available to an inspector at all times when the retrofitted motor vehicle is open for business; and
3. Comply with Board statutes and rules.

Historical Note
New Section R4-10-407 renumbered from R4-10-B401 and amended by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

R4-10-408. Shampoo Assistants

A. An establishment licensee may hire an individual who is not licensed by the Board as a shampoo assistant to shampoo and apply conditioner to an individual's hair, comb the hair to remove tangles, and remove rollers.

B. An establishment licensee shall ensure a shampoo assistant does not:
1. Apply hair color or permanent wave solution or neutralizer; or
2. Remove rods, tint, relaxers, or chemical solutions from the hair.

Historical Note
New Section R4-10-408 renumbered from R4-10-B402 and amended by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

PART A. REPEALED

R4-10-A401. Renumbered

Historical Note
New Section R4-10-A401 made under Article 4, Part A renumbered from R4-10-704 and amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). Section R4-10-A401 renumbered to R4-10-406 by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

PART B. REPEALED

R4-10-B401. Renumbered

Historical Note
New Section R4-10-B401 made under Article 4, Part B renumbered from R4-10-404 and amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). R4-10-B401 renumbered to R4-10-407 by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

R4-10-B402. Renumbered

Historical Note
New Section R4-10-B402 made under Article 4, Part B renumbered from R4-10-405 and amended by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1). R4-10-B402 renumbered to R4-10-408 by final rulemaking at 32 A.A.R. 2283 (September 25, 2026, Issue 39), effective October 31, 2026 (Supp. 26-3).

ARTICLE 5. REPEALED

R4-10-501. Renumbered

Historical Note
New Section R4-10-501 recodified from A.A.C. R4-5-101 at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2). Section R4-10-501 renumbered to R4-10-A101 by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-502. Repealed

Historical Note
New Section R4-10-502 recodified from A.A.C. R4-5-102 at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2). Repealed by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-503. Repealed

Historical Note
New Section R4-10-503 recodified from A.A.C. R4-5-103 at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2). Repealed by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-504. Repealed

Historical Note
New Section R4-10-504 recodified from A.A.C. R4-5-104 at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2). Repealed by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-505. Reserved

Historical Note
Section reserved when Article 5 was recodified from 4 A.A.C. 5, on April 27, 2022 (Supp. 22-2).

R4-10-506. Repealed

Historical Note

New Section R4-10-506 recodified from A.A.C. R4-5-106, with Section citations amended at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2). Repealed by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-507. Repealed

Historical Note
New Section R4-10-507 recodified from A.A.C. R4-5-107 at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2). Repealed by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-508. Repealed

Historical Note
New Section R4-10-508 recodified from A.A.C. R4-5-108, with a Section citation amended at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2). Repealed by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

Table 1. Renumbered

Historical Note
New Article 5, Table 1, Time-frames (in-days) recodified from 4 A.A.C. 5, Table 1, Time-frames (in days) at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2). Table 1 renumbered to Table A1 under Article 1, Part A and Table B1 under Article 1, Part B by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-509. Repealed

Historical Note
New Section R4-10-509 recodified from A.A.C. R4-5-109, with Section citations amended at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2). Repealed by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

ARTICLE 6. REPEALED

R4-10-601. Renumbered

Historical Note
New Section R4-10-601 recodified from A.A.C. R4-5-201, at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2). Section R4-10-601 renumbered to R4-10-A201 by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-602. Repealed

Historical Note
New Section R4-10-602 recodified from A.A.C. R4-5-202, with a Section citation amended at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2). Repealed by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-603. Renumbered

Historical Note
New Section R4-10-603 recodified from A.A.C. R4-5-203, with a Section citation amended at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2). R4-10-603 renumbered to R4-10-A202 by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

ARTICLE 7. REPEALED

R4-10-701. Repealed

Historical Note
New Section R4-10-701 recodified from A.A.C. R4-5-301, with a Section and Article citation amended at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2). Repealed by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-702. Repealed

Historical Note
New Section R4-10-702 recodified from A.A.C. R4-5-302, with a Section citation amended at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2). Repealed by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-703. Renumbered

Historical Note
New Section R4-10-703 recodified from A.A.C. R4-5-303, with a Section citation amended at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2). R4-10-703 renumbered to R4-10-405 by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-704. Renumbered

Historical Note
New Section R4-10-704 recodified from A.A.C. R4-5-304, with a Section citation amended at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2). R4-10-704 renumbered to R4-10-A401 by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-705. Repealed

Historical Note
New Section R4-10-705 recodified from A.A.C. R4-5-305, at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2). Repealed by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

ARTICLE 8. REPEALED

R4-10-801. Repealed

Historical Note
New Section R4-10-801 recodified from A.A.C. R4-5-401, with a Section citation amended at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2). Repealed by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-802. Renumbered

Historical Note
New Section R4-10-802 recodified from A.A.C. R4-5-402, with Section citations amended at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2). R4-10-802 renumbered to R4-10-304 by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-803. Repealed

Historical Note
New Section R4-10-803 recodified from A.A.C. R4-5-403, at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2). Repealed by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-804. Repealed

Historical Note
New Section R4-10-804 recodified from A.A.C. R4-5-404, with Section citations amended at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2). Repealed by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-805. Renumbered

Historical Note
New Section R4-10-805 recodified from A.A.C. R4-5-405, with Section citations amended at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2). R4-10-805 renumbered to R4-10-A301 by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

Exhibit 1. Repealed

Historical Note
New Exhibit 1, recodified from 4 A.A.C. 5, Exhibit 1, at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2). Repealed by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

Exhibit 2. Repealed

Historical Note
New Exhibit 2, recodified from 4 A.A.C. 5, Exhibit 2, at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2). Repealed by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-806. Repealed

Historical Note
New Section R4-10-806 recodified from A.A.C. R4-5-406, with a Section citation amended at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2). Repealed by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-807. Renumbered

Historical Note
New Section R4-10-807 recodified from A.A.C. R4-5-407, at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2). R4-10-807 renumbered to R4-10-A302 by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-808. Repealed

Historical Note
New Section R4-10-808 recodified from A.A.C. R4-5-408, with a Section citation amended at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2). Repealed by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-809. Repealed

Historical Note
New Section R4-10-809 recodified from A.A.C. R4-5-409, with Section citations amended at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2). Repealed by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-810. Reserved

Historical Note
Section reserved when Article 8 was recodified from 4 A.A.C. 8, on April 27, 2022 (Supp. 22-2).

R4-10-811. Renumbered

Historical Note
New Section R4-10-811 recodified from A.A.C. R4-5-411, with Section citations amended at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2). R4-10-811 renumbered to R4-10-A303 by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

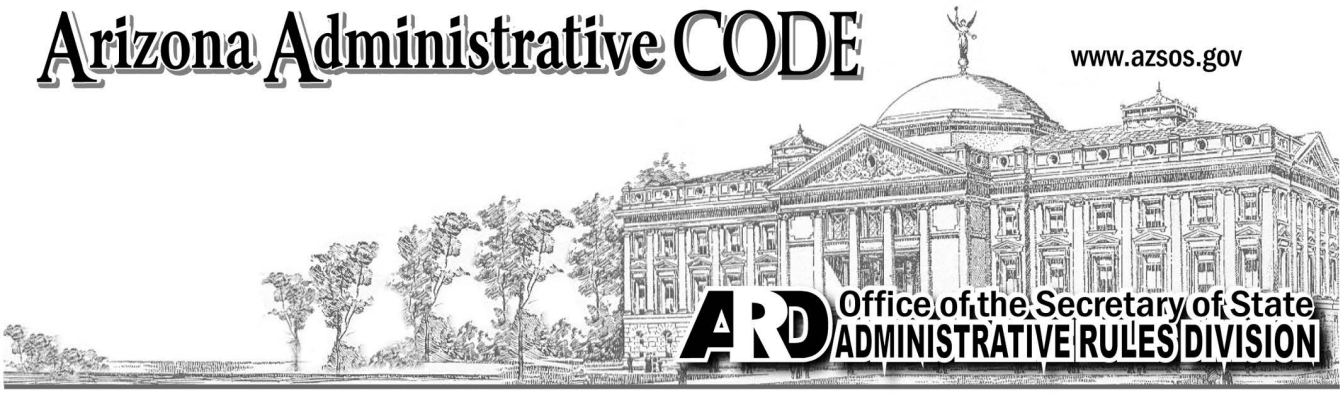
ARTICLE 9. REPEALED

R4-10-901. Repealed

Historical Note
New Section R4-10-901 recodified from A.A.C. R4-5-501, at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2). Repealed by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).

R4-10-902. Repealed

Historical Note
New Section R4-10-902 recodified from A.A.C. R4-5-502, at 28 A.A.R. 1058 (May 20, 2022), with an immediate effective date of April 27, 2022 (Supp. 22-2). Repealed by final rulemaking at 30 A.A.R. 527 (March 29, 2024), effective May 6, 2024 (Supp. 24-1).



ARIZONA ADMINISTRATIVE CODE

TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 23. BOARD OF PHARMACY

4 A.A.C. 23

Supplement Information
Supp. 26-3

Rules filed between July 1, 2026 through September 30, 2026 are codified in this Chapter.

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The release of this Chapter in Supp. 26-3 replaces Supp. 26-1, 1-80 pages. Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained and archived for future reference.

Preface

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

Rules

The definition for a rule is provided for under A.R.S. § 41-1001. "'*Rule' means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.*"

The *Arizona Administrative Code*

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then a Section number with a heading. The "R" at the beginning of the Section number stands for "rule." The rule itself includes sequential letters and numbers in an outline. Each lettered or numbered Section is called a subsection of the rule.

Rules are codified quarterly in the *Code*. For example:

Rules codified in the first quarter are filed between January 1 through March 31.

Rules codified in the second quarter are filed between April 1 through June 30.

Rules codified in the third quarter are filed between July 1 through September 30.

Rules codified in the fourth quarter are filed between October 1 through December 31.

Supplement release dates are included in the footers of each Chapter. The first supplement for the first quarter of 2026 is cited as Supp. 26-1. Supplements are released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

How to Use the *Code*

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Register* for recent updates to rule Sections.

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The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

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Rule History

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Arizona Administrative Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

Arizona Revised Statutes References

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature's website, www.azleg.gov. An agency's authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

Session Law References

Arizona Session Law references in a Chapter can be found at the Secretary of State's website, www.azsos.gov under Services-> Legislative Filings.

Exemptions to the APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency's exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor's notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

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Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.

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TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 23. BOARD OF PHARMACY

Authority: A.R.S. § 32-1904 et seq.

Supp. 26-3

Editor's Note: The emergency rulemaking was due to expire on March 21, 2026. Before the expiration of the emergency, Section R4-23-411 was amended under final rulemaking at 32 A.A.R. 471 (February 27, 2026, Issue 9) with an immediate effective date of February 3, 2026 (Supp. 26-1).

Editor's note: This Chapter contains an amendment to R4-23-411 promulgated under a Notice of Emergency Rulemaking. Since an emergency rulemaking is effective for 180 days, the original codified rules remain in the Chapter for reference if the emergency rule expires. The Board may choose to renew the emergency for an additional 180 days; or choose to let the emergency expire after 180 days. The Board may also choose to promulgate these rules under the regular rulemaking process while the emergency rules are enforced (Supp. 25-3).

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Article 5, consisting of Sections R4-23-501 and R4-23-502, recodified to Article 8 at 9 A.A.R. 4011, effective August 18, 2003 (Supp. 03-3).

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ARTICLE 8. DRUG CLASSIFICATION

Article 8, consisting of Sections R4-23-801 and R4-23-802, recodified from Article 5 at 9 A.A.R. 4011, effective August 18, 2003 (Supp. 03-3).

Article 8, consisting of Sections R4-23-801 through R4-23-804, repealed effective November 4, 1998 (Supp. 98-4).

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ARTICLE 1. ADMINISTRATION

R4-23-101. General

A. This Chapter applies to all actions and proceedings of the Board and shall be deemed part of the record in any Board action or proceeding without formal introduction of, or reference to the rules. A party to a Board action is deemed to have knowledge of the rules.

B. The Board, within its jurisdiction, may, in the interest of justice, excuse the failure of any person to comply with the rules.

C. The Board, within its jurisdiction, may grant an extension of time within which to comply with any rule when it deems the extension to be in the interest of justice.

Historical Note

Former Rules 1.1000, 1.1200, and 1.1300; Amended effective August 23, 1978 (Supp. 78-4). Amended by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1); Historical Note updated (Supp. 06-2). Amended by final rulemaking at 30 A.A.R. 155 (January 26, 2024), effective March 4, 2024 (Supp. 24-1).

R4-23-102. Meetings

A. The Board shall hold not less than four meetings per fiscal year to conduct general business and interview permit and license applicants.

B. A special meeting of the Board may be held at any time subject to the call of the President or a majority of the Board members and in compliance with the notification requirements of A.R.S. § 38-431.02.

Historical Note

Former Rules 1.2100, 1.2200, 1.2300, and 1.2400. Amended by final rulemaking at 7 A.A.R. 2143, effective May 1, 2001 (Supp. 01-2).

R4-23-103. Repealed

Historical Note

Former Rules 1.3100, 1.3200, 1.3300, and 1.3400; Amended subsection (C) effective August 9, 1983 (Supp. 83-4). Section repealed by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1); Historical Note updated (Supp. 06-2).

R4-23-104. Repealed

Historical Note

Former Rules 1.4011, 1.4110, 1.4120, 1.4200, 1.4210, 1.4220, 1.4300, 1.4400, 1.5500, 1.5600, 1.5700, and 1.4500; Amended effective August 23, 1978 (Supp. 78-5); Amended by deleting subsection (B) and renumbering subsections (C) through (J) as subsections (B) through (I) effective August 9, 1983 (Supp. 83-4). Amended effective February 8, 1991 (Supp. 91-1). Section repealed by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1); Historical Note updated (Supp. 06-2).

R4-23-105. Repealed

Historical Note

Former Rules 1.5100, 1.5200, 1.5300, and 1.5400; Amended subsection (B) effective August 9, 1983 (Supp. 83-4). Section repealed by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1); Historical Note updated (Supp. 06-2).

R4-23-106. Repealed

Historical Note

Former Rules 1.5800 and 1.5900. Section repealed by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1); Historical Note updated (Supp. 06-2).

R4-23-107. Repealed

Historical Note

Former Rules 1.5910, 1.5920, 1.5921, and 1.5922. Section repealed by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1); Historical Note updated (Supp. 06-2).

R4-23-108. Repealed

Historical Note

Former Rule 1.5930. Section repealed by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1); Historical Note updated (Supp. 06-2).

R4-23-109. Repealed

Historical Note

Former Rules 1.7100, 1.7200, and 1.7300. Amended effective July 14, 1977 (Supp. 77-4). Amended effective February 8, 1991 (Supp. 91-1). Section repealed by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1); Historical Note updated (Supp. 06-2).

R4-23-110. Definitions

In addition to definitions in A.R.S. § 32-1901, the following definitions apply to this Chapter:

"Active ingredient" means any component that furnishes pharmacological activity or other direct effect in the diagnosis, cure, mitigation, treatment, or prevention of disease or that affects the structure or any function of the body of man or other animals. The term includes those components that may undergo chemical change in the manufacture of the drug, that are present in the finished drug product in a modified form, and that furnish the specified activity or effect.

"AHCCCS" means the Arizona Health Care Cost Containment System.

"Annual family income" means the combined yearly gross earned income and unearned income of all adult individuals within a family unit.

"Approved course in pharmacy law" means a continuing education activity that addresses practice issues related to state or federal pharmacy statutes, rules, or regulations.

"Approved Provider" means an individual, institution, organization, association, corporation, or agency that is approved by the Accreditation Council for Pharmacy Education (ACPE) in accordance with ACPE's policy and procedures or by the Board as meeting criteria indicative of the ability to provide quality continuing education.

"Assisted living facility" means a residential care institution as defined in A.R.S. § 36-401.

"Authentication of product history" means identifying the purchasing source, the ultimate fate, and any intermediate handling of any component of a radiopharmaceutical or other drug.

"Automated dispensing system" means a mechanical system in a long-term care facility that performs operations or activities, other than compounding or administration, relative to the storage, packaging, counting, labeling, and dispensing of med-

ications, and which collects, controls, and maintains all transaction information.

"Automated storage and distribution system" means a mechanical system that performs operations or activities other than counting, compounding, or administration, relative to the storage, packaging, or distributing of drugs or devices and that collects, controls, and maintains all transaction information.

"Batch" means a specific quantity of drug that has uniform character and quality, within specified limits, and is produced according to a single manufacturing order during the same cycle of manufacture.

"Beyond-use date" means:

A date determined by a pharmacist and placed on a prescription label at the time of dispensing to indicate a time beyond which the contents of the prescription are not recommended to be used; or

A date determined by a pharmacist and placed on a compounded pharmaceutical product's label at the time of preparation as specified in R4-23-410(B)(3)(d), R4-23-410(I)(6)(e), or R4-23-410(J)(1)(d) to indicate a time beyond which the compounded pharmaceutical product is not recommended to be used.

"Biological safety cabinet" means a containment unit suitable for the preparation of low to moderate risk agents when there is a need for protection of the product, personnel, and environment, consistent with National Sanitation Foundation (NSF) standards, published in the National Sanitation Foundation Standard 49, Class II (Laminar Flow) Biohazard Cabinetry, NSF International P. O. Box 130140, Ann Arbor, MI, revised June 1987 edition, (and no future amendments or editions), incorporated by reference and on file with the Board.

"Care-giver" means a person who cares for someone who is sick or disabled or an adult who cares for an infant or child and includes a patient's husband, wife, son, daughter, mother, father, sister, brother, legal guardian, nurse, or medical practitioner.

"Change of ownership," as used in A.R.S. § 32-1901.01(A), means a change of at least 30 percent in voting stock or vested interest that has direct operational oversight.

"Community pharmacy" means any place under the direct supervision of a pharmacist where the practice of pharmacy occurs or where prescription orders are compounded and dispensed other than a hospital pharmacy or a limited service pharmacy.

"Component" means any ingredient used in compounding or manufacturing drugs in dosage form, including an ingredient that may not appear in the finished product.

"Compounding and dispensing counter" means a pharmacy counter working area defined in this Section where a pharmacist, intern, pharmacy technician, or pharmacy technician trainee under the supervision of a pharmacist compounds, mixes, combines, counts, pours, or prepares and packages a prescription medication to dispense an individual prescription order or prepackages a drug for future dispensing.

"Computer system" means an automated data-processing system that uses a programmable electronic device to store, retrieve, and process data.

"Computer system audit" means an accounting method, involving multiple single-drug usage reports and audits, used to determine a computer system's ability to store, retrieve, and process original and refill prescription dispensing information.

"Contact hour" means 50 minutes of participation in a continuing education activity sponsored by an Approved Provider.

"Container" means:

A receptacle, as described in the official compendium or the federal act, that is used in manufacturing or compounding a drug or in distributing, supplying, or dispensing the finished dosage form of a drug; or

A metal receptacle designed to contain liquefied or vaporized compressed medical gas and used in manufacturing, transfilling, distributing, supplying, or dispensing a compressed medical gas.

"Continuing education" means a structured learning process required of a licensee to maintain licensure that includes study in the general areas of socio-economic and legal aspects of health care; the properties and actions of drugs and dosage forms; etiology, characteristics and therapeutics of disease status; or pharmacy practice.

"Continuing education activity" means continuing education obtained through an institute, seminar, lecture, conference, workshop, mediated instruction, programmed learning course, or postgraduate study in an accredited college or school of pharmacy.

"Continuing education unit" or "CEU" means 10 contact hours of participation in a continuing education activity sponsored by an Approved Provider.

"Continuous quality assurance program" or "CQA program" means a planned process designed by a pharmacy permittee to identify, evaluate, and prevent medication errors.

"Correctional facility" has the same meaning as in A.R.S. §§ 13-2501 and 31-341.

"CRT" means a cathode ray tube or other mechanism used to view information produced or stored by a computer system.

"CSPMP" means the Controlled Substances Prescription Monitoring Program established under A.R.S. Title 36, Chapter 28.

"Current good compounding practices" means the minimum standards for methods used in, and facilities or controls used for, compounding a drug to ensure that the drug has the identity and strength and meets the quality and purity characteristics it is represented to possess.

"Current good manufacturing practice" means the minimum standard for methods used in, and facilities or controls used for manufacturing, processing, packing, or holding a drug to ensure that the drug meets the requirements of the federal act as to safety, and has the identity and strength and meets the quality and purity characteristics it is represented to possess.

"Cytotoxic" means a pharmaceutical that is capable of killing living cells.

"Day" means a calendar day unless otherwise specified.

"DEA" means the Drug Enforcement Administration as defined in A.R.S. § 32-1901.

"Declared disaster areas" means areas designated by the governor or by a county, city, or town under A.R.S. § 32-1910 as

those areas that have been adversely affected by a natural disaster or terrorist attack and require extraordinary measures to provide adequate, safe, and effective health care for the affected population.

"Delinquent license" means a pharmacist, intern, or pharmacy technician license the Board suspends for failure to renew or pay all required fees on or before the date the renewal is due.

"Dietary supplement or food supplement," as used in A.R.S. § 32-1904(B), means a product (other than tobacco) that:

Is intended to supplement the diet that contains one or more of the following dietary ingredients: a vitamin, mineral, herb or other botanical, amino acid, dietary substance for use by humans to supplement the diet by increasing the total daily intake, or concentrate, metabolite, constituent, extract, or combinations of these ingredients;

Is intended for ingestion in pill, capsule, tablet, or liquid form;

Is not represented for use as a conventional food or as the sole item of a meal or diet; and

Is labeled as a "dietary supplement" or "food supplement."

"Digital signature" has the same meaning as in A.R.S. § 41-132(E).

"Dispensing pharmacist" means a pharmacist who, in the process of dispensing a prescription medication after the complete preparation of the prescription medication and before delivery of the prescription medication to a patient or patient's agent, verifies, checks, and initials the prescription medication label, as required in R4-23-402(A).

"Drug sample" means a unit of a prescription drug that a manufacturer provides free of charge to promote the sale of the drug.

"Durable medical equipment" or "DME" means technologically sophisticated medical equipment that may be used by a patient or consumer in a home or residence. DME may be prescription-only devices as defined in A.R.S. § 32-1901. DME includes:

Air-fluidized beds,

Apnea monitors,

Blood glucose monitors and diabetic testing strips,

Continuous Positive Airway Pressure (CPAP) machines,

Electronic and computerized wheelchairs and seating systems,

Feeding pumps,

Home phototherapy devices,

Hospital beds,

Infusion pumps,

Medical oxygen and oxygen delivery systems excluding compressed medical gases,

Nebulizers,

Respiratory disease management devices,

Sequential compression devices,

Transcutaneous electrical nerve stimulation (TENS) unit, and

Ventilators.

"Earned income" means monetary payments received by an individual as a result of work performed or rental property owned or leased by the individual, including:

Wages,

Commissions and fees,

Salaries and tips,

Profit from self-employment,

Profit from rent received from a tenant or boarder, and

Any other monetary payments received by an individual for work performed or rental of property.

"Electronic signature" has the same meaning as in A.R.S. § 44-7002.

"Eligible patient" means a patient who a pharmacist determines is eligible to receive an immunization using professional judgment after consulting with the patient regarding the patient's current health condition, recent health condition, and allergies.

"Emergency drug supply unit" means those drugs that may be required to meet the immediate and emergency therapeutic needs of long-term care facility residents and hospice inpatient facility patients, and which are not available from any other authorized source in sufficient time to prevent risk of harm to residents or patients.

"Extreme emergency" means the occurrence of a fire, water leak, electrical failure, public disaster, or other catastrophe constituting an imminent threat of physical harm to pharmacy personnel or patrons.

"Family unit" means:

A group of individuals residing together who are related by birth, marriage, or adoption; or

An individual who:

Does not reside with another individual; or

Resides only with another individual or group of individuals to whom the individual is unrelated by birth, marriage, or adoption.

"FDA" means the Food and Drug Administration, a federal agency within the United States Department of Health and Human Services, established to set safety and quality standards for foods, drugs, cosmetics, and other consumer products.

"Health care decision maker" has the same meaning as in A.R.S. § 12-2291.

"Health care institution" has the same meaning as in A.R.S. § 36-401.

"Hospice inpatient facility" means a health care institution licensed under A.R.S. § 36-401 and Article 8 that provides hospice services to a patient requiring inpatient services.

"Immediate notice" means a required notice sent by mail, fax, or electronic mail to the Board Office within 24 hours.

"Immunizations training program" means an immunization training program for pharmacists and interns that meets the requirements of R4-23-411(E).

"Inactive ingredient" means any component other than an "active ingredient" present in a drug.

"Internal test assessment" means performing quality assurance or other procedures necessary to ensure the integrity of a test.

"ISO Class 5 environment" means an atmospheric environment that complies with the ISO/TC209 International Cleanroom Standards, specifically ANSI/IEST/ISO-14644-1:1999: Cleanrooms and associated controlled environments--Part 1: Classification of air cleanliness, first edition dated May 1, 1999, (and no future amendments or editions), incorporated by reference and on file in the Board office.

"ISO Class 7 environment" means an atmospheric environment that complies with the ISO/TC209 International Cleanroom Standards, specifically ANSI/IEST/ISO-14644-1:1999: Cleanrooms and associated controlled environments--Part 1: Classification of air cleanliness, first edition dated May 1, 1999, (and no future amendments or editions), incorporated by reference and on file in the Board office.

"Licensed health care professional" means an individual who is licensed and regulated under A.R.S. Title 32, Chapter 7, 11, 13, 14, 15, 16, 17, 18, 25, 29, or 35.

"Limited-service correctional pharmacy" means a limited-service pharmacy, as defined in A.R.S. § 32-1901, that:

Holds a current Board permit under A.R.S. § 32-1931;

Is located in a correctional facility; and

Uses pharmacists, interns, and support personnel to compound, produce, dispense, and distribute drugs.

"Limited-service long-term care pharmacy" means a limited-service pharmacy, as defined in A.R.S. § 32-1901, that holds a current Board-issued permit and dispenses prescription medication or prescription-only devices to patients in long-term care facilities.

"Limited-service mail-order pharmacy" means a limited-service pharmacy, as defined in A.R.S. § 32-1901, that holds a current Board permit under A.R.S. § 32-1931 and dispenses a majority of its prescription medication or prescription-only devices by mailing or delivering the prescription medication or prescription-only device to an individual by the United States mail, a common or contract carrier, or a delivery service.

"Limited-service nuclear pharmacy" means a limited-service pharmacy, as defined in A.R.S. § 32-1901, that holds a current Board permit under A.R.S. § 32-1931 and provides radiopharmaceutical services.

"Limited-service pharmacy permittee" means a person who holds a current limited-service pharmacy permit in compliance with A.R.S. §§ 32-1929, 32-1930, 32-1931, and A.A.C. R4-23-606.

"Limited-service sterile pharmaceutical products pharmacy" means a limited-service pharmacy, as defined in A.R.S. § 32-1901, that holds a current Board permit under A.R.S. § 32-1931 and dispenses a majority of its prescription medication or prescription-only devices as sterile pharmaceutical products.

"Long-term care consultant pharmacist" means a pharmacist providing consulting services to a long-term care facility.

"Long-term care facility" or "LTCF" means a nursing care institution as defined in A.R.S. § 36-401.

"Lot" means a batch or any portion of a batch of a drug, or if a drug produced by a continuous process, an amount of drug produced in a unit of time or quantity in a manner that assures its uniformity. In either case, a lot is identified by a distinctive lot number and has uniform character and quality with specified limits.

"Lot number" or "control number" means any distinctive combination of letters or numbers, or both, from which the complete history of the compounding or manufacturing, control, packaging, and distribution of a batch or lot of a drug can be determined.

"Low-income subsidy" means Medicare-provided assistance that may partially or fully cover the costs of drugs and is based on the income of an individual and, if applicable, the individual's spouse.

"Materials approval unit" means any organizational element having the authority and responsibility to approve or reject components, in-process materials, packaging components, and final products.

"Mechanical counting device for a drug in solid, oral dosage form" means a mechanical device that counts drugs in solid, oral dosage forms for dispensing and includes an electronic balance when used to count drugs.

"Mechanical storage and counting device for a drug in solid, oral dosage form" means a mechanical device that stores and counts and may package or label drugs in solid, oral dosage forms for dispensing.

"Mediated instruction" means information transmitted via intermediate mechanisms such as audio or video tape or telephone transmission.

"Medical practitioner-patient relationship" means that before prescribing, dispensing, or administering a prescription-only drug, prescription-only device, or controlled substance to a person, a medical practitioner, as defined in A.R.S. § 32-1901, shall first conduct a physical examination of that person or have previously conducted a physical examination. This subdivision does not apply to:

A medical practitioner who provides temporary patient supervision on behalf of the patient's regular treating medical practitioner;

Emergency medical situations as defined in A.R.S. § 41-1831;

Prescriptions written to prepare a patient for a medical examination; or

Prescriptions written, prescription-only drugs, prescription-only devices, or controlled substances issued for use by a county or tribal public health department for immunization programs, emergency treatment, in response to an infectious disease investigation, public health emergency, infectious disease outbreak or act of bioterrorism. For purposes of this subsection, "bioterrorism" has the same meaning as in A.R.S. § 36-781.

"Medicare" means a federal health insurance program established under Title XVIII of the Social Security Act.

"Medication error" means any unintended variation from a prescription or medication order. Medication error does not

include any variation that is corrected before the medication is dispensed to the patient or patient's care-giver, or any variation allowed by law.

"Mobile pharmacy" means a pharmacy that is self-propelled or movable by another vehicle that is self-propelled.

"MPJE" means Multistate Pharmacy Jurisprudence Examination, a Board-approved national pharmacy law examination written and administered in cooperation with NABP.

"NABP" means National Association of Boards of Pharmacy.

"NABPLEX" means National Association of Boards of Pharmacy Licensure Examination.

"NAPLEX" means North American Pharmacist Licensure Examination.

"Order" means either of the following:

A prescription order as defined in A.R.S. § 32-1901; or

A medication order as defined in A.A.C. R4-23-651.

"Other designated personnel" means a non-pharmacist individual who is permitted in the pharmacy area, for a limited time, under the direct supervision of a pharmacist, to perform non-pharmacy related duties, such as trash removal, floor maintenance, and telephone or computer repair.

"Outpatient" means an individual who is not a residential patient in a health care institution.

"Outpatient setting" means a location that provides medical treatment to an outpatient.

"Patient profile" means a readily retrievable, centrally located information record that contains patient demographics, allergies, and medication profile.

"Pharmaceutical patient care services" means the provision of drug selection, drug utilization review, drug administration, drug therapy monitoring, and other drug-related patient care services intended to achieve outcomes related to curing or preventing a disease, eliminating or reducing a patient's symptoms, or arresting or slowing a disease process, by identifying and resolving or preventing potential and actual drug-related problems.

"Pharmaceutical product" means a medicinal drug.

"Pharmacy counter working area" means a clear and continuous working area that contains no major obstacles such as a desktop computer, computer monitor, computer keyboard, external computer drive device, printer, fax machine, pharmacy balance, typewriter, or pill-counting machine, but may contain individual documents or prescription labels, pens, prescription blanks, refill log, pill-counting tray, spatula, stapler, or other similar items necessary for the prescription-filling process.

"Pharmacy law continuing education" means a continuing education activity that addresses practice issues related to state or federal pharmacy statutes, rules, or regulations, offered by an Approved Provider.

"Pharmacy permittee" means a person who holds a current pharmacy permit that complies with A.R.S. §§ 32-1929, 32-1930, 32-1931, 32-1934, and R4-23-606 and R4-23-652.

"Physician" means a medical practitioner licensed under A.R.S. Title 32, Chapter 13 or 17.

"Physician-in-charge" means a physician who is responsible to the Board for all aspects of a prescription medication donation program required in A.R.S. § 32-1909 and operated in the physician's office or in a health care institution.

"Poverty level" means the annual family income for a family unit of a particular size, as specified in the poverty guidelines updated annually in the *Federal Register* by the U.S. Department of Health and Human Services.

"Precursor chemical" means a precursor chemical I as defined in A.R.S. § 13-3401(26) and a precursor chemical II as defined in A.R.S. § 13-3401(27).

"Prepackaged drug" means a drug that is packaged in a frequently prescribed quantity, labeled in compliance with A.R.S. §§ 32-1967 and 32-1968, stored, and subsequently dispensed by a pharmacist or intern under the supervision of a pharmacist, who verifies at the time of dispensing that the drug container is properly labeled, in compliance with A.R.S. § 32-1968, for the patient.

"Prep area" means a specified area either within an ISO class 7 environment or adjacent to but outside an ISO class 7 environment that:

Allows the assembling of necessary drugs, supplies, and equipment for compounding sterile pharmaceutical products, but does not allow the use of paper products such as boxes or bulk drug storage;

Allows personnel to don personnel protective clothing, such as gown, gloves, head cover, and booties before entering the clean compounding area; and

Is a room or a specified area within a room, such as an area specified by a line on the floor.

"Primary care provider" means the medical practitioner who is treating an individual for a disease or medical condition.

"Proprietor" means the owner of a business permitted by the Board under A.R.S. §§ 32-1929, 32-1930, 32-1931, and 32-1934.

"Provider pharmacy" means a pharmacy that contracts with a long-term care facility to supply prescription medication or other services for residents of a long-term care facility.

"Radiopharmaceutical" means any drug that emits ionizing radiation and includes:

Any nonradioactive reagent kit, nuclide generator, or ancillary drug intended to be used in the preparation of a radiopharmaceutical, but does not include drugs such as carbon-containing compounds or potassium-containing salts, that contain trace quantities of naturally occurring radionuclides; and

Any biological product that is labeled with a radionuclide or intended to be labeled with a radionuclide.

"Radiopharmaceutical quality assurance" means performing and interpreting appropriate chemical, biological, and physical tests on radiopharmaceuticals to determine the suitability of the radiopharmaceutical for use in humans and animals. Radiopharmaceutical quality assurance includes internal test assessment, authentication of product history, and appropriate record retention.

"Radiopharmaceutical services" means procuring, storing, handling, compounding, preparing, labeling, quality assurance testing, dispensing, distributing, transferring, recordkeeping,

and disposing of radiochemicals, radiopharmaceuticals, and ancillary drugs. Radiopharmaceutical services include quality assurance procedures, radiological health and safety procedures, consulting activities associated with the use of radiopharmaceuticals, and any other activities required for the provision of pharmaceutical care.

"Red C stamp" means a device used with red ink to imprint an invoice with a red letter C at least one inch high, to make an invoice of a Schedule III through IV controlled substance, as defined in A.R.S. § 36-2501, readily retrievable, as required by state and federal rules.

"Refill" means other than the original dispensing of the prescription order, dispensing a prescription order in the same quantity originally ordered or in multiples of the originally ordered quantity when specifically authorized by the prescriber, if the refill is authorized by the prescriber:

In the original prescription order;

By an electronically transmitted refill order that the pharmacist promptly documents and files; or

By an oral refill order that the pharmacist promptly documents and files.

"Regulated chemical" means the same as in A.R.S. § 13-3401(30).

"Remodel" means to alter structurally the pharmacy area or location.

"Remote drug storage area" means an area that is outside the premises of the pharmacy, used for the storage of drugs, locked to deny access by unauthorized persons, and secured against the use of force.

"Resident" means:

An individual admitted to and living in a long-term care facility or an assisted living facility,

An individual who has a place of habitation in Arizona and lives in Arizona as other than a tourist, or

A person that owns or operates a place of business in Arizona.

"Responsible person" means the owner, manager, or other employee who is responsible to the Board for a permitted establishment's compliance with the laws and administrative rules of this state and of the federal government pertaining to distribution of drugs, devices, precursor chemicals, and regulated chemicals. Nothing in this definition relieves other individuals from the responsibility to comply with state and federal laws and administrative rules.

"Score transfer" means the process that enables an applicant to take the NAPLEX in a jurisdiction and be eligible for licensure by examination in other jurisdictions.

"Security features" means attributes incorporated into the paper of a prescription order, referenced in A.R.S. § 32-1968(A)(4), that are approved by the Board or its staff and include one or more of the following designed to prevent duplication or aid the authentication of a paper document: laid lines, enhanced laid lines, thermochromic ink, artificial watermark, fluorescent ink, chemical void, persistent void, penetrating numbers, high-resolution border, high-resolution latent images, micro-printing, prismatic printing, embossed images, abrasion ink, holograms, and foil stamping.

"Shared order filling" means the following:

Preparing, packaging, compounding, or labeling an order, or any combination of these functions, that are performed by:

A person with a current Arizona Board license, located at an Arizona pharmacy, on behalf of and at the request of another resident or nonresident pharmacy; or

A person, located at a nonresident pharmacy, on behalf of and at the request of an Arizona pharmacy; and

Returning the filled order to the requesting pharmacy for delivery to the patient or patient's care-giver or, at the request of this pharmacy, directly delivering the filled order to the patient.

"Shared order processing" means the following:

Interpreting the order, performing order entry verification, drug utilization review, drug compatibility and drug allergy review, final order verification, and when necessary, therapeutic intervention, or any combination of these order processing functions, that are performed by:

A pharmacist or intern, under pharmacist supervision, with a current Arizona Board license, located at an Arizona pharmacy, on behalf of and at the request of another resident or nonresident pharmacy: or

A pharmacist or intern, under pharmacist supervision, located at a nonresident pharmacy, on behalf of and at the request of an Arizona pharmacy; and

After order processing is completed, returning the processed order to the requesting pharmacy for order filling and delivery to the patient or patient's caregiver or, at the request of this pharmacy, returning the processed order to another pharmacy for order filling and delivery to the patient or patient's caregiver.

"Shared services" means shared order filling or shared order processing, or both.

"Sight-readable" means that an authorized individual is able to examine a record and read its information from a CRT, microfiche, microfilm, printout, or other method acceptable to the Board or its designee.

"Single-drug audit" means an accounting method that determines the numerical and percentage difference between a drug's beginning inventory plus purchases and ending inventory plus sales.

"Single-drug usage report" means a computer system printout of original and refill prescription order usage information for a single drug.

"Standard-risk sterile pharmaceutical product" means a sterile pharmaceutical product compounded from sterile commercial drugs using sterile commercial devices or a sterile pharmaceutical optic or ophthalmic product compounded from non-sterile ingredients.

"State of emergency" means a governmental declaration issued under A.R.S. § 32-1910 as a result of a natural disaster or terrorist attack that results in individuals being unable to refill existing prescriptions.

"Sterile pharmaceutical product" means a medicinal drug free from living biological organisms.

"Strength" means:

The concentration of the drug substance (for example, weight/weight, weight/volume, or unit dose/volume basis); or

The potency, that is, the therapeutic activity of a drug substance as indicated by bioavailability tests or by controlled clinical data (expressed, for example, in terms of unity by reference to a standard).

"Substantial-risk sterile pharmaceutical product" means a sterile pharmaceutical product compounded as a parenteral or injectable dosage form from non-sterile ingredients.

"Supervision" means a pharmacist is present, assumes legal responsibility, and has direct oversight of activities relating to acquiring, preparing, distributing, administering, and selling prescription medications by interns, pharmacy technicians, or pharmacy technician trainees and when used in connection with the intern training requirements means that, in a pharmacy where intern training occurs, an intern preceptor assumes the primary responsibility of teaching the intern during the entire period of the training.

"Supplying" means selling, transferring, or delivering to a patient or a patient's agent one or more doses of:

A nonprescription drug in the manufacturer's original container for subsequent use by the patient, or

A compressed medical gas in the manufacturer's or compressed medical gas distributor's original container for subsequent use by the patient.

"Support personnel" means an individual, working under the supervision of a pharmacist, trained to perform clerical duties associated with the practice of pharmacy, including cashiering, bookkeeping, pricing, stocking, delivering, answering nonprofessional telephone inquiries, and documenting third-party reimbursement. Support personnel shall not perform the tasks of a pharmacist, intern, pharmacy technician, or pharmacy technician trainee.

"Temporary pharmacy facility" means a facility established as a result of a declared state of emergency to temporarily provide pharmacy services within or adjacent to declared disaster areas.

"Tourist" means an individual who is living in Arizona but maintains a place of habitation outside of Arizona and lives outside of Arizona for more than six months during a calendar year.

"Transfill" means a manufacturing process by which one or more compressed medical gases are transferred from a bulk container to a properly labeled container for subsequent distribution or supply.

"Unearned income" means monetary payment received by an individual that is not compensation for work performed or rental of property owned or leased by the individual, including:

Unemployment insurance,

Workers' compensation,

Disability payments,

Payments from the Social Security Administration,

Payments from public assistance,

Periodic insurance or annuity payments,

Retirement or pension payments,

Strike benefits from union funds,

Training stipends,

Child support payments,

Alimony payments,

Military family allotments,

Regular support payments from a relative or other individual not residing in the household,

Investment income,

Royalty payments,

Periodic payments from estates or trusts, and

Any other monetary payments received by an individual that are not:

As a result of work performed or rental of property owned by the individual,

Gifts,

Lump-sum capital gains payments,

Lump-sum inheritance payments,

Lump-sum insurance payments, or

Payments made to compensate for personal injury.

"Verified signature" or "signature verifying" means in relation to a Board license or permit application or report, form, or agreement, the hand-written or electronic signature of an individual who, by placing a hand-written or electronic signature on a hard-copy or electronic license or permit application or report, form, or agreement agrees with and verifies that the statements and information within or attached to the license or permit application or report, form, or agreement are true in every respect and that inaccurate reporting can result in denial or loss of a license or permit or report, form, or agreement.

"Veteran" means an individual who has served in the United States Armed Forces.

"Virtual wholesaler" means an entity that engages in the wholesale distribution of a drug or device in, into, or out of Arizona but does not take physical possession of the drug or device. A virtual wholesaler distributes a drug or device only from a Board-permitted facility to:

A Board-permitted pharmacy, drug manufacturer, full-service drug wholesaler, or non-prescription drug wholesaler; or

A medical practitioner licensed under A.R.S. Title 32; and

Virtual wholesaler includes an entity that may be identified as a broker that buys and sells goods for others or a person that facilitates distribution of a drug, chemical, or device regulated by the Board.

"Wholesale distribution" means distribution of a drug to a person other than a consumer or patient, but does not include:

Selling, purchasing, or trading a drug or offering to sell, purchase, or trade a drug for emergency medical reasons. For purposes of this Section, "emergency medical reasons" includes transferring a prescription drug by a community or hospital pharmacy to another community or hospital pharmacy to alleviate a temporary shortage;

Selling, purchasing, or trading a drug, offering to sell, purchase, or trade a drug, or dispensing a drug as specified in a prescription;

Distributing a drug sample by a manufacturers' or distributors' representative; or

Selling, purchasing, or trading blood or blood components intended for transfusion.

"Wholesale distributor" means any person engaged in wholesale distribution of drugs, including: manufacturers; repackers; own-label distributors; private-label distributors; jobbers; brokers; warehouses, including manufacturers' and distributors' warehouses, chain drug warehouses, and wholesale drug warehouses; independent wholesale drug traders; and retail pharmacies that conduct wholesale distributions in the amount of at least 5% of gross sales.

Historical Note

Adopted effective August 24, 1992 (Supp. 92-2). Amended effective December 18, 1992 (Supp. 92-4). Amended effective November 1, 1993 (Supp. 93-4). Amended effective April 1, 1995; filed with the Secretary of State January 31, 1995 (Supp. 95-1). Amended effective April 5, 1996 (Supp. 96-2). Amended effective July 8, 1997; amended effective August 5, 1997 (Supp. 97-3). Amended effective January 12, 1998 (Supp. 98-1). Amended effective July 7, 1998 (Supp. 98-3). Amended by final rulemaking at 5 A.A.R. 862, effective March 3, 1999 (Supp. 99-1). Amended by final rulemaking at 5 A.A.R. 4441, effective November 2, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 4589, effective November 14, 2000 (Supp. 00-4). Amended by final rulemaking at 7 A.A.R. 646, effective January 11, 2001 (Supp. 01-1). Amended by final rulemaking at 8 A.A.R. 409 and 8 A.A.R. 646, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 416, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 1256, effective March 7, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 4052, effective November 9, 2002 (Supp. 02-3). Amended by final rulemaking at 8 A.A.R. 4898 and 8 A.A.R. 4902, effective January 5, 2003 (Supp. 02-4). Amended by final rulemaking at 9 A.A.R. 1064, effective May 4, 2003 (Supp. 03-1). Amended by final rulemaking at 9 A.A.R. 5030, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 10 A.A.R. 1192, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 10 A.A.R. 3391, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 10 A.A.R. 3967, effective November 13, 2004 (Supp. 04-3). Amended by final rulemaking at 10 A.A.R. 4356, effective December 4, 2004 (Supp. 04-4). Amended by final rulemaking at 11 A.A.R. 2258, effective August 6, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 3032, effective October 1, 2006 (Supp. 06-3). Amended by final rulemaking at 12 A.A.R. 3981, effective December 4, 2006 (Supp. 06-4). Amended by final rulemaking at 13 A.A.R. 520, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 13 A.A.R. 440, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 13 A.A.R. 616, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 13 A.A.R. 3477, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 14 A.A.R. 3405, effective October 4, 2008; amended by final rulemaking at 14 A.A.R. 3410, effective October 4, 2008 (Supp. 08-3). Amended by final rulemaking at 14 A.A.R. 4400, effective January 3, 2009; amended by final rulemaking at 14 A.A.R. 4320, effective January 3, 2009 (Supp. 08-4). Amended by final rulemaking at 18 A.A.R. 2603, effective December 2, 2012 (Supp. 12-4). Amended by final rulemaking at 18 A.A.R. 2609, effective December 2, 2012 (Supp. 12-4). Amended by final rulemaking at 19 A.A.R. 2894, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 1364, effective August 2, 2014 (Supp. 14-2). Amended by exempt rulemaking under Laws 2016, Ch. 284, § 3 at 22 A.A.R. 2606, effective August 31, 2016 (Supp. 16-3). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 26 A.A.R. 223, effective March 14, 2020 (Supp. 20-1). Amended by final rulemaking at 31 A.A.R. 2363 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

R4-23-111. Notice of Hearing

A. Except as provided in A.R.S. § 32-1928(B), the Board shall revoke, suspend, place on probation, or fine a licensee or permittee only after:
1. Notice is served under this Section, and
2. A hearing is conducted under R4-23-122.

B. The Board shall give notice of hearing to a party at least 30 days before the date set for the hearing in the manner described in R4-23-115(E) and (F). The notice shall include:
1. A statement of the date, time, place, and nature of the hearing;
2. A statement of the legal authority and jurisdiction for the hearing;
3. A reference to the particular section or sections of statute and rule involved; and
4. A statement of the violation or issue asserted by the Board.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1).

R4-23-112. Ex Parte Communications

A party shall not communicate, either directly or indirectly, with a Board member about any substantive issue in a pending matter unless:
1. All parties are present;
2. It is during a scheduled proceeding, where an absent party fails to appear after proper notice; or
3. It is by written motion with copies to all parties.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1).

R4-23-113. Motions

A. Purpose. A party requesting a ruling from the Board shall file a motion. Motions may be made for rulings such as:
1. Continuing or expediting a hearing under R4-23-116;
2. Vacating a hearing under R4-23-117;
3. Scheduling a prehearing conference under R4-23-118;
4. Quashing a subpoena under R4-23-119;
5. Requesting telephonic testimony under R4-23-120; and
6. Reconsidering a previous order under R4-23-121.

B. Form. Unless made during a prehearing conference or hearing, motions shall be made in writing and shall conform to the requirements of R4-23-115. All motions, whether written or

oral, shall state the factual and legal grounds supporting the motion, and the requested action.

C. Time limits. Absent good cause, or unless otherwise provided by law or these rules, written motions shall be filed with the Board office at least 15 days before the hearing. A party demonstrates good cause by showing that the grounds for the motion could not have been known in time, using reasonable diligence and:
1. A ruling on the motion will further administrative convenience, expedition or economy; or
2. A ruling on the motion will avoid undue prejudice to any party.

D. Response to motion. A party shall file a written response stating any objection to the motion within five days of service, or as directed by the Board.

E. Oral argument. A party may request oral argument when filing a motion or response. If necessary to develop a complete record, the Board shall grant oral argument.

F. Rulings. Rulings on motions, other than those made during a prehearing conference or the hearing, shall be in writing and served on all parties.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1).

R4-23-114. Computing Time
In computing any time period, the Board shall exclude the day from which the designated time period begins to run. The Board shall include the last day of the period unless it falls on a Saturday, Sunday, or legal holiday. When the time period is 10 days or less, the Board shall exclude Saturdays, Sundays, and legal holidays.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1).

R4-23-115. Filing Documents

A. Docket. The Board shall open a docket for each hearing. All documents filed in a matter with the Board shall be date stamped on the day received by the Board office and entered in the docket.

B. Definition. "Documents" include papers such as complaints, answers, motions, responses, notices, and briefs.

C. Form. A party shall state on the document the name and address of each party served and how service was made under subsection (E). A document shall contain the Board caption and the Board's docket number.

D. Signature. A document filed with the Board shall be signed by the party or the party's attorney. A signature constitutes a certification that the signer has read the document, has a good faith basis for submission of the document, and that it is not filed for the purpose of delay or harassment.

E. Filing and service. A copy of a document filed with the Board shall be served on all parties. Filing with the Board office and service shall be completed by personal delivery; first-class, certified, or express mail; or facsimile.

F. Date of filing and service. A document is filed with the Board on the date it is received by the Board office, as established by the Board office's date stamp on the face of the document. A copy of a document is served on a party as follows:
1. On the date it is personally served,
2. Five days after it is mailed by first-class or express mail,
3. On the date of the return receipt if it is mailed by certified mail, or
4. On the date indicated on the facsimile transmission.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1).

R4-23-116. Continuing or Expediting a Hearing; Reconvening a Hearing

A. Continuing or expediting a hearing. When ruling on a motion to continue or expedite, the Board shall consider such factors as:
1. The time remaining between the filing of the motion and the hearing date;
2. The position of other parties;
3. The reasons for expediting the hearing or for the unavailability of the party, representative, or counsel on the date of the scheduled hearing;
4. Whether testimony of an unavailable witness can be taken telephonically or by deposition; and
5. The status of settlement negotiations.

B. Reconvening a hearing. The Board may recess a hearing and reconvene at a future date by a verbal ruling.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1).

R4-23-117. Vacating a Hearing
The Board shall vacate a calendared hearing and return the matter to the Board office for further action, if:
1. The parties agree to vacate the hearing;
2. The Board dismisses the matter;
3. The non-Board party withdraws the appeal; or
4. Facts demonstrate to the Board that it is appropriate to vacate the hearing for the purpose of informal disposition, or if the action will further administrative convenience, expedition, and economy and does not conflict with law or cause undue prejudice to any party.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1).

R4-23-118. Prehearing Conference

A. Procedure. The Board may hold a prehearing conference. The conference may be held telephonically. The Board may issue a prehearing order outlining the issues to be discussed.

B. Record. The Board may record any agreements reached during a prehearing conference by electronic or mechanical means, or memorialize them in an order.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1).

R4-23-119. Subpoenas

A. Form. A party wanting the Board to issue a subpoena shall submit a written request to the Board and include:
1. The caption and docket number of the matter;
2. A list or description of any documents sought;
3. The full name and home or business address of the custodian of the documents sought or all persons to be subpoenaed;
4. The date, time, and place to appear or to produce documents according to the subpoena; and
5. The name, address, and telephone number of the party, or the party's attorney, requesting the subpoena.

B. The Board may require a brief statement of the relevance of testimony or documents requested.

C. Service of subpoena. The Board shall serve a subpoena in a manner allowed by law.

D. Objection to subpoena. If a party or the person served with a subpoena objects to the subpoena or any portion of the subpoena, the party or person may file an objection with the Board within five days after service of the subpoena or at the start of the hearing if the subpoena is served fewer than five days before the hearing.

E. Quashing or modifying subpoenas. The Board shall quash or modify a subpoena if:

1. It is unreasonable or oppressive, or
2. The desired testimony or evidence may be obtained by an alternative method.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 30 A.A.R. 155 (January 26, 2024), effective March 4, 2024 (Supp. 24-1).

R4-23-120. Telephonic Testimony

The Board may grant a motion for telephonic testimony if:

1. Personal attendance by a party or witness at the hearing will present an undue hardship for the party or witness;
2. Telephonic testimony will not cause undue prejudice to any party; and
3. The proponent of the telephonic testimony pays for any cost of obtaining the testimony telephonically.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1).

R4-23-121. Rights and Responsibilities of Parties

A. Generally. A party may present testimony and documentary evidence and argument with respect to the contested issue and may examine and cross-examine witnesses.

B. Preparation. A party shall have all witnesses, documents, and exhibits available on the date of the hearing.

C. Exhibits. A party shall provide a copy of each exhibit to all other parties at the time the exhibit is offered to the Board, unless the exhibit was previously provided to all other parties.

D. Responding to orders. A party shall comply with an order issued by the Board concerning the conduct of a hearing. Unless an objection is made orally during a pre-hearing conference or hearing, a party shall file a motion requesting the Board to reconsider the order.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1).

R4-23-122. Conduct of Hearing

A. Public access. Unless otherwise provided by law, all hearings are open to the public and may be conducted in an informal manner as prescribed in A.R.S. § 41-1092 et seq.

B. Opening. The Board shall begin the hearing by reading the caption, stating the nature and scope of the hearing, and identifying the parties, counsel, and witnesses for the record.

C. Stipulations. The Board shall enter into the record any stipulation, settlement agreement, or consent order entered into by any of the parties before or during the hearing.

D. Opening statements. The party with the burden of proof may make an opening statement at the beginning of a hearing. All other parties may make statements in a sequence determined by the Board.

E. Order of presentation. After opening statements, the party with the burden of proof shall begin the presentation of evidence, unless the parties agree otherwise or the Board determines that requiring another party to proceed first would be more expeditious or appropriate, and would not prejudice any other party. Copies of documentary evidence may be received in the discretion of the Board. Upon request, parties shall be given an opportunity to compare the copy with the original.

F. Examination. A party shall conduct direct and cross examination of witnesses in the order and manner determined by the Board to expedite and ensure a fair hearing. The Board shall make rulings necessary to prevent argumentative, repetitive, or irrelevant questioning and to expedite the examination to the extent consistent with the disclosure of all relevant testimony and information. The Board may take notice of judicially cognizable facts. In addition, the Board may take notice of generally recognized technical or scientific facts within the Board's or its staff's specialized knowledge. A party shall be notified either before or during the hearing or by reference in preliminary reports of the material the Board notices. The Board may use the Board's or its staff's experience, technical competence, and specialized knowledge in the evaluation of the evidence.

G. Closing argument. When all evidence has been received, parties shall have the opportunity to present closing oral argument, in a sequence determined by the Board. The Board may permit or require closing oral argument to be supplemented by written memoranda. The Board may permit or require written memoranda to be submitted simultaneously or sequentially, within time periods the Board may prescribe.

H. Conclusion of hearing. Unless otherwise provided by the Board, the hearing is concluded upon the submission of all evidence, the making of final argument, and the issuing of a final decision or order of the Board.

I. Decisions and orders. Unless otherwise provided by law, any final decisions or order adverse to a party in a hearing shall be in writing or stated in the record. Any final decision shall include findings of fact and conclusions of law, separately stated. Findings of fact shall be accompanied by a concise and explicit statement of the underlying facts supporting the findings. Unless otherwise provided by law, each party shall be notified either personally or by mail to the party's last known address of record of any decision or order. Upon request, a copy of the decision or order shall be delivered or mailed to each party and to each party's attorney of record.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1).

R4-23-123. Failure of Party to Appear for Hearing

If a party fails to appear at a hearing, the Board may proceed with the presentation of the evidence of the appearing party, or vacate the hearing and return the matter to the Board office for any further action.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1).

R4-23-124. Witnesses; Exclusion from Hearing

All witnesses at the hearing shall testify under oath or affirmation. At the request of a party, or at the discretion of the Board, the Board may exclude witnesses who are not parties from the hearing room so that they cannot hear the testimony of other witnesses.

Historical Note
New Section made by final rulemaking at 10 A.A.R.

1132, effective May 1, 2004 (Supp. 04-1).

R4-23-125. Proof

A. Standard of proof. Unless otherwise provided by law, the standard of proof is a preponderance of the evidence.

B. Burden of proof. Unless otherwise provided by law:
1. The party asserting a claim, right, or entitlement has the burden of proof;
2. A party asserting an affirmative defense has the burden of establishing the affirmative defense; and
3. The proponent of a motion shall establish the grounds to support the motion.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1).

R4-23-126. Disruptions

A person shall not interfere with access to or from the hearing room, or interfere, or threaten interference with the hearing. If a person interferes, threatens interference, or disrupts the hearing, the Board may order the disruptive person to leave or be removed.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1).

R4-23-127. Hearing Record

A. Maintenance. The Board shall maintain the official administrative record of a matter.

B. Transfer of record. Any party requesting a copy of the administrative record or any portion of the administrative record shall make a request to the Board office and shall pay the reasonable costs of duplication.

C. Release of exhibits. Exhibits shall be released:
1. Upon the order of a court of competent jurisdiction; or
2. Upon motion of the party who submitted the exhibits if the time for judicial appeal has expired and no appeal is pending.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1).

R4-23-128. Rehearing or Review and Appeal of Decision

A. The Board shall provide for a rehearing and review of it decisions under A.R.S. Title 41, Chapter 6, Article 10, and this Section. For purposes of these rules, the terms "contested case" and "party" are defined in A.R.S. § 41-1001.

B. A party to a contested case shall exhaust the party's administrative remedies by filing a motion for rehearing or review within 30 days after the service of the Board decision that is subject to rehearing or review in order to be eligible for judicial review under A.R.S. Title 12, Chapter 7, Article 6. The Board shall notify a party in its decision, that is subject to rehearing or review, that the party may file a motion for rehearing or review, and that failure to file a motion for rehearing or review within 30 days after service of the decision has the effect of prohibiting the party from seeking judicial review of the Board's decision.

C. A party may amend a motion for rehearing or review at any time before the Board rules on the motion.

D. The Board may grant a rehearing or review for any of the following reasons materially affecting a party's rights:
1. Irregularity in the proceedings of the Board, or any order or abuse of discretion, that deprived the moving party of a fair hearing;
2. Misconduct of the Board, its staff, its hearing officer, or the prevailing party;
3. Accident or surprise that could not have been prevented by ordinary prudence;
4. Newly discovered material evidence that could not, with reasonable diligence, have been discovered and produced at the hearing;
5. Excessive or insufficient penalty;
6. Error in the admission or rejection of evidence or other errors of law occurring at the hearing or during the progress of the proceedings;
7. That the Board's decision is a result of passion or prejudice; or
8. That the findings of fact or decision is not justified by the evidence or is contrary to law.

E. The Board may affirm or modify a decision or grant a rehearing to all or any of the parties on all or part of the issues for any of the reasons in subsection (D). An order modifying a decision or granting a rehearing shall specify with particularity the grounds for the order.

F. If a motion for rehearing or review is based upon affidavits, they shall be served with the motion. An opposing party may, within 15 days after service, serve opposing affidavits. The Board may extend this period for a maximum of 20 days, for good cause as described in subsection (I).

G. Not later than 10 days after the date of a decision, after giving parties notice and an opportunity to be heard, the Board may grant a rehearing or review on its own initiative for any reason for which it might have granted relief on the motion of a party. The Board may grant a motion for rehearing or review, timely served, for a reason not stated in the motion.

H. If a rehearing is granted, the Board shall hold the rehearing within 60 days after the order granting the rehearing is issued.

I. The Board may extend all time limits listed in this Section upon a showing of good cause. A party demonstrates good cause by showing that the grounds for the party's motion or other action could not have been known in time, using reasonable diligence, and a ruling on the motion will:
1. Further administrative convenience, expedition, or economy; or
2. Avoid undue prejudice to any party.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1).

R4-23-129. Notice of Judicial Appeal; Transmitting the Transcript

A. Notification to the Board office. Within 10 days of filing a complaint for judicial review of a final administrative decision of the Board, the party shall file a copy of the complaint with the Board office. The Board office shall then transmit the administrative record to the Superior Court.

B. Transcript. A party requesting a transcript shall arrange for transcription at the party's expense. The Board office shall make a copy of the audio taped record available to the transcriber. The party arranging for transcription shall deliver the transcript, certified by the transcriber under oath to be a true and accurate transcription of the audio taped record, to the Board office, together with one unbound copy.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1).

ARTICLE 2. PHARMACIST LICENSURE

R4-23-201. General

A. License required. Before practicing as a pharmacist in Arizona, a person shall possess a valid pharmacist license issued by the Board.

B. Methods of licensure. Licensure as a pharmacist shall be by:
1. Examination using a Board-approved testing method; or
2. Reciprocity, as provided under A.R.S. § 32-1922(B).

C. The Board may reinstate the license of a pharmacist who is practicing pharmacy in another jurisdiction and has an Arizona license that lapsed at least five years ago if the pharmacist:
1. Passes the MPJE or other Board-approved jurisprudence examination, and
2. Pays all fees and penalties specified under A.R.S. § 32-1925(C).

D. The Board may reinstate the license of a pharmacist who has not practiced pharmacy within the last 12 months before seeking reinstatement and whose Arizona license lapsed at least five years ago if the pharmacist:
1. Completes the requirements in subsection (C), and
2. Appears before the Board to furnish satisfactory proof of fitness to be licensed as a pharmacist.

E. Verification of license. A pharmacy permittee or pharmacist-in-charge shall not allow a person to practice as a pharmacist until the pharmacy permittee or pharmacist-in-charge verifies the person is currently licensed by the Board as a pharmacist.

Historical Note

Former Rules 2.1100, 2.1310, 2.1320, and 2.1400. Amended effective August 23, 1978 (Supp. 78-4). Amended by deleting subsection (E) effective April 20, 1982 (Supp. 82-2). Amended subsections (C) and (D) effective August 12, 1988 (Supp. 88-3). Amended effective February 8, 1991 (Supp. 91-1). Amended effective January 12, 1998 (Supp. 98-1). Amended by final rulemaking at 10 A.A.R. 4356, effective December 4, 2004 (Supp. 04-4). Amended by final rulemaking at 19 A.A.R. 2911, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 30 A.A.R. 155 (January 26, 2024), effective March 4, 2024 (Supp. 24-1).

R4-23-202. Licensure by Examination

A. Eligibility. To be eligible for licensure as a pharmacist by examination, a person shall:
1. Have a degree in pharmacy from an approved school or college of pharmacy; or
2. Qualify under the requirements of A.R.S. § 32-1922(D).

B. Application.
1. An applicant for licensure by examination shall:
   a. Submit a completed application on a form furnished by the Board, and
   b. Submit with the application form:
      i. The documents specified in the application form, and
      ii. The application fee specified in R4-23-205.
2. The Board office shall deem an application form received on the date the Board office electronically or manually date-stamps the form.
3. An applicant for licensure by examination shall register for the NAPLEX and jurisprudence examination through NABP's registration process. When NABP determines the applicant is eligible to test, NABP will issue an authorization to test.
4. The Board shall deem an application for licensure by examination invalid 12 months after the date the application is received. An applicant whose application form is invalid and who wishes to continue licensure procedures, shall submit a new application form and fee as specified under subsection (B)(1).

C. Passing grade; notification; re-examination.
1. To pass the required examinations, an applicant shall receive a passing grade on both the NAPLEX and jurisprudence examination.
2. The Board office shall retrieve an applicant's NAPLEX and jurisprudence examination scores from the NABP database no later than two weeks after the applicant's examination date.
3. An applicant who fails the NAPLEX or jurisprudence examination may register with the NABP to retake the examination within the 12-month period defined in subsection (B)(4). An applicant who fails the NAPLEX or jurisprudence examination three times shall petition the Executive Director as specified in R4-23-401 for approval before retaking the examination. If the applicant fails the NAPLEX or jurisprudence examination four times, the applicant shall petition the Board as specified in R4-23-401 for Board consideration before taking the examination for a last time.
4. For the purpose of licensure by examination, the Board office shall deem a passing score on the NAPLEX or jurisprudence examination invalid 24 months after the applicant's examination date. An applicant who fails to complete the licensure process within the 24-month period, and who wishes to continue licensure procedures, shall retake the examination or examinations.

D. NAPLEX score transfer.
1. The Board office shall deem a score transfer received on the date the NABP transmits the applicant's official score transfer report to the Board office.
2. An applicant who receives a passing score on the NAPLEX taken in another jurisdiction shall, within 12 months after the date the Board office receives the applicant's official NABP score transfer report, make application for licensure according to subsection (B). After 12 months, an applicant may reapply for licensure in this state under the provisions of subsection (B) or R4-23-203(B).

E. Licensure.
1. The Board office shall issue a certificate of licensure and a wall license to a successful applicant.
2. A licensee shall maintain the certificate of licensure in the practice site for inspection by the Board or its designee or review by the public.

F. Time frames for licensure by examination.
1. The Board office shall complete an administrative completeness review within 60 days after the date the application form is received.
   a. The Board office shall issue a written notice of administrative completeness to the applicant if no deficiencies are found in the application form.
   b. If the application form is incomplete, the Board office shall provide the applicant with a written notice that includes a comprehensive list of the missing information. The 60-day time frame for the Board office to finish the administrative completeness review is suspended from the date the notice of incompleteness is served until the applicant provides the Board office with all missing information.

c. If the Board office does not provide the applicant with written notice regarding administrative completeness, the application form shall be deemed complete 60 days after receipt by the Board office.

2. An applicant with an incomplete application form shall submit all of the missing information within 90 business days after service of the notice of incompleteness. If an applicant cannot submit all missing information within 90 business days after service of the notice of incompleteness, the applicant may send a written notice of a 30-day extension to the Board office postmarked or delivered no later than 90 business days after service of the notice of incompleteness.
3. If an applicant fails to submit a complete application form within the time allowed under subsection (F)(2), the Board office shall close the applicant's file. An applicant whose file is closed and who later wishes to obtain a license shall apply again according to subsection (B).
4. The Board office shall complete a substantive review of the applicant's qualifications in no more than 120 days after the date on which the administrative completeness review of an application form is complete.
   a. The Board office shall deem the application invalid 12 months after the date the application for licensure by examination is received.
   b. If the Board office finds deficiencies during the substantive review of the applicant's qualifications, the Board office shall issue a written request to the applicant for additional documentation.
   c. The 120-day time frame for a substantive review is suspended from the date of a written request for additional documentation until the date all documentation is received. The applicant shall submit the additional documentation according to subsection (F)(2).
   d. If the applicant and the Board office agree in writing, the 120-day substantive review time frame may be extended once for no more than 45 days.
5. For the purpose of A.R.S. § 41-1072 et seq., the Board establishes the following time frames for licensure by examination.
   a. Administrative completeness review time frame: 60 days.
   b. Substantive review time frame: 120 days.
   c. Overall time frame: 180 days.

G. License renewal.

1. To renew a license, a pharmacist shall submit a completed license renewal application on a form furnished by the Board with the biennial renewal fee specified in R4-23-205.
2. If the biennial renewal fee is not paid by November 1 of the renewal year specified in A.R.S. § 32-1925, the pharmacist license is suspended and the licensee shall not practice as a pharmacist. The suspended licensee shall pay a reinstatement penalty as provided in A.R.S. § 32-1925 and R4-23-205 to vacate the suspension.
3. A licensee shall maintain the renewal certificate of licensure in the practice site for inspection by the Board or its designee or review by the public.
4. Time frames for license renewals. The Board office shall follow the time frames established in subsection (F) when processing a renewal application.

Historical Note

Former Rules 2.2100, 2.2200, 2.2300, 2.2400, 2.2500, 2.2600, 2.2700, 2.2800, 2.2910, 2.2920, 2.2930, 2.3000, 2.3010, 2.3100; Amended effective August 23, 1978 (Supp. 78-5). Amended effective June 10, 1981 (Supp. 81-3). Former Section R4-23-202 repealed, new Section R4-23-202 adopted effective July 24, 1985 (Supp. 85-4). Amended effective March 13, 1991 (Supp. 91-1). Amended effective January 12, 1998 (Supp. 98-1). Amended by final rulemaking at 8 A.A.R. 409 and 8 A.A.R. 646, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 10 A.A.R. 4356, effective December 4, 2004 (Supp. 04-4). Amended by final rulemaking at 12 A.A.R. 4689, effective February 3, 2007 (Supp. 06-4). Amended by final rulemaking at 14 A.A.R. 3605, effective November 8, 2008 (Supp. 08-3). Amended by final rulemaking at 19 A.A.R. 2911, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 25 A.A.R. 1012 and 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 155 (January 26, 2024), effective March 4, 2024 (Supp. 24-1).

R4-23-203. Licensure by Reciprocity

A. Eligibility. A person is eligible for licensure by reciprocity if the person is licensed as a pharmacist in another jurisdiction and qualified under A.R.S. § 32-1922(B).

B. Application. An applicant for licensure by reciprocity shall comply with R4-23-202(B).

C. Passing grade; notification; re-examination. An applicant for licensure by reciprocity shall comply with R4-23-202(C) regarding the jurisprudence examination.

D. Licensure. The provisions of R4-23-202(E) apply for an applicant for licensure by reciprocity.

E. Time frames for licensure by reciprocity. The Board office shall follow the time frames established in R4-23-202(F).

F. License renewal. The procedure specified in R4-23-202(G) applies.

Historical Note

Former Rules 2.4100, 2.4200, 2.4310, 2.4320, 2.4330, 2.4340, 2.4350, 2.4360, 2.4400, 2.4510, 2.4520, 2.4522, 2.4523, 2.4530, 2.4540, 2.4550, 2.4560, 2.4610, 2.4620, and 2.4700; Amended effective August 23, 1978 (Supp. 78-4). Amended subsections (H), (L), (O) through (Q) effective June 10, 1981 (Supp. 81-3). Former Section R4-23-203 repealed, new Section R4-23-203 adopted effective July 24, 1985 (Supp. 85-4). Amended effective March 13, 1991 (Supp. 91-1). Amended effective January 12, 1998 (Supp. 98-1). Amended effective January 12, 1998 (Supp. 98-1). Amended by final rulemaking at 8 A.A.R. 409 and 8 A.A.R. 646, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 10 A.A.R. 4356, effective December 4, 2004 (Supp. 04-4). Amended by final rulemaking at 14 A.A.R. 3605, effective November 8, 2008 (Supp. 08-3). Amended by final rulemaking at 19 A.A.R. 2911, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 155 (January 26, 2024), effective March 4, 2024 (Supp. 24-1).

R4-23-204. Continuing Education Requirements

A. Under A.R.S. § 32-1936, continuing professional pharmacy education is mandatory for all licensees.

1. General continuing education requirement. In accordance with A.R.S. § 32-1925(F), the Board shall not renew a license unless the licensee has, during the two years pre-

ceding the application for renewal, participated in 30 contact hours (3.0 CEUs) of continuing education activity sponsored by an Approved Provider as defined in R4-23-110.

2. Special continuing education requirement. The Board shall not renew a license unless:
   a. A licensee certified under R4-23-411 to administer immunizations, vaccines, and emergency medications has participated in at least two contact hours of continuing education activity related to administering immunizations, vaccines, and emergency medications;
   b. A licensee authorized to dispense controlled substances has participated in at least three contact hours of opioid-related, substance use disorder-related, or addiction-related continuing education activity; and
   c. A licensee who dispenses self-administered hormonal contraceptives under a standing prescription order has participated in at least three contact hours of continuing education activity related to self-administered hormonal contraceptives.
3. A pharmacist is exempt from the continuing education requirement in subsections (A)(1) and (2) between the time of initial licensure and first renewal.

B. Acceptance of continuing education units CEUs. The Board shall:
1. Accept CEUs for continuing education activities sponsored only by an Approved Provider;
2. Accept CEUs accrued only during the two-year period immediately before licensure renewal;
3. Not allow CEUs accrued in a biennial renewal period to be carried forward to the succeeding biennial renewal period;
4. Allow a pharmacist who leads, instructs, or lectures to a group of health professionals on pharmacy-related topics in a continuing education activity sponsored by an Approved Provider to receive CEUs for a presentation by following the same attendance procedures as any other attender of the continuing education activity; and
5. Not accept as CEUs the performance of normal teaching duties within a learning institution by a pharmacist whose primary responsibility is the education of health professionals.

C. Continuing education records and reporting CEUs. A pharmacist shall:
1. Maintain continuing education records that:
   a. Verify the continuing education activities the pharmacist participated in during the preceding five years; and
   b. Consist of a statement of credit or a certificate issued by an Approved Provider at the conclusion of a continuing education activity;
2. At the time of licensure renewal, attest to the number of CEUs the pharmacist participated in during the renewal period on the biennial renewal form; and
3. When requested by the Board office, submit proof of continuing education participation within 20 days of the request.

D. The Board may revoke, suspend, or place on probation the license of a pharmacist who fails to comply with continuing education participation, recording, or reporting requirements of this Section.

E. A pharmacist who is aggrieved by any decision of the Board or its administrative staff concerning continuing education units may request a hearing before the Board.

Historical Note
Adopted effective September 1, 1981 (Supp. 81-5). Amended effective March 13, 1991 (Supp. 91-1). Amended by final rulemaking at 8 A.A.R. 409 and 8 A.A.R. 646, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 26 A.A.R. 223, effective March 14, 2020 (Supp. 20-1). Amended by final rulemaking at 29 A.A.R. 1655 (July 28, 2023), with an immediate effective date of July 5, 2023 (Supp. 23-3).

R4-23-205. Fees and Charges

A. The Board establishes and shall collect the full biennial fee for all initial and renewal license and permit applications listed in subsections (B) and (C).

B. Licensure fees:
1. Pharmacist:
   a. Initial licensure: $180.
   b. Licensure renewal: $180.
2. Intern. Initial licensure: $50.
3. Pharmacy technician:
   a. Initial licensure: $72.
   b. Licensure renewal: $72.
4. Temporary license valid for 30 days:
   a. Pharmacist: $120.
   b. Intern: $50.
   c. Pharmacy technician: $50.

C. Vendor permit fees (Resident and nonresident):
1. Pharmacy: $480 biennially (Including hospital, and limited service).
2. Drug wholesaler or manufacturer:
   a. Manufacturer: $1000 biennially.
   b. Full-service drug wholesaler: $1000 biennially.
   c. Nonprescription drug wholesaler: $500 biennially.
3. Drug packager or repackager: $1000 biennially.
4. Compressed medical gas distributor: $200 biennially.
5. Durable medical equipment and compressed medical gas supplier: $100 biennially.
6. Third-party logistics provider: $1000 biennially.
7. Automated prescription-dispensing kiosk: $480 biennially.

D. Pharmacy technician trainee 36-month, non-renewable, registration: $25.

E. Reciprocity fee: $150.

F. Application fee: $50.

G. Certificate fees:
1. Certificate of free sale: $200 per certificate.
2. Certificate of good manufacturing practice: $200 per certificate.

H. Charges for services:
1. Wall license.
   a. Pharmacist: $20.
   b. Intern: $10.
   c. Pharmacy technician: $10.
2. Duplicate of any Board-issued certificate: $10.
3. License, permit, or certificate verification: $15.
4. Charge for an inspection conducted under A.R.S. § 32-1904(A)(10), (B)(4), or (B)(17): the hourly rate of the Board staff member conducting the inspection multiplied by the number of rounded quarter hours required to conduct the inspection. If the inspection is conducted as a

condition of probation, the charge will not exceed the amount stated in A.R.S. § 32-1939.

5. Charge for the following lists, as authorized under A.R.S. § 32-1904(B)(4)(b):
   a. Licensee and registrant list (open licensees):
      i. Pharmacists: $200.
      ii. Interns: $100.
      iii. Pharmacy technicians and pharmacy technician trainees: $200.
      iv. Comprehensive list of all licensees and registrants: $350.
   b. Permittee list (open permittees):
      i. Pharmacies: $50.
      ii. Other facilities: $35.
      iii. Comprehensive list of all permittees: $75.

I. Fees are not refunded under any circumstances except for the Board's failure to comply with its established licensure or permit time frames under R4-23-202 or R4-23-602.

J. Penalty. A renewal application submitted after the expiration date is subject to a penalty as provided in A.R.S. §§ 32-1925 and 32-1931.

1. Licensee: A penalty equal to half the licensee's biennial licensure renewal fee under subsection (B) and not to exceed $350.
2. Permittee: A penalty equal to half the permittee's biennial permit fee under subsection (C) and not to exceed $350.

Historical Note

Adopted effective July 24, 1985 (Supp. 84-5). Amended subsection (A) paragraph (1) effective May 20, 1988 (Supp. 88-2). Amended effective August 12, 1988 (Supp. 88-3). Amended effective February 8, 1991 (Supp. 91-1). Amended effective April 1, 1995; filed with the Secretary of State January 31, 1995 (Supp. 95-1). Amended effective January 12, 1998 (Supp. 98-1). Amended by final rulemaking at 6 A.A.R. 4589, effective November 14, 2000 (Supp. 00-4). Amended by final rulemaking at 8 A.A.R. 409 and 8 A.A.R. 646, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 416, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 10 A.A.R. 1192, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 12 A.A.R. 3032, effective October 1, 2006 (Supp. 06-3). Amended by final rulemaking at 15 A.A.R. 173, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 20 A.A.R. 1364, effective August 2, 2014 (Supp. 14-2). Amended by exempt rulemaking under Laws 2016, Ch. 284, § 3 at 22 A.A.R. 2606, effective August 31, 2016 (Supp. 16-3). Amended by final exempt rulemaking at 23 A.A.R. 2058, effective August 9, 2017; amended by final exempt rulemaking with amendments to subsection (D), at 23 A.A.R. 2383 (Supp. 17-3). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 25 A.A.R. 1012, and 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 26 A.A.R. 223, effective March 14, 2020 (Supp. 20-1). Amended by final rulemaking at 30 A.A.R. 155 (January 26, 2024), effective March 4, 2024 (Supp. 24-1). Amended by final rulemaking at 32 A.A.R. 1649 (July 24, 2026, Issue 30), effective September 5, 2026 (Supp. 26-3).

ARTICLE 3. INTERN TRAINING; INTERN PRECEPTORS

R4-23-301. Intern Licensure

A. Licensure as an intern is for the purpose of complementing an individual's academic or experiential education in preparation for licensure as a pharmacist. An applicant may request a waiver of intern licensure requirements by submitting a written request as specified in R4-23-401 and appearing in person at a Board meeting.

B. The prerequisite for licensure as an intern is one of the following:

1. Current enrollment, in good standing, in an approved college or school of pharmacy;
2. Graduation from a college or school of pharmacy along with:
   a. Proof the applicant is certified by the Foreign Pharmacy Graduate Examination Committee (FPGEC), if applicable; or
   b. Application for licensure as a pharmacist by examination or reciprocity; or
3. By order of the Board if the Board determines the applicant needs intern training.

C. If an intern licensee stops attending pharmacy school classes without graduating, the licensee shall immediately stop practicing as an intern and surrender the intern license to the Board or the Board's designee no later than 30 days after the date of the last attended class, unless the licensee petitions the Board as specified in R4-23-401 and receives Board approval to continue working as an intern. A student re-entering a pharmacy program who wishes to continue internship training shall reapply for intern licensure.

D. Experiential training. The preceptor supervising an intern shall ensure the training received by the intern includes the activities and services encompassed by the term "practice of pharmacy" as defined in A.R.S. § 32-1901.

E. Out-of-state experiential training. The Board shall credit an intern for experiential training received outside this state if the Board determines the experiential training requirements of the jurisdiction in which the training was received are equal to the minimum requirements for experiential training in this state. An applicant seeking credit for experiential training received outside this state shall furnish a certified copy of the training records from:

1. The Board of Pharmacy or the intern licensing agency of the jurisdiction where the training was received; or
2. In a jurisdiction without an intern licensing agency, the director of the applicant's approved college or school of pharmacy's experiential training program.

F. Verification of license. A pharmacy permittee or pharmacist-in-charge shall not allow an individual to practice as an intern until the pharmacy permittee or pharmacist-in-charge verifies the individual is currently licensed by the Board as an intern.

G. Intern application.

1. An applicant for licensure as an intern shall:
   a. Submit a completed application on a form furnished by the Board, and
   b. Submit with the application form:
      i. The documents specified in the application form, and
      ii. The initial licensure fee specified in R4-23-205.
2. The Board office shall deem an application form received on the date the Board office electronically or manually date-stamps the form.

H. Licensure.

1. If an applicant is found to be ineligible for intern licensure under statute and rule, the Board office shall issue a written notice of denial to the applicant.
2. If an applicant is found to be eligible for intern licensure under statute and rule, the Board office shall issue a certificate of licensure and a wall license. An applicant who is assigned a license number and has been granted "open" status on the Board's license verification site may begin practice as an intern before receiving the certificate of licensure.
3. An applicant who is assigned a license number and has a "pending" status on the Board's license verification site shall not practice as an intern until the Board office issues a certificate of licensure as specified in subsection (H)(2).
4. A licensee shall maintain the certificate of licensure in the practice site for inspection by the Board or its designee or review by the public.

I. Time frames for intern licensure. The Board office shall follow the time frames established in R4-23-202(F).

J. License renewal.
1. An intern whose license expires before the intern completes the education or training required for licensure as a pharmacist but fewer than six years after issuance of the initial intern license may renew the intern license for a period equal to the difference between the expiration date of the initial intern license and six years from the issue date of the initial intern license by paying a prorated renewal fee based on the intern initial license fee specified in R4-23-205.
2. If an intern fails to graduate from an approved college or school of pharmacy within six years from the date the Board issues the initial intern license, the intern is not eligible for relicensure as an intern unless the intern obtains Board approval as specified in A.R.S. § 32-1923(E) and R4-23-401. To remain in good standing, an intern who receives Board approval for relicensure shall pay a prorated renewal fee for the number of months of licensure approved by the Board based on the intern initial license fee specified in R4-23-205 before the license expires.
3. If an intern receives Board approval for relicensure and does not pay the renewal fee specified in subsection (J)(2) before the license expires, the intern license is suspended and the suspended licensee shall not practice as an intern until the suspended licensee pays a penalty as provided in A.R.S. § 32-1925 and R4-23-205 to vacate the suspension.

K. Notification of training. An intern who is employed as an intern outside the experiential training program of an approved college or school of pharmacy shall notify the Board within 10 days of starting or terminating training or changing training site.

L. Change of address. An intern shall notify the Board within 10 days after the intern's employment or mailing address changes.

Historical Note

Former Rules 3.1000, 3.1100, 3.1200, 3.2000, 3.2100, and 3.2200; Amended effective August 23, 1978 (Supp. 78-4). Amended effective April 20, 1982 (Supp. 82-2). Amended subsections (A), (F) and (G) effective August 12, 1988 (Supp. 88-3). Amended effective November 1, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 416, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 10 A.A.R. 4356, effective December 4, 2004 (Supp. 04-4). Amended by final rulemaking at 11 A.A.R. 3565, effective November 12, 2005 (Supp. 05-3). Amended by final rulemaking at 12 A.A.R. 3032, effective October 1, 2006 (Supp. 06-3). Amended by final rulemaking at 14 A.A.R. 3670, effective November 8, 2008 (Supp. 08-3). Amended by final rulemaking at 19 A.A.R. 2911, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 155 (January 26, 2024), effective March 4, 2024 (Supp. 24-1).

R4-23-302. Training Site; Intern Preceptors; Training Time

A. To receive credit for intern training hours, an intern shall train in a site that:
1. Holds a valid Arizona pharmacy permit; or
2. Is an alternative training site. For purposes of this Section, the term alternative training site is a non-pharmacy training site established and monitored by an approved college or school of pharmacy or other non-pharmacy site where pharmacy-related activities are performed and where an intern gains experience as specified in R4-23-301(D).

B. Intern preceptor. To be an intern preceptor, a pharmacist shall:
1. Hold a current unrestricted pharmacist license;
2. Have at least one year of experience as an actively practicing pharmacist; and
3. If found guilty of violating any federal or state law relating to the practice of pharmacy, drug or device distribution, or recordkeeping or unprofessional conduct, enter into an agreement satisfactory to the Board that places restrictions on the pharmacist's license.

C. Preceptor responsibilities. A preceptor is responsible for the actions of an intern during the training period. A preceptor shall give an intern the opportunity for skill development and provide the intern with timely and realistic feedback regarding the intern's progress.

D. Training hours. An intern preceptor shall ensure the intern receives hours of experiential training consistent with the requirements of the ACPE.

Historical Note

Former Rules 3.3000, 3.3100, 3.3200, 3.3300, 3.3310, 3.3320, 3.3330, 3.3340, 3.3400, 3.4000, 3.4100, 3.4200, 3.4300, and 3.4400; Amended effective August 9, 1983 (Supp. 83-4). Amended by final rulemaking at 8 A.A.R. 416, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 3605, effective November 8, 2008 (Supp. 08-3). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 155 (January 26, 2024), effective March 4, 2024 (Supp. 24-1).

R4-23-303. Repealed

Historical Note

Former Rules 3.5000 and 3.5200; Amended effective August 23, 1978 (Supp. 78-4). Amended effective August 9, 1983 (Supp. 83-4). Amended by final rulemaking at 8 A.A.R. 416, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 2619, effective December 2, 2012 (Supp. 12-4). Repealed by final rulemaking at 30 A.A.R. 155 (January 26, 2024), effective March 4, 2024 (Supp. 24-1).

R4-23-304. Repealed

Historical Note
Former Rules 3.6100, 3.6200, 3.6300, and 3.6400; Amended effective August 23, 1978 (Supp. 78-4). Amended by final rulemaking at 8 A.A.R. 416, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 10 A.A.R. 4356, effective December 4, 2004 (Supp. 04-4). Amended by final rulemaking at 18 A.A.R. 2619, effective December 2, 2012 (Supp. 12-4). Amended by final rulemaking at 19 A.A.R. 2911, effective November 10, 2013 (Supp. 13-3). Repealed by final rulemaking at 30 A.A.R. 155 (January 26, 2024), effective March 4, 2024 (Supp. 24-1).

R4-23-305. Repealed

Historical Note
Former Rule 3.7000; Amended effective August 23, 1978 (Supp. 78-4). Amended by final rulemaking at 8 A.A.R. 416, effective January 10, 2002 (Supp. 02-1). Repealed by final rulemaking at 30 A.A.R. 155 (January 26, 2024), effective March 4, 2024 (Supp. 24-1).

ARTICLE 4. PROFESSIONAL PRACTICES

R4-23-401. Time-frames for Board Approvals and Special Requests

A. To request a Board approval required by this Chapter or a special request to deviate from or waive compliance with a requirement of this Chapter, a person shall send a letter by regular mail, e-mail, or facsimile to the Board office, detailing the nature of the approval or special request, including the applicable Arizona Revised Statute or administrative code citation. This Section does not apply to a request from a person regarding the probation, suspension, or revocation of a license or permit.

B. The Board office shall complete an administrative completeness review within 15 days from the date of receipt of a written request and immediately open a request file for the applicant.
1. The Board office shall issue a written notice of administrative completeness to the applicant if no deficiencies are found in the request.
2. If the request is incomplete, the Board office shall provide the applicant with a written notice that includes a comprehensive list of the missing information. The 15-day time-frame for the Board office to finish the administrative completeness review is suspended from the date the notice of incompleteness is served until the applicant provides the Board office with all missing information.
3. If the Board office does not provide the applicant with notice regarding administrative completeness, the request is deemed complete 15 days after receipt by the Board office.

C. An applicant with an incomplete request shall submit all of the missing information within 30 days of service of the notice of incompleteness.
1. If an applicant cannot submit all missing information within 30 days of service of the notice of incompleteness, the applicant may send a written request for an extension to the Board office post-marked or delivered no later than 30 days from service of the notice of incompleteness.
2. The written request for an extension shall document the reasons the applicant cannot meet the 30-day deadline.
3. The Board office shall review the request for an extension of the 30-day deadline and grant the request if the Board office determines that an extension of the deadline will enable the applicant to assemble and submit the missing information. An extension shall be for no more than 30 days. The Board office shall notify the applicant in writing of its decision to grant or deny the request for an extension. An applicant who requires an additional extension shall submit an additional written request according to subsections (C)(1) and (C)(2).

D. If an applicant fails to submit a complete request within the time allowed, the Board office shall close the applicant's request file. An applicant whose request file is closed and who later wishes to obtain an approval or special request shall apply again according to subsection (A).

E. From the date on which the administrative completeness review of a request is finished, the Board shall complete a substantive review of the applicant's request in no more than 120 days.
1. The Board shall:
   a. Approve the request,
   b. Deny the request, or
   c. If the Board determines deficiencies exist, request that the applicant produce additional documentation.
2. If the Board approves or denies, the Board office shall issue a written approval or denial.
3. If the Board finds deficiencies during the substantive review of a request, the Board office shall issue a written request to the applicant for additional documentation.
4. The 120-day time-frame for a substantive review of a request for approval or special request is suspended from the date of a written request for additional documentation until the date of the next Board meeting after all documentation is received. The applicant shall submit the additional documentation according to subsection (C).
5. If the applicant and the Board office mutually agree in writing, the 120-day substantive review time-frame may be extended once for no more than 30 days.

F. If the applicant fails to submit the additional information requested within the time allowed, the Board office shall close the applicant's request file. An applicant whose request file is closed and who later wishes to obtain an approval or special request shall apply again according to subsection (A).

G. For the purpose of A.R.S. § 41-1072 et seq., the Board establishes the following time-frames for a Board approval required by this Chapter or a special request to deviate from or waive compliance with a requirement of this Chapter:
1. Administrative completeness review time-frame: 15 days;
2. Substantive review time-frame: 120 days; and
3. Overall time-frame: 135 days.

Historical Note
Former Rule 4.1000; Former Section R4-23-401 repealed, new Section R4-23-401 adopted effective August 9, 1983 (Supp. 83-4). Amended effective May 16, 1990 (Supp. 90-2). Repealed effective August 24, 1992 (Supp. 92-3). New Section made by final rulemaking at 9 A.A.R. 3184, effective August 30, 2003 (Supp. 03-3).

R4-23-402. Pharmacist, Graduate Intern, and Pharmacy Intern

A. A pharmacist or a graduate intern or pharmacy intern under the supervision of a pharmacist shall perform the following professional practices in dispensing a prescription medication from a prescription order:
1. Receive, reduce to written form, and manually initial oral prescription orders;

2. Obtain and record the name of the individual who communicates an oral prescription order;
3. Obtain, or assume responsibility to obtain, from the patient, patient's agent, or medical practitioner and record, or assume responsibility to record, in the patient's profile, the following information:
   a. Name, address, telephone number, date of birth (or age), and gender;
   b. Individual history including known diseases and medical conditions, known drug allergies or drug reactions, and if available a comprehensive list of medications currently taken and medical devices currently used;
4. Record, or assume responsibility to record, in the patient's profile, a pharmacist's, graduate intern's, or pharmacy intern's comments relevant to the patient's drug therapy, including other information specific to the patient or drug;
5. Verify the legality and pharmaceutical feasibility of dispensing a drug based upon:
   a. The patient's allergies,
   b. Incompatibilities with medications the patient currently takes,
   c. The patient's use of unusual quantities of dangerous drugs or narcotics,
   d. A medical practitioner's signature, and
   e. The frequency of refills;
6. Verify that a dosage is within proper limits;
7. Interpret the prescription order, which includes exercising professional judgment in determining whether to dispense a particular prescription;
8. Compound, mix, combine, or otherwise prepare and package the prescription medication needed to dispense individual prescription orders;
9. Prepackage or supervise the prepackaging of drugs by a pharmacy technician or pharmacy technician trainee under R4-23-1104. For drugs prepackaged by a pharmacy technician or pharmacy technician trainee, a pharmacist shall:
   a. Verify the drug to be prepackaged;
   b. Verify that the label meets the official compendium's standards;
   c. Check the completed prepackaging procedure and product; and
   d. Manually initial the completed label; or
   e. For automated packaging systems, manually initial the completed label or a written log or initial a computer-stored log;
10. Check prescription order data entry to ensure that the data input:
    a. Is for the correct patient by verifying the patient's name, address, telephone number, gender, and date of birth or age;
    b. Is for the correct drug by verifying the drug name, strength, and dosage form;
    c. Communicates the prescriber's directions precisely by verifying dose, dosage form, route of administration, dosing frequency, and quantity; and
    d. Is for the correct medical practitioner by verifying the medical practitioner's name, address, and telephone number;
11. Except as provided in subsection (A)(12), make a final accuracy check of the completed prescription label including verification of medication, accuracy of patient's name, consistency with prescription order, and drug utilization review and initial in handwriting or by another method approved by the Board or its designee the finished label;
12. If a technology-assisted verification of product program is used, make a final accuracy check of the completed prescription label including accuracy of patient's name, consistency with prescription order, and drug utilization review and initial in handwriting or by another method approved by the Board or its designee the finished label. If a technology-assisted verification of product program is used, verification of product is not required.
13. Record, or assume responsibility to record, a prescription serial number and date dispensed on the original prescription order;
14. Obtain, or assume responsibility to obtain, permission to refill a prescription order and record, or assume responsibility to record on the original prescription order:
    a. Date dispensed,
    b. Quantity dispensed, and
    c. Name of medical practitioner or medical practitioner's agent who communicates permission to refill the prescription order;
15. Reduce to written or printed form, or assume responsibility to reduce to written or printed form, a new prescription order received by:
    a. Fax,
    b. E-mail, or
    c. Other means of communication;
16. Verify, or assume responsibility to verify, that a completed prescription medication is sold only to the correct patient, patient's care-giver, or authorized agent;
17. Record on the original prescription order the name or initials of the pharmacist, graduate intern, or pharmacy intern who originally dispenses the prescription order; and
18. Record on the original prescription order the name or initials of the pharmacist, graduate intern, or pharmacy intern who dispenses each refill.

B. Only a pharmacist, graduate intern, or pharmacy intern shall provide oral consultation about a prescription medication to a patient or patient's care-giver in an outpatient setting, including a patient discharged from a hospital. The oral consultation is required whenever the following occurs:
1. The prescription medication has not been previously dispensed to the patient in the same strength or dosage form or with the same directions;
2. The pharmacist, through the exercise of professional judgment, determines that oral consultation is warranted; or
3. The patient or patient's care-giver requests oral consultation.

C. Oral consultation shall include:
1. Reviewing the name and strength of a prescription medication or name of a prescription-only device and the labeled indication of use for the prescription medication or prescription-only device;
2. Reviewing the prescription's directions for use;
3. Reviewing the route of administration; and
4. Providing oral information regarding special instructions and written information regarding side effects, procedure for missed doses, or storage requirements.

D. When, in the professional judgment of the pharmacist or graduate intern or pharmacy intern under the supervision of a phar-

macist, or when circumstance precludes it, oral consultation may be omitted if the pharmacist, graduate intern, or pharmacy intern:

1. Personally provides written information to the patient or patient's care-giver that summarizes the information that would normally be orally communicated;
2. Documents, or assumes responsibility to document, both the circumstance and reason for not providing oral consultation by a method approved by the Board or its designee; and
3. Offers the patient or patient's care-giver the opportunity to communicate with a pharmacist, graduate intern, or pharmacy intern at a later time and provides a method for the patient or patient's care-giver to contact a pharmacist, graduate intern, or pharmacy intern at the pharmacy.

E. The pharmacist or graduate intern or pharmacy intern under the supervision of a pharmacist, through the exercise of professional judgment, may provide oral consultation that includes:

1. Common severe adverse effects, interactions, or therapeutic contraindications, and the action required if they occur;
2. Techniques of self-monitoring drug therapy;
3. The duration of the drug therapy; and
4. Prescription refill information.

F. Nothing in subsection (B) requires a pharmacist, graduate intern, or pharmacy intern to provide oral consultation if a patient or patient's care-giver refuses the consultation.

G. Using a method approved by the Board or its designee, a pharmacist, graduate intern, or pharmacy intern shall document, or assume responsibility to document, that oral consultation is or is not provided.

H. Oral consultation documentation. When oral consultation is required as specified in subsection (B), a pharmacist, graduate intern, or pharmacy intern shall:

1. Document, or assume responsibility to document, that oral consultation is provided; or
2. When a patient refuses oral consultation or a person other than the patient or patient's care-giver picks up a prescription and oral consultation is not provided, document, or assume responsibility to document, that oral consultation is not provided; or
3. When a pharmacist, graduate intern, or pharmacy intern determines to omit oral consultation under subsection (D) and oral consultation is not provided, document, or assume responsibility to document, both the circumstance and reason that oral consultation is not provided; and
4. Document, or assume responsibility to document, the name, initials, or identification code of the pharmacist, graduate intern, or pharmacy intern who did or did not provide oral consultation.

I. When a prescription is delivered to the patient or patient's care-giver outside the immediate area of a pharmacy and a pharmacist is not present, the prescription shall be accompanied by written or printed patient medication information that, in addition to the requirements in subsection (C), includes:

1. Approved use for the prescription medication;
2. Possible adverse reactions;
3. Drug-drug, food-drug, or disease-drug interactions;
4. Missed dose information; and
5. Telephone number of the dispensing pharmacy or another method approved by the Board or its designee that allows a patient or patient's care-giver to consult with a pharmacist.

J. A prescription medication or prescription-only device, delivered to a patient at a location where a licensed health care professional is responsible for administering the prescription medication to the patient, is exempt from the requirement of subsection (C).

K. A pharmacist, graduate intern, or pharmacy intern shall wear a badge indicating name and title while on duty.

L. Nothing in this Section prevents a hospital pharmacist from accepting a prescription order according to rules pertaining specifically to hospital pharmacies.

Historical Note

Former Rule 4.1100; Amended effective August 10, 1978 (Supp. 78-4). Amended effective August 9, 1983 (Supp. 83-4). Amended effective May 16, 1990 (Supp. 90-2). Amended effective July 7, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 4656, effective November 14, 2000 (Supp. 00-4). Amended by final rulemaking at 9 A.A.R. 5030, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 10 A.A.R. 1192, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 11 A.A.R. 2258, effective August 6, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 274, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 12 A.A.R. 4691, effective February 3, 2007 (Supp. 06-4). Amended by final rulemaking at 23 A.A.R. 3257, effective January 8, 2018 (Supp. 17-4).

R4-23-403. Repealed

Historical Note

Former Rule 4.1200; Amended effective August 10, 1978 (Supp. 78-4). Amended effective March 28, 1980 (Supp. 80-2). Amended effective August 9, 1983 (Supp. 83-4). Section repealed, new Section adopted effective May 16, 1990 (Supp. 90-2). Amended effective November 1, 1993 (Supp. 93-4). Amended by final rulemaking at 5 A.A.R. 4441, effective November 2, 1999 (Supp. 99-4). Section repealed by final rulemaking at 10 A.A.R. 1192, effective May 1, 2004 (Supp. 04-1).

R4-23-404. Unethical Practices

A. Rebates prohibited. A pharmacist or pharmacy permittee shall not offer, deliver, receive, or accept any unearned rebate, refund, commission, preference, patronage dividend, discount, or other unearned consideration, whether in the form of money or otherwise, as compensation or inducement to refer a patient, client, or customer to any person, except for a rebate or premium paid completely and directly to a patient. A pharmacist or pharmacy permittee shall not:

1. Make payment to a medical practitioner in money or other consideration for a prescription order prescribed by the medical practitioner; or
2. Make payment to a long-term care or assisted living facility or other health care institution in money, discount, rental, or other consideration in an amount above the prevailing rate for:
   a. Prescription medication or devices dispensed or sold for a patient or resident of the facility or institution; or
   b. Drug selection or drug utilization review services, drug therapy management services, or other pharmacy consultation services provided for a patient or resident of the facility or institution.

B. Prescription order-blank advertising prohibited. A pharmacist or pharmacy permittee shall not:

1. Directly or indirectly furnish to a medical practitioner a prescription order-blank that refers to a specific pharmacist or pharmacy in any manner; or
2. Actively or passively participate in any arrangement or agreement where a prescription order-blank is prepared, written, or issued in a manner that refers to a specific pharmacist or pharmacy.

C. Fraudulent claim for service. A pharmacist or pharmacy permittee shall not claim the performance of a service that the pharmacist or pharmacy permittee knows or should know was not performed, such as, claiming to dispense a prescription medication that is not dispensed.

D. Fraudulent claim for a fee. A pharmacist or pharmacy permittee:
1. Shall not claim a fee for a service that is not performed or earned;
2. May divide a prescription order into two or more portions of prescription medication at the request of a patient, or for some other ethical reason, and charge a dispensing fee for the additional service; and
3. Shall not divide a prescription order merely to obtain an additional fee.

E. Prohibiting a prescription-only drug or device from being dispensed over the counter. A pharmacist shall ensure that:
1. A prescription-only drug or device is dispensed only after receipt of a valid prescription order from a licensed medical practitioner;
2. The dispensed prescription-only drug or device is properly prepared, packaged, and labeled according to this Chapter; and
3. The prescription order is filed according to this Chapter.

F. Drugs dispensed in the course of the conduct of a business of dispensing drugs through diagnosis by mail or the internet.
1. A pharmacist shall not dispense a drug from a prescription order if the pharmacist has knowledge, or reasonably should know under the circumstances, that the prescription order was issued on the basis of an internet-based questionnaire or an internet-based consultation without a medical practitioner-patient relationship as defined in R4-23-110.
2. A pharmacist who dispenses a prescription-only drug, prescription-only device, or controlled substance in violation of this Section is engaging in unethical conduct in violation of A.R.S. § 32-1901.01.

Historical Note

Former Rules 4.2110, 4.2120, 4.2130, 4.2210, 4.2230, 4.2400, 4.2500, 4.2600, 4.4100, 4.4200, 4.4310, 4.4320, 4.4400, and 4.4500; Amended effective August 10, 1978 (Supp. 78-4); Amended subsection (I) effective August 9, 1983 (Supp. 83-4). Amended by deleting subsections (H) through (M) effective November 18, 1983 (Supp. 83-6). Amended by final rulemaking at 8 A.A.R. 1256, effective March 7, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 3405, effective October 4, 2008 (Supp. 08-3).

R4-23-405. Change of Responsibility

A pharmacist designated as the pharmacist-in-charge for a pharmacy, manufacturer, or other establishment shall give immediate notice, as defined in R4-23-110, when:
1. The pharmacist's responsibility as a pharmacist-in-charge is terminated; or
2. The pharmacist knows of a pending termination of the pharmacist's responsibility as the pharmacist-in-charge.

Historical Note

Former Rules 4.5100 and 4.5200; Amended effective August 9, 1983 (Supp. 83-4). Amended effective February 8, 1991 (Supp. 91-1). Amended effective November 1, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 1256, effective March 7, 2002 (Supp. 02-1).

R4-23-406. Repealed

Historical Note

Adopted as an emergency effective January 10, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Amended as an emergency effective April 2, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days. Adopted effective April 10, 1979 (Supp. 79-1). Former Section R4-23-406 repealed, new Section R4-23-406 adopted effective August 9, 1983 (Supp. 83-4). Amended effective April 1, 1995; filed with the Secretary of State January 31, 1995 (Supp. 95-1). Amended by final rulemaking at 8 A.A.R. 1256, effective March 7, 2002 (Supp. 02-1). Section repealed by final rulemaking at 10 A.A.R. 230, effective March 6, 2004 (Supp. 04-1).

R4-23-407. Prescription Requirements

A. Prescription orders. A pharmacist shall ensure that:
1. A prescription order the pharmacist uses to dispense a drug or device includes the following information:
   a. Date of issuance;
   b. Name and address of the patient for whom or the owner of the animal for which the drug or device is dispensed;
   c. Drug name, strength, and dosage form or device name;
   d. Name of the manufacturer or distributor of the drug or device if the prescription order is written generically or a substitution is made;
   e. Prescribing medical practitioner's directions for use;
   f. Date of dispensing;
   g. Quantity prescribed and if different, quantity dispensed;
   h. For a prescription order for a controlled substance, the medical practitioner's address and DEA number;
   i. For a written prescription order, the medical practitioner's signature;
   j. For an electronically transmitted prescription order, the medical practitioner's digital or electronic signature;
   k. For an oral prescription order, the medical practitioner's name and telephone number; and
   l. Name or initials of the dispensing pharmacist;
2. A prescription order is kept by the pharmacist or pharmacy permittee as a record of the dispensing of a drug or device for seven years from the date the drug or device is dispensed;
3. The dispensing of a drug or device complies with the packaging requirements of the official compendium and state and federal law; and
4. If the drug dispensed is a schedule II controlled substance that is an opioid, the drug is placed in a container that has a red cap and a warning label stating "CAUTION: OPIOID, Risk of Overdose and Addiction" or other similarly clear language indicating the possibility of overdose and addiction. Under delegation from the Board, the Executive Director may waive the red-cap requirement if implementing the requirement is not feasible because of the specific dosage form or packaging type.

B. Prescription refills. A pharmacist shall ensure that the following information is recorded on the back of a prescription order when it is refilled:
1. Date refilled,
2. Quantity dispensed,
3. Name or approved abbreviation of the manufacturer or distributor if the prescription order is written generically or a substitution is made, and
4. The name or initials of the dispensing pharmacist.

C. Prescription order adaptation. Except for a prescription order for a controlled substance, a pharmacist, using professional judgment, may make the following adaptations to a prescription order if the pharmacist documents the adaptation in the patient's record:
1. Change the prescribed quantity if the prescribed quantity is not a package size commercially available from the manufacturer;
2. Change the prescribed dosage form or directions for use if the change achieves the intent of the prescribing medical practitioner;
3. Complete missing information on the prescription order if there is sufficient evidence to support the change; and
4. Extend the quantity of a maintenance drug for the limited quantity necessary to achieve medication refill synchronization for the patient.

D. A pharmacist may furnish a copy of a prescription order to the patient for whom it is prescribed or to the authorized representative of the patient if the copy is clearly marked "COPY FOR REFERENCE PURPOSES ONLY" or other similar statement. A copy of a prescription order is not a valid prescription order and a pharmacist shall not dispense a drug or device from the information on a copy.

E. Transfer of prescription order information between pharmacies including a pharmacy located in another jurisdiction.
1. A pharmacist may delegate to an intern or pharmacy technician the transfer of prescription order information for a non-controlled substance. A pharmacist shall not delegate transfer of prescription order information for a controlled substance.
2. A pharmacist shall initiate the transfer of prescription order information only when requested to do so by a patient or the patient's representative.
3. A pharmacy permittee shall ensure records of a transfer of prescription order information are maintained in a computer system consistent with R4-23-408.
4. When prescription order information is transferred, both the transferring and receiving pharmacy shall maintain the prescription order information for seven years from the date on which the pharmacy last dispensed the prescription order. Both the transferring and receiving pharmacy shall ensure the maintained prescription order information includes:
   a. The prescription order transferred;
   b. Identification of both the transferring and receiving pharmacy;
   c. The date of transfer;
   d. Identification of the individual who made the transfer; and
   e. Status of the prescription order following transfer including canceling the prescription order at the transferring pharmacy.
5. A pharmacist may transfer prescription order information for a Schedule II, III, IV, or V controlled substance before or after the prescription order is initially filled. Only the remaining number of refills originally prescribed may be transferred. The receiving pharmacy shall ensure the total number of refills dispensed does not exceed the total number of refills originally prescribed.
6. A pharmacist who transfers prescription order information for any controlled substance shall comply with all of subsection (E) and the following federal law as in effect on August 28, 2023, which is incorporated by this reference and includes no later amendments or editions. The incorporated information is available at the Board's office and https://www.ecfr.gov/on/2023-08-28/title-21/chapter-II/.
   a. Schedule II controlled substances. 21 CFR, Chapter II, Parts 1306 and 1311; and
   b. Schedule III, IV, and V controlled substances. 21 CFR, Chapter II, Part 1306, §§ 1306.08, 1306.23, and 1306.25.
7. A pharmacist, intern, or pharmacy technician may transfer prescription order information for a non-controlled substance before or after the prescription order is initially filled. Only the remaining number of refills originally prescribed may be transferred. The receiving pharmacy shall ensure the total number of refills dispensed does not exceed the total number of refills originally prescribed.
8. Method of transfer.
   a. A pharmacist who transfers prescription order information for a controlled substance shall ensure the information is transferred in a manner consistent with the federal law incorporated by reference in subsection (E)(6);
   b. A pharmacist, intern, or pharmacy technician who transfers prescription order information for a non-controlled substance may use any lawful method of transfer that maintains the integrity, confidentiality, and traceability of the prescription order information; and
   c. If prescription order information is transferred electronically, the computer system:
      i. Of the transferring pharmacy shall cancel the prescription order upon transfer; and
      ii. Of the receiving pharmacy shall record receipt of the transferred prescription order information.
9. The transferring and receiving pharmacy are independently responsible for complying with subsection (E).
10. Both the transferring and receiving pharmacy shall maintain records regarding the transfer of prescription order information according to A.R.S. § 32-1964 and make the records available to the Board on request.

F. Transmission of a prescription order from a medical practitioner to a pharmacy by fax.
1. A medical practitioner or medical practitioner's agent may transmit a prescription order for a Schedule III, IV, or V controlled substance, prescription-only drug, or non-prescription drug to a pharmacy by fax under the following conditions:
   a. The prescription order is faxed only to the pharmacy of the patient's choice;
   b. The faxed prescription order:
      i. Contains all the information required for a prescription order in A.R.S. §§ 32-1968 and 36-2525; and
      ii. Is only faxed from the medical practitioner's practice location, except that a nurse in a hospi-

tal, long-term care facility, or inpatient hospice may send a fax of a prescription order for a patient of the facility; and

c. The faxed prescription order shall contain the following additional information:
   i. The date the prescription order is faxed;
   ii. The fax number of the prescribing medical practitioner or the facility from which the prescription order is faxed, and the telephone number of the facility; and
   iii. The name of the person who transmits the fax, if other than the medical practitioner.

2. A medical practitioner or medical practitioner's agent may fax a prescription order for a Schedule II controlled substance for information purposes only, unless the faxed prescription order meets the requirements of A.R.S. § 36-2525(F) and (G).
3. A pharmacy may receive a faxed prescription order for a Schedule II controlled substance for information purposes only, except a faxed prescription order for a Schedule II controlled substance that meets the requirements of A.R.S. § 36-2525(F) and (G) may serve as the original written prescription order.
4. To meet the seven-year record retention requirement of A.R.S. § 32-1964, a pharmacy shall receive a faxed prescription order on plain paper or may make a photocopy of the faxed prescription order.
5. A medical practitioner or the medical practitioner's agent may fax refill authorizations to a pharmacy if the faxed authorization includes the medical practitioner's telephone and fax numbers, the medical practitioner's signature or medical practitioner's agent's name, and date of authorization.

G. Electronic transmission of a prescription order from a medical practitioner to a pharmacy.

1. Unless otherwise prohibited by law, a medical practitioner or medical practitioner's agent may transmit a prescription order by electronic means, directly or through an intermediary, including an E-prescribing network, to the dispensing pharmacy as specified in A.R.S. § 32-1968.
2. For electronic transmission of a Schedule II, III, IV, or V controlled substance prescription order, the medical practitioner and pharmacy shall ensure the transmission complies with any security or other requirements of federal law.
3. The medical practitioner and pharmacy shall ensure all electronic transmissions comply with all the security requirements of state or federal law related to the privacy of protected health information.
4. In addition to the information required to be included on a prescription order as specified in A.R.S. § 32-1968, a medical practitioner shall ensure an electronically transmitted prescription order includes:
   a. The date of transmission; and
   b. If the individual transmitting the prescription is not the medical practitioner, the name of the medical practitioner's authorized agent who transmits the prescription order.
5. A pharmacy receiving an electronically transmitted prescription order shall maintain the prescription order as specified in A.R.S. § 32-1964 or R4-23-408(H)(2).
6. A medical practitioner or medical practitioner's agent shall transmit an electronic prescription order only to the pharmacy of the patient's choice.

H. Exceptions under A.R.S. § 36-2525 regarding electronic prescribing requirements:

1. Medical practitioner exceptions. A medical practitioner who is authorized to prescribe a controlled substance may furnish a written prescription order is accordance with R4-23-407 rather than an electronically transmitted prescription order if the prescription order is written:
   a. In this state to be filled in a jurisdiction outside this state;
   b. For a medication that requires compounding two or more ingredients;
   c. For a medication that is not in the E-prescribing database;
   d. For an individual who is detained by or in custody of an Arizona or federal law enforcement agency; or
   e. Under A.R.S. § 36-2525(N) or (O); and
2. Pharmacist exceptions. A pharmacist may dispense a controlled substance from a written rather than electronically transmitted prescription order if the prescription order:
   a. Is written by a medical practitioner who is not licensed in this state but rather, is licensed in a jurisdiction outside this state. The pharmacist is not required to verify whether the medical practitioner is licensed;
   b. Is written for a medication that requires compounding two or more ingredients;
   c. Is written for a medication that is not in the E-prescribing database;
   d. Is written for an individual who is detained by or in custody of an Arizona or federal law enforcement agency; or
   e. Is received under A.R.S. § 36-2525(D).

Historical Note

Adopted effective November 18, 1983 (Supp. 83-6). Amended by final rulemaking at 8 A.A.R. 1256, effective March 7, 2002 (Supp. 02-1). Amended by final rulemaking at 10 A.A.R. 1192, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 13 A.A.R. 440, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 3605, effective November 8, 2008 (Supp. 08-3). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 26 A.A.R. 223, effective March 14, 2020; and amended by final rulemaking at 26 A.A.R. 544, with an immediate effective date of March 3, 2020 (Supp. 20-1). Amended by final rulemaking at 32 A.A.R. 1643 (July 24, 2026, Issue 30), with an immediate effective date of July 7, 2026 (Supp. 26-3).

R4-23-407.1. Dispensing an Opioid Antagonist

A. As used in this Section:

1. "Community member" means any person in position to assist an individual at risk of experiencing an opioid-related overdose. This includes emergency first responders, peace officers or other law enforcement personnel, fire department personnel, school district employees, and personnel of a facility or center that provides services to individuals at risk of experiencing an opioid-related overdose.

2. "Opioid antagonist" means any drug approved by the U.S. Food and Drug Administration that binds to opioid receptors, effectively blocking or inhibiting the receptor and preventing the body from responding to the opioid. Naloxone hydrochloride is an opioid antagonist.
3. "Opioid-related overdose" means an acute condition caused by excessive opioids. An opioid-related overdose can be identified by a triad of symptoms: decreased level of consciousness, pinpoint pupils, and respiratory depression. Other symptoms may include seizures, muscle spasms, and coma or death. An opioid-related overdose requires medical assistance.

B. When dispensing an opioid antagonist under A.R.S. § 32-1979, a pharmacist or pharmacy intern shall provide the following education to the individual to whom the opioid antagonist is dispensed:
1. How to prevent an opioid-related overdose;
2. How to recognize an opioid-related overdose;
3. How to administer an opioid antagonist safely to an individual experiencing an opioid-related overdose;
4. Precautions regarding:
   a. Potential side effects, and
   b. Possible adverse events associated with administration of the opioid antagonist; and
5. Importance of seeking emergency medical assistance for the individual experiencing an opioid-related overdose before or after administering the opioid antagonist.

C. Before dispensing an opioid antagonist under A.R.S. § 32-1979(A), a licensed pharmacist shall complete an opioid prevention and treatment training program that includes the following information:
1. How to recognize the symptoms of an opioid-related overdose,
2. How to respond to a suspected opioid-related overdose,
3. How to administer all preparations of an opioid antagonist, and
4. The information needed by an individual to whom an opioid antagonist is dispensed.

D. A pharmacist who has completed an opioid prevention and treatment training program described in subsection (C):
1. May administer an opioid antagonist to an individual the pharmacist believes is experiencing an opioid-related overdose, and
2. Is exempt from civil liability under the terms of A.R.S. § 36-2267(B).

E. Dispensing an opioid antagonist under A.R.S. § 32-1979 by invoice to a community member is not wholesale distribution as defined at A.R.S. § 32-1981.

F. When dispensing an opioid antagonist on a standing order, as defined under A.R.S. § 32-1968, a pharmacist or pharmacy intern shall comply with R4-23-407 except subsection (A)(1)(b), R4-23-408, and R4-23-409.

Historical Note
New Section made by emergency rulemaking at 23 A.A.R. 31, effective December 15, 2016 for 180 days (Supp. 16-4). New Section made by final rulemaking before emergency expired at 23 A.A.R. 967, effective June 3, 2017 (Supp. 17-2). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2).

R4-23-407.2. Dispensing a Self-administered Hormonal Contraceptive

A. Standard procedures. The first time a pharmacist dispenses a self-administered hormonal contraceptive under a standing prescription order, as authorized under A.R.S. § 32-1979.01, to a patient, the pharmacist shall:
1. Determine the patient is at least 18 years old;
2. Obtain from the patient a completed self-screening risk assessment based on nationally recognized guidelines;
3. Provide the patient with written information prepared by the manufacturer of the hormonal contraceptive; and
4. Provide the following information orally to the patient:
   a. How hormonal contraception works;
   b. When and how to take the self-administered hormonal contraceptive;
   c. Risks associated with taking a self-administered hormonal contraceptive; and
   d. When to seek medical assistance while taking a self-administered hormonal contraceptive.

B. A pharmacist who dispenses a self-administered hormonal contraceptive under a standing prescription order shall have a patient complete the self-screening risk assessment based on nationally recognized guidelines, required under subsection (A)(2), annually.

C. A pharmacist who dispenses a self-administered hormonal contraceptive under a standing prescription order shall maintain evidence of the patient's age at the time of initial dispensing and the completed nationally recognized self-screening risk assessment for at least seven years. The pharmacist shall ensure this information is readily retrievable and available to the Board on request.

D. When dispensing a self-administered hormonal contraceptive under a standing prescription order, a pharmacist shall comply with R4-23-407 except subsection (A)(1)(b), R4-23-408, and R4-23-409.

E. During each biennial renewal period, a pharmacist who dispenses self-administered hormonal contraceptives under a standing prescription order shall complete the three contact hours of continuing education specified under R4-23-204(A)(2)(c).

Historical Note
New Section made by final rulemaking 29 A.A.R. 1655 (July 28, 2023) with an immediate effective date of July 5, 2023 (Supp. 23-3).

R4-23-408. Computer Records

A. Systems manual. A pharmacy permittee or pharmacist-in-charge shall:
1. Develop, implement, and comply with policies and procedures for the following operational aspects of a computer system:
   a. Examples of all output documentation provided by the computer system that contains original or refill prescription order or patient profile information;
   b. Steps a pharmacy employee follows when the computer system is not operational due to scheduled or unscheduled system interruption;
   c. Regular and routine backup file procedure and file maintenance, including secure storage of backup files;
   d. Audit procedures, personnel code assignments, and personnel responsibilities; and
   e. Quality assurance mechanism for data entry validation;
2. Review biennially and, if necessary, revise the policies and procedures required under this Section;
3. Document the review required under subsection (A)(2);

4. Assemble the policies and procedures as a written manual or by another method approved by the Board or its designee; and
5. Make the policies and procedures available within the pharmacy for reference by pharmacy personnel and inspection by the Board or its designee.

B. Computer system data storage and retrieval. A pharmacy permittee or pharmacist-in-charge shall ensure the computer system is capable of:
1. Producing sight-readable information on all original and refill prescription orders and patient profiles;
2. Providing online retrieval (via CRT display or hard-copy printout) of original prescription order information required in A.R.S. § 32-1968(C), R4-23-402(A), and R4-23-407(A);
3. Providing online retrieval (via CRT display or hard-copy printout) of patient profile information required in R4-23-402(A);
4. Providing documentation identifying the pharmacist responsible for dispensing each original or refill prescription order, except a pharmacy permittee with a computer system that is in use before the effective date of this Section that cannot provide documentation identifying the dispensing pharmacist may continue to use the computer system by providing manual documentation identifying the dispensing pharmacist;
5. Producing a printout of all prescription order information, including a single-drug usage report that contains:
   a. The name of the prescribing medical practitioner;
   b. The name and address of the patient;
   c. The quantity dispensed on each original or refill prescription order;
   d. The date of dispensing for each original or refill prescription order;
   e. The name or identification code of the dispensing pharmacist; and
   f. The serial number of each prescription order; and
6. Providing a printout of requested prescription order information to an individual pharmacy within 72 hours of the request if prescription order information is maintained in a centralized computer record system.

C. A pharmacy permittee or pharmacist-in-charge of a pharmacy that uses a pharmacy computer system:
1. Shall notify the D.E.A. and the Board in writing that original and refill prescription order information and patient profiles are stored in a pharmacy computer system;
2. Shall comply with this Section if the pharmacy computer system's refill records are used as an alternative to the manual refill records required in R4-23-407(B);
3. Is exempt from the manual refill recordkeeping requirements of R4-23-407(B), if the pharmacy computer system complies with the requirements of this Section; and
4. Shall ensure that documentation of the accuracy of original and refill prescription order information entered into a computer system is provided by each pharmacist using the computer system and kept on file in the pharmacy for seven years from the date of the last refill. Documentation includes one of the following:
   a. A hard-copy printout of each day's original and refill prescription order data that:
      i. States original and refill data for prescriptions dispensed by each pharmacist is reviewed for accuracy;
      ii. Includes the printed name of each dispensing pharmacist; and
      iii. Is signed and initialed by each dispensing pharmacist; or
   b. A log book or separate file of daily statements that:
      i. States original and refill data for prescriptions dispensed by each pharmacist is reviewed for accuracy;
      ii. Includes the printed name of each dispensing pharmacist; and
      iii. Is signed and initialed by each dispensing pharmacist.

D. If a pharmacy computer system does not comply with the requirements of subsections (A), (B), and (F), the pharmacy permittee or pharmacist-in-charge shall bring the computer system into compliance within three months of a notice of noncompliance or violation letter. If the computer system is still noncompliant with subsection (A), (B), or (F) after three months, the pharmacy permittee or pharmacist-in-charge shall immediately comply with the manual recordkeeping requirements of R4-23-402 and R4-23-407.

E. If a pharmacy's personnel perform manual recordkeeping under subsection (D), the pharmacy's personnel shall continue manual recordkeeping until the pharmacist-in-charge sends proof, verified by a Board compliance officer, that the computer system complies with subsections (A), (B), and (F).

F. Security. To maintain the confidentiality of patient records, a pharmacy permittee or pharmacist-in-charge shall ensure:
1. The computer system has security and systems safeguards designed to prevent and detect unauthorized access, modification, or manipulation of prescription order information and patient profiles; and
2. After a prescription order is dispensed, any alteration of prescription order information is documented, including the identification of the pharmacist responsible for the alteration.

G. A computer system that does not comply with all the requirements of subsections (A), (B), and (F) may be used in a pharmacy if:
1. The computer system was in use in the pharmacy before July 11, 2001, and
2. The pharmacy complies with the manual recordkeeping requirements of R4-23-402 and R4-23-407.

H. Prescription records and retention.
1. Instead of filing the original hard-copy prescription order as required in A.R.S. § 32-1964, a pharmacy permittee or pharmacist-in-charge may use an electronic imaging recordkeeping system, if:
   a. The system is capable of capturing, storing, and reproducing the exact image of a prescription order, including the reverse side of the prescription order if necessary;
   b. Any notes of clarification of or alterations to a prescription order are directly associated with the electronic image of the prescription order;
   c. A prescription order image and any associated notes of clarification of or alterations to the prescription order are retained for no fewer than seven years from the date the prescription order is last dispensed;
   d. Policies and procedures for the use of an electronic imaging recordkeeping system are developed, implemented, reviewed, and revised in the same manner described in subsection (A) and complied with; and

e. The prescription is not for a controlled substance.

2. If a pharmacy's computer system fields are automatically populated by an electronically transmitted prescription order, the automated record constitutes the original prescription order and a hard-copy or electronic image is not required if the computer system is capable of maintaining, printing, and providing all the prescription order information required in A.R.S. §§ 32-1968 and 36-2525 and R4-23-407(A) within 72 hours of a request by the Board, the Board's compliance officers, other authorized regulatory board agents, or authorized officers of the law.

I. A pharmacy permittee or pharmacist-in-charge shall make all prescription records available within 72 hours after a Board request.

Historical Note
Adopted effective November 18, 1983 (Supp. 83-6). Amended by final rulemaking at 7 A.A.R. 646, effective January 11, 2001 (Supp. 01-1). Amended by final rulemaking at 9 A.A.R. 5030, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 11 A.A.R. 4270, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 12 A.A.R. 274, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 12 A.A.R. 3032, effective October 1, 2006 (Supp. 06-3). Amended by final rulemaking at 13 A.A.R. 440, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 26 A.A.R. 223, effective March 14, 2020 (Supp. 20-1).

R4-23-409. Returning Drugs and Devices

A. After a person for whom a drug is prescribed or the person's agent takes the drug from the premises where sold, distributed, or dispensed, a pharmacist or pharmacy permittee shall not accept the drug for return or exchange for the purpose of resale unless the pharmacist determines that:

1. The drug is in its original, manufacturer's, unopened container; and
2. The drug or its container has not been subjected to contamination or deterioration.

B. The provisions of subsection (A) of this Section do not apply to a drug dispensed to:

1. A hospital inpatient as defined in R4-23-651; or
2. A resident of a long-term care facility where a licensed health care professional administers the drug, and the pharmacist ensures and documents that the drug:
   a. Has been stored in compliance with the requirements of the official compendium; and
   b. Is not obviously contaminated or deteriorated.

C. After a person for whom a device is prescribed or the person's agent takes the device from the premises where sold, distributed, or dispensed, a pharmacist or pharmacy permittee shall not accept the device for return or exchange for the purpose of resale or reuse unless the pharmacist determines that:

1. The device is inspected and is free of defects;
2. The device is rendered incapable of transferring disease; and
3. The device, if resold or reused, is not claimed to be new or unused.

Historical Note
Adopted effective November 18, 1983 (Supp. 83-6). Amended by final rulemaking at 8 A.A.R. 1256, effective March 7, 2002 (Supp. 02-1).

R4-23-410. Current Good Compounding Practices

A. A licensed pharmacist and a pharmacy permittee shall comply with the good compounding practices specified in this Section and federal and state law governing the practice of pharmacy. A licensed pharmacist, intern, and pharmacy technician under the supervision of a licensed pharmacist working in Arizona shall practice compounding only in a Board-permitted facility.

B. A pharmacy permittee engaged in compounding pharmaceutical products shall comply with the following materials, which are incorporated by reference and contain no later amendments or editions:

1. For a pharmacy permittee operating under Section 503A of the Federal Food, Drug, and Cosmetic Act:
   a. Chapters <795>, <797>, <800>, and <825> of the United States Pharmacopeia and the National Formulary (USP-NP), published November 1, 2022, and available at https://usp.org; and
   b. 21 U.S.C. § 353a (Section 503A of the Federal Food, Drug, and Cosmetic Act), 2024 edition, and available at https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title21-section353a&num=0&edition=prelim; and
2. For an outsourcing facility permitted as a manufacturer operating under Section 503B of the Federal Food, Drug, and Cosmetic Act:
   a. 21 CFR, Chapter 1, Subchapter C, Parts 210, 211, and 212, published by the U.S. Government Publishing Office, updated July 15, 2025, and available at https://www.ecfr.gov/current/title-21/chapter-I/subchapter-C; and
   b. 21 U.S.C. § 353b (Section 503B of the Federal Food, Drug, and Cosmetic Act), 2024 edition, and available at https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title21-section353b&num=0&edition=prelim.

C. A pharmacy permittee engaged in compounding pharmaceutical products shall comply with R4-23-610(A)(2) regarding policies and procedures that:

1. Are required to conform with the material incorporated by reference in subsection (B); and
2. Address steps necessary to ensure:
   a. A finished compounded pharmaceutical product meets all label and labeling requirements;
   b. A finished compounded pharmaceutical product has the identity, strength, quality, and purity it is purported or represented to have;
   c. The person to whom the finished compounded pharmaceutical product is dispensed is knowledgeable about the product; and
   d. Records of compounding pharmaceutical products are maintained for seven years.

D. Substances used in compounding. A pharmacy permittee engaged in compounding pharmaceutical products shall ensure:

1. All substances received, stored, or used in compounding, including bulk drug substances, comply with applicable USP requirements incorporated in subsection (B) and the following:
   a. Comply with the standards of an applicable USP-NF monograph, if one exists; or
   b. If an applicable USP-NF monograph does not exist, are components of drug substances approved by the FDA; or
   c. If neither subsection (D)(1)(a) nor (D)(1)(b) exists, appear on the list of bulk drug substances (also

called active pharmaceutical ingredients) enacted under Section 503A(b)(1)(A)(i)(III) of the Federal Food, Drug, and Cosmetic Act and codified at 21 CFR 216.23(a); or

d. Appear on category 1 or any FDA-recognized interim bulk drug substances list of policy applicable to compounding under Section 503A of the Federal Food, Drug, and Cosmetic Act;

2. If the compounded pharmaceutical product is intended for:
   a. Human use, all substances are pharmaceutical grade; or
   b. Animal use, substances are pharmaceutical or veterinary grade and the compounded pharmaceutical product is labeled and supplied for veterinary use only;
3. All substances are obtained from a source that, in the professional judgment of the pharmacist, is reputable and reliable and provides substances, including allergen extracts and substances not identified by the U.S. FDA, appropriate for the intended compounding use;
4. All substances used in compounding have documented identity, strength, purity, and quality appropriate for the intended compounding use and bulk substances are accompanied by a valid certificate of analysis; and
5. All substances identified under Section 501 of the Federal Food, Drug, and Cosmetic Act are obtained from either an FDA-registered facility that is:
   a. Permitted by the Board; or
   b. Outside the Board's jurisdiction but has a valid FDA registration that is verified and documented in the permittee's records.

E. A pharmacist may compound a pharmaceutical product for which the pharmacist does not have a prescription order if, based on experience and the exercise of professional judgment, the pharmacist reasonably anticipates receipt of a prescription order for the compounded pharmaceutical product. The pharmacist shall ensure a pharmaceutical product compounded under this subsection is labeled accurately and stored in a manner that protects the pharmaceutical product's quality until the pharmaceutical product is dispensed under a patient-specific prescription order except as described in subsection (F) when the pharmaceutical product is dispensed to a veterinary medical practitioner. A pharmacist shall not add an ingredient to a pharmaceutical product that was compounded at another 503A facility.

F. A pharmacy permittee or pharmacist shall not provide a compounded pharmaceutical product to a pharmacy, medical practitioner, or other person unless the medical practitioner is a veterinarian who will administer the compounded pharmaceutical product to a patient of the veterinary medical practitioner. The permittee or pharmacist who provides a compounded pharmaceutical product to a veterinary medical practitioner shall ensure the compounded pharmaceutical product is labeled with the following information:
1. The name, address, and telephone number of the compounding pharmacy;
2. The compounded pharmaceutical product's name;
3. A lot or control number;
4. A beyond-use date consistent with the information in subsection (B);
5. An indication the pharmaceutical product has been compounded; and
6. The following statement: Not for Dispensing; For Veterinary Use Only.

G. A pharmacy permittee or pharmacist:
1. May advertise that compounding services are provided, and
2. Shall not advertise false or misleading information.

H. Compounding a pharmaceutical product that is essentially a copy of an FDA-approved, commercially available drug.
1. A pharmacist shall not fill a prescription order for and shall not compound a copy of an FDA-approved, commercially available drug unless:
   a. The compounded pharmaceutical product differs from the FDA-approved, commercially available drug in a clinically significant manner the prescribing practitioner determines is needed for a specifically identified patient:
      i. To meet a documented medical need; or
      ii. To address an intolerance to the commercially available drug; or
   b. The FDA-approved, commercially available drug appears on:
      i. The FDA drug shortages database; or
      ii. The American Society of Health-system Pharmacists drug shortages list,
2. A pharmacist shall not fill a prescription order submitted through a pharmacy platform or electronic system if the prescription order is for a copy of an FDA-approved, commercially available drug unless the prescribing practitioner provides patient-specific clinical information that supports the prescription order and enables the pharmacist to determine the prescription order was issued for a legitimate medical purpose.

I. Before a pharmaceutical product is compounded and dispensed, a pharmacy permittee shall ensure:
1. The area and equipment used in compounding the pharmaceutical product is clean and well maintained;
2. All components used in compounding the pharmaceutical product and pharmaceutical product containers, closures, and labeling are inspected and either approved or disapproved;
3. Records of the compounding are prepared completely and accurately; and
4. Completion of the requirements in subsections (I)(1) through (I)(3) is documented in the compounding record and the compounding record is retained for at least seven years.

J. A pharmacist, intern, or pharmacy technician under the supervision of a pharmacist who is engaged in compounding pharmaceutical products shall:
1. Comply with subsection (B);
2. Maintain and document proficiency in compounding;
3. Ensure persons engaged in compounding wear clothing and protective apparel that protects the persons from chemical exposure and prevents pharmaceutical product contamination; and
4. Require all persons engaged in compounding:
   a. To inform the pharmacist of any health condition that may adversely affect a compounded pharmaceutical product; and
   b. To remain outside the compounding area if the person has an apparent illness or open lesion that may adversely affect the compounded pharmaceutical product.

K. A pharmacy permittee shall ensure an area in which pharmaceutical product compounding is performed:
1. Complies with the space and equipment standards specified in R4-23-609, R4-23-655, or R4-23-673, as applicable;
2. Complies with the requirements in R4-23-670, R4-23-681, and R4-23-682 if the compounding involves a sterile pharmaceutical or radiopharmaceutical product; and
3. Allows visual surveillance of the compounding area by a pharmacist.

L. A pharmacy permittee shall ensure all equipment used in pharmaceutical product compounding:
1. Complies with the standards in subsection (B) and is suitable for the intended purpose;
2. Is inspected and calibrated, if necessary, according to the manufacturer's instructions; and
3. Is handled in a manner that prevents cross-contamination of the compounding substances.

M. A pharmacy permittee shall develop a facility-specific list of hazardous drugs.
1. As used in this subsection, a hazardous drug is a drug that is:
   a. Approved for use in humans by the FDA;
   b. Not regulated by the U.S. Nuclear Regulatory Commission; and
   c. Either:
      i. Is accompanied by prescribing information that includes manufacturer's special handling information to protect workers handling the drug; or
      ii. Is identified as a carcinogenic, developmental, reproductive, genotoxic, or other health hazard.
2. In developing the facility-specific list of hazardous drugs, the pharmacy permittee shall consider:
   a. The NIOSH List of Hazardous Drugs in Healthcare Settings, including both Table 1 (drugs with manufacturer special handing information or carcinogenic classification) and Table 2 (drugs with reproductive or developmental risks), as it is referenced in the material incorporated in subsection (B)(1);
   b. Specific product formulations and packaging that occur in the facility; and
   c. Site-specific risks from routine handling, compounding, spills, broken device, needle stick, inadvertent contact, or surface contamination.
3. When using the NIOSH List of Hazardous Drugs in Healthcare Settings, the pharmacy permittee shall:
   a. Ensure all Table 1 drugs are managed in accordance with USP <800> requirements, including application of containment controls and assessment of risk provisions;
   b. Ensure a risk-based assessment is done of Table 2 drugs to determine the level of containment, protective equipment, and handling controls necessary. The pharmacy permittee shall document, review annually, make available to the Board on request, and ensure the assessment of each Table 2 drug includes:
      i. Frequency and duration of handling;
      ii. Dosage form and packaging characteristics;
      iii. Potential routes of exposure;
      iv. Engineering controls used;
      v. Required personal protective equipment; and
      vi. Cleaning, decontamination, and spill procedures; and
   c. Evaluate each new drug introduced into the facility against the NIOSH lists referenced in subsection (M)(2)(a), reevaluate drugs when new information becomes available, and conduct a facility-wide review annually.

N. A pharmacy permittee shall ensure all records required under this Section, including compounding procedures, ingredient documentation, certificates of analysis, compounding logs, quality assurance records, environmental monitoring records, policies and procedures, and training documentation are:
1. Maintained for at least seven years; and
2. Made available to the Board or the Board's designee within three business days of request.

Historical Note
Adopted effective August 5, 1997 (Supp. 97-3). Amended by final rulemaking at 10 A.A.R. 3391, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 12 A.A.R. 3981, effective December 4, 2006 (Supp. 06-4). Amended by final rulemaking at 32 A.A.R. 1649 (July 24, 2026, Issue 30), effective September 5, 2026 (Supp. 26-3).

R4-23-411. Pharmacist-administered Immunizations

A. Authorization. A pharmacist who is qualified under subsection (C) is authorized to order and administer, without a prescription order, an immunization, vaccine, or emergency medication, including but not limited to epinephrine, corticosteroids, albuterol, and antihistamines, to an eligible adult patient or eligible minor patient.

B. Authorized immunizations and vaccines:
1. A pharmacist who is authorized under subsection (A) may order and administer, without a prescription order, the following:
   a. For an eligible adult patient, an immunization or vaccine that is:
      i. Recommended for adults by the United States Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP); or
      ii. Recommended by the CDC's Health Information for International Travel; and
      iii. Not on the Arizona Department of Health Services' list required under A.R.S. § 32-1974(H) and specified in A.A.C. R9-6-1301; and
   b. For an eligible minor patient, an immunization or vaccine that is:
      i. For influenza or a booster dose as described under A.R.S. § 32-1974(A)(3); or
      ii. Administered in response to an emergency declared by the governor; and
2. A pharmacist who is authorized under subsection (A) may order and administer an immunization or vaccine to an eligible adult patient or eligible minor patient in accordance with:
   a. A valid standing order, as defined in subsection (J). A pharmacist shall not order or administer an immunization or vaccine under a standing order that has expired or been revoked, superseded, or otherwise terminated; or
   b. A valid standing order issued by a county or tribal public health department or the Arizona Department of Health Services (DHS) or its authorized medical director even if the standing order differs from current CDC or ACIP guidance. A pharmacist shall not

order or administer an immunization or vaccine under a standing order or DHS standing order that has expired or been revoked, superseded, or otherwise terminated.

C. Pharmacist qualifications. To be authorized to order and administer an immunization, vaccine, or emergency medication, including but not limited to epinephrine, corticosteroids, albuterol, and antihistamines, a pharmacist shall submit a completed application form, which is available on the Board's website, to the Board and provide evidence the pharmacist:
1. Is currently licensed to practice pharmacy in this state;
2. Successfully completed a training program that meets the requirements specified in subsection (D); and
3. Has a current certificate in basic cardiopulmonary resuscitation.

D. Training program requirements. The provider of a training program for pharmacists to administer immunizations, vaccines, and emergency medications to an eligible adult patient or eligible minor patient shall ensure the training program includes:
1. Basic immunology and the human immune response;
2. Mechanics of immunity, adverse effects, dose, and administration schedule of available vaccines;
3. Response to emergency situations including the administration of emergency medications;
4. Administration of intramuscular injections;
5. Other immunization administration methods; and
6. Recordkeeping and reporting requirements specified in subsection (E).

E. Recordkeeping and reporting.
1. A pharmacist shall document the following for each immunization, vaccine, or emergency medication administered:
   a. Patient name, address, and date of birth;
   b. Date of administration and site of injection;
   c. Product name, dose, manufacturer's lot number, and expiration date;
   d. Name and address of the patient's primary-care provider or physician;
   e. Name of the authorized pharmacist or qualified intern or pharmacy technician who administered the vaccine and, if the vaccine was administered by a qualified intern or pharmacy technician, the name of the authorized pharmacist who supervised the qualified intern or pharmacy technician;
   f. Record of consultation confirming patient eligibility;
   g. Any patient education or consultation provided;
   h. Name and date of the vaccine information sheet provided to the patient; and
   i. For an eligible minor patient, a signed consent form from the parent or guardian.
2. As required under A.R.S. § 32-1974(E)(1), the pharmacist shall provide a report to the patient's primary-care provider or physician containing the information required in subsections (E)(1)(a) through (d) within 48 hours after administration and document the report was provided within 72 hours.
3. A pharmacy's pharmacist-in-charge or permittee shall ensure the records required in subsection (E)(1) are maintained for at least seven years from the administration date.

F. Confidentiality. A pharmacy permittee shall ensure compliance with all applicable state and federal privacy laws when patient health information is released.

G. Immunizations requiring a prescription order. A pharmacist shall not administer an immunization or vaccine listed in A.A.C. R9-6-1301 without a prescription order. The pharmacist shall comply with subsection (E)(1) if an immunization or vaccine listed in A.A.C. R9-6-1301 is administered.

H. Administration by an intern.
1. The Board authorizes an intern to administer an immunization, vaccine, or emergency medication, only if a pharmacist authorized under subsection (A) verifies the intern is currently licensed in this state, successfully completed a training program that meets the requirements specified in subsection (D); and has a current certificate in basic cardiopulmonary resuscitation.
2. An intern authorized under subsection (H)(1) may administer an immunization, vaccine, or emergency medication to an eligible adult patient or eligible minor patient only under the supervision of a pharmacist authorized under subsection (A).
3. An intern shall not independently order an immunization, vaccine, or emergency medication.

I. Administration by a pharmacy technician.
1. Before a pharmacy technician administers an immunization or vaccine, a pharmacist authorized under subsection (A) shall verify the pharmacy technician is currently licensed in this state, successfully completed a training program that meets the requirements specified in subsection (D), and has a current certificate in basic cardiopulmonary resuscitation.
2. A pharmacy technician qualified under subsection (I)(1) may administer an immunization or vaccine to an eligible adult patient or eligible minor patient only if the administration is delegated by the pharmacist on duty and under the direct supervision of a pharmacist authorized under subsection (A).
3. A pharmacy technician shall not:
   a. Order an immunization, vaccine, or emergency medication; or
   b. Administer an emergency medication.

J. Definitions. The following definitions apply to this Section:
1. "Eligible adult patient" means an eligible patient who is 13 years of age or older.
2. "Eligible minor patient" means an eligible patient younger than 13 years of age who meets the following minimum age requirements:
   a. For influenza vaccine: three years of age or older;
   b. For any other immunization or vaccine:
      i. Under a standard order or prescription order, three years of age or older; or
      ii. Without a standing order or prescription order, in accordance with A.R.S. § 32-1974(A)(1).
3. "Standing order" means a written directive issued by a licensed healthcare provider authorized by a county or tribal public health department or the Arizona Department of Health Services that allows an authorized pharmacist and other qualified pharmacy personnel, to order or administer immunizations, vaccines, or emergency medications to individuals who meet the criteria set forth in the standing order, in accordance with established clinical protocols, without needing a patient-specific prescription order. For the purpose of this Section, a standing order is a prescription order as defined at A.R.S. § 32-

1901(87)(c) and required under A.R.S. § 32-1974(B). A standing order may include an effective and expiration date and shall not be relied on if expired, superseded, revoked, or otherwise terminated.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 3967, effective November 13, 2004 (Supp. 04-3). Amended by final rulemaking at 12 A.A.R. 279, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 14 A.A.R. 3674, effective November 8, 2008 (Supp. 08-3). Amended by final rulemaking at 15 A.A.R. 1930, effective November 3, 2009 (Supp. 09-4). Amended by final rulemaking at 17 A.A.R. 2596, effective February 4, 2012 (Supp. 11-4). Amended by final rulemaking at 23 A.A.R. 211, effective March 5, 2017 (Supp. 17-1). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 26 A.A.R. 223, effective March 14, 2020 (Supp. 20-1). Amended by final rulemaking at 28 A.A.R. 994 (May 13, 2022), effective July 2, 2022 (Supp. 22-2). Amended by emergency rulemaking at 31 A.A.R. 4007 (October 10, 2025), effective September 22, 2025, for 180 days (Supp. 25-3). The emergency rulemaking was due to expire on March 21, 2026; Before the expiration of the emergency, Section R4-23-411 was amended under final rulemaking at 32 A.A.R. 471 (February 27, 2026, Issue 9) with an immediate effective date of February 3, 2026 (Supp. 26-1).

R4-23-412. Emergency Refill Prescription Dispensing

A. When a state of emergency is declared under A.R.S. § 32-1910(A) or (B) and the state of emergency results in individuals being unable to refill existing prescriptions, a pharmacist may work in the affected county, city, or town and may dispense a one-time emergency refill prescription of up to a 30-day supply of a prescribed medication to an affected individual if both of the following apply:
1. In the pharmacist's professional opinion the medication is essential to the maintenance of life or to the continuation of therapy, and
2. The pharmacist makes a good faith effort to reduce the information to a written prescription marked "emergency prescription" and files and maintains the prescription as required by law.

B. If the state of emergency declared under A.R.S. § 32-1910(A) or (B) continues for at least 21-days after the pharmacist dispenses an emergency prescription under subsection (A), the pharmacist may dispense one additional emergency refill prescription of up to a 30-day supply of the prescribed medication if the pharmacist complies with subsection (A)(2).

C. A pharmacist's authority to dispense emergency prescriptions under this Section ends when the declared state of emergency is terminated.

Historical Note
New Section made by final rulemaking at 14 A.A.R. 4400, effective January 3, 2009 (Supp. 08-4).

R4-23-413. Temporary Recognition of Nonresident Licensure

A. When a state of emergency is declared under A.R.S. § 32-1910(A) or (B):
1. A pharmacist who is not licensed in this state, but who is currently licensed in another state, may dispense prescription medications in those affected counties, cities, or towns in this state during the time that a declared state of emergency exists under A.R.S. § 32-1910(A) or (B) if both of the following apply:
   a. The pharmacist provides proof of current licensure in another state, and
   b. The pharmacist is engaged in a relief effort during a state of emergency.
2. Acting under the direct supervision of a pharmacist, a pharmacy technician or pharmacy intern not licensed in this state, but currently licensed or registered in another state, may assist a pharmacist in dispensing prescription medications in affected counties, cities, or towns in this state during the time that a declared state of emergency exists under A.R.S. § 32-1910(A) or (B) if both of the following apply:
   a. The pharmacy technician or pharmacy intern provides proof of current licensure or registration in another state, and
   b. The pharmacy technician or pharmacy intern is engaged in a relief effort during a state of emergency.

B. The recognition of nonresident licensure or registration shall end with the termination of the declared state of emergency.

Historical Note
New Section made by final rulemaking at 14 A.A.R. 4400, effective January 3, 2009 (Supp. 08-4).

R4-23-414. Reserved

R4-23-415. Impaired Licensees – Treatment and Rehabilitation

A. The Board may contract with qualified organizations to operate a program for the treatment and rehabilitation of licensees impaired as the result of alcohol or other drug abuse, pursuant to A.R.S. § 32-1932.01.

B. Participants in the program are either "confidential" or "known." Confidential participants are self-referred and may remain unidentified to the Board, subject to maintaining compliance with their program contract. Known participants are under Board order to complete a minimum tenure in the program. After a known participant completes the minimum tenure, the Board may terminate the Board order and reinstate the participant's license to practice pharmacy.

C. The program contract with a qualified organization shall include as a minimum the following:
1. Duties and responsibilities of each party.
2. Duration, not to exceed two years, of contract and terms of compensation.
3. Quarterly reports from the program administrator to the Board indicating:
   a. Identity of participants;
      i. By name, if a known participant; or
      ii. By case number, if a confidential participant;
   b. Status of each participant, including;
      i. Clinical findings;
      ii. Diagnosis and treatment recommendations;
      iii. Program activities; and
      iv. General recovery and rehabilitation program information.
4. The program administrator shall report immediately to the Board the name of any impaired licensee who poses a danger to self or others.
5. The program administrator shall report to the Board, as soon as possible, the name of any impaired licensee:
   a. Who refuses to submit to treatment,

b. Whose impairment is not substantially alleviated through treatment, or
c. Who violates the terms of their contract.

6. The program administrator shall periodically provide informational programs to the profession, including approved continuing education programs on the topic of drug and chemical impairment, treatment, and rehabilitation.

D. Under A.R.S. § 32-1903(F), the Board may publish the names of participants under current Board orders.

E. The Board or its executive director may request the treatment records for any participant. The program administrator shall provide treatment records within 10 working days of receiving a written request from the Board or its executive director for such records. Upon request of the program administrator or the Board or its executive director, a program participant shall authorize a drug and alcohol treatment facility or program or a private practitioner or treatment program to release the participant's records to the program administrator or the Board or its executive director.

F. On the recommendation of the program administrator or a Board member and by mutual consent, the program administrator, Board member, Board staff, and program participant may meet informally to discuss program compliance.

Historical Note
New Section adopted by final rulemaking at 6 A.A.R. 467, effective January 4, 2000 (Supp. 00-1). Amended by final rulemaking at 14 A.A.R. 3611, effective November 8, 2008 (Supp. 08-3).

R4-23-416. Reserved

R4-23-417. Reserved

R4-23-418. Reserved

R4-23-419. Reserved

R4-23-420. Reserved

R4-23-421. Repealed

Historical Note
New Section made by final rulemaking at 8 A.A.R. 4052, effective November 9, 2002 (Supp. 02-3). Section repealed by final rulemaking at 17 A.A.R. 2600, effective February 4, 2012 (Supp. 11-4).

R4-23-422. Repealed

Historical Note
New Section made by final rulemaking at 8 A.A.R. 4052, effective November 9, 2002 (Supp. 02-3). Section repealed by final rulemaking at 17 A.A.R. 2600, effective February 4, 2012 (Supp. 11-4).

R4-23-423. Repealed

Historical Note
New Section made by final rulemaking at 8 A.A.R. 4052, effective November 9, 2002 (Supp. 02-3). Section repealed by final rulemaking at 17 A.A.R. 2600, effective February 4, 2012 (Supp. 11-4).

R4-23-424. Repealed

Historical Note
New Section made by final rulemaking at 8 A.A.R. 4052, effective November 9, 2002 (Supp. 02-3). Section repealed by final rulemaking at 17 A.A.R. 2600, effective February 4, 2012 (Supp. 11-4).

R4-23-425. Repealed

Historical Note
New Section made by final rulemaking at 8 A.A.R. 4052, effective November 9, 2002 (Supp. 02-3). Section repealed by final rulemaking at 17 A.A.R. 2600, effective February 4, 2012 (Supp. 11-4).

R4-23-426. Repealed

Historical Note
New Section made by final rulemaking at 8 A.A.R. 4052, effective November 9, 2002 (Supp. 02-3). Section repealed by final rulemaking at 17 A.A.R. 2600, effective February 4, 2012 (Supp. 11-4).

R4-23-427. Repealed

Historical Note
New Section made by final rulemaking at 8 A.A.R. 4052, effective November 9, 2002 (Supp. 02-3). Section repealed by final rulemaking at 17 A.A.R. 2600, effective February 4, 2012 (Supp. 11-4).

R4-23-428. Repealed

Historical Note
New Section made by final rulemaking at 8 A.A.R. 4052, effective November 9, 2002 (Supp. 02-3). Section repealed by final rulemaking at 17 A.A.R. 2600, effective February 4, 2012 (Supp. 11-4).

R4-23-429. Repealed

Historical Note
New Section made by final rulemaking at 8 A.A.R. 4052, effective November 9, 2002 (Supp. 02-3). Section repealed by final rulemaking at 17 A.A.R. 2600, effective February 4, 2012 (Supp. 11-4).

ARTICLE 5. CONTROLLED SUBSTANCES PRESCRIPTION MONITORING PROGRAM

New Article 5, consisting of Sections R4-23-501 through R4-23-505, made effective August 2, 2014 (Supp. 14-2).

Article 5, consisting of Sections R4-23-501 through R4-23-505, expired effective August 30, 2013 (Supp. 14-1).

Article 5, consisting of Sections R4-23-501 and R4-23-502, recodified to Article 8 at 9 A.A.R. 4011, effective August 18, 2003 (Supp. 03-3).

New Article 5, consisting of Sections R4-23-501 through R4-23-505, made by final rulemaking at 14 A.A.R. 3410, effective October 4, 2008 (Supp. 08-3).

R4-23-501. Controlled Substances Prescription Monitoring (CSPMP) Program Registration and Database Access

A. Under A.R.S. § 36-2606, a medical practitioner who is issued a license under A.R.S. Title 32, Chapter 7, 11, 13, 14, 15, 16, 17, 21, 25, or 29 and possesses a current DEA registration under the Federal Controlled Substances Act shall have a current CSPMP registration issued by the Board.

B. Application.

1. An applicant for CSPMP registration shall:
   a. Submit a completed application for CSPMP registration electronically or manually on a form furnished by the Board, and

b. Submit with the application form the documents specified in the application form.

2. The Board office shall deem an application form received on the date the Board office electronically or manually date-stamps the form.

C. Registration. Within seven business days of receipt of a completed application specified in subsection (B), the Board office shall determine whether an application is complete. If the application is complete, the Board office shall issue a registration number and provide a current registration certificate to the applicant by mail or electronic transmission. If the application is incomplete, the Board office shall issue a written notice of incompleteness. An applicant with an incomplete application shall comply with the requirements of R4-23-202(F).

D. Registration renewal. As specified in A.R.S. § 36-2606(C), the Board shall automatically suspend the registration of any registrant that fails to renew the registration on or before May 1 of the year in which the renewal is due. The Board shall vacate a suspension if the registrant submits a renewal application. A suspended registrant with CSPMP database access credentials is prohibited from accessing information in the prescription monitoring program database.

E. CSPMP database access.

1. A medical practitioner that chooses to use the CSPMP database shall request access from the CSPMP Director by completing an access user registration form electronically. Upon receipt of the access user registration form, the CSPMP Director or designee shall issue access credentials provided the medical practitioner is in compliance with the registration requirements of this Section.
2. A pharmacist that chooses to use the CSPMP database shall request access from the CSPMP Director by completing an access user registration form electronically. Upon receipt of the access user registration form, the CSPMP Director or designee shall issue access credentials provided the pharmacist has a current active pharmacist license.
3. A medical practitioner or pharmacist who is not licensed in Arizona may request access from the CSPMP Director by:
   a. Completing an access user registration form electronically;
   b. Printing the access user registration form;
   c. Having the access user registration form signed and notarized; and
   d. Mailing the notarized access user form along with a current copy of the applicant's nonresident state license and driver's license. Upon receipt of the notarized access user registration form and other required documents, the CSPMP Director or designee shall issue access credentials provided the nonresident licensed medical practitioner or pharmacist credentials show an current active license in another state.

Historical Note

Former Rule 5.2110; Amended effective August 9, 1983 (Supp. 83-4). Amended by final rulemaking at 8 A.A.R. 4898, effective January 5, 2003 (Supp. 02-4). Recodified to R4-23-801 at 9 A.A.R. 4011, effective August 18, 2003 (Supp. 03-3). New Section made by final rulemaking at 14 A.A.R. 3410, effective October 4, 2008 (Supp. 08-3). Amended by final rulemaking at 19 A.A.R. 94, effective March 10, 2013 (Supp. 13-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 133, effective August 30, 2013 (Supp. 14-1). New Section made by final rulemaking at 20 A.A.R. 1359, effective August 2, 2014 (Supp. 14-2).

R4-23-502. Requirements for Data Format and Transmission

A. Each dispenser shall submit to the Board or its designee by electronic means information regarding each prescription dispensed for a controlled substance listed in Schedules II, III, and IV of A.R.S. Title 36, Chapter 27, the Arizona Uniform Controlled Substances Act. The information reported shall conform to the August 31, 2005 Version 003, Release 000 ASAP Rules-based Standard Implementation Guide for Prescription Monitoring Programs published by the American Society for Automation in Pharmacy as specified in A.R.S. § 36-2608(B). The information submitted for each prescription shall include:

1. The name, address, telephone number, prescription number, and DEA registration number of the dispenser;
2. The name, address, gender, date of birth, and telephone number of the person or, if for an animal, the owner of the animal for whom the prescription is written;
3. The name, address, telephone number, and DEA registration number of the prescribing medical practitioner;
4. The quantity and National Drug Code (NDC) number of the Schedule II, III, or IV controlled substance dispensed;
5. The date the prescription was dispensed;
6. The number of refills, if any, authorized by the medical practitioner;
7. The date the prescription was issued;
8. The method of payment identified as cash or third party; and
9. Whether the prescription is new or a refill.

B. A dispenser shall submit the required information electronically unless the Board or its designee approves a waiver as specified in subsection (D).

C. A dispenser's electronic data transfer equipment including hardware, software, and internet connections shall meet the privacy and security standards of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, as amended, and A.R.S. § 12-2292, in addition to common internet industry standards for privacy and security. A dispenser shall ensure that each electronic transmission meets the following data protection requirements:

1. Data shall be at least 128-bit encryption in transmission and at rest; and
2. Data shall be transmitted via secure e-mail, telephone modem, diskette, CD-ROM, tape, secure File Transfer Protocol (FTP), Virtual Private Network (VPN), or other Board-approved media.

D. A dispenser who does not have an automated recordkeeping system capable of producing an electronic report in the Board established format may request a waiver from electronic reporting by submitting a written request to the Board or its designee. The Board or its designee shall grant the request if the dispenser agrees in writing to report the data by submitting a completed universal claim form supplied by the Board or its designee.

E. Unless otherwise approved by the Board, a dispenser shall report by the close of business on each Friday the required information for the previous week, Sunday through Saturday. If a Friday falls on a state holiday, the dispenser shall report the information on the following business day. The Board or its designee may approve a less frequent reporting period if a dispenser makes a showing that a less frequent reporting

period will not reduce the effectiveness of the system or jeopardize the public health.

Historical Note
Former Rule 5.2510. Amended by final rulemaking at 8 A.A.R. 4898, effective January 5, 2003 (Supp. 02-4). Recodified to R4-23-802 at 9 A.A.R. 4011, effective August 18, 2003 (Supp. 03-3). New Section made by final rulemaking at 14 A.A.R. 3410, effective October 4, 2008 (Supp. 08-3). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 133, effective August 30, 2013 (Supp. 14-1). New Section made by final rulemaking at 20 A.A.R. 1359, effective August 2, 2014 (Supp. 14-2).

R4-23-503. Access to Controlled Substances Prescription Monitoring Program Data

A. Except as provided in A.R.S. § 36-2604(B) and (C) and this Section, prescription information submitted to the Board or its designee is confidential and is not subject to public inspection.

B. The Board or its designee shall review the prescription information collected under A.R.S. Title 36, Chapter 28 and R4-23-502. If the Board or its designee has reason to believe an act of unprofessional or illegal conduct has occurred, the Board or its designee shall notify the appropriate professional licensing board or law enforcement or criminal justice agency and provide the prescription information required for an investigation.

C. The Board or its designee is authorized to release data collected by the program to the following:

1. A person who is authorized to prescribe or dispense a controlled substance to assist that person to provide medical or pharmaceutical care to a patient or to evaluate a patient;
2. An individual who requests the individual's own controlled substance prescription information under A.R.S. § 12-2293;
3. A professional licensing board established under A.R.S. Title 32, Chapter 7, 11, 13, 14, 15, 16, 17, 18, 21, 25, or 29. Except as required under subsection (B), the Board or its designee shall provide this information only if the requesting board states in writing that the information is necessary for an open investigation or complaint;
4. A local, state, or federal law enforcement or criminal justice agency. Except as required under subsection (B), the Board or its designee shall provide this information only if the requesting agency states in writing that the information is necessary for an open investigation or complaint;
5. The Arizona Health Care Cost Containment System Administration regarding individuals who are receiving services under A.R.S. Title 36, Chapter 29. Except as required under subsection (B), the Board or its designee shall provide this information only if the Administration states in writing that the information is necessary for an open investigation or complaint;
6. A person serving a lawful order of a court of competent jurisdiction;
7. A person who is authorized to prescribe or dispense a controlled substance and who performs an evaluation on an individual under A.R.S. § 23-1026; and
8. The Board staff for purposes of administration and enforcement of A.R.S. Title 36, Chapter 28 and this Article.

D. The Board or its designee may provide data to public or private entities for statistical, research, or educational purposes after removing information that could be used to identify individual patients or persons who received prescriptions from dispensers.

Historical Note
Former Rules 5.3500, 5.3520, 5.3540, 5.3550, 5.3560, 5.3570, 5.3580, 5.3590, 5.4110, and 5.6110; Repealed effective August 2, 1982 (Supp. 82-4). New Section made by final rulemaking at 14 A.A.R. 3410, effective October 4, 2008 (Supp. 08-3). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 133, effective August 30, 2013 (Supp. 14-1). New Section made by final rulemaking at 20 A.A.R. 1359, effective August 2, 2014 (Supp. 14-2).

R4-23-504. Computerized Central Database Tracking System Task Force

A. The Board shall appoint a task force to help it administer the computerized central database tracking system as specified in A.R.S. § 36-2603.

B. The Task Force shall meet at least once each year and at the call of the chairperson to establish the procedures and conditions relating to the release of prescription information specified in A.R.S. § 36-2604 and R4-23-503.

C. The Task Force shall determine:

1. The information to be screened;
2. The frequency and thresholds for screening; and
3. The parameters for using the information to notify medical practitioners, patients, and pharmacies to educate and provide for patient management and treatment options.

D. The Board shall review and approve the procedures and conditions established by the Task Force as needed but at least once every calendar year.

Historical Note
Former Rule 5.7010; Amended effective August 10, 1978 (Supp. 78-4). Repealed effective August 2, 1982 (Supp. 82-4). New Section made by final rulemaking at 14 A.A.R. 3410, effective October 4, 2008 (Supp. 08-3). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 133, effective August 30, 2013 (Supp. 14-1). New Section made by final rulemaking at 20 A.A.R. 1359, effective August 2, 2014 (Supp. 14-2).

R4-23-505. Reports

A. Before releasing prescription monitoring program data, the Board or its designee shall receive a written or electronic request for controlled substance prescription information.

B. A person authorized to access CSPMP data under R4-23-503(C)(1) through (7) shall submit a written or electronic request that:

1. Specifies the information requested for the report;
2. For a medical practitioner, provides a statement that the report's purpose is to provide medical or pharmaceutical care to a patient or to evaluate a patient;
3. For an individual obtaining the individual's own controlled substance prescription information, provides a form of non-expired government-issued photo identification;
4. For a professional licensing board, states that the information is necessary for an open investigation or complaint;
5. For a local, state, or federal law enforcement or criminal justice agency, states that the information is necessary for an open investigation or complaint;
6. For the AHCCCS Administration, states that the information is necessary for an open investigation or complaint; and

7. For a person serving a lawful order of a court of competent jurisdiction, provides a copy of the court order.

C. The Board or its designee may provide reports through U.S. mail, other common carrier, facsimile, or secured electronic media or may allow reports to be picked up in-person at the Board office.

Historical Note
Former Rules 5.7100, 5.8100, 5.8500, 5.9100, and 5.9500; Amended effective August 10, 1978 (Supp. 78-4). Repealed effective August 2, 1982 (Supp. 82-4). New Section made by final rulemaking at 14 A.A.R. 3410, effective October 4, 2008 (Supp. 08-3). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 133, effective August 30, 2013 (Supp. 14-1). New Section made by final rulemaking at 20 A.A.R. 1359, effective August 2, 2014 (Supp. 14-2).

R4-23-506. Repealed

Historical Note
Adopted effective December 3, 1974 (Supp. 75-1). Repealed effective August 24, 1992 (Supp. 92-3).

ARTICLE 6. PERMITS AND DISTRIBUTION OF DRUGS

R4-23-601. General Provisions

A. Permit required to sell a narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical. A person shall have a current Board permit to:
1. Sell a narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical in Arizona; or
2. Sell a narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical from outside Arizona and ship the narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical into Arizona.

B. A medical practitioner is exempt from subsection (A) to administer a narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical for the emergency needs of a patient.

C. Permit fee. Permits are issued biennially on an odd- and even-year expiration based on the assigned permit number. The fee, specified in R4-23-205, is not refundable unless the Board fails to comply with the permit time frames established in R4-23-602.

D. Record of receipt and disposal of narcotics or other controlled substances, prescription-only drugs or devices, nonprescription drugs, precursor chemicals, or regulated chemicals.
1. Every person manufacturing a narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical, including repackaging or relabeling, shall prepare and retain for no fewer than three years the manufacturing, repackaging, or relabeling date for each narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical.
2. Every person receiving, selling, delivering, or disposing of a narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical shall record and retain for no fewer than three years the following information:
   a. The name, strength, dosage form, and quantity of each narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical received, sold, delivered, or disposed;
   b. The name, address, and license or permit number, if applicable, of the person from whom each narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical is received;
   c. The name, address, and license or permit number, if applicable, of the person to whom each narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical is sold or delivered, or of the person who disposes of each narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical; and
   d. The receipt, sale, deliver, or disposal date of each narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical.
3. The record required in this subsection shall be available for inspection by the Board or its compliance officer during regular business hours.
4. If the record required in this subsection is stored in a centralized recordkeeping system and not immediately available for inspection, a permittee, manager, or pharmacist-in-charge shall provide the record within four working days of the Board's or its compliance officer's request.

E. Narcotics or other controlled substances, prescription-only drugs or devices, nonprescription drugs, precursor chemicals, or regulated chemicals damaged by water, fire, or from human or animal consumption or use. A person shall not sell or offer to sell any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical damaged by water, fire, or from human or animal consumption or use.

F. At least 14 days before there is a change in ownership, as defined at R4-23-110, of a license or permit issued under this Chapter, the new licensee or permittee shall apply to the Board for a new license or permit.

Historical Note
Former Rules 6.1100, 6.1200, 6.1300, 6.1400, and 6.1500. Amended effective August 10, 1978 (Supp. 78-4). Amended subsection (C) effective August 9, 1983 (Supp. 83-4). Amended subsection (C) effective August 12, 1988 (Supp. 88-3). Amended by final rulemaking at 6 A.A.R. 4656, effective November 14, 2000 (Supp. 00-4). Amended by final rulemaking at 12 A.A.R. 1912, effective July 1, 2006 (Supp. 06-2). Amended by final rulemaking at 14 A.A.R. 3670, effective November 8, 2008 (Supp. 08-3). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2).

R4-23-602. Permit Application Process and Time Frames

A. A person applying for a permit shall:
1. Submit a completed application for the desired permit electronically or manually on a form furnished by the Board, and
2. Submit with the application form:
   a. The documents specified in the application form, and

b. The permit fee specified in R4-23-205.

B. The Board office shall deem an application form received on the date the Board office electronically or manually date-stamps the form.

C. Time frames for permits.

1. The Board office shall finish an administrative completeness review within 60 days from the date the application form is received.
   a. The Board office shall issue a written notice of administrative completeness to the applicant if no deficiencies are found in the application form.
   b. If the application form is incomplete, the Board office shall provide the applicant with a written notice that includes a comprehensive list of the missing information. The 60-day time frame for the Board office to finish the administrative completeness review is suspended from the date the notice of incompleteness is served until the applicant provides the Board office with all missing information.
   c. If the Board office does not provide the applicant with written notice regarding administrative completeness, the application form shall be deemed complete 60 days after receipt by the Board office.
2. An applicant with an incomplete application form shall submit to the Board office all of the missing information within 90 days of service of the notice of incompleteness. If an applicant cannot submit all missing information within 90 days of service of the notice of incompleteness, the applicant may send a written notice of a 30-day extension to the Board office postmarked or delivered no later than 90 days from service of the notice of incompleteness.
3. If an applicant fails to submit a complete application form within the time allowed under subsection (C)(2), the Board office shall close the applicant's file. An applicant whose file is closed and who later wishes to obtain a permit shall submit a new application and fee as specified in subsection (A).
4. For a compressed medical gas distributor permit applicant and a durable medical equipment and compressed medical gas supplier permit applicant, the Board office shall issue a permit on the day the Board office determines an administratively complete application form is received.
5. Except as described in subsection (C)(4), from the date on which the administrative completeness review of an application form is finished, the Board office shall complete a substantive review of the applicant's qualifications in no more than 120 days.
   a. If an applicant is found to be ineligible, the Board office shall issue a written notice of denial to the applicant.
   b. If an applicant is found to be eligible, the Board office shall recommend to the Board that the applicant be issued a permit. Upon receipt of the Board office's recommendation, the Board shall either issue a permit to the applicant or if the Board determines the applicant does not meet eligibility requirements, return the matter to the Board office.
   c. If the Board office finds deficiencies during the substantive review of the application form, the Board office shall issue a written request to the applicant for additional documentation.
   d. The 120-day time frame for a substantive review for the issuance or denial of a permit is suspended from the date of the written request for additional documentation until the date all documentation is received. The applicant shall submit the additional documentation according to subsection (C)(2).
   e. If the applicant and the Board office mutually agree in writing, the 120-day substantive review time frame may be extended once for no more than 45 days.
6. For the purpose of A.R.S. § 41-1072 et seq., the Board establishes the following time frames for permits:
   a. Administrative completeness review time frame: 60 days.
   b. Substantive review time frame:
      i. Compressed medical gas distributor permit and durable medical equipment and compressed medical gas supplier permit: none.
      ii. Except as described in subsection (C)(6)(b)(i): 120 days.
   c. Overall time frame:
      i. Compressed medical gas distributor permit and durable medical equipment and compressed medical gas supplier permit: 60 days.
      ii. Except as described in subsection (C)(6)(c)(i): 180 days.

D. Permit renewal.

1. To renew a permit, a permittee shall submit a completed application for permit renewal electronically or manually on a form furnished by the Board with the biennial renewal fee specified in R4-23-205.
2. If the biennial renewal fee is not paid by November 1 of the renewal year specified in A.R.S. § 32-1931, the permit is suspended. The permittee shall pay a penalty as provided in A.R.S. § 32-1931 and R4-23-205 to vacate the suspension.
3. Time frames for permit renewals. The Board office shall follow the time frames established in subsection (C).

E. Display of permit. A permittee shall conspicuously display the permit in the location to which it applies.

Historical Note

Former Rules 6.2100, 6.2200, 6.2300, 6.2400, 6.2500, 6.2600, 6.2610, 6.2620, 6.2630, 6.2640, and 6.2650. Amended effective August 10, 1978 (Supp. 78-4). Amended effective August 9, 1983 (Supp. 83-4). Repealed effective August 12, 1988 (Supp. 88-3). New Section adopted effective August 5, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 4589, effective November 14, 2000 (Supp. 00-4). Amended by final rulemaking at 20 A.A.R. 1364, effective August 2, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 31 A.A.R. 2363 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

R4-23-603. Repealed

Historical Note

Adopted effective August 10, 1978 (Supp. 78-4). Amended subsection (D) paragraph (1) and added subsection (G) effective April 20, 1982 (Supp. 82-2). Amended effective August 12, 1988 (Supp. 88-3). Amended effective February 8, 1991 (Supp. 91-1). Amended effective August 5, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 4589, effective

November 14, 2000 (Supp. 00-4). Amended by final rulemaking at 20 A.A.R. 1364, effective August 2, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2). Repealed by final rulemaking at 31 A.A.R. 2363 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

R4-23-604. Resident Drug Manufacturer

A. Permit. A person shall not manufacture, package, repackage, label, or relabel any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical without a current Board-issued drug manufacturer permit.

B. Application. To obtain a permit to operate a drug manufacturing firm in Arizona, a person shall submit a completed application, on a form furnished by the Board, and the fee specified in R4-23-205.

C. Before issuing a drug manufacturer permit, the Board shall:
1. Receive and approve a completed permit application;
2. Interview the applicant and manager, if different from the applicant, at a Board meeting; and
3. Receive a satisfactory compliance inspection report on the facility from a Board compliance officer.

D. Notification. A resident drug manufacturer permittee shall notify the Board of changes involving the drug list, address, telephone number, business name, or manager, including manager's telephone number. The resident drug manufacturer permittee shall submit using the permittee's online profile or a written notice by mail, fax, or e-mail to the Board office within 24 hours of the change.

E. Change of ownership. A resident drug manufacturer permittee shall comply with R4-23-601(F).

F. Before an existing resident drug manufacturer permittee relocates, the drug manufacturer permittee shall submit the application packet described in subsection R4-23-604(B), excluding the fee. The facility at the new location shall pass a final inspection by a Board compliance officer before operations begin.

G. No later than 14 days after the change occurs, a resident drug manufacturer permittee shall submit the application described under subsection R4-23-604(B), excluding the fee, for any change of officers in a corporation.

H. Manufacturing and distribution.
1. A drug manufacturer permittee shall manufacture and distribute a drug only:
   a. To a pharmacy, drug manufacturer, or full-service or nonprescription drug wholesaler currently permitted by the Board;
   b. To a medical practitioner currently licensed as a medical practitioner as defined in A.R.S. § 32-1901; or
   c. To a properly permitted, registered, licensed, or certified person or firm of another jurisdiction.
2. Before manufacturing and distributing a drug that is not listed on a drug manufacturer's permit application, the drug manufacturer permittee shall send to the Board office a written request to amend the permit application, including documentation of FDA approval to manufacture the drug not listed on the original permit application. If a request to amend a permit application includes the documentation required in this subsection, the Board or its designee shall approve the request to amend within 30 days of receipt.

I. A drug manufacturer permit is subject to denial, suspension, probation, or revocation under A.R.S. § 32-1927.02.

J. Current Good Manufacturing Practice. A drug manufacturer permittee is required under federal law to follow the good manufacturing practice requirements of 21 CFR 210 through 211.

K. Records. A drug manufacturer permittee shall:
1. Establish and implement written procedures for maintaining records pertaining to production, process control, labeling, packaging, quality control, distribution, complaints, and any information required by federal or state law;
2. Retain the records required by this Article and 21 CFR 210 through 211 for at least two years after distribution of a drug or one year after the expiration date of a drug, whichever is longer; and
3. Make the records required by this Article and 21 CFR 210 through 211 available within 48 hours for review by a Board compliance officer or other authorized officer of the law as defined in A.R.S. § 32-1901.

L. Inspections. A drug manufacturer permittee shall make the drug manufacturer's facility available for inspection by the Board or its compliance officer under A.R.S. § 32-1904.

M. Nonresident drug manufacturer. A nonresident drug manufacturer shall comply with the requirements of R4-23-607.

N. Manufacturing radiopharmaceuticals. Before manufacturing a radiopharmaceutical, a drug manufacturer permittee shall:
1. Comply with the regulatory requirements of the Arizona Radiation Regulatory Agency, the U.S. Nuclear Regulatory Commission, the FDA, and this Section; and
2. Hold a current Arizona Radiation Regulatory Agency Radioactive Materials License. If a drug manufacturer permittee who manufactures radiopharmaceuticals fails to maintain a current Arizona Radiation Regulatory Agency Radioactive Materials License, the permittee's drug manufacturer permit shall be immediately suspended pending a hearing by the Board.

Historical Note

Former Rules 6.4001, 6.4002, 6.4003, 6.4004, 6.4005, 6.4006, 6.4007, 6.4008, 6.4009, 6.4100, 6.4110, 6.4111, 6.4115, 6.4116, 6.4120, 6.4122, 6.4190, 6.4191, 6.4200, 6.4250, 6.4300, 6.4350, 6.4355, 6.4360, 6.4400, 6.4401, 6.4403, 6.4410, 6.4430, 6.4450, 6.4500, 6.4510, 6.4530, 6.4533, 6.4600, 6.4610, 6.4640, 6.4660, 6.4700, 6.4710, and 6.4750. Adopted effective December 3, 1974 (Supp. 75-1). Amended effective August 10, 1978 (Supp. 78-4). Amended subsection (B) paragraph (2) effective April 20, 1982 (Supp. 82-2). Amended subsections (B), (G), (K) and (L) effective August 12, 1988 (Supp. 88-3). Amended effective August 24, 1992 (Supp. 92-3). Amended effective November 1, 1993 (Supp. 93-4). Amended by final rulemaking at 7 A.A.R. 3815, effective August 9, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 1105, effective April 30, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 702, effective June 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2).

R4-23-605. Resident Drug Wholesaler Permit

A. Permit. A person shall not operate a business or firm for the wholesale distribution of any drug, device, precursor chemical, or regulated chemical without a current Board-issued full-service or nonprescription drug wholesale permit.

B. Application.

1. To obtain a permit to operate a full-service or nonprescription drug wholesale firm in Arizona, a person shall submit a completed application, on a form furnished by the Board, and the fee specified in R4-23-205.
2. Before issuing a full-service or nonprescription drug wholesale permit, the Board shall:
   a. Receive and approve a completed permit application;
   b. Interview the applicant and the designated representative, if different from the applicant, at a Board meeting;
   c. Receive a satisfactory compliance inspection report on the facility from a Board compliance officer; and
   d. For a full-service drug wholesale permit, issue a fingerprint clearance to a qualified designated representative, as specified in subsection (L). If the fingerprint clearance of a designated representative for a full-service drug wholesale permit applicant is denied, the full-service drug wholesale permit applicant shall appoint another designated representative and submit the documentation, fingerprints, and fee specified in the application required in subsection (B).

C. Notification. A resident full-service or nonprescription drug wholesale permittee shall notify the Board of changes involving the type of drugs sold or distributed, address, telephone number, business name, or manager or designated representative, including the manager's or designated representative's telephone number.
1. The resident full-service or nonprescription drug wholesale permittee shall submit using the permittee's online profile or a written notice by mail, fax, or e-mail to the Board office within 10 days of the change.
2. For a change of designated representative, a resident full-service drug wholesale permittee shall submit the documentation, fingerprints, and fee specified in the application required in subsection (B).

D. Change of ownership. A resident full-service or nonprescription drug wholesale permittee shall comply with R4-23-601(F).

E. Before an existing resident full-service or nonprescription drug wholesaler permittee relocates, the resident full-service or nonprescription drug wholesale permittee shall submit the application required under subsection (B), excluding the fee. The facility at the new location shall pass a final inspection by a Board compliance officer before operations begin.

F. No later than 14 days after the change occurs, a resident full-service or nonprescription drug wholesale permittee shall submit the application described under subsection (B), excluding the fee, for any change of officers in a corporation.

G. Distribution restrictions. In addition to the requirements of this subsection, a resident full-service wholesale permittee shall comply with the distribution restrictions specified in A.R.S. § 32-1983.
1. Records.
   a. A full-service drug wholesale permittee shall:
      i. Maintain records to ensure full accountability of any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical including dates of receipt and sales, names, addresses, and DEA registration numbers, if required, of suppliers or sources of merchandise, and customer names, addresses, and DEA registration numbers, if required;
      ii. File the records required in subsection (G)(1)(a)(i) in a readily retrievable manner for a minimum of three years;
      iii. Make the records required in subsection (G)(1)(a)(i) available upon request during regular business hours for inspection by a Board compliance officer or other authorized officer of the law as defined in A.R.S. § 32-1901(5). Records kept at a central location apart from the business location and not electronically retrievable shall be made available within two business days; and
      iv. In addition to the records requirements of subsection (G)(1)(a)(i), comply with the retention of track and trace documents required under the Drug Supply Chain and Security Act for all prescription-only drugs that leave the normal distribution channel as defined in A.R.S. § 32-1981.
   b. A nonprescription drug wholesale permittee shall:
      i. Maintain records to ensure full accountability of any nonprescription drug, precursor chemical, or regulated chemical including dates of receipt and sales, names, addresses, and DEA registration numbers, if required, of suppliers or sources of merchandise, and customer names, addresses, and DEA registration numbers, if required;
      ii. File the records required in subsection (G)(1)(b)(i) in a readily retrievable manner for a minimum of three years; and
      iii. Make the records required in subsection (G)(1)(b)(i) available upon request during regular business hours for inspection by a Board compliance officer or other authorized officer of the law as defined in A.R.S. § 32-1901(5). Records kept at a central location apart from the business location and not electronically retrievable shall be made available within two business days.
2. Drug sales.
   a. A full-service drug wholesale permittee shall:
      i. Not sell, distribute, give away, or dispose of any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical, except in the original container packaged and labeled by the manufacturer or repackager;
      ii. Not package, repackage, label, or relabel any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical;
      iii. Not sell, distribute, give away, or dispose of any narcotic or other controlled substance, or prescription-only drug or device, to anyone except a pharmacy, drug manufacturer, or full-service drug wholesaler currently permitted by the Board or a medical practitioner currently licensed under A.R.S. Title 32;
      iv. Not sell, distribute, give away, or dispose of any nonprescription drug, precursor chemical, or regulated chemical, to anyone except a phar-

macy, drug manufacturer, full-service or nonprescription drug wholesaler, or nonprescription drug retailer currently permitted by the Board or a medical practitioner currently licensed under A.R.S. Title 32;

v. Provide track and trace documents required under the Drug Supply Chain and Security Act upon request, if immediately available, or within two business days from the date of a request of a Board compliance officer or other authorized officer of the law as defined in A.R.S. § 32-1901;

vi. Maintain a copy of the current permit or license of each person that buys, receives, or disposes of any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical; and

vii. Provide permit and license records upon request, if immediately available, or within two business days from the date of the request of a Board compliance officer or other authorized officer of the law as defined in A.R.S. § 32-1901(5).

b. A nonprescription drug wholesale permittee shall:

i. Not sell, distribute, give away, or dispose of any nonprescription drug, precursor chemical, or regulated chemical except in the original container packaged and labeled by the manufacturer or repackager;

ii. Not package, repackage, label, or relabel any nonprescription drug, precursor chemical, or regulated chemical;

iii. Not sell or distribute any nonprescription drug, precursor chemical, or regulated chemical to anyone except a pharmacy, drug manufacturer, full-service or nonprescription drug wholesaler, or nonprescription drug retailer currently permitted by the Board or a medical practitioner currently licensed under A.R.S. Title 32;

iv. Maintain a record of the current permit or license of each person that buys, receives, or disposes of any nonprescription drug, precursor chemical, or regulated chemical; and

v. Provide permit and license records upon request, if immediately available, or within two business days from the date of the request of a Board compliance officer or other authorized officer of the law as defined in A.R.S. § 32-1901(5).

c. Nothing in this subsection shall be construed to prevent the return of a narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical to the original source of supply.

3. Out-of-state drug sales.

a. A full-service drug wholesale permittee shall:

i. Not sell, distribute, give away, or dispose of any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical except in the original container packaged and labeled by the manufacturer or repackager;

ii. Not package, repackage, label, or relabel any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical;

iii. Not sell, distribute, give away, or dispose of any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical to anyone except a person that is properly permitted, registered, licensed, or certified in another jurisdiction;

iv. Provide track and trace documents required under the Drug Supply Chain and Security Act upon request, if immediately available, or within two business days from the date of the request of a Board compliance officer or other authorized officer of the law as defined in A.R.S. § 32-1901;

v. Maintain a copy of the current permit, registration, license, or certificate of each person that buys, receives, or disposes of any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical; and

vi. Provide permit, registration, license, and certificate records upon request, if immediately available, or within two business days from the date of the request of a Board compliance officer or other authorized officer of the law as defined in A.R.S. § 32-1901(5); and

b. A nonprescription drug wholesale permittee shall:

i. Not sell, distribute, give away, or dispose of any nonprescription drug, precursor chemical, or regulated chemical except in the original container packaged and labeled by the manufacturer or repackager;

ii. Not package, repackage, label, or relabel any nonprescription drug, precursor chemical, or regulated chemical;

iii. Not sell or distribute any nonprescription drug, precursor chemical, or regulated chemical to anyone except a person that is properly permitted, registered, licensed, or certified in another jurisdiction;

iv. Maintain a record of the current permit, registration, license, or certificate of each person that buys, receives, or disposes of any nonprescription drug, precursor chemical, or regulated chemical; and

v. Provide permit, registration, license, or certificate records upon request, if immediately available, or within two business days from the date of the request of a Board compliance officer or other authorized officer of the law as defined in A.R.S. § 32-1901(5).

4. Cash-and-carry sales.

a. A full-service drug wholesale permittee shall complete a cash-and-carry sale or distribution of any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical only after:

i. Verifying the validity of the order;

ii. Verifying the identity of the pick-up person for each transaction by confirming that the person

represented placed the cash-and-carry order; and

iii. For a prescription-only drug order, verifying that the cash-and-carry sale or distribution is used only to meet the immediate needs of a particular patient of the person that placed the cash-and-carry order; and

b. A nonprescription drug wholesale permittee shall complete a cash-and-carry sale or distribution of any nonprescription drug, precursor chemical, or regulated chemical only after:

i. Verifying the validity of the order; and

ii. Verifying the identity of the pick-up person for each transaction by confirming that the person represented placed the cash-and-carry order.

H. Prescription-only drug returns or exchanges. A full-service drug wholesale permittee shall ensure that any prescription-only drug returned or exchanged by a pharmacy or chain pharmacy warehouse under A.R.S. § 32-1983(A) meets the following criteria:

1. The prescription-only drug is not adulterated or counterfeited, except an adulterated or counterfeited prescription-only drug that is the subject of an FDA or manufacturer recall may be returned for destruction or subsequent return to the manufacturer;
2. The quantity of prescription-only drug returned or exchanged does not exceed the quantity of prescription-only drug that the full-service drug wholesale permittee or a full-service drug wholesale permittee under common ownership sold to the pharmacy or chain pharmacy warehouse; and
3. The pharmacy or chain pharmacy warehouse provides documentation that:
   a. Lists the name, strength, and manufacturer of the prescription-only drug being returned or exchanged; and
   b. States that the prescription-only drug was maintained in compliance with storage conditions prescribed on the drug label or manufacturer's package insert.

I. Returned, outdated, damaged, deteriorated, adulterated, misbranded, counterfeited, and contraband drugs.

1. Except as specified in subsection (H)(1) for a prescription-only drug, a full-service drug wholesale permittee shall ensure that the return of any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical meets the following criteria.
   a. Any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical that is outdated, damaged, deteriorated, adulterated, misbranded, counterfeited, or contraband or suspected of being adulterated, misbranded, counterfeited, or contraband, or otherwise deemed unfit for human or animal consumption shall be quarantined and physically separated from other narcotics or other controlled substances, prescription-only drugs or devices, nonprescription drugs, precursor chemicals, or regulated chemicals until the narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical is destroyed or returned to the manufacturer or wholesale distributor from which it was acquired as authorized by the Board and the FDA.
   b. Any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical whose immediate or sealed outer or secondary containers or product labeling are misbranded, counterfeited, or contraband or suspected of being misbranded, counterfeited, or contraband shall be quarantined and physically separated from other narcotics or other controlled substances, prescription-only drugs or devices, nonprescription drugs, precursor chemicals, or regulated chemicals until the narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical is destroyed or returned to the manufacturer or wholesale distributor from which it was acquired as authorized by the Board and the FDA. When the immediate or sealed outer or secondary containers or product labeling are determined to be misbranded, counterfeited, or contraband or suspected of being misbranded, counterfeited, or contraband, the full-service drug wholesale permittee shall provide notice of the misbranding, counterfeiting, or contrabanding or suspected misbranding, counterfeiting, or contrabanding within three business days of the determination to the Board, FDA, and manufacturer or wholesale distributor from which the narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical was acquired.
   c. Any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical that has been opened or used, but is not adulterated, misbranded, counterfeited, or contraband or suspected of being misbranded, counterfeited, or contraband shall be identified as opened or used, or both, and quarantined and physically separated from other narcotics or other controlled substances, prescription-only drugs or devices, nonprescription drugs, precursor chemicals, or regulated chemicals until the narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical is destroyed or returned to the manufacturer or wholesale distributor from which it was acquired as authorized by the Board and the FDA.
   d. If the conditions under which a narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical has been returned cast doubt on the safety, identity, strength, quality, or purity of the narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical, the narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical shall be quarantined and physically separated from other narcotics or other controlled substances, prescription-only drugs or devices, nonprescription drugs, precursor chemicals, or regulated chemicals until the narcotic or other

controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical is destroyed or returned to the manufacturer or wholesale distributor from which it was acquired as authorized by the Board and the FDA, except as provided in subsection (I)(1)(d)(i).

i. If examination, testing, or other investigation proves that the narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical meets appropriate standards of safety, identity, strength, quality, and purity, it does not have to be destroyed or returned to the manufacturer or wholesale distributor.

ii. In determining whether the conditions under which a narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical has been returned cast doubt on the safety, identity, strength, quality, or purity of the narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical, the full-service drug wholesale permittee shall consider, among other things, the conditions under which the narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical has been held, stored, or shipped before or during its return and the condition of the narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical and the condition of its container, carton, or product labeling as a result of storage or shipping.

e. For any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical identified under subsections (I)(1)(a) or (b), the full-service drug wholesale permittee shall ensure that the identified item or items and other evidence of criminal activity, and accompanying documentation is retained and not destroyed until its disposition is authorized by the Board and the FDA.

2. A nonprescription drug wholesale permittee shall ensure that the return of any nonprescription drug, precursor chemical, or regulated chemical meets the following criteria.

a. Any nonprescription drug, precursor chemical, or regulated chemical that is outdated, damaged, deteriorated, adulterated, misbranded, counterfeited, or contraband or suspected of being adulterated, misbranded, counterfeited, or contraband, or otherwise deemed unfit for human or animal consumption shall be quarantined and physically separated from other nonprescription drugs, precursor chemicals, or regulated chemicals until the nonprescription drug, precursor chemical, or regulated chemical is destroyed or returned to the manufacturer or wholesale distributor from which it was acquired as authorized by the Board and the FDA.

b. Any nonprescription drug, precursor chemical, or regulated chemical whose immediate or sealed outer or secondary containers or product labeling are misbranded, counterfeited, or contraband or suspected of being misbranded, counterfeited, or contraband shall be quarantined and physically separated from other nonprescription drugs, precursor chemicals, or regulated chemicals until the nonprescription drug, precursor chemical, or regulated chemical is destroyed or returned to the manufacturer or wholesale distributor from which it was acquired as authorized by the Board and the FDA. When the immediate or sealed outer or secondary containers or product labeling are determined to be misbranded, counterfeited, or contraband or suspected of being misbranded, counterfeited, or contraband, the nonprescription drug wholesale permittee shall provide notice of the misbranding, counterfeiting, or contrabanding or suspected misbranding, counterfeiting, or contrabanding within three business days of the determination to the Board, FDA, and manufacturer or wholesale distributor from which the nonprescription drug, precursor chemical, or regulated chemical was acquired.

c. Any nonprescription drug, precursor chemical, or regulated chemical that has been opened or used, but is not adulterated, misbranded, counterfeited, or contraband or suspected of being misbranded, counterfeited, or contraband, shall be identified as opened or used, or both, and quarantined and physically separated from other nonprescription drugs, precursor chemicals, or regulated chemicals until the nonprescription drug, precursor chemical, or regulated chemical is destroyed or returned to the manufacturer or wholesale distributor from which it was acquired as authorized by the Board and the FDA.

d. If the conditions under which a nonprescription drug, precursor chemical, or regulated chemical has been returned cast doubt on the safety, identity, strength, quality, or purity of the nonprescription drug, precursor chemical, or regulated chemical, the nonprescription drug, precursor chemical, or regulated chemical shall be quarantined and physically separated from other nonprescription drugs, precursor chemicals, or regulated chemicals until the nonprescription drug, precursor chemical, or regulated chemical is destroyed or returned to the manufacturer or wholesale distributor from which it was acquired as authorized by the Board and the FDA, except as provided in subsection (I)(2)(d)(i).

i. If examination, testing, or other investigation proves that the nonprescription drug, precursor chemical, or regulated chemical meets appropriate standards of safety, identity, strength, quality, and purity, the nonprescription drug, precursor chemical, or regulated chemical does not need to be destroyed or returned to the manufacturer or wholesale distributor.

ii. In determining whether the conditions under which a nonprescription drug, precursor chemical, or regulated chemical has been returned cast doubt on the safety, identity, strength, quality, or purity of the nonprescription drug, precursor chemical, or regulated chemical, the nonprescription drug wholesale permittee shall consider, among other things, the conditions

under which the nonprescription drug, precursor chemical, or regulated chemical has been held, stored, or shipped before or during its return and the condition of the nonprescription drug, precursor chemical, or regulated chemical and the condition of its container, carton, or product labeling as a result of storage or shipping.

e. For any nonprescription drug, precursor chemical, or regulated chemical identified under subsections (I)(2)(a) or (b), the nonprescription drug wholesale permittee shall ensure that the identified item or items and other evidence of criminal activity, and accompanying documentation is retained and not destroyed until its disposition is authorized by the Board and the FDA.

3. A full-service drug wholesale permittee and nonprescription drug wholesale permittee shall comply with the recordkeeping requirements of subsection (G) for all outdated, damaged, deteriorated, adulterated, misbranded, counterfeited and contraband narcotics or other controlled substances, prescription-only drugs or devices, nonprescription drugs, precursor chemicals, or regulated chemicals.

J. Facility. A full-service or nonprescription drug wholesale permittee shall:

1. Ensure that the facility occupied by the full-service or nonprescription drug wholesale permittee is of adequate size and construction, well-lighted inside and outside, adequately ventilated, and kept clean, uncluttered, and sanitary;
2. Ensure that the permittee's warehouse facility:
   a. Is secure from unauthorized entry; and
   b. Has an operational security system designed to provide protection against theft;
3. In a full-service drug wholesale facility, ensure that only authorized personnel may enter areas where any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical is kept;
4. In a nonprescription drug wholesale facility, ensure that only authorized personnel may enter areas where any nonprescription drug, precursor chemical, or regulated chemical is kept;
5. In a full-service drug wholesale facility, ensure that any thermolabile narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical is stored in an area where room temperature is maintained in compliance with storage conditions prescribed on the product label;
6. In a nonprescription drug wholesale facility, ensure that any thermolabile nonprescription drug, precursor chemical, or regulated chemical is stored in an area where room temperature is maintained in compliance with storage conditions prescribed on the product label;
7. Make the facility available for inspection by a Board compliance officer or other authorized officer of the law as defined in A.R.S. § 32-1901(5) during regular business hours;
8. In a full-service drug wholesale facility, provide a quarantine area for storage of any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical that is outdated, damaged, deteriorated, adulterated, misbranded, counterfeited, or contraband or suspected of being adulterated, misbranded, counterfeited, or contraband, otherwise deemed unfit for human or animal consumption, or that is in an open container; and
9. In a nonprescription drug wholesale facility, provide a quarantine area for storage of any nonprescription drug, precursor chemical, or regulated chemical that is outdated, damaged, deteriorated, adulterated, misbranded, counterfeited, or contraband or suspected of being adulterated, misbranded, counterfeited, or contraband, otherwise deemed unfit for human or animal consumption, or that is in an open container.

K. Quality controls.

1. A full-service drug wholesale permittee shall:
   a. Ensure that any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical that meets the criteria specified in subsection (I)(1) is not sold, distributed, or delivered to any person for human or animal consumption;
   b. Ensure that a narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical is not manufactured, packaged, repackaged, labeled, or relabeled by any of its employees;
   c. Ensure that any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical stocked, sold, offered for sale, or delivered is:
      i. Kept clean,
      ii. Protected from contamination and other deteriorating environmental factors, and
      iii. Stored in a manner that complies with applicable federal and state law and official compendium storage requirements;
   d. Maintain manual or automatic temperature and humidity recording devices or logs to document conditions in areas where any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical is stored; and
   e. Develop and implement a program to ensure that:
      i. Any expiration-dated narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical is reviewed regularly;
      ii. Any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical that has less than 120 days remaining on the expiration date, or is deteriorated, damaged, or does not comply with federal law, is moved to a quarantine area and not sold or distributed; and
      iii. Any quarantined narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical is destroyed or returned to the manufacturer or wholesale distributor from which it was acquired.
2. A nonprescription drug wholesale permittee shall:

a. Ensure that any nonprescription drug, precursor chemical, or regulated chemical that meets the criteria specified in subsection (I)(2) is not sold, distributed, or delivered to any person for human or animal consumption;
b. Ensure that a nonprescription drug, precursor chemical, or regulated chemical is not manufactured, packaged, repackaged, labeled, or relabeled by any of its employees;
c. Ensure that any nonprescription drug, precursor chemical, or regulated chemical stocked, sold, offered for sale, or delivered is:
i. Kept clean,
ii. Protected from contamination and other deteriorating environmental factors, and
iii. Stored in a manner that complies with applicable federal and state law and official compendium storage requirements;
d. Maintain manual or automatic temperature and humidity recording devices or logs to document conditions in areas where any nonprescription drug, precursor chemical, or regulated chemical is stored; and
e. Develop and implement a program to ensure that:
i. Any expiration-dated nonprescription drug, precursor chemical, or regulated chemical is reviewed regularly;
ii. Any nonprescription drug, precursor chemical, or regulated chemical that has fewer than 120 days remaining on the expiration date, or is deteriorated, damaged, or does not comply with federal law, is moved to a quarantine area and not sold or distributed; and
iii. Any quarantined nonprescription drug, precursor chemical, or regulated chemical is destroyed or returned to the manufacturer or wholesale distributor from which it was acquired.

L. Fingerprint clearance.
1. After receiving the state and federal criminal history record of a designated representative, the Board shall compare the record with the list of criminal offenses that preclude a designated representative from receiving a fingerprint clearance. If the designated representative's criminal history record does not contain any of the offenses listed in subsection (L)(2), the Board shall issue the designated representative a fingerprint clearance.
2. The Board shall not issue a fingerprint clearance to a designated representative who is awaiting trial for or who has been convicted of committing or attempting or conspiring to commit one or more of the following offenses in this state or the same or similar offenses in another state or jurisdiction:
a. Unlawfully administering intoxicating liquors, controlled substances, dangerous drugs, or prescription-only drugs;
b. Sale of peyote;
c. Possession, use, or sale of marijuana, dangerous drugs, prescription-only drugs, or controlled substances;
d. Manufacture or distribution of an imitation controlled substance;
e. Manufacture or distribution of an imitation prescription-only drug;
f. Possession or possession with intent to use an imitation controlled substance;
g. Possession or possession with intent to use an imitation prescription-only drug; or
h. A felony offense involving sale, distribution, or transportation of, offer to sell, transport, or distribute, or conspiracy to sell, transport, or distribute marijuana, dangerous drugs, prescription-only drugs, or controlled substances.
3. If the Board determines, after conducting a state and federal criminal history record check, that it is not authorized to issue a fingerprint clearance, the Board shall notify the full-service drug wholesale applicant or permittee that employs the designated representative that the Board is not authorized to issue a fingerprint clearance. This notice shall include the criminal history information on which the denial was based. This criminal history information is subject to dissemination restrictions under A.R.S. § 41-1750 and federal law.

Historical Note

Former Rules 6.5110, 6.5120, 6.5130, 6.5140, 6.5210, 6.5220, 6.5230, 6.5240, 6.5310, 6.5320, 6.5410, and 6.5420. Amended effective August 10, 1978 (Supp. 78-4). Amended effective April 20, 1982 (Supp. 82-2). Amended subsection (A) effective August 12, 1988 (Supp. 88-3). Amended effective February 8, 1991 (Supp. 91-1). Amended effective August 24, 1992 (Supp. 92-3). Amended by final rulemaking at 6 A.A.R. 4589, effective November 14, 2000 (Supp. 00-4). Amended by final rulemaking at 10 A.A.R. 232, effective March 6, 2004 (Supp. 04-1). Amended by final rulemaking at 11 A.A.R. 1105, effective April 30, 2005 (Supp. 05-1). Amended by final rulemaking at 11 A.A.R. 4270, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 3477, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 702, effective June 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2).

R4-23-606. Resident-Pharmacy Permit: Community, Hospital, and Limited Service

A. Permit. A person shall not operate a pharmacy in Arizona without a current Board-issued pharmacy permit.
B. Application.
1. To obtain a permit to operate a pharmacy in Arizona, a person shall submit a completed application, on a form available from the Board, and the fee specified in R4-23-205.
2. Before issuing a pharmacy permit, the Board shall:
a. Receive and approve a completed permit application; and
b. Receive a satisfactory compliance inspection report on the facility from a Board compliance officer.
3. Before issuing a pharmacy permit, the Board may interview the applicant and the pharmacist-in-charge, if different from the applicant, at a Board meeting based on the need for additional information.

C. Notification. A pharmacy permittee shall notify the Board office within 10 days of changes involving the type of pharmacy operated, telephone or fax number, e-mail or mailing address, business name, or staff pharmacist. A pharmacy permittee shall provide the Board office immediate notice of a change of the pharmacist-in-charge.

D. If any nonprescription drugs are sold outside the pharmacy area when the pharmacy area is closed, the pharmacy permittee shall ensure that the business has a current, Board-issued nonprescription drug permit as required in Section R4-23-603.

E. Change of ownership. A pharmacy permittee shall comply with R4-23-601(F).

F. Relocation or remodel.

1. No fewer than 30 days before the relocation or remodel of an existing pharmacy, the pharmacy permittee shall submit, electronically or manually, a completed application for remodel or relocation using the form specified under subsection (B). A fee is not required with an application for remodel or relocation.
2. The new or remodeled facility shall pass a final inspection by a Board compliance officer before operations begin.

G. Permit renewal. To renew a pharmacy permit, the permittee shall comply with R4-23-602(D).

Historical Note

Former Rules 6.6010, 6.6020, 6.6030, 6.6040, 6.6050, 6.6060, 6.6071, 6.6072, 6.6073, 6.6074, 6.6075, and 6.6076. Amended effective August 10, 1978 (Supp. 78-4). Amended subsections (G) and (H) effective April 20, 1982 (Supp. 82-2). Amended subsection (L) effective July 2, 1982 (Supp. 82-4). Amended subsections (G) and (H) effective August 12, 1988 (Supp. 88-3). Amended effective November 1, 1993 (Supp. 93-4). Section heading amended effective April 5, 1996 (Supp. 96-2). Amended by final rulemaking at 7 A.A.R. 3825, effective August 9, 2001 (Supp. 01-3). Amended by final rulemaking at 20 A.A.R. 1364, effective August 2, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2).

R4-23-607. Nonresident Permits

A. Permit. A person that is not a resident of Arizona shall not sell or distribute any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical into Arizona without possessing both:

1. A current Board-issued nonresident pharmacy permit, nonresident manufacturer permit, or nonresident full-service or nonprescription drug wholesale permit; and
2. A current equivalent license or permit issued by the licensing authority in the jurisdiction where the person resides.

B. Application. To obtain a nonresident pharmacy, nonresident manufacturer, or nonresident full-service or nonprescription drug wholesale, a person shall submit a completed application, on a form furnished by the Board, and the fee specified in R4-23-205.

C. Notification. A permittee shall submit notification of any change required in this subsection using the permittee's online profile or as a written notice by mail, fax, or e-mail to the Board office within 10 days of the change.

1. Nonresident pharmacy. A nonresident pharmacy permittee shall notify the Board of changes involving the type of pharmacy operated, address, telephone number, business name, or pharmacist-in-charge.
2. Nonresident manufacturer. A nonresident manufacturer permittee shall notify the Board of changes involving listed drugs, address, telephone number, business name, or manager, including manager's telephone number.
3. Nonresident drug wholesaler. A nonresident full-service or nonprescription drug wholesale permittee shall notify the Board of changes involving the types of drugs sold or distributed, address, telephone number, business name, or manager or designated representative, including the manager's or designated representative's telephone number. For a change of designated representative, a nonresident full-service drug wholesale permittee shall submit the documentation, fingerprints, and fee required with the application under subsection (B).

D. Change of ownership. A nonresident permittee shall comply with R4-23-601(F).

E. Drug sales.

1. Nonresident pharmacy. A nonresident pharmacy permittee shall:
   a. Not sell, distribute, give away, or dispose of any narcotic or other controlled substance or prescription-only drug or device to anyone in Arizona except:
      i. A pharmacy, drug manufacturer, or full-service drug wholesaler currently permitted by the Board;
      ii. A medical practitioner currently licensed under A.R.S. Title 32; or
      iii. An Arizona resident upon receipt of a valid prescription order for the resident;
   b. Not sell, distribute, give away, or dispose of any nonprescription drug, precursor chemical, or regulated chemical to anyone in Arizona except:
      i. A pharmacy, drug manufacturer, or full-service or nonprescription drug wholesaler currently permitted by the Board;
      ii. A medical practitioner currently licensed under A.R.S. Title 32; or
      iii. An Arizona resident either upon receipt of a valid prescription order for the resident or in the original container packaged and labeled by the manufacturer;
   c. Except for a drug sale that results from the receipt and dispensing of a valid prescription order for an Arizona resident, maintain a copy of the current permit or license of each person in Arizona that buys, receives, or disposes of any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical; and
   d. Provide permit and license records upon request, if immediately available, or in no fewer than two business days from the date of the request of a Board compliance officer or other authorized officer of the law as defined in A.R.S. § 32-1901.
2. Nonresident manufacturer. A nonresident manufacturer permittee shall:
   a. Not sell, distribute, give away, or dispose of any narcotic or other controlled substance or prescription-only drug or device to anyone in Arizona except a pharmacy, drug manufacturer, or full-service drug wholesaler currently permitted by the Board or a medical practitioner currently licensed under A.R.S. Title 32;
   b. Not sell, distribute, give away, or dispose of any nonprescription drug, precursor chemical, or regulated chemical to anyone in Arizona except a pharmacy, drug manufacturer, or full-service or nonprescription drug wholesaler currently permitted

by the Board or a medical practitioner currently licensed under A.R.S. Title 32;
c. Maintain a copy of the current permit or license of each person in Arizona that buys, receives, or disposes of any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical; and
d. Provide permit and license records upon request, if immediately available, or in no more than two business days from the date of the request of a Board compliance officer or other authorized officer of the law as defined in A.R.S. § 32-1901.

3. Nonresident full-service drug wholesaler. In addition to complying with the distribution restrictions specified in A.R.S. § 32-1983, a nonresident full-service drug wholesale permittee shall:
a. Not sell, distribute, give away, or dispose of, any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical to anyone in Arizona, except in the original container, packaged and labeled by the manufacturer or repackager;
b. Not package, repackage, label, or relabel any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical for shipment or delivery to anyone in Arizona;
c. Provide track and trace documents required under the Drug Supply Chain and Security Act upon request, if immediately available, or in no more than two business days from the date of the request of a Board compliance officer or other authorized officer of the law as defined in A.R.S. § 32-1901;
d. Not sell, distribute, give away, or dispose of any narcotic or other controlled substance, prescription only drug or device, nonprescription drug, precursor chemical, or regulated chemical to anyone in Arizona except a pharmacy, drug manufacturer, or full service drug wholesaler currently permitted by the Board or a medical practitioner currently licensed under A.R.S. Title 32;
e. Not sell, distribute, give away, or dispose of any nonprescription drug, precursor chemical, or regulated chemical to anyone in Arizona except a pharmacy, drug manufacturer, or full-service or nonprescription drug wholesaler currently permitted by the Board or a medical practitioner currently licensed under A.R.S. Title 32;
f. Maintain a copy of the current permit or license of each person in Arizona that buys, receives, or disposes of any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical; and
g. Provide permit and license records upon request, if immediately available, or in no more than two business days from the date of the request of a Board compliance officer or other authorized officer of the law as defined in A.R.S. § 32-1901.

4. Nonresident nonprescription drug wholesaler. A nonresident nonprescription drug wholesale permittee shall:
a. Not sell, distribute, give away, or dispose of any nonprescription drug, precursor chemical, or regulated chemical to anyone in Arizona, except in the original container, packaged and labeled by the manufacturer or repackager;
b. Not package, repackage, label, or relabel any nonprescription drug, precursor chemical, or regulated chemical for shipment or delivery to anyone in Arizona;
c. Not sell, distribute, give away, or dispose of any nonprescription drug, precursor chemical, or regulated chemical to anyone in Arizona except a pharmacy, drug manufacturer, or full-service or nonprescription drug wholesaler currently permitted by the Board or a medical practitioner currently licensed under A.R.S. Title 32;
d. Maintain a copy of the current permit or license of each person in Arizona that buys, receives, or disposes of any nonprescription drug, precursor chemical, or regulated chemical; and
e. Provide permit and license records upon request, if immediately available, or in no more than two business days from the date of the request of a Board compliance officer or other authorized officer of the law as defined in A.R.S. § 32-1901.

F. When selling or distributing any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical into Arizona, a nonresident pharmacy, nonresident manufacturer, or nonresident full-service or nonprescription drug wholesaler shall comply with federal law, the permittee's resident state drug law, and this Section.

Historical Note

Former Rules 6.6110, 6.6120, and 6.6130; Amended effective August 10, 1978 (Supp. 78-4). Repealed effective July 24, 1985 (Supp. 85-4). New Section adopted by final rulemaking at 6 A.A.R. 4589, effective November 14, 2000 (Supp. 00-4). Amended by final rulemaking at 7 A.A.R. 3825, effective August 9, 2001 (Supp. 01-3). Amended by final rulemaking at 10 A.A.R. 232, effective March 6, 2004 (Supp. 04-1). Amended by final rulemaking at 13 A.A.R. 520, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 13 A.A.R. 3477, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 26 A.A.R. 223, effective March 14, 2020 (Supp. 20-1). Amended by final rulemaking at 31 A.A.R. 2363 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

R4-23-608. Change of Personnel and Responsibility

A. A community, hospital, or limited-service pharmacy permittee shall give the Board:
1. Notice by mail, facsimile, or electronic mail within ten days of employing or terminating a pharmacist; and
2. Immediate notice of designating or terminating a pharmacist-in-charge.

B. Responsibility of ownership and management. The owner and management of a pharmacy shall:
1. Ensure that pharmacists, interns, and other pharmacy employees comply with state and federal laws and administrative rules; and
2. Not overrule a pharmacist in matters of pharmacy ethics and interpreting laws pertaining to the practice of pharmacy or the distribution of drugs and devices.

C. The Board may suspend or revoke a pharmacy permit if the owner or management of a pharmacy violates subsection (B).

Historical Note
Former Rules 6.6140 and 6.6150; Amended subsection (A) effective August 9, 1983 (Supp. 83-4). Amended effective November 1, 1993 (Supp. 93-4). Amended by final rulemaking at 7 A.A.R. 4253, effective September 11, 2001 (Supp. 01-3).

R4-23-609. Pharmacy Area of Community Pharmacy

A. Minimum area of community pharmacy. The minimum area of a community pharmacy, the actual area primarily devoted to stocking drugs restricted to pharmacists, and to the compounding and dispensing of prescription medication, exclusive of office area or other support function area, shall not be less than 300 square feet. A maximum of three pharmacy personnel may practice or work simultaneously in the minimum area. The pharmacy permittee shall provide an additional 60 square feet of floor area for each additional pharmacist, graduate intern, pharmacy intern, pharmacy technician, pharmacy technician trainee, or support personnel who may practice or work simultaneously. All of the allotted square footage area, including adequate shelving, shall lend itself to efficient pharmaceutical practice and permit free movement and visual surveillance of personnel by the pharmacist.

B. Compounding and dispensing counter. On or after January 6, 2004, a pharmacy permit applicant or remodel or relocation applicant shall provide a compounding and dispensing counter that provides a minimum of three square feet of pharmacy counter working area of not less than 16 inches in depth and 24 inches in length for the practice of one pharmacist, graduate intern, pharmacy intern, pharmacy technician, or pharmacy technician trainee. For each additional pharmacist, graduate intern, pharmacy intern, pharmacy technician, or pharmacy technician trainee practicing simultaneously, there shall be an additional three square feet of pharmacy counter working area of not less than 16 inches in depth and 24 inches in length. The Board shall determine a pharmacy's total required compounding and dispensing counter area by multiplying the maximum number of personnel allowed in the pharmacy area using the requirements specified in subsection (A) by three square feet per person. A pharmacy permittee or pharmacist-in-charge may operate the pharmacy with a total pharmacy counter working area specified in subsection (A) that is equal to the actual maximum number of pharmacists, graduate interns, pharmacy interns, pharmacy technicians, and pharmacy technician trainees, working simultaneously in the pharmacy area times three square feet per person.

C. Working area for compounding and dispensing counter. The aisle floor area used by the pharmacist, graduate intern, pharmacy intern, pharmacy technician, or pharmacy technician trainee at the compounding and dispensing counter shall extend the full length of the counter and be clear and continuous for a minimum of 36 inches from any counter, fixture, or structure.

D. Area for patient counseling. On or after April 1, 1995, a pharmacy permit applicant or remodel or relocation applicant shall provide a separate and distinct patient counseling area that provides patient privacy. This subsection does not apply to a pharmacy exempt from the requirements of R4-23-402(B).

E. Narcotic cabinet or safe. To prevent diversion, narcotics and other controlled substances may be:
1. Kept in a separate locked cabinet or safe, or
2. Dispersed throughout the pharmacy's prescription-only drug stock.

F. Building security standard of community pharmacy area. The pharmacy area shall be enclosed by a permanent barrier or partition from floor or counter to structural ceiling or roof, with entry doors that can be securely locked. The barrier shall be designed so that only a pharmacist can access the area where prescription-only drugs, narcotics, and other controlled substances are stored, compounded and dispensed. The permanent barrier may be constructed of other than a solid material. If constructed of a material other than a solid, the openings or interstices of the material shall not be large enough to permit removal of items in the pharmacy area through the barrier. Any material used in the construction of the permanent barrier must be of sufficient strength and thickness that it cannot be readily or easily removed, penetrated, or bent. The pharmacy permittee shall submit plans and specifications of the permanent barrier to the Board for approval.

G. Drug storage and security.
1. The pharmacy permittee shall ensure that drugs and devices are stored in a dry, well-lit, ventilated, and clean and orderly area. The pharmacy permittee shall maintain the drug storage area at temperatures that ensure the integrity of the drugs before dispensing as stated in the official compendium defined in A.R.S. § 32-1901(55) or the manufacturer's or distributor's labeling.
2. If the pharmacy permittee needs additional storage area for drugs that are restricted to sale by a pharmacist, the pharmacy permittee shall ensure that the area is contained by a permanent barrier from floor or counter to structural ceiling or roof. The pharmacy permittee shall lock all doors and gates to the drug storage area. Only a pharmacist with a key is permitted to enter the storage area, except in an extreme emergency.

H. A pharmacy permittee or pharmacist-in-charge shall ensure that the pharmacy working counter area is protected from unauthorized access while the pharmacy is open for business by a barrier not less than 66 inches in height or another method approved by the Board or its designee.

Historical Note
Former Rules 6.6210, 6.6220, 6.6230, 6.6240, 6.6250, 6.6310, 6.6320, and 6.6330; Amended effective August 10, 1978 (Supp. 78-4). Amended effective August 9, 1983 (Supp. 83-4). Amended effective November 1, 1993 (Supp. 93-4). Amended effective April 1, 1995; filed with the Secretary of State January 31, 1995 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 5030, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 19 A.A.R. 97, effective March 10, 2013 (Supp. 13-1).

R4-23-610. Community Pharmacy Personnel and Security Procedures

A. Every pharmacy shall have a pharmacist designated as the "pharmacist-in-charge."
1. The pharmacist-in-charge shall ensure the communication and compliance of Board directives to the management, other pharmacists, interns, and technicians of the pharmacy.
2. The pharmacist-in-charge shall:
   a. Ensure that all pharmacy policies and procedures required under 4 A.A.C. 23 are prepared, implemented, and complied with;
   b. Review biennially and, if necessary, revise all pharmacy policies and procedures required under 4 A.A.C. 23;
   c. Document the review required under subsection (A)(2)(b);

d. Ensure that all pharmacy policies and procedures required under 4 A.A.C. 23 are assembled as a written or electronic manual; and
e. Make all pharmacy policies and procedures required under 4 A.A.C. 23 available in the pharmacy for employee reference and inspection by the Board or its staff.

B. Personnel permitted in the pharmacy area of a community pharmacy include pharmacists, graduate interns, pharmacy interns, compliance officers, drug inspectors, peace officers acting in their official capacity, other persons authorized by law, pharmacy technicians, pharmacy technician trainees, support personnel, and other designated personnel. Pharmacy interns, graduate interns, pharmacy technicians, pharmacy technician trainees, support personnel, and other designated personnel shall be permitted in the pharmacy area only when a pharmacist is on duty, except in an extreme emergency as defined in R4-23-110.
1. The pharmacist-in-charge shall comply with the minimum area requirements as described in R4-23-609 for a community pharmacy and for compounding and dispensing counter area.
2. A pharmacist employed by a pharmacy shall ensure that the pharmacy is physically secure while the pharmacist is on duty.

C. In a community pharmacy, a pharmacist shall ensure that the pharmacy area, and any additional storage area for drugs that is restricted to access only by a pharmacist is locked when a pharmacist is not present, except in an extreme emergency.

D. A pharmacist is the only person permitted by the Board to unlock the pharmacy area or any additional storage area for drugs restricted to access only by a pharmacist, except in an extreme emergency.

E. A pharmacy permittee or pharmacist-in-charge shall ensure that any prescription-only drugs and controlled substances received in an area outside the pharmacy area are immediately transferred unopened to the pharmacy area. The pharmacist-in-charge shall ensure that any prescription-only drug and controlled substance shipments are opened and marked by pharmacy personnel in the pharmacy area under the supervision of a pharmacist, graduate intern, or pharmacy intern.

F. A pharmacy permittee or pharmacist-in-charge may provide a small opening or slot through which a written prescription order or prescription medication container to be refilled may be left in the prescription area when the pharmacist is not present.

G. A pharmacist shall ensure that prescription medication is not left outside the prescription area or picked up by the patient when the pharmacist is not present by either:
1. Delivering the prescription medication to the patient, or
2. Securing the prescription medication inside the locked pharmacy, except when using an automated storage and distribution system that complies with the requirements of R4-23-614.

Historical Note

Former Rules 6.6410, 6.6420, 6.6430, 6.6440, 6.6450, 6.6460, 6.6470, 6.6480, and 6.6490; Amended subsection (F), deleted subsection (I) effective August 9, 1983 (Supp. 83-4). Amended effective May 16, 1990 (Supp. 90-2). Amended effective November 1, 1993 (Supp. 93-4). Amended effective April 1, 1995; filed with the Secretary of State January 31, 1995 (Supp. 95-1). Amended by final rulemaking at 5 A.A.R. 4441, effective November 2, 1999 (Supp. 99-4). Amended by final rulemaking at 10 A.A.R. 4453, effective December 4, 2004 (Supp. 04-4). Amended by final rulemaking at 12 A.A.R. 3032, effective October 1, 2006 (Supp. 06-3). Amended by final rulemaking at 13 A.A.R. 2631, effective September 8, 2007 (Supp. 07-3).

R4-23-611. Pharmacy Facilities

A. Facilities. A pharmacy permittee or pharmacist-in-charge shall ensure that:
1. A pharmacy's facilities are constructed according to state and local laws and ordinances;
2. A pharmacy facility's:
   a. Walls, ceilings, windows, floors, shelves, and equipment are clean and in good repair and order; and
   b. Counters, shelves, aisles, and open spaces are not cluttered;
3. Adequate trash receptacles are provided and emptied periodically during the day;
4. A pharmacy facility of any pharmacy permit issued or pharmacy remodeled after February 1, 2014 provides access to toilet facilities either:
   a. Within the pharmacy area, or
   b. No further than a walking distance of 100 feet from the pharmacy area or an alternative distance approved by the Board or its designee;
5. The toilet facilities are maintained in a sanitary condition and in good repair;
6. All professional personnel and staff of the pharmacy keep themselves and their apparel clean while in the pharmacy area;
7. No animals, except licensed assistant animals and guard animals, are allowed in the pharmacy;
8. The pharmacy facility is kept free of insects and rodents; and
9. There is a sink with hot and cold running water, other than a sink in a toilet facility, within the pharmacy area for use in preparing drug products.

B. Supply of drugs and chemicals. A pharmacy permittee or pharmacist-in-charge shall ensure that:
1. A pharmacy maintains a stock of drugs and chemicals that:
   a. Are sufficient to meet the normal demands of the trading area or patient base the pharmacy serves; and
   b. Meet all standards of strength and purity as established by the official compendiums;
2. All stock, materials, drugs, and chemicals held for ultimate sale or supply to the consumer are not contaminated;
3. Policies and procedures are developed, implemented, and complied with to prevent the sale or use of a drug or chemical:
   a. That exceeds its expiration date;
   b. That is deteriorated or damaged by reason of age, heat, light, cold, moisture, crystallization, chemical reaction, rupture of coating, disintegration, solidification, separation, discoloration, change of odor, precipitation, or other change as determined by organoleptic examination or by other means;
   c. That is improperly labeled;
   d. Whose container is defective; or
   e. That does not comply with federal law; and
4. The policies and procedures described in subsection (B)(3):

a. Are made available in the pharmacy for employee reference and inspection by the Board or its designee; and
b. Provide the following:
i. Any expiration-dated drug or chemical is reviewed regularly;
ii. Any drug or chemical that exceeds its expiration date, is deteriorated or damaged, improperly labeled, has a defective container, or does not comply with federal law, is moved to a quarantine area and not sold or distributed; and
iii. Any quarantined drug or chemical is properly destroyed or returned to its source of supply.

Historical Note
Former Rules 6.6510, 6.6520, 6.6530, 6.6540, 6.6550, 6.6560, 6.6570, 6.6580, 6.6600, 6.6610, 6.6620, 6.6630, 6.6640, 6.6650, and 6.6660; Amended subsection (B) effective August 9, 1983 (Supp. 83-4). Amended effective April 1, 1995; filed with the Secretary of State January 31, 1995 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 4253, effective September 11, 2001 (Supp. 01-3). Amended by final rulemaking at 12 A.A.R. 3032, effective October 1, 2006 (Supp. 06-3). Amended by final rulemaking at 19 A.A.R. 4165, effective February 1, 2014 (Supp. 13-4).

R4-23-612. Equipment
A pharmacy permittee or pharmacist-in-charge shall ensure that a pharmacy has the necessary equipment to allow a pharmacist to practice the profession of pharmacy, including the following:
1. Adequate refrigeration equipment dedicated to the storage of drugs and biologicals;
2. A C-V controlled substance register, if C-V controlled substances are sold without an order of a medical practitioner;
3. Graduates in assorted sizes;
4. One mortar and pestle, not required if the pharmacy permittee states in the application that compounding will not be performed in the pharmacy;
5. Spatulas of assorted sizes including one nonmetallic;
6. Prescription balance, Class A with weights or an electronic balance of equal or greater accuracy, not required if the pharmacy permittee states in the application that compounding will not be performed in the pharmacy;
7. One ointment tile or equivalent, not required if the pharmacy permittee states in the application that compounding will not be performed in the pharmacy
8. A current hard-copy or access to a current electronic-copy of the Arizona Pharmacy Act and administrative rules and Arizona Controlled Substance Act;
9. A professional reference library consisting of a minimum of one current reference or text, in hard-copy or electronic media, addressing the following subject areas:
a. Pharmacology or toxicology,
b. Therapeutics,
c. Drug compatibility, and
d. Drug product equivalency;
10. An assortment of labels, including prescription labels, transfer labels for controlled substances, and cautionary and warning labels;
11. A red C stamp as defined in R4-23-110, if C-III, C-IV, and C-V controlled substance invoices are not filed separately from other invoices;
12. Current antidote and drug interaction information; and
13. Regional poison control phone number prominently displayed in the pharmacy area.

Historical Note
Former Rule 6.6670; Former Section R4-23-612 repealed, new Section R4-23-612 adopted effective August 10, 1978 (Supp. 78-4). Amended effective August 9, 1983 (Supp. 83-4). Amended effective April 5, 1996 (Supp. 96-2). Amended by final rulemaking at 7 A.A.R. 4253, effective September 11, 2001 (Supp. 01-3). Amended by final rulemaking at 19 A.A.R. 4165, effective February 1, 2014 (Supp. 13-4).

R4-23-613. Procedure for Discontinuing a Pharmacy
A. A pharmacy permittee or pharmacist-in-charge shall provide written notice to the Board and the Drug Enforcement Administration (D.E.A.) at least 14 days before discontinuing operation of the pharmacy. The notice shall contain the following information:
1. Name, address, pharmacy permit number, and D.E.A. registration number of the pharmacy discontinuing business;
2. Name, address, pharmacy permit number (if applicable), and D.E.A. registration number (if applicable) of the licensee, permittee, or registrant to whom any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical will be sold or transferred;
3. Name and address of the location where the discontinuing pharmacy's records of purchase and disbursement of any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical will be kept and the person responsible for the records. These records shall be kept for a minimum of three years from the date the pharmacy is discontinued;
4. Name and address of the location where the discontinuing pharmacy's prescription files and patient profiles will be kept and the person responsible for the files and profiles. These records shall be kept for a minimum of seven years from the date the last original or refill prescription was dispensed; and
5. The proposed date of discontinuing business operations.

B. The pharmacy permittee shall ensure that all pharmacy signs and symbols are removed from both the inside and outside of the premises.

C. The pharmacy permittee or pharmacist-in-charge shall ensure that all state permits and certificates of registration are returned to the Board office and that D.E.A. registration certificates and unused D.E.A. Schedule II order forms are returned to the D.E.A. Regional Office in Phoenix.

D. The pharmacist-in-charge of the pharmacy discontinuing business shall ensure that:
1. Only a pharmacist has access to the prescription-only drugs and controlled substances until they are transferred to the licensee, permittee, or registrant listed in subsection (A)(2);
2. All narcotics or other controlled substances, prescription-only drugs or devices, nonprescription drugs, precursor chemicals, or regulated chemicals are removed from the premises on or before the date the pharmacy is discontinued; and
3. All controlled substances are transferred as follows:
a. Take an inventory of all controlled substances that are transferred using the procedures in R4-23-1003;

b. Include a copy of the inventory with the controlled substances that are transferred;
c. Keep the original of the inventory with the discontinued pharmacy's records of narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical purchase and disbursement for a minimum of three years from the date the pharmacy is discontinued;
d. Use a D.E.A. form 222 to transfer any Schedule II controlled substances; and
e. Transfer controlled substances that need destruction in the same manner as all other controlled substances.

E. Upon receipt of outdated or damaged controlled substances from a discontinued pharmacy, the licensee, permittee, or registrant described in subsection (A)(2) shall contact a D.E.A. registered reverse distributor for proper destruction of outdated or damaged controlled substances. If there are controlled substances a reverse distributor will not accept, the licensee, permittee, or registrant shall then contact the Board office and request an inspection for the purpose of drug destruction.

F. During the three-year record retention period specified in subsection (A)(3), the person described in subsection (A)(3) shall provide to the Board upon its request a discontinued pharmacy's records of the purchase and disbursement of narcotics or other controlled substances, prescription-only drugs or devices, nonprescription drugs, precursor chemicals, or regulated chemicals.

G. During the seven-year record retention period specified in subsection (A)(4), the person described in subsection (A)(4) shall provide to the Board upon its request a discontinued pharmacy's records of prescription files and patient profiles.

Historical Note
New Section made by final rulemaking at 7 A.A.R. 3825, effective August 9, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 1105, effective April 30, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 1912, effective July 1, 2006 (Supp. 06-2). Amended by final rulemaking at 14 A.A.R. 3670, effective November 8, 2008 (Supp. 08-3).

R4-23-614. Automated Storage and Distribution System

A. Before using an automated storage and distribution system, a pharmacy permittee or pharmacist-in-charge shall:
1. Ensure that the automated storage and distribution system and the policies and procedures comply with subsection (B); and
2. Notify the Board in writing of the intent to use an automated storage and distribution system, including the type or name of the system.

B. A pharmacy permittee or pharmacist-in-charge shall establish policies and procedures for appropriate performance and use of the automated storage and distribution system that:
1. Ensure that the automated storage and distribution system is in good working order while maintaining appropriate recordkeeping and security safeguards;
2. Ensure that an automated storage and distribution system used by the pharmacy that allows access to drugs or devices by a patient:
a. Only contains prescriptions that:
i. Do not require oral consultation as specified in R4-23-402(B); and
ii. Are properly labeled and verified by a pharmacist before placement into the automated storage and distribution system and subsequent release to patients;
b. Allows a patient to choose whether or not to use the system;
c. Is located either in a wall of a properly permitted pharmacy or within 20 feet of a properly permitted pharmacy if the automated storage and distribution system is secured against the wall or floor in such a manner that prevents the automated storage and distribution system's unauthorized removal;
d. Provides a method to identify the patient and only release that patient's prescriptions;
e. Is secure from access and removal of drugs or devices by unauthorized individuals;
f. Provides a method for a patient to obtain a consultation with a pharmacist if requested by the patient; and
g. Does not allow the system to dispense refilled prescriptions if a pharmacist determines that the patient requires oral counseling as specified in R4-23-402(B);
3. Ensure that an automated storage and distribution system used by the pharmacy that allows access to drugs or devices only by authorized licensed personnel for the purposes of administration based on a valid prescription order or medication order:
a. Provides for adequate security to prevent unauthorized individuals from accessing or obtaining drugs or devices; and
b. Provides for the filling, stocking, or restocking of all drugs or devices in the system only by a Board licensee or other authorized licensed personnel; and
4. Implement an ongoing quality assurance program that monitors compliance with the established policies and procedures of the automated storage and distribution system and federal and state law.

C. A pharmacy permittee or pharmacist-in-charge shall:
1. Ensure that the policies and procedures required under subsection (B) are prepared, implemented, and complied with;
2. Review biennially and, if necessary, revise the policies and procedures required under subsection (B);
3. Document the review required under subsection (C)(2);
4. Assemble the policies and procedures as a written or electronic manual; and
5. Make the policies and procedures available for employee reference and inspection by the Board or its staff within the pharmacy and at any location outside the pharmacy where the automated storage and distribution system is used.

D. The Board may prohibit a pharmacy permittee or pharmacist-in-charge from using an automated storage and distribution system if the pharmacy permittee or the pharmacy permittee's employees do not comply with the requirements of subsections (A), (B), or (C).

Historical Note
New Section made by final rulemaking at 13 A.A.R. 616, effective April 7, 2007 (Supp. 07-1).

R4-23-615. Mechanical Storage and Counting Device for a Drug in Solid, Oral Dosage Form

A. A pharmacy permittee or pharmacist-in-charge shall ensure that a mechanical storage and counting device for a drug in a solid, oral dosage form that is used by a pharmacist or a pharmacy intern, graduate intern, pharmacy technician, or pharmacy technician trainee under the supervision of a pharmacist complies with the following method to identify the contents of the device:
1. The drug name and strength are affixed to the front of each cell or cassette of the device;
2. A paper or electronic log is kept for each cell or cassette that contains:
   a. An identification of the cell or cassette by the drug name and strength or the number of the cell or cassette;
   b. The drug's manufacturer or National Drug Code (NDC) number;
   c. The expiration date and lot number from the manufacturer's stock bottle that is used to fill the cell or cassette. If multiple lot numbers of the same drug are added to a cell or cassette, each lot number and expiration date shall be documented, and the earliest expiration date shall become the expiration date of the mixed lot of drug in the cell or cassette;
   d. The date the cell or cassette is filled;
   e. Documentation of the identity of the licensee who placed the drug into the cell or cassette; and
   f. If the licensee who filled the cell or cassette is not a pharmacist, documentation of the identity of the pharmacist who supervised the non-pharmacist licensee who filled the cell or cassette; and
3. The paper or electronic log is available in the pharmacy for inspection by the Board or its designee for not less than two years.

B. A pharmacy permittee or pharmacist-in-charge shall ensure that any drug previously counted by a mechanical storage and counting device for a drug in a solid, oral dosage form that has not left the pharmacy is not returned to the drug's cell, cassette, or stock bottle, unless the drug return method is approved by the Board or its designee as specified in subsection (G). This subsection does not prevent a pharmacy permittee or pharmacist-in-charge from using a manual or mechanical counting device to count and dispense a previously counted drug that has not left the pharmacy if the previously counted drug is dispensed before its beyond-use-date.

C. A pharmacy permittee or pharmacist-in-charge shall ensure the accuracy of any mechanical storage and counting device for a drug in a solid, oral dosage form that is used by a pharmacist or a pharmacy intern, graduate intern, pharmacy technician, or pharmacy technician trainee under the supervision of a pharmacist by documenting completion of the following:
1. Training in the maintenance, calibration, and use of the mechanical storage and counting device for each employee who uses the mechanical storage and counting device;
2. Maintenance and calibration of the mechanical storage and counting device as recommended by the device's manufacturer; and
3. Routine quality assurance and accuracy validation testing for each mechanical storage and counting device.

D. A pharmacy permittee or pharmacist-in-charge shall ensure that the documentation required in subsection (C) is available for inspection by the Board or its designee.

E. A pharmacy permittee or pharmacist-in-charge shall:
1. Ensure that policies and procedures for the performance and use of a mechanical storage and counting device for a drug in a solid, oral dosage form are prepared, implemented, and complied with;
2. Review biennially and, if necessary, revise the policies and procedures required under subsection (E)(1);
3. Document the review required under subsection (E)(2);
4. Assemble the policies and procedures as a written or electronic manual; and
5. Make the policies and procedures available within the pharmacy for employee reference and inspection by the Board or its staff.

F. The Board may prohibit a pharmacy permittee or pharmacist-in-charge from using a mechanical storage and counting device for a drug in a solid, oral dosage form if the pharmacy permittee or the pharmacy permittee's employees do not comply with the requirements of subsections (A), (B), (C), (D), or (E).

G. Returning a drug previously counted by a mechanical storage and counting device for a drug in a solid, oral dosage form that has not left the pharmacy to the drug's cell or cassette.
1. Before returning a drug previously counted by a mechanical storage and counting device that has not left the pharmacy to the drug's cell or cassette, a pharmacy permittee or pharmacist-in-charge shall:
   a. Apply for approval from the Board or its designee for the drug return method to be used in returning the drug;
   b. Develop a drug return method that uses technology, such as bar coding, to prevent drug return errors;
   c. Provide documentation depicting the drug return method;
   d. Demonstrate the drug return method for a Board Compliance Officer; and
   e. Receive approval from the Board or its designee for the drug return method to be used in returning the drug.
2. Before approving a request to waive the drug return prohibition in subsection (B), the Board or its designee shall:
   a. Receive a request in writing from the pharmacy permittee or pharmacist-in-charge;
   b. Review the documentation of the drug return method; and
   c. Receive a satisfactory inspection report from a Board Compliance Officer that the drug return method uses technology to prevent drug return errors.

Historical Note

New Section made by final rulemaking at 13 A.A.R. 616, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 3677, effective November 8, 2008 (Supp. 08-3).

R4-23-616. Mechanical Counting Device for a Drug in Solid, Oral Dosage Form

A. A pharmacy permittee or pharmacist-in-charge shall ensure the accuracy of any mechanical counting device for a drug in a solid, oral dosage form that is used by a pharmacist or a pharmacy intern, graduate intern, pharmacy technician, or pharmacy technician trainee under the supervision of a pharmacist by documenting completion of the following:
1. Training in the maintenance, calibration, and use of the mechanical counting device for each employee who uses the mechanical counting device;

2. Maintenance and calibration of the mechanical counting device as recommended by the device's manufacturer; and
3. Routine quality assurance and accuracy validation testing for each mechanical counting device.

B. A pharmacy permittee or pharmacist-in-charge shall ensure that the documentation required in subsection (A) is available for inspection by the Board or its designee.

C. A pharmacy permittee or pharmacist-in-charge shall:
1. Ensure that policies and procedures for the performance and use of a mechanical counting device for a drug in a solid, oral dosage form are prepared, implemented, and complied with;
2. Review biennially and, if necessary, revise the policies and procedures required under subsection (C)(1);
3. Document the review required under subsection (C)(2);
4. Assemble the policies and procedures as a written or electronic manual; and
5. Make the policies and procedures available within the pharmacy for employee reference and inspection by the Board or its staff.

D. The Board may prohibit a pharmacy permittee or pharmacist-in-charge from using a mechanical counting device for a drug in a solid, oral dosage form if the pharmacy permittee or the pharmacy permittee's employees do not comply with the requirements of subsections (A), (B), or (C).

Historical Note
New Section made by final rulemaking at 13 A.A.R. 616, effective April 7, 2007 (Supp. 07-1).

R4-23-617. Temporary Pharmacy Facilities or Mobile Pharmacies

A. Pharmacies located in declared disaster areas, nonresident pharmacies, and pharmacies licensed or permitted in another state but not licensed or permitted in this state, if necessary to provide pharmacy services during a declared state of emergency, may arrange to temporarily locate to a temporary pharmacy facility or mobile pharmacy or relocate to a temporary pharmacy facility or mobile pharmacy if the pharmacist-in-charge of the temporary pharmacy facility or mobile pharmacy ensures that:
1. The pharmacy is under the control and management of the pharmacist-in-charge or a supervising pharmacist designated by the pharmacist-in-charge;
2. The pharmacy is located within or adjacent to the declared disaster area;
3. The Board is notified of the pharmacy's location;
4. The pharmacy is properly secured to prevent theft and diversion of drugs;
5. The pharmacy's records are maintained in accordance with Arizona statutes and rules; and
6. The pharmacy stops providing pharmacy services when the declared state of emergency ends, unless it possesses a current resident pharmacy permit issued by the Board under A.R.S. §§ 32-1929, 32-1930, and 32-1931.

B. The Board shall have the authority to approve or deny temporary pharmacy facilities, mobile pharmacies, and shall make arrangements for appropriate monitoring and inspection of the temporary pharmacy facilities and mobile pharmacies on a case-by-case basis.

C. A temporary pharmacy facility wishing to permanently operate at its temporary site shall apply for and have received a permit issued under A.R.S. §§ 32-1929, 32-1930, and 32-1931 by following the application process under R4-23-606.

D. A mobile pharmacy, placed in operation during a declared state of emergency, shall not operate permanently.

Historical Note
New Section made by final rulemaking at 14 A.A.R. 4400, effective January 3, 2009 (Supp. 08-4).

R4-23-618. Reserved

R4-23-619. Reserved

R4-23-620. Continuous Quality Assurance Program

A. Each pharmacy permittee shall implement or participate in a continuous quality assurance (CQA) program. A pharmacy permittee meets the requirements of this Section if it holds a current general, special or rural general hospital license from the Arizona Department of Health Services and is any of the following:
1. Certified by the Centers for Medicare and Medicaid Services to participate in the Medicare or Medicaid programs;
2. Accredited by the Joint Commission on the Accreditation of Healthcare Organizations; or
3. Accredited by the American Osteopathic Association.

B. A pharmacy permittee or the pharmacist-in-charge shall ensure that:
1. The pharmacy develops, implements, and utilizes a CQ program consistent with the requirements of this Section and A.R.S. § 32-1973;
2. The medication error data generated by the CQA program is utilized and reviewed on a regular basis, as required by subsection (D); and
3. Training records, policies and procedures, and other program records or documents, other than medication error data, are maintained for a minimum of two years in the pharmacy or in a readily retrievable manner.

C. A pharmacy permittee or pharmacist-in-charge shall:
1. Ensure that policies and procedures for the operation and management of the pharmacy's CQA program are prepared, implemented, and complied with;
2. Review biennially and, if necessary, revise the policies and procedures required under subsection (C)(1);
3. Document the review required under subsection (C)(2);
4. Assemble the policies and procedures as a written or electronic manual; and
5. Make the policies and procedures available within the pharmacy for employee reference and inspection by the Board or its staff.

D. The policies and procedures shall address a planned process to:
1. Train all pharmacy personnel in relevant phases of the CQA program;
2. Identify and document medication errors;
3. Record, measure, and analyze data collected to:
   a. Assess the causes and any contributing factors relating to medication errors, and
   b. Improve the quality of patient care;
4. Utilize the findings from subsections (D)(2) and (3) to develop pharmacy systems and workflow processes designed to prevent or reduce medication errors; and
5. Communicate periodically, and at least annually, with pharmacy personnel to review CQA program findings and inform pharmacy personnel of any changes made to pharmacy policies, procedures, systems, or processes as a result of CQA program findings.

E. The Board's regulatory oversight activities regarding a pharmacy's CQA program are limited to inspection of the pharmacy's CQA policies and procedures and enforcing the pharmacy's compliance with those policies and procedures.

F. A pharmacy's compliance with this Section shall be considered by the Board as a mitigating factor in the investigation and evaluation of a medication error.

Historical Note
New Section made by final rulemaking at 18 A.A.R. 2603, effective December 2, 2012 (Supp. 12-4).

R4-23-621. Shared Services

A. Before participating in shared services, a pharmacy shall have either a current resident or non-resident pharmacy permit issued by the Board.

B. A pharmacy may provide or utilize shared services functions only if the pharmacies involved:
1. Have the same owner, or
2. Have a written contract or agreement that outlines the services provided and the shared responsibilities of each party in complying with federal and state pharmacy statutes and rules, and
3. Share a common electronic file or technology that allows access to information necessary or required to perform shared services in conformance with the pharmacy act and the Board's rules.

C. Notifications to patients.
1. Before using shared services provided by another pharmacy, a pharmacy permittee shall:
   a. Notify patients that their orders may be processed or filled by another pharmacy; and
   b. Provide the name of that pharmacy or, if the pharmacy is part of a network of pharmacies under common ownership and any of the network pharmacies may process or fill the order, notify the patient of this fact. The notification may be provided through a one-time written notice to the patient or through use of a sign in the pharmacy.
2. If an order is delivered directly to the patient by a filling pharmacy and not returned to the requesting pharmacy, the filling pharmacy permittee shall ensure that the following is placed on the prescription container or on a separate sheet delivered with the prescription container:
   a. The local, and if applicable, the toll-free telephone number of the pharmacy utilizing shared services that has access to the patient's records; and
   b. A statement that conveys to the patient or patient's care-giver the following information: "Written information about this prescription has been provided for you. Please read this information before you take the medication. If you have questions concerning this prescription, a pharmacist is available during normal business hours to answer these questions at (insert the local and toll-free telephone numbers of the pharmacy utilizing shared services that has access to the patient's records)."
3. The provisions of subsection (C) do not apply to orders delivered to patients in facilities where a licensed health care professional is responsible for administering the prescription medication to the patient.

D. A pharmacy permittee engaged in shared services shall:
1. Maintain manual or electronic records that identify, individually for each order processed, the name, initials, or identification code of each pharmacist, graduate intern, pharmacy intern, pharmacy technician, and pharmacy technician trainee who took part in the order interpretation, order entry verification, drug utilization review, drug compatibility and drug allergy review, final order verification, therapeutic intervention, or refill authorization functions performed at that pharmacy;
2. Maintain manual or electronic records that identify, individually for each order filled or dispensed, the name, initials, or identification code of each pharmacist, graduate intern, pharmacy intern, pharmacy technician, and pharmacy technician trainee who took part in the filling, dispensing, and counseling functions performed at that pharmacy;
3. Report to the Board as soon as practical the results of any disciplinary action taken by another state's pharmacy regulatory agency involving shared services;
4. Maintain a mechanism for tracking the order during each step of the processing and filling procedures performed at the pharmacy;
5. Provide for adequate security to protect the confidentiality and integrity of patient information; and
6. Provide for inspection of any required record or information within 72 hours of any request by the Board or its designee.

E. Each pharmacy permittee that provides or utilizes shared services shall develop, implement, review, revise, and comply with joint policies and procedures for shared services in the manner described in R4-23-610(A)(2). Each pharmacy permittee is required to maintain only those portions of the joint policies and procedures that relate to that pharmacy's operations. The policies and procedures shall:
1. Outline the responsibilities of each of the pharmacies;
2. Include a list of the name, address, telephone numbers, and all license and permit numbers of the pharmacies involved in shared services; and
3. Include policies and procedures for:
   a. Notifying patients that their orders may be processed or filled by another pharmacy and providing the name of that pharmacy;
   b. Protecting the confidentiality and integrity of patient information;
   c. Dispensing orders when the filled order is not received or the patient comes in before the order is received;
   d. Maintaining required manual or electronic records to identify the name, initials, or identification code and specific activity or activities of each pharmacist, graduate intern, pharmacy intern, pharmacy technician, or pharmacy technician trainee who performed any shared services;
   e. Complying with federal and state laws; and
   f. Operating a continuous quality improvement program for shared services, designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, pursue opportunities to improve patient care, and resolve identified problems.

F. Nothing in this Section shall prohibit an individual pharmacist licensed in Arizona, who is an employee of or under contract with a pharmacy, or an Arizona-licensed graduate intern, pharmacy intern, pharmacy technician, or pharmacy technician trainee, working under the supervision of the pharmacist, from accessing that pharmacy's electronic database from inside or outside the pharmacy and performing the order processing

functions permitted by the pharmacy act, if both of the following conditions are met:

1. The pharmacy establishes controls to protect the confidentiality and integrity of patient information; and
2. None of the database is duplicated, downloaded, or removed from the pharmacy's electronic database.

Historical Note

New Section made by final rulemaking at 13 A.A.R. 520, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 19 A.A.R. 97, effective March 10, 2013 (Supp. 13-1).

R4-23-622. Reserved

R4-23-623. Reserved

R4-23-624. Reserved

R4-23-625. Reserved

R4-23-626. Reserved

R4-23-627. Reserved

R4-23-628. Reserved

R4-23-629. Reserved

R4-23-630. Reserved

R4-23-631. Reserved

R4-23-632. Reserved

R4-23-633. Reserved

R4-23-634. Reserved

R4-23-635. Reserved

R4-23-636. Reserved

R4-23-637. Reserved

R4-23-638. Reserved

R4-23-639. Reserved

R4-23-640. Reserved

R4-23-641. Reserved

R4-23-642. Reserved

R4-23-643. Reserved

R4-23-644. Reserved

R4-23-645. Reserved

R4-23-646. Reserved

R4-23-647. Reserved

R4-23-648. Reserved

R4-23-649. Reserved

R4-23-650. Reserved

R4-23-651. Definitions

The following definitions apply to R4-23-651 through R4-23-659:

"Administration" means the giving of a dose of medication to a patient as a result of an order of a medical practitioner.

"Direct copy" means an electronic, facsimile or carbonized copy.

"Dispensing for hospital inpatients" means the interpreting, evaluating, and implementing a medication order including preparing for delivery a drug or device to an inpatient or inpatient's agent in a suitable container appropriately labeled for subsequent administration to, or use by, an inpatient (hereafter referred to as "dispensing").

"Drug distribution" means the delivery of drugs other than "administering" or "dispensing."

"Emergency medical situation" means a condition of emergency in which immediate drug therapy is required for the preservation of health, life, or limb of a person or persons.

"Floor stock" means a supply of essential drugs not labeled for a specific patient and maintained and controlled by the pharmacy at a patient care area for the purpose of timely administration to a patient of the hospital.

"Formulary" means a continually revised compilation of pharmaceuticals (including ancillary information) that reflects the current clinical judgment of the medical staff.

"Hospital pharmacy" means a pharmacy, as defined in A.R.S. § 32-1901, that holds a current permit issued by the Board pursuant to A.R.S. § 32-1931, and is located in a hospital as defined in A.R.S. § 32-1901.

"Inpatient" means any patient who receives non-self-administered drugs from a hospital pharmacy for use while within a facility owned by the hospital.

"Intravenous admixture" means a sterile parenteral solution to which one or more additional drug products have been added.

"Medication order" means a written, electronic, or verbal order from a medical practitioner or a medical practitioner's authorized agent for administration of a drug or device.

"On-call" means a pharmacist is available to:

Consult or provide drug information regarding drug therapy or related issues; or

Dispense a medication order and review a patient's medication order for pharmaceutical and therapeutic feasibility under R4-23-653(E)(2) before any drug is administered to a patient, except as specified in R4-23-653(E)(1).

"Patient care area" means any area for the primary purpose of providing a physical environment that is owned by or operated in conjunction with a hospital, for a patient to obtain health care services, except those areas where a physician, dentist, veterinarian, osteopath, or other medical practitioner engages primarily in private practice.

"Repackaged drug" means a drug product that is transferred by pharmacy personnel from an original manufacturer's container to another container properly labeled for subsequent dispensing.

"Satellite pharmacy" means a work area in a hospital setting under the direction of a pharmacist that is a remote extension of a centrally licensed hospital pharmacy and owned by and dependent upon the centrally licensed hospital pharmacy for administrative control, staffing, and drug procurement.

"Single unit" means a package of medication that contains one discrete pharmaceutical dosage form.

"Supervision" means the process by which a pharmacist directs the activities of hospital pharmacy personnel to a sufficient degree to ensure that all activities are performed accurately, safely, and without risk of harm to patients.

Historical Note
Former Rules 6.7110, 6.7120, and 6.7130; Amended effective August 10, 1978 (Supp. 78-4). Amended subsection (B) effective April 20, 1982 (Supp. 82-2). Section repealed, new Section adopted effective February 7, 1990 (Supp. 90-1). Amended effective November 1, 1993 (Supp. 93-4). Amended effective April 5, 1996 (Supp. 96-2). Amended by final rulemaking at 8 A.A.R. 4902, effective January 5, 2003 (Supp. 02-4).

R4-23-652. Hospital Pharmacy Permit

A. The following rules are applicable to all hospitals as defined by A.R.S. § 32-1901 and hospital pharmacies as defined by R4-23-651.

B. Before opening a hospital pharmacy, a person shall obtain a pharmacy permit as specified in R4-23-602 and R4-23-606.

C. Discontinued hospitals. If a hospital license is discontinued by the state Department of Health Services, the pharmacy permittee or pharmacist-in-charge shall follow the procedures described in R4-23-613 for discontinuing a pharmacy.

Historical Note
Former Rules 6.7210, 6.7220, 6.7230, 6.7231, 6.7232, and 6.7233. Section repealed, new Section adopted effective February 7, 1990 (Supp. 90-1). Amended by final rulemaking at 8 A.A.R. 4902, effective January 5, 2003 (Supp. 02-4).

R4-23-653. Personnel: Professional or Technician

A. Each hospital pharmacy shall be directed by a pharmacist who is licensed to engage in the practice of pharmacy in Arizona and is referred to as the Director of Pharmacy. The Director of Pharmacy shall be the pharmacist-in-charge, as defined in A.R.S. § 32-1901 or shall appoint a pharmacist-in-charge. The Director of Pharmacy and the pharmacist-in-charge, if a different individual, shall:
1. Be responsible for all the activities of the hospital pharmacy and for meeting the requirements of the Arizona Pharmacy Act and these rules;
2. Ensure that the policies and procedures required by these rules are prepared, implemented, and complied with;
3. Review biennially and, if necessary, revise the policies and procedures required under these rules;
4. Document the review required under subsection (A)(3);
5. Assemble the policies and procedures as a written manual or by another method approved by the Board or its designee; and
6. Make the policies and procedures available within the pharmacy for employee reference and inspection by the Board or its designee.

B. In all hospitals, a pharmacist shall be in the hospital during the time the pharmacy is open for pharmacy services, except for an extreme emergency as defined in R4-23-110. Pharmacy services shall be provided for a minimum of 40 hours per week, unless an exception for less than the minimum hours is made upon written request by the hospital and with express permission of the Board or its designee.

C. In a hospital where the pharmacy is not open 24 hours per day for pharmacy services, a pharmacist shall be "on-call" as defined in R4-23-651 when the pharmacy is closed.

D. The Director of Pharmacy may be assisted by other personnel approved by the Director of Pharmacy in order to operate the pharmacy competently, safely, and adequately to meet the needs of the hospital's patients.

E. Pharmacists. A pharmacist or a pharmacy intern or graduate intern under the supervision of a pharmacist shall perform the following professional practices:
1. Verify a patient's medication order before administration of a drug to the patient, except:
   a. In an emergency medical situation; or
   b. In a hospital where the pharmacy is open less than 24 hours a day for pharmacy services, a pharmacist shall verify a patient's medication order within four hours of the time the pharmacy opens for pharmacy services;
2. Verify a medication order's pharmaceutical and therapeutic feasibility based upon:
   a. The patient's medical condition,
   b. The patient's allergies,
   c. The pharmaceutical and therapeutic incompatibilities, and
   d. The recommended dosage limits;
3. Measure, count, pour, or otherwise prepare and package a drug needed for dispensing, except a pharmacy technician or pharmacy technician trainee may measure, count, pour, or otherwise prepare and package a drug needed for dispensing under the supervision of a pharmacist according to written policies and procedures approved by the Board or its designee;
4. Compound, admix, combine, or otherwise prepare and package a drug needed for dispensing, except a pharmacy technician may compound, admix, combine, or otherwise prepare and package a drug needed for dispensing under the supervision of a pharmacist according to written policies and procedures approved by the Board or its designee;
5. Verify the accuracy, correct procedure, compounding, admixing, combining, measuring, counting, pouring, preparing, packaging, and safety of a drug prepared and packaged by a pharmacy technician or pharmacy technician trainee according to subsections (E)(3) and (4) and according to the policies and procedures in subsection (G);
6. Supervise drug repackaging and check the completed repackaged product as specified in R4-23-402(A);
7. Supervise training and education in aseptic technique and drug incompatibilities for all personnel involved in the admixture of parenteral products within the hospital pharmacy;
8. Consult with the medical practitioner regarding the patient's drug therapy or medical condition;
9. When requested by a medical practitioner, patient, patient's agent, or when the pharmacist deems it necessary, provide consultation with a patient regarding the medication order, patient's profile, or overall drug therapy;
10. Monitor a patient's drug therapy for safety and effectiveness;
11. Provide drug information to patients and health care professionals;

12. Manage the activities of pharmacy technicians, pharmacy technician trainees, other personnel, and systems to ensure that all activities are performed accurately, safely, and without risk of harm to patients;
13. Verify the accuracy of all aspects of the original, completed medication order; and
14. Ensure compliance by pharmacy personnel with a quality assurance program developed by the hospital.

F. Pharmacy technicians and pharmacy technician trainees. Before working as a pharmacy technician or pharmacy technician trainee, an individual shall meet the eligibility and licensure requirements prescribed in 4 A.A.C. 23, Article 11

G. Pharmacy technician policies and procedures. Before employing a pharmacy technician or pharmacy technician trainee, a Director of Pharmacy or pharmacist-in-charge shall develop the policies and procedures required under R4-23-1104.

H. Pharmacy technician training program.
1. A Director of Pharmacy or pharmacist-in-charge shall comply with the training program requirements of R4-23-1105 based on the needs of the hospital pharmacy;
2. A pharmacy technician or pharmacy technician trainee shall:
   a. Perform only those tasks for which training and competency have been demonstrated; and
   b. Not perform professional practices reserved for a pharmacist, graduate intern, or pharmacy intern in subsection (E), except as specified in subsections (E)(3) and (4).

I. Supervision. A hospital pharmacy's Director of Pharmacy and the pharmacist-in-charge, if a different individual, shall supervise all of the activities and operations of a hospital pharmacy. A pharmacist shall supervise all functions and activities of pharmacy technicians, pharmacy technician trainees, and other hospital pharmacy personnel to ensure that all functions and activities are performed competently, safely, and without risk of harm to patients.

Historical Note

Former Rules 6.7310 and 6.7320; Amended effective August 10, 1978 (Supp. 78-4). Section repealed, new Section adopted effective February 7, 1990 (Supp. 90-1). Amended effective November 1, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 4902, effective January 5, 2003 (Supp. 02-4). Amended by final rulemaking at 10 A.A.R. 1192, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 12 A.A.R. 3032, effective October 1, 2006 (Supp. 06-3).

R4-23-654. Absence of Pharmacist

A. If a pharmacist will not be on duty in the hospital, the Director of Pharmacy or pharmacist-in-charge shall arrange, before the pharmacist's absence, for the medical staff and other authorized personnel of the hospital to have access to drugs in the remote drug storage area defined in R4-23-110 or in the hospital pharmacy if a drug is not available in a remote drug storage area and is required to treat the immediate needs of a patient. A pharmacist shall be on-call during all absences.

B. If a pharmacist will not be on duty in the hospital pharmacy, the Director of Pharmacy or pharmacist-in-charge shall arrange, before the pharmacist's absence, for the medical staff and other authorized personnel of the hospital to have telephone access to an on-call pharmacist.

C. The hospital pharmacy permittee shall ensure that the hospital pharmacy is not without a pharmacist on duty in the hospital for more than 72 consecutive hours.

D. Remote drug storage area. The Director of Pharmacy or pharmacist-in-charge shall, in consultation with the appropriate committee of the hospital:
1. Develop and maintain an inventory listing of the drugs to be included in a remote drug storage area; and
2. Develop, implement, review, and revise in the same manner described in R4-23-653(A) and comply with policies and procedures that ensure proper storage, access, and accountability for drugs in a remote drug storage area.

E. Access to hospital pharmacy. If a drug is not available from a remote drug storage area and the drug is required to treat the immediate needs of a patient whose health may be compromised, the drug may be obtained from the hospital pharmacy according to the requirements of this subsection.
1. The Director of Pharmacy or pharmacist-in-charge shall, in consultation with the appropriate committee of the hospital, develop, implement, review, and revise in the same manner described in R4-23-653(A) and comply with policies and procedures to ensure that access to the hospital pharmacy during the pharmacist's absence conforms to the following requirements:
   a. Access is delegated to only one supervisory nurse in each shift;
   b. The policy and name of supervisory nurse is communicated in writing to the medical staff of the hospital;
   c. Access is delegated only to a nurse who has received training from the Director of Pharmacy, pharmacist-in-charge, or Director's designee in the procedures required for proper access, drug removal, and recordkeeping; and
   d. Access is delegated by the supervisory nurse to another nurse only in an emergency.
2. If a nurse to whom authority is delegated to access the hospital pharmacy removes a drug from the hospital pharmacy, the nurse shall:
   a. Record the following information on a form or by another method approved by the Board or its designee:
      i. Patient's name;
      ii. Drug name, strength, and dosage form;
      iii. Quantity of drug removed; and
      iv. Date and time of removal;
   b. Sign or initial, if a corresponding signature is on file in the hospital pharmacy, the form recording the drug removal;
   c. Attach the original or a direct copy of the medication order for the drug to the form recording the drug removal; and
   d. Place the form recording the drug removal conspicuously in the hospital pharmacy.
3. Within four hours after a pharmacist returns from an absence, the pharmacist shall verify all records of drug removal that occurred during the pharmacist's absence according to R4-23-653(E).

Historical Note

Former Rules 6.7410, 6.7420, 6.7430, 6.7440, 6.7450, and 6.7460; Amended subsection (A) effective Aug. 9, 1983 (Supp. 83-4). Section repealed, new Section adopted effective February 7, 1990 (Supp. 90-1). Amended by final rulemaking at 8 A.A.R. 4902, effective January 5, 2003 (Supp. 02-4). Amended by final rulemaking at 10 A.A.R. 1192, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 12 A.A.R.

3032, effective October 1, 2006 (Supp. 06-3).

R4-23-655. Physical Facility

A. General. A hospital pharmacy permittee shall ensure that the hospital pharmacy has sufficient equipment and physical facilities for proper compounding, dispensing, and storage of drugs, including parenteral preparations.

B. Minimum area of hospital pharmacy. The minimum area of a hospital pharmacy depends on the type of hospital, the number of beds, and the pharmaceutical services provided. Any hospital pharmacy permit issued or hospital pharmacy remodeled after January 31, 2003 shall provide a minimum hospital pharmacy area, the actual area primarily devoted to drug dispensing and preparation functions, exclusive of bulk drug storage, satellite pharmacy, and office areas that is not less than 500 square feet. The minimum area requirement, not including unusable area, may be varied upon approval by the Board for out-of-the-ordinary conditions or for systems that require less space.

C. The Board may also require that a hospital pharmacy permittee or applicant provide:

1. More than the minimum area if equipment, inventory, personnel, or other factors cause crowding to a degree that interferes with safe pharmacy practice;
2. Additional dispensing, preparation, or storage areas because of the increased number of specific drugs prescribed per day, the increased use of intravenous and irrigating solutions, and the increased use of disposable and prepackaged products;
3. Additional dispensing, preparation, or storage areas to handle investigational drugs, emergency drug kits, chemotherapeutics, alcohol and other flammables, poisons, external preparations, and radioisotopes, and to accommodate quality control procedures; and
4. Additional office space to provide for an increased number of personnel, a drug information library, a poison information library, research support, teaching and conferences, and a waiting area.

D. Hospital pharmacy area. A hospital pharmacy permittee shall ensure that the hospital pharmacy area is enclosed by a permanent barrier or partition from floor to ceiling with entry doors that can be securely locked, constructed according to R4-23-609(F).

E. Hospital pharmacy storage areas. The hospital pharmacy permittee, Director of Pharmacy, or pharmacist-in-charge shall ensure that all undispensed or undistributed drugs are stored in designated areas within the hospital pharmacy or other locked areas under the control of a pharmacist that ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security.

Historical Note

Former Rules 6.7471, 6.7472, 6.7473, 6.7474, and 6.7490; Amended effective Aug. 9, 1983 (Supp. 83-4). Section repealed, new Section adopted effective February 7, 1990 (Supp. 90-1). Correction to Table 1 ("spare feet" changed to "square feet") (Supp. 91-1). Amended by final rulemaking at 8 A.A.R. 4902, effective January 5, 2003 (Supp. 02-4). Amended by final rulemaking at 11 A.A.R. 462, effective March 5, 2005 (Supp. 05-1).

R4-23-656. Sanitation and Equipment

A hospital pharmacy permittee or Director of Pharmacy shall ensure that a hospital pharmacy:

1. Has a professional reference library consisting of hard-copy or electronic media appropriate for the scope of pharmacy services provided by the hospital;
2. Has a sink, other than a sink in a toilet facility, that:
   a. Has hot and cold running water;
   b. Is within the hospital pharmacy area for use in preparing drug products; and
   c. Is maintained in a sanitary condition and in good repair;
3. Maintains a room temperature within a range compatible with the proper storage of drugs;
4. Has a refrigerator and freezer with a temperature maintained within a range compatible with the proper storage of drugs requiring refrigeration or freezing; and
5. Has a designated area for a laminar air flow hood and other supplies required for the preparation of sterile products as specified in R4-23-670.

Historical Note

Former Rule 6.7480. Section repealed, new Section adopted effective February 7, 1990 (Supp. 90-1). Amended by final rulemaking at 8 A.A.R. 4902, effective January 5, 2003 (Supp. 02-4).

R4-23-657. Security

A. Personnel security standards. A Director of Pharmacy shall ensure that:

1. No one is permitted in the pharmacy unless a pharmacist is present except as provided in this Section and R4-23-654. If only one pharmacist is on duty in the pharmacy and that pharmacist must leave the pharmacy for an emergency or patient care duties, nonpharmacist personnel may remain in the pharmacy to perform duties as outlined in R4-23-653, provided that all C-II controlled substances are secured to prohibit access by other than a pharmacist, and that the pharmacist remains available in the hospital;
2. All hospital pharmacy areas are kept locked by key or programmable lock to prevent access by unauthorized personnel; and
3. Pharmacists, pharmacy or graduate interns, pharmacy technicians, pharmacy technician trainees, and other personnel working in the pharmacy wear identification badges, including name and position, whenever on duty.

B. Prescription blank security. The Director of Pharmacy shall develop, implement, review, and revise in the same manner described in R4-23-653(A) and comply with policies and procedures for the safe distribution and control of prescription blanks bearing identification of the hospital.

Historical Note

Former Rule 6.7500; Amended effective Aug. 9, 1983 (Supp. 83-4). Section repealed, new Section adopted effective February 7, 1990 (Supp. 90-1). Amended by final rulemaking at 8 A.A.R. 4902, effective January 5, 2003 (Supp. 02-4). Amended by final rulemaking at 10 A.A.R. 1192, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 12 A.A.R. 3032, effective October 1, 2006 (Supp. 06-3).

R4-23-658. Drug Distribution and Control

A. General. The Director of Pharmacy or pharmacist-in-charge shall in consultation with the medical staff, develop, implement, review, and revise in the same manner described in R4-23-653(A) and comply with written policies and procedures for the effective operation of a drug distribution system that optimizes patient safety.

B. Responsibility. The Director of Pharmacy is responsible for the safe and efficient procurement, dispensing, distribution, administration, and control of drugs, including the following:
1. In consultation with the appropriate department personnel and medical staff committee, develop a medication formulary for the hospital;
2. Proper handling, distribution, and recordkeeping of investigational drugs; and
3. Regular inspections of drug storage and preparation areas within the hospital.

C. Physician orders. A Director of Pharmacy or pharmacist-in-charge shall ensure that:
1. Drugs are dispensed from the hospital pharmacy only upon a written order, direct copy or facsimile of a written order, or verbal order of an authorized medical practitioner; and
2. A pharmacist reviews the original, direct or facsimile copy, or verbal order before an initial dose of medication is administered, except as specified in R4-23-653(E)(1).

D. Labeling. A Director of Pharmacy or pharmacist-in-charge shall ensure that all drugs distributed or dispensed by a hospital pharmacy are packaged in appropriate containers and labeled as follows:
1. For use inside the hospital.
   a. Labels for all single unit packages contain at a minimum, the following information:
      i. Drug name, strength, and dosage form;
      ii. Lot number and beyond-use-date; and
      iii. Appropriate auxiliary labels;
   b. Labels for repackaged preparations contain at a minimum the following information:
      i. Drug name, strength, and dosage form;
      ii. Lot number and beyond-use-date;
      iii. Appropriate auxiliary labels; and
      iv. Mechanism to identify pharmacist accountable for repackaging;
   c. Labels for all intravenous admixture preparations contain at a minimum the following information:
      i. Patient's name and location;
      ii. Name and quantity of the basic parenteral solution;
      iii. Name and amount of drug added;
      iv. Date of preparation;
      v. Beyond-use-date and time;
      vi. Guidelines for administration;
      vii. Appropriate auxiliary label or precautionary statement; and
      viii. Initials of pharmacist responsible for admixture preparation; and
2. For use outside the hospital. Any drug dispensed to a patient by a hospital pharmacy that is intended for self-administration outside of the hospital is labeled as specified in A.R.S. §§ 32-1963.01(C) and 32-1968(D) and A.A.C. R4-23-402.

E. Controlled substance accountability. A Director of Pharmacy or pharmacist-in-charge shall ensure that effective policies and procedures are developed, implemented, reviewed, and revised in the same manner described in R4-23-653(A) and complied with regarding the use, accountability, and recordkeeping of controlled substances in the hospital, including the use of locked storage areas when controlled substances are stored in patient care areas.

F. Emergency services dispensing. If a hospital permits dispensing of drugs from the emergency services department when the pharmacy is unable to provide this service, the Director of Pharmacy, in consultation with the appropriate department personnel and medical staff committee shall develop, implement, review, and revise in the same manner described in R4-23-653(A) and comply with written policies and procedures for dispensing drugs for outpatient use from the hospital's emergency services department. The policies and procedures shall include the following requirements:
1. Drugs are dispensed only to patients who have been admitted to the emergency services department;
2. Drugs are dispensed only by an authorized medical practitioner, not a designee or agent;
3. The nature and type of drugs available for dispensing are designed to meet the immediate needs of the patients treated within the hospital;
4. Drugs are dispensed only in quantities sufficient to meet patient needs until outpatient pharmacy services are available;
5. Drugs are prepackaged by a pharmacist or a pharmacy intern, graduate intern, pharmacy technician, or pharmacy technician trainee under the supervision of a pharmacist in suitable containers and appropriately prelabeled with the drug name, strength, dosage form, quantity, manufacturer, lot number, beyond-use-date, and any appropriate auxiliary labels;
6. Upon dispensing, the authorized medical practitioner completes the label on the prescription container that complies with the requirements of R4-23-658(D); and
7. The hospital pharmacy maintains a dispensing log, hard-copy prescription, or electronic record, approved by the Board or its designee and includes the patient name and address, drug name, strength, dosage form, quantity, directions for use, medical practitioner's signature or identification code, and DEA registration number, if applicable.

Historical Note
Former Rules 6.7610, 6.7620, and 6.7710; Amended effective Aug. 9, 1983 (Supp. 83-4). Section repealed, new Section adopted effective February 7, 1990 (Supp. 90-1). Correction to subsection (I)(5) ("unnecessary" changed to "necessary") (Supp. 91-1). Amended effective November 1, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 4902, effective January 5, 2003 (Supp. 02-4). Amended by final rulemaking at 10 A.A.R. 1192, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 12 A.A.R. 3032, effective October 1, 2006 (Supp. 06-3).

R4-23-659. Administration of Drugs

A. Self-administration. A hospital shall not allow self-administration of medications by a patient unless the Director of Pharmacy or pharmacist-in-charge, in consultation with the appropriate department personnel and medical staff committee, develops, implements, reviews, and revises in the same manner described in R4-23-653(A) and complies with policies and procedures for self-administration of medications by a patient. The policies and procedures shall specify that self-administration of medications, if allowed, occurs only when:
1. Specifically ordered by a medical practitioner, and
2. The patient is educated and trained in the proper manner of self-administration.

B. Drugs brought in by a patient. If a hospital allows a patient to bring a drug into the hospital and before a patient brings a drug into the hospital, the Director of Pharmacy or pharmacist-in-

charge shall, in consultation with the appropriate department personnel and medical staff committee, develop, implement, review, and revise in the same manner described in R4-23-653(A) and comply with policies and procedures for a patient-owned drug brought into the hospital. The policies and procedures shall specify the following criteria for a patient-owned drug brought into the hospital:

1. When policy allows the administration of a patient-owned drug, the drug is not administered to the patient unless:
   a. A pharmacist or medical practitioner identifies the drug, and
   b. A medical practitioner writes a medication order specifying administration of the identified patient-owned drug; and
2. If a patient-owned drug will not be used during the patient's hospitalization, the hospital pharmacy's personnel shall:
   a. Package, seal, and give the drug to the patient's agent for removal from the hospital; or
   b. Package, seal, and store the drug for return to the patient at the time of discharge from the hospital.

C. Drug samples. The Director of Pharmacy or pharmacist-in-charge is responsible for the receipt, storage, distribution, and accountability of drug samples within the hospital, including developing, implementing, reviewing, and revising in the same manner described in R4-23-653(A) and complying with specific policies and procedures regarding drug samples.

Historical Note
Former Rules 6.7720, 6.7730, 6.7740, 6.7760, 6.7770, 6.7780, 6.7800, 6.7810, 6.7820, 6.7830, 6.7840, 6.7850, 6.7871, 6.7872, and 6.7873; Amended effective Aug. 9, 1983 (Supp. 83-4). Section repealed, new Section adopted effective February 7, 1990 (Supp. 90-1). Correction to Section heading ("rules" changed to "roles") (Supp. 91-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 4902, effective January 5, 2003 (Supp. 02-4). Amended by final rulemaking at 10 A.A.R. 1192, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 12 A.A.R. 3032, effective October 1, 2006 (Supp. 06-3).

R4-23-660. Investigational Drugs

The Director of Pharmacy or pharmacist-in-charge shall ensure that:

1. The following information concerning an investigational drug is available for use by hospital personnel:
   a. Composition,
   b. Pharmacology,
   c. Adverse reactions,
   d. Administration guidelines, and
   e. All other available information concerning the drug, and
2. An investigational drug is:
   a. Properly stored in, labeled, and dispensed from the pharmacy, and
   b. Not dispensed before the drug is approved by the appropriate medical staff committee of the hospital.

Historical Note
Former Rules 6.7881, 6.7882, and 6.7883; Amended subsection (A) effective Aug. 9, 1983 (Supp. 83-4). Repealed, new Section adopted effective February 7, 1990 (Supp. 90-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 4902, effective January 5, 2003 (Supp. 02-4).

R4-23-661. Repealed

Historical Note
Former Rules 6.7910, 6.7920, 6.7930, 6.7940, and 6.7950. Section repealed, new Section adopted effective February 7, 1990 (Supp. 90-1). Section repealed by final rulemaking at 8 A.A.R. 4902, effective January 5, 2003 (Supp. 02-4).

R4-23-662. Repealed

Historical Note
Adopted effective February 7, 1990 (Supp. 90-1). Section repealed by final rulemaking at 8 A.A.R. 4902, effective January 5, 2003 (Supp. 02-4).

R4-23-663. Repealed

Historical Note
Adopted effective February 7, 1990 (Supp. 90-1). Amended effective November 1, 1993 (Supp. 93-4). Section repealed by final rulemaking at 8 A.A.R. 4902, effective January 5, 2003 (Supp. 02-4).

R4-23-664. Repealed

Historical Note
Adopted effective February 7, 1990 (Supp. 90-1). Subsection label removed (Supp. 91-1). Section repealed by final rulemaking at 8 A.A.R. 4902, effective January 5, 2003 (Supp. 02-4).

R4-23-665. Reserved

R4-23-666. Reserved

R4-23-667. Reserved

R4-23-668. Reserved

R4-23-669. Reserved

R4-23-670. Sterile Pharmaceutical Products

A. A pharmacy permittee or pharmacist engaged in sterile compounding shall comply with R4-23-410(B).

B. Sterile compounding area requirements. Before engaging in sterile compounding, a pharmacy permittee shall comply with the area requirements of R4-23-609(A) and R4-23-655(A), as applicable, and provide a dedicated sterile compounding area that is at least 100 square feet of contiguous floor area. A pharmacy permitted or remodeled before November 1, 2006 may continue using a sterile compounding area that is at least 60 square feet until an ownership change requiring a new permit or a remodeling occurs. The pharmacy permittee shall ensure the sterile compounding area:

1. Is designated exclusively for sterile compounding;
2. Has restricted entry and access;
3. Maintains appropriate airflow that is verified by certification at least every six months;
4. Is made of non-porous, cleanable, materials;
5. Is clean, well lit, non-cluttered, and contains only the supplies and equipment necessary for sterile compounding;
6. Is monitored to ensure microbial contamination of air and surfaces is maintained within acceptable levels; and
7. Is monitored to ensure all personnel who enter the sterile compounding area are trained and demonstrate knowledge necessary to work in the area.

C. Equipment requirements. A pharmacy permittee shall ensure a pharmacist compounding sterile products has access to the following:
1. Environmental control devices maintaining an ISO class 5 environment;
2. Disposal containers for sharps, hazardous drugs, and infectious waste, as applicable;
3. Refrigerated or frozen storage with thermostatic control, if necessary for the type of drug or media stored;
4. Packaging or delivery containers that maintain proper storage conditions;
5. Infusion devices and accessories, if applicable; and
6. A current reference relevant to sterile compounding.

D. Policies and procedures. A pharmacy permittee shall comply with R4-23-610(A)(2) regarding policies and procedures relevant to sterile compounding. The policies and procedures shall address, as applicable:
1. Quality assurance and verification procedures;
2. Patient drug utilization review and monitoring;
3. Handling of substances;
4. Proper handling, storing, and disposing of hazardous and infectious materials;
5. Compounding, dispensing, labeling, and storing sterile preparations;
6. Staff qualifications and responsibilities;
7. Equipment maintenance and certification;
8. Investigational drug protocols;
9. Patient education and safety measures;
10. Adverse event reporting and recall procedures; and
11. Secure and compliant pharmaceutical delivery methods.

Historical Note
Adopted effective November 1, 1993 (Supp. 93-4). Amended by final rulemaking at 10 A.A.R. 3391, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 12 A.A.R. 3981, effective December 4, 2006 (Supp. 06-4). Amended by final rulemaking at 32 A.A.R. 1649 (July 24, 2026, Issue 30), effective September 5, 2026 (Supp. 26-3).

R4-23-671. General Requirements for Limited-service Pharmacy

A. Before opening a limited-service pharmacy, a person shall obtain a permit in compliance with A.R.S. §§ 32-1929, 32-1930, 32-1931, and R4-23-606.

B. The limited-service pharmacy permittee shall secure the limited-service pharmacy by conforming with the following standards:
1. Permit no one to be in the limited-service pharmacy unless the pharmacist-in-charge or a pharmacist authorized by the pharmacist-in-charge is present;
2. Require the pharmacist-in-charge to designate in writing, by name, title, and specific area, those persons who will have access to particular areas of the limited-service pharmacy;
3. Implement procedures to guard against theft or diversion of drugs, including controlled substances; and
4. Require all persons working in the limited-service pharmacy to wear badges, with their names and titles, while on duty.

C. To obtain permission to deviate from the minimum area requirement set forth in R4-23-609, R4-23-673, or R4-23-682, a limited-service pharmacy permittee shall submit a written request to the Board and include documentation that the deviation will facilitate experimentation or technological advances in the practice of pharmacy as defined in A.R.S. § 32-1901. If the Board determines the requested deviation from the minimum area requirement will enhance the practice of pharmacy and benefit the public, the Board shall grant the requested deviation.

D. The Board shall require more than the minimum area in a limited-service pharmacy when the Board determines that equipment, personnel, or other factors in the limited-service pharmacy cause crowding that interferes with safe pharmacy practice.

E. Before dispensing from a limited-service pharmacy, the limited-service pharmacy permittee or pharmacist-in-charge shall:
1. Prepare, implement, and comply with written policies and procedures for pharmacy operations and drug dispensing and distribution,
2. Review biennially and if necessary revise the policies and procedures required under subsection (E)(1),
3. Document the review required under subsection (E)(2),
4. Assemble the policies and procedures as a written manual or by another method approved by the Board or its designee, and
5. Make the policies and procedures available in the pharmacy for employee reference and inspection by the Board or its designee.

Historical Note
Adopted effective April 5, 1996 (Supp. 96-2). Amended by final rulemaking at 9 A.A.R. 1064, effective May 4, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 3391, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 12 A.A.R. 3032, effective October 1, 2006 (Supp. 06-3).

R4-23-672. Limited-service Correctional Pharmacy

A. The limited-service pharmacy permittee shall ensure that the limited-service correctional pharmacy complies with the standards for area, personnel, security, sanitation, equipment, drug distribution and control, administration of drugs, drug source, quality assurance, investigational drugs, and inspections as set forth in R4-23-608, R4-23-609(A) through (D) and (F) through (H), R4-23-610(A), R4-23-611, R4-23-612, R4-23-653(E), R4-23-658(B) through (E), R4-23-659, and R4-23-660.

B. The pharmacist-in-charge of a limited-service correctional pharmacy shall authorize only pharmacists, interns, pharmacy technicians, pharmacy technician trainees, compliance officers, drug inspectors, peace officers, and correctional officers acting in their official capacities, other persons authorized by law, support personnel, and other designated personnel to be in the limited-service correctional pharmacy.

C. When no pharmacist will be on duty in the correctional facility, the pharmacist-in-charge shall arrange, before there is no pharmacist on duty, for the medical staff and other authorized personnel of the correctional facility to have access to drugs in remote drug storage areas or, if a drug is not available in a remote drug storage area and is required to treat the immediate needs of a patient, in the limited-service correctional pharmacy.
1. The pharmacist-in-charge shall, in consultation with the appropriate committee of the correctional facility, develop and implement procedures to ensure that remote drug storage areas:
   a. Contain only properly labeled drugs that might reasonably be needed and can be administered safely during the pharmacist's absence,

b. Contain drugs packaged only in amounts sufficient for immediate therapeutic requirements,
c. Are accessible only with a physician's written order,
d. Provide a written record of each drug withdrawn,
e. Are inventoried at least once each week, and
f. Are audited for compliance with the requirements of this rule at least once each month.

2. The pharmacist-in-charge shall, in consultation with the appropriate committee of the correctional facility, develop and implement procedures to ensure that access to the limited-service correctional pharmacy when no pharmacist is on duty conforms to the following requirements:
a. Is delegated to only one nurse, who is in a supervisory position;
b. Is communicated in writing to medical staff of the correctional facility;
c. Is delegated only to a nurse who has received training from the pharmacist-in-charge in proper methods of access, removal of drugs, and recordkeeping procedures; and
d. Is delegated by the supervisory nurse to another nurse only in an emergency.

3. When a nurse to whom authority to access the limited-service correctional pharmacy is delegated removes a drug from the limited-service correctional pharmacy, the nurse shall:
a. Record the following information on a form:
i. Patient's name,
ii. Name of the drug and its strength and dosage form,
iii. Dose prescribed,
iv. Amount of drug removed, and
v. Date and time of removal;
b. Sign the form recording the drug removal;
c. Attach the original or a direct copy of a physician's written order for the drug to the form recording the drug removal; and
d. Place the form recording the drug removal conspicuously in the limited-service correctional pharmacy.

4. Within four hours after a pharmacist in the limited-service correctional pharmacy returns to duty following an absence in which the limited-service correctional pharmacy was accessed by a nurse to whom authority had been delegated, the pharmacist shall verify all records of drug removal according to R4-23-402.

D. When no pharmacist will be on duty in the correctional facility, the pharmacist-in-charge shall arrange, before there is no pharmacist on duty, for the medical staff and other authorized personnel of the correctional facility to have telephone access to a pharmacist.

E. The limited-service pharmacy permittee shall ensure that the limited-service correctional pharmacy is not without a pharmacist on duty for more than 96 consecutive hours.

F. In addition to the requirements of R4-23-671, the limited-service pharmacy permittee shall secure the limited-service correctional pharmacy as follows:

1. Permit no one to be in the limited-service correctional pharmacy unless a pharmacist is on duty except:
a. As provided in subsection (C)(3) when a pharmacist is not on duty; or
b. A pharmacy technician or pharmacy technician trainee may remain to perform duties in R4-23-1104(A), when a pharmacist is on duty and available in the correctional facility but temporarily absent from the pharmacy, provided:
i. All controlled substances are secured in a manner that prohibits access by persons other than a pharmacist;
ii. Activities performed by a pharmacy technician or pharmacy technician trainee while the pharmacist is temporarily absent are verified by the pharmacist immediately upon returning to the pharmacy;
iii. Any drug measured, counted, poured, or otherwise prepared and packaged by a pharmacy technician or pharmacy technician trainee while the pharmacist is temporarily absent is verified by the pharmacist immediately upon returning to the pharmacy; and
iv. Any drug that has not been verified by a pharmacist for accuracy is not dispensed, supplied, or distributed while the pharmacist is temporarily absent from the pharmacy; and

2. Provide keyed or programmable locks to all areas of the limited-service correctional pharmacy.

G. The pharmacist-in-charge of a limited-service correctional pharmacy shall ensure that the written policies and procedures for pharmacy operations and drug distribution within the correctional facility include the following:

1. Physicians' orders, prescription orders, or both;
2. Authorized abbreviations;
3. Formulary system;
4. Clinical services and drug utilization management including:
a. Participation in drug selection,
b. Drug utilization reviews,
c. Inventory audits,
d. Patient outcome monitoring,
e. Committee participation,
f. Drug information, and
g. Education of pharmacy and other health professionals;
5. Duties and qualifications of professional and support staff;
6. Products of abuse and contraband medications;
7. Controlled substances;
8. Drug administration;
9. Drug product procurement;
10. Drug compounding, dispensing, and storage;
11. Stop orders;
12. Pass or discharge medications;
13. Investigational drugs and their protocols;
14. Patient profiles;
15. Quality management procedures for:
a. Adverse drug reactions;
b. Drug recalls;
c. Expired and beyond-use-date drugs;
d. Medication or dispensing errors;
e. Drug storage; and
f. Education of professional staff, support staff, and patients;
16. Recordkeeping;
17. Sanitation;
18. Security;
19. Access to remote drug storage areas by non-pharmacists; and

20. Access to limited-service correctional pharmacy by non-pharmacists.

Historical Note
Adopted effective April 5, 1996 (Supp. 96-2). Amended by final rulemaking at 10 A.A.R. 4453, effective December 4, 2004 (Supp. 04-4).

R4-23-673. Limited-service Mail-order Pharmacy

A. The limited-service pharmacy permittee shall design and construct the limited-service mail-order pharmacy to conform with the following requirements:
1. A dispensing area devoted to stocking, compounding, and dispensing prescription medications, which is physically separate from a non-dispensing area devoted to non-dispensing pharmacy services;
2. A dispensing area of at least 300 square feet if three or fewer persons work in the dispensing area simultaneously;
3. A dispensing area that provides 300 square feet plus 60 square feet for each person in excess of three persons if more than three persons work in the dispensing area simultaneously;
4. Space in the dispensing area permits efficient pharmaceutical practice, free movement of personnel, and visual surveillance by the pharmacist;
5. A non-dispensing area of at least 30 square feet for each person working simultaneously in the non-dispensing area; and
6. Space in the non-dispensing area permits free movement of personnel and visual surveillance by the pharmacist; or

B. The limited-service pharmacy permittee shall design and construct the limited-service mail-order pharmacy to conform with the following requirements:
1. A contiguous area in which both dispensing and non-dispensing pharmacy services are provided;
2. A contiguous area of at least 300 square feet if three or fewer persons work in the area simultaneously;
3. A contiguous area that provides 300 square feet plus 60 square feet for each person in excess of three persons if more than three persons work in the area simultaneously; and
4. Space in the contiguous area permits efficient pharmaceutical practice, free movement of personnel, and visual surveillance by the pharmacist.

C. The limited-service pharmacy permittee shall ensure that the limited-service mail-order pharmacy complies with the standards for area, personnel, security, sanitation, and equipment set forth in R4-23-608, R4-23-609(B) through (H), R4-23-610 (A) and (C) through (F), R4-23-611, and R4-23-612.

D. The pharmacist-in-charge of a limited-service mail-order pharmacy shall authorize only pharmacists, interns, pharmacy technicians, pharmacy technician trainees, compliance officers, drug inspectors, peace officers acting in their official capacities, support personnel, other persons authorized by law, and other designated personnel to be in the limited-service mail-order pharmacy.

E. The pharmacist-in-charge of a limited-service mail-order pharmacy shall ensure that prescription medication is delivered to the patient or locked in the dispensing area when a pharmacist is not present in the pharmacy.

F. In addition to the delivery requirements of R4-23-402, the limited-service pharmacy permittee shall, during regular hours of operation but not less than five days and a minimum 40 hours per week, provide toll-free telephone service to facilitate communication between patients and a pharmacist who has access to patient records at the limited-service mail-order pharmacy. The limited-service pharmacy permittee shall disclose this toll-free number on a label affixed to each container of drugs dispensed from the limited-service mail-order pharmacy.

G. The pharmacist-in-charge of a limited-service mail-order pharmacy shall ensure that the written policies and procedures for pharmacy operations and drug distribution include the following:
1. Prescription orders;
2. Clinical services and drug utilization management for:
   a. Drug utilization reviews,
   b. Inventory audits,
   c. Patient outcome monitoring,
   d. Drug information, and
   e. Education of pharmacy and other health professionals;
3. Duties and qualifications of professional and support staff;
4. Controlled substances;
5. Drug product procurement;
6. Drug compounding, dispensing, and storage;
7. Patient profiles;
8. Quality management procedures for:
   a. Adverse drug reactions,
   b. Drug recalls,
   c. Expired and beyond-use-date drugs,
   d. Medication or dispensing errors, and
   e. Education of professional and support staff;
9. Recordkeeping;
10. Sanitation;
11. Security;
12. Drug delivery requirements for:
   a. Transportation,
   b. Security,
   c. Temperature and other environmental controls,
   d. Emergency provisions, and
13. Patient education.

Historical Note
Adopted effective April 5, 1996 (Supp. 96-2). Amended by final rulemaking at 10 A.A.R. 1192, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 10 A.A.R. 4453, effective December 4, 2004 (Supp. 04-4).

R4-23-674. Limited-service Long-term Care Pharmacy

A. A limited-service pharmacy permittee shall ensure that the limited-service long-term care pharmacy complies with:
1. The general requirements of R4-23-671;
2. The professional practice standards of Article 4 and Article 11; and
3. The permits and drug distribution standards of R4-23-606 through R4-23-612, R4-23-670, and this Section.

B. If a limited-service long-term care pharmacy permittee contracts with a long-term care facility as a Provider Pharmacy, as defined in R4-23-110, the limited-service long-term care pharmacy permittee shall ensure that the long-term care consultant pharmacist and the pharmacist-in-charge of the limited-service long-term care pharmacy comply with R4-23-701, R4-23-701.01, R4-23-701.02, R4-23-701.03, R4-23-701.04, and this Section.

C. The limited-service long-term care pharmacy permittee or pharmacist-in-charge shall ensure that prescription medication is delivered to the patient's long-term care facility or locked in

the dispensing area of the pharmacy when a pharmacist is not present in the pharmacy.

D. The pharmacist-in-charge of a limited-service long-term care pharmacy shall authorize only those individuals listed in R4-23-610(B) to be in the limited-service long-term care pharmacy.

E. In consultation with the long-term care facility's medical director and director of nursing, the long-term care consultant pharmacist and pharmacist-in-charge of the long-term care facility's provider pharmacy may develop, if necessary, a medication formulary for the long-term care facility that ensures the safe and efficient procurement, dispensing, distribution, administration, and control of drugs in the long-term care facility.

F. The limited-service long-term care pharmacy permittee or pharmacist-in-charge shall ensure that the written policies and procedures required in R4-23-671(E) include the following:

1. Clinical services and drug utilization management for:
   a. Drug utilization reviews,
   b. Inventory audits,
   c. Patient outcome monitoring,
   d. Drug information, and
   e. Education of pharmacy and other health professionals;
2. Controlled substances;
3. Drug compounding, dispensing, and storage;
4. Drug delivery requirements for:
   a. Transportation,
   b. Security,
   c. Temperature and other environmental controls, and
   d. Emergency provisions;
5. Drug product procurement;
6. Duties and qualifications of professional and support staff;
7. Emergency drug supply unit procedures;
8. Formulary, including development, review, modification, use, and documentation, if applicable;
9. Patient profiles;
10. Patient education;
11. Prescription orders, including:
    a. Approved abbreviations,
    b. Stop-order procedures, and
    c. Leave-of-absence and discharge prescription order procedures;
12. Quality management procedures for:
    a. Adverse drug reactions,
    b. Drug recalls,
    c. Expired and beyond-use-date drugs,
    d. Medication or dispensing errors, and
    e. Education of professional and support staff;
13. Recordkeeping;
14. Sanitation; and
15. Security.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 1064, effective May 4, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 1192, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 2894, effective November 10, 2013 (Supp. 13-3).

R4-23-675. Limited-service Sterile Pharmaceutical Products Pharmacy

A. The limited-service pharmacy permittee or the pharmacist-in-charge shall ensure that the limited-service sterile pharmaceutical products pharmacy complies with the standards for area, personnel, security, sanitation, equipment, sterile pharmaceutical products, and limited-service pharmacies established in R4-23-608, R4-23-609, R4-23-610, R4-23-611, R4-23-612, R4-23-670, and R4-23-671.

B. The pharmacist-in-charge of a limited-service sterile pharmaceutical products pharmacy shall authorize only pharmacists, interns, compliance officers, peace officers acting in their official capacities, pharmacy technicians, pharmacy technician trainees, support personnel, and other designated personnel to be in the limited-service sterile pharmaceutical products pharmacy.

C. The pharmacist-in-charge of a limited-service sterile pharmaceutical products pharmacy shall ensure that prescription medication is delivered to the patient or locked in the dispensing area when a pharmacist is not present in the pharmacy.

D. In addition to the delivery requirements of R4-23-402, the limited-service pharmacy permittee shall, during regular hours of operation, but not less than a minimum 40 hours per week, provide toll-free telephone service to facilitate communication between patients and a pharmacist who has access to patient records at the limited-service sterile pharmaceutical products pharmacy. The limited-service pharmacy permittee shall disclose this toll-free number on a label affixed to each container dispensed from the limited-service sterile pharmaceutical products pharmacy.

E. The limited-service pharmacy permittee or the pharmacist-in-charge shall ensure development, implementation, review and revision in the same manner described in R4-23-671(E) and compliance with policies and procedures for pharmacy operations, including pharmaceutical product compounding, dispensing, and distribution, that comply with the requirements of R4-23-402, R4-23-410, R4-23-670, and R4-23-671.

F. The non-dispensing roles of the pharmacist may include chart reviews, audits, drug therapy monitoring, committee participation, drug information, and in-service training of pharmacy and other health professionals.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3391, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 12 A.A.R. 3032, effective October 1, 2006 (Supp. 06-3). This Section was not amended as originally stated in the historical note published in Supp. 13-3; therefore the reference to the amendment has been removed (Supp. 18-2).

R4-23-676. Third-party Logistics Provider Permit

A. A person shall not provide logistics services, as described under A.R.S. § 32-1941(A), until the Board issues a third-party logistics provider permit for the facility.

B. A person that wants to provide logistics services shall obtain a Board-issued third-party logistics provider permit for each facility.

C. Application. To obtain a third-party logistics provider permit for a facility, a person shall submit a completed application, using a form available on the Board's website, and the fee specified in R4-23-205.

D. Change of ownership. A third-party logistics provider permittee shall comply with R4-23-601(F).

E. A third-party logistics provider permittee shall renew the permit as specified under R4-23-602(D).

F. The Board shall adhere to the time frames specified under R4-23-602(C) when processing an initial or renewal application for a third-party logistics provider permit.

Historical Note
New Section made by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2).

R4-23-677. Automated Prescription-dispensing Kiosk Permit

A. General provisions.
1. Only a person issued a Board permit under A.R.S. § 32-1929 to operate a pharmacy in Arizona may apply to the Board under A.R.S. § 32-1930 for a permit to operate an automated prescription-dispensing kiosk.
2. A pharmacy permittee described under subsection (A)(1) shall apply for a separate permit for each automated prescription-dispensing kiosk to be operated.
3. To obtain an automated prescription-dispensing kiosk permit, a pharmacy permittee shall submit a completed application, using a form available on the Board's website, and the fee specified in R4-23-205.
4. A pharmacy permittee to which the Board issues an automated prescription-dispensing kiosk permit shall designate a pharmacist in charge of the automated prescription-dispensing kiosk.
5. A pharmacy permittee to which the Board issues an automated prescription-dispensing kiosk permit shall not place the automated prescription-dispensing kiosk in a gas station or convenience store.

B. Policies and procedures. A pharmacy permittee to which the Board issues an automated prescription-dispensing kiosk permit shall:
1. Ensure policies and procedures are established for the appropriate performance and use of the automated prescription-dispensing kiosk. The policies and procedures shall address:
   a. Maintaining a record of each transaction in a manner that attaches the record to the permit number of the automated prescription-dispensing kiosk;
   b. Controlling access to the automated prescription-dispensing kiosk;
   c. Operating the automated prescription-dispensing kiosk;
   d. Training personnel who use the automated prescription-dispensing kiosk;
   e. Maintaining patient services when the automated prescription-dispensing kiosk is not operating or the prescribed drug or device is not available;
   f. Securing the automated prescription-dispensing kiosk against unauthorized removal of the kiosk or access to or removal of drugs or devices from the kiosk;
   g. Assuring a patient receives the pharmacy services necessary for appropriate pharmaceutical care including consultation with a pharmacist;
   h. Maintaining integrity of information in the system and patient confidentiality;
   i. Stocking and restocking the automated prescription-dispensing kiosk;
   j. Ensuring compliance with packaging and labeling requirements; and
   k. Removing drugs and devices from the automated prescription-dispensing kiosk without dispensing them and handling wasted or discarded drugs and devices;
2. Ensure the policies and procedures are implemented and complied with by all personnel using the automated prescription-dispensing kiosk;
3. Maintain the policies and procedures by:
   a. Reviewing the policies and procedures biennially and making needed revisions, if any;
   b. Documenting the review required under subsection (B)(3)(a);
   c. Assembling the policies and procedures as a written or electronic manual; and
   d. Making the policies and procedures available within the pharmacy permittee to which the Board issued an automated prescription-dispensing kiosk permit for reference by pharmacy personnel and inspection by the Board; and
4. Implement a quality assurance program to monitor compliance with the policies and procedures and all state and federal law.

C. Change of ownership. An automated prescription-dispensing kiosk permittee shall comply with R4-23-601(F).

D. An automated prescription-dispensing kiosk permittee shall renew the permit as specified under R4-23-602(D).

E. The Board shall adhere to the time frames specified under R4-23-602(C) when processing an initial or renewal application for an automated prescription-dispensing kiosk permit.

Historical Note
New Section made by final rulemaking at 25 A.A.R. 1012, effective June 1, 2019 (Supp. 19-2).

R4-23-678. Reserved

R4-23-679. Reserved

R4-23-680. Reserved

R4-23-681. General Requirements for Limited-service Nuclear Pharmacy

A. To be an authorized nuclear pharmacist, a pharmacist shall:
1. Hold a current pharmacist license issued by the Board; and
2. Be certified as a nuclear pharmacist by:
   a. The Board of Pharmaceutical Specialties, or
   b. A similar group recognized by the Arizona State Board of Pharmacy; or
3. Satisfy each of the following requirements:
   a. Meet minimal standards of training for status as an authorized user of radioactive material, as specified by the Arizona Radiation Regulatory Agency and the United States Nuclear Regulatory Commission;
   b. Submit certification of completion of a Board-approved nuclear pharmacy training program or other training program recognized by the Arizona Radiation Regulatory Agency, with 200 hours of didactic training in the following areas:
      i. Radiation physics and instrumentation,
      ii. Radiation protection,
      iii. Mathematics pertaining to the use and measurement of radioactivity,
      iv. Radiation biology, and
      v. Radiopharmaceutical chemistry;
   c. Submit evidence of a minimum of 500 hours of clinical/practical nuclear pharmacy training under the supervision of an authorized nuclear pharmacist in the following areas:
      i. Procuring radioactive materials;
      ii. Compounding radiopharmaceuticals;
      iii. Performing routine quality control procedures;
      iv. Dispensing radiopharmaceuticals;

v. Distributing radiopharmaceuticals;
vi. Implementing basic radiation protection procedures; and
vii. Consulting and educating the nuclear medicine community, patients, pharmacists, other health professionals, and the general public; and

d. Submit written certification, signed by a preceptor who is an authorized nuclear pharmacist, that the above training was satisfactorily completed.

B. Radiopharmaceuticals are prescription-only drugs that require specialized techniques in their handling and testing, to obtain optimum results and minimize hazards.

1. A person shall not sell, barter, or otherwise dispose of, or be in possession of any radiopharmaceutical except under the conditions detailed in A.R.S. § 32-1929.
2. A person shall not manufacture, compound, sell, or dispense any radiopharmaceutical unless the person is a pharmacist or a pharmacy intern acting under the direct supervision of a pharmacist in accordance with A.R.S. § 32-1961 and these rules, with the exception of the following, if the following are licensed by the Arizona Radiation Regulatory Agency to use radiopharmaceuticals in compliance with A.R.S. § 30-673;
   a. A medical practitioner who administers a radiopharmaceutical to the medical practitioner's patient as provided in A.R.S. § 32-1921(A),
   b. A hospital nuclear medicine department, and
   c. A medical practitioner's office.
3. The Board shall cooperate with the Arizona Radiation Regulatory Agency and other interested state and federal agencies, in the enforcement of these rules for the protection of the public. This cooperation may include exchange of licensing and other information, joint inspections, and other activities where indicated.

C. In addition to compliance with all the applicable federal and state laws and rules governing drugs, whether radioactive or not, a limited-service nuclear pharmacy permittee shall comply with all laws and rules of the Arizona Radiation Regulatory Agency and the U.S. Nuclear Regulatory Commission, including emergency and safety provisions.

D. A limited-service nuclear pharmacy permittee shall comply with the education, experience, and licensing requirements of the Arizona Radiation Regulatory Agency.

E. A limited-service nuclear pharmacy permittee shall ensure that radiopharmaceuticals are transferred only to a person or firm that holds a current Radioactive Materials License issued by the Arizona Radiation Regulatory Agency.

Historical Note
Adopted effective December 3, 1974 (Supp. 75-1). Amended subsections (A), (C) and (D) effective Aug. 12, 1988 (Supp. 88-3). Amended effective July 8, 1997 (Supp. 97-3).

R4-23-682. Limited-service Nuclear Pharmacy

A. Before operating a limited-service nuclear pharmacy, a person shall obtain a permit in compliance with A.R.S. §§ 32-1929, 32-1930, and 32-1931, and R4-23-606.

B. A permit to operate a limited-service nuclear pharmacy shall be issued only to a person who is or employs an authorized nuclear pharmacist and holds a current Arizona Radiation Regulatory Agency Radioactive Materials License. A limited-service nuclear pharmacy permittee that fails to maintain a current Arizona Radiation Regulatory Agency Radioactive Materials License shall be immediately suspended pending revocation by the Board. A limited-service nuclear pharmacy permittee shall have copies of Arizona Radiation Regulatory Agency inspection reports available upon request for Board inspection.

1. A limited-service nuclear pharmacy permittee shall designate an authorized nuclear pharmacist as the pharmacist-in-charge. The pharmacist-in-charge shall be responsible to the Board:
   a. For the operations of the pharmacy related to the practice of pharmacy and distribution of drugs and devices;
   b. For communicating Board directives to the management, pharmacists, interns, and other personnel of the pharmacy; and
   c. For the pharmacy's compliance with all federal and state pharmacy laws and rules.
2. An authorized nuclear pharmacist shall directly supervise all personnel performing tasks in the preparation and distribution of radiopharmaceuticals and ancillary drugs.
3. An authorized nuclear pharmacist shall be present whenever the limited-service nuclear pharmacy is open for business.

C. A limited-service nuclear pharmacy permittee shall ensure that the limited-service nuclear pharmacy complies with the standards for personnel, area, security, sanitation, and general requirements in R4-23-608, R4-23-609, R4-23-610, R4-23-611, and R4-23-671.

1. A limited-service nuclear pharmacy shall contain separate areas for:
   a. Preparing and dispensing radiopharmaceuticals,
   b. Receiving and shipping radiopharmaceuticals,
   c. Storing radiopharmaceuticals, and
   d. Decaying radioactive waste.
2. The Board may require more than the minimum area in instances where equipment, inventory, personnel, or other factors cause crowding to a degree that interferes with safe pharmacy practice.

D. The pharmacist-in-charge shall designate in writing, by title and specific area, the persons who may have access to particular pharmacy areas.

E. A limited-service nuclear pharmacy permittee shall maintain records of acquisition, inventory, and disposition of radiopharmaceuticals, other radioactive substances, and other drugs in accordance with federal and state statutes and rules.

1. A prescription order, in addition to the requirements in A.R.S. § 32-1968(C) and R4-23-407(A), shall contain:
   a. The date and time of calibration of the radiopharmaceutical,
   b. The name of the procedure for which the radiopharmaceutical is prescribed, and
   c. The words "Physician's Use Only" instead of the name of the patient if the radiopharmaceutical is nontherapeutic or for a nonblood product.
2. The lead container used to store and transport a radiopharmaceutical shall have a label that, in addition to the requirements in A.R.S. § 32-1968(D), includes:
   a. The date and time of calibration of the radiopharmaceutical,
   b. The name of the radiopharmaceutical,
   c. The molybdenum 99 content to USP limits,
   d. The name of the procedure for which the radiopharmaceutical is prescribed,

e. The words "Physician's Use Only" instead of the name of the patient if the radiopharmaceutical is nontherapeutic or for a nonblood product,
f. The words "Caution: Radioactive Material," and
g. The standard radiation symbol.

3. The radiopharmaceutical container shall have a label that includes:
a. The date and time of calibration of the radiopharmaceutical;
b. The name of the patient, recorded before dispensing, if the radiopharmaceutical is therapeutic or for a blood product;
c. The words "Physician's Use Only" instead of the name of the patient if the radiopharmaceutical is nontherapeutic or for a nonblood product;
d. The name of the radiopharmaceutical;
e. The dose of radiopharmaceutical;
f. The serial number;
g. The words "Caution: Radioactive Material"; and
h. The standard radiation symbol.

F. The following minimum requirements are in addition to the requirements of the Arizona Radiation Regulatory Agency, the applicable U.S. Nuclear Regulatory Commission regulations, and the applicable regulations of the federal Food and Drug Administration. A limited-service nuclear pharmacy permittee shall provide:

1. In addition to the minimum pharmacy area requirements in R4-23-609:
a. An area for the storing, compounding, and dispensing of radiopharmaceuticals completely separate from pharmacy areas for nonradioactive drugs;
b. A minimum of 80 sq. ft. for a hot lab and storage area; and
c. A minimum of 300 sq. ft. of compounding and dispensing area;
2. The following equipment:
a. Fume hood, approved by the Arizona Radiation Regulatory Agency;
b. Laminar flow hood;
c. Dose calibrator;
d. Refrigerator;
e. Prescription balance, Class A, and weights or an electronic balance of equal or greater accuracy;
f. Well scintillation counter;
g. Incubator oven;
h. Microscope;
i. An assortment of labels, including prescription labels and cautionary and warning labels;
j. Glassware necessary for compounding and dispensing radiopharmaceuticals as required by the Arizona Radiation Regulatory Agency;
k. Other equipment necessary for radiopharmaceutical quality control for products compounded or dispensed as required by the Arizona Radiation Regulatory Agency;
l. Current antidote and drug interaction information; and
m. Regional poison control phone number prominently displayed in the pharmacy area;
3. Supplies necessary for compounding and dispensing radiopharmaceuticals as required by the Arizona Radiation Regulatory Agency;
4. A professional reference library consisting of a minimum of one current reference or text addressing each of the following subject areas:
a. Therapeutics,
b. Nuclear pharmacy practice, and
c. Imaging;
5. Current editions and supplements of:
a. A.R.S. §§ 30-651 through 30-696 pertaining to the Arizona Radiation Regulatory Agency,
b. Rules of the Arizona Radiation Regulatory Agency,
c. Regulations of the federal Food and Drug Administration pertaining to radioactive drugs,
d. Arizona Pharmacy Act and rules,
e. Arizona Uniform Controlled Substances Act, and
f. Radiological Health Handbook.

G. The pharmacist-in-charge of a limited-service nuclear pharmacy shall prepare, implement, review, and revise in the same manner described in R4-23-671(E) and comply with written policies and procedures for pharmacy operations and drug distribution.

H. The written policies and procedures of a limited-service nuclear pharmacy shall include the following:

1. Prescription orders;
2. Clinical services and drug utilization management including:
a. Drug utilization reviews,
b. Inventory audits,
c. Patient outcome monitoring,
d. Drug information, and
e. Education of pharmacy and other health professionals;
3. Duties and qualifications of professional and support staff;
4. Radioactive material handling, storage, and disposal;
5. Drug product procurement;
6. Drug compounding, dispensing, and storage;
7. Investigational drugs and their protocols;
8. Patient profiles;
9. Quality management procedures for:
a. Adverse drug reaction reports;
b. Drug recall;
c. Expired and beyond-use-date drugs;
d. Medication or dispensing errors;
e. Radiopharmaceutical quality assurance;
f. Radiological health and safety;
g. Drug storage and disposition; and
h. Education of professional staff, support staff, and patients;
10. Recordkeeping;
11. Sanitation;
12. Security;
13. Drug delivery requirements for:
a. Transportation,
b. Security,
c. Radiological health and safety procedures,
d. Temperature and other environmental controls, and
e. Emergency provisions; and
14. Patient education.

Historical note

Adopted effective July 8, 1997 (Supp. 97-3). Amended by final rulemaking at 12 A.A.R. 3032, effective October 1, 2006 (Supp. 06-3).

R4-23-683. Reserved

R4-23-684. Reserved

R4-23-685. Reserved

R4-23-686. Reserved

R4-23-687. Reserved

R4-23-688. Reserved

R4-23-689. Reserved

R4-23-690. Reserved

R4-23-691. Repealed

Historical Note
Adopted effective Dec. 3, 1974 (Supp. 75-1). Amended effective Aug. 12, 1988 (Supp. 88-3). Amended effective November 1, 1993 (Supp. 93-4). Repealed effective July 8, 1997 (Supp. 97-3).

R4-23-692. Compressed Medical Gas (CMG) Distributor-Resident or Nonresident

A. Permit.
1. A person shall not manufacture, process, transfill, package, or label a compressed medical gas in Arizona, or manufacture, process, transfill, package, or label a compressed medical gas outside Arizona and ship into Arizona without a current Board-issued resident or nonresident compressed medical gas distributor permit.
2. Before operating as a compressed medical gas distributor, a person shall register with the FDA as a medical gas manufacturer and comply with the drug listing requirements of the federal act.

B. Application. To obtain a resident or nonresident CMG distributor permit, a person shall submit to the Board a completed application form and the fee specified in R4-23-205.
1. A resident CMG distributor permit applicant shall include documentation of compliance with local zoning laws, if required by the Board.
2. A nonresident CMG distributor permit applicant that resides in a jurisdiction that issues an equivalent license or permit shall include a copy of the equivalent license or permit.

C. Notification. A resident or nonresident CMG distributor permittee shall submit using the permittee's online profile or provide written notice by mail, fax, or e-mail to the Board office within 10 days of changes involving the telephone or fax number, e-mail or mailing address, or business name.

D. Change of ownership. A resident or nonresident CMG distributor permittee shall comply with R4-23-601(F).

E. Relocation.
1. No fewer than 30 days before a resident CMG distributor permittee relocates, the permittee shall electronically or manually submit a completed application for relocation using a form furnished by the Board, and the documentation required in subsection (B). A fee is not required with an application for relocation.
2. A nonresident CMG distributor permittee shall provide written notice by mail, fax, or e-mail to the Board office no fewer than 10 days before relocating.

F. A resident or nonresident CMG distributor permittee is authorized to sell or distribute a compressed medical gas under a compressed medical gas order only to durable medical equipment and compressed medical gas suppliers and other entities that are registered, licensed, or permitted to use, administer, or distribute compressed medical gases.

G. Facility. A resident or nonresident CMG distributor permittee shall ensure the facility is clean, uncluttered, sanitary, temperature controlled, and secure from unauthorized access.

H. Current Good Manufacturing Practice: A resident or nonresident CMG distributor permittee is required under federal law to follow the good manufacturing practice requirements of 21 CFR parts 210 and 211.

I. Records: A resident or nonresident CMG distributor permittee shall:
1. Establish and implement written procedures for maintaining records pertaining to production, transfilling, process control, labeling, packaging, quality control, distribution, returns, recalls, training of personnel, complaints, and any information required by federal or state law.
2. Retain the records required by Section R4-23-601, this Section, and 21 CFR parts 210 and 211 for not fewer than three years or one year after the expiration date of the compressed medical gas, whichever is longer.
3. Make the records required by Section R4-23-601, this Section, and 21 CFR parts 210 and 211 available for inspection by the Board or its compliance officer, or if stored in a centralized recordkeeping system apart from the inspection location and not electronically retrievable, provide the records within four working days of a request by the Board or its compliance officer.

J. Inspection.
1. A resident CMG distributor permittee shall make the CMG distributor's facility available for inspection by the Board or its compliance officers under A.R.S. § 32-1904.
2. Within 10 days from the date of a request by the Board or its staff, a nonresident CMG distributor permittee shall provide a copy of the most recent inspection report completed by the permittee's resident licensing authority or the FDA or a copy of the most recent inspection report completed by a third-party auditor approved by the permittee's resident licensing authority or the Board or its designee. The Board may inspect, or may employ a third-party auditor to inspect, a nonresident permittee as specified in A.R.S. § 32-1904.

K. Permit renewal. To renew a CMG distributor permit, the permittee shall comply with R4-23-602(D).

L. Nothing in this Section shall be construed to prohibit the emergency administration of oxygen by licensed health-care personnel, emergency medical technicians, first responders, fire fighters, law enforcement officers, and other emergency personnel trained in the proper use of emergency oxygen.

Historical Note
Adopted effective January 12, 1998 (Supp. 98-1). Amended by final rulemaking at 19 A.A.R. 97, effective March 10, 2013 (Supp. 13-1). Amended by final rulemaking at 20 A.A.R. 1364, effective August 2, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2).

R4-23-693. Durable Medical Equipment (DME) and Compressed Medical Gas (CMG) Supplier-Resident or Nonresident

A. Permit. A person shall not sell, lease, or supply durable medical equipment or a compressed medical gas to a patient or consumer in Arizona for use in a home or residence without a current Board-issued resident or nonresident durable medical equipment and compressed medical gas supplier permit. The permit requirements of this Section do not apply to the following unless there is a separate business entity engaged in the

business of providing durable medical equipment or a compressed medical gas to a patient or consumer for use in a home or residence:
1. A medical practitioner licensed under A.R.S. Title 32;
2. A hospital, long-term care facility, hospice, or other health-care facility using durable medical equipment or a compressed medical gas in the normal course of treating a patient; and
3. A pharmacy.

B. Application. To obtain a resident or nonresident DME and CMG supplier permit, a person shall submit a completed application form and fee specified in R4-23-205.
1. A resident DME and CMG supplier permit applicant shall include documentation of compliance with local zoning laws, if required by the Board.
2. A nonresident DME and CMG supplier permit applicant that resides in a jurisdiction that issues an equivalent license or permit shall include a copy of the equivalent license or permit.

C. Notification. A resident or nonresident DME and CMG supplier permittee shall submit using the permittee's online profile or provide written notice by mail, fax, or e-mail to the Board office within 10 days of changes involving the telephone or fax number, email or mailing address, or business name.

D. Change of ownership. A resident or nonresident DME and CMG supplier permittee shall comply with R4-23-601(F).

E. Relocation.
1. No fewer than 30 days before a resident DME and CMG supplier permittee relocates, the permittee shall submit a completed application for relocation electronically or manually on a form furnished by the Board, and the documentation required in subsection (B). A fee is not required with an application for relocation.
2. A nonresident DME and CMG supplier permittee shall provide written notice by mail, fax, or e-mail to the Board office no fewer than 10 days before relocating.

F. Orders. A resident or nonresident DME and CMG supplier shall sell, lease, or provide:
1. Durable medical equipment that is a prescription-only device, as defined in A.R.S. § 32-1901, only under a prescription or medication order from a medical practitioner; and
2. A compressed medical gas only under a compressed medical gas order from a medical practitioner.

G. Restriction. A DME and CMG supplier permit authorizes the permittee to procure, possess, and provide a prescription-only device or compressed medical gas to a patient or consumer as specified in subsection (F). A DME and CMG supplier permit does not authorize the permittee to procure, possess, or provide narcotics or other controlled substances, prescription-only drugs other than compressed medical gases, precursor chemicals, or regulated chemicals.

H. Facility. A resident or nonresident DME and CMG supplier permittee shall ensure the facility is clean, uncluttered, sanitary, temperature controlled, and secure from unauthorized access. A permittee shall maintain separate and identified storage areas in the facility and in delivery vehicles for clean, dirty, contaminated, or damaged durable medical equipment or compressed medical gases.

I. A resident or nonresident DME and CMG supplier permittee shall not manufacture, process, transfill, package, or label a compressed medical gas, except as stated in subsection (K).

J. Records. A resident or nonresident DME and CMG supplier permittee shall establish and implement written procedures for maintaining records about acquisition, distribution, returns, recalls, training of personnel, maintenance, cleaning, and complaints.

K. A permittee shall:
1. Ensure a prescription order, medication order, or compressed medical gas order is obtained as specified in subsection (F);
2. Ensure each compressed medical gas container supplied by the permittee contains a label bearing the name and address of the permittee;
3. Ensure all appropriate warning labels are present on the durable medical equipment or compressed medical gas;
4. Retain the records required by Section R4-23-601 and this Section for not fewer than three years, or if supplying a compressed medical gas, one year after the expiration date of the compressed medical gas, whichever is longer; and
5. Make the records required by Section R4-23-601 and this Section available for inspection by the Board or its compliance officer, or if stored in a centralized recordkeeping system apart from the inspection location and not electronically retrievable for inspection, provide the records within four working days of a request by the Board or its staff.

L. Inspection.
1. A resident DME and CMG supplier permittee shall make the DME and CMG supplier's facility available for inspection by the Board or its compliance officers under A.R.S. § 32-1904.
2. Within 10 days from the date of a request by the Board or its staff, a nonresident DME and CMG supplier permittee shall provide a copy of the most recent inspection report completed by the permittee's resident licensing authority, or a copy of the most recent inspection report completed by a third-party auditor approved by the permittee's resident licensing authority or the Board or its designee. The Board may inspect, or may employ a third-party auditor to inspect, a nonresident permittee as specified in A.R.S. § 32-1904.

M. Permit renewal. To renew a resident or nonresident DME and CMG supplier permit, the permittee shall comply with in R4-23-602(D).

N. Nothing in this Section shall be construed to prohibit the emergency administration of oxygen by licensed health-care personnel, emergency medical technicians, first responders, fire fighters, law enforcement officers, and other emergency personnel trained in the proper use of emergency oxygen.

Historical Note

Adopted effective January 12, 1998 (Supp. 98-1). Amended by final rulemaking at 20 A.A.R. 1364, effective August 2, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 31 A.A.R. 2363 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

ARTICLE 7. NON-PHARMACY LICENSED OUTLETS – GENERAL PROVISIONS

R4-23-701. Long-term Care Facilities Pharmacy Services: Consultant Pharmacist

A. The long-term care consultant pharmacist as defined in R4-23-110 shall:
1. Possess a valid Arizona pharmacist license issued by the Board;

2. Ensure the provision of pharmaceutical patient care services as defined in R4-23-110;
3. Review the distribution and storage of drugs and devices and assist the facility in establishing policies and procedures for the distribution and storage of drugs and devices;
4. Provide resident evaluation programs that relate to monitoring the therapeutic response and utilization of all drugs and devices prescribed or administered to residents, using as guidelines the most current indicators established by the Centers for Medicare and Medicaid Services, United States Department of Health and Human Services as required in 42 CFR 483.60 (revised October 1, 2010, incorporated by reference and on file with the Board. This incorporated material contains no future editions or amendments.).
5. Serve as a resource for pharmacy-related education services within the facility;
6. Participate in quality management of resident care in the facility; and
7. Communicate with the provider pharmacy regarding areas of mutual concern and resolution.

B. A long-term care consultant pharmacist shall ensure that:
1. When a provider pharmacy is not open for business, arrangements are made in advance by the long-term care consultant pharmacist, in cooperation with the pharmacist-in-charge of the provider pharmacy and the director of nursing and medical staff of the long-term care facility, for providing emergency drugs for the licensed nursing staff to administer to the residents of the facility using an emergency drug supply unit located at the facility;
2. The label and packaging of prescription-only and nonprescription drugs intended for use within a long-term care facility complies with state and federal law; and
3. The long-term care facility:
   a. Stores controlled substances listed in A.R.S. § 36-2513 in a separately locked and permanently affixed compartment, unless the facility uses a single-unit package medication distribution system; and
   b. Maintains accurate records of controlled substance administration or ultimate disposition.

C. The long-term care consultant pharmacist shall:
1. Ensure availability of records and reports designed to provide the data necessary to evaluate the drug use of each long-term care facility resident that include the following:
   a. Provider pharmacy patient profiles and long-term care facility medication administration records;
   b. Reports of suspected adverse drug reactions;
   c. Inspection reports of drug storage areas with emphasis on detecting outdated drugs; and
   d. Accountability reports, that include:
      i. Date and time of administration,
      ii. Name of the person who administered the drug,
      iii. Documentation and verification of any wasted or partial doses,
      iv. Exception reports for refused doses, and
      v. All drug destruction forms; and
2. Identify and report drug irregularities and dispensing errors to the prescriber, the director of nursing of the facility, and the provider pharmacy.

D. A long-term care consultant pharmacist or pharmacist-in-charge of a provider pharmacy shall ensure that:
1. Discontinued or outdated drugs, including controlled substances, are destroyed or disposed of in a timely manner using methods consistent with federal, state, and local requirements and subject to review by the Board or its staff; and
2. Drug containers with illegible or missing labels are:
   a. Identified; and
   b. Replaced or relabeled by a pharmacist employed by the pharmacy that dispensed the prescription medication.

Historical Note
Former Rules 6.8110, 6.8120, 6.8130, 6.8140, 6.8150, 6.8160, and 6.8170; Amended effective Aug. 10, 1978 (Supp. 78-4). Section repealed, new Section adopted effective December 18, 1992 (Supp. 92-4). Amended by final rulemaking at 9 A.A.R. 1064, effective May 4, 2003 (Supp. 03-1). Amended by final rulemaking at 12 A.A.R. 3032, effective October 1, 2006 (Supp. 06-3). Amended by final rulemaking at 19 A.A.R. 2894, effective November 10, 2013 (Supp. 13-3).

R4-23-701.01. Long-term Care Facilities Pharmacy Services: Provider Pharmacy
The limited-service pharmacy permittee or pharmacist-in-charge of a provider pharmacy shall ensure that:
1. A prescription medication is provided only by a valid prescription order for an individual long-term care facility resident, properly labeled for that resident, as specified in this subsection. Nothing in this Section shall prevent a provider pharmacy from supplying nonprescription drugs in a manufacturer's unopened container or emergency drugs using an emergency drug supply unit as specified in R4-23-701.02;
2. A prescription medication label for a long-term care facility resident complies with A.R.S. §§ 32-1968 and 36-2525 and contains:
   a. The drug name, strength, dosage form, and quantity; and
   b. The beyond-use-date;
3. Only a pharmacist employed by the pharmacy that dispensed the prescription medication may, through the exercise of professional judgment, relabel or alter a prescription medication label that is illegible or missing;
4. The provider pharmacy develops and implements drug recall policies and procedures that protect the health and safety of facility residents. The drug recall procedures shall include immediate discontinuation of any patient level recalled drug and notification of the prescriber and director of nursing of the facility; and
5. Drugs previously dispensed to a resident of the long-term care facility by another pharmacy, and drugs previously dispensed by the provider pharmacy, are not repackaged.

Historical Note
Adopted effective December 18, 1992 (Supp. 92-4). Amended by final rulemaking at 9 A.A.R. 1064, effective May 4, 2003 (Supp. 03-1). Amended by final rulemaking at 19 A.A.R. 2894, effective November 10, 2013 (Supp. 13-3).

R4-23-701.02. Long-term Care Facilities Pharmacy Services: Emergency Drugs
A. The limited-service pharmacy permittee or pharmacist-in-charge of a provider pharmacy shall ensure that:

1. An emergency drug supply unit is available within the long-term care facility,
2. Drugs contained in an emergency drug supply unit remain the property of the provider pharmacy, and
3. Controlled substance drugs contained in an emergency drug supply unit are included in all inventories required under A.R.S. § 36-2523(B) and R4-23-1003(A).

B. An emergency drug supply unit shall meet the following criteria:
1. The drugs are necessary to meet the immediate and emergency therapeutic needs of long-term care facility residents as determined by the provider pharmacy's pharmacist-in-charge in consultation with the long-term care facility's medical director and nursing director;
2. The purpose of the emergency drug supply unit in a long-term care facility is not to relieve a provider pharmacy of the responsibility for timely provision of the resident's routine drug needs, but to ensure that an emergency drug supply unit is available for facility residents in need of immediate and emergency therapeutic drugs; and
3. The drugs are provided in a manufacturer's unit of use package or are prepackaged and labeled to include the drug name, strength, dosage form, manufacturer, lot number, and expiration date and provider pharmacy's name, address, telephone number, and pharmacist's initials.

C. The limited-service pharmacy permittee or pharmacist-in-charge of a provider pharmacy shall ensure that an emergency drug supply unit:
1. Is stored in an area that:
   a. Is temperature controlled; and
   b. Prevents unauthorized access;
2. Contains on the exterior of the emergency drug supply unit a label to indicate that the contents are for emergency use only;
3. Contains on the exterior of the emergency drug supply unit a complete list of the contents of the unit by drug name, strength, dosage form, and quantity and the provider pharmacy's name, address, and telephone number;
4. Contains on the exterior of the emergency drug supply unit a label that indicates the date of the earliest drug expiration date;
5. Contains on the exterior of the emergency drug supply unit a label that indicates the date of and pharmacist responsible for the last inspection of the emergency drug supply unit; and
6. Is secured with a tamper-evident seal, or is locked and sealed in a manner that obviously reveals when the unit has been opened or tampered with.

D. The limited-service pharmacy permittee or pharmacist-in-charge of a provider pharmacy shall:
1. Prepare, implement, review, and revise in the same manner described in R4-23-671(E) and comply with written policies and procedures for the storage and use of an emergency drug supply unit in a long-term care facility;
2. Make the policies and procedures available in the provider pharmacy and long-term care facility for employee reference and inspection by the Board or its staff;
3. Ensure that the written policies and procedures include the following:
   a. Drug removal procedures that require:
      i. The long-term care facility's personnel receive a valid prescription order for each drug removed from the emergency drug supply unit,
      ii. The long-term care facility's personnel notify the provider pharmacy when a drug is removed from the emergency drug supply unit,
   b. Outdated drug replacement procedures, and
   c. Security and inspection procedures;
4. Exchange or restock the emergency drug supply unit weekly, or more often as necessary, to ensure the availability of an adequate supply of emergency drugs within the long-term care facility. Restocking of the emergency drug supply unit at the facility shall be completed by an Arizona licensed pharmacist employed by the provider pharmacy, or by an Arizona licensed intern, graduate intern, technician or technician trainee under the direct onsite supervision of an Arizona licensed pharmacist; and
5. Educate pharmacy and long-term care facility personnel in the storage and use of an emergency drug supply unit.

E. In addition to the requirements of subsections (A) through (D), an automated emergency drug supply unit may be used provided:
1. The pharmacy permittee or pharmacist-in-charge of the provider pharmacy notifies the Board or its staff in writing of the intent to use an automated emergency drug supply unit, including the name and type of unit;
2. The provider pharmacy is notified electronically when the automated emergency drug supply unit has been accessed;
3. All events involving the access of the automated emergency drug supply unit are recorded electronically and maintained for not less than two years;
4. The provider pharmacy is capable of producing a report of all transactions of the automated emergency drug supply unit including a single drug usage report as required in R4-23-408(B)(5) on inspection by the Board or its staff;
5. The provider pharmacy develops written policies and procedures for:
   a. Accessing the automated emergency drug supply unit in the event of a system malfunction or downtime,
   b. Authorizing and modifying user access,
   c. An ongoing quality assurance program that includes:
      i. Training in the use of the automated emergency drug supply unit for all authorized users,
      ii. Maintenance and calibration of the automated emergency drug supply unit as recommended by the device manufacturer; and
6. Documentation of the requirements of subsection (E)(5)(c)(ii) is maintained for inspection by the Board or its staff for not less than two years.

F. The Board may prohibit a pharmacy permittee or pharmacist-in-charge of a provider pharmacy from using an automated emergency drug supply unit if the pharmacy permittee or pharmacy permittee's employees do not comply with the requirements of subsections (A) through (E).

Historical Note

Adopted effective December 18, 1992 (Supp. 92-4). Amended by final rulemaking at 9 A.A.R. 1064, effective May 4, 2003 (Supp. 03-1). Amended by final rulemaking at 12 A.A.R. 3032, effective October 1, 2006 (Supp. 06-3). Amended by final rulemaking at 19 A.A.R. 2894, effective November 10, 2013 (Supp. 13-3).

R4-23-701.03. Long-term Care Facilities Pharmacy Services: Emergency Drug Prescription Order

The limited-service pharmacy permittee or pharmacist-in-charge of a provider pharmacy shall ensure that every emergency drug prescription order is evaluated according to the requirements of R4-23-402(A) by a pharmacist within 72 hours of the first dose of drug administered by long-term care facility personnel under the emergency drug prescription order.

Historical Note
Adopted effective December 18, 1992 (Supp. 92-4).
Amended by final rulemaking at 9 A.A.R. 1064, effective May 4, 2003 (Supp. 03-1).

R4-23-701.04. Long-term Care Facilities Pharmacy Services: Automated Dispensing Systems

A. Before using an automated dispensing system as defined in R4-23-110, a pharmacy permittee or pharmacist-in-charge of a provider pharmacy shall:
1. Notify the Board or its staff in writing of the intent to use an automated dispensing system, including the name and type of system;
2. Obtain a separate controlled substances registration at the location of each long-term care facility at which an automated dispensing system containing controlled substances will be located as required by federal law; and
3. Maintain copies of the registrations required under subsection (A)(2) at the provider pharmacy for inspection by the Board or its staff.

B. A pharmacy permittee or pharmacist-in-charge of a provider pharmacy shall ensure:
1. Drugs contained in an automated dispensing system remain the property of the provider pharmacy,
2. Controlled substance drugs contained in an automated dispensing system are included in all inventories required under A.R.S. § 36-2523(B) and R4-23-1003(A),
3. Schedule II drugs are not stocked in an automated dispensing system, and
4. A separate emergency drug supply unit is available in the long-term care facility to meet the requirements of R4-23-701.02.

C. A pharmacy permittee or pharmacist-in-charge of a provider pharmacy shall:
1. Ensure that policies and procedures as required in subsection (D) for the use of an automated dispensing system in a long-term care facility are prepared, implemented, and complied with;
2. Review biennially and, if necessary, revise the policies and procedures required under subsection (D);
3. Document the review required under subsection (C)(2);
4. Assemble the policies and procedures as a written or electronic manual; and
5. Make the policies and procedures available for employee reference and inspection by the Board or its staff within the pharmacy and at any location outside of the pharmacy where the automated dispensing system is used.

D. A pharmacy permittee or pharmacist-in-charge of a provider pharmacy shall ensure the written policies and procedures include:
1. Drug removal procedures that include the following:
   a. A drug is provided only by a valid prescription order for an individual long-term care facility resident;
   b. A drug is dispensed from an automated dispensing system only after a pharmacist has:
      i. Reviewed and verified the resident's prescription order as required by R4-23-402(A), and
      ii. Electronically authorized the access for that drug for that particular resident, and
   c. The automated dispensing system labels each individual drug packet with a resident specific label that complies with R4-23-701.01(2) and contains the resident's room number or facility identification number; and
2. Security procedures that include the following:
   a. The pharmacy permittee or pharmacist-in-charge of the provider pharmacy is responsible for authorizing user access, including adding and removing users and modifying user access;
   b. Each authorized user is a licensee of the Board or authorized licensed personnel of the long-term care facility; and
   c. The automated dispensing system is secured at the long-term care facility by electronic or mechanical means or a combination thereof designed to prevent unauthorized access;
3. Drug stocking procedures that include the following:
   a. Automated dispensing systems that use non-removable containers that do not allow prepackaging of the container as set out in subsection (D)(3)(b):
      i. Are stocked at the long-term care facility by an Arizona licensed pharmacist employed by the provider pharmacy, or by an Arizona licensed intern, graduate intern, technician or technician trainee under the direct onsite supervision of an Arizona licensed pharmacist; and
      ii. Utilize bar code or other technologies to ensure the correct drug is placed in the correct canister or container; and
   b. Automated dispensing systems that use removable containers may be stocked at the long-term care facility by an authorized user provided:
      i. The prepackaging of the container occurs at the provider pharmacy;
      ii. A pharmacist verifies the container has been properly filled and labeled, and the container is secured with a tamper-evident seal;
      iii. The individual containers are transported to the long-term care facility in a secure, tamper-evident shipping container; and
      iv. The automated dispensing system uses microchip, bar-coding, or other technologies to ensure the containers are accurately loaded in the automated dispensing system; and
4. Recordkeeping and report procedures that include the following:
   a. All events involving the access of the automated dispensing system are recorded electronically and maintained for not less than two years;
   b. The provider pharmacy is capable of producing a report of all transactions of the automated dispensing system including:
      i. A single drug usage report that complies with R4-23-408(B)(5); and
      ii. An authorized user history including date and time of access and type of transaction; and
   c. The provider pharmacy has procedures to safeguard the storage, packaging, and distribution of drugs by monitoring:
      i. Current inventory;
      ii. Expiration dates;

iii. Controlled substance dispensing;
iv. Re-dispense requests; and
v. Wastage.

E. A pharmacy permittee or pharmacist-in-charge of a provider pharmacy shall:
1. Ensure that an electronic log is kept for each container fill that includes:
   a. An identification of the container by drug name and strength, and container number;
   b. The drug's manufacturer or National Drug Code (NDC) number;
   c. The expiration date and lot number from the manufacturer's stock bottle that is used to fill the container. If multiple lot numbers of the same drug are added to a container, each lot number and expiration date shall be documented;
   d. The date the container is filled;
   e. Documentation of the identity of the licensee who placed the drug into the container; and
   f. If the licensee who filled the container is not a pharmacist, documentation of the identity of the pharmacist who supervised the non-pharmacist licensee; and
2. Maintain the electronic log for inspection by the Board or its staff for not less than two years.

F. A pharmacy permittee or pharmacist-in-charge of a provider pharmacy shall:
1. Implement an ongoing quality assurance program that monitors performance of the automated dispensing system and compliance with the established policies and procedures that includes:
   a. Training in the use of the automated dispensing system for all authorized users,
   b. Maintenance and calibration of the automated dispensing system as recommended by the device manufacturer,
   c. Routine accuracy validation testing no less than every three months, and
   d. Downtime and malfunction procedures to ensure the timely provision of medication to the long-term care facility resident, and
2. Maintain documentation of the requirements of subsections (F)(1)(b) and (F)(1)(c) for

inspection by the Board or its staff for not less than two years.

G. The Board may prohibit a pharmacy permittee or pharmacist-in-charge from using an automated dispensing system in a long-term care facility if the pharmacy permittee or the pharmacy permittee's employees do not comply with the requirements of subsections (A) through (F).

Historical Note
New Section made by final rulemaking at 19 A.A.R. 2894, effective November 10, 2013 (Supp. 13-3).

R4-23-702. Hospice Inpatient Facilities

A. If a pharmacy permittee contracts to provide pharmacy services to the patients of a hospice inpatient facility as defined in R4-23-110, the pharmacy permittee shall ensure that:
1. A prescription medication is provided only by a valid prescription order for an individual hospice inpatient facility patient, properly labeled for that patient, as specified in this subsection. Nothing in this section shall prevent a provider pharmacy from supplying non-prescription drugs in a manufacturer's unopened container;
2. A prescription medication label for a hospice inpatient facility patient complies with A.R.S. §§ 32-1968 and 36-2525 and contains:
   a. The drug name, strength, dosage form, and quantity; and
   b. The beyond-use date; and
3. If the label on the hospice inpatient facility patient's drug container becomes damaged or soiled, a pharmacist employed by the pharmacy that dispensed the drug container, through the exercise of professional judgment, may relabel the drug container. Only a pharmacist is permitted to label a drug container or alter the label of a drug container.

B. A pharmacist may help hospice inpatient facility personnel develop written policies and procedures for the procurement, administration, storage, control, recordkeeping, and disposal of drugs in the facility.

C. The provider pharmacy may contract with the hospice inpatient facility to provide pharmacist services at the facility that include evaluation of the patient's response to medication therapy, identification of potential adverse drug reactions, and recommended appropriate corrective action.

D. A provider pharmacy that places an emergency drug supply unit at a hospice inpatient facility shall comply with the requirements of R4-23-701.02.

E. A pharmacy shall not place an automated dispensing system as defined in R4-23-701.04 in a hospice inpatient facility.

F. Drugs previously dispensed to a patient of the hospice inpatient facility by another pharmacy, and drugs previously dispensed by the provider pharmacy, shall not be repackaged.

Historical Note
Former Rules 6.8210, 6.8211, 6.8212, 6.8213, 6.8214, 6.8221, 6.8222, 6.8223, 6.8824, 6.8231, 6.8232, 6.8233, 6.8241, 6.8242, and 6.8243; Amended effective August 10, 1978 (Supp. 78-4). Repealed effective December 18, 1992 (Supp. 92-4). New Section made by final rulemaking at 19 A.A.R. 2894, effective November 10, 2013 (Supp. 13-3).

R4-23-703. Assisted Living Facilities

A. Before dispensing, selling, or delivering a prescription or non-prescription drug to an assisted living facility resident, a pharmacy permittee shall verify the assisted living facility has a current and active license issued by the Arizona Department of Health Services.

B. A pharmacy permittee shall ensure that, except as provided under subsection (C):
1. A controlled substance prescription drug is dispensed, sold, or delivered to an assisted living facility resident only after receiving a valid prescription order for the controlled substance prescription drug from the resident's medical practitioner; and
2. The controlled substance prescription drug is labeled in accordance with A.R.S. §§ 32-1963.01, 32-1968, and 36-2525 and includes the beyond-use date on the label.

C. A pharmacy permittee may dispense, sell, or deliver to an assisted living facility resident a Schedule III, IV, or V controlled substance prescription if the pharmacy permittee:
1. Receives a written or oral prescription order for the Schedule III, IV, or V controlled substance from:
   a. The resident's medical practitioner,
   b. An individual licensed by the Arizona Board of Nursing who is acting within the scope of practice of the individual's license, or

c. The manager or a caregiver of the assisted living facility if the resident's medical practitioner has a written agreement with the assisted living facility designating a representative of the assisted living facility as an agent of the medical practitioner and a licensed medical practitioner provided the prescription order;

2. Complies with subsection (D)(2); and
3. Labels the Schedule III, IV, or V controlled substance as specified under subsection (B)(2).

D. A pharmacy permittee may dispense, sell, or deliver to an assisted living facility resident a non-controlled substance prescription or non-prescription drug if the pharmacy permittee:

1. Receives a written or oral prescription order for the non-controlled substance prescription or non-prescription drug from:
   a. The resident's medical practitioner,
   b. An individual licensed by the Arizona Board of Nursing who is acting within the scope of practice of the individual's license, or
   c. An assisted living facility manager or caregiver acting under the authority of a licensed medical practitioner;
2. Determines the written or oral prescription order:
   a. Meets the requirements of R4-23-407, and
   b. Includes the name and title of the individual transmitting the prescription order; and
3. Labels the non-narcotic prescription or non-prescription drug in accordance with A.R.S. §§ 32-1963.01 and 32-1968 and includes the beyond-use date on the label.

E. If the label on an assisted living facility resident's drug container becomes damaged or soiled, a pharmacist employed by the pharmacy permittee that dispensed the drug container, through the exercise of professional judgment, may relabel the drug container. Only a pharmacist is permitted to label a drug container or alter the label of a drug container.

F. A pharmacist may help assisted living facility personnel develop written policies and procedures regarding procuring, administering, storing, controlling, keeping records, and disposing of drugs in the facility and provide information concerning safe and effective supervision of drug self-administration.

G. A pharmacy permittee shall not place an emergency drug supply unit as described in R4-23-701.02 or an automated dispensing system as described in R4-23-701.04 in an assisted living facility.

H. A pharmacist shall not repackage a drug previously dispensed to an assisted living facility resident.

Historical Note
Former Rules 6.8310, 6.8320, 6.8330, 6.8340, 6.8350, 6.8360, and 6.8370; Amended effective August 10, 1978 (Supp. 78-4). Amended by final rulemaking at 5 A.A.R. 2561, effective July 16, 1999 (Supp. 99-3). Amended by final rulemaking at 19 A.A.R. 2894, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 23 A.A.R. 2424, effective October 14, 2017 (Supp. 17-3).

R4-23-704. Customized Patient Medication Packages

In lieu of dispensing two or more prescribed drugs in separate containers, a pharmacist may, with the consent of the patient, the patient's caregiver, the prescriber, or the facility caring for the patient, provide a customized patient medication package. The pharmacist preparing a customized patient medication package shall abide by the guidelines set forth in the current edition of the official compendium for labeling, packaging, and recordkeeping, and state and federal law.

Historical Note
Former Rules 6.8410, 6.8411, 6.8412, 6.8413, 6.8414, 6.8415, 6.8416, and 6.8417. Section R4-23-704 repealed by final rulemaking at 5 A.A.R. 862, effective March 3, 1999 (Supp. 99-1). Amended by final rulemaking at 19 A.A.R. 2894, effective November 10, 2013 (Supp. 13-3).

R4-23-705. Repealed

Historical Note
Former Rules 6.8420, 6.8421, 6.8422, 6.8423, 6.8424, 6.8425, 6.8426, 6.8427, 6.8428, and 6.8429. Amended effective August 10, 1978 (Supp. 78-4). Amended effective August 24, 1992 (Supp. 92-3). Repealed effective December 18, 1992 (Supp. 92-4).

R4-23-706. Repealed

Historical Note
Former Rules 6.8431, 6.8432, 6.8433, 6.8434, 6.8435, 6.8436, and 6.8437; Amended effective August 10, 1978 (Supp. 78-4). Amended subsections (C), (E), (F), and (G) effective April 20, 1982 (Supp. 82-2). Section R4-23-706 repealed by final rulemaking at 5 A.A.R. 862, effective March 3, 1999 (Supp. 99-1).

R4-23-707. Repealed

Historical Note
Former Rules 6.8441, 6.8442, 6.8450, 6.8451, 6.8452, 6.8453, 6.8454, 6.8455, 6.8456, and 6.8457. Section R4-23-707 repealed by final rulemaking at 5 A.A.R. 862, effective March 3, 1999 (Supp. 99-1).

R4-23-708. Repealed

Historical Note
Former Rules 6.8461, 6.8462, 6.8463, and 6.8464. Section R4-23-708 repealed by final rulemaking at 5 A.A.R. 862, effective March 3, 1999 (Supp. 99-1).

R4-23-709. Repealed

Historical Note
Former Rules 6.8471, 6.8472, and 6.8473. Section R4-23-709 repealed by final rulemaking at 5 A.A.R. 862, effective March 3, 1999 (Supp. 99-1).

ARTICLE 8. DRUG CLASSIFICATION

Article 8, consisting of Sections R4-23-801 and R4-23-802, recodified from Article 5 at 9 A.A.R. 4011, effective August 18, 2003 (Supp. 03-3).

R4-23-801. Repealed

Historical Note
Former Rules 7.1110, 7.1120, and 7.1130. Repealed effective November 4, 1998 (Supp. 98-4). Recodified from R4-23-501 at 9 A.A.R. 4011, effective August 18, 2003 (Supp. 03-3). Repealed by final rulemaking at 26 A.A.R. 223, effective March 14, 2020 (Supp. 20-1).

R4-23-802. Veterinary

Veterinary preparation: A veterinary drug manufacturer or supplier may distribute:

1. A prescription-only veterinary drug to:
   a. A veterinary medical practitioner licensed under A.R.S. Title 32, Chapter 21,

b. A full-service drug wholesaler permitted under A.R.S. Title 32, Chapter 18, or
c. A pharmacy permitted under A.R.S. Title 32, Chapter 18, and

2. A nonprescription veterinary drug to:
a. A veterinary medical practitioner licensed under A.R.S. Title 32, Chapter 21,
b. A full-service or nonprescription drug wholesaler permitted under A.R.S. Title 32, Chapter 18, or
c. A pharmacy permitted under A.R.S. Title 32, Chapter 18.

Historical Note
Former Rules 7.1210, 7.1220, and 7.1230. Repealed effective November 4, 1998 (Supp. 98-4). Recodified from R4-23-502 at 9 A.A.R. 4011, effective August 18, 2003 (Supp. 03-3). Amended by final rulemaking at 31 A.A.R. 2363 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

R4-23-803. Repealed

Historical Note
Former Rules 7.1300, 7.1400, 7.1500, and 7.1000. Repealed effective November 4, 1998 (Supp. 98-4).

R4-23-804. Repealed

Historical Note
Former Rules 7.2100, 7.2200, 7.2300, 7.2410, 7.2420, and 7.2430. Repealed effective November 4, 1998 (Supp. 98-4).

ARTICLE 9. PENALTIES AND MISCELLANEOUS

R4-23-901. Penalty for Violations
Any person, firm, or corporation violating any provision of 4 A.A.C. 23 is subject to the penalties in A.R.S. § 32-1996. In addition, a license or permit issued under the provisions of A.R.S. Title 32, Chapter 18 is subject to suspension or revocation for violation of 4 A.A.C. 23.

Historical Note
Former Rule 9.0000. Amended by final rulemaking at 6 A.A.R. 3177, effective August 3, 2000 (Supp. 00-3).

R4-23-902. Non-disciplinary Civil Penalties
As authorized under A.R.S. § 32-1904(D), the Board may issue the following non-disciplinary civil penalties to a licensee or permittee who engages in the specified acts or omissions without posing an imminent threat to public health or safety:

1. Failing to submit a remodel application before remodeling a permitted facility: $250;
2. Failing to provide notice before a business is relocated: $500;
3. Failing to update contact information: $50/occurrence to a maximum of twice;
4. Failing to update change of employment information: $50/occurrence to a maximum of twice;
5. Failing to complete required continuing education:
a. Registered pharmacist: $100/deficient hour of continuing education for the first occurrence, $150/deficient hour for second occurrence; and
b. Pharmacy technician: $25/deficient hour of continuing education for the first occurrence, $37.50/deficient hour for second occurrence;
6. Failing to provide notice of a new pharmacist in charge: $100/occurrence to a maximum of twice;
7. Failing to provide notice of a new designated representative: $100/occurrence to a maximum of twice;
8. Failing to provide notice of a new criminal charge, arrest, or conviction in any jurisdiction: $250/occurrence to a maximum of twice;
9. Failing to provide notice of disciplinary action taken against the licensee or permittee by another jurisdiction: $250/occurrence to a maximum of twice;
10. Failing to renew a license timely and continuing to work with an expired license:
a. Registered pharmacist: $100/day worked not to exceed $1,000; and
b. Pharmacy technician: $50/day worked not to exceed $500;
11. Failing to conduct a controlled substance inventory when there is a new pharmacist in charge: $250/occurrence to a maximum of twice;
12. Failing to obtain a permit before shipping into Arizona anything for which a permit is required: $100/item shipped;
13. Failing to respond timely to a subpoena: $50;
14. Failing to provide notice before there is a change in ownership: $250; and
15. Failing to conduct required controlled substance inventories: $250.

Historical Note
New Section made by final rulemaking at 28 A.A.R. 611 (March 18, 2022), effective May 2, 2022 (Supp. 22-1).

ARTICLE 10. UNIFORM CONTROLLED SUBSTANCES AND DRUG OFFENSES

R4-23-1001. Repealed

Historical Note
Adopted effective August 2, 1982 (Supp. 82-4). Section repealed by final rulemaking at 6 A.A.R. 3177, effective August 3, 2000 (Supp. 00-3).

R4-23-1002. Repealed

Historical Note
Adopted effective August 2, 1982 (Supp. 82-4). Repealed effective November 4, 1998 (Supp. 98-4).

R4-23-1003. Records and Order Forms
A. Records.

1. If the pharmacist-in-charge of a pharmacy is replaced by another pharmacist-in-charge, the new pharmacist-in-charge shall complete an inventory of all controlled substances in the pharmacy within 10 days of assuming the responsibility. This inventory and any other required controlled substance inventory shall:
a. Include an exact count of all Schedule II controlled substances;
b. Include an exact count of all Schedule III through Schedule V controlled substances or an estimated count if the stock container contains fewer than 1001 units;
c. Indicate the date the inventory is taken and whether the inventory is taken before opening of business or after close of business for the pharmacy;
d. Be signed by:
i. The pharmacist-in-charge; or
ii. For other required inventories, the pharmacist who does the inventory;
e. Be kept separately from all other records; and

f. Be available in the pharmacy for inspection by the Board or its designee for not less than three years.

2. A loss of a controlled substance shall be reported:
   a. Within 10 days of discovery;
   b. On a DEA form 106;
   c. By the pharmacist-in-charge of a pharmacy or a manufacturer;
   d. By the permittee or designated representative of a full-service wholesaler; and
   e. To the federal Drug Enforcement Administration (DEA), the Narcotic Division of the Department of Public Safety (DPS), and the Board of Pharmacy. A copy of the DEA form 106 shall be kept on file by the pharmacy permittee. The DEA form 106 shall state whether the police investigated the loss.
3. Every person manufacturing any controlled substance, including repackaging or relabeling, shall record and retain for not less than three years the manufacturing, repackaging, or relabeling date for each controlled substance.
4. Every person receiving, selling, delivering, or disposing of any controlled substance shall record and retain for not less than three years the following information:
   a. The name, strength, dosage form, and quantity of each controlled substance received, sold, delivered, or disposed;
   b. The name, address, and DEA registration number of the person from whom each controlled substance is received;
   c. The name, address, and DEA registration number of the person to whom each controlled substance is sold or delivered or who disposes of each controlled substance; and
   d. The date of each transaction.
5. A full-service drug wholesale permittee or the designated representative shall complete an inventory of all controlled substances in the manner prescribed in subsection (A)(1). The permittee or designated representative shall conduct this inventory:
   a. On May 1 of each year or as directed by the Board; and
   b. If there is a change of ownership, or discontinuance of business, or within 10 days of a change of a designated representative.
6. A drug manufacturer permittee or the pharmacist-in-charge shall complete an inventory of all controlled substances in the manner prescribed in subsection (A)(1). The permittee or pharmacist-in-charge shall conduct this inventory:
   a. On May 1 of each year or as directed by the Board; and
   b. If there is a change of ownership, or discontinuance of business, or within 10 days of a change of a pharmacist-in-charge.

B. Order form. For purposes of A.R.S. § 36-2524, "Order Form" means DEA Form 222c.

Historical Note
Adopted effective August 2, 1982 (Supp. 82-4). Amended effective November 1, 1993 (Supp. 93-4). Amended effective April 1, 1995; filed January 31, 1995 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 3177, effective August 3, 2000 (Supp. 00-3). Amended by final rulemaking at 12 A.A.R. 1912, effective July 1, 2006 (Supp. 06-2). Amended by final rulemaking at 14 A.A.R. 3670, effective November 8, 2008 (Supp. 08-3).

R4-23-1004. Schedules of Controlled Substances
As of the effective date of this Section and as required under A.R.S. §§ 36-2512 through 36-2516, the Board adopts the following schedules of controlled substances. The schedules adopted include no later amendments. The adopted schedules are available on the Board's website:

1. Schedule I. 21 CFR, Chapter II, Part 1308.11;
2. Schedule II. 21 CFR, Chapter II, Part 1308.12;
3. Schedule III. 21 CFR, Chapter II, Part 1308.13;
4. Schedule IV. 21 CFR, Chapter II, Part 1308.14; and
5. Schedule V. 21 CFR, Chapter II, Part 1308.15.

Historical Note
Adopted effective August 2, 1982 (Supp. 82-4). Repealed effective November 4, 1998 (Supp. 98-4). New Section made by final rulemaking at 28 A.A.R. 611 (March 18, 2022), effective May 2, 2022 (Supp. 22-1).

R4-23-1005. Products Excluded or Exempted from the Schedules of Controlled Substances
The following lists of products are excluded or exempted from the schedules of controlled substances adopted in R4-23-1004. All lists are available on the Board's website and at https://www.ecfr.gov/current/title-21/chapter-II/part-1308:

1. Excluded nonnarcotic substances that may be lawfully sold over-the-counter without a prescription order. 21 CFR, Chapter II, Part 1308.22;
2. Exempted chemical preparations and mixtures. 21 CFR, Chapter II, Part 1308.24; and
3. Exempted prescription products containing a nonnarcotic controlled substance. 21 CFR, Chapter II, Part 1308.32.

Historical Note
Adopted effective August 2, 1982 (Supp. 82-4). Amended by final rulemaking at 6 A.A.R. 3177, effective August 3, 2000 (Supp. 00-3). Amended by final rulemaking at 18 A.A.R. 2609, effective December 2, 2012 (Supp. 12-4). Amended by final rulemaking at 28 A.A.R. 611 (March 18, 2022), effective May 2, 2022 (Supp. 22-1).

R4-23-1006. Substances Excepted from Drug Offenses
The following materials, compounds, mixtures, or preparations containing any stimulant or depressant substance included in A.R.S. §§ 13-3401(6)(b) or 13-3401(6)(c) are excepted from the definition of dangerous drugs under the authority of A.R.S. § 32-1904(B)(14):

1. Over-the-counter drugs excepted in R4-23-1005(A).
2. Chemical preparations excepted in R4-23-1005(B).
3. Prescription-only drugs excepted in R4-23-1005(C).

Historical Note
Adopted effective August 2, 1982 (Supp. 82-4). Amended by final rulemaking at 6 A.A.R. 3177, effective August 3, 2000 (Supp. 00-3).

ARTICLE 11. PHARMACY TECHNICIANS; PHARMACY TECHNICIAN TRAINEES

Article 11, consisting of R4-23-1101 through R4-23-1105, made by final rulemaking at 10 A.A.R. 1192, effective May 1, 2004 (Supp. 04-1).

R4-23-1101. Repealed

Historical Note
New Section made by final rulemaking at 10 A.A.R.

1192, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 102, effective March 10, 2013 (Supp. 13-1). Repealed by final rulemaking at 30 A.A.R. 3095 (October 25, 2024), effective November 30, 2024 (Supp. 24-4).

R4-23-1102. Pharmacy Technician Licensure

A. License required. A person shall not work as a pharmacy technician in Arizona unless the person possesses a license issued by the Board. A licensed pharmacy technician shall maintain the certificate of licensure, which is in good standing, at the practice site for inspection by the Board or its designee or review by the public. A license issued by the Board is not transferable.

B. Eligibility. An applicant for licensure as a pharmacy technician, as defined at A.R.S. § 32-1901, shall provide the Board proof the applicant is eligible under A.R.S. § 32-1923.01(A), including documentation the applicant:
1. Passed a Board-approved pharmacy technician examination;
2. Passed the Foreign Pharmacy Graduate Equivalency Examination, if applicable; or
3. Graduated from a Board-approved pharmacy school.

C. Application.
1. An applicant for licensure as a pharmacy technician shall:
   a. Submit a completed application electronically or manually on a form furnished by the Board, and
   b. Submit with the application form:
      i. The documents specified in the application form,
      ii. The initial licensure fee specified in R4-23-205, and
      iii. The wall license fee specified in R4-23-205.
2. The Board office shall deem an application form received on the date the Board office electronically or manually date-stamps the form.

D. Licensure.
1. If an applicant is found to be ineligible for pharmacy technician licensure under statute and rule, the Board office shall issue a written notice of denial to the applicant.
2. If an applicant is found to be eligible for pharmacy technician licensure under statute and rule, the Board office shall issue a certificate of licensure and a wall license. An applicant who is assigned a license number and granted "open" or "active" status on the Board's license verification site may begin practice as a pharmacy technician. An applicant shall not practice as a pharmacy technician if the Board's license verification site indicates any status other than "open" or "active."

E. License renewal.
1. To renew a license, a pharmacy technician shall submit a completed license renewal application electronically or manually on a form furnished by the Board with the biennial renewal fee specified in R4-23-205.
2. If the biennial renewal fee is not paid by November 1 of the renewal year specified in A.R.S. § 32-1925, the pharmacy technician license is suspended and the licensee shall not practice as a pharmacy technician. The licensee shall pay a reinstatement penalty as provided in A.R.S. § 32-1925 and R4-23-205 to vacate the suspension.
3. Continuing education requirement. Under A.R.S. § 32-1925(H), continuing professional education is mandatory for a licensee.
   a. The Board shall accept continuing education hours awarded only by an approved provider.
   b. The Board shall not renew a pharmacy technician license unless the licensee successfully completes 20 continuing education hours during the two years since the licensee's last renewal date and attests to that on the biennial renewal form.
   c. Special continuing education requirements. If applicable, during each two-year license period, a pharmacy technician:
      i. Shall not administer a vaccine under R4-23-1104(B)(5) unless the pharmacy technician has successfully completed two continuing education hours relating to administration of vaccines; and
      ii. As described under A.R.S. § 32-1925(H), shall successfully complete two continuing education hours regarding remote dispensing site pharmacy practices.
   d. A pharmacy technician licensee is exempt from the continuing education requirement in subsection (E)(3)(b) between the time of initial licensure and first renewal.
   e. A pharmacy technician licensee shall maintain for five years continuing education records that indicate the number of hours successfully completed and the approved provider of each continuing education. The pharmacy technician licensee shall make the records available to the Board on request.
   f. The Board shall deem failure to comply with the continuing education requirements as unprofessional conduct and grounds for disciplinary action under A.R.S. § 32-1927.01.
   g. A pharmacy technician who is aggrieved by a Board decision concerning continuing education may request a hearing before the Board.

F. Delinquent license for five or more consecutive years. The Board shall reinstate a delinquent Arizona pharmacy technician license only if the individual furnishes satisfactory proof of fitness to be licensed as a pharmacy technician and pays all fees for the two most recent renewal periods and penalty fees. Satisfactory proof includes:
1. For an individual who is practicing as a pharmacy technician out-of-state with a pharmacy technician license issued by another jurisdiction:
   a. Proof of current, unrestricted pharmacy technician licensure in another jurisdiction; and
   b. Proof of employment as a pharmacy technician during the last 12 months; or
2. For an individual who did not practice as a pharmacy technician within the last 12 months:
   a. Take and pass a Board-approved pharmacy technician examination, and
   b. Complete 20 continuing education hours.

G. Time frames for pharmacy technician licensure and license renewal. The Board office shall follow the time frames established in R4-23-202(F).

H. Verification of license. A pharmacy permittee or pharmacist-in-charge shall not allow a person to practice as a pharmacy technician until the pharmacy permittee or pharmacist-in-charge verifies the person is currently licensed by the Board as a pharmacy technician.

Historical Note
New Section made by final rulemaking at 10 A.A.R.

1192, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 102, effective March 10, 2013 (Supp. 13-1). Amended by final rulemaking at 19 A.A.R. 2911, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 3095 (October 25, 2024), effective November 30, 2024 (Supp. 24-4).

R4-23-1103. Pharmacy Technician Trainee Registration

A. Registration required. As indicated under A.R.S. § 32-1923.01, a person shall not work as a pharmacy technician trainee in Arizona unless the person has registered with the Board. A registered pharmacy technician trainee shall maintain the registration certificate at the practice site for inspection by the Board or its designee or review by the public. Registration as a pharmacy technician trainee is not transferable.

B. Eligibility. An applicant for a 36-month, non-renewable registration as a pharmacy technician trainee shall provide the Board proof the applicant is eligible under A.R.S. § 32-1923.01(B).

C. Application.

1. An applicant for a 36-month, non-renewable registration as a pharmacy technician trainee shall:
   a. Submit a completed application electronically on a form available on the Board's website, and
   b. Submit with the application form:
      i. The documents specified in the application form, and
      ii. The registration fee specified in R4-23-205.
2. The Board office shall deem an application form received on the date the Board office electronically date-stamps the form.

D. Registration.

1. If an applicant is found to be ineligible for registration as a pharmacy technician trainee under statute and rule, the Board office shall issue a written notice of denial to the applicant.
2. If an applicant is found to be eligible for registration as a pharmacy technician trainee under statute and rule, the Board office shall issue a certificate of registration. An applicant who is assigned a registration number and granted "open" or "active" status on the Board's website may begin practice as a pharmacy technician trainee. An applicant shall not practice as a pharmacy technician trainee if the Board's website indicates any status other than "open" or "active."

E. Time frames for pharmacy technician trainee registration. The Board office shall follow the time frames established in R4-23-202(F).

F. Verification of registration. A pharmacy permittee or pharmacist-in-charge shall not allow a person to practice as a pharmacy technician trainee until the pharmacy permittee or pharmacist-in-charge verifies that the person is currently registered by the Board as a pharmacy technician trainee.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1192, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 2911, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 26 A.A.R. 223, effective March 14, 2020 (Supp. 20-1). Amended by final rulemaking at 30 A.A.R. 3095 (October 25, 2024), effective November 30, 2024 (Supp. 24-4).

R4-23-1104. Pharmacy Technicians and Pharmacy Technician Trainees

A. Permissible tasks of a pharmacy technician trainee. Acting in compliance with all applicable statutes and rules and under the supervision of a pharmacist, a pharmacy technician trainee registered under R4-23-1103 may assist an intern or pharmacist with the following when applicable to the pharmacy practice site:

1. Record on the original prescription order the serial number of the prescription medication and date dispensed;
2. Initiate or accept verbal or electronic refill authorization from a medical practitioner or medical practitioner's agent and record, on the original prescription order or by an alternative method approved by the Board or its designee, the medical practitioner's name, patient name, name and quantity of prescription medication, specific refill information, and name of medical practitioner's agent, if any;
3. Record information in the refill record or patient profile;
4. Enter information for a new or refill prescription medication as required under A.R.S. § 32-1964;
5. Type and affix a label for the prescription medication. A pharmacist or intern working under the supervision of a pharmacist shall verify the accuracy of the label as described under R4-23-402(A)(11);
6. Reconstitute a prescription medication, if a pharmacist checks the ingredients and procedure before reconstitution and verifies the final product after reconstitution;
7. Retrieve, count, or pour a prescription medication, if a pharmacist verifies the contents of the prescription medication against the original prescription medication container or by an alternative drug identification method approved by the Board or its designee;
8. Prepackage drugs in accordance with R4-23-402(A); and
9. Measure, count, pour, or otherwise prepare and package a drug needed for hospital inpatient dispensing, if a pharmacist verifies the accuracy, measuring, counting, pouring, preparing, packaging, and safety of the drug before the drug is delivered to a patient care area.

B. Permissible tasks of a pharmacy technician. Acting in compliance with all applicable statutes and rules and under the supervision of a pharmacist, a pharmacy technician licensed under R4-23-1102 may:

1. Perform the tasks listed in subsection (A);
2. After completing a pharmacy technician drug compounding training program developed by the pharmacy permittee or pharmacist-in-charge under R4-23-1105(C), assist a pharmacist or intern in compounding prescription medications and sterile or non-sterile pharmaceuticals in accordance with written policies and procedures, if the preparation, accuracy, and safety of the final product is verified by a pharmacist before dispensing;
3. Administer a vaccine when:
   a. Administration of the vaccine is done under an order that complies with A.R.S. § 32-1974 and R4-23-411;
   b. Administration of the vaccine is delegated by and done under the supervision of a pharmacist on duty who is certified under A.R.S. § 32-1974 to administer vaccines; and
   c. There is documentation by the permittee that the pharmacy technician has completed the following:

i. A practical training program that is approved by the Accreditation Council for Pharmacy Education and includes hands-on injection technique and recognition and treatment of emergency reactions to vaccines; and
ii. Current certification in basic cardiopulmonary resuscitation.

4. Perform a task not related to professional judgment if the task is delegated to the pharmacy technician by the pharmacist on duty after the pharmacist on duty ensures the pharmacy technician is trained to do the task and there is documentation by the permittee of the training; and
5. A pharmacist on duty shall not delegate or attempt to delegate the following tasks to a pharmacy technician:
   a. Administering an emergency medication,
   b. Counseling a patient,
   c. Conducting a drug utilization review,
   d. Performing any task that requires the exercise of clinical judgment,
   e. Issuing a prescription order,
   f. Receiving a new prescription order for a controlled substance, or
   g. Transferring by telephone an existing prescription order for a controlled substance.

C. Prohibited activities. A pharmacy technician or pharmacy technician trainee shall not perform a professional practice reserved for a pharmacist or intern in accordance with R4-23-402 or R4-23-653 unless otherwise allowed by rule.

D. A pharmacy technician or pharmacy technician trainee shall wear a badge indicating name and title while on duty.

E. Before employing a pharmacy technician or pharmacy technician trainee, a pharmacy permittee or pharmacist-in-charge shall develop, implement, review, revise, and enforce, in the manner described in R4-23-653(A), policies and procedures addressing tasks to be performed by the pharmacy technician or pharmacy technician trainee that are consistent with state and federal law and the site at which the pharmacy technician or pharmacy technician trainee will be employed.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 1192, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 12 A.A.R. 3032, effective October 1, 2006 (Supp. 06-3). Amended by final rulemaking at 19 A.A.R. 102, effective March 10, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 3257, effective January 8, 2018 (Supp. 17-4). Amended by final rulemaking at 28 A.A.R. 994 (May 13, 2022), effective July 2, 2022 (Supp. 22-2). Section made by emergency rulemaking at 29 A.A.R. 1196 (May 26, 2023), with an immediate effective date of May 4, 2023; effective for 180 days (Supp. 23-2). Amended by final rulemaking at 29 A.A.R. 2191 (September 22, 2023), with an immediate effective date of September 6, 2023 (Supp. 23-3). Amended by final rulemaking at 30 A.A.R. 3095 (October 25, 2024), effective November 30, 2024 (Supp. 24-4).

R4-23-1104.01 Repealed

Historical Note
New Section made by final rulemaking at 23 A.A.R. 3257, effective January 8, 2018 (Supp. 17-4). Repealed by final rulemaking at 30 A.A.R. 3095 (October 25, 2024), effective November 30, 2024 (Supp. 24-4).

R4-23-1105. Pharmacy Technician Trainee Training Program; Pharmacy Technician Drug Compounding Training Program

A. Nothing in this Section prevents additional offsite training of a pharmacy technician.

B. Pharmacy technician trainee training program. A pharmacy permittee or pharmacist-in-charge shall develop, implement, review, revise, and enforce, in the manner described in R4-23-653(A), a pharmacy technician trainee training program that is based on the needs of the individual pharmacy and designed to prepare the pharmacy technician trainee to pass a Board-approved national certification examination.

C. Pharmacy technician drug compounding training program.
1. A pharmacy permittee or pharmacist-in-charge shall develop, implement, review, revise, and enforce, in the manner described in R4-23-653(A), a pharmacy technician drug compounding training program based on the needs of the individual pharmacy.
2. A pharmacist-in-charge shall:
   a. Document the date a pharmacy technician successfully completed the pharmacy technician drug compounding training program, and
   b. Maintain the required documentation for inspection by the Board or its designee.

D. A pharmacy technician shall perform only those tasks, listed in R4-23-1104(B), for which training and competency has been demonstrated.

E. If a pharmacy technician trainee leaves a training program described under subsection (B) before successfully completing the training program, the pharmacist-in-charge shall provide the pharmacy technician trainee with written documentation of the hours of training completed and the tasks for which competence was demonstrated.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 1192, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 12 A.A.R. 3032, effective October 1, 2006 (Supp. 06-3). Amended by final rulemaking at 19 A.A.R. 102, effective March 10, 2013 (Supp. 13-1). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 3095 (October 25, 2024), effective November 30, 2024 (Supp. 24-4).

R4-23-1106. Repealed

Historical Note
New Section made by final rulemaking at 11 A.A.R. 1105, effective April 30, 2005 (Supp. 05-1). Amended by final rulemaking at 26 A.A.R. 223, effective March 14, 2020 (Supp. 20-1). Section made by emergency rulemaking at 29 A.A.R. 1196 (May 26, 2023), with an immediate effective date of May 4, 2023; effective for 180 days (Supp. 23-2). Amended by final rulemaking at 29 A.A.R. 2191 (September 22, 2023), with an immediate effective date of September 6, 2023 (Supp. 23-3). Repealed by final rulemaking at 30 A.A.R. 3095 (October 25, 2024), effective November 30, 2024 (Supp. 24-4).

ARTICLE 12. DONATED MEDICINE PROGRAM

R4-23-1201. Repealed

Historical Note
New Section made by final rulemaking at 14 A.A.R. 4320, effective January 3, 2009 (Supp. 08-4). Repealed by final rulemaking at 28 A.A.R. 611 (March 18, 2022),

effective May 2, 2022 (Supp. 22-1).

R4-23-1202. Repealed

Historical Note
New Section made by final rulemaking at 14 A.A.R. 4320, effective January 3, 2009 (Supp. 08-4). Repealed by final rulemaking at 28 A.A.R. 611 (March 18, 2022), effective May 2, 2022 (Supp. 22-1).

R4-23-1203. Repealed

Historical Note
New Section made by final rulemaking at 14 A.A.R. 4320, effective January 3, 2009 (Supp. 08-4). Repealed by final rulemaking at 28 A.A.R. 611 (March 18, 2022), effective May 2, 2022 (Supp. 22-1).

R4-23-1204. Repealed

Historical Note
New Section made by final rulemaking at 14 A.A.R. 4320, effective January 3, 2009 (Supp. 08-4). Repealed by final rulemaking at 28 A.A.R. 611 (March 18, 2022), effective May 2, 2022 (Supp. 22-1).

R4-23-1205. Repealed

Historical Note
New Section made by final rulemaking at 14 A.A.R. 4320, effective January 3, 2009 (Supp. 08-4). Repealed by final rulemaking at 28 A.A.R. 611 (March 18, 2022), effective May 2, 2022 (Supp. 22-1).

R4-23-1206. Repealed

Historical Note
New Section made by final rulemaking at 14 A.A.R. 4320, effective January 3, 2009 (Supp. 08-4). Repealed by final rulemaking at 28 A.A.R. 611 (March 18, 2022), effective May 2, 2022 (Supp. 22-1).

R4-23-1207. Repealed

Historical Note
New Section made by final rulemaking at 14 A.A.R. 4320, effective January 3, 2009 (Supp. 08-4). Repealed by final rulemaking at 28 A.A.R. 611 (March 18, 2022), effective May 2, 2022 (Supp. 22-1).

R4-23-1208. Handling Fee

A. The definitions at A.R.S. § 32-1909(U) apply to this Section.

B. As specified under A.R.S. § 32-1909(N), an authorized recipient shall not sell a medicine received from a donor.

C. An authorized recipient may charge a fee to an eligible patient to whom a donated medicine is dispensed. The authorized recipient shall ensure any fee charged to an eligible patient:
1. Does not exceed the reasonable cost of receiving, handling, and dispensing the donated medicine; and
2. Is consistent with the purpose of the donated medicine program. A fee consistent with the purpose of the donated medicine program includes an adjustment for the quantity and retail cost of the medicine dispensed.

D. An authorized recipient may charge a fee to a donor or other authorized recipient for usual and customary expenses incurred in receiving and handling donated medicine.

Historical Note
New Section made by final rulemaking at 14 A.A.R. 4320, effective January 3, 2009 (Supp. 08-4). Amended by final rulemaking at 28 A.A.R. 611 (March 18, 2022), effective May 2, 2022 (Supp. 22-1).

R4-23-1209. Repealed

Historical Note
New Section made by final rulemaking at 14 A.A.R. 4320, effective January 3, 2009 (Supp. 08-4). Repealed by final rulemaking at 28 A.A.R. 611 (March 18, 2022), effective May 2, 2022 (Supp. 22-1).

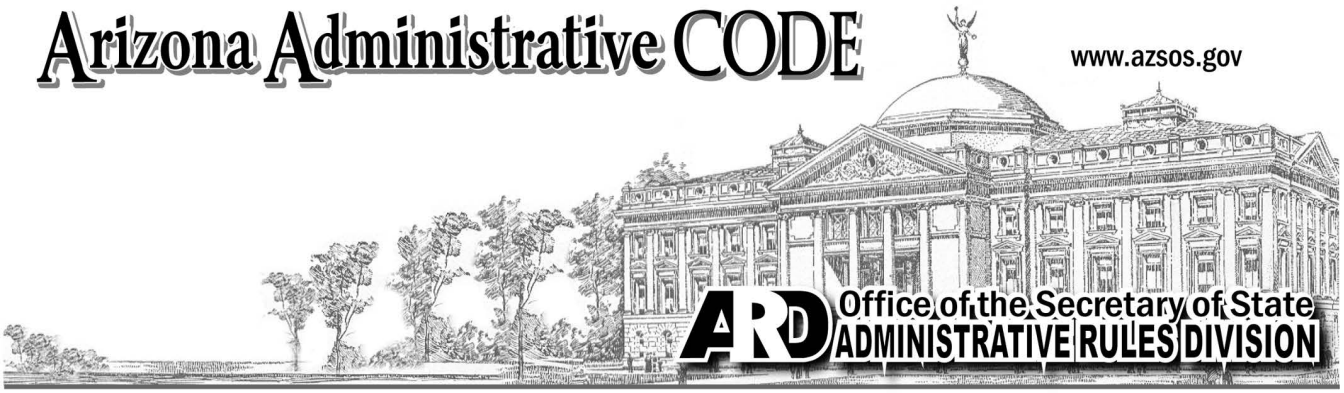
R4-23-1210. Repealed

Historical Note
New Section made by final rulemaking at 14 A.A.R. 4320, effective January 3, 2009 (Supp. 08-4). Repealed by final rulemaking at 28 A.A.R. 611 (March 18, 2022), effective May 2, 2022 (Supp. 22-1).

R4-23-1211. Repealed

Historical Note
New Section made by final rulemaking at 14 A.A.R. 4320, effective January 3, 2009 (Supp. 08-4). Repealed by final rulemaking at 28 A.A.R. 611 (March 18, 2022), effective May 2, 2022 (Supp. 22-1).

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ARIZONA ADMINISTRATIVE CODE

TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 30. BOARD OF TECHNICAL REGISTRATION

4 A.A.C. 30

Supplement Information
Supp. 26-3

Rules filed between July 1, 2026 through September 30, 2026 are codified in this Chapter.

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The release of this Chapter in Supp. 26-3 replaces Supp. 24-1, 1-25 pages. Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained and archived for future reference.

Preface

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

Rules

The definition for a rule is provided for under A.R.S. § 41-1001. "'*Rule' means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.*"

The *Arizona Administrative Code*

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then a Section number with a heading. The "R" at the beginning of the Section number stands for "rule." The rule itself includes sequential letters and numbers in an outline. Each lettered or numbered Section is called a subsection of the rule.

Rules are codified quarterly in the *Code*. For example:

Rules codified in the first quarter are filed between January 1 through March 31.

Rules codified in the second quarter are filed between April 1 through June 30.

Rules codified in the third quarter are filed between July 1 through September 30.

Rules codified in the fourth quarter are filed between October 1 through December 31.

Supplement release dates are included in the footers of each Chapter. The first supplement for the first quarter of 2026 is cited as Supp. 26-1. Supplements are released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

How to Use the *Code*

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Register* for recent updates to rule Sections.

Authentication of PDF *Code* Chapters

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document's content has been compromised.

Rule History

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Arizona Administrative Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

Arizona Revised Statutes References

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature's website, www.azleg.gov. An agency's authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

Session Law References

Arizona Session Law references in a Chapter can be found at the Secretary of State's website, www.azsos.gov under Services-> Legislative Filings.

Exemptions to the APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency's exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor's notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

Personal and Commercial Use of the Chapter

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Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.

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TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 30. BOARD OF TECHNICAL REGISTRATION

Authority: A.R.S. § 32-101 et seq

Supp. 26-3

Chapter 30, consisting of Sections R4-30-101 through R4-30-126, R4-30-201 through R4-30-284, and R4-30-301 through R4-30-307, adopted effective August 3, 1983.

Former Chapter 30, consisting of Sections R4-30-01 through R4-30-04, R4-30-13 through R4-30-19, R4-30-27 through R4-30-31, R4-30-41 through R4-30-43, R4-30-52 through R4-30-56, R4-30-66, and R4-30-76, repealed effective August 3, 1983.

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ARTICLE 1. GENERAL PROVISIONS

R4-30-101. Definitions

The following definitions apply in this Chapter unless the context otherwise requires:

1. "Act" means the Technical Registration Act, A.R.S. Title 32, Chapter 1.
2. "Active engagement" means actually practicing or providing architectural, engineering, geological, landscape architectural, or land surveying services.
3. "Bona fide employee" means:
   a. Any person employed by a town, city, county, state, or federal agency working under the direction or supervision of a registrant;
   b. Any person employed by a business entity and working under the direct supervision of a registrant who is also employed by the same business entity; or
   c. Any person working under the direct supervision of a registrant who:
      i. Receives direct wages from the registrant;
      ii. Receives contract compensation from the registrant; or
      iii. Receives direct wages from the project prime professional who has a contract with another registrant and whose work product is the responsibility of the latter registrant.
4. "Branch" means a specialty area within the category of engineering.
5. "Category" means the professions of architecture, geology, engineering, landscape architecture, and land surveying.
6. "De minimis violations" means violations of Board statutes or rules that do not present a threat to public welfare, health, or safety.
7. "Design team" means a group of individuals that includes one or more professional registrants collaborating with any other individuals on a specific project to develop professional documents.
8. "Detached single family dwelling" as used in the Act means a single family dwelling unit such as a house, which is structurally and physically separate from all other family dwelling units. This does not mean any single family dwelling unit which is part of a multiple dwelling unit building such as a duplex, townhouse, apartment building, condominium, or cooperative. The term "detached single family dwelling" also includes all subsidiary buildings, structures and improvements such as garage, storage areas, swimming pool, and landscaping.
9. "Direct supervision" means a registrant's critical examination and evaluation of a bona fide employee's work product, during and after the preparation, for purposes of compliance with applicable laws, codes, ordinances, and regulations pertaining to professional practice.
10. "Experience" is classified as follows:
    a. "Subprofessional experience" means task work done under direct supervision and not falling within the definition of professional experience, including but not limited to time spent as a rodman, chainman, recorder, instrument technician, survey aide, technician, clerk of the works, or similar work.
    b. "Professional experience" means a diversity of work calling for substantial technical knowledge, skill, and responsibility as well as a lesser degree of supervision necessary to ensure that good judgment is applied to protect the public during the course and scope of projects.
    c. "Responsible charge experience" means work in the field or in the office, where the applicant/registrant had responsibility for the direction of the work and its successful accomplishment and where the applicant/registrant had to make professional decisions without relying on advice or instructions from or first referring the decisions for approval to a superior.
    d. "Design experience" means professional experience, including work defined under "responsible charge experience," where the applicant/registrant must fulfill the requirements of local circumstances and conditions and yet not violate any of the requirements of the profession and ensure that the executed plan meets the purpose for which it was designed.
11. "Federal agency" means the United States or any agency or instrumentality, corporate or otherwise, of the United States.
12. "Good moral character and repute" means that the registration or certification applicant/registrant:
    a. Has not been convicted of a felony or equivalent offense in another jurisdiction as defined in A.R.S. § 13-601.
    b. Has not been convicted of misdemeanor or equivalent offense in another jurisdiction if the offense has a reasonable relationship to the functions of the employment or category for which the registration, certification, or designation is sought;
    c. Has not, within five years of application for registration or certification, committed any act involving dishonesty, fraud, misrepresentation, breach of fiduciary duty, gross negligence, or incompetence reasonably related to the candidate's proposed area of practice;
    d. Is not currently incarcerated in a penal institution;
    e. Has not engaged in fraud or misrepresentation in connection with the application for registration, certification, or related examination;
    f. Has not had a registration or certification revoked or suspended for cause by this state or by any other jurisdiction, or surrendered a professional license in lieu of disciplinary action;
    g. Has not practiced without the required technical registration or certification in this state or in another jurisdiction within the two years immediately preceding the filing of the application for registration or certification; and
    h. Has not, within five years of application for registration or certification, committed an act that would constitute unprofessional conduct, as set forth in R4-30-301 or R4-30-301.01.
13. "Gross negligence" means a substantial deviation in professional practice from the standard of professional care exercised by members of the applicant's/registrant's profession, or a substantial deviation from any technical standards issued by a nationally recognized professional organization comprised of members of the applicant's/registrant's profession, or a substantial deviation from requirements contained in state, municipal, and county laws, ordinances, and regulations pertaining to the registrant's professional practice.

14. "Incompetence" means to lack the professional qualifications, experience, or education to undertake a professional engagement or assignment.
15. "Insufficient evidence to support disciplinary action" means:
    a. The Board determines there was no evidence to warrant disciplinary action, but believes that continuation of the actions leading to the investigation may result in future Board action against the registrant; or
    b. The Board determines that there were de minimis violations of Board statutes or rules, but no disciplinary action should be taken against the certification or registration and that a letter of concern would be as effective a resolution as a letter of reprimand in deterring future violations of a like nature.
16. "Other misconduct" means the applicant/registrant:
    a. Has knowingly acted in violation or knowingly failed to act in compliance with any provisions of the Act, or rules of the Board or any state, municipal, or county law, code, ordinance, or regulation pertaining to the practice of the applicant's/registrant's profession; or
    b. Has refused to respond fully to a Board inquiry relating to an applicant's/registrant's qualifying experience, or provided the Board with false information relating to an applicant's/registrant's qualifying experience.
17. "Practicing" means offering or performing professional services regulated by the Act within the state of Arizona.
18. "Prepared" means to exercise direct supervision over the preparation of professional documents.
19. "Professional documents" mean the professional work product of a registrant that requires professional judgment, design, analysis, or conclusions, including original plans, drawings, maps, plats, reports, written opinions, specifications, and calculations.
20. "Project Prime Professional" means the registrant is responsible for the coordination, continuity, and compatibility of each collaborating registrant's work (when retained by the project prime professional).
21. "Public works" project means a work or undertaking that is financed, in whole or in part, by a federal agency or by a state public body, as defined in this Article.
22. "Registrant" means a person or firm who has been granted registration or certification to practice any profession regulated pursuant to the Act.
23. "Retired from active practice" means that the registrant no longer performs professional services.
24. "State public body" means the state or a county, city, town, municipal corporation, authority, or any other subdivision, agency, or instrumentality of such an entity, corporate or otherwise.
25. "Structure" as used in the Act means any constructed or designed improvement or improvements to real property including all onsite improvements, fixed equipment, and landscaping, pursuant to an engagement or project.

Historical Note

Adopted effective August 3, 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4). Amended effective May 1, 1995 (Supp. 95-2). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by emergency rulemaking at 8 A.A.R. 1102, effective February 19, 2002 for 180 days (Supp. 02-1). Emergency rulemaking renewed for an additional 180 days under A.R.S. § 41-1026(D) at 8 A.A.R. 3842, effective August 14, 2002 (Supp. 02-3). Emergency expired; original Section amended by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 13 A.A.R. 968, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

R4-30-102. Home Inspection Definitions

The following definitions apply to home inspection requirements in this Chapter:

1. "Parallel Inspection" means a home inspection completed by an applicant during the application process that is supervised by a certified home inspector acting as the Parallel Inspector, in the presence of no more than three other applicants. The applicant shall produce a written report for each Parallel Inspection, which the supervising certified home inspector, serving as the Parallel Inspector, shall review, analyze, correct, and return to the applicant within 10 calendar days after receiving the written report. The Parallel Inspector shall notate and instruct the applicant so that each report meets the Standards of Professional Practice for Arizona Home Inspectors. The applicant shall not perform any fee-paid Home Inspections during this Parallel Inspection period.
2. "Parallel Inspector" means an Arizona Certified Home Inspector who performs parallel inspections for a home inspector applicant so that the applicant can obtain a certification to conduct home inspections. A Parallel Inspector shall be in good standing with the Board and shall not have received any disciplinary action from the Board within the preceding year. The Parallel Inspector shall have been continuously certified by the Board as a Home Inspector for at least three years and shall have conducted at least 250 fee-paid home inspections in the State of Arizona. The Applicant shall provide a signed affirmation from the Parallel Inspector affirming that the Parallel Inspector has met this criteria to the Board with the application for certification.
3. "Peer Review" means a home inspection performed alongside a supervising Peer Reviewer in order to comply with the terms of Board ordered discipline. The Arizona Certified Home Inspector subject to Board ordered discipline shall, at the conclusion of each Peer Review, submit a written Home Inspection Report to the Peer Reviewer for analysis and review. The Peer Reviewer shall notate and instruct the Arizona Certified Home Inspector subject to Board ordered discipline in order for the report to meet the Standards of Professional Practice for Arizona Home Inspectors. The Arizona Certified Home Inspector subject to Board ordered discipline shall not perform any fee-paid Home Inspections during this Peer Review period.
4. "Peer Reviewer" means an Arizona Certified Home Inspector performing peer review inspections for a home inspector subject to Board ordered discipline so that inspector can fulfill the terms of the ordered discipline. A Peer Reviewer shall be in good standing with the Board and shall not have received any disciplinary action from the Board within the preceding three years. The Peer Reviewer shall have been continuously certified by the Board as a home inspector for at least five years and shall have conducted at least 250 fee-paid home inspections in the State of Arizona. The Arizona Certified Home Inspec-

tor subject to Board ordered discipline shall provide the Board with a signed affirmation from the Peer Reviewer affirming that the Peer Reviewer has met these criterion at the conclusion of each peer review inspection.

5. "Report Checklist Supplement" a tool designed to assist home inspector applicants, parallel inspectors, peer reviewers, application reviewers, enforcement advisory evaluators and certified home inspectors when reviewing or filling out an application for home inspector certification and a home inspection report. The "Report Checklist Supplement" is not a substitute for the current version of the "Standards of Professional Practice."

Historical Note

Adopted effective August 3, 1983 (Supp. 83-4). Repealed effective December 18, 1991 (Supp. 91-4). New Section made by emergency rulemaking at 8 A.A.R. 1102, effective February 19, 2002 for 180 days (Supp. 02-1). Emergency rulemaking amended and renewed for an additional 180 days under A.R.S. § 41-1026(D) at 8 A.A.R. 3842, effective August 14, 2002 (Supp. 02-3). Emergency expired; new Section made by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2). Amended under A.R.S. § 41-1033(J) at 25 A.A.R. 3323, effective April 24, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 768 (April 19, 2024), effective May 25, 2024 (Supp. 24-1).

R4-30-103. Repealed

Historical Note

Adopted effective August 3, 1983 (Supp. 83-4). Repealed effective December 18, 1991 (Supp. 91-4). New Section made by exempt rulemaking at 9 A.A.R. 1412, effective April 15, 2003 (Supp. 03-2). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 19 A.A.R. 1911, effective October 7, 2013 (Supp. 13-3). Repealed by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

R4-30-104. Repealed

Historical Note

Adopted effective August 3, 1983 (Supp. 83-4). Repealed effective December 18, 1991 (Supp. 91-4).

R4-30-105. Repealed

Historical Note

Adopted effective August 3, 1983 (Supp. 83-4). Repealed effective December 18, 1991 (Supp. 91-4).

R4-30-106. Fees

A. The Board shall charge the following fees:

1. A computer generated list of registrants for a non-commercial purpose is $0.25 per name, with a maximum fee of $300.00.
2. A computer generated list of registrants for a commercial purpose is $0.25 per name, with a minimum fee of $250.00.
3. The photocopy fee is $1.00 for up to three pages followed by a $0.25 fee for each additional page.
4. The replacement certificate fee for registrants and certificate holders is $10.00 per certificate.
5. The recording medium copy fee is $15.00 per recording.
6. The local examination review fee is $30.00 per hour.
7. The returned check fee is $25.00 per check.
8. The verification of registration or certification fee is $25.00 per verification.
9. The laminated pocket card fee is $10.00 per card.

B. A person paying fees shall remit them in United States dollars in the form of cash, check, money order, or credit card. If a check is returned for insufficient funds, repayment, including payment of the returned check charge, shall be made in the form of cash, money order, or certified check.

C. Upon written request, the Board shall waive renewal fees for registrants whose registration is in inactive status.

D. Application fee refunds are not allowed after the application has been assigned an application number and processing commences.

Historical Note

Adopted effective August 3, 1983 (Supp. 83-4). Emergency amendments adopted effective May 7, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency amendments readopted without change effective August 8, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired. Emergency amendments readopted without change effective February 13, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Emergency expired. Emergency amendments readopted without change effective May 31, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-2). Emergency expired. Emergency amendments readopted with changes effective October 22, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency amendments permanently adopted with changes effective December 18, 1991 (Supp. 91-4). Amended effective July 6, 1993 (Supp. 93-3). Amended effective May 1, 1995 (Supp. 95-2). Amended effective January 12, 1996 (Supp. 96-1). Amended effective January 15, 1998 (Supp. 98-1). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by emergency rulemaking at 8 A.A.R. 1102, effective February 19, 2002 for 180 days (Supp. 02-1). Emergency rulemaking renewed for an additional 180 days under A.R.S. § 41-1026(D) at 8 A.A.R. 3842, effective August 14, 2002 (Supp. 02-3). Emergency expired; original Section amended by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1). Amended by exempt rulemaking at 9 A.A.R. 1412, effective April 15, 2003 (Supp. 03-2). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

R4-30-107. Registration and Certification Expiration Dates

A. Registrants with triennial registration have expiration dates based on the date of initial registration. The following table indicates triennial registration renewal periods:

Initial Registration Granted Date	Initial Triennial Renewal Expiration Date
Jan. 1 through Mar. 31	Three years from Mar. 31
Apr. 1 through Jun. 30	Three years from Jun. 30
Jul. 1 through Sept. 30	Three years from Sept. 30
Oct. 1 through Dec. 31	Three years from Dec. 31

B. Subsequent triennial renewal dates will be three years from the initial triennial renewal expiration date.
C. All annual registrations and certifications expire one year from the date of issuance.
D. Alarm business certifications expire three years from the date the certification is granted and subsequently every three years thereafter.
E. Alarm controlling persons and alarm agent certifications expire three years from the date the certification was granted and subsequently every three years thereafter.

Historical Note
Adopted effective August 3, 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4). Amended by emergency rulemaking at 8 A.A.R. 1102, effective February 19, 2002 for 180 days (Supp. 02-1). Emergency rulemaking renewed for an additional 180 days under A.R.S. § 41-1026(D) at 8 A.A.R. 3842, effective August 14, 2002 (Supp. 02-3). Emergency expired; original Section amended by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1). Amended by exempt rulemaking at 9 A.A.R. 1412, effective April 15, 2003 (Supp. 03-2). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

R4-30-108. Reserved

R4-30-109. Reserved

R4-30-110. Reserved

R4-30-111. Reserved

R4-30-112. Reserved

R4-30-113. Reserved

R4-30-114. Reserved

R4-30-115. Reserved

R4-30-116. Reserved

R4-30-117. Reserved

R4-30-118. Reserved

R4-30-119. Reserved

R4-30-120. Complaint Review Process

A. The Board shall select a pool of volunteers who have submitted resumes and letters of interest to serve on enforcement advisory committees ("EACs"). The Executive Director shall select registrants and public members from the pool of volunteers to serve on the committees as needed. When practicable, each committee shall be comprised of one public member and a minimum of four registrants, at least one of whom is registered in the same category or branch as the respondent. The committee members shall provide technical assistance to Board staff in the evaluation and investigation of complaints. A quorum of three committee members is required for each committee meeting.
B. During the preliminary informal investigation of a complaint, registrants named as respondents may appear before an enforcement advisory committee ("EAC") relating to the complaint. Respondents may elect to appear with or without counsel. The committee shall attempt to assess the complaint and discuss the complaint with the respondent and others, if deemed necessary, and prepare a recommendation for disposition of the complaint.
C. Respondents are not required to participate in the enforcement advisory committee meeting and no inference shall be drawn from a respondent's decision not to attend.
D. If a respondent chooses not to attend the enforcement advisory committee meeting, the committee may meet and review information presented by staff and others and prepare a recommendation for disposition of the complaint.
E. The Board shall advise the respondent of the committee recommendation.
F. After the informal investigation has been completed, if the committee recommendation supports a determination that the complaint is unfounded, the recommendation shall be forwarded to the Board for review and final disposition.
G. In all cases where the advisory committee finds probable cause to believe that disciplinary action is warranted, the staff will attempt to resolve the complaint informally by obtaining a signed consent agreement from the respondent. The Board shall review the committee recommendation, staff recommendation, consent agreement, and, in the event a signed consent agreement cannot be obtained, any counterproposal from the respondent.

Historical Note
Adopted effective December 18, 1991 (Supp. 91-4). Amended effective May 1, 1995 (Supp. 95-2). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by emergency rulemaking at 8 A.A.R. 1102, effective February 19, 2002 for 180 days (Supp. 02-1). Emergency rulemaking renewed for an additional 180 days under A.R.S. § 41-1026(D) at 8 A.A.R. 3842, effective August 14, 2002 (Supp. 02-3). Emergency expired; original Section amended by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

R4-30-121. Investigation of Violations

If any information concerning a possible violation of the Act or any of these rules is received or obtained by the Board or Board staff, an investigation shall be conducted prior to the initiation of formal proceedings. Investigative reports, professional assessments, enforcement advisory committee recommendations, and other documents and materials relating to an investigation shall remain confidential until the matter is closed, until the issuance of a hearing notice under A.R.S. § 32-128, or until the matter is settled by consent order; however, the Board shall inform the respondent that an investigation is being conducted and explain the general nature of the investigation. The respondent shall have access to a copy of the complaint and any assessment or EAC reports drafted during the investigation. The public may obtain information that an investigation is being conducted and an explanation of the general nature of the investigation. The Board may refer investigative information to other public agencies as appropriate under the circumstances.

Historical Note
Adopted effective August 3, 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

R4-30-122. Issuance of Subpoenas

Any party desiring the Board to issue a subpoena shall make application, stating the substance of the testimony expected of the witness or the relevancy of the evidence to be produced. If the testimony or evidence appears to the Board to be material and necessary, a subpoena shall be supplied. The affixing of the seal of the Board and the signature of the Chairman, Secretary, Executive Director, shall be sufficient attestation of the same. The party applying for the subpoena shall pay for service of the subpoena. A party is considered served at the time of personal service or mailing of the document by certified mail that is addressed to the person's last known address of record on file with the Board.

Historical Note
Adopted effective August 3, 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 19 A.A.R. 128, effective March 10, 2013 (Supp. 13-1).

R4-30-123. Informal Compliance Procedures

A. Upon notification of the recommendation of an enforcement advisory committee, a registrant may meet with Board staff. The registrant may appear with or without counsel. The purpose of the meeting is to discuss informal settlement of the investigative matter. Upon completion of the meeting, a Board enforcement officer shall make recommendations to the Board.

B. At any time either before or after formal disciplinary proceedings have been instituted against a registrant, the registrant may submit to the Board an offer of settlement whereby, in lieu of formal disciplinary action, the registrant agrees to accept certain sanctions such as suspension, civil penalties, enrolling in relevant professional education courses, limiting the scope of practice, submitting work product to professional peer review, or other disciplinary sanctions. If the Board determines that the proposed settlement will adequately protect the public welfare, the Board shall accept the offer and enter a decision consented to by the registrant, incorporating the proposed settlement.

Historical Note
Adopted effective August 3, 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4). Amended effective May 1, 1995 (Supp. 95-2). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

R4-30-124. Repealed

Historical Note
Adopted effective August 3, 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Section repealed by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1).

R4-30-125. Reserved

R4-30-126. Service of Board Decisions; Rehearing of Board Decisions

A. Except as provided in subsection (G), any party to an appealable agency action or contested case before the Board who is aggrieved by a decision rendered in the matter may file with the Board, not later than 30 calendar days after service of the decision, a written motion for rehearing or review of the decision specifying the particular grounds for the motion. A decision shall be deemed to have been served on the date when personally delivered or mailed by certified mail to the party's last known address of record with the agency. The filing of a motion for rehearing is a condition precedent to the right of appeal provided in A.R.S. § 32-128(J).

B. A motion for rehearing under this rule may be amended at any time before it is ruled upon by the Board. A response may be filed within 15 calendar days after service of the motion or amended motion by any other party. The Board may require the filing of written briefs upon the issues raised in the motion and may provide for oral argument. The filing of a motion for rehearing or review suspends the operation of the Board's order and allows the registrant to practice in his or her profession pending denial or granting of the motion, and pending the decision of the Board on the rehearing or review if the motion is granted.

C. A rehearing or review of the decision may be granted for any of the following causes materially affecting the moving party's rights:
1. Irregularity in the administrative proceedings of the agency, members of the Board or the prevailing party, or any order or abuse of discretion, whereby the moving party was deprived of a fair hearing;
2. Misconduct of the Board or the prevailing party;
3. Accident or surprise which could not have been prevented by ordinary prudence;
4. Newly discovered material evidence which could not with reasonable diligence have been discovered and produced at the original hearing;
5. Excessive or insufficient penalties;
6. Error in the admission or rejection of evidence or other errors of law occurring at the administrative hearing;
7. The decision is unjustified based upon the evidence or is contrary to law.

D. The Board may affirm or modify the decision or grant a rehearing to all or any of the parties and on all or part of the issues for any of the reasons set forth in subsection (C). An order granting a rehearing shall specify with particularity the ground or grounds on which the rehearing is granted, and the rehearing shall cover only those matters so specified.

E. Not later than 30 days after a decision is rendered, the Board may on its own motion order a rehearing or review of its decision for any reason listed in subsection (C). After giving the parties or their counsel notice and an opportunity to be heard on the matter, the Board may grant a motion for rehearing for a reason not stated in the motion. In either case the order granting a rehearing shall specify the grounds for the rehearing.

F. When a motion for rehearing is based upon affidavits, they shall be served with the motion. An opposing party may, within ten days after service, serve opposing affidavits, which period may be extended for an additional period not exceeding 20 days by the Board for good cause shown or by written stipulation of the parties. Reply affidavits may be permitted.

G. If the Board makes specific findings that the immediate effectiveness of a decision is necessary for preservation of the public welfare, health or safety and that a rehearing or review of the decision is impracticable, unnecessary or contrary to the public interest, the decision may be issued as a final decision without an opportunity for a rehearing or review. If a decision is issued as a final decision without an opportunity for rehearing, any application for judicial review of the decision shall be

made within the time limits permitted for applications for judicial review of the Board's final decisions.

Historical Note
Adopted effective August 3, 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4). Amended effective May 1, 1995 (Supp. 95-2). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

ARTICLE 2. REGISTRATION PROVISIONS

R4-30-201. Registration as an Architect, Engineer, Geologist, Landscape Architect, or Land Surveyor

A. An applicant for registration as an architect, engineer, geologist, landscape architect, or land surveyor shall submit a completed application package for professional registration that contains the following:

1. Evidence of successful completion of the current national professional examination or waiver of the examination pursuant to A.R.S. § 32-126 and R4-30-203 in the category, and branch if applicable, for which registration is sought. Applicants shall arrange to have their examination results sent directly to the Board from the applicable testing agency holding the examination results;
2. Name, residence address, mailing address if different from residence, email and telephone number, of the applicant;
3. Date of birth and social security number of the applicant;
4. Citizenship or legal residence of the applicant;
5. Category, and branch of engineering if applicable, for which the applicant is seeking registration;
6. A detailed explanatory statement and documentation, regarding;
    a. Any disciplinary action, including suspension and revocation, taken by any state or jurisdiction on any professional or occupational registration, certification, or license held by the applicant in any state or jurisdiction, within five years before the date of application;
    b. Refusal of any professional or occupational registration, certification, or license to the applicant by any state or jurisdiction, within five years before the date of application;
    c. Any pending disciplinary action in any state or jurisdiction on any professional or occupational registration, certification, or license held by the applicant;
    d. Any alias or other name used by the applicant; and
    e. Any conviction of the applicant for a felony or misdemeanor, other than a minor traffic violation, within five years before the date of application.
7. State or jurisdiction in which the applicant holds any other professional or occupational registration, certification, or license, type of registration, certification or license number, year granted, how registration, certification, or license was granted (by examination, education, experience, or reciprocity);
8. State or jurisdiction in which the applicant has pending an application for any type of professional or occupational license, registration, or certification, type of license, registration or certification being sought, and the status of the application;
9. Name, mailing address, years attended, graduation date, major, and type of degree received from each college, university, or educational institution the applicant attended;
10. Certified transcripts sent directly to the Board from the registrar of each college, university, or educational institution the applicant attended, unless previously provided to the Board pursuant to R4-30-204;
11. Name, current address, and telephone number of the applicant's current and former employers (the names of companies within the last ten-year period) in the category for which registration is sought; dates of employment; applicant's title; description of the work performed; and number of hours worked per week, unless previously provided to the Board pursuant to R4-30-204;
12. Names and addresses of immediate supervisors in past and present employment in the category for which registration is sought. An applicant who has been working in the category for which registration is sought for 10 or more years shall provide the names and address of all immediate supervisors during the most recent ten-year period. If an applicant cannot supply the names and addresses of supervisors for at least three engagements, the applicant shall provide to the Board a written, sworn statement explaining the inability to provide this information, and the names and addresses of three professional references, unrelated to the applicant, at least two of whom are registered in the category for which registration is sought, unless previously provided to the Board pursuant to R4-30-204;
13. A release authorizing the Board to investigate the applicant's education, experience, moral character, and repute;
14. Certificate of Experience Report from the applicant's present and past immediate supervisors. The applicant shall also provide Certificate of Experience Record from additional professional references as required by the Board. The applicant shall provide the name, address, and telephone numbers of all references. The applicant shall ensure that completed reference forms are provided to the Board, but the Board must receive them directly from the reference;
15. Evidence of successful completion, or waiver by the Board, of the applicable fundamentals examination. An applicant for registration who has successfully completed a fundamentals examination in another jurisdiction in the category for which registration is sought equivalent to the examination for that category administered in Arizona shall submit proof of examination directly from the authority that administered the original examination. An applicant seeking professional registration as an engineer, geologist or land surveyor shall pass the applicable fundamentals examination before admission to the professional examination. An applicant seeking professional registration as a geologist may take the fundamentals examination on the same day;
16. Certification that the information provided to the Board is accurate, true and complete; and
17. The applicable fee.

B. If an applicant does not have the required education and experience for registration, the Board may, upon request of the applicant, hold the application for a period of time that does not exceed one year from the date the application is filed with the Board. All time-frames adopted pursuant to Title 41, Chap-

ter 6, Article 7.1 are suspended during the above-referenced time.

C. An applicant holding a certificate of qualification issued by one of the national examination councils recognized in R4-30-203(B) shall arrange to have the record forwarded to the Board by the national registration body. If the forms provided by the national examination council contain all the information described in A.R.S. § 32-122.01 and subsection (A), the Board may accept the forms in lieu of requiring the applicant to furnish the information directly to the Board.

D. The Board staff shall review all applications and, if necessary, refer completed applications to an evaluator deemed qualified by the board and chosen from the pool of enforcement advisory committee members for evaluation. If the application for registration is complete and in the proper form and the Board staff or the evaluator is satisfied that all statements on the application are true and that the applicant is eligible in all other aspects to be registered in the field for which the application was filed, the Board staff or evaluator shall recommend that the Board certify the applicant as eligible for registration. If for any reason the Board staff or the evaluator is not satisfied that all of the statements on the application are true or that the applicant is eligible in all respects for registration, the Board staff shall make a further investigation of the applicant. The Board staff and evaluator shall submit recommendations to the Board for approval. The Board may also require an applicant to submit additional oral or written information if the applicant has not furnished satisfactory evidence of qualifications for registration.

E. The Board may accept documentation that an applicant has passed a written national examination in the area for which registration is sought from a national council of which the Board is a member.

F. The Board shall not accept an application for registration renewal unless the applicant has responded to the questions on the application relating to good moral character and other misconduct and signed the application for renewal. The Board shall return an incomplete application to the applicant which may result in assessment of a delinquent renewal fee.

G. An applicant may withdraw an application for registration by written request to the Board. Any fee paid by the applicant is non-refundable. If an applicant withdraws an application, the Board shall close the file. An applicant whose file has been closed and who later wishes to apply for professional registration shall submit a new application package to the Board pursuant to R4-30-201 and R4-30-202.

Historical Note

Adopted effective August 3, 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4). Amended effective November 10, 1998 (Supp. 98-4). Amended by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 11 A.A.R. 3294, effective October 1, 2005 (05-3). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2). Amended by final rulemaking at 30 A.A.R. 768 (April 19, 2024), effective May 25, 2024 (Supp. 24-1).

R4-30-202. In-training Designation

A. An applicant for in-training designation shall submit an original completed in-training application package that contains the following:

1. Category for which the applicant is seeking an in-training designation;
2. Evidence of successful completion, or waiver by the Board, of the current fundamentals examination in the category for which in-training designation is sought;
3. Information regarding any conviction for a felony or misdemeanor, other than a minor traffic violation, within five years before the date of application;
4. Any alias or other name used by the applicant; and
5. The information set forth in subsections (B)(2) through (9);

B. An examination applicant who wants to sit for a fundamentals examination who does not possess an educational degree recognized by the applicable national council or who is not in the final year of a degree program recognized by the applicable national council shall submit an original completed exam authorization application to the Board, and provide the following:

1. Name of the fundamental examination the applicant wishes sit for;
2. Name, residence address, mailing address if different from residence, email and telephone number of the applicant;
3. Date of birth and social security number of the applicant;
4. Citizenship or legal residence;
5. Name, mailing address, years attended, graduation date, major, and type of degree received from each college, university, or educational institution that the applicant attended;
6. Certified transcripts sent directly to the Board from the registrar of each college, university, or educational institution the applicant attended;
7. A release authorizing the Board to investigate the applicant's education, experience, moral character, and repute;
8. Certification that the information provided to the Board is accurate, true, and complete.
9. The applicable fees.

C. If otherwise qualified, the Board shall permit an applicant for in-training designation to take the fundamentals examination in the final year of a baccalaureate, masters, or other degree program that is not recognized by the applicable national council and accredited in the category for which the application is made. The applicant shall have the application form endorsed by the applicant's college dean or faculty advisor, or, if already a graduate, may arrange to have a final transcript, indicating the degree awarded, sent directly from the registrar to the Board, in lieu of the endorsement.

D. The Board shall permit an applicant without an accredited college degree or who is not in the final year of a degree program recognized by the applicable national council to take the fundamentals examination after submitting to the Board evidence of four years of satisfactory experience or education or both. The applicant shall provide the name, current address, and telephone number of all current and former employers; names of all supervisors and their titles; dates of employment; applicant's title, and a description of the work performed. The applicant shall provide Certificate of Experience Record and Reference Forms to immediate supervisors at present and past employers. The applicant shall ensure the completed reference forms are submitted to the Board. The applicant shall meet all other requirements of this Section.

Historical Note

New Section R4-30-202 renumbered from R4-30-203 and amended effective November 10, 1998 (Supp. 98-4).

Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2). Amended by final rulemaking at 30 A.A.R. 768 (April 19, 2024), effective May 25, 2024 (Supp. 24-1).

R4-30-202.01. Repealed

Historical Note

New Section made by final rulemaking at 8 A.A.R. 903, effective February 14, 2002 (Supp. 02-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Repealed by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

R4-30-203. Waiver of Examination

A. The Board shall grant a waiver of the professional examination requirement in A.R.S. § 32-122.01 and R4-30-201 to an applicant for professional registration who holds a valid professional or occupational registration, certification, or license in the category for which registration, certification, or licensure is sought, and is in good standing in another state or U.S. territory provided: The applicant submits verifiable documentation to the Board that the applicant has been actively engaged as a professional or occupational registrant, certificant, or licensee in another state or U.S. territory for at least 10 years in the category for which registration, certification, or licensure is sought. For purposes of this subsection, "actively engaged as a professional registrant" means that the applicant holds a valid professional or occupational registration, certification, or license in good standing, and has been practicing or offering professional services for at least 10 of the last 15 years.

B. The Board shall grant a waiver of the professional examination requirement in A.R.S. § 32-122.01 and R4-30-201 to an applicant for professional registration who submits verifiable documentation to the Board that the applicant holds one of the following professional records, issued by a national examination council, and is registered in good standing in another state or U.S. territory and has been actively engaged in the practice of the profession for which the applicant seeks registration. The Board recognizes the following national examination council records:

1. National Council of Architectural Registration Boards' ("NCARB") Certificate Record, with design and seismic (lateral forces) qualifications;
2. National Council of Examiners for Engineers and Surveyors Council ("NCEES") Record; or
3. Council of Landscape Architectural Registration Boards Council ("CLARB") Record and Certification.

C. When reviewing an engineering applicant's experience and examination information, the Board shall take into account the specific branch of engineering in which the applicant is seeking proficiency recognition.

D. The Board shall waive the fundamentals examination if an applicant has successfully completed a fundamentals examination in another state or jurisdiction in the category for which registration is sought, which is equivalent to those examinations required in Arizona. The applicant shall ensure that proof of successful completion is forwarded directly from the authority that administered the original examination.

E. The Board shall waive the fundamentals examination for an applicant who has a degree listed in R4-30-208(A) or other educational credit approved by the Board in the category, and branch if applicable, for which registration is sought, and meets all other requirements of A.R.S. § 32-126(D).

F. All applicants who request a waiver of any examination requirement shall meet all other requirements for professional registration or in-training designation in R4-30-201 and R4-30-202. An applicant applying for a waiver under subsection (B) shall ensure that the required documentation is forwarded directly to the Board from the national examination council.

Historical Note

Adopted effective August 3, 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4). Amended effective May 1, 1995 (Supp. 95-2). R4-30-203 renumbered to R4-30-202; new Section R4-30-203 renumbered from R4-30-207 and amended effective November 10, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 903, effective February 14, 2002 (Supp. 02-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

R4-30-204. Examinations

A. Board Review For Authorization to Test: Applicants who wish to sit for professional examination who do not possess an educational degree recognized by the applicable national council shall submit to the Board the following information for approval:

1. Name, residence address, mailing address if different from residence, email and telephone number;
2. Date of birth and Social Security number;
3. Proof of citizenship or legal residence;
4. Category, and branch of engineering if applicable;
5. Name, mailing address, years attended, graduation date, major, and type of degree received from each college, university, or educational institution attended;
6. Certified transcripts sent directly to the Board from the registrar of each college, university, or educational institution attended;
7. Evidence of at least 60 months of required education or experience, or both, in the category for which registration is sought.
   a. The name, current address, and telephone number of the applicant's current and former employers in the category for which registration is sought;
   b. Dates of employment;
   c. Applicant's title;
   d. Description of work performed; and
   e. Number of hours worked per week;
8. Names and current addresses of applicant's current and former employers (the names of companies within the last ten year period) in the category for which registration is sought. If an applicant cannot supply the names and addresses of supervisors for at least three engagements, the applicant shall provide to the Board a written, sworn statement explaining the inability to provide this information, and the names and addresses of three additional references, unrelated to the applicant, at least two of whom are registered in the category for which registration is sought;
9. A release authorizing the Board to investigate the applicant's education and experience;
10. Certificate of Experience Report from the applicant's present and past immediate supervisors. The applicant shall also provide Certificate of Experience Record and Reference Forms from additional professional references as required by the Board. The applicant shall provide the

name, address, and telephone numbers of all references. The applicant shall ensure that the Board receives these Reports directly from the reference;

11. Evidence of successful completion, or waiver by the Board, of the applicable fundamentals examination. An applicant who has successfully completed a fundamentals examination in another state or jurisdiction in the category for which registration is sought equivalent to the examination for that category administered in Arizona shall submit proof of examination directly from the authority that administered the original examination. An applicant seeking professional registration as an engineer, geologist, or land surveyor shall pass the applicable fundamentals examination before admission to the professional examination. An applicant for registration as a geologist may take the in-training examination on the same date as the professional examination;
12. Certification that the information provided to the Board is accurate, true, and complete; and
13. The applicable fees.
14. In addition to the above requirements, an applicant who does not possess education required for direct access to the NCARB Architect Registration Examination (ARE) shall provide the Board with 60 months of a diversity of experience directly related to the practice of architecture and of a character satisfactory to the Board, in each of the following categories, in order to obtain Board authorization to sit for the required registration examination:
    a. Practice Management. The experience obtained in this category shall demonstrate abilities to manage architectural practice, including professional ethics, fiduciary responsibilities, and the regulations governing the practice of architecture. The experience obtained shall focus on issues related to pre-contract tasks including negotiation, human resource management, and consultant development. Applicants shall demonstrate an understanding of and abilities in business structure, business development, and asset development and protection.
    b. Project Management. The experience obtained in this category shall demonstrate abilities to manage architectural projects, including organizing principles, contract management, and consultant management. The experience shall focus on issues related to office standards, development of project teams, and overall project control of client, fee, and risk management. Experience shall demonstrate an understanding of and abilities in quality control, project team configuration, and project scheduling. In addition, the experience shall demonstrate the ability to establish and deliver project services per contractual requirements in collaboration with consultants.
    c. Programming and Analysis. The experience obtained in this category shall demonstrate abilities related to the evaluation of project requirements, constraints, and opportunities. The experience shall focus on issues related to programming, site analysis, and zoning and code requirements and demonstrate an understanding of and abilities in project type analysis, the establishment of qualitative and quantitative project requirements, evaluation of project site and context, and assessment of economic issues.
    d. Project Planning and Design. The experience obtained in this category shall demonstrate abilities to assess objectives related to the preliminary design of sites and buildings. The experience shall focus on issues related to the generation or evaluation of design alternatives that synthesize environmental, cultural, behavioral, technical and economic issues. The experience shall demonstrate an understanding of and abilities in design concepts, sustainability/ environmental design, universal design, and other forms of governing codes and regulations.
    e. Project Development and Documentation. The experience obtained in this category shall demonstrate objectives related to the integration and documentation of building systems, material selection, and material assemblies into a project. The experience shall focus on issues related to the development of design concepts, evaluation of materials and technologies, selection of appropriate construction techniques, and appropriate construction documentation. The experience shall demonstrate an understanding of and abilities in integration of civil, structural, mechanical, electrical, plumbing, and specialty systems into overall project design and documentation.
    f. Construction and Evaluation. The experience obtained in this category shall demonstrate objectives related to construction contract administration and post-occupancy evaluation of projects. The experience shall focus on issues related to bidding and negotiation processes, support of the construction process, and evaluation of completed projects. The experience shall demonstrate an understanding of and abilities in construction contract execution, construction support services (including construction observation and shop drawing or submittal review), payment request processing, and project closeout. In addition, candidates shall also demonstrate an understanding and abilities in project evaluation of integrated building systems and their performance.

B. The Board staff shall review all applications and, if necessary, refer completed applications to an evaluator who meets qualifications approved by the Board for evaluation. If the application for examination is complete and in the proper form and the Board staff or the evaluator is satisfied that all statements on the application are true and that the applicant is eligible to take the examination, the Board staff or evaluator shall recommend that the Board certify the applicant as eligible to take the examination. If for any reason the Board staff or evaluator is not satisfied that all of the statements on the application are true or that the applicant is eligible in all respects for examination, the Board staff shall make a further investigation of the applicant.

C. National Council Examinations:

1. Applicants who wish to sit for a fundamental or professional examination, and who have earned an educational degree recognized by the applicable national council may apply directly to the applicable national council to take that exam. Applicants who wish to sit for a fundamental examination who are in the final year of a degree program recognized by the applicable national council may apply directly to the applicable national council to take that exam.

2. Applicants not possessing the appropriate degree pursuant to subsection (C)(1) may apply to the Board for examination approval and after Board review, the Board may recommend them to the applicable national council for entry into the applicable national examination. Applicants shall meet all national council requirements for successful completion of applicable examinations.
3. An applicant for examination in any category shall take and pass the examination or at least one division of a multi-divisional examination within one year after receiving approval. If an applicant fails to take and pass an examination within one year after receiving approval, the applicant shall submit a new application for examination authorization to the Board.

D. Board Administered Examinations:
1. An examination administered by the Board shall be given at the times and places determined by the Board. Once the Board approves an applicant to sit for a Board-administered examination, shall take and pass the examination within one year from making the request to test unless the Board grants an extension. The applicant shall communicate all questions and concerns regarding extensions, special accommodations and refunds to the Board. The applicant shall make any request for additional time or other special examination accommodation to the Board within a reasonable time before the examination date.
2. An applicant who fails to achieve a passing grade on any examination administered by the Board may request reexamination by notifying the Board in writing of the applicant's desire to retake the examination and paying the applicable examination fee. An applicant who retakes any examination shall advise the Board of any changes in the information provided under subsection (A) of this Section and R4-30-202(B) within 30 days from the date of the change. The Board shall close an applicant's file if the Board does not receive written confirmation from the applicant of the applicant's desire to retake and pass the Board-administered examination within one year from the request for reexamination. An applicant whose file has been closed and who later wishes to apply for examination shall submit a new examination application package to the Board.
3. An applicant for a Board-administered examination who wishes to review the applicant's examination scores shall file a written request with the Board within 30 days after receiving notification of the failing grade. The applicant may review an examination by making prior arrangements with the staff and paying the applicable fee. The applicant shall complete any review within 60 days of the request for a review. In reviewing multiple choice questions, an applicant may review only those questions that were incorrect.
4. An applicant who desires a regrade of a Board administered examination shall file a written request with the Board within 30 days after receiving notification of the failing grade or within 30 days after reviewing the examination, whichever is applicable, and pay the applicable fee. The applicant shall identify the questions to be reviewed. The applicant shall state why a review of the item is justified. The applicant shall provide specific facts, data, and references to support any assertion that the solution deserves more credit. The Board shall determine whether it will regrade the examination.

Historical Note
Adopted effective August 3, 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4). Amended effective May 1, 1995 (Supp. 95-2). Amended effective November 10, 1998 (Supp. 98-4). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 11 A.A.R. 3294, effective October 1, 2005 (Supp. 05-3). Amended by final rulemaking at 19 A.A.R. 128, effective March 10, 2013 (Supp. 13-1). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2). Amended by final rulemaking at 30 A.A.R. 768 (April 19, 2024), effective May 25, 2024 (Supp. 24-1).

R4-30-205. Reserved

R4-30-206. Repealed

Historical Note
Adopted effective August 3, 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4). Repealed effective November 10, 1998 (Supp. 98-4).

R4-30-207. Renumbered

Historical Note
Adopted effective August 3, 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4). Amended effective May 1, 1995 (Supp. 95-2). Section R4-30-207 renumbered to R4-30-203 effective November 10, 1998 (Supp. 98-4).

R4-30-208. Education and Work Experience

A. Education credit.
1. The Board shall grant credit according to the following:
   a. Architectural applicants with National Architectural Accrediting Board accredited degree (NAAB): 60 months
   b. Architectural applicants with a four-year architectural degree: 48 months
   c. Landscape Architectural applicants with a Landscape Architectural Accrediting Board accredited degree (LAAB): 48 months
   d. Landscape Architectural applicants with LAAB accredited master's or doctorate degree: 60 months
   e. Engineering applicants with an Accreditation Board of Engineering and Technology (ABET) accredited bachelor's degree and a (ABET) master's or doctorate degree in the branch of engineering that registration is sought: 60 months
   f. Engineering applicants with an ABET accredited bachelor's degree or equivalent in the branch of engineering that registration is sought: 48 months
   g. Engineering applicants with four-year ABET accredited degrees in a branch other than that in which registration is sought: 36 months
   h. Land Surveying applicants with ABET accredited bachelor degree in land surveying: 48 months
   i. Land Surveying applicants with a master's degree in land surveying: 60 months
   j Geology applicants with bachelor's degree in geology or earth sciences: 48 months
   k. Geology applicants with a master's or doctorate degree in geology or earth sciences: 60 months
2. The Board shall grant all other education credit according to the following:

a. Credit shall not be granted for course work obtained in the United States or its possessions unless attained at an institution of higher education accredited by an accrediting agency recognized by the U.S. Department of Education.
b. Pro rata credit shall be granted for successful completion of courses substantially equivalent to the courses contained in the pertinent degree program identified in subsection (A) of this rule.
c. Credit shall not be given for general education courses in excess of the number of hours allowed in the pertinent program identified in subsection (A).
d. In determining pro rata credit, 30 semester hours or 45 quarter hours shall equal 12 months' credit.
e. An applicant shall be granted both education and work experience for the same period provided the total months' credit granted in a period does not exceed the number of months in that period.
f. Foreign education evaluation service acceptable to the Board shall be required of foreign-educated applicants and shall be provided at applicants' cost.

B. The Board shall credit work experience as follows:
1. One hundred and thirty hours or more of work per month is equal to one month of work experience.
2. Between 85 hours and 129 hours of work per month is equal to one-half month of work experience.
3. The Board shall not grant credit for less than 85 hours of work experience in a month.
4. Experience shall be verified by the employer before the Board grants the credit.

Historical Note
Adopted effective December 18, 1991 (Supp. 91-4). Amended effective May 1, 1995 (Supp. 95-2). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 8 A.A.R. 903, effective February 14, 2002 (Supp. 02-1). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

R4-30-209. Time-frames for Professional Registration, Certification, or In-training Designation

A. Within 60 days of receiving the initial application package for professional registration, certification, or in-training designation, the Board shall finish an administrative completeness review.
1. If the application package is complete, the Board shall notify the applicant that the package is complete and that the administrative completeness review is finished.
2. If the application package is incomplete, the Board shall notify the applicant that the package is deficient and specify the information or documentation that is missing. All time-frames are suspended from the date the notice is mailed to the applicant until the Board receives all missing information or documentation.
3. An applicant with an incomplete application package shall supply the missing information or documentation within 90 days from the date of the notice of deficiencies. If the applicant fails to supply the missing information or documentation, the Board may close the applicant's application file. Any fee paid by the applicant is Nonrefundable. An applicant whose file has been closed and who later wishes to apply for professional registration, certification, or in-training designation shall submit a new application package and pay the applicable fee.
4. If an applicant requests to sit for the professional, certification, or fundamentals examination, or requests a waiver of examination, the time-frames in R4-30-210 apply until the Board grants or denies the applicant's request.

B. The Board shall complete its substantive review of the application package and render a decision no later than 60 days after the date the Board mails the notice of administrative completeness to the applicant.
1. If the Board finds that the applicant meets all requirements in statute and rule, the Board shall approve the applicant for professional registration, certification, or intraining designation.
2. If the Board finds a deficiency during the substantive review of the application package, the Board shall issue a written request, specifying the additional information or documentation to be submitted and the deadline for submission. The time-frame for substantive review of an application package is suspended from the date the written request for additional information or documentation is mailed until the date that all missing information or documentation is received or the deadline for submission passes.
3. When the Board and applicant mutually agree in writing, the Board or its designee shall grant extensions of the substantive review time-frame totaling no more than 30 days.
4. If the applicant fails to supply the missing information or documentation by the deadline date, the Board may close the applicant's application file. Any fee paid by the applicant is non-refundable. An applicant whose file has been closed and who later wishes to apply for professional registration, certification, or in-training designation shall submit a new application package and pay the applicable fee.
5. If the Board finds that the applicant does not meet all requirements in statute and rule, the Board shall deny the applicant professional registration, certification, or in-training designation. The Board shall provide written notice of the denial. The notice shall include justification for the denial, references to the statutes or rules on which the denial was based, and an explanation of the applicant's right to appeal, including the number of days the applicant has to file an appeal, and the name and telephone number of a Board contact person who will answer questions regarding the appeals process.

C. Saturdays, Sundays, and legal holidays are not counted in calculating the number of days under this Section.

D. For purposes of A.R.S. § 41-1073, the Board establishes the following time-frames for a candidate applying for professional registration, certification, or in-training designation:
1. Administrative completeness review time-frame: 60 days;
2. Substantive review time-frame: 60 days; and
3. Overall time-frame: 120 days. Days during which time is suspended under subsection (A)(2) are not counted in the computation of the overall time-frame.

Historical Note
Adopted effective November 10, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 903, effective February 14, 2002 (Supp. 02-1). Amended by emergency rulemaking at 8 A.A.R. 1102, effective February 19, 2002 for 180 days (Supp. 02-1). Emergency rulemaking amended and renewed for an additional 180 days under A.R.S. § 41-1026(D) at 8 A.A.R. 3842, effective August

14, 2002 (Supp. 02-3). Emergency expired; original Section amended by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

R4-30-210. Time-frames for Approval to Sit for, or for Waiver of, the Professional, Certification, or Fundamentals Examination

A. Within 60 days of receiving the initial application package to sit for, or for waiver of, the professional, certification, or fundamentals examination, the Board shall finish an administrative completeness review.
1. If the application package is complete, the Board shall notify the applicant that the package is complete and that the administrative completeness review is finished.
2. If the application package is incomplete, the Board shall notify the applicant that the package is deficient and specify the information or documentation that is missing. All time-frames are suspended from the date the notice is mailed to the applicant until the Board receives all missing information or documentation.
3. An applicant with an incomplete application package shall supply the missing information or documentation within 90 days from the date of the notice of deficiencies. If the applicant fails to supply the missing information or documentation, the Board may close the applicant's application file. Any fee paid by the applicant is nonrefundable. An applicant whose file has been closed and who later wishes to sit for the fundamentals, certification, or professional examination, or who requests a waiver of examination, shall submit a new application package and pay the applicable fee.

B. The Board shall complete its substantive review of the application package and render a decision no later than 60 days after the date the Board mails the notice of administrative completeness to the applicant.
1. If the Board finds that the applicant meets all requirements in statute and rule, the Board shall either approve the applicant to sit for the next applicable examination, or the Board shall waive the examination requirement.
2. If the Board finds a deficiency during the substantive review of the application package, the Board shall issue a written request, specifying the additional information or documentation to be submitted and the deadline for submission. The time-frame for substantive review of an application package is suspended from the date the written request for additional information or documentation is mailed until the date that all missing information or documentation is received.
3. If the Board and applicant mutually agree in writing, the Board or its designee shall grant extensions of the substantive review time-frames totaling not more than 30 days.
4. If the applicant fails to supply the missing information or documentation by the deadline date, the Board may close the applicant's application file. Any fee paid by the applicant is non-refundable. An applicant whose file has been closed and who later wishes to sit for the applicable examination or request a waiver of examination shall submit a new application package and pay the applicable fee.

C. Saturdays, Sundays, and legal holidays are not counted in calculating the number of days under this Section.

D. For the purposes of A.R.S. § 41-1073, the Board establishes the following time-frames for an applicant wishing to sit for the applicable examination or to request a waiver of examination:
1. Administrative completeness review time-frame: 60 days;
2. Substantive review time-frame: 60 days; and
3. Overall time-frame: 120 days.

Historical Note
Adopted effective November 10, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 903, effective February 14, 2002 (Supp. 02-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

R4-30-211. Repealed

Historical Note
Adopted effective November 10, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 903, effective February 14, 2002 (Supp. 02-1). Section repealed by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2043, effective June 30, 2014 (Supp. 14-3).

R4-30-212. Expired

Historical Note
Adopted effective August 3, 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4). Amended effective May 1, 1995 (Supp. 95-2). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 19 A.A.R. 128, effective March 10, 2013 (Supp. 13-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2043, effective June 30, 2014 (Supp. 14-3).

R4-30-213. Reserved

R4-30-214. Architect Registration

An applicant for architect registration shall complete all of the following:
1. An applicant shall provide evidence of successful completion of the National Council of Architectural Registration Boards' (NCARB) professional experience requirement.
2. An applicant shall successfully complete the professional architect examination designated by the Board and provided by the National Council of Architectural Registration Boards.

Historical Note
Adopted effective August 3, 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4). Correction to subsection (B) (Supp. 96-1). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 11 A.A.R. 3294, effective October 1, 2005 (Supp. 05-3). Amended by final rulemaking at 19 A.A.R. 128, effective March 10, 2013 (Supp. 13-1). Amended by

final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

R4-30-215. Reserved

R4-30-216. Reserved

R4-30-217. Reserved

R4-30-218. Reserved

R4-30-219. Reserved

R4-30-220. Reserved

R4-30-221. Engineering Branches Recognized

A. The Board shall recognize the branches of engineering described below for review of experience, selection of examination, definition of examination areas, and definition of demonstrated proficiency areas to be inscribed on the registrant's seal. The branches do not limit the areas of a registrant's practice of engineering. (See R4-30-301(18))

1. Agriculture: Consultation, investigation, evaluation, planning, design, location, development, and review of construction for projects concerning agricultural machinery, drainage, irrigation, terracing, farm electricity or water pumps and wells for the maintenance of adequate potable water supplies for crops, people, animals, or industry.
2. Architectural: Consultation, investigation, evaluation, planning, design, location, development, and review of construction for projects concerning building mechanical, acoustical, electrical, lighting, or structural systems.
3. Chemical: Consultation, investigation, evaluation, planning, design, location, development, and review of construction for projects concerning chemical enterprises, chemical and biological processes, plant layout, production of pilot plants, water, wastewater and pollution control plants, piping and distribution systems, heat exchanges, energy production management and distribution systems, process instrumentation and control systems, biomedical equipment, mining and minerals beneficiation, corrosion retardation, heat, mass and momentum transfer systems, reaction kinetics, thermodynamics, quality assurance controls, or systems for heat transmission.
4. Civil: Consultation, investigation, evaluation, planning, design, location, development, and review of construction for projects concerning highways, streets, transportation systems, drainage and flood control structures, surface and subsurface hydrologics, sewers, tunnels, railroads, geotechnical analysis, waterfronts, water and wastewater systems, water power and supply apparatus, wells, pumps, bridges, dams, irrigation structures, water purification apparatus, incinerators, or site fire protection systems.
5. Control Systems: Consultation, investigation, evaluation, planning, design, location, development, and review of construction for projects concerning control systems and their constituent devices including, but not limited to, dynamic stability and the application of instrumentation and feedback control principles to regulate and operate chemical plants, petroleum refineries, food processing plants, water and waste treatment plants, power plants, pollution abatement systems, transportation systems, or other dynamic processes and systems.
6. Electrical: Consultation, investigation, evaluation, planning, design, location, development, and review of construction for projects concerning power systems, electronic and transmission equipment, electric service and supply systems, lighting systems, communication service and supply systems, fire alarm and detection systems, control systems, or electrical installations.
7. Environmental: Consultation, investigation, evaluation, planning, design, location, development, and review of construction for projects concerning water and wastewater systems, domestic and process (industrial/commercial) solid waste and hazardous materials systems, air quality systems, or health, safety, and environmental protection including, but not limited to systems relating to emergency response, risk analysis, radiation protection, noise toxicology, or industrial hygiene.
8. Fire Protection: Consultation, investigation, evaluation, planning, design, location, development, and review of construction for projects concerning building exiting and life safety systems, fire suppression systems and devices, fire detection and alarm systems and devices, smoke exhaust and smoke management systems, fire resistance for building components and assemblies, water supplies and pumping systems for fire protection, including the hydraulic analysis of such systems, and the reduction and control of fire hazards due to processes subject to fire or explosion.
9. Geological: Consultation, investigation, evaluation, planning, design, location, development, and review of construction for projects concerning geological studies related to surface and subsurface excavations and foundations, stability of slopes, groundwater locations, geological material age and strength determinations near surface or deep subsurface geological structures or geophysical mapping of geological formations and groundwater locations.
10. Industrial: Consultation, investigation, evaluation, planning, design, location, development, and review of construction for projects concerning factory layouts, tools and fixtures, factory planning, time and motion study systems, rate plans, production plans, quality control systems and analysis, work simplification systems, methods studies and cost, production control, organizational, operational and labor needs, or safety analysis.
11. Mechanical: Consultation, investigation, evaluation, planning, design, location, development, and review of construction for projects concerning air conditioning, refrigeration, ventilation, combustion, heat transfer, energy, power, fuels, propulsion, machinery, tools, manufacturing, fluids, plumbing, fire suppression systems and devices, water supplies and pumping systems for fire protection, including the hydraulic analysis of such systems.
12. Metallurgical: Consultation, investigation, evaluation, planning, design, location, development, and review of construction for projects concerning the production of metals or metal objects, testing procedures, metal processing, failure analysis procedures, mining and mineral beneficiation, or the development of metal alloys.
13. Mining: Consultation, investigation, evaluation, planning, design, location, development, and review of construction for projects concerning the construction of plants, shaft and bottom layouts, ventilation and hoisting systems, head frames, washery or concentration mills, mining methods and testing procedures, or metallurgical works and production procedures.

14. Nuclear: Consultation, investigation, evaluation, planning, design, location, development, and review of construction for projects concerning nuclear waste management, alternative waste management systems, disposal criteria and risk evaluation, transportation, packaging, decontamination, handling, welding evaluation, site stabilization, recovery techniques, water and air quality control systems, waste volume management, evaporation systems, reactor safety methods, health safety systems, cycle analysis, or nuclear fuels.
15. Petroleum: Consultation, investigation, evaluation, planning, design, location, development, and review of construction for projects concerning drilling equipment, pipelines, refinery plants, gathering systems, handling and storage systems, exploitation and selection methods, gas measurement and core analysis, phase behavior studies, reserve calculations, or the development of petroleum products.
16. Sanitary: Consultation, investigation, evaluation, planning, design, location, development, and review of construction for projects concerning water treatment and sewage disposal plants, water systems, sewers, incinerators, distribution systems, sewage and industrial waste treatment plants, pollution reduction systems, sanitary facilities, or public health systems.
17. Structural: Consultation, investigation, evaluation, planning, design, location, development, and review of construction for projects concerning force-resisting and load-bearing members and their connections for structures such as foundations, bridges, walls, columns, slabs, beams, trusses, or similar members used singly or as part of a larger structure.

B. An applicant shall submit to the Board a separate application and application fee for each branch for which application is made. An applicant who wishes to change the branch of application after notification by the Board that the application has been evaluated by the Board shall submit the request in writing and pay an additional application fee.

Historical Note
Adopted effective August 3, 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4). Amended effective July 6, 1993 (Supp. 93-3). Amended effective May 1, 1995 (Supp. 95-2). Amended effective December 18, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 12 A.A.R. 1606, effective July 1, 2006 (Supp. 06-2).

R4-30-222. Engineer-In-Training Designation

A. To qualify for admission to the fundamentals examination solely on the basis of education, an applicant shall be a graduate of a four-year engineering degree program accredited at the time of graduation by the Accreditation Board for Engineering and Technology (ABET) or an equivalent predecessor organization.

B. To qualify for admission to the fundamentals examination, an applicant who is not a graduate of a four-year ABET-accredited engineering degree program shall have at least four years of education or experience or a combination of both directly related to the practice of engineering. Experience directly related to the practice of engineering of a character satisfactory to the Board includes but is not limited to the following in the candidate's branch of engineering:

1. Consultation: The active involvement in meetings, discussions or development of reports intended to provide information, facts or advice regarding the application of the accepted engineering principles to fulfill the client's specific requirements.
2. Research investigation: The search, examination or study to determine the practicality or effectiveness of accepted principles for adaptation and application to novel situations or the development of new or alternative solutions to solve problems.
3. Evaluation: The analysis, testing or study to determine or estimate the merit, effect, efficiency or practicality of approaches, methods, designs, structures or materials for use in a given situation or to achieve a specific result.
4. Planning: The preliminary development of objectives, statements, outlines, drafts, drawings or diagrams showing the arrangement, scheme, schedule, program or procedure for determining the most effective solution to a problem.
5. Design: Design, development and location experience.
6. Construction review: The review or supervision of construction projects in the candidate's branch of engineering to determine conformance with contract documents and design specifications (maximum 12 months' credit).
7. Administration: Administrative experience in the candidate's branch of engineering, including office and field administration, field or laboratory testing, quotation requests, change orders, bidding procedures, cost accounting and project closeouts maximum 12 months' credit).
8. Surveying: The measurement, using accepted methods of surveying, of units of space, water, land or structures to determine boundaries, areas, shapes, slopes, distances, angles or other calculations (maximum 12 months' credit).
9. Editing or writing: The editing or writing for publication of articles, books, newsletters or other written materials directly relating to the candidate's branch of engineering (maximum six months' credit).
10. Other engineering experience: Experience of a nature set forth in this subsection but in other recognized branches of engineering (maximum six months' credit).
11. Subprofessional experience: As defined in rule R4-30-101 (maximum six months' credit).

C. An applicant for Engineer In-Training Designation shall successfully complete the fundamentals examination designated by the Board and provided by the National Council of Examiners for Engineers and Surveyors.

Historical Note
Adopted effective August 3, 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

R4-30-223. Reserved

R4-30-224. Engineer Registration

A. Work experience credited toward the eight-year active engagement requirement shall be directly related to the applicant's branch of engineering and of a character satisfactory to the

Board and attained as described in R4-30-222, except that work experience for specific branches of engineering as described in R4-30-221 shall be for the purpose of qualifying an applicant for registration only and shall not be construed to restrict or confine the work practices of or engineering engagements accepted by a registrant.

B. An applicant shall successfully complete the professional engineer examinations offered in the applicant's branch of engineering designated by the Board.

Historical Note
Adopted effective August 3, 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4). Amended effective July 6, 1993 (Supp. 93-3). Amended effective May 1, 1995 (Supp. 95-2). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2).

R4-30-225. Reserved

R4-30-226. Reserved

R4-30-227. Reserved

R4-30-228. Reserved

R4-30-229. Reserved

R4-30-230. Reserved

R4-30-231. Reserved

R4-30-232. Reserved

R4-30-233. Reserved

R4-30-234. Reserved

R4-30-235. Reserved

R4-30-236. Reserved

R4-30-237. Reserved

R4-30-238. Reserved

R4-30-239. Reserved

R4-30-240. Reserved

R4-30-241. Reserved

R4-30-242. Geologist-in-training Designation

A. To qualify for admission to the fundamentals examination solely on the basis of education, an applicant shall be a graduate or be in the final year of a four-year degree program with a major in geology or earth science at an accredited college or university.

B. To qualify for admission to the fundamentals examination, an applicant who is not a graduate of a four-year degree program as specified in subsection (A) shall have at least four years of education or experience or both directly related to the practice of geology. Experience directly related to the practice of geology of a character satisfactory to the Board shall include the following:

1. Consultation: The active involvement in meetings, discussions and development of reports intended to provide information, facts or advice regarding natural resources and surface and subsurface geological conditions and the preparation of geological maps for use in consultations with clients.
2. Evaluation: The evaluation of mining and petroleum properties, groundwater resources, unconsolidated earth materials, mineral fuels, natural hazards and land use limitations.
3. Supervision of exploration: The supervision of the geological phases of engineering investigation, exploration for mineral and natural resources, metallic and nonmetallic ores, petroleum and groundwater resources.
4. Administration: Administrative experience, including office and field administration, field or laboratory testing, quotation requests, change orders, cost accounting, bidding procedures and project closeouts (maximum 12 months' credit).
5. Editing or writing: The editing or writing for publication of articles, books, newsletters or other written materials on geological subjects (maximum six months' credit).
6. Engineering: Experience in related branches of engineering (maximum six months' credit).
7. Subprofessional experience: As defined in rule R4-30-101 (maximum six months' credit).

C. An applicant for geologist in-training designation shall successfully complete the fundamentals examination designated by the Board and provided by the Association of State Boards of Geology.

Historical Note
Adopted effective August 3. 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4). Amended effective May 1, 1995 (Supp. 95-2). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

R4-30-243. Reserved

R4-30-244. Geologist Registration
An applicant shall successfully complete the professional geologist examination designated by the Board and provided by the Association of State Boards of Geology.

Historical Note
Adopted effective August 3, 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4). Amended effective May 1, 1995 (Supp. 95-2). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2).

R4-30-245. Reserved

R4-30-246. Reserved

R4-30-247. Home Inspector Certification

A. An applicant for certification as a home inspector shall submit an original completed application package that contains the following:

1. Evidence of successful completion, within two years before the date of application, of the National Home Inspector Examination as administered by the Examination Board of Professional Home Inspectors;
2. The information in subsection (B);
3. A completed fingerprint card;
4. Applicable fees;
5. Evidence of successful completion of 84 hours of classroom training or an equivalent course conducted by an educational facility that is licensed by the Arizona State

Board for Private Postsecondary Education, or accredited by the Distance Education Accrediting Commission, or by an accrediting agency approved by the United States Department of Education. The course of study shall encompass all of following major content areas:
a. Structural Components,
b. Exterior,
c. Roofing,
d. Plumbing,
e. Heating,
f. Cooling,
g. Electrical,
h. Insulation and Ventilation,
i. Interiors,
j. Fireplaces and Solid Fuel-Burning Devices,
k. Swimming Pools and Spas, and
l. Professional Practice;

6. Evidence of completion of 30 parallel inspections. The 30 parallel inspections and home inspection report shall meet the standards in R4-30-301.01 and be retained by the applicant for at least two years from the date of application. The applicant shall conduct these inspections on separate residential dwelling units and shall list them on a log provided by the Board. The log shall include, with respect to each inspection, the address of the property, the date of the inspection, and the name and certification number of the supervising home inspector. The Board may hold the applicant's package for a period of one year based solely on the need for time to permit the applicant to complete the required parallel inspections. All time frames promulgated under A.R.S. Title 41, Chapter 6, Article 7.1 are suspended during this period.

B. The application package shall contain the following:
1. Name, residence address, mailing address if different from residence address, email and telephone number;
2. Date of birth and Social Security number of the applicant;
3. Citizenship or legal residence;
4. A detailed explanatory statement regarding:
   a. Any disciplinary action, including suspension and revocation, taken by any state or jurisdiction on any professional or occupational registration, license, or certification held by the applicant in any state or jurisdiction, within five years before the date of application;
   b. Refusal of any professional or occupational registration, license, or certification by any state or jurisdiction, within five years before the date of application;
   c. Any pending disciplinary action in any state or jurisdiction on any professional or occupational registration, license, or certification held by the applicant;
   d. Any alias or other name used by the applicant;
   e. Any conviction for a felony or misdemeanor, other than a minor traffic violation, within five years before the date of application.
5. Documentation of absolute discharge from sentence at least five years before the date of application if an applicant has been convicted of one or more felonies; evidence of having a valid fingerprint clearance card issued pursuant to Title 41, Chapter 12, Article 3.1;
6. State or jurisdiction in which any professional or occupational registration, license or certification is held; type of registration, license, or certification; number; year granted, and how registration, license, or certification was granted (that is, by examination, education, experience, or reciprocity), 4 A.A.C. 30, Supp. 18-2, released June 30, 2018, page 18;
7. A release authorizing the Board to investigate the applicant's education, experience, criminal and disciplinary action history;
8. Certification that the information provided to the Board is accurate, true, and complete;
9. Copy of one home inspection report that meets the standards in R4-30-301.01 and reports on at least one immediate major repair as defined in the standards, along with the Report Checklist Supplement; and
10. Sworn statement or statements by the supervising certified home inspector or inspectors that the parallel inspections conducted by the applicant meet the standards in R4-30-301.01.

C. The Board staff shall review all applications and, if necessary, refer completed applications to the Home Inspector Rules and Standards Committee or a certified home inspector evaluator for evaluation. If the application is complete and in the proper form, the Board staff, committee, or evaluator is satisfied that all statements on the application are true, and the applicant is eligible in all other aspects to be certified as a home inspector, the Board staff, committee, or evaluator shall recommend that the Board certify the applicant. If the evidence is not clear and convincing of qualification for certification, the matter shall be reviewed by the committee and the committee may request additional information regarding any issue upon which the applicant has not established qualification by clear and convincing evidence.

D. A certified home inspector shall notify the Board in writing within five business days of any loss of, or change in, financial assurance. The Board shall suspend the certificate holder's certification immediately and prohibit further home inspections until current proof of financial assurance is provided to the Board. The Board shall revoke a certificate if the certificate holder fails to provide proof of financial assurance within 90 days of loss of financial assurance or lapse of policy. All certified home inspectors shall provide proof of financial assurance at the time of each annual certification renewal. The Board shall not renew a home inspector certification unless the financial assurance is in full force and effect.

E. A home inspector who places a home inspector certificate on inactive status shall retain the proof of financial assurance for at least two years after the date that the certificate becomes inactive. A home inspector who fails to retain financial assurance for the required two years is subject to suspension and revocation of the home inspection certificate as per subsection (D). In order to reactivate an inactive home inspection certificate, a home inspector shall provide proof of financial assurance to the Board with the application for reactivation. An inactive home inspector certification shall not qualify for reactivation until proof of financial assurance has been submitted to the Board.

F. In order to reactivate an inactive home inspector certificate, a home inspector who has not practiced as a certified home inspector during that time in another state requiring registration for the previous five years shall take and pass the National Home Inspector Examination.

Historical Note

New Section made by emergency rulemaking at 8 A.A.R. 1102, effective February 19, 2002 for 180 days (Supp. 02-1). Emergency rulemaking amended and renewed for an additional 180 days under A.R.S. § 41-1026(D) at 8 A.A.R. 3842, effective August 14, 2002 (Supp. 02-3).

Emergency expired; new Section made by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 19 A.A.R. 713 (Supp. 13-2). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2). Amended by final rulemaking at 27 A.A.R. 93, effective March 9, 2021 (Supp. 20-1). Amended by final rulemaking at 30 A.A.R. 768 (April 19, 2024), effective May 25, 2024 (Supp. 24-1).

R4-30-248. Reserved

R4-30-249. Reserved

R4-30-250. Reserved

R4-30-251. Reserved

R4-30-252. Repealed

Historical Note

Adopted effective August 3, 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4). Amended effective May 1, 1995 (Supp. 95-2). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Repealed by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

R4-30-253. Reserved

R4-30-254. Landscape Architect Registration

A. To qualify for landscape architect registration, an applicant shall provide proof to the Board of the successful completion of 96 months of landscape architecture education or experience or both. To satisfy the education requirement, an applicant must be a graduate of a four- or five-year landscape architectural degree program accredited at the time of graduation by the Landscape Architectural Accreditation Board (LAAB) or an equivalent predecessor organization.

B. To satisfy the experience requirement, an applicant who is a graduate of a five-year landscape architectural degree program shall demonstrate successful completion of at least three years of experience directly related to the practice of landscape architecture. An applicant who is a graduate of a four-year landscape architectural degree program shall demonstrate successful completion of at least four years of experience directly related to the practice of landscape architecture. Experience directly related to the practice of landscape architecture shall demonstrate an applicant's dedication to the protection of the public's health, safety and welfare and shall include the following:

1. Consultation: The active involvement in meetings, discussions and development of reports intended to provide information, facts or advice regarding the application of landscape architectural principles to fulfill the client's specific requirements.
2. Investigation, reconnaissance and research: The search, examination or study to determine the practicality or effectiveness of accepted landscape architectural principles to novel situations or the development of new or alternative solutions to landscape architectural problems.
3. Planning: The preliminary development of objectives, statements, outlines, drafts, drawings, maps or diagrams showing the arrangement, scheme, schedule, program or procedure for determining the most effective solution to a landscape architectural problem.
4. Design: The preparation and use of sketches, plans, drawings, specifications, contracts, outlines, models or schemes to convey the use and development of land, plantings, landscapings, settings, approaches to buildings, structures or facilities, traffic patterns and drainage or erosion patterns.
5. Supervision of development: The supervision of the development of land and incidental water areas for the preservation, enhancement or determination of proper land uses, natural land features, ground cover and planting, naturalistic and aesthetic values, settings and approaches, natural drainage and the consideration and determination of inherent problems of the land, including erosion, wear and tear, light and other hazards, including storm water quality.
6. Administration: Administrative experience, including office and field administration, field testing, quotation requests, change orders, cost accounting, bidding procedures and project closeouts (maximum 12 months' credit).
7. Subprofessional experience: As defined in rule R4-30-101 (maximum six months' credit).

C. An applicant shall successfully complete the professional landscape architect examination designated by the Board and provided by the Council of Landscape Architectural Registration Boards.

Historical Note

Adopted effective August 3, 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4). Amended effective May 1, 1995 (Supp. 95-2). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

R4-30-255. Reserved

R4-30-256. Reserved

R4-30-257. Reserved

R4-30-258. Reserved

R4-30-259. Reserved

R4-30-260. Reserved

R4-30-261. Reserved

R4-30-262. Repealed

Historical Note

Adopted effective August 3, 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Repealed by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

R4-30-263. Reserved

R4-30-264. Repealed

Historical Note

Adopted effective August 3, 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4).

Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Repealed by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

R4-30-265. Reserved

R4-30-266. Reserved

R4-30-267. Reserved

R4-30-268. Reserved

R4-30-269. Reserved

R4-30-270. Repealed

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 1412, effective April 15, 2003 (Supp. 03-2). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Repealed by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

R4-30-271. Repealed

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 1412, effective April 15, 2003 (Supp. 03-2). Amended by exempt rulemaking at 9 A.A.R. 2111, effective June 2, 2003 (Supp. 03-2). Amended by exempt rulemaking at 9 A.A.R. 3514, effective July 17, 2003 (Supp. 03-3). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 19 A.A.R. 128, effective March 10, 2013 (Supp. 13-1). Repealed by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

R4-30-272. Repealed

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 1412, effective April 15, 2003 (Supp. 03-2). Amended by exempt rulemaking at 9 A.A.R. 2111, effective June 2, 2003 (Supp. 03-2). Amended by exempt rulemaking at 9 A.A.R. 3514, effective July 17, 2003 (Supp. 03-3). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 19 A.A.R. 128, effective March 10, 2013 (Supp. 13-1). Repealed by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

R4-30-273. Reserved

R4-30-274. Reserved

R4-30-275. Reserved

R4-30-276. Reserved

R4-30-277. Reserved

R4-30-278. Reserved

R4-30-279. Reserved

R4-30-280. Reserved

R4-30-281. Reserved

R4-30-282. Land Surveyor-in-training Designation

A. To qualify for admission to the fundamentals examination solely on the basis of education, an applicant shall be a graduate of a four-year land surveying degree program accredited at the time of graduation by the Accreditation Board for Engineering and Technology (ABET) or an equivalent predecessor organization.

B. To qualify for admission to the fundamentals examination, an applicant who is not a graduate of a four-year ABET-accredited land surveying degree program shall have at least four years of education or experience or both directly related to the practice of land surveying. Experience directly related to the practice of land surveying of a character satisfactory to the Board shall include the following:

1. The measurement of space, water, land or structures located or to be located upon or within them, to determine boundaries, areas or other necessary calculations through the use of any mechanical, physical, electric or electronic equipment or devices commonly used by registered professional land surveyors.
2. The analysis of measurement data through the use of professional knowledge or education or practical experience in the mathematical and physical sciences and in the principles of land surveying.
3. The location or relocation, establishment or re-establishment of boundaries, easements, rights-of-way, bench marks or corners.
4. Consultation with clients to determine the necessity of land surveying services and the determination of the correct type of services necessary to fulfill the client's needs and objectives.
5. The search of any source of public or private records for the purpose of performing a survey or to determine and, if necessary, to reconcile differences between the surveyor's collected data and such records.
6. The platting or subdividing of land or the planning and design of parcels of land for development purposes.
7. The preparation and maintenance of survey records.
8. Other land surveying activities, analyses or investigations defined in the Act.
9. The participation in office and field administration, quotation requests, bidding procedures, cost accounting and project closeouts (maximum 12 months' credit).
10. Construction staking (maximum 12 months' credit).
11. Subprofessional experience as defined in R4-30-101 (maximum six months' credit).

C. The applicant for land surveyor in-training designation shall apply to the Board and provide proof of successful completion of the fundamentals of surveying examination designated by the Board and provided by the National Council of Examiners for Engineers and Surveyors.

Historical Note

Adopted effective August 3, 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

R4-30-283. Reserved

R4-30-284. Land Surveyor Registration

The candidate shall first successfully complete the fundamentals of surveying examination. Second, the candidate shall successfully complete the professional land surveyor examinations provided by the National Council of Examiners for Engineers and Surveyors. Third, the candidate shall successfully complete the Arizona State Specific Examination provided by the Board.

Historical Note
Adopted effective August 3, 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4). Amended effective May 1, 1995 (Supp. 95-2). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2). Amended by final rulemaking at 32 A.A.R. 2309 (September 25, 2026, Issue 39), effective November 1, 2026 (Supp. 26-3).

ARTICLE 3. REGULATORY PROVISIONS

R4-30-301. Rules of Professional Conduct

All registrants shall comply with the following rules of professional conduct:

1. A registrant shall not submit any materially false statements or fail to disclose any material facts requested in connection with an application for registration or certification, or in response to a subpoena.
2. A registrant shall not engage in fraud, deceit, misrepresentation, or concealment of material facts in advertising, soliciting, or providing professional services to members of the public.
3. A registrant shall not commit bribery of a public servant as proscribed in A.R.S. § 13-2602, commit commercial bribery as proscribed in A.R.S. § 13-2605, or violate any federal statute concerning bribery.
4. A registrant shall comply with state, municipal, and county laws, codes, ordinances, and regulations pertaining to the registrant's area of practice.
5. If a registrant violates any state or federal criminal statute, the Board may take action against a registrant's license or certificate if a violation of the law is reasonably related to a registrant's area of practice.
6. A registrant shall apply the technical knowledge and skill that would be applied by other qualified registrants who practice the same profession in the same area and at the same time.
7. A registrant shall not accept an engagement if the duty to a client or the public would conflict with the registrant's personal interest or the interest of another client without making a full, written disclosure of all material facts of the conflict to each person who might be related to, or affected by, the engagement.
8. A registrant shall not accept compensation for services related to the same engagement from more than one party without making a full, written disclosure of all material facts to all parties and obtaining the express, written consent of all parties involved.
9. A registrant shall make full disclosure to all parties concerning:
   a. Any transaction involving payments to any person for the purpose of securing a contract, assignment, or engagement, except payments for actual and substantial technical assistance in preparing the proposal; or
   b. Any monetary, financial, or beneficial interest the registrant holds in a contracting firm or other entity providing goods or services, other than the registrant's professional services, to a project or engagement.
10. A registrant shall not solicit, receive, or accept compensation from material, equipment, or other product or services suppliers for specifying or endorsing their products, goods, or services to any client or other person without full, written disclosure to all parties.
11. If a registrant's professional judgment is overruled or not adhered to under circumstances where a serious threat to the public health, safety, or welfare may result, the registrant shall immediately notify the responsible party, appropriate building official, or agency, and the Board of the specific nature of the public threat.
12. If called upon or employed as an arbitrator to interpret contracts, to judge contract performance, or to perform any other arbitration duties, the registrant shall render decisions impartially and without bias to any party.
13. To the extent applicable to the professional engagement, a registrant shall conduct a land survey engagement in accordance with the Arizona Boundary Survey Minimum Standards pursuant to Section R4-30-305.
14. A registrant shall comply with any subpoena issued by the Board or its designated administrative law judge.
15. A registrant shall update the registrant's address, email and telephone number on record with the Board within 30 days of the date of any change.
16. A registrant shall not sign, stamp, or seal any professional documents not prepared by the registrant or a bona fide employee of the registrant.
17. Except as provided below and in subsections (18) and (19), a registrant shall not accept any professional engagement or assignment outside the registrant's professional registration category unless:
   a. The registrant is qualified by education, technical knowledge, or experience to perform the work; and
   b. The work is exempt under A.R.S. § 32-143.
18. A registered professional engineer may accept professional engagements or assignments in branches of engineering other than that branch in which the registrant has demonstrated proficiency by registration, but only if the registrant has the education, technical knowledge, or experience to perform such engagements or assignments.
19. Except as otherwise provided by law, a registrant may act as the Project Prime Professional for a given project and select collaborating professionals. However, the registrant shall perform only those professional services that the registrant is qualified by registration to perform and shall seal and sign only the work prepared by the registrant or by the registrant's bona fide employee.
20. A registrant who is designated as a responsible registrant shall be responsible for the firm or corporation. The Board may impose disciplinary action on the responsible registrant for any violation of Board statutes or rules that is committed by a non-registrant employee, firm, or corporation.
21. A registrant shall not enter into a contract for expert witness services on a contingency fee basis or any other arrangement in a disputed matter where the registrant's fee is directly related to the outcome of the dispute.

Historical Note
Adopted effective August 3, 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4). Amended effective May 1, 1995 (Supp. 95-2). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 8 A.A.R. 903, effective February 14, 2002 (Supp. 02-1). Amended by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004

(Supp. 04-2). Amended by final rulemaking at 12 A.A.R. 1609, effective July 1, 2006 (Supp. 06-2). Amended by final rulemaking at 19 A.A.R. 128, effective March 10, 2013 (Supp. 13-1). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2). The website address to the Arizona Professional Land Surveyors (APLS) referenced in subsection (13) has been corrected at the request of the Board (Supp. 21-3). Amended by final rulemaking at 30 A.A.R. 768 (April 19, 2024), effective May 25, 2024 (Supp. 24-1). Amended by final rulemaking at 32 A.A.R. 2309 (September 25, 2026, Issue 39), effective November 1, 2026 (Supp. 26-3).

R4-30-301.01. Home Inspector Rules of Professional Conduct

A. A certified home inspector shall conduct a home inspection in accordance with the "Standards of Professional Practice" adopted by the Arizona Chapter of the American Society of Home Inspectors, Inc. on October 27, 2023, the provisions of which are incorporated by reference. This rule does not include any later amendments or editions of the incorporated matter. Copies of these standards are available electronically on the Board's website.

B. A certified home inspector is not required to inspect a pool and/or spa as part of a home inspection. If a certified home inspector conducts a pool and/or spa inspection, it shall be conducted in accordance with the "Arizona Home Inspector Pools and Spas Standards of Professional Practice" ("Standards") adopted by the Board at its April 25, 2023 meeting, the provisions of which are incorporated by reference. This rule does not include any later amendments or editions of the incorporated matter. Copies of the Standards are available electronically on the Board's website.

C. A Certified Home Inspector shall not:

1. Pay, directly or indirectly, in full or in part, a commission or compensation as a referral or finder's fee to a real estate company, real estate office, real estate broker/salesperson(s), real estate employees or real estate independent contractors in order to obtain referrals for home inspection business. This prohibition includes, but is not limited to, participation in pay-to-play programs by any name (e.g. "preferred vendor," "approved vendor," "marketing partner," "marketing services agreement");
2. Pay or receive, directly or indirectly, in full or in part, a commission or compensation as a referral or finder's fee related to the correction of defects found within the scope of the home inspection;
3. Perform, or offer to perform, for an additional fee, or have any financial interest in the performance of any repairs to the property that has been inspected by that inspector or the inspector's firm for a period of 24 months following the inspection; or
4. Be accompanied by more than four home inspector candidates while conducting any parallel home inspection.;
5. Perform, or offer to perform, a home inspection on a home while acting in the capacity of a licensed real estate salesperson or licensed real estate broker with any financial interest in the sale of the home.

Historical Note

New Section made by emergency rulemaking at 8 A.A.R. 1102, effective February 19, 2002 for 180 days (Supp. 02-1). Emergency rulemaking amended and renewed for an additional 180 days under A.R.S. § 41-1026(D) at 8 A.A.R. 3842, effective August 14, 2002 (Supp. 02-3). Emergency expired; new Section made by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2). Amended by final rulemaking at 30 A.A.R. 768 (April 19, 2024), effective May 25, 2024 (Supp. 24-1).

R4-30-302. Electrical Plans

A. A registrant shall prepare and submit drawings and specifications for a new electrical system or an addition or modification to an existing electrical system provided the service and associated electrical feeders exceeds 600 amperes 120/240 volts, single phase or 225 amperes 120/208 volts, three phase and the fault current exceeds 10,000 amperes.

B. In all cases a registrant shall design:

1. Electrical installations in hospitals or other buildings with surgical operating rooms regulated by Article 517 of the National Electrical code (1990 edition) incorporated herein by reference and on file with the Office of the Secretary of State.
2. Electrical installations in locations classified as hazardous in Article 500 of the National Electrical Code (1990 edition) incorporated herein by reference and on file with the Office of the Secretary of State.
3. Electrical installations in locations classified as hazardous in Article 500 of the National Electrical Code (1990 edition) with the exception of gasoline dispensing or repair garages.
4. A registrant shall design an alarm or signaling system that is required for life safety or code compliance.

Historical Note

Adopted effective December 18, 1991 (Supp. 91-4). Heading amended by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1).

R4-30-303. Securing Seals

A. Each registrant required to use a seal shall secure and use an ink seal 1 1/2 inches in diameter and identical in style, size, and appearance to the sample shown in Appendix A. The upper portion of the annular space between the second and third circles shall bear whichever of the following phrases is applicable to the registrant:

1. "Registered Architect"; "Registered Professional Engineer" together with the branch of engineering in which registered; "Registered Professional Geologist"; "Registered Professional Landscape Architect"; or "Registered Land Surveyor."
2. The inscription "Arizona U.S.A." shall appear at the bottom of the annular space between the second and third circles; the inner circle shall contain the name of the registrant, registration number, and the words "date signed."

B. The registrant may order the seal through any vendor and shall pay the cost of its manufacture. Immediately upon receipt of the seal and before using the seal for any purpose, the registrant shall file with the Board, for its records, on a form provided by the Board, an imprint of the seal with an original signature superimposed over it and an affidavit regarding the use of the seal. The Board, within 10 working days of receipt of the form from the registrant, shall disapprove any seal that does not meet the exact specifications of subsection (A) and require that the registrant obtain and pay for another seal that meets those specifications before sealing any work. Engineers registered in more than one branch shall secure and use a seal for each branch of engineering in which registration has been granted.

Historical Note
Adopted effective August 3, 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4). Amended effective May 1, 1995 (Supp. 95-2). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

R4-30-304. Use of Seals

A. A registrant shall place a permanently legible imprint of the registrant's seal and signature on the following:
1. Each sheet of drawings or maps;
2. Each of the master sheets when reproduced into a single set of finished drawings or maps;
3. Either the cover, title, index, or table of contents page, first sheet of each set of project specifications;
4. Either the cover, index page, or first sheet of each addenda or change order to plans, contract documents or specifications;
5. Either the cover, index page, or first sheet of bound details when prepared to supplement project drawings or maps;
6. Either the cover, title, index, or table of contents page, or first sheet of any report, specification, or other professional document prepared by a registrant or the registrant's bona fide employee;
7. The signature line of any letter or other professional document prepared by a registrant, or the registrant's bona fide employee; and
8. Shop drawings that require professional services or work as described in the Act. Examples of shop drawings that do not require a seal include drawings that show only:
   a. Sizing and dimensioning information for fabrication purposes;
   b. Construction techniques or sequences;
   c. Components with previous approvals or designed by the registrant of record; or
   d. Modifications to existing installations that do not affect the original design parameters and do not require additional computations.
9. Public Works projects which require the signature of each professional involved in the project.

B. A registrant shall apply a label that describes the name of the project and an original imprint of the registrant's seal and signature on all video cassettes that contain copies of professional documents.

C. In the event that a copy of a professional document is provided to a client, regulatory body, or any other person for any reason by computer disk, tape, CD, or any other electronic form, and the document does not meet the requirements of subsection (D), the registrant shall mark the copy of the professional document: "Electronic copy of final document; sealed original document is with (identify the registrant's name and registration number)."

D. A registrant shall sign, date, and seal a professional document:
1. Before the document is submitted to a client, contractor, any regulatory or review body, or any other person, unless the document is marked "preliminary," "draft," or "not for construction" except when the document is work product intended for use by other members of a design team; and
2. In all cases, if the document is prepared for the purpose of dispute resolution, litigation, arbitration, or mediation.

E. For purposes of subsection (A), all original documents shall include:
1. An original seal imprint or a computer-generated seal that matches the seal on file at the Board's office;
2. An original signature that does not obscure either the registrant's printed name or registration number; and
3. The date the document was sealed.

F. Methods of transferring a seal other than an original seal imprint or a computer-generated seal are not acceptable.

G. An electronic signature, as an option to a permanently legible signature, in accordance with A.R.S. Title 41 and Title 44, is acceptable for all professional documents. The registrant shall provide adequate security regarding the use of the seal and signature.

Historical Note
Adopted effective August 3, 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4). Amended effective May 1, 1995 (Supp. 95-2). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 13 A.A.R. 1084, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 282, effective March 8, 2008 (Supp. 08-1). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

R4-30-305. Arizona Boundary Survey Minimum Standards

A. The following definitions apply to Arizona Boundary Surveys:
1. "Basis of bearings" means a description of the method used for orienting a survey that uniquely defines how the measured bearings were determined with sufficient information for Retracement. The Basis of Bearings can be from any one of several sources, including ties to the National Spatial Reference System, Global Navigation Satellite System positioning, previous surveys, astronomical observations, or other sources and methods.
2. "Boundary survey" means a land survey that locates the boundary of real property, that is dependent on the location of a boundary of real property, or that recovers, rehabilitates, or places Monuments that mark or control the location of real property.
3. "Coordinates" means values that specify the horizontal and/or vertical location of points on, above, or below the Earth's surface. The values shall consist of any or all of the following: northing (y) and easting (x) pairs; elevations; orthometric heights; latitude and longitude pairs; or ellipsoid heights. Coordinates may be with respect to official government datums, reference frames, or map projections, or they may be based on an established local system.
4. "Documents" means pertinent records that identify the location of boundary lines and the Monuments controlling those lines, including the following:
   a. Publicly recorded deeds;
   b. Surveys;
   c. Subdivision maps held by county recorders;
   d. County Engineer's records;
   e. Arizona Department of Transportation records;
   f. Private Surveyor's records;
   g. Railroad company records;
   h. Mining company records;
   i. Utility company records;

j. United States Public Lands Survey records;
k. Title reports;
l. Title opinions; and
m. Other relevant County, State, Municipal, or Federal Agency records.

5. "Monument" means an object that permanently marks the location of a boundary corner, including witness corners or reference objects that identify the boundary corner's location. The first object placed to mark a boundary corner is an Original Monument.
6. "Original" means a survey on the ground that marks the corners and lines of an initial subdivision, re-subdivision, split, or division of land under common ownership, and may include a Retracement of all or a portion of the boundary of the parent parcel.
7. "Parol evidence" means extrinsic evidence about the location of a property corner or line obtained by means other than direct observation by the Surveyor or from existing Documents.
8. "Record of Survey" means an annotated, graphical depiction of a Boundary Survey that a registered Surveyor signed and sealed.
9. "Retracement" means a survey to recover the Original lines and corner location markers previously run and, when necessary, to set new markers as nearly as possible at the location of the Original marker.
10. "Supplemental surveying work" means work that is not a Boundary Survey as defined in these standards, and where boundary Monuments are not set or marked in the field as property corners. Supplemental Surveying Work includes, but is not limited to, control surveys, topographic surveys, easement surveys, construction staking, and engineering design surveys, as well as work performed to provide site information based on previously performed surveys;
11. "Surveyor" means a person registered by the Arizona State Board of Technical Registration to perform land surveys.

B. All Surveyors shall comply with the following minimum standards when making a Boundary Survey:

1. Create a Record of Survey and record the Record of Survey with the county recorder of the county in which the property is located if any of the following occur:
   a. A Monument is placed to mark, reference, or witness a property corner;
   b. An existing Monument is rejected;
   c. An accepted boundary Monument does not have identifying markings or is not uniquely identified in recorded Documents;
   d. A found corner Monument or other physical evidence of the boundary does not match the description of the Monument or boundary evidence in other Documents; or
   e. An existing boundary is depicted as controlling or an integral part of Supplemental Surveying Work, and the corner Monuments found do not match those described in an existing subdivision map or Record of Survey.
2. In conducting a Boundary Survey:
   a. Create a written scope of work to include the services provided by the Surveyor, the specific information the Surveyor shall provide to the client, dated signatures of the client and the Surveyor, and all fees associated with the scope of work;
   b. Gather and review the relevant Documents that provide evidence of the location of the boundary the Surveyor is surveying;
   c. Perform a field investigation of the property the Surveyor is surveying and search for physical evidence that could aide in determining the location of new boundary lines and corners or existing boundary lines, corners, and Monuments;
   d. Gather and document Parol Evidence;
   e. Analyze the data gathered and reach a professional opinion as to the location of the boundary of the property;
   f. Monument the corners of an Original survey or replace missing corner Monuments of a Retracement survey; and
   g. For at least 10 years, retain a summary of the analysis and the conclusions the Surveyor reached, a list of the Documents the Surveyor utilized in the Surveyor's analysis, field notes, and copies of any Documents the Surveyor utilized in the Surveyor's analysis that are not public records.

C. If the Surveyor forms an opinion in conflict with some evidence of the boundary location, including prior surveys, existing Monuments, or evidence of occupation, the Surveyor shall refrain from setting Monuments until the conflict is resolved and:

1. Make a documented effort to contact the Surveyors who performed the prior surveys in an effort to resolve the conflict if the conflicting evidence is part of previous surveys, and the Surveyor contacted shall respond and make a reasonable effort to resolve the conflict and document the effort; and
2. Notify clients of evidence that, by reasonable analysis, might result in alternate positions of lines or points and without expressing a legal opinion, inform clients of their options to resolve identified boundary conflicts.

D. New, replaced, and rehabilitated Monuments set or rehabilitated by the Surveyor in conjunction with a Boundary Survey shall bear the Surveyor's registration number.

E. Found Monuments accepted as marking a corner of the surveyed boundary or used to locate a corner of the surveyed boundary that are not uniquely identified in a recorded Document shall have the Surveyor's registration number affixed to them when practical or be uniquely identified in the Record of Survey.

F. A Surveyor shall make all measurements according to the following specifications:

1. The Surveyor shall ensure that any equipment used is in proper repair and in good working order;
2. The Surveyor shall ensure the survey achieves an accuracy that meets the standard of care for the time and location where the Surveyor performed the survey and is consistent with the measurement technology and methods the Surveyor used to execute the survey; and
3. The Surveyor shall specify the lengths and directions of the measured lines so that mathematical closure is achieved, with allowance for rounding error.

G. A Surveyor shall ensure the Record of Survey is filed according to A.R.S. § 33-105(A) and includes at a minimum, the following items:

1. The county recorder's recording information for the property the Surveyor surveyed and adjacent properties, and the surveyed property owner's name;

2. The scale, indicated by a graphic and numeric representation. The Basis of Bearings represented by a north arrow or some other means specifying the orientation with respect to the measured bearings, along with an indication or statement as to how the Basis of Bearings was established;
3. The dimensions of the boundary being surveyed as measured in the current survey, and the relevant record dimensions or references to Documents;
4. The Monuments marking the location of the corners the Surveyor relied upon to determine the location of the boundary of the property being surveyed and whether the Monuments are set, found, rehabilitated, or replaced;
5. An accurate description of the physical characteristics and markings of the Monuments in sufficient detail for unique identification;
6. Pertinent facts and dimensions the Surveyor used in the determination of the Boundary Survey, including relevant controlling corners with Monuments and calculated corner positions;
7. If a Surveyor rejects a Monument, the description of the Monument shall include the physical properties of the Monument, and a detailed explanation justifying the rejection of the Monument;
8. The location and description of additional evidence the Surveyor used to determine the boundary, including fences, buildings, hedges, walls, or other evidence;
9. A minimum of three curve parameters for all curves, together with a chord bearing, radial bearing, or tangent bearing for non-tangent curves. Curves are assumed to be tangent to the incoming and outgoing lines unless otherwise noted;
10. A list of the Documents and recording information that influenced the Surveyor's determination of the boundary location;
11. The Coordinates identified as follows;
    a. If the Surveyor identifies horizontal and/or vertical Coordinates, the Surveyor shall provide sufficient information to reproduce them, including their specific units of measure;
    b. If the Surveyor identifies Coordinates based on an official government datum, reference frame, or map projection, the Surveyor shall include the name of each of these coordinate system elements. The Surveyor shall also provide any additional information needed to unambiguously show how the Surveyor derived the Coordinates. This includes, but is not limited to, the following:
        i. Reference epoch,
        ii. Realization or version name,
        iii. Projection system zone, and
        iv. Geoid model;
    c. If an existing government projection was scaled to ground, the Surveyor shall provide the scale factor and the Coordinates where the Surveyor applied it. The Surveyor shall document other modifications, such as rotations and translations, sufficiently to allow unambiguous reproduction;
    d. If a Surveyor uses Coordinates based on an arbitrary system or other local system that is not part of the public record, the Surveyor shall include sufficient information to reproduce the coordinate system, including:
        i. Parameters for non-government map projections, even if the projection is referenced to an official government datum or reference frame;
        ii. The Surveyor shall fully define other methods that affect the coordinate values, including rotation, translation, and scaling of the projected values of horizontal Coordinates; and
        iii. For elevations and heights, the Surveyor shall also document any vertical shifts and/or tilted planar corrections;
12. The firm name, the Surveyor's registration number and contact information, and the name of the owner of record;
13. The following language: "This map, or plat, and the survey on which it was based, were made in accordance with the Arizona Boundary Survey Minimum Standards in Arizona Administrative Code R4-30-305."
14. The date range of the field survey and the date of the completed Record of Survey;
15. The Surveyor's signed and dated seal; and
16. An explanation, table, or legend of all symbology and abbreviations the Surveyor used.

H. Monuments the Surveyor sets to mark, reference, or witness the location of a boundary corner shall meet the following requirements:

1. If the Monument is set at either a Public Land Survey System section or 1/4-section corner, refer to applicable state statutes relative to setting Monuments at those positions.
2. All new Monuments, including the Surveyor's Arizona registration number thereon, shall provide a degree of permanency, consistent with that of adjacent terrain and physical features.
3. Whenever and wherever practicable, new or replacement boundary Monuments, and witness Monuments set on corners shall satisfy the following minimum criteria:
    a. Be at least one-half inch in diameter, at least 16 inches long, and the body of the monument shall be made of metal as determined by the Surveyor, suitable for the environment. The Registrant's number shall be stamped, cast, or scribed into a metallic surface as determined by the Surveyor, suitable for the environment. The metal the Surveyor's number is on, if not on the body of the Monument itself, shall be affixed either by compression fit to the body of the Monument, epoxied to it, or attached by a wire as determined by the Surveyor, suitable for the environment. In situations where not all the metals used are ferromagnetically detectable, a magnet shall be incorporated into or buried alongside the Monument;
    b. Reference Monuments and witness Monuments shall bear markings identifying their purpose and be described in detail in the Record of Survey; and
    c. In the event local subdivision regulations allow for the recording of a subdivision plat without having all of the survey Monuments set, the Surveyor shall place all the exterior boundary Monuments at the time of the filing of the preliminary plat and recording of a Record of Survey. The Surveyor shall set interior property corner Monuments as soon as completion of the infrastructure and improvements make it practical to do so. If the Monuments placed differ from those described on the final plat, the Surveyor shall record a Record of Survey showing the differ-

ences. All Monuments set shall bear the registration number of the Surveyor of record. If the Surveyor of record is not available to supervise the setting of the interior property corner Monuments, then the Monuments set shall bear the registration number of the Surveyor responsible for setting the Monuments at the time the Monuments were set, and the Surveyor shall record a Record of Survey.

I. When created by a Surveyor, a written property description of a surveyed tract of land shall provide information to properly locate the property and distinctly set it apart from all other property.

J. When the surveyed property's dimensions, boundaries, and area are in substantial agreement with an existing recorded, written description, then that existing, recorded description shall be used.

K. New property descriptions shall contain the following:

1. Where applicable, a caption, a body, and qualifying clauses;
2. As an additional description of the existing, precedent aliquot description, a metes, a bounds, or a metes and bounds description of the existing aliquot description that is noted as an additional description;
3. Every Public Land Survey System aliquot description shall contain the applicable county, meridian, township, range, and sectional information;
4. Every platted subdivision lot description shall contain the lot, block, unit, if applicable, name of the subdivision, city, if applicable, county, and recorder's document number;
5. When based on a current survey, a written property line boundary description shall contain the applicable portions of the following:
   a. The first part, called the caption, shall contain the applicable information from subsections (K)(3) and/or (K)(4); and
   b. The second part, called the body, shall contain all of the following attributes that apply:
      i. A clearly stated Basis of Bearings, referencing two controlling Monuments, which were physically existing at the time the Surveyor surveyed the property;
      ii. All controlling Monuments, including their physical description, and whether the Surveyor found, set, or replaced the Monument;
      iii. Sufficient data to enable a mathematical verification of the property being described in the body and a mathematical tie from the Basis of Bearing to the point of beginning;
      iv. Where described, curved property boundaries shall contain sufficient information to allow verification of the data by mathematical analysis;
      v. Curves are presumed to be circular tangent curves unless otherwise stated. Non-tangent curves shall also include the radial bearing or chord bearing in the description. Spiral (transition) curves shall include enough parameters for a Surveyor to reconstruct the curves unambiguously.
6. Complete citations to maps, plats, Documents, and other matters of record, which are to be incorporated into and made a part of the description by reference; and
7. The Surveyor's stamp and dated signature.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 1412, effective April 15, 2003 (Supp. 03-2). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 19 A.A.R. 1911, effective October 7, 2013 (Supp. 13-3). Repealed by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2). New Section made by final rulemaking at 32 A.A.R. 2309 (September 25, 2026, Issue 39), effective November 1, 2026 (Supp. 26-3).

R4-30-306. Securing and Using Identifying Markers

A. Registered land surveyors shall obtain at their expense identifying markers such as tags, caps, or embossed nails which shall show the registrant's Arizona Registration Number as issued by the Board, and each registration number shall be prefixed by the letters L.S.

B. Registered land surveyors shall securely attach an identifying marker to every permanent survey point set when making land boundary surveys.

Historical Note

Adopted effective August 3, 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4).

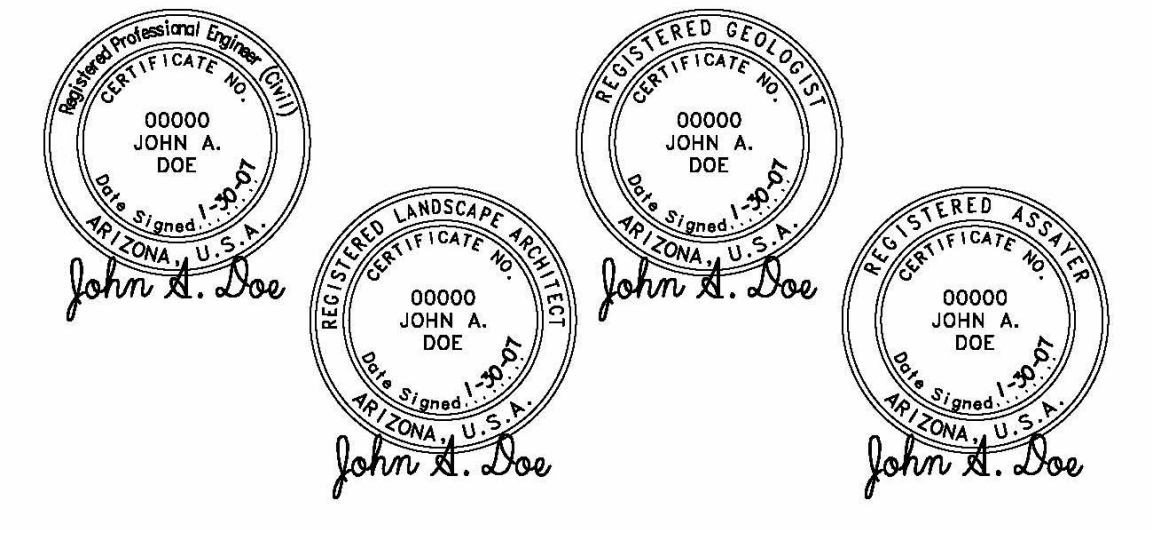
R4-30-307. Repealed

Historical Note

Adopted effective August 3, 1983 (Supp. 83-4). Repealed effective December 18, 1991 (Supp. 91-4).

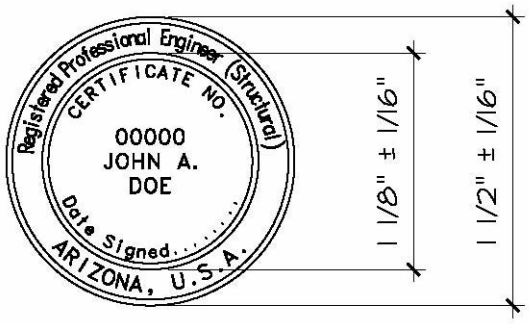
Appendix A. Sample Seals

Samples:
Sign your name across lower portion of the seal. Do not cover your name or registration number with your signature.



** ENGINEERS MUST LIST BRANCH – Agriculture, Architectural, Chemical, Civil. Control Systems, Electrical, Environmental, Fire Protection, Geological, Industrial, Mechanical, Mining, Metallurgical, Nuclear, Petroleum, Sanitary, or Structural. The original seal must be the following size:

Outer circle shall be 1 1/2" ± 1/16"
Inner circle shall be 1 1/8" ± 1/16"



Historical Note
Adopted effective August 3, 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4). Appendix repealed by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 14 A.A.R. 282, effective March 8, 2008 (Supp. 08-1). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

Appendix B. Repealed

Historical Note
Adopted effective August 3, 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4). Appendix repealed by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1). New Appendix made by final rulemaking at 14 A.A.R. 282, effective March 8, 2008 (Supp. 08-1). Repealed by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

Appendix C. Repealed

Historical Note
Adopted effective August 3, 1983 (Supp. 83-4). Appendix repealed by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1).

Appendix D. Repealed

Historical Note

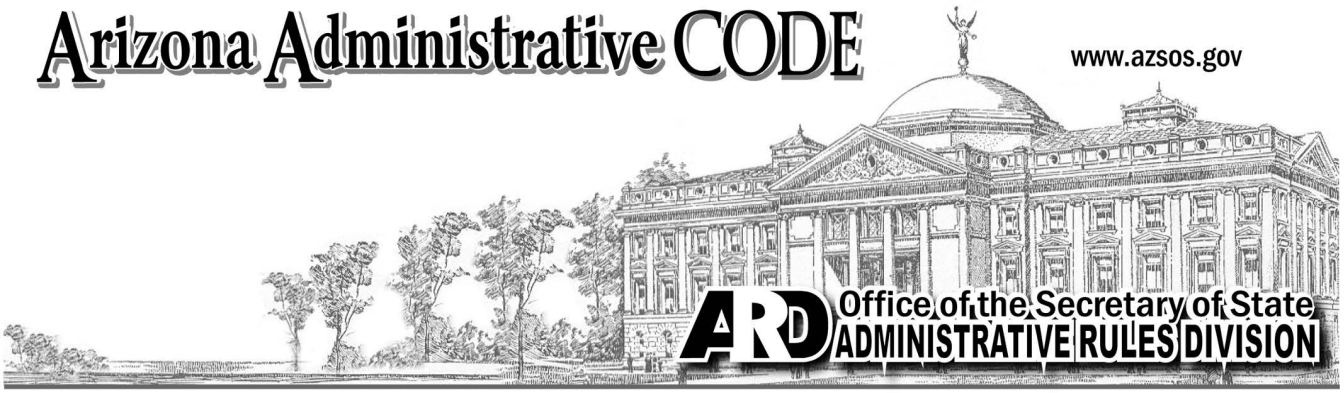
Adopted effective August 3, 1983 (Supp. 83-4).
Amended effective December 18, 1991 (Supp. 91-4).
Appendix repealed by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1).

Appendix E. Repealed

Historical Note
Adopted effective August 3, 1983 (Supp. 83-4).
Amended effective December 18, 1991 (Supp. 91-4).
Appendix repealed by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1).

Appendix F. Repealed

Historical Note
Adopted effective December 18, 1991 (Supp. 91-4).
Appendix repealed by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1).



ARIZONA ADMINISTRATIVE CODE
TITLE 9. HEALTH SERVICES
CHAPTER 10. DEPARTMENT OF HEALTH SERVICES - HEALTH CARE INSTITUTIONS: LICENSING
9 A.A.C. 10

Supplement Information
Supp. 26-3

Rules filed between July 1, 2026 through September 30, 2026 are codified in this Chapter.

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The release of this Chapter in Supp. 26-3 replaces Supp. 26-1, 1-341 pages. Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained and archived for future reference.

Preface

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

Rules

The definition for a rule is provided for under A.R.S. § 41-1001. "'*Rule' means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.*"

The *Arizona Administrative Code*

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then a Section number with a heading. The "R" at the beginning of the Section number stands for "rule." The rule itself includes sequential letters and numbers in an outline. Each lettered or numbered Section is called a subsection of the rule.

Rules are codified quarterly in the *Code*. For example:

Rules codified in the first quarter are filed between January 1 through March 31.

Rules codified in the second quarter are filed between April 1 through June 30.

Rules codified in the third quarter are filed between July 1 through September 30.

Rules codified in the fourth quarter are filed between October 1 through December 31.

Supplement release dates are included in the footers of each Chapter. The first supplement for the first quarter of 2026 is cited as Supp. 26-1. Supplements are released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

How to Use the *Code*

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Register* for recent updates to rule Sections.

Authentication of PDF *Code* Chapters

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document's content has been compromised.

Rule History

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Arizona Administrative Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

Arizona Revised Statutes References

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature's website, www.azleg.gov. An agency's authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

Session Law References

Arizona Session Law references in a Chapter can be found at the Secretary of State's website, www.azsos.gov under Services-> Legislative Filings.

Exemptions to the APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency's exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor's notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

Personal and Commercial Use of the Chapter

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Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.

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TITLE 9. HEALTH SERVICES

CHAPTER 10. DEPARTMENT OF HEALTH SERVICES - HEALTH CARE INSTITUTIONS: LICENSING

Authority: A.R.S. §§ 36-132(A)(1), 36-136, 36-405, and 36-406

Supp. 26-3

Editor's Note: The heading for 9 A.A.C. 10 changed from "Licensure" to "Licensing" per a request from the Department of Health Services (Supp. 03-4).

Editor's Note: The Office of the Secretary of State publishes all Chapters on white paper (Supp. 01-2).

Editor's Note: This Chapter contains rules which were adopted, amended, and repealed under exemptions from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to Laws 1993, Ch. 163, § 3(B); Laws 1996, Ch. 329, § 5; Laws 1998, Ch. 178 § 17, and Laws 1999, Ch. 311. Exemption from A.R.S. Title 41, Chapter 6 means that the Department of Health Services did not submit these rules to the Governor's Regulatory Review Council for review; the Department may not have submitted notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Department was not required to hold public hearings on these rules; and the Attorney General did not certify these rules. Because this Chapter contains rules which are exempt from the regular rulemaking process, the Chapter is printed on blue paper.

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Article 2, consisting of Sections R9-10-201 through R9-10-233, adopted effective February 23, 1979.

Former Article 2, consisting of Sections R9-10-201 through R9-10-250, renumbered as Sections R9-10-301 through R9-10-335 as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days.

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ARTICLE 3. BEHAVIORAL HEALTH INPATIENT FACILITIES

Article 3, consisting of Sections R9-10-311 through R9-10-333, repealed at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

Article 3, consisting of Sections R9-10-301 through R9-10-333, adopted effective February 4, 1981.

Former Article 3, consisting of Sections R9-10-301 through R9-10-335, repealed effective February 4, 1981.

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ARTICLE 4. NURSING CARE INSTITUTIONS

Article 4, consisting of Sections R9-10-411 through R9-10-438, repealed at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

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ARTICLE 5. INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

Article 5, consisting of Sections R9-10-501 through R9-10-518, renumbered to New Article 21, R9-10-2101 through R9-10-2118; New Article 5, consisting of Sections R9-10-501 through R9-

10-525 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

Article 5, consisting of Sections R9-10-501 through R9-10-514, adopted effective April 4, 1994 (Supp. 94-2).

Article 5, consisting of Sections R9-10-501 through R9-10-518, repealed effective April 4, 1994 (Supp. 94-2).

Article 5, consisting of Sections R9-10-501 through R9-10-518, adopted as permanent rules effective October 30, 1989.

Article 5, consisting of Sections R9-10-501 through R9-10-518, readopted as an emergency effective July 31, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

Article 5, consisting of Sections R9-10-501 through R9-10-518, readopted as an emergency effective April 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

Article 5, consisting of Sections R9-10-501 through R9-10-518, readopted as an emergency effective January 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

New Article 5, consisting of Sections R9-10-501 through R9-10-518, adopted as an emergency effective October 26, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.

Former Article 5, consisting of Sections R9-10-501 through R9-10-574, repealed effective October 20, 1982.

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Article 6, consisting of Sections R9-10-601 through R9-10-618, made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

Article 6, consisting of Sections R9-10-611 through R9-10-624, repealed effective November 1, 1998, under an exemption from the Administrative Procedure Act; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

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ARTICLE 7. BEHAVIORAL HEALTH RESIDENTIAL FACILITIES

Article 7, consisting of Sections R9-10-701 through R9-7-710, repealed; New Article 7, consisting of Sections R9-10-701 through R9-7-724 adopted; both actions effective November 1, 1998 under an exemption from the Administrative Procedure Act; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Article 7, consisting of Sections R9-10-701 through R9-10-710, adopted as permanent rules effective October 30, 1989.

Article 7, consisting of Sections R9-10-701 through R9-10-710, readopted as an emergency effective July 31, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

Article 7, consisting of Sections R9-10-701 through R9-10-710, readopted as an emergency effective April 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

Article 7, consisting of Sections R9-10-701 through R9-10-710, readopted as an emergency effective January 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

New Article 7, consisting of Sections R9-10-701 through R9-10-710, adopted as an emergency effective October 26, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.

Former Article 7, consisting of Sections R9-10-701 through R9-10-737, repealed effective October 20, 1982.

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ARTICLE 8. ASSISTED LIVING FACILITIES

Article 8 (Sections R9-10-801 through R9-10-812) adopted as permanent rules effective October 30, 1989.

Article 8, consisting of Sections R9-10-801 through R9-10-812, readopted as an emergency effective July 31, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

Article 8, consisting of Sections R9-10-801 through R9-10-812, readopted as an emergency effective April 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

Article 8, consisting of Sections R9-10-801 through R9-10-812, readopted as an emergency effective January 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

New Article 8, consisting of Sections R9-10-801 through R9-10-812, adopted as an emergency effective October 26, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.

Former Article 8, consisting of Sections R9-10-801 through R9-10-867, repealed effective October 20, 1982.

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ARTICLE 9. OUTPATIENT SURGICAL CENTERS

Article 9, consisting of Sections R9-10-901 through R9-10-917 adopted effective February 17, 1995 (Supp. 95-1).

Article 9, consisting of Sections R9-10-911 through R9-10-925, repealed effective February 17, 1995 (Supp. 95-1).

Article 9, consisting of Sections R9-10-911 through R9-10-925, adopted effective October 20, 1982 (Supp. 82-5).

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ARTICLE 10. OUTPATIENT TREATMENT CENTERS

Article 10, consisting of Sections R9-10-1001 through R9-10-1017, made new by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1).

Article 10, consisting of Sections R9-10-1011 through R9-10-1030, repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2).

The proposed summary action repealing R9-10-1011 through R9-10-1030 was remanded by the Governor's Regulatory Review

Council which revoked the interim effectiveness of the summary rules. Sections in effect before the proposed summary action have been restored (Supp. 97-1).

Article 10, consisting of R9-10-1011 through R9-10-1030, repealed by summary action, interim effective date of July 21, 1995.

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ARTICLE 11. ADULT DAY HEALTH CARE FACILITIES

Article 11, consisting of Sections R9-10-1101 through R9-10-1109 adopted effective July 22, 1994 (Supp. 94-3).

Article 11, consisting of Sections R9-10-1111 through R9-10-1127 repealed effective July 22, 1994 (Supp. 94-3).

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ARTICLE 12. HOME HEALTH AGENCIES

Article 12, consisting of Sections R9-10-1201 through R9-10-1230, repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

Article 12, consisting of Sections R9-10-1201 through R9-10-1230, adopted effective February 4, 1981.

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ARTICLE 13. BEHAVIORAL HEALTH SPECIALIZED TRANSITIONAL FACILITY

New Article 13, consisting of Sections R9-10-1301 through R9-10-1317, made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

Article 13, consisting of Sections R9-10-1301 through R9-10-1314, repealed effective November 1, 1998, under an exemption from the Administrative Procedure Act; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Article 13, consisting of Sections R9-10-1301 through R9-10-1314, adopted as permanent rules effective November 25, 1992 (Supp. 92-4).

Article 13, consisting of Sections R9-10-1301 through R9-10-1314, adopted again as an emergency effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3).

Article 13, consisting of Sections R9-10-1301 through R9-10-1314, adopted again as an emergency effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2).

Article 13, consisting of Sections R9-10-1301 through R9-10-1314, adopted again as an emergency effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1).

Article 13, consisting of Sections R9-10-1301 through R9-10-1314, adopted as an emergency effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4).

Article 13, consisting of Sections R9-10-1301 through R9-10-1306, adopted as an emergency effective March 29, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-1). Emergency expired.

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ARTICLE 14. SUBSTANCE ABUSE TRANSITIONAL FACILITIES

Article 14, consisting of Sections R9-10-1401 through R9-10-1412, adopted effective February 1, 1994 (Supp. 94-1).

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ARTICLE 15. ABORTION CLINICS

Article 15, consisting of Sections R9-10-1501 through R9-10-1515, were either amended, renumbered and repealed by final rulemaking which means the public had the opportunity to comment on the rules and they were reviewed and approved by the Governor's Regulatory Review Council. Section editor's notes referring to the adoption under an exemption have been removed in this Article (Supp. 18-4).

Selected Sections in Article 15 were subsequently amended by final rulemaking in Supp. 10-2 which means the public had the opportunity to comment on the rules and they were reviewed and approved by the Governor's Regulatory Review Council. Refer to the historical notes for more information (Supp. 18-4).

Article 15, consisting of Sections R9-10-1501 through R9-10-1514, adopted under an exemption from the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311, filed in the Office of the Secretary of State December 23, 1999 (Supp. 99-4).

Article 15, consisting of Sections R9-10-1501 through R9-10-1514, repealed effective November 1, 1998, under an exemption from the Administrative Procedure Act; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

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ARTICLE 16. BEHAVIORAL HEALTH RESPITE HOMES

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ARTICLE 17. UNCLASSIFIED HEALTH CARE INSTITUTIONS

Article 17, consisting of Sections R9-10-1701 through R9-10-1713, adopted effective July 6, 1994 (Supp. 94-3).

Article 17, consisting of Sections R9-10-1711 through R9-10-1713, R9-10-1715 through R9-10-1723, and R9-10-1731 through R9-10-1734, repealed effective July 6, 1994 (Supp. 94-3).

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ARTICLE 18. ADULT BEHAVIORAL HEALTH THERAPEUTIC HOMES

Article 18, consisting of Sections R9-10-1801 through R9-10-1810, made by exempt rulemaking, pursuant to Laws 2013, Ch. 10, § 13 effective July 1, 2014 (Supp. 14-2).

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ARTICLE 23. SECURE BEHAVIORAL HEALTH RESIDENTIAL FACILITIES FOR RESIDENTS UNDER A.R.S. TITLE 36 COURT ORDERS

Article 23, consisting of Sections R9-10-2301 through R9-10-2320, made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

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ARTICLE 1. GENERAL

R9-10-101. Definitions

In addition to the definitions in A.R.S. §§ 36-401(A) and 36-439, the following definitions apply in this Chapter unless otherwise specified:

1. "Abortion clinic" has the same meaning as in A.R.S. § 36-449.01.
2. "Abuse" means:
   a. The same:
      i. For an individual 18 years of age or older, as in A.R.S. § 46-451; and
      ii. For an individual less than 18 years of age, as in A.R.S. § 8-201;
   b. A pattern of ridiculing or demeaning a patient;
   c. Making derogatory remarks or verbally harassing a patient; or
   d. Threatening to inflict physical harm on a patient.
3. "Accredited" has the same meaning as in A.R.S. § 36-422.
4. "Active malignancy" means a cancer for which:
   a. A patient is undergoing treatment, such as through:
      i. One or more surgical procedures to remove the cancer;
      ii. Chemotherapy, as defined in A.A.C. R9-4-401; or
      iii. Radiation treatment, as defined in A.A.C. R9-4-401;
   b. There is no treatment; or
   c. A patient is refusing treatment.
5. "Activities of daily living" means ambulating, bathing, toileting, grooming, eating, and getting in or out of a bed or a chair.
6. "Acuity" means a patient's need for medical services, nursing services, or behavioral health services based on the patient's medical condition or behavioral health issue.
7. "Acuity plan" means a method for establishing nursing personnel requirements by unit based on a patient's acuity.
8. "Adjacent" means not intersected by:
   a. Property owned, operated, or controlled by a person other than the applicant or licensee; or
   b. A public thoroughfare.
9. "Administrative completeness review time-frame" has the same meaning as in A.R.S. § 41-1072.
10. "Administrative office" means a location used by personnel for recordkeeping and record retention but not for providing medical services, nursing services, behavioral health services, or health-related services.
11. "Admission" or "admitted" means, after completion of an individual's screening or registration by a health care institution, the individual begins receiving physical health services or behavioral health services and is accepted as a patient of the health care institution.
12. "Adult" has the same meaning as in A.R.S. § 1-215.
13. "Adult behavioral health therapeutic home" means a residence that provides room and board, assists in acquiring daily living skills, coordinates transportation to scheduled appointments, monitors behaviors, assists in the self-administration of medication, and provides feedback to a case manager related to behavior for an individual 18 years of age or older based on the individual's behavioral health issue and need for behavioral health services and may provide behavioral health services under the clinical oversight of a behavioral health professional.
14. "Adult residential care institution" means a subclass of behavioral health residential facility that only admits residents 18 years of age and older and provides recidivism reduction services.
15. "Adverse reaction" means an unexpected outcome that threatens the health or safety of a patient as a result of a medical service, nursing service, or health-related service provided to the patient.
16. "Affiliated counseling facility" means a counseling facility that shares administrative support with one or more other counseling facilities that operate under the same governing authority.
17. "Affiliated outpatient treatment center" means an outpatient treatment center authorized by the Department to provide behavioral health services that provides administrative support to a counseling facility or counseling facilities that operate under the same governing authority as the outpatient treatment center.
18. "Alternate licensing fee due date" means the last calendar day in a month each year, other than the anniversary date of a facility's health care institution license, by which a licensee is required to pay the applicable fees in R9-10-106.
19. "Ancillary services" means services other than medical services, nursing services, or health-related services provided to a patient.
20. "Anesthesiologist" means a physician granted clinical privileges to administer anesthesia.
21. "Applicant" means a governing authority requesting:
   a. Approval of a health care institution's architectural plans and specifications for construction or modification,
   b. Approval of a modification,
   c. Approval of an alternate licensing fee due date, or
   d. A health care institution license.
22. "Application packet" means the information, documents, and fees required by the Department for the:
   a. Approval of a health care institution's architectural plans and specifications for construction or modification,
   b. Approval of a modification,
   c. Approval of an alternate licensing fee due date, or
   d. Licensing of a health care institution.
23. "Assessment" means an analysis of a patient's need for physical health services or behavioral health services to determine which services a health care institution will provide to the patient.
24. "Assistance in the self-administration of medication" means restricting a patient's access to the patient's medication and providing support to the patient while the patient takes the medication to ensure that the medication is taken as ordered.
25. "Attending physician" means a physician designated by a patient to participate in or coordinate the medical services provided to the patient.
26. "Authenticate" means to establish authorship of a document or an entry in a medical record by:
   a. A written signature;
   b. An individual's initials, if the individual's written signature appears on the document or in the medical record;
   c. A rubber-stamp signature; or
   d. An electronic signature code.

27. "Authorized service" means specific medical services, nursing services, behavioral health services, or health-related services provided by a specific health care institution class or subclass for which the health care institution is required to obtain approval from the Department before providing the medical services, nursing services, or health-related services.
28. "Available" means:
    a. For an individual, the ability to be contacted and to provide an immediate response by any means possible;
    b. For equipment and supplies, physically retrievable at a health care institution; and
    c. For a document, retrievable by a health care institution or accessible according to the applicable timeframes in this Chapter.
29. "Behavioral care"
    a. Means limited behavioral health services, provided to a patient whose primary admitting diagnosis is related to the patient's need for physical health services, that include:
        i. Assistance with the patient's psychosocial interactions to manage the patient's behavior that can be performed by an individual without a professional license or certificate including:
            (1) Direction provided by a behavioral health professional, and
            (2) Medication ordered by a medical practitioner or behavioral health professional; or
        ii. Behavioral health services provided by a behavioral health professional on an intermittent basis to address the patient's significant psychological or behavioral response to an identifiable stressor or stressors; and
    b. Does not include court-ordered behavioral health services.
30. "Behavioral health facility" means a behavioral health inpatient facility, a behavioral health residential facility, a substance abuse transitional facility, a behavioral health specialized transitional facility, an outpatient treatment center that only provides behavioral health services, an adult behavioral health therapeutic home, a behavioral health respite home, or a counseling facility.
31. "Behavioral health inpatient facility" means a health care institution other than a general hospital, rural general hospital, or special hospital that provides continuous treatment to an individual experiencing a behavioral health issue that causes the individual to:
    a. Have a limited or reduced ability to meet the individual's basic physical needs;
    b. Suffer harm that significantly impairs the individual's judgment, reason, behavior, or capacity to recognize reality;
    c. Be a danger to self;
    d. Be a danger to others;
    e. Be persistently or acutely disabled, as defined in A.R.S. § 36-501; or
    f. Be gravely disabled.
32. "Behavioral health issue" means an individual's condition related to a mental disorder, a personality disorder, substance abuse, or a significant psychological or behavioral response to an identifiable stressor or stressors.
33. "Behavioral health observation/stabilization services" means crisis services provided, in an outpatient setting, to an individual whose behavior or condition indicates that the individual:
    a. Requires nursing services,
    b. May require medical services, and
    c. May be a danger to others or a danger to self.
34. "Behavioral health paraprofessional" means an individual who is not a behavioral health professional who provides the following services to a patient to address the patient's behavioral health issue:
    a. Under supervision by a behavioral health professional, services that, if provided in a setting other than a health care institution, would be required to be provided by an individual licensed under A.R.S. Title 32, Chapter 33; or
    b. Health-related services.
35. "Behavioral health professional" means the following licensed professionals that provide services specifically within the scope of practices defined by their profession:
    a. An individual licensed under A.R.S. Title 32, Chapter 33, whose scope of practice allows the individual to:
        i. Independently engage in the practice of behavioral health, as defined in A.R.S. § 32-3251; or
        ii. Except for a licensed substance abuse technician, engage in the practice of behavioral health, as defined in A.R.S. § 32-3251, under direct supervision as defined in A.A.C. R4-6-101;
    b. A psychiatrist as defined in A.R.S. § 36-501;
    c. A psychologist as defined in A.R.S. § 32-2061;
    d. A physician;
    e. A behavior analyst as defined in A.R.S. § 32-2091; or
    f. A registered nurse practitioner licensed as an adult psychiatric and mental health nurse;
    g. A clinical nurse specialist as described in A.R.S. § 32-1601; or
    h. Psychiatric physician assistant.
36. "Behavioral health residential facility" means a health care institution that provides treatment to an individual experiencing a behavioral health issue that:
    a. Limits the individual's ability to be independent, or
    b. Causes the individual to require treatment to maintain or enhance independence.
37. "Behavioral health respite home" means a residence where respite care services, which may include assistance in the self-administration of medication, are provided to an individual based on the individual's behavioral health issue and need for behavioral health services.
38. "Behavioral health specialized transitional facility" means a health care institution that provides inpatient behavioral health services and physical health services to an individual determined to be a sexually violent person according to A.R.S. Title 36, Chapter 37 and 9 A.A.C. 10 Article 13.
39. "Behavioral health technician" means an individual who is not a behavioral health professional who provides the following services to a patient to address the patient's behavioral health issue:
    a. With clinical oversight by a behavioral health professional, services that, if provided in a setting other than a health care institution, would be required to be provided by an individual licensed under A.R.S. Title 32, Chapter 33; or

b. Health-related services.

40. "Benzodiazepine" means any one of a class of sedative-hypnotic medications, characterized by a chemical structure that includes a benzene ring linked to a seven-membered ring containing two nitrogen atoms, that are commonly used in the treatment of anxiety.
41. "Biohazardous medical waste" has the same meaning as in A.A.C. R18-13-1401.
42. "Calendar day" means each day, not including the day of the act, event, or default from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
43. "Case manager" means an individual assigned by an entity other than a health care institution to coordinate the physical health services or behavioral health services provided to a patient at the health care institution.
44. "Certification" means, in this Article, a written statement that an item or a system complies with the applicable requirements incorporated by reference in R9-10-104.01.
45. "Certified health physicist" means an individual recognized by the American Board of Health Physics as complying with the health physics criteria and examination requirements established by the American Board of Health Physics.
46. "Change in ownership" means conveyance of the ability to appoint, elect, or otherwise designate a health care institution's governing authority from an owner of the health care institution to another person.
47. "Chief administrative officer" or "administrator" means an individual designated by a governing authority to implement the governing authority's direction in a health care institution.
48. "Clinical laboratory services" means the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of a disease or impairment of a human being, or for the assessment of the health of a human being, including procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body.
49. "Clinical oversight" means:
    a. Monitoring the behavioral health services provided by a behavioral health technician to ensure that the behavioral health technician is providing the behavioral health services according to the health care institution's policies and procedures and, if applicable, a patient's treatment plan;
    b. Providing on-going review of a behavioral health technician's skills and knowledge related to the provision of behavioral health services;
    c. Providing guidance to improve a behavioral health technician's skills and knowledge related to the provision of behavioral health services; and
    d. Recommending training for a behavioral health technician to improve the behavioral health technician's skills and knowledge related to the provision of behavioral health services.
50. "Clinical privileges" means authorization to a medical staff member to provide medical services granted by a governing authority or according to medical staff bylaws.
51. "Collaborating health care institution" means a health care institution licensed to provide outpatient behavioral health services that has a written agreement with an adult behavioral health therapeutic home or a behavioral health respite home to:
    a. Coordinate behavioral health services provided to a resident at the adult behavioral health therapeutic home or a recipient at a behavioral health respite home, and
    b. Work with the provider to ensure a resident at the adult behavioral health therapeutic home or a recipient at a behavioral health respite home receives behavioral health services according to the resident's treatment plan.
52. "Common area" means licensed space in health care institution that is:
    a. Not a resident's bedroom or a residential unit,
    b. Not restricted to use by employees or volunteers of the health care institution, and
    c. Available for use by visitors and other individuals on the premises.
53. "Communicable disease" has the same meaning as in A.R.S. § 36-661.
54. "Conspicuously posted" means placed:
    a. At a location that is visible and accessible; and
    b. Unless otherwise specified in the rules, within the area where the public enters the premises of a health care institution.
55. "Consultation" means an evaluation of a patient requested by a medical staff member or personnel member.
56. "Contracted services" means medical services, nursing services, behavioral health services, health-related services, ancillary services, or environmental services provided according to a documented agreement between a health care institution and the person providing the medical services, nursing services, health-related services, ancillary services, or environmental services.
57. "Contractor" has the same meaning as in A.R.S. § 32-1101.
58. "Controlled substance" has the same meaning as in A.R.S. § 36-2501.
59. "Counseling" has the same meaning as "practice of professional counseling" in A.R.S. § 32-3251.
60. "Counseling facility" means a health care institution that only provides counseling, which may include:
    a. DUI screening, education, or treatment according to the requirements in 9 A.A.C. 20, Article 1; or
    b. Misdemeanor domestic violence offender treatment according to the requirements in 9 A.A.C. 20, Article 2.
61. "Court-ordered evaluation" has the same meaning as "evaluation" in A.R.S. § 36-501.
62. "Court-ordered treatment" means treatment provided according to A.R.S. Title 36, Chapter 5.
63. "Crisis services" means immediate and unscheduled behavioral health services provided to a patient to address an acute behavioral health issue affecting the patient.
64. "Current" means up-to-date, extending to the present time.

65. "Daily living skills" means activities necessary for an individual to live independently and include meal preparation, laundry, house-cleaning, home maintenance, money management, and appropriate social interactions.
66. "Danger to others" has the same meaning as in A.R.S. § 36-501.
67. "Danger to self" has the same meaning as in A.R.S. § 36-501.
68. "Detoxification services" means behavioral health services and medical services provided to an individual to:
    a. Treat the individual's signs or symptoms of withdrawal from alcohol or other drugs, and
    b. Reduce or eliminate the individual's dependence on alcohol or other drugs.
69. "Diagnostic procedure" means a method or process performed to determine whether an individual has a medical condition or behavioral health issue.
70. "Dialysis" means the process of removing dissolved substances from a patient's body by diffusion from one fluid compartment to another across a semipermeable membrane.
71. "Dialysis services" means medical services, nursing services, and health-related services provided to a patient receiving dialysis.
72. "Dialysis station" means a designated treatment area approved by the Department for use by a patient receiving dialysis or dialysis services.
73. "Dialyzer" means an apparatus containing semi-permeable membranes used as a filter to remove wastes and excess fluid from a patient's blood.
74. "Disaster" means an unexpected occurrence that adversely affects a health care institution's ability to provide services.
75. "Discharge" means a documented termination of services to a patient by a health care institution.
76. "Discharge instructions" means documented information relevant to a patient's medical condition or behavioral health issue provided by a health care institution to the patient or the patient's representative at the time of the patient's discharge.
77. "Discharge planning" means a process of establishing goals and objectives for a patient in preparation for the patient's discharge.
78. "Discharge summary" means a documented brief review of services provided to a patient, current patient status, and reasons for the patient's discharge.
79. "Disinfect" means to clean in order to prevent the growth of or to destroy disease-causing microorganisms.
80. "Documentation" or "documented" means information in written, photographic, electronic, or other permanent form.
81. "Drill" means a response to a planned, simulated event.
82. "Drug" has the same meaning as in A.R.S. § 32-1901.
83. "Electronic" has the same meaning as in A.R.S. § 44-7002.
84. "Electronic signature" has the same meaning as in A.R.S. § 44-7002.
85. "Emergency" means an immediate threat to the life or health of a patient.
86. "Emergency medical services provider" has the same meaning as in A.R.S. § 36-2201.
87. "Emergency services" means unscheduled medical services provided in a designated area to an outpatient in an emergency.
88. "End-of-life" means that a patient has a documented life expectancy of six months or less.
89. "Environmental services" means activities such as housekeeping, laundry, facility maintenance, or equipment maintenance.
90. "Equipment" means, in this Article, an apparatus, a device, a machine, or a unit that is required to comply with the specifications incorporated by reference in R9-10-104.01.
91. "Exploitation" has the same meaning as in A.R.S. § 46-451.
92. "Factory-built building" has the same meaning as in A.R.S. § 41-4001.
93. "Family" or "family member" means an individual's spouse, sibling, child, parent, grandparent, or another individual designated by the individual.
94. "Follow-up instructions" means information relevant to a patient's medical condition or behavioral health issue that is provided to the patient, the patient's representative, or a health care institution.
95. "Food services" means the storage, preparation, serving, and cleaning up of food intended for consumption in a health care institution.
96. "Full-time" means 40 hours or more every consecutive seven calendar days.
97. "Garbage" has the same meaning as in A.A.C. R18-13-302.
98. "General consent" means documentation of an agreement from an individual or the individual's representative to receive physical health services to address the individual's medical condition or behavioral health services to address the individual's behavioral health issues.
99. "General hospital" means a subclass of hospital that provides surgical services and emergency services.
100. "Gravely disabled" has the same meaning as "grave disability" in A.R.S. § 36-501.
101. "Habilitation services" means activities provided to an individual to assist the individual with habilitation, as defined in A.R.S. § 36-551.
102. "Hazard" or "hazardous" means a condition or situation where a patient or other individual may suffer physical injury.
103. "Health care directive" has the same meaning as in A.R.S. § 36-3201.
104. "Hemodialysis" means the process for removing wastes and excess fluids from a patient's blood by passing the blood through a dialyzer.
105. "Home health agency" has the same meaning as in A.R.S. § 36-151.
106. "Home health aide" means an individual employed by a home health agency to provide home health services under the direction of a registered nurse or therapist.
107. "Home health aide services" means those tasks that are provided to a patient by a home health aide under the direction of a registered nurse or therapist.
108. "Home health services" has the same meaning as in A.R.S. § 36-151.
109. "Hospice inpatient facility" means a subclass of hospice that provides hospice services to a patient on a continuous basis with the expectation that the patient will remain on the hospice's premises for 24 hours or more.
110. "Hospital" means a class of health care institution that provides, through an organized medical staff, inpatient

beds, medical services, continuous nursing services, and diagnosis or treatment to a patient.

111. "Immediate" means without delay.
112. "Immediate jeopardy" means a situation in which a patient or resident has suffered or is likely to suffer serious injury, serious harm, serious impairment, or death as a result of a licensee's noncompliance with one or more health and safety requirements.
113. "Incident" means an unexpected occurrence that harms or has the potential to harm a patient, while the patient is:
    a. On the premises of a health care institution, or
    b. Not on the premises of a health care institution but directly receiving physical health services or behavioral health services from a personnel member who is providing the physical health services or behavioral health services on behalf of the health care institution.
114. "Infection control" means to identify, prevent, monitor, and minimize infections.
115. "Infectious tuberculosis" has the same meaning as "infectious active tuberculosis" in A.A.C. R9-6-101.
116. "Informed consent" means:
    a. Advising a patient of a proposed treatment, surgical procedure, psychotropic medication, opioid, or diagnostic procedure; alternatives to the treatment, surgical procedure, psychotropic medication, opioid, or diagnostic procedure; and associated risks and possible complications; and
    b. Obtaining documented authorization for the proposed treatment, surgical procedure, psychotropic medication, opioid, or diagnostic procedure from the patient or the patient's representative.
117. "In-service education" means organized instruction or information that is related to physical health services or behavioral health services and that is provided to a medical staff member, personnel member, employee, or volunteer.
118. "Interdisciplinary team" means a group of individuals consisting of a resident's attending physician, a registered nurse responsible for the resident, and other individuals as determined in the resident's comprehensive assessment or, if applicable, placement evaluation.
119. "Intermediate care facility for individuals with intellectual disabilities" or "ICF/IID" has the same meaning as in A.R.S. § 36-551.
120. "Interval note" means documentation updating a patient's:
    a. Medical condition after a medical history and physical examination is performed, or
    b. Behavioral health issue after an assessment is performed.
121. "Isolation" means the separation, during the communicable period, of infected individuals from others, to limit the transmission of infectious agents.
122. "Leased facility" means a facility occupied or used during a set time period in exchange for compensation.
123. "License" means:
    a. Written approval issued by the Department to a person to operate a class or subclass of health care institution at a specific location; or
    b. Written approval issued to an individual to practice a profession in this state.
124. "Licensed occupancy" means the total number of individuals for whom a health care institution is authorized by the Department to provide crisis services in a unit providing behavioral health observation/stabilization services.
125. "Licensee" means an owner approved by the Department to operate a health care institution.
126. "Manage" means to implement policies and procedures established by a governing authority, an administrator, or an individual providing direction to a personnel member.
127. "Medical condition" means the state of a patient's physical or mental health, including the patient's illness, injury, or disease.
128. "Medical director" means a physician who is responsible for the coordination of medical services provided to patients in a health care institution.
129. "Medical history" means an account of a patient's health, including past and present illnesses, diseases, or medical conditions.
130. "Medical practitioner" means a physician, physician assistant, or registered nurse practitioner.
131. "Medical record" has the same meaning as "medical records" in A.R.S. § 12-2291.
132. "Medical staff" means physicians and other individuals licensed pursuant to A.R.S. Title 32 who have clinical privileges at a health care institution.
133. "Medical staff bylaws" means standards, approved by the medical staff and the governing authority, that provide the framework for the organization, responsibilities, and self-governance of the medical staff.
134. "Medical staff member" means an individual who is part of the medical staff of a health care institution.
135. "Medication" means one of the following used to maintain health or to prevent or treat a medical condition or behavioral health issue:
    a. Biologicals as defined in A.A.C. R18-13-1401,
    b. Prescription medication as defined in A.R.S. § 32-1901, or
    c. Nonprescription drug as defined in A.R.S. § 32-1901.
136. "Medication administration" means restricting a patient's access to the patient's medication and providing the medication to the patient or applying the medication to the patient's body, as ordered by a medical practitioner.
137. "Medication error" means:
    a. The failure to administer an ordered medication;
    b. The administration of a medication not ordered; or
    c. The administration of a medication:
        i. In an incorrect dosage,
        ii. More than 60 minutes before or after the ordered time of administration unless ordered to do so, or
        iii. By an incorrect route of administration.
138. "Mental disorder" means the same as in A.R.S. § 36-501.
139. "Mobile clinic" means a movable structure that:
    a. Is not physically attached to a health care institution's facility;
    b. Provides medical services, nursing services, behavioral health services, or health related service to an outpatient under the direction of the health care institution's personnel; and
    c. Is not intended to remain in one location indefinitely.
140. "Monitor" or "monitoring" means to check systematically on a specific condition or situation.
141. "Neglect" has the same meaning:

a. For an individual less than 18 years of age, as in A.R.S. § 8-201; and
b. For an individual 18 years of age or older, as in A.R.S. § 46-451.

142. "Nephrologist" means a physician who is board eligible or board certified in nephrology by a professional credentialing board.
143. "Nurse" has the same meaning as "registered nurse" or "practical nurse" as defined in A.R.S. § 32-1601.
144. "Nursing care institution administrator" means an individual licensed according to A.R.S. Title 36, Chapter 4, Article 6.
145. "Nursing personnel" means individuals authorized according to A.R.S. Title 32, Chapter 15 to provide nursing services.
146. "Observation chair" means a physical piece of equipment that:
    a. Is located in a designated area where behavioral health observation/stabilization services are provided,
    b. Allows an individual to fully recline, and
    c. Is used by the individual while receiving crisis services.
147. "Occupational therapist" has the same meaning as in A.R.S. § 32-3401.
148. "Occupational therapy assistant" has the same meaning as in A.R.S. § 32-3401.
149. "Ombudsman" means a resident advocate who performs the duties described in A.R.S. § 46-452.02.
150. "On-call" means a time during which an individual is available and required to come to a health care institution when requested by the health care institution.
151. "Opioid" means a controlled substance, as defined in A.R.S. § 36-2501, that meets the definition of "opiate" in A.R.S. § 36-2501.
152. "Opioid agonist treatment medication" means a prescription medication that is approved by the U.S. Food and Drug Administration under 21 U.S.C. § 355 for use in the treatment of opioid-related substance use disorder.
153. "Opioid antagonist" means a prescription medication, as defined in A.R.S. § 32-1901, that:
    a. Is approved by the U.S. Department of Health and Human Services, Food and Drug Administration; and
    b. When administered, reverses, in whole or in part, the pharmacological effects of an opioid in the body.
154. "Opioid treatment" means providing medical services, nursing services, behavioral health services, health-related services, and ancillary services to a patient receiving an opioid agonist treatment medication for opioid-related substance use disorder.
155. "Order" means instructions to provide:
    a. Physical health services to a patient from a medical practitioner or as otherwise provided by law; or
    b. Behavioral health services to a patient from a behavioral health professional.
156. "Orientation" means the initial instruction and information provided to an individual before the individual starts work or volunteer services in a health care institution.
157. "Outing" means a social or recreational activity that:
    a. Occurs away from the premises,
    b. Is not part of a behavioral health inpatient facility's or behavioral health residential facility's daily routine, and
    c. Lasts longer than two hours.
158. "Outpatient surgical center" means a class of health care institution that has the facility, staffing, and equipment to provide surgery and anesthesia services to a patient whose recovery, in the opinions of the patient's surgeon and, if an anesthesiologist would be providing anesthesia services to the patient, the anesthesiologist, does not require inpatient care in a hospital.
159. "Outpatient treatment center" means a class of health care institution without inpatient beds that provides physical health services, or physical health services and behavioral health services, including medication services for the diagnosis and treatment of patients.
160. "Overall time-frame" means the same as in A.R.S. § 41-1072.
161. "Owner" means a person who appoints, elects, or designates a health care institution's governing authority.
162. "Pain management clinic" has the same meaning as in A.R.S. § 36-448.01.
163. "Participant" means a patient receiving physical health services or behavioral health services from an adult day health care facility or a substance abuse transitional facility.
164. "Participant's representative" means the same as "patient's representative" for a participant.
165. "Patient" means an individual receiving physical health services or behavioral health services from a health care institution.
166. "Patient's representative" means:
    a. A patient's legal guardian;
    b. If a patient is less than 18 years of age and not an emancipated minor, the patient's parent;
    c. If a patient is 18 years of age or older or an emancipated minor, an individual acting on behalf of the patient with the written consent of the patient or patient's legal guardian; or
    d. A surrogate as defined in A.R.S. § 36-3201.
167. "Person" means the same as in A.R.S. § 1-215 and includes a governmental agency.
168. "Personnel member" means, except as defined in specific Articles in this Chapter and excluding a medical staff member, a student, or an intern, an individual providing physical health services or behavioral health services to a patient.
169. "Pest control program" means activities that minimize the presence of insects and vermin in a health care institution to ensure that a patient's health and safety is not at risk.
170. "Pharmacist" has the same meaning as in A.R.S. § 32-1901.
171. "Physical examination" means to observe, test, or inspect an individual's body to evaluate health or determine the cause of illness, injury, or disease.
172. "Physical health services" means medical services, nursing services, health-related services, or ancillary services provided to an individual to address the individual's medical condition.
173. "Physical therapist" has the same meaning as in A.R.S. § 32-2001.
174. "Physical therapist assistant" has the same meaning as in A.R.S. § 32-2001.
175. "Physician assistant" has the same meaning as in A.R.S. § 32-2501.
176. "Placement evaluation" means the same as in A.R.S. § 36-551.

177. "Pre-petition screening" has the same meaning as "prepetition screening" in A.R.S. § 36-501.
178. "Premises" means property that is designated by an applicant or licensee and licensed by the Department as part of a health care institution where physical health services or behavioral health services are provided to a resident or patient.
179. "Prescribe" means to issue written or electronic instructions to a pharmacist to deliver to the ultimate user, or another individual on the ultimate user's behalf, a specific dose of a specific medication in a specific quantity and route of administration.
180. "Professional credentialing board" means a non-governmental organization that designates individuals who have met or exceeded established standards for experience and competency in a specific field.
181. "Progress note" means documentation by a medical staff member, nurse, or personnel member of:
    a. An observed patient response to a physical health service or behavioral health service provided to the patient,
    b. A patient's significant change in condition, or
    c. Observed behavior of a patient related to the patient's medical condition or behavioral health issue.
182. "PRN" means pro re nata or given as needed.
183. "Project" means specific construction or modification of a facility stated on an architectural plans and specifications approval application.
184. "Provider" means an individual to whom the Department issues a license to operate an adult behavioral health therapeutic home or a behavioral health respite home in the individual's place of residence.
185. "Provisional license" means the Department's written approval to operate a health care institution issued to an applicant or licensee that is not in substantial compliance with the applicable laws and rules for the health care institution.
186. "Psychiatric services" means the diagnosis, treatment, and management of a mental disorder under the direction of a licensed psychiatrist or licensed nurse practitioner.
187. "Psychotropic medication" means a chemical substance that:
    a. Crosses the blood-brain barrier and acts primarily on the central nervous system where it affects brain function, resulting in alterations in perception, mood, consciousness, cognition, and behavior; and
    b. Is provided to a patient to address the patient's behavioral health issue.
188. "Quality management program" means ongoing activities designed and implemented by a health care institution to improve the delivery of medical services, nursing services, health-related services, and ancillary services provided by the health care institution.
189. "Recovery care center" has the same meaning as in A.R.S. § 36-448.51.
190. "Referral" means providing an individual with a list of the class or subclass of health care institution or type of health care professional that may be able to provide the behavioral health services or physical health services that the individual may need and may include the name or names of specific health care institutions or health care professionals.
191. "Registered dietitian" means an individual approved to work as a dietitian by the American Dietetic Association's Commission on Dietetic Registration.
192. "Registered nurse" has the same meaning as in A.R.S. § 32-1601.
193. "Registered nurse practitioner" has the same meaning as A.R.S. § 32-1601.
194. "Regular basis" means at recurring, fixed, or uniform intervals.
195. "Rehabilitation services" means medical services provided to a patient to restore or to optimize functional capability.
196. "Research" means the use of a human subject in the systematic study, observation, or evaluation of factors related to the prevention, assessment, treatment, or understanding of a medical condition or behavioral health issue.
197. "Resident" means an individual living in and receiving physical health services or behavioral health services, including rehabilitation services or habilitation services if applicable, from a nursing care institution, an intermediate care facility for individuals with intellectual disabilities, a behavioral health residential facility, an assisted living facility, or an adult behavioral health therapeutic home.
198. "Resident's representative" means the same as "patient's representative" for a resident.
199. "Respiratory care services" has the same meaning as "practice of respiratory care" as defined in A.R.S. § 32-3501.
200. "Respiratory therapist" has the same meaning as in A.R.S. § 32-3501.
201. "Respite capacity" means the total number of children who do not stay overnight for whom an outpatient treatment center or a behavioral health residential facility is authorized by the Department to provide respite services on the premises of the outpatient treatment center or behavioral health residential facility.
202. "Respite services" means respite care services provided to an individual who is receiving behavioral health services.
203. "Restraint" means any physical or chemical method of restricting a patient's freedom of movement, physical activity, or access to the patient's own body.
204. "Risk" means potential for an adverse outcome.
205. "Room" means space contained by a floor, a ceiling, and walls extending from the floor to the ceiling that has at least one door.
206. "Rural general hospital" means a subclass of hospital:
    a. Having 50 or fewer inpatient beds,
    b. Located more than 20 surface miles from a general hospital or another rural general hospital, and
    c. Requesting to be and being licensed as a rural general hospital rather than a general hospital.
207. "Satellite facility" has the same meaning as in A.R.S. § 36-422.
208. "Scope of services" means a list of the behavioral health services or physical health services the governing authority of a health care institution has designated as being available to a patient at the health care institution.
209. "Seclusion" means the involuntary solitary confinement of a patient in a room or an area where the patient is prevented from leaving.

210. "Secure behavioral health residential facility" has the same meaning as in A.R.S. § 36.425.06.
211. "Self-injury" means any intentional act of causing harm or injury to oneself and may include, but is not limited to, actions such as cutting, burning, hitting, scratching, or other forms of physical harm which as a result may require care from a health care provider.
212. "Sedative-hypnotic medication" means any one of several classes of drugs that have sleep-inducing, anti-anxiety, anti-convulsant, and muscle-relaxing properties.
213. "Self-administration of medication" means a patient having access to and control of the patient's medication and may include the patient receiving limited support while taking the medication.
214. "Sexual abuse" means the same as in A.R.S. § 13-1404(A).
215. "Sexual assault" means the same as in A.R.S. § 13-1406(A).
216. "Shift" means the beginning and ending time of a continuous work period established by a health care institution's policies and procedures.
217. "Short-acting opioid antagonist" means an opioid antagonist that, when administered, quickly but for a small period of time reverses, in whole or in part, the pharmacological effects of an opioid in the body.
218. "Signature" means:
    a. A handwritten or stamped representation of an individual's name or a symbol intended to represent an individual's name, or
    b. An electronic signature.
219. "Significant change" means an observable deterioration or improvement in a patient's physical, cognitive, behavioral, or functional condition that may require an alteration to the physical health services or behavioral health services provided to the patient.
220. "Single dwelling unit" has the same meaning as "single family residence" in A.R.S. § 33-1310.
221. "Single group license" means a license that includes authorization to operate health care institutions according to A.R.S. § 36-422(F) or (G).
222. "Speech-language pathologist" means an individual licensed according to A.R.S. Title 36, Chapter 17, Article 4 to engage in the practice of speech-language pathology, as defined in A.R.S. § 36-1901.
223. "Special hospital" means a subclass of hospital that:
    a. Is licensed to provide hospital services within a specific branch of medicine; or
    b. Limits admission according to age, gender, type of disease, or medical condition.
224. "Student" means an individual attending an educational institution and working under supervision in a health care institution through an arrangement between the health care institution and the educational institution.
225. "Substance abuse" means an individual's misuse of alcohol or other drug or chemical that:
    a. Alters the individual's behavior or mental functioning;
    b. Has the potential to cause the individual to be psychologically or physiologically dependent on alcohol or other drug or chemical; and
    c. Impairs, reduces, or destroys the individual's social or economic functioning.
226. "Substance abuse transitional facility" means a class of health care institution that provides behavioral health services to an individual over 18 years of age who is intoxicated or may have a substance abuse problem.
227. "Substance use disorder" means a condition in which the misuse or dependence on alcohol or a drug results in adverse physical, mental, or social effects on an individual.
228. "Substance use risk" means an individual's unique likelihood for addiction, misuse, diversion, or another adverse consequence resulting from the individual being prescribed or receiving treatment with opioids.
229. "Substantial" when used in connection with a modification means:
    a. An addition or removal of an authorized service;
    b. The addition or removal of a colocator;
    c. A change in a health care institution's licensed capacity, licensed occupancy, respite capacity, or the number of dialysis stations;
    d. A change in the physical plant, including facilities or equipment, that costs more than $300,000; or
    e. A change in the building where a health care institution is located that affects compliance with:
        i. Applicable physical plant codes and standards incorporated by reference in R9-10-104.01, or
        ii. Physical plant requirements in the specific Article in this Chapter applicable to the health care institution.
230. "Substantive review time-frame" means the same as in A.R.S. § 41-1072.
231. "Supportive services" has the same meaning as in A.R.S. § 36-151.
232. "Surgical procedure" means the excision of or incision in a patient's body for the:
    a. Correction of a deformity or defect;
    b. Repair of an injury; or
    c. Diagnosis, amelioration, or cure of disease.
233. "Swimming pool" has the same meaning as "semipublic swimming pool" in A.A.C. R18-5-201.
234. "System" means interrelated, interacting, or interdependent elements that form a whole.
235. "Tapering" means the gradual reduction in the dosage of a medication administered to a patient, often with the intent of eventually discontinuing the use of the medication for the patient.
236. "Tax ID number" means a numeric identifier that a person uses to report financial information to the United States Internal Revenue Service.
237. "Telehealth" has the same meaning as in A.R.S. § 36-3601.
238. "Therapeutic diet" means foods or the manner in which food is to be prepared that are ordered for a patient.
239. "Therapist" means an occupational therapist, a physical therapist, a respiratory therapist, or a speech-language pathologist.
240. "Time-out" means providing a patient a voluntary opportunity to regain self-control in a designated area from which the patient is not physically prevented from leaving.
241. "Transfer" means a health care institution discharging a patient and sending the patient to another licensed health care institution as an inpatient or resident without intending that the patient be returned to the sending health care institution.
242. "Transport" means a licensed health care institution:

a. Sending a patient to a receiving licensed health care institution for outpatient services with the intent of the patient returning to the sending licensed health care institution, or
b. Discharging a patient to return to a sending licensed health care institution after the patient received outpatient services from the receiving licensed health care institution.

243. "Treatment" means a procedure or method to cure, improve, or palliate an individual's medical condition or behavioral health issue.
244. "Treatment plan" means a description of the specific physical health services or behavioral health services that a health care institution anticipates providing to a patient.
245. "Unclassified health care institution" means a health care institution not classified or subclassified in statute or in rule.
246. "Vascular access" means the point on a patient's body where blood lines are connected for hemodialysis.
247. "Volunteer" means an individual authorized by a health care institution to work for the health care institution on a regular basis without compensation from the health care institution and does not include a medical staff member who has clinical privileges at the health care institution.
248. "Working day" means a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state and federal holiday or a statewide furlough day.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4). Amended by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-102. Health Care Institution Classes and Subclasses; Requirements

A. A person may apply for a license as one of the following classes or subclasses of health care institution:
1. General hospital;
2. Rural general hospital;
3. Special hospital;
4. Behavioral health inpatient facility;
5. Nursing care institution;
6. Intermediate care facility for individuals with intellectual disabilities;
7. Recovery care center;
8. Hospice inpatient facility;
9. Hospice service agency;
10. Behavioral health residential facility;
11. Adult residential care institution;
12. Assisted living center;
13. Assisted living home;
14. Adult foster care home;
15. Outpatient surgical center;
16. Outpatient treatment center; unless exempt pursuant to A.R.S. § 36-402;
17. Abortion clinic;
18. Adult day health care facility;
19. Home health agency;
20. Substance abuse transitional facility;
21. Behavioral health specialized transitional facility;
22. Counseling facility;
23. Adult behavioral health therapeutic home;
24. Behavioral health respite home;
25. Unclassified health care institution;
26. Pain management clinic; or
27. Secure behavioral health residential facility.

B. A person shall apply for a license for the class or subclass that authorizes the provision of the highest level of physical health services or behavioral health services the proposed health care institution plans to provide.

C. The Department shall review a proposed health care institution's scope of services to determine whether the requested health care institution class or subclass is appropriate.

D. A health care institution shall comply with the requirements in Article 17 of this Chapter if:
1. There are no specific rules in another Article of this Chapter for the health care institution's class or subclass, or
2. The Department determines that the health care institution is an unclassified health care institution.

E. The Department may conduct on-site monitoring inspections of health care institutions that are found to not be in substantial compliance with the applicable licensure requirements specified in this Chapter, as outlined in Table 1.2.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4). Amended by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-103. Licensing Exceptions

A. A health care institution license is required for each health care institution facility except:

1. A facility exempt from licensing under A.R.S. § 36-402, or
2. A health care institution's administrative office.

B. Unless required by another Article in this Chapter, the Department does not require a separate health care institution license for:
1. A satellite facility of a hospital under A.R.S. § 36-422(F);
2. An accredited facility of an accredited hospital under A.R.S. § 36-422(G);
3. A facility operated by a licensed health care institution that is:
   a. Adjacent to and contiguous with the licensed health care institution premises; or
   b. Not adjacent to or contiguous with the licensed health care institution but connected to the licensed health care institution facility by an all-weather enclosure and:
      i. Owned by the health care institution, or
      ii. Leased by the health care institution with exclusive rights of possession;
4. A mobile clinic operated by a licensed health care institution; or
5. A facility located on grounds that are not adjacent to or contiguous with the health care institution premises where only ancillary services are provided to a patient of the health care institution; or
6. A home health agency or hospice agency that provides off-site services, as specified as medical services, nursing services, behavioral health services, health-screening services, or health-related services provided by a licensed health care institution in an area that is:
   a. Not located on the health care institution's premises;
   b. Used to provide medical services, nursing services, behavioral health services, health-screening services, or health-related services of a limited duration; and
   c. Used for purposes other than providing medical services, nursing services, behavioral health services, health-screening services, or health-related services when not used by the health care institution.

C. A health care institution shall maintain at the health care institution, a current and valid documentation of any certificate or permit issued by a local jurisdiction related to the operation of the health care institution and provide copies to the Department for review upon request.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-104. Architectural Plans and Specifications

A. For the construction or modification of a health care institution that is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in R9-10-104.01, an applicant shall submit as part of the health care institution license application to the Department an application packet including:
1. An application in a Department-provided format that contains:
   a. For construction of a new health care institution:
      i. The health care institution's name, street address, city, state, zip code, telephone number, and e-mail address;
      ii. The name and mailing address of the health care institution's governing authority;
      iii. The requested health care institution class or subclass; and
      iv. If applicable, the requested licensed capacity, licensed occupancy, respite capacity, and number of dialysis stations for the health care institution;
   b. For modification of a licensed health care institution that requires approval of architectural plans and specifications:
      i. The health care institution's license number,
      ii. The name and mailing address of the licensee,
      iii. The health care institution's class or subclass, and
      iv. The health care institution's existing licensed capacity, licensed occupancy, respite capacity, or number of dialysis stations; and the requested licensed capacity, licensed occupancy, respite capacity, or number of dialysis stations for the health care institution;
   c. The health care institution's contact person's name, street mailing address, city, state, zip code, telephone number, and email address;
   d. A notarized attestation from an architect registered pursuant to A.R.S. Title 32, Chapter 1 that verifies the architectural plans and specifications meet or exceed standards adopted by the Department. For a modification of a health care institution, authorities having jurisdiction may grant approval to renovate portions of a structure, space, or system if the facility operations and patient safety in renovated and existing areas are not jeopardized by existing features of areas retained without complete corrective measures which minimize restriction on those improvements where total compliance would create an unreasonable hardship and would not substantially improve safety;
   e. A narrative description of the project;
   f. The estimated total project cost including the costs of:
      i. Site acquisition,
      ii. General construction,
      iii. Architect fees,
      iv. Fixed equipment, and
      v. Movable equipment;
   g. If providing or planning to provide medical services, nursing services, or health-related services that require compliance with specific physical plant codes and standards incorporated by reference in R9-10-104.01, the number of rooms or inpatient beds designated for providing the medical services, nursing services, or health-related services;
   h. If providing or planning to provide behavioral health observation/stabilization services, the number of behavioral health observation/stabilization observation chairs designated for providing the behavioral health observation/stabilization services;
   i. If construction or modification of a health care institution requires a project engineer, a statement signed

and sealed by the project engineer, according to the requirements in 4 A.A.C. 30, Article 3, that the project engineer has complied with A.A.C. R4-30-301; and

j. A statement signed by the governing authority or the licensee that the architectural plans and specifications comply with applicable licensing requirements in A.R.S. Title 36, Chapter 4 and this Chapter;

2. If the health care institution is located on land under the jurisdiction of a local governmental agency, one of the following:
   a. A building permit for the construction or modification issued by the local governmental agency; or
   b. If a building permit issued by the local governmental agency is not required, zoning clearance issued by the local governmental agency that includes:
      i. The health care institution's name, street address, city, state, zip code, and county;
      ii. The health care institution's class or subclass and each type of medical services, nursing services, or health-related services to be provided; and
      iii. A statement signed by a representative of the local governmental agency stating that the address listed is zoned for the health care institution's class or subclass;
3. The following information that is as necessary to demonstrate that the project described on the application complies with applicable codes and standards incorporated by reference in R9-10-104.01:
   a. A site plan, drawn to scale, of the entire premises showing streets, property lines, facilities, parking areas, outdoor areas, fences, swimming pools, fire access roads, fire hydrants, and access to water mains;
   b. For each facility, on architectural plans and specifications, a floor plan, drawn to scale, for each level of the facility, showing the layout and dimensions of each room, the name and function of each room, means of egress, and natural and artificial lighting sources;
4. The estimated total project cost including the costs of:
   a. Site acquisition,
   b. General construction,
   c. Architect fees,
   d. Fixed equipment, and
   e. Movable equipment;
5. If the health care institution is located on land under the jurisdiction of a local governmental agency, one of the following provided by the local governmental agency:
   a. A copy of the certificate of occupancy for the facility,
   b. Documentation that the facility was approved for occupancy, or
   c. Documentation that a certificate of occupancy for the facility is not available.

B. The Department may conduct on-site facility reviews during the construction or modification of a health care institution.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Publication error corrected in R9-10-104(A)(1) removing "provided by the Department;" publication error corrected in R9-10-104(B) removing "submitting;" with both amendments made at 25 A.A.R. 1583. Publication error corrected in R9-10-104(A), incorporated by reference Section updated as amended at 25 A.A.R. 3481 (Supp. 21-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-104.01. Codes and Standards

A. For a health care institution that is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in this Section, an applicant shall follow the requirements in subsection (B), except as follows:
1. Physical plant standards specified in applicable Articles of this Chapter shall govern over the codes and standards incorporated by reference in subsection (B); and
2. If a conflict occurs among the codes and standards incorporated by reference in subsection (B), the more restrictive codes and standards shall govern over the less restrictive.

B. The following physical plant health and safety codes and standards are incorporated by reference as modified, are on file with the Department, and include no future editions or amendments:
1. Guidelines for Design and Construction of Health Care Facilities (2018 ed.), published by the American Society for Healthcare Engineering and available from The Facility Guidelines Institute at www.fgiguidelines.org;
2. The following National Fire Codes (2012), published by and available from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269, and at www.nfpa.org/catalog:
   a. NFPA70 National Electrical Code,
   b. NFPA101 Life Safety Code, and
   c. 2012 Supplements;
3. ICC/A117.1-2017, American National Standard: Accessible and Usable Buildings and Facilities (2017), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at www.iccsafe.org;
4. International Building Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at www.iccsafe.org, with the following modifications:
   a. Section 101.1 is modified by deleting "of [NAME OF JURISDICTION]",
   b. Section 101.2 is modified by deleting the "Exception",
   c. Section 101.4.7 is deleted,
   d. Sections 103.1 through 103.3 are deleted,
   e. Sections 104.1 through 104.11.2 are deleted,
   f. Sections 105.1 through 105.7 are deleted,
   g. Sections 106.1 through 106.3 are deleted,
   h. Sections 107.1 through 107.5 are deleted,
   i. Sections 108.1 through 108.4 are deleted,
   j. Sections 109.1 through 109.6 are deleted,
   k. Sections 110.1 through 110.6 are deleted,
   l. Sections 111.1 through 111.4 are deleted,

m. Sections 112.1 through 112.3 are deleted,
n. Sections 113.1 through 113.3 are deleted,
o. Sections 114.1 through 114.4 are deleted,
p. Sections 115.1 through 115.3 are deleted,
q. Sections 116.1 through 116.5 are deleted, and
r. Appendices A, B, C, D, K, L, and M are deleted;

5. International Mechanical Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at www.iccsafe.org, with the following modifications:
   a. Section 101.1 is modified by deleting "of [NAME OF JURISDICTION]",
   b. Sections 103.1 through 103.4.1 are deleted,
   c. Sections 104.1 through 104.7 are deleted,
   d. Sections 105.1 through 105.5 are deleted,
   e. Sections 106.1 through 106.5.3 are deleted,
   f. Sections 107.1 through 107.6 are deleted,
   g. Sections 108.1 through 108.7.3 are deleted,
   h. Sections 109.1 through 109.7 are deleted,
   i. Sections 110.1 through 110.4 are deleted, and
   j. Appendix B is deleted;
6. International Plumbing Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at www.iccsafe.org, with the following modifications:
   a. Section 101.1 is modified by deleting "of [NAME OF JURISDICTION]",
   b. Sections 103.1 through 103.4.1 are deleted,
   c. Sections 104.1 through 104.7 are deleted,
   d. Sections 105.1 through 105.4.1 are deleted,
   e. Sections 106.1 through 106.6.3 are deleted,
   f. Sections 107.1 through 107.7 are deleted,
   g. Sections 108.1 through 108.7.3 are deleted,
   h. Sections 109.1 through 109.7 are deleted,
   i. Sections 110.1 through 110.4 are deleted, and
   j. Appendix A is deleted;
7. As adopted by the Office of the State Fire Marshal;
8. International Fuel Gas Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at www.iccsafe.org, with the following modifications:
   a. Section 101.1 is modified by deleting "of [NAME OF JURISDICTION]",
   b. Section 101.2 is modified by deleting the "Exception",
   c. Sections 103.1 through 103.4.1 are deleted,
   d. Sections 104.1 through 104.7 are deleted,
   e. Sections 105.1 through 105.5 are deleted,
   f. Sections 106.1 through 106.6.3 are deleted,
   g. Sections 107.1 through 107.6 are deleted,
   h. Sections 108.1 through 108.7.3 are deleted,
   i. Sections 109.1 through 109.7 are deleted, and
   j. Sections 110.1 through 110.4 are deleted;
9. International Private Sewage Disposal Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at www.iccsafe.org, with the following modifications:
   a. Section 101.1 is modified by deleting "of [NAME OF JURISDICTION]",
   b. Sections 103.1 through 103.4.1 are deleted,
   c. Sections 104.1 through 104.7 are deleted,
   d. Sections 105.1 through 105.5 are deleted,
   e. Sections 106.1 through 106.4.3 are deleted,
   f. Sections 107.1 through 107.9 are deleted,
   g. Sections 108.1 through 108.7.2 are deleted,
   h. Sections 109.1 through 109.7 are deleted, and
   i. Sections 110.1 through 110.4 are deleted.

C. The Department shall not assess any penalty or fee specified in the physical plant health and safety codes and standards that are incorporated by reference in this Section.

Historical Note
New Section made by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-105. License Application

A. A person applying for an initial a health care institution license shall submit to the Department an application packet that contains:
1. An application in a Department-provided format provided by the Department including:
   a. The health care institution's:
      i. Name;
      ii. Street address, city, state, zip code;
      iii. Mailing address;
      iv. Telephone number;
      v. Email address;
      vi. Tax ID number; and
      vii. Class or subclass listed in R9-10-102 for which licensing is requested;
   b. Except for a home health agency, or hospice service agency, or behavioral health facility, whether the health care institution is located within 1/4 mile of agricultural land;
   c. Whether the health care institution is located in a leased facility;
   d. Whether the health care institution is ready for a licensing inspection by the Department;
   e. If the health care institution is not ready for a licensing inspection by the Department, the date the health care institution will be ready for a licensing inspection;
   f. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-10-108;
   g. Owner information including:
      i. The owner's name, mailing address, telephone number, and email address;
      ii. Whether the owner is a sole proprietorship, a corporation, a partnership, a limited liability partnership, a limited liability company, or a governmental agency;
      iii. If the owner is a partnership or a limited liability partnership, the name of each partner;
      iv. If the owner is a limited liability company, the name of the designated manager or, if no manager is designated, the names of any two members of the limited liability company;
      v. If the owner is a corporation, the name and title of each corporate officer;
      vi. If the owner is a governmental agency, the name and title of the individual in charge of the

governmental agency or the name of an individual in charge of the health care institution designated in writing by the individual in charge of the governmental agency;

vii. If the owner is a sole proprietorship, a copy of the applicant's;
(1) U.S. Passport, current or expired;
(2) Birth certificate;
(3) Naturalization documents; or
(4) Documentation of legal resident alien status.

viii. Whether the owner or any person with 10% or more business interest in the health care institution has had a license to operate a health care institution denied, revoked, or suspended; the reason for the denial, suspension, or revocation; the date of the denial, suspension, or revocation; and the name and address of the licensing agency that denied, suspended, or revoked the license;

ix. Whether the owner or any person with 10% or more business interest in the health care institution has had a health care professional license or certificate denied, revoked, or suspended; the reason for the denial, suspension, or revocation; the date of the denial, suspension, or revocation; and the name and address of the licensing agency that denied, suspended, or revoked the license or certificate; and

x. The name, title, address, and telephone number of the owner's statutory agent or the individual designated by the owner to accept service of process and subpoenas;

h. The name and mailing address of the governing authority;

i. The chief administrative officer's:
i. Name,
ii. Title,
iii. Highest educational degree, and
iv. Work experience related to the health care institution class or subclass for which licensing is requested; and

j. Signature required in A.R.S. § 36-422(B);

2. Documentation from the property owner that the property owner approves the health care institution to operate and has exclusive rights of possession on the specified property;

3. If applicable, a copy of the owner's articles of incorporation, partnership or joint venture documents, or limited liability documents;

4. If applicable, the name and mailing address of each owner or lessee of any agricultural land regulated under A.R.S. § 3-365 and a copy of the written agreement between the applicant and the owner or lessee of agricultural land as prescribed in A.R.S. § 36-421(D);

5. Except for a home health agency, a hospice service agency, or a nursing-supported group home, one of the following:

a. If the health care institution or a part of the health care institution is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in R9-10-104.01, an application packet as required in R9-10-104(A);or

b. If the health care institution or a part of the health care institution is not required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in R9-10-104.01:

i. One of the following:
(1) Documentation from the local jurisdiction of compliance with applicable local building codes and zoning ordinances, specific to the class or subclass of the health care institution;
(2) A certificate of occupancy specific to the class or subclass of the health care institution; or
(3) If documentation from the local jurisdiction is not available, documentation of the unavailability of the local jurisdiction compliance and documentation of a general contractor's inspection of the facility that states the facility is safe for occupancy as the applicable health care institution class or subclass;

ii. The licensed capacity requested by the applicant for the health care institution;

iii. If applicable, the licensed occupancy requested by the applicant for the health care institution;

iv. If applicable, the respite capacity requested by the applicant for the health care institution;

v. A site plan showing each facility, the property lines of the health care institution, each street and walkway adjacent to the health care institution, parking for the health care institution, fencing and each gate on the health care institution premises, and, if applicable, each swimming pool on the health care institution premises; and

vi. A floor plan showing, for each story of a facility, the room layout, room usage, each door and each window, plumbing fixtures, each exit, and the location of each fire protection device;

6. The health care institution's proposed scope of services; and

7. The applicable application fee required by R9-10-106.

B. In addition to the initial license application requirements in this Section, an applicant shall comply with the supplemental application requirements in specific rules in this Chapter for the health care institution class or subclass for which licensing is requested.

C. The Department shall approve or deny a license application in this Section according to R9-10-108.

D. A health care institution license is valid:

1. Unless, as specified in A.R.S. § 36-425(C):
a. The Department revokes or suspends the license according to R9-10-112, or
b. The license is considered void because the licensee did not pay the applicable fees in R9-10-106 according to R9-10-107; or

2. Until a licensee voluntarily surrenders the license to the Department when terminating the operation of the health care institution, according to R9-10-109(B).

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October

1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-106. Fees

A. An applicant submitting an application for a health care institution license shall submit to the Department a nonrefundable application fee of $50.

B. Except as provided in subsection (C), an applicant submitting an application for a health care institution license or a licensee submitting an annual healthcare institution licensing fee shall submit the fees specified in Table 1.3.

C. Subsection (B) and Table 1.3 does not apply to a health care institution operated by a state agency according to state or federal law or to an adult foster care home licensed according to Article 8.

D. In addition to the applicable fees in subsection (B), a licensee shall submit a late payment fee of $250 if submitting annual licensing fees according to R9-10-107(E)(1) or (2)(d).

E. All fees are nonrefundable except as provided in A.R.S. § 41-1077.

F. The Department may charge up to $1,000 per visit for an onsite monitoring inspection fee, as determined by a provider agreement or notice, according to A.R.S. § 36-405(D).

G. If the Department provides in-service training to a health care institution that requests in-service training relating to regulatory compliance outside of the survey process, the Department may charge up to $500 an hour for the in-service training, according to A.R.S. § 36-405(E).

Historical Note

New Section R9-10-106 renumbered from R9-10-122 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4). Amended by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3). Amended by final rulemaking at 31 A.A.R. 4400 (November 21, 2025), effective January 3, 2026 (Supp. 25-4).

Table 1.3. Fees

Healthcare Institution Class or Subclass	Fees for the following licensed capacities					
	No licensed capacity	1 to 59 beds	60 to 99 beds	100 to 149 beds	150 beds or more	Plus the licensed capacity times
Abortion clinic, according to Article 15	$482	-	-	-	-	-
Adult behavioral health therapeutic home, according to Article 18	$495	$495	-	-	-	$132
Adult day health care facility, according to Article 11	$370	-	-	-	-	-
Adult foster care home, according to Article 8	-	-	-	-	-	-
Adult residential care institution, according to Article 7	$495	$495	-	-	-	$132
Assisted living center, according to Article 8	$370	$370	$739	$1,109	$1,848	$98
Assisted living home, according to Article 8	$370	$370	-	-	-	$98
Behavioral health inpatient facility, according to Article 3	$495	$495	$990	$1,485	$2,475	$132
Behavioral health residential facility, according to Article 7	$495	$495	$990	$1,485	$2,475	$132
Behavioral health respite home, according to Article 16	$495	$495	-	-	-	$132
Behavioral health specialized transitional facility, according to Article 13	$495	$495	-	-	-	$132
Counseling facility, according to Article 19	$495	-	-	-	-	-
Home health agency, according to Article 12	$482	-	-	-	-	-
Hospice inpatient facility, according to Article 6	$482	$482	-	-	-	$127

Table 1.3. Fees (Continued)

Hospice service agency, according to Article 6	$482	-	-	-	-	-
Hospital license according to Article 2, including a general hospital, a rural hospital, or a special hospital	$482	$482	$964	$1,445	$2,409	$127
	If providing behavioral health observation or stabilization services, in addition to the fee, the licensed occupancy times $91.					
Intermediate care facility for individuals with intellectual disabilities, according to Article 5	-	$383	$766	$1,148	$1,914	$102
Nursing care institution, according to Article 4	-	$383	$766	$1,148	$1,914	$102
Nursing-supported group home, according to Article 22	$383	$383	-	-	-	$102
Outpatient surgical center, according to Article 9	$482	-	-	-	-	-
Outpatient treatment center, according to Article 10	$482	-	-	-	-	-
	If providing dialysis services, in addition to the licensing fee, the number of dialysis stations times $91.					
Pain management clinic, according to Article 20	$482	-	-	-	-	-
Recovery care center, according to Article 21	$482	$482	-	-	-	$127
Secure behavioral health residential facility, according to Article 23 or Article 24	$495	$495	$990	$1,485	$2,475	$132
Single Group Hospital License or Licensee with a Single Group License	$482	$482	$964	$1,445	$2,409	$127
Substance abuse transitional facility, according to Article 14	$495	-	-	-	-	-
Unclassified health care institution, according to Article 17	$482	-	-	-	-	-

Historical Note

Table 1.3 Fees made by final rulemaking at 31 A.A.R. 4400 (November 21, 2025), effective January 3, 2026 (Supp. 25-4). Table 1.3 Fees amended by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-107. Submission of Health Care Institution Licensing Fees

A. An applicant for a health care institution license shall submit the applicable licensing fees in R9-10-106 to the Department:
1. Within 60 calendar days after the date of the written notice of approval in R9-10-108(C)(3); or
2. Within 90 calendar days after the date of the written notice of approval in R9-10-108(C)(3), with the payment of an additional late payment fee of $250.

B. Except as specified in subsection (D), a licensee shall submit to the Department, no earlier than 60 calendar days before the anniversary date of the facility's health care institution license:
1. The following information in a Department-provided format:
   a. The licensee's name, and
   b. The facility's name and license number;
2. The applicable annual licensing fees in R9-10-106.

C. If any information in the Department's current records for a health care institution is incorrect, before a licensee submits annual licensing fees according to subsection (B), the licensee shall comply with the applicable requirements in R9-10-109 or R9-10-110 to update the Department's records for the health care institution.

D. A licensee may submit to the Department the information in subsection (B)(1) and applicable annual licensing fees in R9-10-106:
1. Within 30 calendar days after the anniversary date of the facility's health care institution license, with the payment of the additional late payment fee in R9-10-106(F); or
2. If an alternate licensing fee due date has been established for the licensee according to subsections (E) and (F):
   a. By the anniversary date of the facility's health care institution license, with the appropriate fee amount to prorate the annual licensing fees in R9-10-106 for a facility to the alternate licensing fee due date;
   b. By the alternate licensing fee due date;
   c. If a new alternate licensing fee due date has been established, by the current alternate licensing fee due date, with the appropriate fee amount to prorate the annual licensing fees in R9-10-106 for a facility to the new alternate licensing fee due date; or
   d. Within 30 calendar days after the alternate licensing fee due date, with the payment of the additional late payment fee in R9-10-106(F).

E. Except as specified in subsection (G), a licensee may request a licensing fee due date for a facility that is different from the anniversary date of a facility's health care institution license

by submitting an application for an alternate licensing fee due date to the Department, at least 30 calendar days before the anniversary date of the facility's health care institution license, that includes the following information in a Department-provided format:

1. The licensee's name and email address,
2. The facility's name and license number,
3. The current licensing fee due date,
4. The proposed alternate licensing fee due date,
5. The reason the licensee is requesting an alternate licensing fee due date, and
6. The name of the health care institution's administrator or individual representing the health care institution as designated in A.R.S. § 36-422 and the dated signature of the administrator or individual.

F. The Department shall review a request made according to subsection (E) according to R9-10-108.

G. A licensee may not request an alternate licensing fee due date according to subsection (E):

1. More frequently than once in each three-year period, or
2. For a facility for which the payment of licensing fees is not up-to-date.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section repealed; new Section made by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-108. Time-frames

A. The overall time-frame for each type of approval granted by the Department is listed in Table 1.1. The applicant and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame. The substantive review time-frame and the overall time-frame may not be extended by more than 25% of the overall time-frame.

B. The administrative completeness review time-frame for each type of approval granted by the Department as prescribed in this Article is listed in Table 1.1. The administrative completeness review time-frame begins on the date the Department receives an application packet or a written request for an alternate licensing fee due date.

1. The application packet for a health care institution license is not complete until the applicant provides the Department with written notice that the health care institution is ready for a licensing inspection by the Department.
2. If the application packet or written request is incomplete, the Department shall provide a written notice to the applicant specifying the missing document or incomplete information. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice until the date the Department receives the missing document or information from the applicant.
3. When an application packet or written request is complete, the Department shall provide a written notice of administrative completeness to the applicant.
4. For a health care institution license application packet, an application packet for a modification or a written request for an alternate licensing fee due date, the Department shall consider the application or written request withdrawn if the applicant fails to supply the missing documents or information included in the notice described in subsection (B)(2) within 60 calendar days after the date of the notice described in subsection (B)(2).
5. If the Department issues a license or grants an approval during the time provided to assess administrative completeness, the Department shall not issue a separate written notice of administrative completeness.

C. The substantive review time-frame is listed in Table 1.1 and begins on the date of the notice of administrative completeness.

1. The Department may conduct an onsite inspection of the facility:
   a. As part of the substantive review for issuing a health care institution license; or
   b. As part of the substantive review for approving a modification of a health care institution's license.
2. During the substantive review time-frame, the Department may make one comprehensive written request for additional information or documentation. If the Department and the applicant agree in writing, the Department may make supplemental requests for additional information or documentation. The time-frame for the Department to complete the substantive review is suspended from the date of a written request for additional information or documentation until the Department receives the additional information or documentation.
3. The Department shall send a written notice of approval to an applicant that is in substantial compliance with applicable requirements in A.R.S. Title 36, Chapter 4 and this Chapter.
4. After an applicant for a health care institution license receives the written notice of approval in subsection (C)(3), the applicant shall submit the applicable health care institution license fee in R9-10-106 according to R9-10-107(A).
5. After receiving the applicable health care institution licensing fee from an applicant according to subsection (C)(4) and R9-10-107(A), the Department shall send a health care institution license to the applicant.
6. The Department shall provide a written notice of denial that complies with A.R.S. § 41-1076 to an applicant who does not:
   a. For a health care institution license application or modification of a health care institution requiring architectural plans and specifications, submit the information or documentation in subsection (C)(2) within 120 calendar days after the Department's written request to the applicant;
   b. For a modification of a health care institution not requiring architectural plans and specifications or a written request for an alternate licensing fee due date, submit the information or documentation in subsection (C)(2) within 30 calendar days after the Department's written request to the applicant;
   c. Comply with the applicable requirements in A.R.S. Title 36, Chapter 4 and this Chapter; or
   d. If applicable, submit a fee required in R9-10-106 or R9-10-107.
7. An applicant may file a written notice of appeal with the Department within 30 calendar days after receiving the notice described in subsection (C)(6). The appeal shall be

conducted according to A.R.S. Title 41, Chapter 6, Article 10.

8. If a time-frame's last day falls on a Saturday, a Sunday, or an official state holiday, the Department shall consider the next working day to be the time-frame's last day.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 859, effective April 2, 2005 (Supp. 05-1). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

Table 1.1 Time-frames

Type of Approval	Statutory Authority	Overall Time-frame	Administrative Completeness Time-frame	Substantive Review Time-frame
Health care institution license R9-10-105	A.R.S. §§ 36-405, 36-407, 36-421, 36-422, 36-424, and 36-425	120 calendar days	30 calendar days	90 calendar days
Approval of an alternate licensing fee due date R9-10-107	A.R.S. § 36-405	30 calendar days	10 calendar days	20 calendar days
Approval of a modification of a health care institution R9-10-110	A.R.S. §§ 36-405, 36-407, and 36-422	75 calendar days	15 calendar days	60 calendar days

Historical Note

New Table 1 made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 859, effective April 2, 2005 (Supp. 05-1). Table 1 number amended to Table 1.1 and contents amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Table 1.1 amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Table 1.1 amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Table 1.1 heading added for clarity by the Division (Supp. 21-2). Table 1.1 amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-109. Changes Affecting a License

A. A licensee shall ensure that:
1. The Department is notified in writing at least 30 calendar days before the effective date of:
   a. Except as provided in subsection (H), a change in the name of:
      i. A health care institution, or
      ii. The licensee;
   b. A change in the hours of operation:
      i. Of an administrative office, or
      ii. For providing physical health services or behavioral health services to patients of the health care institution;
   c. A change in the address of a health care institution that does not provide medical services, nursing services, behavioral health services, or health-related services; or
   d. A change in the geographic region to be served by the hospice service agency or home health agency; and
2. Documentation supporting the change is provided to the Department with the notification required in subsection (A)(1).

B. If a licensee intends to terminate the operation of a health care institution, the licensee shall ensure that the Department is notified in writing of:
1. The termination of the health care institution's operations, as required in A.R.S. § 36-422(D), at least 30 calendar days before the termination, and
2. The address and contact information for the location where the health care institution's medical records will be retained as required in A.R.S. § 12-2297.

C. A licensee shall ensure that the Department is notified in writing, according to A.R.S. § 36-425(I), of a change in the chief administrative officer of the health care institution.

D. If a health care institution is accredited by a nationally recognized accrediting organization, a licensee may submit to the Department the health care institution's current accreditation report.

E. If a licensee is an adult behavioral health therapeutic home or a behavioral health respite home, the licensee shall ensure that:
1. The Department is notified in writing if the licensee does not have a written agreement with a collaborating health care institution, as required in R9-10-1603(A)(3) or R9-10-1803(A)(3) as applicable; and
2. The adult behavioral health therapeutic home or behavioral health respite home does not accept an individual as a resident or recipient, as applicable, or provide services to a resident or recipient, as applicable, until:
   a. The adult behavioral health therapeutic home or behavioral health respite home has a written agreement with a collaborating health care institution;
   b. The collaborating health care institution has approved the adult behavioral health therapeutic home's or behavioral health respite home's:
      i. Scope of services, and
      ii. Policies and procedures; and
   c. The collaborating health care institution has verified the provider's skills and knowledge.

F. If a licensee is an affiliated outpatient treatment center, the licensee shall ensure that if the affiliated outpatient treatment center:
1. Plans to begin providing administrative support to a counseling facility at a time other than during the affili-

ated outpatient treatment center's license application process, the following information for each counseling facility is submitted to the Department before the affiliated outpatient treatment center begins providing administrative support:
a. The counseling facility's name,
b. The license number assigned to the counseling facility by the Department, and
c. The date the affiliated outpatient treatment center will begin providing administrative support to the counseling facility; or

2. No longer provides administrative support to a counseling facility previously identified by the affiliated outpatient treatment center as receiving administrative support from the affiliated outpatient treatment center, the following information for each counseling facility is submitted to the Department within 30 calendar days after the affiliated outpatient treatment center no longer provides administrative support:
a. The counseling facility's name,
b. The license number assigned to the counseling facility by the Department, and
c. The date the affiliated outpatient treatment center stopped providing administrative support to the counseling facility.

G. If a licensee is a counseling facility, the licensee shall ensure that if the counseling facility:
1. Plans to begin receiving administrative support from an affiliated outpatient treatment center at a time other than during the counseling facility's license application process, the following information for the affiliated outpatient treatment center is submitted to the Department before the counseling facility begins receiving administrative support:
a. The affiliated outpatient treatment center's name,
b. The license number assigned to the affiliated outpatient treatment center by the Department, and
c. The date the counseling facility will begin receiving administrative support;
2. No longer receives administrative support from an affiliated outpatient treatment center previously identified by the counseling facility as providing administrative support to the counseling facility, the following information for the affiliated outpatient treatment center is submitted to the Department within 30 calendar days after the counseling facility no longer receives administrative support from the affiliated outpatient treatment center:
a. The affiliated outpatient treatment center's name,
b. The license number assigned to the affiliated outpatient treatment center by the Department, and
c. The date the counseling facility stopped receiving administrative support from the affiliated outpatient treatment center;
3. Plans to begin sharing administrative support with an affiliated counseling facility at a time other than during the counseling facility's license application process, the following information for each affiliated counseling facility sharing administrative support with the counseling facility is submitted to the Department before the counseling facility and affiliated counseling facility begin sharing administrative support:
a. The affiliated counseling facility's name,
b. The license number assigned to the affiliated counseling facility by the Department, and
c. The date the counseling facility and the affiliated counseling facility will begin sharing administrative support; or
4. No longer shares administrative support with an affiliated counseling facility previously identified by the counseling facility as sharing administrative support with the counseling facility, the following information is submitted for each affiliated counseling facility within 30 calendar days after the counseling facility and affiliated counseling facility no longer share administrative support:
a. The affiliated counseling facility's name,
b. The license number assigned to the affiliated counseling facility by the Department, and
c. The date the counseling facility and affiliated counseling facility will no longer be sharing administrative support.

H. A governing authority shall submit a license application required in R9-10-105 for:
1. A change in ownership of a health care institution;
2. A change in the address or location of a health care institution that provides medical services, nursing services, health-related services, or behavioral health services; or
3. A change in a health care institution's class or subclass.

I. A governing authority is not required to submit the documentation required in R9-10-105(A)(5) for a license application if:
1. The health care institution has not ceased operations for more than 30 calendar days,
2. A modification has not been made to the health care institution,
3. The services the health care institution is authorized by the Department to provide are not changed, and
4. The location of the health care institution's premises is not changed.

J. To request a duplicate license, a licensee shall submit a written request to the Department for the duplicate license in a format provided by the Department that includes:
1. The licensee's name and address,
2. The licensee's license number and expiration date,
3. The licensee's signature and date of signature, and
4. If applicable, the fee in R9-10-106.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-110. Modification of a Health Care Institution

A. A licensee shall submit a request for approval of a modification of a health care institution when planning to make:
1. An addition or removal of an authorized service;
2. An addition or removal of a colocator;

3. A change in a health care institution's licensed capacity, licensed occupancy, respite capacity, or the number of dialysis stations;
4. A change in the physical plant, including facilities or equipment, that costs more than $300,000; or
5. A change in the building where a health care institution is located that affects compliance with:
   a. Applicable physical plant codes and standards incorporated by reference in R9-10-104.01, or
   b. Physical plant requirements in the specific Article in this Chapter applicable to the health care institution.

B. A licensee of a health care institution that is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in R9-10-104.01 shall submit an application, according to R9-10-104(A), for a modification of the health care institution described in subsections (A)(3) through (5).

C. A licensee of a health care institution shall submit an application for a modification of the health care institution in a Department-provided format that contains:
1. The following information in a Department-provided format:
   a. The health care institution's name, mailing address, email address, and license number;
   b. A narrative description of the modification, including as applicable:
      i. The services the licensee is requesting be added or removed as an authorized service;
      ii. The name and license number of an associated licensed provider being added or removed as a colocator;
      iii. The name and professional license number of an exempt health care provider being added or removed as a colocator;
      iv. If an associated licensed provider or exempt health care provider is being added as a colocator, the proposed scope of services;
      v. The current and proposed licensed capacity, licensed occupancy, respite capacity, and number of dialysis stations;
      vi. The change being made in the physical plant; and
      vii. The change being made that affects compliance with applicable physical plant codes and standards incorporated by reference in R9-10-104.01; and
   c. The name and email address of the health care institution's administrator's or individual representing the health care institution as designated in according to A.R.S. § 36-422 and the dated signature of the administrator or individual; and
2. Documentation that demonstrates that the requested modification complies with applicable requirements in this Chapter, including as applicable:
   a. A floor plan showing the location of each colocator's proposed treatment area and the areas of the collaborating outpatient treatment center's premises shared with a colocator;
   b. For a change in the licensed capacity, licensed occupancy, respite capacity, or number of dialysis stations or a modification of the physical plant:
      i. A floor plan showing, for each story of the facility affected by the modification, the room layout, room usage, each door and each window, plumbing fixtures, each exit, and the location of each fire protection device; or
      ii. For a health care institution or part of the health care institution that is required to comply with the physical plant codes and standards incorporated by reference in R9-10-104.01 or the building, documentation of the Department's approval of the health care institution's architectural plans and specifications in R9-10-104(D); and
   c. Any other documentation to support the requested modification; and
3. If applicable, a copy of the written agreement the associated licensed provider or exempt health care provider has with the collaborating outpatient treatment center.

D. The Department shall approve or deny a request for a modification described in subsection (C) according to R9-10-108.

E. A licensee shall not implement a modification described in subsection (C) until an approval or amended license is issued by the Department.

F. A licensee shall submit the applicable fee according to R9-10-106.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-110 renumbered to Section R9-10-111; new Section R9-10-110 made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-111. Enforcement Actions

A. If the Department determines that an applicant or licensee is violating applicable statutes or rules, the Department may take action according to A.R.S. Title 36, Chapter 4, R9-10-112 or, Table 1.2.

B. The Department may impose civil money penalties on a licensed health care institution that violates Title 36 or this Chapter, with penalties assessed per resident or patient impacted by the violation as determined by the Department based on the following factors:
1. The civil penalty may be up to $1,000 per violation, pursuant to A.R.S. § 36-431.01, if one or more of the following aggravating factors apply:
   a. The violation is repeated;
   b. Actual harm occurred;
   c. The violation poses a potential threat for actual harm or to health and safety, including to patients, staff, or residents;
   d. Immediate jeopardy exists due to the type and severity of the violation;
   e. The licensee fails to correct the violation in a reasonable timely manner, which may be a threat to health and safety;
   f. The length of time the violation occurred;
   g. Patterns of noncompliance; or
   h. The total number of violations; and

2. In determining the final penalty, the Department shall consider and reduce the penalty if one or more of the following mitigating factors apply:
   a. The violation was isolated,
   b. No actual harm occurred,
   c. No immediate jeopardy was present,
   d. The facility reported the violation to the Department,
   e. The facility promptly corrected the violation,
   f. The number of persons affected by the violation,
   g. The size of the facility and the financial impact of the penalty, or
   h. The length of time the violation occurred.

Historical Note

Amended effective February 4, 1981 (Supp. 81-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 97, effective January 1, 2014 (Supp. 13-4). Section R9-10-111 renumbered to Section R9-10-112; new Section R9-10-111 renumbered from R9-10-110 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

R9-10-112. Denial, Revocation, or Suspension of License

A. The Department may deny, revoke, or suspend a license to operate a health care institution if an applicant, a licensee, or a controlling person of the health care institution:
1. Provides false or misleading information to the Department;
2. Has had in any state or jurisdiction any of the following:
   a. An application or license to operate a health care institution denied, suspended, or revoked, unless the denial was based on failure to complete the licensing process or to pay a required licensing fee within a required time-frame; or
   b. A health care professional license or certificate denied, revoked, or suspended;
3. Does not comply with the applicable requirements in A.R.S. Title 36, Chapter 4 and this Chapter;
4. Has operated a health care institution, within the preceding ten years, in violation of A.R.S. Title 36, Chapter 4 or this Chapter, that posed a direct risk to the life, health, or safety of a patient; or
5. Has operated a health care institution without seeing a patient within twelve consecutive months.

B. The Department shall suspend or revoke a hospital's license if the Department receives, pursuant to A.R.S. § 36-2901.08(H), notice from the Arizona Health Care Cost Containment System that the hospital's provider agreement registration with the Arizona Health Care Cost Containment System has been suspended or revoked.

Historical Note

Amended effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section made by exempt rulemaking at 9 A.A.R. 526, effective April 1, 2003 (Supp. 03-1). Section R9-10-112 renumbered to R9-10-113; new Section R9-10-112 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-112 renumbered to Section R9-10-113; new Section R9-10-112 renumbered from R9-10-111 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-113. Tuberculosis Screening

A. If a health care institution is subject to the requirements of this Section, as specified in an Article in this Chapter, the health care institution's chief administrative officer shall ensure that the health care institution establishes, documents, and implements tuberculosis infection control activities that:
1. Are consistent with recommendations in Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019, published by the U.S. Department of Health and Human Services, Atlanta, GA 30333, available at https://www.cdc.gov/mmwr/volumes/68/wr/mm6819a3.htm, incorporated by reference, on file with the Department, and including no future editions or amendments; and
2. Include:
   a. For each individual who is employed by the health care institution, provides volunteer services for the health care institution, or is admitted to the health care institution and who is subject to the requirements of this Section, baseline screening, on or before the date specified in the applicable Article of this Chapter, that consists of:
      i. Assessing risks of prior exposure to infectious tuberculosis,
      ii. Determining if the individual has signs or symptoms of tuberculosis, and
      iii. Obtaining documentation of the individual's freedom from infectious tuberculosis according to subsection (B)(1);
   b. If an individual may have a latent tuberculosis infection, as defined in A.A.C. R9-6-1201:
      i. Referring the individual for assessment or treatment; and
      ii. Annually obtaining documentation of the individual's freedom from symptoms of infectious tuberculosis, signed by a medical practitioner, occupational health provider, as defined in A.A.C. R9-6-801, or local health agency, as defined in A.A.C. R9-6-101;
   c. Annually providing training and education related to recognizing the signs and symptoms of tuberculosis to individuals employed by or providing volunteer services for the health care institution;
   d. Annually assessing the health care institution's risk of exposure to infectious tuberculosis;
   e. Reporting, as specified in A.A.C. R9-6-202, an individual who is suspected of exposure to infectious tuberculosis; and
   f. If an exposure to infectious tuberculosis occurs in the health care institution, coordinating and sharing information with the local health agency, as defined in A.A.C. R9-6-101, for identifying, locating, and

investigating contacts, as defined in A.A.C. R9-6-101.

B. A health care institution's chief administrative officer shall:

1. For an individual for whom baseline screening and documentation of freedom from infectious tuberculosis is required by an Article in this Chapter, as specified in subsection (A)(2)(a), obtain one of the following as evidence of freedom from infectious tuberculosis:
   a. Documentation of a negative Mantoux skin test or other tuberculosis screening test that:
      i. Is recommended by the U.S. Centers for Disease Control and Prevention (CDC),
      ii. Was administered within 12 months before the date the individual begins providing services at or on behalf of the health care institution or is admitted to the health care institution, and
      iii. Includes the date and the type of tuberculosis screening test;
   b. If the individual had a history of tuberculosis or documentation of latent tuberculosis infection, as defined in A.A.C. R9-6-1201, compliance with subsection (A)(2)(b); or
   c. If the individual had a positive Mantoux skin test or other tuberculosis screening test according to subsection (B)(1)(a) and does not have history of tuberculosis or documentation of latent tuberculosis infection, as defined in A.A.C. R9-6-1201, a written statement:
      i. That the individual is free from infectious tuberculosis, signed by a medical practitioner or local health agency, as defined in A.A.C. R9-6-101; and
      ii. Dated within 12 months before the date the individual begins providing services at or on behalf of the health care institution or is admitted to the health care institution; and
2. As part of the annual assessment of the health care institution's risk of exposure to infectious tuberculosis according to subsection (A)(2)(d), ensure that documentation is obtained for each individual required to be screened for infectious tuberculosis that:
   a. Indicates the individual's freedom from symptoms of infectious tuberculosis; and
   b. Is signed by a medical practitioner, occupational health provider, as defined in A.A.C. R9-6-801, or local health agency, as defined in A.A.C. R9-6-101.

Historical Note

Former Section R9-10-113 repealed, new Section R9-10-113 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section R9-10-113 renumbered from R9-10-112 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-113 renumbered to Section R9-10-114; new Section R9-10-113 renumbered from R9-10-112 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 28 A.A.R. 1113 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-114. Clinical Practice Restrictions for Hemodialysis Technician Trainees

A. The following definitions apply in this Section:

1. "Assess" means collecting data about a patient by:
   a. Obtaining a history of the patient,
   b. Listening to the patient's heart and lungs, and
   c. Checking the patient for edema.
2. "Blood-flow rate" means the quantity of blood pumped into a dialyzer per minute of hemodialysis.
3. "Blood lines" means the tubing used during hemodialysis to carry blood between a vascular access and a dialyzer.
4. "Central line catheter" means a type of vascular access created by surgically implanting a tube into a large vein.
5. "Clinical practice restriction" means a limitation on the hemodialysis tasks that may be performed by a hemodialysis technician trainee.
6. "Conductivity test" means a determination of the electrolytes in a dialysate.
7. "Dialysate" means a mixture of water and chemicals used in hemodialysis to remove wastes and excess fluid from a patient's body.
8. "Dialysate-flow rate" means the quantity of dialysate pumped per minute of hemodialysis.
9. "Directly observing" or "direct observation" means a medical person stands next to an inexperienced hemodialysis technician trainee and watches the inexperienced hemodialysis technician trainee perform a hemodialysis task.
10. "Direct supervision" has the same meaning as "supervision" in A.R.S. § 36-401.
11. "Electrolytes" means chemical compounds that break apart into electrically charged particles, such as sodium, potassium, or calcium, when dissolved in water.
12. "Experienced hemodialysis technician trainee" means an individual who has passed all didactic, skills, and competency examinations provided by a health care institution that measure the individual's knowledge and ability to perform hemodialysis.
13. "Fistula" means a type of vascular access created by a surgical connection between an artery and vein.
14. "Fluid-removal rate" means the quantity of wastes and excess fluid eliminated from a patient's blood per minute of hemodialysis to achieve the patient's prescribed weight, determined by:
    a. Dialyzer size,
    b. Blood-flow rate,
    c. Dialysate-flow rate, and
    d. Hemodialysis duration.
15. "Germicide-negative test" means a determination that a chemical used to kill microorganisms is not present.
16. "Germicide-positive test" means a determination that a chemical used to kill microorganisms is present.
17. "Graft" means a vascular access created by a surgical connection between an artery and vein using a synthetic tube.
18. "Hemodialysis machine" means a mechanical pump that controls:
    a. The blood-flow rate,
    b. The mixing and temperature of dialysate,
    c. The dialysate-flow rate,
    d. The addition of anticoagulant, and
    e. The fluid-removal rate.
19. "Hemodialysis technician" has the same meaning as in A.R.S. § 36-423(A).

20. "Hemodialysis technician trainee" means an individual who is working in a health care institution to assist in providing hemodialysis and who is not certified as a hemodialysis technician according to A.R.S. § 36-423(A).
21. "Inexperienced hemodialysis technician trainee" means an individual who has not passed all didactic, skills, and competency examinations provided by a health care institution that measure the individual's knowledge and ability to perform hemodialysis.
22. "Medical person" means:
    a. A physician who is experienced in dialysis;
    b. A registered nurse practitioner who is experienced in dialysis;
    c. A nurse who is experienced in dialysis;
    d. A hemodialysis technician who meets the requirements in A.R.S. § 36-423(A) approved by the governing authority; and
    e. An experienced hemodialysis technician trainee approved by the governing authority.
23. "Not established" means not approved by a patient's nephrologist for use in hemodialysis.
24. "Patient" means an individual who receives hemodialysis.
25. "pH test" means a determination of the acidity of a dialysate.
26. "Preceptor course" means a health care institution's instruction and evaluation provided to a nurse, hemodialysis technician, or hemodialysis technician trainee that enables the nurse, hemodialysis technician, or hemodialysis technician trainee to provide direct observation and education to hemodialysis technician trainees.
27. "Respond" means to mute, shut off, reset, or troubleshoot an alarm.
28. "Safety check" means successful completion of tests recommended by the manufacturer of a hemodialysis machine, a dialyzer, or a water system used for hemodialysis before initiating a patient's hemodialysis.
29. "Water-contaminant test" means a determination of the presence of chlorine or chloramine in a water system used for hemodialysis.

B. An experienced hemodialysis technician trainee may:
1. Perform hemodialysis under direct supervision, and
2. Provide direct observation to another hemodialysis technician trainee only after completing the health care institution's preceptor course approved by the governing authority.

C. An experienced hemodialysis technician trainee shall not access a patient's:
1. Fistula that is not established, or
2. Graft that is not established.

D. An inexperienced hemodialysis technician trainee may perform the following hemodialysis tasks only under direct observation:
1. Access a patient's central line catheter;
2. Respond to a hemodialysis-machine alarm;
3. Draw blood for laboratory tests;
4. Perform a water-contaminant test on a water system used for hemodialysis;
5. Inspect a dialyzer and perform a germicide-positive test before priming a dialyzer;
6. Set up a hemodialysis machine and blood lines before priming a dialyzer;
7. Prime a dialyzer;
8. Test a hemodialysis machine for germicide presence;
9. Perform a hemodialysis machine safety check;
10. Prepare a dialysate;
11. Perform a conductivity test and a pH test on a dialysate;
12. Assess a patient;
13. Check and record a patient's vital signs, weight, and temperature;
14. Determine the amount and rate of fluid removal from a patient;
15. Administer local anesthetic at an established fistula or graft, administer anticoagulant, or administer replacement saline solution;
16. Perform a germicide-negative test on a dialyzer before initiating hemodialysis;
17. Initiate or discontinue a patient's hemodialysis;
18. Adjust blood-flow rate, dialysate-flow rate, or fluid-removal rate during hemodialysis; or
19. Prepare a blood, water, or dialysate culture to determine microorganism presence.

E. An inexperienced hemodialysis technician trainee shall not:
1. Access a patient's:
    a. Fistula that is not established, or
    b. Graft that is not established; or
2. Provide direct observation.

F. When a hemodialysis technician trainee performs hemodialysis tasks for a patient, the patient's medical record shall include:
1. The name of the hemodialysis technician trainee;
2. The date, time, and hemodialysis task performed;
3. The name of the medical person directly observing or the nurse or physician directly supervising the hemodialysis technician trainee; and
4. The initials or signature of the medical person directly observing or the nurse or physician directly supervising the hemodialysis technician trainee.

G. If the Department determines that a health care institution is not in substantial compliance with this Section, the Department may take enforcement action according to R9-10-111.

Historical Note

Former Section R9-10-114 repealed, new Section R9-10-114 adopted effective February 4, 1981 (Supp. 81-1). Amended by adding paragraph (7) as an emergency effective November 17, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Amended by adding paragraph (7) as a permanent amendment effective August 2, 1984 (Supp. 84-4). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section R9-10-114 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-114 renumbered to Section R9-10-115; new Section R9-10-114 renumbered from R9-10-113 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-115. Behavioral Health Paraprofessionals; Behavioral Health Technicians

If a health care institution is a behavioral health facility or is authorized by the Department to provide behavioral health services, an administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented that:

a. Delineate the services a behavioral health paraprofessional is allowed to provide at or for the health care institution;
b. Cover supervision of a behavioral health paraprofessional, including documentation of supervision;
c. Establish the qualifications for a behavioral health professional providing supervision to a behavioral health paraprofessional;
d. Delineate the services a behavioral health technician is allowed to provide at or for the health care institution;
e. Cover clinical oversight for a behavioral health technician, including documentation of clinical oversight;
f. Establish the qualifications for a behavioral health professional providing clinical oversight to a behavioral health technician;
g. Delineate the methods used to provide clinical oversight, including when clinical oversight is provided on an individual basis or in a group setting; and
h. Establish the process by which information pertaining to services provided by a behavioral health technician is provided to the behavioral health professional who is responsible for the clinical oversight of the behavioral health technician;

2. A behavioral health paraprofessional receives supervision according to policies and procedures;
3. Clinical oversight is provided to a behavioral health technician to ensure that patient needs are met based on, for each behavioral health technician:
   a. The scope and extent of the services provided,
   b. The acuity of the patients receiving services, and
   c. The number of patients receiving services;
4. A behavioral health technician receives clinical oversight at least once during each two week period, if the behavioral health technician provides services related to patient care at the health care institution during the two week period;
5. When clinical oversight is provided electronically:
   a. The clinical oversight is provided verbally with direct and immediate interaction between the behavioral health professional providing and the behavioral health technician receiving the clinical oversight,
   b. A secure connection is used, and
   c. The identities of the behavioral health professional providing and the behavioral health technician receiving the clinical oversight are verified before clinical oversight is provided; and
6. A behavioral health professional provides supervision to a behavioral health paraprofessional or clinical oversight to behavioral health technician within the behavioral health professional's scope of practice established in the applicable licensing requirements under A.R.S. Title 32.

Historical Note

Adopted effective February 4, 1981 (Supp. 81-1). Amended by final rulemaking 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-115 renumbered to Section R9-10-116; new Section R9-10-115 renumbered from R9-10-114 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-116. Nutrition and Feeding Assistant Training Programs

A. For the purposes of this Section, "agency" means an entity other than a nursing care institution that provides the nutrition and feeding assistant training required in A.R.S. § 36-413.

B. An agency shall apply for approval to operate a nutrition and feeding assistant training program by submitting:
1. An application in a Department-provided format that contains:
   a. The name of the agency;
   b. The name, telephone number, and e-mail address of the individual in charge of the proposed nutrition and feeding assistant training program;
   c. The address where the nutrition and feeding assistant training program records are maintained;
   d. A description of the training course being offered by the nutrition and feeding assistant training program including for each topic in subsection (I):
      i. The information presented for each topic,
      ii. The amount of time allotted to each topic,
      iii. The skills an individual is expected to acquire for each topic, and
      iv. The testing method used to verify an individual has acquired the stated skills for each topic;
   e. Whether the agency agrees to allow the Department to submit supplemental requests for information as specified in subsection (F)(2); and
   f. The signature of the individual in charge of the proposed nutrition and feeding assistant training program and the date signed; and
2. A copy of the materials used for providing the nutrition and feeding assistant training program.

C. For an application for an approval of a nutrition and feeding assistant training program, the administrative review time-frame is 30 calendar days, the substantive review time-frame is 30 calendar days, and the overall time-frame is 60 calendar days.

D. Within 30 calendar days after the receipt of an application in subsection (B), the Department shall:
1. Issue an approval of the agency's nutrition and feeding assistant training program;
2. Provide a notice of administrative completeness to the agency that submitted the application; or
3. Provide a notice of deficiencies to the agency that submitted the application, including a list of the information or documents needed to complete the application.

E. If the Department provides a notice of deficiencies to an agency:
1. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice of deficiencies until the date the Department receives the missing information or documents from the agency;
2. If the agency does not submit the missing information or documents to the Department within 30 calendar days, the Department shall consider the application withdrawn; and
3. If the agency submits the missing information or documents to the Department within 30 calendar days, the substantive review time-frame begins on the date the Department receives the missing information or documents.

F. Within the substantive review time-frame, the Department:
1. Shall issue or deny an approval of a nutrition and feeding assistant training program; and
2. May make one written comprehensive request for more information, unless the Department and the agency agree in writing to allow the Department to submit supplemental requests for information.

G. If the Department issues a written comprehensive request or a supplemental request for information:
1. The substantive review time-frame and the overall time-frame are suspended from the date of the written comprehensive request or the supplemental request for information until the date the Department receives the information requested, and
2. The agency shall submit to the Department the information and documents listed in the written comprehensive request or supplemental request for information within 10 working days after the date of the comprehensive written request or supplemental request for information.

H. The Department shall issue:
1. An approval for an agency to operate a nutrition and feeding assistant training program if the Department determines that the agency and the application comply with A.R.S. § 36-413 and this Section; or
2. A denial for an agency that includes the reason for the denial and the process for appeal of the Department's decision if:
   a. The Department determines that the agency does not comply with A.R.S. § 36-413 and this Section; or
   b. The agency does not submit information and documents listed in the written comprehensive request or supplemental request for information within 10 working days after the date of the comprehensive written request or supplemental request for information.

I. An individual in charge of a nutrition and feeding assistant training program shall ensure that:
1. The materials and coursework for the nutrition and feeding assistant training program demonstrate the inclusion of the following topics:
   a. Feeding techniques;
   b. Assistance with feeding and hydration;
   c. Communication and interpersonal skills;
   d. Appropriate responses to resident behavior;
   e. Safety and emergency procedures, including the Heimlich maneuver;
   f. Infection control;
   g. Resident rights;
   h. Recognizing a change in a resident that is inconsistent with the resident's normal behavior; and
   i. Reporting a change in subsection (I)(1)(h) to a nurse at a nursing care institution;
2. An individual providing the training course is:
   a. A physician,
   b. A physician assistant,
   c. A registered nurse practitioner,
   d. A registered nurse,
   e. A registered dietitian,
   f. A licensed practical nurse,
   g. A speech-language pathologist, or
   h. An occupational therapist; and
3. An individual taking the training course completes:
   a. At least eight hours of classroom time, and
   b. Demonstrates that the individual has acquired the skills the individual was expected to acquire.

J. An individual in charge of a nutrition and feeding assistant training program shall issue a certificate of completion to an individual who completes the training course and demonstrates the skills the individual was expected to acquire as a result of completing the training course that contains:
1. The name of the agency approved to operate the nutrition and feeding assistant training program;
2. The name of the individual completing the training course;
3. The date of completion;
4. The name, signature, and professional license of the individual providing the training course; and
5. The name and signature of the individual in charge of the nutrition and feeding assistant training program.

K. The Department may deny, revoke, or suspend an approval to operate a nutrition and feeding assistant training program if an agency operating or applying to operate a nutrition and feeding assistance training program:
1. Provides false or misleading information to the Department;
2. Does not comply with the applicable statutes and rules;
3. Issues a training completion certificate to an individual who did not:
   a. Complete the nutrition and feeding assistant training program, or
   b. Demonstrate the skills the individual was expected to acquire; or
4. Does not implement the nutrition and feeding assistant training program as described in or use the materials submitted with the agency's application.

L. In determining which action in subsection (K) is appropriate, the Department shall consider the following:
1. Repeated violations of statutes or rules,
2. Pattern of non-compliance,
3. Types of violations,
4. Severity of violations, and
5. Number of violations.

Historical Note

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-116 renumbered to Section R9-10-117; new Section R9-10-116 renumbered from R9-10-115 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-117. Repealed

Historical Note

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-117 renumbered to Section R9-10-118; new Section R9-10-117 renumbered from R9-10-116 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Repealed by exempt

rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

R9-10-118. Collaborating Health Care Institution

A. An administrator of a collaborating health care institution shall ensure that:
1. A list is maintained of adult behavioral health therapeutic homes and behavioral health respite homes for which the collaborating health care institution serves as a collaborating health care institution;
2. For each adult behavioral health therapeutic home or behavioral health respite home in subsection (A)(1), the collaborating health care institution maintains the following information:
   a. A copy of the documented agreement that establishes the responsibilities of the adult behavioral health therapeutic home or behavioral health respite home and the collaborating health care institution consistent with the requirements in this Chapter;
   b. For the adult behavioral health therapeutic home or behavioral health respite home, the following information:
      i. Provider's name;
      ii. Street address;
      iii. License number;
      iv. Whether the residence is an adult behavioral health therapeutic home or a behavioral health respite home;
      v. If the residence is a behavioral health respite home, whether the behavioral health respite home provides respite care services to:
         (1) Individuals 18 years of age or older, or
         (2) Individuals less than 18 years of age;
      vi. The beginning and ending dates of the documented agreement in subsection (A)(2)(a); and
      vii. The name and contact information for the individual assigned by the collaborating health care institution to monitor the adult behavioral health therapeutic home or behavioral health respite home;
   c. For the adult behavioral health therapeutic home or behavioral health respite home, a copy of the following that have been approved by the collaborating health care institution:
      i. Scope of services,
      ii. Policies and procedures, and
      iii. Documentation of the review and update of policies and procedures;
   d. A description of the required skills and knowledge for a provider, based on the scope of services of the adult behavioral health therapeutic home or behavioral health respite home, as established by the collaborating health care institution; and
   e. For a provider in the adult behavioral health therapeutic home or behavioral health respite home, documentation of:
      i. The provider's skills and knowledge;
      ii. If applicable, the provider's completion of training in assistance in the self-administration of medication;
      iii. Verification of the provider's skills and knowledge; and
      iv. If the provider is required to have clinical oversight according to R9-10-1805(C), the provider's receiving clinical oversight;
3. A provider's skills and knowledge are verified by a personnel member according to policies and procedures;
4. A provider who provides behavioral health services receives clinical oversight, required in R9-10-1805(C), from a behavioral health professional; and
5. A provider, other than a provider who is a medical practitioner or nurse, receives training in assistance in the self-administration of medication:
   a. From a medical practitioner or registered nurse or from a personnel member of the collaborating health care institution trained by a medical practitioner or registered nurse;
   b. That includes:
      i. A demonstration of the provider's skills and knowledge necessary to provide assistance in the self-administration of medication,
      ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
      iii. The process for notifying the appropriate entities when an emergency medical intervention is needed; and
   c. That is documented.

B. For a patient referred to an adult behavioral health therapeutic home or a behavioral health respite home, an administrator shall ensure that:
1. A resident or recipient accepted by and receiving services from the adult behavioral health therapeutic home or behavioral health respite home does not present a threat to the referred patient, based on the resident's or recipient's developmental levels, social skills, verbal skills, and personal history;
2. The referred patient does not present a threat to a resident or recipient accepted by and receiving services from the adult behavioral health therapeutic home or behavioral health respite home based on the referred patient's developmental levels, social skills, verbal skills, and personal history;
3. The referred patient requires services within the adult behavioral health therapeutic home's or behavioral health respite home's scope of services;
4. A provider of the adult behavioral health therapeutic home or behavioral health respite home has the verified skills and knowledge to provide behavioral health services to the referred patient;
5. A treatment plan for the referred patient, which includes information necessary for a provider to meet the referred patient's needs for behavioral health services, is completed and forwarded to the provider before the referred patient is accepted as a resident or recipient;
6. A patient's treatment plan is reviewed and updated at least once every 12 months, and a copy of the patient's updated treatment plan is forwarded to the patient's provider;
7. If documentation of a significant change in a patient's behavioral, physical, cognitive, or functional condition and the action taken by a provider to address patient's changing needs is received by the collaborating health care institution, a behavioral health professional or behavioral health technician reviews the documentation and:
   a. Documents the review; and
   b. If applicable:
      i. Updates the patient's treatment plan, and

ii. Forwards the updated treatment plan to the provider within 10 working days after receipt of the documentation of a significant change;

8. If the review and updated treatment plan required in subsection (B)(7) is performed by a behavioral health technician, a behavioral health professional reviews and signs the review and updated treatment plan to ensure the patient is receiving the appropriate behavioral health services; and
9. In addition to the requirements for a medical record for a patient in this Chapter, a referred patient's medical record contains:
   a. The provider's name and the street address and license number of the adult behavioral health therapeutic home or behavioral health respite home to which the patient is referred,
   b. A copy of the treatment plan provided to the adult behavioral health therapeutic home or behavioral health respite home,
   c. Documentation received according to and required by subsection (B)(7),
   d. Any information about the patient received from the adult behavioral health therapeutic home or behavioral health respite home, and
   e. Any follow-up actions taken by the collaborating health care institution related to the patient.

C. For a patient referred to an adult behavioral health therapeutic home, an administrator shall ensure that the collaborating health care institution has documentation in the patient's medical record of evidence of freedom from infectious tuberculosis that meets the requirements in R9-10-113.

Historical Note

New Section R9-10-118 renumbered from R9-10-117 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). The word twelve has been changed to the numeral 12 in subsection (B)(6) for consistency in Chapter style and format (Supp. 21-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-119. Abortion Reporting

A. A licensed health care institution where abortions are performed shall submit to the Department, in a Department-provided format and according to A.R.S. § 36-2161(D) and (E), a report that contains the information required in A.R.S. § 36-2161(A) and the following:
1. The final disposition of the fetal tissue from the abortion; and
2. Except as provided in subsection (B), if custody of the fetal tissue is transferred to another person or persons:
   a. The name and address of the person or persons accepting custody of the fetal tissue,
   b. The amount of any compensation received by the licensed health care institution for the transferred fetal tissue, and
   c. Whether a patient provided informed consent for the transfer of custody of the fetal tissue.

B. A licensed health care institution where abortions are performed is not required to include the information specified in subsections (A)(2)(a) through (c) in the report required in subsection (A) if the licensed health care institution where abortions are performed:
1. Transfers custody of the fetal tissue:
   a. To a funeral establishment, as defined in A.R.S. § 32-1301;
   b. To a crematory, as defined in A.R.S. § 32-1301; or
   c. According to requirements in A.A.C. R18-13-1406, A.A.C. R18-13-1407, and A.A.C. R18-13-1408; or
2. Complies with requirements in A.A.C. R18-13-1405.

C. For purposes of this Section, the following definition applies: "Fetal tissue" means cells, or groups of cells with a specific function, obtained from an aborted human embryo or fetus.

Historical Note

New Section made by emergency rulemaking at 21 A.A.R. 1787, effective August 14, 2015 for 180 days (Supp. 15-3). Emergency expired February 10, 2016. Section amended by emergency rulemaking at 22 A.A.R. 420, effective February 11, 2016, for an additional 180 days; filed in the Office February 8, 2016 (Supp. 16-1). New Section made by final rulemaking at 22 A.A.R. 1343, with an immediate effective date upon filing under A.R.S. § 41-1032(A)(1) and (4) of May 5, 2016 (Supp. 16-2). Amended by final expedited rulemaking at 25 A.A.R. 1893, effective July 2, 2019 (Supp. 19-3).

R9-10-120. Opioid Prescribing and Treatment

A. This Section does not apply to a health care institution licensed under Article 20 of this Chapter.

B. In addition to the definitions in A.R.S. §§ 32-3248.01 and 36-401(A) and R9-10-101, the following definitions apply in this Section:
1. "Episode of care" means medical services, nursing services, or health-related services provided by a health care institution to a patient for a specific period of time, ending in discharge, the completion of the patient's treatment plan, or 90 days from the start of service provision to the patient, whichever is later.
2. "Order" means to issue written, verbal, or electronic instructions for a specific dose of a specific medication in a specific quantity and route of administration to be obtained and administered to a patient in a health care institution.

C. An administrator of a health care institution where opioids are prescribed or ordered as part of treatment shall:
1. Establish, document, and implement policies and procedures for prescribing or ordering an opioid as part of treatment, to protect the health and safety of a patient, that:
   a. Cover which personnel members may prescribe or order an opioid in treating a patient and the required knowledge and qualifications of these personnel members;
   b. As applicable and except when contrary to medical judgment for a patient, are consistent with A.R.S. § 32-3248.01 and the Arizona Opioid Prescribing Guidelines or national opioid-prescribing guidelines, such as guidelines developed by the:
      i. Centers for Disease Control and Prevention, or
      ii. U.S. Department of Veterans Affairs and the U.S. Department of Defense;
   c. As applicable, include how, when, and by whom:
      i. A patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database is reviewed;
      ii. An assessment is conducted of a patient's substance use risk;

iii. The potential risks, adverse outcomes, and complications, including death, associated with the use of opioids are explained to a patient or the patient's representative;
iv. Alternatives to a prescribed or ordered opioid are explained to a patient or the patient's representative;
v. Informed consent is obtained from a patient or the patient's representative and, if applicable, in what situations, described in subsection (G), (H), or (I), informed consent would not be obtained before an opioid is prescribed or ordered for a patient;
vi. A patient receiving an opioid is monitored; and
vii. The actions taken according to subsections (C)(1)(c)(i) through (vi) are documented;

d. Address conditions that may impose a higher risk to a patient when prescribing or ordering an opioid as part of treatment, including:
i. Concurrent use of a benzodiazepine or other sedative-hypnotic medication,
ii. History of substance use disorder,
iii. Co-occurring behavioral health issue, or
iv. Pregnancy;

e. Cover the criteria for co-prescribing a short-acting opioid antagonist for a patient who is not an inpatient, as defined in R9-10-201;

f. Include that, if continuing control of a patient's pain after discharge is medically indicated due to the patient's medical condition, a method for continuing pain control will be addressed as part of discharge planning;

g. Include the frequency of the following for a patient being prescribed an opioid for longer than a 30-calendar-day period:
i. Face-to-face interactions with the patient,
ii. Conducting an assessment of a patient's substance use risk,
iii. Renewal of a prescription for an opioid without a face-to-face interaction with the patient, and
iv. Monitoring the effectiveness of the treatment;

h. If applicable according to A.R.S. § 36-2608, include documenting a dispensed opioid in the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;

i. As applicable and consistent with A.R.S. § 32-3248.01, cover the criteria and procedures for tapering opioid prescription or ordering as part of treatment; and

j. Cover the criteria and procedures for offering or referring a patient for treatment for substance use disorder;

2. Include in the plan for the health care institution's quality management program a process for:
a. Review of known incidents of opioid-related adverse reactions or other negative outcomes a patient experiences or opioid-related deaths, and
b. Surveillance and monitoring of adherence to the policies and procedures in subsection (C)(1);

3. Except as prohibited by 42 CFR, Chapter I, Subchapter A, Part 2, or as provided in subsection (H)(1), ensure that, if a patient's death may be related to an opioid prescribed or ordered as part of treatment, written notification, in a Department-provided format, is provided to the Department of the patient's death within one working day after the health care institution learns of the patient's death; and

4. Ensure that informed consent, if required from a patient or the patient's representative, includes:
a. The patient's:
i. Name,
ii. Date of birth or other patient identifier, and
iii. Condition for which opioids are being prescribed;
b. That an opioid is being prescribed or ordered;
c. The potential risks, adverse reactions, complications, and medication interactions associated with the use of an opioid;
d. If applicable, the potential risks, adverse outcomes, and complications associated with the concurrent use of an opioid and a benzodiazepine or another sedative-hypnotic medication;
e. Alternatives to a prescribed or ordered opioid;
f. The name and signature of the individual explaining the use of an opioid to the patient; and
g. The signature of the patient or the patient's representative and the date signed.

D. Except as provided in subsection (H) or (I), an administrator of a health care institution where opioids are prescribed as part of treatment shall ensure that a medical practitioner authorized by policies and procedures to prescribe an opioid in treating a patient:

1. Before prescribing an opioid for a patient of the health care institution:
a. Conducts a physical examination of the patient or reviews the documentation from a physical examination conducted during the patient's same episode of care;
b. Except as exempted by A.R.S. § 36-2606(H), reviews the patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
c. Conducts an assessment of the patient's substance use risk or reviews the documentation from an assessment of the patient's substance use risk conducted during the same episode of care by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to conduct an assessment of the patient's substance use risk;
d. Explains to the patient or the patient's representative the risks and benefits associated with the use of opioids or ensures that the patient or the patient's representative understands the risks and benefits associated with the use of opioids, as explained to the patient or the patient's representative by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to explain to the patient or the patient's representative the risks and benefits associated with the use of opioids;
e. Explains alternatives to a prescribed opioid; and
f. Obtains informed consent from the patient or the patient's representative that meets the requirements in subsection (C)(4), including the potential risks, adverse outcomes, and complications associated with the concurrent use of an opioid and a benzodiazepine or another sedative-hypnotic medication, if the patient:

i. Is also prescribed or ordered a sedative-hypnotic medication, or
ii. Has been prescribed a sedative-hypnotic medication by another medical practitioner;

2. Includes the following information in the patient's medical record, an existing treatment plan, or a new treatment plan developed for the patient:
a. The patient's diagnosis;
b. The patient's medical history, including co-morbidities;
c. The opioid to be prescribed;
d. Other medications or herbal supplements being taken by the patient;
e. If applicable:
i. The effectiveness of the patient's current treatment,
ii. The duration of the current treatment, and
iii. Alternative treatments tried by or planned for the patient;
f. The expected benefit of the treatment and, if applicable, the benefit of the new treatment compared with continuing the current treatment; and
g. Other factors relevant to the patient's being prescribed an opioid; and

3. If applicable, specifies in the patient's discharge plan how medically indicated pain control will occur after discharge to meet the patient's needs.

E. Except as provided in subsection (G) or (H), an administrator of a health care institution where opioids are ordered for administration to a patient in the health care institution as part of treatment shall ensure that a medical practitioner authorized by policies and procedures to order an opioid in treating a patient:

1. Before ordering an opioid for a patient of the health care institution:
a. Conducts a physical examination of the patient or reviews the documentation from a physical examination conducted:
i. During the patient's same episode of care; or
ii. Within the previous 30 calendar days, at a health care institution transferring the patient to the health care institution or by the medical practitioner who referred the patient for admission to the health care institution;
b. Except as exempted by A.R.S. § 36-2606(H), reviews the patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
c. Conducts an assessment of the patient's substance use risk or reviews the documentation from an assessment of the patient's substance use risk conducted within the previous 30 calendar days by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to conduct an assessment of the patient's substance use risk;
d. Explains to the patient or the patient's representative the risks and benefits associated with the use of opioids or ensures that the patient or the patient's representative understands the risks and benefits associated with the use of opioids, as explained to the patient or the patient's representative by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to explain to the patient or the patient's representative the risks and benefits associated with the use of opioids;
e. If applicable, explains alternatives to an ordered opioid; and
f. Obtains informed consent from the patient or the patient's representative, according to subsection (D)(1)(f); and

2. Includes the following information in the patient's medical record, an existing treatment plan, or a new treatment plan developed for the patient:
a. The patient's diagnosis;
b. The patient's medical history, including co-morbidities;
c. The opioid being ordered and the reason for the order;
d. Other medications or herbal supplements being taken by the patient; and
e. If applicable:
i. The effectiveness of the patient's current treatment,
ii. The duration of the current treatment,
iii. Alternative treatments tried by or planned for the patient,
iv. The expected benefit of a new treatment compared with continuing the current treatment, and
v. Other factors relevant to the patient's being ordered an opioid.

F. For a health care institution where opioids are administered as part of treatment or where a patient is provided assistance in the self-administration of medication for a prescribed opioid, including a health care institution in which an opioid may be prescribed or ordered as part of treatment, an administrator, a manager as defined in R9-10-801, or a provider, as applicable to the health care institution, shall:

1. Establish, document, and implement policies and procedures for administering an opioid as part of treatment or providing assistance in the self-administration of medication for a prescribed opioid, to protect the health and safety of a patient, that:
a. Cover which personnel members may administer an opioid in treating a patient and the required knowledge and qualifications of these personnel members;
b. Cover which personnel members may provide assistance in the self-administration of medication for a prescribed opioid and the required knowledge and qualifications of these personnel members;
c. Include how, when, and by whom a patient's need for opioid administration is assessed;
d. Include how, when, and by whom a patient receiving an opioid is monitored; and
e. Cover how, when, and by whom the actions taken according to subsections (F)(1)(c) and (d) are documented;

2. Include in the plan for the health care institution's quality management program a process for:
a. Review of incidents of opioid-related adverse reactions or other negative outcomes a patient experiences or opioid-related deaths, and
b. Surveillance and monitoring of adherence to the policies and procedures in subsection (F)(1);

3. Except as prohibited by 42 CFR, Chapter I, Subchapter A, Part 2, or as provided in subsection (H)(1), ensure that, if a patient's death may be related to an opioid adminis-

tered as part of treatment, written notification, in a Department-provided format, is provided to the Department of the patient's death within one working day after the patient's death; and

4. Except as provided in subsection (H), ensure that an individual authorized by policies and procedures to administer an opioid in treating a patient or to provide assistance in the self-administration of medication for a prescribed opioid:
   a. Before administering an opioid or providing assistance in the self-administration of medication for a prescribed opioid in compliance with an order as part of the treatment for a patient, identifies the patient's need for the opioid;
   b. Monitors the patient's response to the opioid; and
   c. Documents in the patient's medical record:
      i. An identification of the patient's need for the opioid before the opioid was administered or assistance in the self-administration of medication for a prescribed opioid was provided, and
      ii. The effect of the opioid administered or for which assistance in the self-administration of medication for a prescribed opioid was provided.

G. A medical practitioner authorized by a health care institution's policies and procedures to order an opioid in treating a patient is exempt from the requirements in subsection (E), if:

1. The health care institution's policies and procedures, required in subsection (C)(1) or the applicable Article in 9 A.A.C. 10, contain procedures for:
   a. Providing treatment without obtaining the consent of a patient or the patient's representative,
   b. Ordering and administering opioids in an emergency situation, and
   c. Complying with the requirements in subsection (E) after the emergency is resolved;
2. The order for the administration of an opioid is:
   a. Part of the treatment for a patient in an emergency, and
   b. Issued in accordance with policies and procedures; and
3. The emergency situation is documented in the patient's medical record.

H. The requirements in subsections (D), (E), and (F)(4), as applicable, do not apply to a health care institution's:

1. Prescribing, ordering, or administration of an opioid as part of treatment for a patient with an end-of-life condition or pain associated with an active malignancy;
2. Prescribing an opioid as part of treatment for a patient when changing the type or dosage of an opioid, which had previously been prescribed by a medical practitioner of the health care institution for the patient according to the requirements in subsection (D):
   a. Before a pharmacist dispenses the opioid for the patient; or
   b. If changing the opioid because of an adverse reaction to the opioid experienced by the patient, within 72 hours after the opioid was dispensed for the patient by a pharmacist;
3. Ordering an opioid as part of treatment for no longer than three calendar days for a patient remaining in the health care institution and receiving continuous medical services or nursing services from the health care institution; or
4. Ordering an opioid as part of treatment:
   a. For a patient receiving a surgical procedure or other invasive procedure; or
   b. When changing the type, dosage, or route of administration of an opioid, which had previously been ordered by a medical practitioner of the health care institution for a patient according to the requirements in subsection (E), to meet the patient's needs.

I. The requirements in subsections (D)(1)(c) through (f) do not apply to a health care institution's prescribing an opioid as part of treatment for a patient with chronic, intractable pain who has had an established health professional-patient relationship with the prescribing medical practitioner for at least 90 days before the opioid is prescribed.

Historical Note

New Section made by emergency rulemaking at 23 A.A.R. 2203, effective July 28, 2017, for 180 days (Supp. 17-3). Emergency expired; new Section renewed by emergency rulemaking at 24 A.A.R. 303, effective January 25, 2018, for 180 days; new Section made by final rulemaking at 24 A.A.R. 657, with an immediate effective date of March 6, 2018 (Supp. 18-1). Amended by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4). Amended by final expedited rulemaking at 28 A.A.R. 3568 (November 18, 2022), with an immediate effective date November 2, 2022 (Supp. 22-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-121. Disease Prevention and Control

A. This Section applies:

1. When the Governor has declared a state of emergency, as defined in A.R.S. § 26-301, to address a situation described under A.R.S. § 36-787; and
2. To health care institutions licensed under Article 4, 5, or 8 of this Chapter.

B. The following definitions apply in this Section:

1. "Communicable disease" has the same meaning as in A.A.C. R9-6-101.
2. "Infection" has the same meaning as in A.A.C. R9-6-101.
3. "Respiratory symptoms" means coughing, shortness of breath, or wheezing not known to be caused by asthma or another chronic lung-related disease.

C. An administrator or manager, as applicable, shall ensure that policies and procedures are established, documented, and implemented, to protect the health and safety of a resident, that:

1. Cover screening and triage of personnel members, employees, visitors, and, except as provided in subsection (E), any other individuals entering the facility;
2. Cover the manner and frequency of assessing residents to determine a change in a resident's medical condition;
3. Establish disinfection protocols and schedules for frequently touched surfaces; and
4. Specify requirements for distancing residents who exhibit symptoms of a communicable disease from other residents to reduce the chance for infection of another individual.

D. An administrator or manager, as applicable, shall ensure that:

1. Except as provided in subsection (E), before entering the facility, each individual, including a personnel member, employee, or visitor, is screened for fever or respiratory symptoms indicative of a communicable disease;
2. If an individual refuses to be screened, the individual is excluded from entry to the facility;

3. If an individual is determined to have a fever or respiratory symptoms, the individual is excluded from entry to the facility until symptoms have resolved or the individual has been evaluated and cleared by a medical practitioner;
4. If an individual, other than a resident, develops a fever or respiratory symptoms while in the facility, the individual is required to leave the facility and not return until symptoms have resolved or the individual has been evaluated and cleared by a medical practitioner; and
5. If insufficient personnel members are available to meet the needs of all residents in the facility, the administrator or manager, as applicable, implements the disaster plan required in R9-10-424, R9-10-523, or R9-10-819, as applicable, which may include moving a resident to a different facility.

E. An administrator or manager, as applicable, may allow an emergency medical care technician, as defined in A.R.S. § 36-2201, to enter the facility without screening if the emergency medical care technician is responding to a call for providing emergency medical services, as defined in A.R.S. § 36-2201, to a resident or other individual in the facility.

F. An administrator or manager, as applicable, shall ensure that:
1. An assessment of a resident includes whether the resident has a fever or respiratory symptoms indicative of a communicable disease and is documented in the resident's medical record; and
2. If a resident is found to have a fever or respiratory symptoms indicative of a communicable disease:
   a. The resident is evaluated by a medical practitioner within 24 hours to determine what services need to be provided to the resident and what precautions need to be taken by the facility, and the evaluation is documented in the resident's medical record;
   b. To reduce the chance for infection of another individual, the resident is:
      i. Kept at a distance of at least six feet from other residents; or
      ii. If not possible to keep the resident at a distance from other residents, required to wear a facemask;
   c. A personnel member:
      i. Takes precautions, which may include the use of gloves and a facemask or other personal protection equipment, while providing services to the resident; and
      ii. Removes and, if applicable, disposes of the personal protection equipment and washes the personnel member's hands with soap and water for at least 20 seconds or, if soap and water are not available, uses a hand sanitizer containing at least 60% alcohol immediately after providing services to the resident and before providing services to another resident;
   d. Linens, dishes, utensils, and other items used by the resident are:
      i. Kept separate from similar items used by a resident who does not have a fever or respiratory symptoms indicative of a communicable disease, and
      ii. Disinfected or disposed of in a manner to reduce the chance for infection of another individual; and
   e. Surfaces touched by the resident are disinfected before another individual touches the surface.

G. An administrator or manager, as applicable, shall ensure that door handles, tables, chair backs and arm rests, light switches, and other frequently touched surfaces are cleaned and disinfected, according to policies and procedures, with:
1. An alcohol solution containing at least 70% alcohol;
2. A bleach solution containing four teaspoons of bleach per quart of water; or
3. An EPA-approved household disinfectant.

Historical Note

Amended effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section made by emergency rulemaking at 26 A.A.R. 509, with an immediate effective date of March 16, 2020, for 180 days (Supp. 19-1). Emergency expired. New Section made by final rulemaking at 26 A.A.R. 2793, with an immediate effective date of October 7, 2020 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-122. Memory Care Services Training Program Application and Renewal

A. An applicant shall apply for approval to operate a memory care services training program by submitting:
1. An application in a Department-provided format that contains:
   a. The name of the entity;
   b. The name, telephone number, and email address of the individual in charge of the proposed memory care services training program;
   c. The address where the memory care services training program records are maintained;
   d. The address and telephone number of each facility from which training services will be provided;
   e. A description of the minimum eight hours of initial memory care services training for staff and contractors, that includes:
      i. One of the following:
         (1) Dementia care training curriculum from a nationally recognized organization; or
         (2) The evidence-based information presented for each of the following required topics, along with any additional relevant topics:
            aa. Understanding cognitive impairments and the impact on residents, including the progression of the neurodegenerative disease;
            bb. Communication techniques with cognitively impaired residents;
            cc. Managing challenging behaviors such as aggression, wandering, and agitation;
            dd. Techniques for promoting dignity, comfort, and emotional well-being of residents;
            ee. Implementation of individualized service planning for residents receiving memory care services;
            ff. Emergency and safety protocols specific to memory care;

gg. Recognizing, preventing, and reporting abuse, neglect, or exploitation;
hh. Activities of daily living specific to residents receiving memory care services;
ii. Palliative care and end-of-life training; and
jj. Medication management and administration; and

ii. In addition to R9-10-122(A)(1)(e)(i):
(1) The amount of time allotted to each topic,
(2) The skills an individual is expected to acquire for each topic, and
(3) The testing method used to verify an individual has acquired the stated skills for each topic;

f. A description of the minimum four hours of annual memory care services training for staff and contractors, including:
i. The evidence-based information presented for each of the following required topics, along with any additional relevant topics:
(1) Managing challenging behaviors such as aggression, wandering, and agitation;
(2) Techniques for promoting dignity, comfort, and emotional well-being of residents;
(3) Recognizing, preventing, reporting abuse, neglect, or exploitation; and
(4) Implementation of individualized service planning for residents receiving memory care services;
ii. The amount of time allotted to each topic;
iii. The skills an individual is expected to acquire for each topic; and
iv. The testing method used to verify an individual has acquired the stated skills for each topic;

g. A description of the minimum four hours of memory care services training for a manager, including:
i. The evidence-based information presented for each of the following required topics:
(1) Development and implementation of individualized service planning for residents receiving memory care services, and
(2) Staffing levels and resource allocation;
ii. Any additional relevant topics, which may include evidence-based information or facility-specific information, such as:
(1) Supervisory skills for leading interdisciplinary teams;
(2) Effective delegation and team-building strategies;
(3) Conflict resolution and managing workplace dynamics;
(4) In-depth understanding of state regulations specific to memory care services;
(5) Monitoring care outcomes and resident satisfaction;
(6) Engaging with families during crises or challenging situations;
(7) Leading meetings and facilitating collaboration among staff;
(8) Advocacy for residents and families;
(9) Coaching and mentoring staff for professional growth;
(10) Staying updated on advancements in dementia care;
(11) Developing emergency protocols;
(12) Cultural competency to ensure inclusivity and sensitivity in care;
(13) Strategies to improve staff retention and job satisfaction;
(14) Supporting mental health and wellness among team members;
(15) Room assignments, operations, and environmental standards; or
(16) Identification and implementation of control measures for infectious diseases;
iii. The amount of time allotted to each topic;
iv. The skills an individual is expected to acquire for each topic; and
v. The testing method used to verify an individual has acquired the stated skills for each topic;

h. Whether the applicant agrees to allow the Department to submit supplemental requests for information as specified in subsection (H)(2); and
i. The signature of the individual in charge of the proposed memory care services training program and the date signed; and

2. A copy of the materials used for providing the memory care services training program.

B. The memory care services training program shall include in-person components and may incorporate online components. The in-person component shall include a demonstration of the individual's skills and knowledge necessary to provide memory care services.

C. The memory care services training program shall review the topics and materials provided in the memory care services training at least once every 12 months to ensure the information is current and evidence-based, and if necessary, update the materials based on the most up-to-date source or sources for evidence-based practice or practices.

D. For annual renewal, at least 60 days before the expiration of approval, a memory care services training program shall submit to the Department, in a Department-provided format:
1. The memory care services training program's approval number; and
2. The information in subsection (A).

E. For an application for an approval of a memory care services training program, the administrative review time-frame is 30 calendar days, the substantive review time-frame is 30 calendar days, and the overall time-frame is 60 calendar days.

F. Within 30 calendar days after the receipt of an application in subsection (A), the Department shall:
1. Issue an approval of the applicant's memory care services training program;
2. Provide a notice of administrative completeness to the applicant that submitted the application; or
3. Provide a notice of deficiencies to the applicant that submitted the application, including a list of the information or documents needed to complete the application.

G. If the Department provides a notice of deficiencies to an applicant:
1. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice of deficiencies until the date the Department receives the missing information or documents from the applicant;

2. If the applicant does not submit the missing information or documents to the Department within 30 calendar days, the Department shall consider the application withdrawn; and
3. If the applicant submits the missing information or documents to the Department within 30 calendar days, the substantive review time-frame begins on the date the Department receives the missing information or documents.

H. Within the substantive review time-frame, the Department:
1. Shall issue or deny an approval of a memory care services training program; and
2. May make one written comprehensive request for more information, unless the Department and the applicant agree in writing to allow the Department to submit supplemental requests for information.

I. If the Department issues a written comprehensive request or a supplemental request for information:
1. The substantive review time-frame and the overall time-frame are suspended from the date of the written comprehensive request or the supplemental request for information until the date the Department receives the information requested, and
2. The applicant shall submit to the Department the information and documents listed in the written comprehensive request or supplemental request for information within 10 working days after the date of the comprehensive written request or supplemental request for information.

J. The Department shall issue:
1. An approval for an applicant to operate a memory care services training program if the Department determines that the applicant and the application comply with A.R.S. § 36-405.03 and this Section, or
2. A denial for an applicant that includes the reason for the denial and the process for appeal of the Department's decision if:
   a. The Department determines that the applicant does not comply with A.R.S. § 36-405.03 and this Section, or
   b. The applicant does not submit information and documents listed in the written comprehensive request or supplemental request for information within 10 working days after the date of the comprehensive written request or supplemental request for information.

K. The Department may deny, revoke, or suspend an approval to operate a memory care services training program if a memory care services training program provider or an applicant applying to operate a memory care services training program:
1. Provides false or misleading information to the Department,
2. Does not comply with the applicable statutes and rules,
3. Issues a training certificate of completion to an individual who did not,
   a. Complete the memory care services training program, or
   b. Demonstrate the skills the individual was expected to acquire, or
4. Does not implement the memory care services training program as described in or use the materials submitted with the application.

L. In determining which action in subsection (K) is appropriate, the Department shall consider the following:
1. Repeated violations of statutes or rules,
2. Pattern of non-compliance,
3. Types of violations,
4. Severity of violations, and
5. Number of violations.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 2145, effective May 1, 2001 (Supp. 01-2). Amended by final rulemaking at 8 A.A.R. 3578, effective July 26, 2002 (Supp. 02-3). Amended by exempt rulemaking at 14 A.A.R. 3958, effective September 26, 2008 (Supp. 08-3). Amended by exempt rulemaking at 15 A.A.R. 2100, effective January 1, 2010 (Supp. 09-4). Section repealed by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). New Section made by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

R9-10-123. Notification of Change

A. A memory care services training program provider shall notify the Department in writing at least 30 days before the effective date of:
1. Termination of the provision of the memory care services training program, or
2. A change in the:
   a. Name under which the memory care services training program provider does business,
   b. Address or telephone number of a facility where memory care services trainings are provided,
   c. Administrator, or
   d. Memory care services training program topics provided, and

B. The Department shall review the notification of change for subsection (A) and:
1. If the information complies with the requirements in this Article, the Department shall approve the change, or
2. If the information does not comply with the requirements in this Article, the Department shall send notification to the memory care services training program provider with reasons for the determination of non-compliance.

C. The Department may conduct an on-site inspection as part of the notification of change process.

D. The memory care services training program provider retains the existing expiration date of the application approval.

Historical Note

Amended effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section made by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

R9-10-124. Administration, Monitoring

A. A memory care services training program provider shall designate an administrator who meets the qualifications established by the memory care services training program provider.

B. An applicant or memory care services training program provider shall provide the Department access to records and all areas of a facility according to A.R.S. § 41-1009 within two hours after the Department's request.

Historical Note

Former Section R9-10-124 repealed, new Section R9-10-124 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section made

by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

R9-10-125. Memory Care Services Trainer Eligibility

A. An individual is eligible to be a memory care services trainer if the individual:
1. Is a registered nurse with:
   a. A Certified Dementia Practitioner (CDP) or an equivalent certification, demonstrating knowledge in dementia care best practices and behavioral management;
   b. An Alzheimer's Disease and Dementia Care Training (ADCT) certification or an equivalent program recognized by a national or state accrediting body;
   c. A Gerontological Nurse Certification (RN-BC) issued by the American Nurses Credentialing Center or an equivalent certification specializing in the care of older adults;
   d. An End-of-Life and Palliative Care Certification from a recognized body, emphasizing care for late-stage dementia and end-of-life situations; or
   e. Two years of experience providing memory care services; or
2. Has a current memory care services certificate of completion.

B. An individual, who is not a registered nurse, is eligible to become a memory care services trainer,
1. If the individual has a:
   a. Bachelor's degree or higher in a relevant field, including but not limited to:
      i. Gerontology,
      ii. Psychology,
      iii. Social Work,
      iv. Education, or
      v. Nursing-related disciplines; or
   b. Minimum of three years of direct experience in memory care, dementia care, or a related field, such as:
      i. Providing care for individuals with Alzheimer's disease or other forms of dementia, or
      ii. Developing and implementing memory care programs; and
2. Holds one or more of the following certifications:
   a. Certified Dementia Practitioner (CDP),
   b. Certified Alzheimer's Disease and Dementia Care Trainer (CADDCT),
   c. Certified Activity Director (ADC) with a specialization in memory care, or
   d. Any equivalent certification recognized by a national accrediting body;
3. Demonstrates experience in adult education or staff training, including:
   a. Conducting workshops, seminars, or training sessions in a health care or memory care setting; or
   b. Developing training materials specific to memory care;
4. Has completed cultural competency training to ensure inclusivity and sensitivity in care and training approaches;
5. Possesses strong communication skills and the ability to tailor training to diverse audiences, including care staff and family members; or
6. Has a valid certificate of completion issued according to R9-10-126.

C. An individual is ineligible to become a memory care services trainer if the individual has:
1. A history of substantiated allegation or allegations of abuse, neglect, or exploitation of a vulnerable individual or individuals; or
2. A record of disciplinary action or actions related to professional misconduct.

Historical Note

New Section made by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

R9-10-126. Memory Care Services Certificate of Completion

A. Memory care services training programs, approved by the Department according to R9-10-122, shall provide staff and contractors who complete the training, a certificate of completion that may be used to work at an assisted living facility that is licensed to provide directed care services with the following information:
1. The title of the certificate is clearly stated as, "Certificate of Completion";
2. The name, address, email address, and telephone number of the individual completing the memory care services training;
3. Title of the training program;
4. Name of the training organization or provider;
5. Contact information for the training organization;
6. The date the individual successfully completed the memory care services training;
7. The address where the memory care services training and assessment was held;
8. The name of the memory care services trainer;
9. The number of hours completed;
10. The training topics covered;
11. A statement confirming the trainee's successful completion of the training;
12. Signature of the trainer; and
13. Date of issuance.

B. A memory care services trainer shall ensure that each individual seeking a memory care services certificate of completion has completed comprehensive training, demonstrated understanding of the topics covered in R9-10-122(A), and achieved a passing score of at least 70% on an examination covering the applicable topics.

C. The memory care services training program and an assisted living facility providing memory care services shall maintain a record of the certificate of completion that is kept on file and available with the information specific in subsection (A).

D. A memory care services trainer shall comply with:
1. A.R.S. § 36-405.03, and
2. Applicable requirements in this Article.

E. A Department-approved training program shall issue the certificate of completion to the individual who has successfully completed the training program within 10 calendar days of completion.

F. An assisted living facility may accept a certificate of completion issued under this Section if:
1. The certificate is issued by a Department-approved training program; and
2. The certificate holder does not have a lapse of working at an assisted living facility that is licensed to provide directed care services for a period of 12 or more consecutive months, pursuant to A.R.S. § 36-405.03.

G. Before the date of issuance of a memory care services certificate of completion, an individual seeking the certificate shall complete the minimum eight hours of initial memory care services training and complete the minimum four hours of annual continuing education training within the preceding 12 consecutive months and achieve a passing score of at least 70% on an examination covering the memory care services training topics specified in R9-10-122(A).

Historical Note
New Section made by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

Table 1.2. Violation Severity and Remedy Matrix

Severity Level	Criteria	Action
Level 1	If the violation is isolated and has no actual physical or psychosocial harm with no potential of physical or psychosocial harm.	Technical Assistance, or Written plan of correction.
Level 2	If the violation is isolated and has no actual physical or psychosocial harm, with potential for minimal physical or psychosocial harm.	Written plan of correction, Provider agreement, or Civil money penalties up to $500.
Level 3	If the violation is isolated and has no actual physical or psychosocial harm, with potential for more than minimal physical or psychosocial harm.	Written plan of correction, Directed plan of correction, Provider agreement, On-site monitoring inspection fee up to $500, or Civil money penalties up to $1,000.
Level 4	The violation resulted in actual physical or psychosocial harm that is not immediate jeopardy; The licensee provided false or misleading information; The licensee fails to correct the violation in a reasonable timely manner, which may be a threat to health and safety; or If the violation is repeated, or if there is a pattern with no actual physical or psychosocial harm, with potential for minimal or more than minimal physical or psychosocial harm.	Written plan of correction, On-site plan of correction, or Provider agreement. On-site monitoring inspection fee up to $750, Civil money penalties, Suspension, Intermediate sanctions, or Revocation.
Level 5	Immediate jeopardy to health and safety.	Directed plan of correction; Provider agreement; On-site monitoring inspection fee up to $1,000; Civil money penalties; Suspension; Intermediate sanctions; Revocation; or Other remedies, as applicable, in Title 41, Chapter 6.

Historical Note
Table 1.2 made by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

ARTICLE 2. HOSPITALS

R9-10-201. Definitions
In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article unless otherwise specified:

1. "Adult" means an individual the hospital designates as an adult based on the hospital's criteria.
2. "Aftercare" means assistance provided to a patient by another individual in the patient's residence, which is not part of a health care institution, following care provided at a hospital, and may include:
   a. Assisting the patient with activities of daily living, and
   b. Following the discharge instructions provided by the hospital.
3. "Aftercare provider" means an individual who:
   a. May be a friend or relative of a patient or be the patient's representative,
   b. Is designated by the patient or the patient's representative to perform aftercare tasks, and
   c. Is not compensated for performing aftercare tasks for the patient.
4. "Care plan" means a documented guide for providing nursing services and rehabilitation services to a patient that includes measurable objectives and the methods for meeting the objectives.
5. "Continuing care nursery" means a nursery where medical services and nursing services are provided to a neonate who does not require intensive care services.
6. "Critically ill inpatient" means an inpatient whose severity of medical condition requires the nursing services of specially trained registered nurses for:
   a. Continuous monitoring and multi-system assessment,
   b. Complex and specialized rapid intervention, and
   c. Education of the inpatient or inpatient's representative.
7. "Device" has the same meaning as in A.R.S. § 32-1901.

8. "Diet" means food and drink provided to a patient.
9. "Diet manual" means a written compilation of diets.
10. "Dietary services" means providing food and drink to a patient according to an order.
11. "Diversion" means notification to an emergency medical services provider, as defined in A.R.S. § 36-2201, that a hospital is unable to receive a patient from an emergency medical services provider.
12. "Drug formulary" means a written list of medications available and authorized for use developed according to R9-10-218.
13. "Gynecological services" means medical services for the diagnosis, treatment, and management of conditions or diseases of the female reproductive organs or breasts.
14. "Hospital services" means medical services, nursing services, and health-related services provided in a hospital.
15. "Infection control risk assessment" means determining the probability for transmission of communicable diseases.
16. "Inpatient" means an individual who:
    a. Is admitted to a hospital as an inpatient according to policies and procedures,
    b. Is admitted to a hospital with the expectation that the individual will remain and receive hospital services for 24 consecutive hours or more, or
    c. Receives hospital services for 24 consecutive hours or more.
17. "Intensive care services" means hospital services provided to a critically ill inpatient who requires the services of specially trained nursing and other personnel members as specified in policies and procedures.
18. "Medical staff regulations" means standards, approved by the medical staff, that govern the day-to-day conduct of the medical staff members.
19. "Multi-organized service unit" means an inpatient unit in a hospital where more than one organized service may be provided to a patient in the inpatient unit.
20. "Neonate" means an individual:
    a. From birth until discharge following birth, or
    b. Who is designated as a neonate by hospital criteria.
21. "Nurse anesthetist" has the same meaning as "certified registered nurse anesthetist" in A.R.S. § 32-1601.
22. "Nurse executive" means a registered nurse accountable for the direction of nursing services provided in a hospital.
23. "Nursery" means an area in a hospital designated only for neonates.
24. "Nutrition assessment" means a process for determining a patient's dietary needs using information contained in the patient's medical record.
25. "On duty" means that an individual is at work and performing assigned responsibilities.
26. "Organized service" means specific medical services, such as surgical services or emergency services, provided in an area of a hospital designated for the provision of those medical services.
27. "Outpatient" means an individual who:
    a. Is admitted to a hospital with the expectation that the individual will receive hospital services for less than 24 consecutive hours; or
    b. Except as provided in subsection (17) receives, hospital services for less than 24 consecutive hours.
28. "Pathology" means an examination of human tissue for the purpose of diagnosis or treatment of an illness or disease.
29. "Patient care" means hospital services provided to a patient by a personnel member or a medical staff member.
30. "Pediatric" means pertaining to an individual designated by a hospital as a child based on the hospital's criteria.
31. "Perinatal services" means medical services for the treatment and management of obstetrical patients and neonates.
32. "Post-anesthesia care unit" means a designated area for monitoring a patient following a medical procedure for which anesthesia was administered to the patient.
33. "Private duty staff" means an individual, excluding a personnel member, compensated by a patient or the patient's representative.
34. "Social services" means assistance, other than medical services or nursing services, provided by a personnel member to a patient to assist the patient to cope with concerns about the patient's illness or injury while in the hospital or the anticipated needs of the patient after discharge.
35. "Surgical services" means medical services involving a surgical procedure.
36. "Transfusion" means the introduction of blood or blood products from one individual into the body of another individual.
37. "Unit" means a designated area of an organized service.
38. "Well-baby bassinet" means a receptacle used for holding a neonate who does not require treatment and whose anticipated discharge is within 96 hours after birth.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 14 A.A.R. 4646, effective December 2, 2008 (Supp. 08-4). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 26 A.A.R. 2797, with an effective date of January 1, 2021 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-202. Supplemental Application, Notification, and Documentation Submission Requirements

A. In addition to the license application requirements in A.R.S. § 36-422 and Article 1 of this Chapter, an applicant for a hospital license shall include:
1. On the application the requested licensed capacity for the hospital, including:
    a. The number of inpatient beds for each organized service, not including well-baby bassinets; and
    b. If applicable, the number of inpatient beds for each multi-organized service unit;
2. On the application, if applicable, the requested licensed occupancy for providing behavioral health observation/stabilization services to:
    a. Individuals who are under 18 years of age, and
    b. Individuals 18 years of age and older; and

3. A list, in a Department-provided format, of medical staff specialties and subspecialties, as in a specific branch of medicine practiced by a licensed individual who has obtained education or qualifications in the specific branch in addition to the education or qualifications required for the individual's license.

B. For a single group license authorized in A.R.S. § 36-422(F), in addition to the requirements in subsection (A), a governing authority applying for a license shall submit the following to the Department, in a Department-provided format, for each satellite facility under the single group license:
1. The name, address, email address, and telephone number of the satellite facility;
2. The class or subclass of the satellite facility, according to R9-10-102;
3. The name and email address of the administrator;
4. A list of services to be provided at the satellite facility; and
5. The hours of operation during which the satellite facility provides medical services, nursing services, behavioral health services, or health-related services.

C. For a single group license authorized in A.R.S. § 36-422(G), in addition to the requirements in subsection (A), a governing authority applying for a license shall submit the following to the Department in a Department-provided format for each accredited satellite facility under the single group license:
1. The name, address, email address, and telephone number of the accredited satellite facility;
2. The class or subclass of the accredited satellite facility, according to R9-10-102;
3. The name and email address of the administrator;
4. A list of services to be provided at the accredited satellite facility;
5. The hours of operation during which the accredited satellite facility provides medical services, nursing services, behavioral health services, or health-related services; and
6. A copy of the accredited satellite facility's current accreditation report.

D. A licensee with a single group license shall submit to the Department, with the relevant fees required in R9-10-106(D) and in a Department-provided format, the following, as applicable:
1. The information required in subsections (B)(1) through (5), or
2. The information and documentation required in subsections (C)(1) through (6).

E. A governing authority shall:
1. Notify the Department:
   a. At least 30 calendar days before a satellite facility or an accredited satellite facility on a single group license terminates operations;
   b. Within 30 calendar days after adding a satellite facility or an accredited satellite facility under a single group license and provide, as applicable:
      i. The information required in subsections (B)(1) through (5), or
      ii. The information and documentation required in subsections (C)(1) through (6); and
   c. At least 60 calendar days before a satellite facility or an accredited satellite facility licensed under a single group license anticipates providing medical services, nursing services, behavioral health services, or health-related services under a license separate from the single group license; and
2. Upon notifying the Department according to subsection (E)(1)(c), submit an application, according to the requirements in 9 A.A.C. 10, Article 1, at least 60 calendar days but not more than 120 calendar days before a satellite facility or an accredited satellite facility licensed under a single group license anticipates providing medical services, nursing services, behavioral health services, or health-related services under a license separate from the single group license.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 14 A.A.R. 4646, effective December 2, 2008 (Supp. 08-4). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-203. Administration

A. A governing authority shall:
1. Consist of one or more individuals responsible for the organization, operation, and administration of a hospital;
2. Establish, in writing:
   a. A hospital's scope of services,
   b. Qualifications for an administrator,
   c. Which organized services are to be provided in the hospital, and
   d. The organized services that are to be provided in a multi-organized service unit according to R9-10-228(A);
3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
4. Grant, deny, suspend, or revoke a clinical privilege of a medical staff member or delegate authority to an individual to grant or suspend a clinical privilege for a limited time, according to medical staff bylaws;
5. Adopt a quality management program according to R9-10-204;
6. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
7. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
   a. Expected not to be present on a hospital's premises for more than 30 calendar days, or
   b. Not present on a hospital's premises for more than 30 calendar days;
8. Except as provided in subsection (A)(7), notify the Department according to A.R.S. § 36-425(I) if there is a change of administrator and identify the name and qualifications of the new administrator; and
9. For a health care institution under a single group license, except for outpatient treatment centers, that are exempt pursuant to A.R.S. § 36-402, ensure that the health care institution complies with the applicable requirements in this Chapter for the class or subclass of the health care institution.

B. An administrator:
1. Is directly accountable to the governing authority of a hospital for the daily operation of the hospital and hospi-

tal services and environmental services provided by or at the hospital;
2. Has the authority and responsibility to manage the hospital; and
3. Except as provided in subsection (A)(7), shall designate, in writing, an individual who is present on a hospital's premises and available and accountable for hospital services and environmental services when the administrator is not present on the hospital's premises.

C. An administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
   a. Cover job descriptions, duties, and qualifications, including required skills and knowledge for personnel members, employees, volunteers, and students;
   b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
   c. Include how a personnel member may submit a complaint relating to patient care;
   d. Cover the prevention and reporting of abuse, neglect, and exploitation of minors and vulnerable adults in compliance with A.R.S. §§ 13-3620 and 46-454 including:
      i. Annual training for personnel members who have patient interaction, prescribed in the hospital's policies and procedures on how to recognize the signs and symptoms of minor or vulnerable adult abuse, neglect, and exploitation;
      ii. Reporting suspected abuse, neglect or exploitation of a minor or vulnerable adult;
      iii. Submitting to the Department reports of suspected abuse, neglect or exploitation that are filed with law enforcement or the Department of Economic Security; and
      iv. Maintaining documentation relating to an abuse, neglect, or exploitation investigation for at least 12 months after an initial allegation, including any steps taken to stop or deter substantiated abuse, neglect, or exploitation;
   e. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
   f. Cover cardiopulmonary resuscitation training required in R9-10-206(5) including:
      i. The method and content of cardiopulmonary resuscitation training,
      ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
      iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
      iv. The documentation that verifies an individual has received cardiopulmonary resuscitation training;
   g. Cover use of private duty staff, if applicable;
   h. Cover diversion, including:
      i. The criteria for initiating diversion;
      ii. The categories or levels of personnel or medical staff that may authorize or terminate diversion;
      iii. The method for notifying emergency medical services providers of initiation of diversion, the type of diversion, and termination of diversion; and
      iv. When the need for diversion will be reevaluated;
   i. Include a method to identify a patient to ensure the patient receives hospital services as ordered;
   j. Cover patient rights, including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
   k. Cover health care directives;
   l. Cover medical records, including electronic medical records;
   m. Cover quality management, including incident reports and supporting documentation;
   n. Cover contracted services;
   o. Cover tissue and organ procurement and transplant;
   p. Cover when an individual may visit a patient in a hospital, including visiting a neonate in a nursery, if applicable, that comply with A.R.S. § 36-407.03; and
   q. Cover a workplace violence prevention plan according to A.R.S. § 36-420.03;
2. Policies and procedures for hospital services are established, documented, and implemented to protect the health and safety of a patient that:
   a. Cover patient screening, admission, transport, and transfer;
   b. Cover discharge planning and discharge, including the requirements in R9-10-225(B) for an inpatient who was admitted after a suicide attempt or who exhibits suicidal ideation;
   c. Cover the provision of hospital services;
   d. Cover acuity, including a process for obtaining sufficient nursing personnel to meet the needs of patients;
   e. Include when general consent and informed consent are required;
   f. Include the age criteria for providing hospital services to pediatric patients;
   g. Cover dispensing, administering, and disposing of medication;
   h. Cover prescribing a controlled substance to minimize substance abuse by a patient;
   i. Cover infection control;
   j. Cover restraints that:
      i. Require an order, including the frequency of monitoring and assessing the restraint; or
      ii. Are necessary to prevent imminent harm to self or others, including how personnel members will respond to a patient's sudden, intense, or out-of-control behavior;
   k. Cover seclusion of a patient including:
      i. The requirements for an order, and
      ii. The frequency of monitoring and assessing a patient in seclusion;
   l. Cover communicating with a midwife when the midwife's client begins labor and ends labor;
   m. Cover telehealth, if applicable; and
   n. Cover environmental services that affect patient care;
3. Policies and procedures are reviewed at least once every three years and updated as needed;
4. Policies and procedures are available to personnel members;

5. The licensed capacity in an organized service is not exceeded, except for an emergency admission of a patient;
6. A patient is only admitted to an organized service that has exceeded the organized service's licensed capacity after a medical staff member reviews the medical history of the patient and determines that the patient's admission is an emergency; and
7. Unless otherwise stated:
   a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
   b. When documentation or information is required by this Chapter to be submitted on behalf of a hospital, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the hospital.

D. An administrator of a special hospital shall ensure that:
1. Medical services are available to an inpatient in an emergency based on the inpatient's medical conditions and the scope of services provided by the special hospital; and
2. A physician or nurse, qualified in cardiopulmonary resuscitation, is on the hospital premises.

E. An administrator shall provide written notification to the Department of a patient's:
1. Death associated with the use of restraints or seclusion by the hospital, within one working day after the patient's death;
2. Death caused by suicide occurring within the hospital, within one working day after the patient's death; and
3. Self-injury, within two working days after the patient inflicts a self-injury on the premises that requires medical treatment by a physician.

Historical Note
New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 4004, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 14 A.A.R. 4646, effective December 2, 2008 (Supp. 08-4). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-204. Quality Management

A. A governing authority shall ensure that an ongoing quality management program is established that:
1. Complies with the requirements in A.R.S. § 36-445; and
2. Evaluates the quality of hospital services and environmental services related to patient care.

B. An administrator shall ensure that:
1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
   a. A method to identify, document, and evaluate incidents;
   b. A method to collect data to evaluate hospital services and environmental services related to patient care;
   c. A method to evaluate the data collected to identify a concern about the delivery of hospital services or environmental services related to patient care;
   d. A method to make changes or take action as a result of the identification of a concern about the delivery of hospital services or environmental services related to patient care;
   e. A method to identify and document each occurrence of exceeding licensed capacity, as described in R9-10-203(C)(5), and to evaluate the occurrences of exceeding licensed capacity, including the actions taken for resolving occurrences of exceeding licensed capacity; and
   f. The frequency of submitting a documented report required in subsection (B)(2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
   a. An identification of each concern about the delivery of hospital services or environmental services related to patient care, and
   b. Any changes made or actions taken as a result of the identification of a concern about the delivery of hospital services or environmental services related to patient care;
3. The acuity plan required in R9-10-214(C)(2) is reviewed and evaluated at least once every 12 months and the results are documented and reported to the governing authority;
4. The reports required in subsections (B)(2) and (3) and the supporting documentation for the reports are maintained for at least 12 months after the date the report is submitted to the governing authority; and
5. Except for information or documentation that is confidential under federal or state law, a report or documentation required in this Section is provided to the Department for review within two hours after the Department's request.

Historical Note
New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-205. Contracted Services

An administrator shall ensure that:
1. Contracted services are provided according to the requirements in this Article, and
2. A documented list of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note
New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-206. Personnel

An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
   a. Are based on:
      i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
      ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
   b. Include:
      i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
      ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
      iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
   a. Before the personnel member provides physical health services or behavioral health services, and
   b. According to policies and procedures;
3. Sufficient personnel members are present on a hospital's premises with the qualifications, skills, and knowledge necessary to:
   a. Provide the services in the hospital's scope of services,
   b. Meet the needs of a patient, and
   c. Ensure the health and safety of a patient;
4. Orientation occurs within the first 30 calendar days after a personnel member begins providing hospital services and includes:
   a. Informing a personnel member about Department rules for licensing and regulating hospitals and where the rules may be obtained,
   b. Reviewing the process by which a personnel member may submit a complaint about patient care to a hospital, and
   c. Providing the information required by policies and procedures;
5. Policies and procedures designate the categories of personnel providing medical services or nursing services who are:
   a. Required to be qualified in cardiopulmonary resuscitation within 30 calendar days after the individual's starting date, and
   b. Required to maintain current qualifications in cardiopulmonary resuscitation;
6. A personnel record for each personnel member is established and maintained and includes:
   a. The personnel member's name, date of birth, and contact telephone number;
   b. The personnel member's starting date and, if applicable, ending date;
   c. Verification of a personnel member's certification, license, or education, if necessary for the position held;
   d. Documentation of evidence of freedom from infectious tuberculosis required in R9-10-230(5);
   e. Verification of current cardiopulmonary resuscitation qualifications, if necessary for the position held; and
   f. Orientation documentation;
7. Personnel receive in-service education according to criteria established in policies and procedures;
8. In-service education documentation for a personnel member includes:
   a. The subject matter,
   b. The date of the in-service education, and
   c. The signature of the personnel member;
9. Personnel records and in-service education documentation are maintained by the hospital for at least 24 months after the last date the personnel member worked; and
10. Personnel records and in-service education documentation, for a personnel member who has not worked in the hospital during the previous 12 months, are provided to the Department within 72 hours after the Department's request.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-207. Medical Staff

A. A governing authority shall ensure that:

1. The organized medical staff is directly accountable to the governing authority for the quality of care provided by a medical staff member to a patient in a hospital;
2. The medical staff bylaws and medical staff regulations are approved according to the medical staff bylaws and governing authority requirements;
3. A medical staff member complies with medical staff bylaws and medical staff regulations;
4. The medical staff of a general hospital or a special hospital includes at least two physicians who have clinical privileges to admit inpatients to the general hospital or special hospital;
5. The medical staff of a rural general hospital includes at least one physician who has clinical privileges to admit inpatients to the rural general hospital and one additional physician who serves on a committee according to subsection (A)(7)(c);
6. A medical staff member is available to direct patient care;
7. Medical staff bylaws or medical staff regulations are established, documented, and implemented for the process of:
   a. Conducting peer review according to A.R.S. Title 36, Chapter 4, Article 5;

b. Appointing members to the medical staff, subject to approval by the governing authority;
c. Establishing committees including identifying the purpose and organization of each committee;
d. Appointing one or more medical staff members to a committee;
e. Obtaining and documenting permission for an autopsy of a patient, performing an autopsy, and notifying, if applicable, the medical practitioner coordinating the patient's medical services when an autopsy is performed;
f. Requiring that each inpatient has a medical practitioner who coordinates the inpatient's care;
g. Defining the responsibilities of a medical staff member to provide medical services to the medical staff member's patient;
h. Defining a medical staff member's responsibilities for the transport or transfer of a patient;
i. Specifying requirements for oral, telephone, and electronic orders, including which orders require identification of the time of the order;
j. Establishing a time-frame for a medical staff member to complete a patient's medical record;
k. Establishing criteria for granting, denying, revoking, and suspending clinical privileges;
l. Specifying pre-anesthesia and post-anesthesia responsibilities for medical staff members; and
m. Approving the use of medication and devices under investigation by the U.S. Department of Health and Human Services, Food and Drug Administration including:
i. Establishing criteria for patient selection;
ii. Obtaining informed consent before administering the investigational medication or device; and
iii. Documenting the administration of and, if applicable, the adverse reaction to an investigational medication or device; and

8. The organized medical staff reviews the medical staff bylaws and the medical staff regulations at least once every three years and updates the bylaws and regulations as needed.

B. An administrator shall ensure that:
1. A medical staff member provides evidence of freedom from infectious tuberculosis according to the requirements in R9-10-230(5);
2. A record for each medical staff member is established and maintained that includes:
a. A completed application for clinical privileges;
b. The dates and lengths of appointment and reappointment of clinical privileges;
c. The specific clinical privileges granted to the medical staff member, including revision or revocation dates for each clinical privilege; and
d. A verification of current Arizona health care professional active license according to A.R.S. Title 32; and
3. Except for documentation of peer review conducted according to A.R.S. § 36-445, a record under subsection (B)(2) is provided to the Department for review:
a. As soon as possible, but not more than two hours after the time of the Department's request, if the individual is a current medical staff member; and
b. Within 72 hours after the time of the Department's request if the individual is no longer a current medical staff member.

Historical Note
New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-208. Admission

A. An administrator shall ensure that:
1. A patient is admitted as an inpatient on the order of a medical staff member;
2. An individual, authorized by policies and procedures, is available to accept a patient for admission;
3. Except in an emergency, informed consent is obtained from a patient or the patient's representative before or at the time of admission;
4. The informed consent obtained in subsection (A)(3) or the lack of consent in an emergency is documented in the patient's medical record;
5. A physician or other medical staff member performs a medical history and physical examination on a patient within 30 calendar days before admission or within 48 hours after admission and documents the medical history and physical examination in the patient's medical record within 48 hours after admission;
6. If a physician or other medical staff member performs a medical history and physical examination on a patient before admission, the physician or the medical staff member enters an interval note into the patient's medical record at the time of admission; and
7. A patient or the patient's representative is given an opportunity to:
a. Designate an individual who is willing to participate in discharge planning and act as the patient's aftercare provider;
b. Provide contact information for the patient's aftercare provider; and
c. Change the patient's designated aftercare provider before discharge.

B. If a patient is admitted after a suicide attempt or exhibits suicidal ideation, an administrator shall ensure that the requirements in R9-10-225(B) are met as part of an inpatient assessment.

Historical Note
New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-208 renumbered to R9-10-214; new Section R9-10-208 renumbered from R9-10-210 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 26 A.A.R. 2797, with an effective date of January 1, 2021 (Supp. 20-4). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2).

R9-10-209. Discharge Planning; Discharge

A. For an inpatient, an administrator shall ensure that discharge planning:
1. Is completed before discharge occurs;
2. Identifies the specific needs of the patient after discharge, if applicable;
3. Includes the participation of the patient or patient's representative and, if applicable, the patient's aftercare provider;
4. If the patient is being discharged to the patient's residence, which is not part of a health care institution:
   a. Includes at least one attempt, which is documented in the patient's medical record, to notify the patient's aftercare provider, if designated, before the patient's discharge; and
   b. Prepares the patient, the patient's representative, or the patient's aftercare provider, as applicable, to carry out the discharge instructions required in subsection (B)(3)(a), including:
      i. Answering questions about the discharge instructions and aftercare; and
      ii. Providing a demonstration of the aftercare tasks to the patient, the patient's representative, or the patient's aftercare provider, as applicable;
5. Provides the patient or the patient's representative with written information identifying classes or subclasses of health care institutions and the level of care that the health care institutions provide that may meet the patient's assessed and anticipated needs after discharge, if applicable; and
6. Is documented in the patient's medical record.

B. For an inpatient discharge or a transfer of an inpatient, an administrator shall ensure that:
1. There is a discharge summary that includes:
   a. A description of the patient's medical condition and the medical services provided to the patient, and
   b. The signature of the medical practitioner coordinating the patient's medical services;
2. There is a documented discharge order for the patient by a medical practitioner coordinating the patient's medical services before discharge unless the patient leaves the hospital against a medical staff member's advice;
3. If the patient is not being transferred:
   a. There are documented discharge instructions; and
   b. The patient or patient's representative and the patient's aftercare provider, if designated, is provided with a copy of the discharge instructions; and
4. If the patient is being transferred, the transfer complies with R9-10-211.
5. If applicable, the discharge or transfer information required in A.R.S. § 36-420.04.

C. For an inpatient discharge or a transfer of an inpatient who was admitted after a suicide attempt or who exhibits suicidal ideation, an administrator shall ensure that the requirements in R9-10-225(B) are met as part of discharge planning.

D. Except as provided in subsection (E), an administrator shall ensure that an outpatient is discharged according to policies and procedures.

E. For a discharge of an outpatient receiving emergency services, an administrator shall ensure that:
1. A discharge order is documented by a medical practitioner who provided medical services to the patient before the patient is discharged, unless the patient leaves against a medical staff member's advice; and
2. Discharge instructions are documented and provided to the patient or patient's representative and the patient's aftercare provider, if designated before the patient is discharged, unless the patient leaves the hospital against a medical staff member's advice.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-209 renumbered to R9-10-212; new Section R9-10-209 renumbered from R9-10-211 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by final rulemaking at 26 A.A.R. 2797, with an effective date of January 1, 2021 (Supp. 20-4). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-210. Transport

A. For a transport of a patient, the administrator of a sending hospital shall ensure that:
1. Policies and procedures are established, documented, and implemented that:
   a. Specify the process by which the sending hospital personnel members coordinate the transport and the medical services provided to a patient to protect the health and safety of the patient;
   b. Require an assessment of the patient by a registered nurse or a medical staff member before transporting the patient and after the patient's return;
   c. Specify the information in the sending hospital's patient medical record that is required to accompany the patient, which shall include the information related to the medical services to be provided to the patient at the receiving health care institution;
   d. Specify how the sending hospital personnel members communicate patient medical record information that the sending hospital does not provide at the time of transport but is requested by the receiving health care institution; and
   e. Specify how a medical staff member explains the risks and benefits of a transport to the patient or the patient's representative based on the:
      i. Patient's medical condition, and
      ii. Mode of transport; and
2. Documentation in the patient's medical record includes:
   a. Consent for transport by the patient or the patient's representative or why consent could not be obtained;
   b. The acceptance of the patient by and communication with an individual at the receiving health care institution;
   c. The date and the time of the transport to the receiving health care institution;
   d. The date and time of the patient's return to the sending hospital, if applicable;
   e. The mode of transportation; and
   f. The type of personnel member or medical staff member assisting in the transport if an order requires that a patient be assisted during transport.

B. For a transport of a patient to a receiving hospital, the administrator of the receiving hospital shall ensure that:

1. Policies and procedures are established, documented, and implemented that:
   a. Specify the process by which the receiving hospital personnel members coordinate the transport and the medical services provided to a patient to protect the health and safety of the patient;
   b. Require an assessment of the patient by a registered nurse or a medical staff member upon arrival of the patient and before the patient is returned to the sending health care institution unless the receiving facility is a satellite facility, as established in A.R.S. § 36-422, and does not have a registered nurse or a medical staff member at the satellite facility;
   c. Specify the information in the receiving hospital's patient medical record required to accompany the patient when the patient is returned to the sending health care institution, if applicable; and
   d. Specify how the receiving hospital personnel members communicate patient medical record information to the sending health care institution that is not provided at the time of the patient's return; and
2. Documentation in the patient's medical record includes:
   a. The date and time the patient arrived at the receiving hospital;
   b. The medical services provided to the patient at the receiving hospital;
   c. Any adverse reaction or negative outcome the patient experienced at the receiving hospital, if applicable;
   d. The date and time the receiving hospital returned the patient to the sending health care institution, if applicable;
   e. The mode of transportation to return the patient to the sending health care institution, if applicable; and
   f. The type of personnel member or medical staff member assisting in the transport if an order requires that a patient be assisted during transport.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-210 renumbered to R9-10-208; new Section R9-10-210 renumbered from R9-10-212 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-211. Transfer

For a transfer of a patient, the administrator of a sending hospital shall ensure that:

1. Policies and procedures are established, documented, and implemented that:
   a. Specify the process by which the sending hospital personnel members coordinate the transfer and the medical services provided to a patient to protect the health and safety of the patient during the transfer;
   b. Require an assessment of the patient by a registered nurse or a medical staff member of the sending hospital before the patient is transferred;
   c. Specify how the sending hospital personnel members communicate medical record information that is not provided at the time of the transfer; and
   d. Specify how a medical staff member explains the risks and benefits of a transfer to the patient or the patient's representative based on the:
      i. Patient's medical condition, and
      ii. Mode of transfer;
2. One of the following accompanies the patient during transfer:
   a. A copy of the patient's medical record for the current inpatient admission; or
   b. All of the following for the current inpatient admission:
      i. A medical staff member's summary of medical services provided to the patient,
      ii. A care plan containing up-to-date information,
      iii. Consultation reports,
      iv. Laboratory and radiology reports,
      v. A record of medications administered to the patient for the seven calendar days before the date of transfer,
      vi. Medical staff member's orders in effect at the time of transfer, and
      vii. Any known allergy; and
3. Documentation in the patient's medical record includes:
   a. Consent for transfer by the patient or the patient's representative, except in an emergency;
   b. The acceptance of the patient by and communication with an individual at the receiving health care institution;
   c. The date and the time of the transfer to the receiving health care institution;
   d. The mode of transportation; and
   e. The type of personnel member or medical staff member assisting in the transfer if an order requires that a patient be assisted during transfer.

Historical Note

Former Section R9-10-211 renumbered as R9-10-311 as an emergency effective February 22, 1979, new Section R9-10-211 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-211 renumbered to R9-10-209; new Section R9-10-211 renumbered from R9-10-213 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-212. Patient Rights

A. An administrator shall ensure that:
1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the hospital's premises;
2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
3. Policies and procedures include:
   a. How and when a patient or the patient's representative is informed of patient rights in subsection (C), and
   b. Where patient rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:
1. A patient is treated with dignity, respect, and consideration;
2. A patient is not subjected to:

a. Abuse;
b. Neglect;
c. Exploitation;
d. Coercion;
e. Manipulation;
f. Sexual abuse;
g. Sexual assault;
h. Seclusion, except as allowed under R9-10-217 or R9-10-225;
i. Restraint, if not necessary to prevent imminent harm to self or others or as allowed under R9-10-225;
j. Retaliation for submitting a complaint to the Department or another entity; or
k. Misappropriation of personal and private property by a hospital's medical staff, personnel members, employees, volunteers, or students; and

3. A patient or the patient's representative:
a. Except in an emergency, either consents to or refuses treatment;
b. May refuse examination or withdraw consent for treatment before treatment is initiated;
c. Is informed of:
i. Except in an emergency, alternatives to a proposed psychotropic medication or surgical procedure and associated risks and possible complications of the proposed psychotropic medication or surgical procedure;
ii. How to obtain a schedule of hospital rates and charges required in A.R.S. § 36-436.01(B);
iii. The patient complaint policies and procedures, including the telephone number of hospital personnel to contact about complaints, and the Department's telephone number if the hospital is unable to resolve the patient's complaint; and
iv. Except as authorized by the Health Insurance Portability and Accountability Act of 1996, proposed involvement of the patient in research, experimentation, or education, if applicable;
d. Except in an emergency, is provided a description of the health care directives policies and procedures:
i. If an inpatient, at the time of admission; or
ii. If an outpatient:
(1) Before any invasive procedure, except phlebotomy for obtaining blood for diagnostic purposes; or
(2) If the hospital services include a planned series of treatments, at the start of each series;
e. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a hospital for identification and administrative purposes; and
f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
i. Medical record, or
ii. Financial records.

C. A patient has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
3. To receive privacy in treatment and care for personal needs;
4. To have access to a telephone;
5. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
6. To receive a referral to another health care institution if the hospital is not authorized or not able to provide physical health services or behavioral health services needed by the patient;
7. To participate or have the patient's representative participate in the development of, or decisions concerning, treatment;
8. To participate or refuse to participate in research or experimental treatment;
9. To participate in visitation, in compliance with A.R.S. § 36-407.03; and
10. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the patient's rights.

Historical Note
Former Section R9-10-212 renumbered as R9-10-312 as an emergency effective February 22, 1979, new Section R9-10-212 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-212 renumbered to R9-10-210; new Section R9-10-212 renumbered from R9-10-209 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-213. Medical Records

A. An administrator shall ensure that:
1. A medical record is established and maintained for each patient according to A.R.S. § Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
b. Dated, legible, and authenticated; and
c. Not changed to make the initial entry illegible;
3. An order is:
a. Dated when the order is entered in the patient's medical record and includes the time of the order;
b. Authenticated by a medical staff member according to policies and procedures; and
c. If the order is a verbal order, authenticated by a medical staff member or medical practitioner;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A patient's medical record is available to personnel members and medical staff members authorized by policies and procedures to access the medical record;
6. Policies and procedures include the maximum time-frame to retrieve an onsite or off-site patient's medical record at

the request of a medical staff member or authorized personnel member; and
7. A patient's medical record is protected from loss, damage, or unauthorized use.

B. If a hospital maintains patients' medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.

C. An administrator shall ensure that a medical record for an inpatient contains:
1. Patient information that includes:
   a. The patient's name;
   b. The patient's address;
   c. The patient's date of birth; and
   d. Any known allergy, including medication allergies or sensitivities;
2. Medication information that includes:
   a. A medication ordered for the patient; and
   b. A medication administered to the patient including:
      i. The date and time of administration;
      ii. The name, strength, dosage, amount, and route of administration;
      iii. The identification and authentication of the individual administering the medication; and
      iv. Any adverse reaction the patient has to the medication;
3. Documentation of general consent and, if applicable, informed consent for treatment by the patient or the patient's representative, except in an emergency;
4. A medical history and results of a physical examination or an interval note;
5. If the patient provides a health care directive, the health care directive signed by the patient;
6. An admitting diagnosis;
7. The date of admission and, if applicable, the date of discharge;
8. Names of the admitting medical staff member and medical practitioners coordinating the patient's care;
9. If applicable, the name and contact information of the patient's representative and:
   a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
   b. If the patient's representative:
      i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      ii. Is a legal guardian, a copy of the court order establishing guardianship;
10. Orders;
11. Care plans;
12. Documentation of hospital services provided to the patient;
13. Progress notes;
14. The disposition of the patient after discharge;
15. Discharge planning, including discharge instructions required in R9-10-209(B)(3);
16. A discharge summary; and
17. If applicable:
   a. A laboratory report,
   b. A pathology report,
   c. An autopsy report,
   d. A radiologic report,
   e. A diagnostic imaging report,
   f. Documentation of restraint or seclusion, and
   g. A consultation report.

D. An administrator shall ensure that a hospital's medical record for an outpatient contains:
1. Patient information that includes:
   a. The patient's name;
   b. The patient's address;
   c. The patient's date of birth;
   d. The name and contact information of the patient's representative, if applicable; and
   e. Any known allergy including medication allergies or sensitivities;
2. If necessary for treatment, medication information that includes:
   a. A medication ordered for the patient; and
   b. A medication administered to the patient including:
      i. The date and time of administration;
      ii. The name, strength, dosage, amount, and route of administration;
      iii. The identification and authentication of the individual administering the medication; and
      iv. Any adverse reaction the patient has to the medication;
3. Documentation of general and, if applicable, informed consent for treatment by the patient or the patient's representative, except in an emergency;
4. An admitting diagnosis or reason for outpatient medical services;
5. Orders;
6. Documentation of hospital services provided to the patient; and
7. If applicable:
   a. A laboratory report,
   b. A pathology report,
   c. An autopsy report,
   d. A radiologic report,
   e. A diagnostic imaging report,
   f. Documentation of restraint or seclusion, and
   g. A consultation report.

E. In addition to the requirements in subsection (D), an administrator shall ensure that the hospital's record of emergency services provided to a patient contains:
1. Documentation of treatment the patient received before arrival at the hospital, if available;
2. The patient's medical history;
3. An assessment, including the name of the individual performing the assessment;
4. The patient's chief complaint;
5. The name of the individual who treated the patient in the emergency room, if applicable; and
6. The disposition of the patient after discharge.

Historical Note

Former Section R9-10-213 renumbered as R9-10-313 as an emergency effective February 23, 1979, new Section R9-10-213 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-213 renumbered to R9-10-211; new Section R9-10-

213 renumbered from R9-10-228 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-214. Nursing Services

A. An administrator shall ensure that:
1. Nursing services are provided 24 hours a day, and
2. A nurse executive is appointed who is qualified according to policies and procedures.

B. A nurse executive shall designate a registered nurse who is present on the hospital's premises to be accountable for managing the nursing services when the nurse executive is not present in the hospital.

C. A nurse executive shall ensure that:
1. Policies and procedures for nursing services are established, documented, and implemented;
2. An acuity plan is established, documented, and implemented that includes:
   a. A method that establishes the types and numbers of nursing personnel that are required for each unit in the hospital;
   b. An assessment of a patient's need for nursing services made by a registered nurse providing nursing services directly to the patient; and
   c. A policy and procedure stating the steps a hospital will take to:
      i. Obtain the necessary nursing personnel to meet patient acuity, and
      ii. Make assignments for patient care according to the acuity plan;
3. Registered nurses, including registered nurses providing nursing services directly to a patient, are knowledgeable about the acuity plan and implement the acuity plan established under subsection (C)(2);
4. If licensed capacity in an organized service is exceeded or patients are kept in areas without licensed beds, nursing personnel are assigned according to the specific rules for the organized service in this Chapter;
5. There is at least one registered nurse on the hospital's premises whether or not there is a patient;
6. A general hospital has at least two registered nurses on the general hospital's premises when there is more than one patient;
7. A special hospital offering emergency services or obstetrical services has at least two registered nurses on the special hospital's premises when there is more than one patient;
8. A special hospital not offering emergency services or obstetrical services has at least one registered nurse and one other nurse on the special hospital's premises when there is more than one patient;
9. A rural general hospital with more than one patient has at least one registered nurse and at least one other nursing personnel member on the rural general hospital's premises. If there is only one registered nurse on the rural general hospital's premises, an additional registered nurse is on-call who is able to be present on the rural general hospital's premises within 15 minutes after being called;
10. If a hospital has a patient in a unit, there is at least one registered nurse present in the unit;
11. If a hospital has more than one patient in a unit, there is at least one registered nurse and one additional nursing personnel member present in the unit;
12. At least one registered nurse is present and accountable for the nursing services provided to a patient:
    a. During the delivery of a neonate,
    b. In an operating room, and
    c. In a post-anesthesia care unit;
13. Nursing personnel work schedules are planned, reviewed, adjusted, and documented to meet patient needs and emergencies;
14. A registered nurse assesses, plans, directs, and evaluates nursing services provided to a patient;
15. There is a care plan for each inpatient based on the inpatient's need for nursing services; and
16. Nursing personnel document nursing services in a patient's medical record.

Historical Note

Former Section R9-10-214 renumbered as R9-10-314 as an emergency effective February 22, 1979, new Section R9-10-214 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-214 renumbered to R9-10-215; new Section R9-10-214 renumbered from R9-10-208 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-215. Surgical Services

An administrator of a general hospital shall ensure that:
1. There is an organized service that provides surgical services under the direction of a medical staff member;
2. There is a designated area for providing surgical services as an organized service;
3. The area of the hospital designated for surgical services is managed by a registered nurse or a physician;
4. Documentation is available in the surgical services area that specifies each medical staff member's clinical privileges to perform surgical procedures in the surgical services area;
5. Postoperative orders are documented in the patient's medical record;
6. There is a chronological log of surgical procedures performed in the surgical services area that contains:
   a. The date of the surgical procedure,
   b. The patient's name,
   c. The type of surgical procedure,
   d. The time in and time out of the operating room,
   e. The name and title of each individual performing or assisting in the surgical procedure,
   f. The type of anesthesia used,
   g. An identification of the operating room used, and
   h. The disposition of the patient after the surgical procedure;
7. The chronological log required in subsection (6) is maintained in the surgical services area for at least 12 months after the date of the surgical procedure and then maintained by the hospital for an additional 12 months;
8. The medical staff designate in writing the surgical procedures that may be performed in areas other than the surgical services area;
9. The hospital has the medical staff members, personnel members, and equipment to provide the surgical procedures offered in the surgical services area;

10. A patient and the surgical procedure to be performed on the patient are identified before initiating the surgical procedure;
11. Except in an emergency, a medical staff member or a surgeon performs a medical history and physical examination within 30 calendar days before performing a surgical procedure on a patient;
12. Except as provided in subsection (14), a medical staff member or a surgeon enters an interval note in the patient's medical record before performing a surgical procedure;
13. Except as provided in subsection (14), the following are documented in a patient's medical record before a surgical procedure:
    a. A preoperative diagnosis;
    b. Each diagnostic test performed in the hospital;
    c. A medical history and physical examination as required in subsection (11) and an interval note as required in subsection (12);
    d. A consent or refusal for blood or blood products signed by the patient or the patient's representative, if applicable; and
    e. Informed consent according to policies and procedures;
14. In an emergency, the documentation required in subsections (12) and (13) is completed within 24 hours after a surgical procedure on a patient is completed;
15. A physician discharges a patient from the designated area in subsection (2); and
16. A smoke evacuation system is used in each designated area to prevent exposure to surgical smoke as described in A.R.S. § 36-434.01.

Historical Note

Former Section R9-10-215 renumbered as R9-10-315 as an emergency effective February 22, 1979, new Section R9-10-215 adopted effective February 23, 1979 (Supp. 79-1). Amended subsection (D) effective August 31, 1988 (Supp. 88-3). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-215 renumbered to R9-10-216; new Section R9-10-215 renumbered from R9-10-214 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-216. Anesthesia Services

An administrator shall ensure that:

1. Anesthesia services provided in conjunction with surgical services performed in the operating room are provided as an organized service under the direction of a medical staff member;
2. Documentation is available in the surgical services area that specifies the medical staff member's clinical privileges to administer anesthesia;
3. Except in an emergency, an anesthesiologist or a nurse anesthetist performs a pre-anesthesia evaluation within 48 hours before anesthesia is administered in conjunction with surgical services;
4. Anesthesia administration is documented in a patient's medical record and includes:
    a. A pre-anesthesia evaluation, if applicable;
    b. An intra-operative anesthesia record;
    c. The postoperative status of the patient upon leaving the operating room; and
    d. Post-anesthesia documentation by the individual performing the post-anesthesia evaluation that includes the information required by the medical staff bylaws and medical staff regulations; and
5. A registered nurse or a physician documents resuscitative measures in the patient's medical record.

Historical Note

Adopted as an emergency effective April 2, 1976 (Supp. 76-2). Adopted effective August 25, 1977 (Supp. 77-4). Former Section R9-10-216 renumbered as R9-10-316 as an emergency effective February 22, 1979, new Section R9-10-216 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-216 renumbered to R9-10-217; new Section R9-10-216 renumbered from R9-10-215 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-217. Emergency Services

A. An administrator of a general hospital or a rural general hospital shall ensure that:
1. Emergency services are provided 24 hours a day in a designated area of the hospital;
2. Emergency services are provided as an organized service under the direction of a medical staff member;
3. The scope and extent of emergency services offered are documented in the hospital's scope of services;
4. Emergency services are provided to an individual, including a woman in active labor, requesting emergency services;
5. If emergency services cannot be provided at the hospital to meet the needs of a patient in an emergency, measures and procedures are implemented to minimize risk to the patient until the patient is transported or transferred to another hospital;
6. A roster of on-call medical staff members is available in the emergency services area;
7. There is a chronological log of emergency services provided to patients that includes:
    a. The patient's name;
    b. The date, time, and mode of arrival; and
    c. The disposition of the patient including discharge, transfer, or admission; and
8. The chronological log required in subsection (A)(7) is maintained:
    a. In the emergency services area for at least 12 months after the date of the emergency services; and
    b. By the hospital for at least an additional four years.

B. An administrator of a special hospital that provides emergency services shall comply with subsection (A).

C. An administrator of a hospital that provides emergency services, but does not provide perinatal organized services, shall ensure that emergency perinatal services are provided within the hospital's capabilities to meet the needs of a patient and a neonate, including the capability to deliver a neonate and to keep the neonate warm until transfer to a hospital providing perinatal organized services.

D. An administrator of a hospital that provides emergency services shall ensure that a room used for seclusion in a designated area of the hospital used for providing emergency services, complies with applicable physical plant health and safety codes and standards for a secure hold room as described in the American Institute of Architects and Facilities Guidelines Institute, Guidelines for Design and Construction of Health Care Facilities, incorporated by reference in R9-10-104.01.

Historical Note
Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-217 renumbered to R9-10-218; new Section R9-10-217 renumbered from R9-10-216 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

R9-10-218. Pharmaceutical Services
An administrator shall ensure that:

1. Pharmaceutical services are provided under the direction of a pharmacist according to A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23;
2. A copy of the pharmacy license is provided to the Department for review upon the Department's request;
3. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
   a. Develop a drug formulary,
   b. Update the drug formulary at least once every 12 months,
   c. Develop medication usage and medication substitution policies and procedures, and
   d. Specify which medications and medication classifications are required to be automatically stopped after a specified time period unless the ordering medical staff member specifically orders otherwise;
4. An expired, mislabeled, or unusable medication is disposed of according to policies and procedures;
5. A medication administration error or an adverse reaction is reported to the ordering medical staff member or the medical staff member's designee;
6. A pharmacy medication dispensing error is reported to the pharmacist;
7. In a pharmacist's absence, personnel members designated by policies and procedures have access to a locked area containing a medication;
8. A medication is maintained at temperatures recommended by the manufacturer;
9. A cart used for an emergency:
   a. Contains medication, supplies, and equipment as specified in policies and procedures;
   b. Is available to a unit; and
   c. Is sealed until opened in an emergency;
10. Emergency cart contents and sealing of the emergency cart are verified and documented according to policies and procedures;
11. Policies and procedures specify individuals who may:
    a. Order medication, and
    b. Administer medication;
12. A medication is administered in compliance with an order;
13. A medication administered to a patient is documented as required in R9-10-213;
14. If pain medication is administered to a patient, documentation in the patient's medical record includes:
    a. An assessment of the patient's pain before administering the medication, and
    b. The effect of the pain medication administered; and
15. Policies and procedures specify a process for review through the quality management program of:
    a. A medication administration error,
    b. An adverse reaction to a medication, and
    c. A pharmacy medication dispensing error.
16. If applicable, policies and procedures are established for donated medicine according to A.R.S. § 32-1909.

Historical Note
Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-218 renumbered to R9-10-219; new Section R9-10-218 renumbered from R9-10-217 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-219. Clinical Laboratory Services and Pathology Services
An administrator shall ensure that:

1. Clinical laboratory services and pathology services are provided by a hospital through a laboratory that holds a certificate of accreditation or certificate of compliance issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
2. A copy of the certificate of accreditation or certificate of compliance in subsection (1) is provided to the Department for review upon the Department's request;
3. A general hospital or a rural general hospital provides clinical laboratory services 24 hours a day on the hospital's premises to meet the needs of a patient in an emergency;
4. A special hospital whose patients require clinical laboratory services:
   a. Is able to provide clinical laboratory services when needed by the patients,
   b. Obtains specimens for clinical laboratory services without transporting the patients from the special hospital's premises, and
   c. Has the examination of the specimens performed by a clinical laboratory on the special hospital's premises or by arrangement with a clinical laboratory not on the special hospital's premises;
5. A hospital that provides clinical laboratory services 24 hours a day has on duty or on-call laboratory personnel authorized by policies and procedures to perform testing;

6. A hospital that offers surgical services provides pathology services on the hospital's premises or by contracted service to meet the needs of a patient;
7. Clinical laboratory and pathology test results are:
   a. Available to the medical staff:
      i. Within 24 hours after the test is completed if the test is performed at a laboratory on the hospital's premises, or
      ii. Within 24 hours after the test result is received if the test is performed at a laboratory not on the hospital's premises; and
   b. Documented in a patient's medical record;
8. If a test result is obtained that indicates a patient may have an emergency medical condition, as established by medical staff, laboratory personnel notify the ordering medical staff member or a registered nurse in the patient's assigned unit;
9. If a clinical laboratory report, a pathology report, or an autopsy report is completed on a patient, a copy of the report is included in the patient's medical record;
10. Policies and procedures are established, documented, and implemented for:
    a. Procuring, storing, transfusing, and disposing of blood and blood products;
    b. Blood typing, antibody detection, and blood compatibility testing; and
    c. Investigating transfusion adverse reactions that specify a process for review through the quality management program;
11. If blood and blood products are provided by contract, the contract includes:
    a. The availability of blood and blood products through the contract, and
    b. The process for delivery of blood and blood products through the contract; and
12. Expired laboratory supplies are discarded according to policies and procedures.

Historical Note

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-219 renumbered to R9-10-220; new Section R9-10-219 renumbered from R9-10-218 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-220. Radiology Services and Diagnostic Imaging Services

A. An administrator shall ensure that:
1. Radiology services and diagnostic imaging services are provided in compliance with A.R.S. Title 30, Chapter 4 and 9 A.A.C. 7;
2. A copy of a certificate documenting compliance with subsection (A)(1) is provided to the Department for review upon the Department's request;
3. A general hospital or a rural general hospital provides radiology services 24 hours a day on the hospital's premises to meet the emergency needs of a patient;
4. A hospital that provides surgical services has radiology services and diagnostic imaging services on the hospital's premises to meet the needs of patients;
5. A general hospital or a rural general hospital has a radiologic technologist on duty or on-call; and
6. Except as provided in subsection (A)(4), a special hospital whose patients require radiology services and diagnostic imaging services is able to provide the radiology services and diagnostic imaging services when needed by the patients:
   a. On the special hospital's premises, or
   b. By arrangement with a radiology and diagnostic imaging facility that is not on the special hospital's premises.

B. An administrator of a hospital that provides radiology services or diagnostic imaging services on the hospital's premises shall ensure that:
1. Radiology services and diagnostic imaging services are provided:
   a. Under the direction of a medical staff member; and
   b. According to an order that includes:
      i. The patient's name,
      ii. The name of the ordering individual,
      iii. The radiological or diagnostic imaging procedure ordered, and
      iv. The reason for the procedure;
2. A medical staff member or radiologist interprets the radiologic or diagnostic image;
3. A radiologic or diagnostic imaging patient report is prepared that includes:
   a. The patient's name;
   b. The date of the procedure;
   c. A medical staff member's or radiologist's interpretation of the image;
   d. The type and amount of radiopharmaceutical used, if applicable; and
   e. The adverse reaction to the radiopharmaceutical, if any; and
4. A radiologic or diagnostic imaging report is included in the patient's medical record.

Historical Note

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-220 renumbered to R9-10-221; new Section R9-10-220 renumbered from R9-10-219 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-221. Intensive Care Services

Except for a special hospital that provides only psychiatric services, an administrator of a hospital that provides intensive care services shall ensure that:
1. Intensive care services are provided as an organized service in a designated area under the direction of a medical staff member;
2. An inpatient admitted for intensive care services is personally visited by a physician at least once every 24 hours;

3. Admission and discharge criteria for intensive care services are established;
4. A personnel member's responsibilities for initiation of medical services in an emergency to a patient in an intensive care unit pending the arrival of a medical staff member are established and documented in policies and procedures;
5. In addition to the requirements in R9-10-214(C), an intensive care unit is staffed:
   a. With at least one registered nurse assigned for every two patients, and
   b. According to an acuity plan as required in R9-10-214;
6. Each intensive care unit has a policy and procedure that provides for meeting the needs of the patients;
7. If the medical services of an intensive care patient are reduced to a lesser level of care in the hospital, but the patient is not physically relocated, the nurse to patient ratio is based on the needs of the patient;
8. Private duty staff do not provide hospital services in an intensive care unit;
9. At least one registered nurse assigned to a patient in an intensive care unit is certified in advanced cardiac life support specific to the age of the patient;
10. Resuscitation, emergency, and other equipment are available to meet the needs of a patient including:
    a. Ventilatory assistance equipment,
    b. Respiratory and cardiac monitoring equipment,
    c. Suction equipment,
    d. Portable radiologic equipment, and
    e. A patient weighing device for patients restricted to a bed; and
11. An intensive care unit has at least one emergency cart that is maintained according to R9-10-218.

Historical Note

Former Section R9-10-221 renumbered as R9-10-317 as an emergency effective February 22, 1979, new Section R9-10-221 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-221 renumbered to R9-10-222; new Section R9-10-221 renumbered from R9-10-220 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-222. Respiratory Care Services

An administrator of a hospital that provides respiratory care services shall ensure that:

1. Respiratory care services are provided under the direction of a medical staff member;
2. Respiratory care services are provided according to an order that includes:
   a. The patient's name;
   b. The name and signature of the ordering individual;
   c. The type, frequency, and, if applicable, duration of treatment;
   d. The type and dosage of medication and diluent; and
   e. The oxygen concentration or oxygen liter flow and method of administration;
3. Respiratory care services provided to a patient are documented in the patient's medical record and include:
   a. The date and time of administration;
   b. The type of respiratory care services;
   c. The effect of respiratory care services;
   d. If applicable, any adverse reaction to respiratory care services; and
   e. The authentication of the individual providing the respiratory care services; and
4. Any area or unit that performs blood gases or clinical laboratory tests complies with the requirements in R9-10-219.

Historical Note

Former Section R9-10-222 renumbered as R9-10-318 as an emergency effective February 22, 1979, new Section R9-10-222 adopted effective February 23, 1979 (Supp. 79-1). Correction, subsection (D)(3) reference to paragraph (E)(2) should read subsection (D)(2). (Supp. 79-6). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-222 renumbered to R9-10-223; new Section R9-10-222 renumbered from R9-10-221 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-223. Perinatal Services

A. An administrator of a hospital that provides perinatal organized services shall ensure that:

1. Perinatal services are provided in a designated area under the direction of a medical staff member;
2. Only medical and surgical procedures approved by the medical staff are performed in the perinatal services unit;
3. The perinatal services unit has the capability to initiate an emergency cesarean delivery within the time-frame established by the medical staff and documented in policies and procedures;
4. Only a patient in need of perinatal services or gynecological services receives perinatal services or gynecological services in the perinatal services unit;
5. A patient receiving gynecological services does not share a room with a patient receiving perinatal services;
6. A chronological log of perinatal services provided to patients is maintained that includes:
   a. The patient's name;
   b. The date, time, and mode of the patient's arrival;
   c. The disposition of the patient including discharge, transfer, or admission time;
   d. The following information for a delivery of a neonate:
      i. The neonate's name or other identifier;
      ii. The name of the medical staff member who delivered the neonate;
      iii. The delivery time and date; and
      iv. Complications of delivery, if any; and
   e. If an abortion procedure was performed at or after 20 weeks gestational age, whether the fetus was delivered alive;
7. The chronological log required in subsection (A)(6) is maintained by the hospital in the perinatal services unit for at least 12 months after the date the perinatal services are provided and then maintained by the hospital for at least an additional 12 months;

8. The perinatal services unit provides fetal monitoring;
9. The perinatal services unit has ultrasound capability;
10. Except in an emergency, a neonate is identified as required by policies and procedures before moving the neonate from a delivery area;
11. Policies and procedures specify:
    a. Security measures to prevent neonatal abduction, and
    b. How the hospital determines to whom a neonate may be discharged;
12. A neonate is discharged only to an individual who:
    a. Is authorized according to subsection (A)(11), and
    b. Provides identification;
13. A neonate's medical record identifies the individual to whom the neonate is discharged;
14. A patient or the individual to whom the neonate is discharged receives perinatal education, discharge instructions, and a referral for follow-up care for a neonate in addition to the discharge planning requirements in R9-10-209;
15. Intensive care services for neonates comply with the requirements in R9-10-221;
16. At least one registered nurse is on duty in a nursery when there is a neonate in the nursery except as provided in subsection (A)(17);
17. A nursery occupied only by a neonate, who is placed in the nursery for the convenience of the neonate's mother and does not require treatment as established in this Article, is staffed by a nurse;
18. Equipment and supplies are available to a nursery, labor-delivery-recovery room, or labor-delivery-recovery-postpartum room to meet the needs of each neonate; and
19. In a nursery, only a neonate's bed or bassinet is used for changing diapers, bathing, or dressing the neonate.

B. An administrator of a hospital that does not provide perinatal organized services shall comply with the requirements in R9-10-217(C).

C. In addition to applicable requirements in A.R.S. Title 36, Chapter 20, an administrator of a hospital in which an abortion procedure is performed shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that require:
    a. For an abortion procedure performed at or after 20 weeks gestational age, a personnel member or medical staff member qualified according to policies and procedures to perform neonatal resuscitation, other than the physician performing the abortion procedure, is in the room in which the abortion procedure is performed before the delivery of the fetus;
    b. Compliance with A.R.S. § 36-2301.01, if applicable;
    c. Neonatal resuscitation of a fetus delivered alive, according to A.R.S. § 36-2301(D)(3); and
    d. A medical record to be established and maintained for a fetus delivered alive;
2. The medical record of a patient receiving an abortion procedure contains:
    a. Documentation from the physician providing the abortion procedure and other personnel members present certifying that the fetus was not delivered alive, or
    b. A link to the medical record of a fetus delivered alive; and
3. For a fetus delivered alive, a medical record contains:
    a. An identification of the fetus, including:
        i. The name of the patient from whom the fetus was delivered alive, and
        ii. The date the fetus was delivered alive;
    b. Orders issued by a physician, physician assistant, or registered nurse practitioner;
    c. A record of medical services, nursing services, and health-related services provided to the fetus delivered alive;
    d. If applicable, information about medication administered to the fetus delivered alive; and
    e. If the fetus had a lethal fetal condition, the results of the confirmation of the lethal fetal condition.

Historical Note

Former Section R9-10-223 renumbered as R9-10-319 as an emergency effective February 22, 1979, new Section R9-10-223 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-223 renumbered to R9-10-224; new Section R9-10-223 renumbered from R9-10-222 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

R9-10-224. Pediatric Services

A. An administrator of a hospital that provides pediatric services or pediatric organized services according to the requirements in this Section shall ensure that:
1. Consistent with the health and safety of a pediatric patient, arrangements are made for a parent or a guardian of the pediatric patient to stay overnight;
2. Policies and procedures are established, documented, and implemented for:
    a. Infection control for shared toys, books, stuffed animals, and other items in a community playroom; and
    b. Visitation of a pediatric patient, including age limits if applicable;
3. A pediatric inpatient is only admitted if the hospital has the staff, equipment, and supplies available to meet the needs of the pediatric patient based on the pediatric patient's medical condition and the hospital's scope of services; and
4. If the hospital provides pediatric intensive care services, the pediatric intensive care services comply with intensive care services requirements in R9-10-221.

B. An administrator of a hospital that provides pediatric organized services shall ensure that pediatric services are provided in a designated area under the direction of a medical staff member.

C. An administrator shall ensure that in a multi-organized service unit or a patient care unit that is providing medical and nursing services to an adult patient and a pediatric patient according to this Section:
1. A pediatric patient is not placed in a patient room with an adult patient, and
2. A medication for a pediatric patient that is stored in the patient care unit is stored separately from a medication for an adult patient.

D. A hospital may use a bed in a pediatric organized services patient care unit for an adult patient if an administrator estab-

lishes, documents, and implements policies and procedures that:
1. Delineate the specific conditions under which an adult patient is placed in a bed in the pediatric organized services unit, and
2. Except as provided in subsections (H) and (I), ensure that an adult patient is:
   a. Not placed in a pediatric organized services patient care unit if a pediatric patient is admitted to and present in the pediatric organized services patient care unit, and
   b. Transferred out of the pediatric organized services patient care unit to an appropriate level of care when a pediatric patient is admitted to the pediatric organized services patient care unit.

E. Except as provided in subsections (F) and (G), an administrator of a hospital that does not provide pediatric organized services may admit a pediatric inpatient only in an emergency.

F. Subsection (G) only applies to a general hospital or rural general hospital that:
1. Does not provide pediatric organized services;
2. Has designated in the general hospital's or rural general hospital's scope of services, inpatient services that are available to a pediatric patient;
3. Has a licensed capacity of less than 100; and
4. Is located in a county with a population of less than 500,000.

G. An administrator of a general hospital or rural general hospital that meets the criteria in subsection (F) shall ensure that:
1. There are pediatric-appropriate equipment and supplies available, based on the hospital services designated for pediatric patients in the general hospital or rural general hospital's scope of services; and
2. Personnel members that are or may be assigned to provide hospital services to a pediatric patient have the appropriate skills and knowledge for providing hospital services to a pediatric patient, based on the general hospital's or rural general hospital's scope of services.

H. Subsection (I) only applies to a general hospital or a rural general hospital that:
1. Provides pediatric organized services in a patient care unit;
2. Has designated in the general hospital's or rural general hospital's scope of services, inpatient services that are available to an adult patient in a pediatric organized services patient care unit;
3. Has a licensed capacity of less than 100; and
4. Is located in a county with a population of less than 500,000.

I. An administrator of a general hospital or rural general hospital that meets the criteria in subsection (H) shall comply with the requirements in subsection (D)(1).

Historical Note

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by exempt rulemaking at 18 A.A.R. 1719, effective June 30, 2012 (Supp. 12-2). Section R9-10-224 renumbered to R9-10-225; new Section R9-10-224 renumbered from R9-10-223 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-225. Psychiatric Services

A. An administrator of a hospital that contains an organized psychiatric services unit or a special hospital licensed to provide psychiatric services shall ensure that in the organized psychiatric unit or special hospital:
1. Psychiatric services are provided under the direction of a medical staff member;
2. An inpatient admitted to the organized psychiatric services unit or special hospital has a principal diagnosis of a mental disorder, a personality disorder, substance abuse, or a significant psychological or behavioral response to an identifiable stressor;
3. Except in an emergency, a patient receives a nursing assessment before treatment for the patient is initiated;
4. An individual whose medical needs cannot be met while the individual is an inpatient in an organized psychiatric services unit or a special hospital is not admitted to or is transferred out of the organized psychiatric services unit or special hospital;
5. Policies and procedures for the organized psychiatric services unit or special hospital are established, documented, and implemented that:
   a. Establish qualifications for medical staff members and personnel members who provide clinical oversight to behavioral health technicians;
   b. Establish the process for patient assessment, including identification of a patient's medical conditions and criteria for the on-going monitoring of any identified medical condition;
   c. Establish the process for developing and implementing a patient's care plan including:
      i. Obtaining the patient's or the patient's representative's participation in the development of the patient's care plan;
      ii. Ensuring that the patient is informed of the modality, frequency, and duration of any treatments that are included in the patient's care plan;
      iii. Informing the patient that the patient has the right to refuse any treatment;
      iv. Updating the patient's care plan and informing the patient of any changes to the patient's care plan; and
      v. Documenting the actions in subsection (A)(5)(c)(i) through (iv) in the patient's medical record;
   d. Establish the process for warning an identified or identifiable individual, as described in A.R.S. § 36-517.02 (B) through (C), if a patient communicates to a medical staff member or personnel member a threat of imminent serious physical harm or death to the individual and the patient has the apparent intent and ability to carry out the threat;
   e. Establish the criteria for determining when an inpatient's absence is unauthorized, including whether the inpatient:
      i. Was admitted under A.R.S. Title 36, Chapter 5, Articles 1, 2, or 3;
      ii. Is absent against medical advice; or
      iii. Is under 18 years of age;
   f. Identify each type of restraint and seclusion used in the organized psychiatric services unit or special

hospital and include for each type of restraint and seclusion used:

i. The qualifications of a medical staff member or personnel member who can:
   (1) Order the restraint or seclusion,
   (2) Place a patient in the restraint or seclusion,
   (3) Monitor a patient in the restraint or seclusion,
   (4) Evaluate a patient's physical and psychological well-being after being placed in the restraint or seclusion and when released from the restraint or seclusion, or
   (5) Renew the order for restraint or seclusion;

ii. On-going training requirements for a medical staff member or personnel member who has direct patient contact while the patient is in a restraint or in seclusion; and

iii. Criteria for monitoring and assessing a patient including:
   (1) Frequencies of monitoring and assessment based on a patient's condition, cognitive status, situational factors, and risks associated with the specific restraint or seclusion;
   (2) For the renewal of an order for restraint or seclusion, whether an assessment is required before the order is renewed and, if an assessment is required, who may conduct the assessment;
   (3) Assessment content, which may include, depending on a patient's condition, the patient's vital signs, respiration, circulation, hydration needs, elimination needs, level of distress and agitation, mental status, cognitive functioning, neurological functioning, and skin integrity;
   (4) If a mechanical restraint is used, how often the mechanical restraint is monitored or loosened; and
   (5) A process for meeting a patient's nutritional needs and elimination needs;

g. Establish the criteria and procedures for renewing an order for restraint or seclusion;

h. Establish procedures for internal review of the use of restraint or seclusion;

i. Establish requirements for notifying the parent or guardian of a patient who is under 18 years of age and who is restrained or secluded; and

j. Establish medical record and personnel record documentation requirements for restraint and seclusion, if applicable;

6. If time-out is used in the organized psychiatric services unit or special hospital, a time-out:
   a. Takes place in an area that is unlocked, lighted, quiet, and private;
   b. Does not take place in the room approved for seclusion by the Department under R9-10-104;
   c. Is time-limited and does not exceed two hours per incident or four hours per day;
   d. Does not result in a patient's missing a meal if the patient is in time-out at mealtime;
   e. Includes monitoring of the patient by a medical staff member or personnel member at least once every 15 minutes to ensure the patient's health, safety, and welfare and to determine if the patient is ready to leave time-out; and
   f. Is documented in the patient's medical record, to include:
      i. The date of the time-out,
      ii. The reason for the time-out,
      iii. The duration of the time-out, and
      iv. The action planned and taken to address the reason for the time-out;
7. Restraint or seclusion is:
   a. Not used as a means of coercion, discipline, convenience, or retaliation;
   b. Only used when all of the following conditions are met:
      i. Except as provided in subsection (A)(8), after obtaining an order for the restraint or seclusion;
      ii. For the management of a patient's aggressive, violent, or self-destructive behavior;
      iii. When less restrictive interventions have been determined to be ineffective; and
      iv. To ensure the immediate physical safety of the patient, to prevent imminent harm to the patient or another individual, or to stop physical harm to another individual; and
   c. Discontinued at the earliest possible time;
8. If as a result of a patient's aggressive, violent, or self-destructive behavior, harm to the patient or another individual is imminent or the patient or another individual is being physically harmed, a personnel member:
   a. May initiate an emergency application of restraint or seclusion for the patient before obtaining an order for the restraint or seclusion, and
   b. Obtains an order for the restraint or seclusion of the patient during the emergency application of the restraint or seclusion;
9. Restraint or seclusion is:
   a. Only ordered by a physician or a registered nurse practitioner, and
   b. Not written as a standing order or on an as-needed basis;
10. An order for restraint or seclusion includes:
   a. The name of the individual ordering the restraint or seclusion;
   b. The date and time that the restraint or seclusion was ordered;
   c. The specific restraint or seclusion ordered;
   d. If a drug is ordered as a chemical restraint, the drug's name, strength, dosage, and route of administration;
   e. The specific criteria for release from restraint or seclusion without an additional order; and
   f. The maximum duration authorized for the restraint or seclusion;
11. An order for restraint or seclusion is limited to the duration of the emergency situation and does not exceed:
   a. Four continuous hours for a patient who is 18 years of age or older,
   b. Two continuous hours for a patient who is between the ages of nine and 17 years of age, or
   c. One continuous hour for a patient who is younger than nine years of age;
12. If restraint and seclusion are used on a patient simultaneously, the patient receives continuous:

a. Face-to-face monitoring by a medical staff member or personnel member, or
b. Video and audio monitoring by a medical staff member or personnel member who is in close proximity to the patient;

13. If an order for restraint or seclusion of a patient is not provided by a medical practitioner coordinating the patient's medical services, the medical practitioner is notified as soon as possible;
14. A medical staff member or personnel member does not participate in restraint or seclusion, monitor a patient during restraint or seclusion, or evaluate a patient after restraint or seclusion until the medical staff member or personnel member completes education and training that:
    a. Includes:
        i. Techniques to identify medical staff member, personnel member, and patient behaviors; events; and environmental factors that may trigger circumstances that require restraint or seclusion;
        ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods;
        iii. Techniques for identifying the least restrictive intervention based on an assessment of the patient's medical or behavioral health condition;
        iv. The safe use of restraint and the safe use of seclusion, including training in how to recognize and respond to signs of physical and psychological distress in a patient who is restrained or secluded;
        v. Clinical identification of specific behavioral changes that indicate that the restraint or seclusion is no longer necessary;
        vi. Monitoring and assessing a patient while the patient is in restraint or seclusion according to policies and procedures; and
        vii. Training exercises in which medical staff members and personnel members successfully demonstrate the techniques that the medical staff members and personnel members have learned for managing emergency situations; and
    b. Is provided by individuals qualified according to policies and procedures;
15. When a patient is placed in restraint or seclusion:
    a. The restraint or seclusion is conducted according to policies and procedures;
    b. The restraint or seclusion is proportionate and appropriate to the severity of the patient's behavior and the patient's:
        i. Chronological and developmental age;
        ii. Size;
        iii. Gender;
        iv. Physical condition;
        v. Medical condition;
        vi. Psychiatric condition; and
        vii. Personal history, including any history of physical or sexual abuse;
    c. The physician or registered nurse practitioner who ordered the restraint or seclusion is available for consultation throughout the duration of the restraint or seclusion;
    d. A patient is monitored and assessed according to policies and procedures;
    e. A physician or other health professional authorized by policies and procedures assesses the patient within one hour after the patient is placed in the restraint or seclusion and determines:
        i. The patient's current behavior,
        ii. The patient's reaction to the restraint or seclusion used,
        iii. The patient's medical and behavioral condition, and
        iv. Whether to continue or terminate the restraint or seclusion;
    f. The patient is given the opportunity:
        i. To eat during mealtime, and
        ii. To use the toilet; and
    g. The restraint or seclusion is discontinued at the earliest possible time, regardless of the length of time identified in the order;
16. If a patient is placed in seclusion, the room used for seclusion:
    a. Is approved for use as a seclusion room by the Department under R9-10-104;
    b. Is not used as a patient's bedroom or a sleeping area;
    c. Allows full view of the patient in all areas of the room;
    d. Is free of hazards, such as unprotected light fixtures or electrical outlets;
    e. Contains at least 60 square feet of floor space; and
    f. Except as provided in subsection (A)(17), contains a non-adjustable bed that:
        i. Consists of a mattress on a solid platform that is:
            (1) Constructed of a durable, non-hazardous material; and
            (2) Raised off of the floor;
        ii. Does not have wire springs or a storage drawer; and
        iii. Is securely anchored in place;
17. If a room used for seclusion does not contain a non-adjustable bed required in subsection (A)(16)(f):
    a. A piece of equipment is available for use in the room used for seclusion that:
        i. Is commercially manufactured to safely and humanely restrain a patient's body;
        ii. Provides support to the trunk and head of a patient's body;
        iii. Provides restraint to the trunk of a patient's body;
        iv. Is able to restrict movement of a patient's arms, legs, trunk, and head;
        v. Allows a patient's body to recline; and
        vi. Does not inflict harm on a patient's body; and
    b. Documentation of the manufacturer's specifications for the piece of equipment in subsection (A)(17)(a) is maintained;
18. A seclusion room may be used for services or activities other than seclusion if:
    a. A sign stating the service or activity scheduled or being provided in the room is conspicuously posted outside the room;

b. No permanent equipment other than the bed required in subsection (A)(16)(f) is in the room;
c. Policies and procedures are established, documented, and implemented that:
i. Delineate which services or activities other than seclusion may be provided in the room,
ii. List what types of equipment or supplies may be placed in the room for the delineated services, and
iii. Provide for the prompt removal of equipment and supplies from the room before the room is used for seclusion; and
d. The sign required in subsection (A)(18)(a) and equipment and supplies in the room, other than the bed required in subsection (A)(16)(f), are removed before a patient is placed in seclusion in the room;

19. A medical staff member or personnel member documents the following information in a patient's medical record before the end of the shift in which the patient is placed in restraint or seclusion or, if the patient's restraint or seclusion does not end during the shift in which it began, during the shift in which the patient's restraint or seclusion ends:
a. The emergency situation that required the patient to be restrained or put in seclusion;
b. The times the patient's restraint or seclusion actually began and ended;
c. The time of the face-to-face assessment required in subsection (A)(12)(a);
d. The monitoring required in subsection (A)(12)(b) or (15)(d), as applicable;
e. The times the patient was given the opportunity to eat or use the toilet according to subsection (A)(15)(f); and
f. The names of the medical staff members and personnel members with direct patient contact while the patient was in the restraint or seclusion; and
20. If an emergency situation continues beyond the time limit of an order for restraint or seclusion, the order is renewed according to policies and procedures.

B. For a patient who was admitted after a suicide attempt or who exhibits suicidal ideation, in addition to the admission requirements in R9-10-208 and discharge planning requirements in R9-10-209, an administrator shall ensure that:
1. The patient receives a suicide assessment; and
2. The patient or the patient's representative receives:
a. The results of the suicide assessment in subsection (B)(1);
b. Information about the availability of age-appropriate, suicide crisis services, including contact information;
c. Specific information about or a referral to one of the following for ongoing or follow-up treatment related to suicide, including scheduling an appointment for the patient when practicable:
i. Another health care institution;
ii. A medical practitioner or, for a patient going to another state after discharge, a similarly licensed individual in the other state; or
iii. A behavioral health professional certified or licensed under A.R.S. Title 32 to provide treatment related to suicide or, for a patient going to another state after discharge, a similarly certified or licensed individual in the other state; and
d. Information about and instructions on how to access the Department of Insurance and Financial Institution's website, available through difi.az.gov, developed in compliance with A.R.S. § 20-3503(B), including how to file an appeal of an insurance determination.

C. An administrator of a hospital that provides opioid treatment services to an outpatient shall comply with the requirements in R9-10-1020.

Historical Note
Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-225 renumbered to R9-10-227; new Section R9-10-225 renumbered from R9-10-224 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2).

R9-10-226. Behavioral Health Observation/Stabilization Services
An administrator of a hospital that is authorized to provide behavioral health observation/stabilization services shall ensure that:
1. Behavioral health observation/stabilization services are provided according to the requirements in R9-10-1012, and
2. Restraint and seclusion are provided according to the requirements for restraint and seclusion in R9-10-225.

Historical Note
Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-226 renumbered to R9-10-229; new Section R9-10-226 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-227. Rehabilitation Services
An administrator shall ensure that:
1. If rehabilitation services are provided as an organized service, the rehabilitation services are provided under the direction of an individual qualified according to policies and procedures;
2. Rehabilitation services are provided according to an order; and
3. The medical record of a patient receiving rehabilitation services includes:
a. An order for rehabilitation services that includes the name of the ordering individual and a referring diagnosis,
b. A documented care plan that is developed in coordination with the ordering individual and the individual providing the rehabilitation services,
c. The rehabilitation services provided,

d. The patient's response to the rehabilitation services, and
e. The authentication of the individual providing the rehabilitation services.

Historical Note
Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-227 renumbered to R9-10-231; new Section R9-10-227 renumbered from R9-10-225 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-228. Multi-organized Service Unit

A. A governing authority may designate the following as a multi-organized service unit:
1. An adult unit that provides both intensive care services and medical and nursing services other than intensive care services,
2. A pediatric unit that provides both intensive care services and medical and nursing services other than intensive care services,
3. A unit that provides both perinatal services and intensive care services for obstetrical patients,
4. A unit that provides both intensive care services for neonates and a continuing care nursery, or
5. A unit that provides medical and nursing services to adult and pediatric patients.

B. An administrator shall ensure that:
1. For a patient in a multi-organized service unit, a medical staff member designates in the patient's medical record which organized service is to be provided to the patient;
2. A multi-organized service unit is in compliance with the requirements in this Article that would apply if each organized service were offered as a single organized service unit; and
3. A multi-organized service unit and each bed in the unit are in compliance with physical plant health and safety codes and standards incorporated by reference in R9-10-104.01 for all organized services provided in the multi-organized service unit.

Historical Note
Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-228 renumbered to R9-10-213; new Section R9-10-228 renumbered from R9-10-234 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

R9-10-229. Social Services

An administrator of a hospital that provides social services shall ensure that:
1. A registered nurse or another personnel member designated according to policies and procedures coordinates social services;
2. If a personnel member provides social services that require a license under A.R.S. Title 32, Chapter 33, Article 5, the personnel member is licensed under A.R.S. Title 32, Chapter 33, Article 5;
3. A medical staff member, nurse, patient, patient's representative, or member of the patient's family may request social services;
4. A personnel member providing social services participates in discharge planning as necessary to meet the needs of a patient;
5. The patient has privacy when communicating with a personnel member providing social services; and
6. Social services provided to a patient are documented in the patient's medical record and the entries are authenticated by the individual providing the social services.

Historical Note
Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-229 renumbered to R9-10-230; new Section R9-10-229 renumbered from R9-10-226 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-230. Infection Control

An administrator shall ensure that:
1. An infection control program that meets the requirements of this Section is established under the direction of an individual qualified according to policies and procedures;
2. An infection control program has a procedure for documenting:
   a. The collection and analysis of infection control data,
   b. The actions taken relating to infections and communicable diseases, and
   c. Reports of communicable diseases to the governing authority and state and county health departments;
3. Infection control documents are maintained for at least 12 months after the date of the document;
4. Policies and procedures are established, documented, and implemented:
   a. To prevent or minimize, identify, report, and investigate infections and communicable diseases that include:
      i. Isolating a patient;
      ii. Sterilizing equipment and supplies;
      iii. Maintaining and storing sterile equipment and supplies;
      iv. Using personal protective equipment such as gowns, masks, or face protection;
      v. Disposing of biohazardous medical waste; and
      vi. Moving and processing soiled linens and clothing;
   b. That specify communicable diseases, medical conditions, or criteria that prevent an individual, a personnel member, or a medical staff member from:
      i. Working in the hospital,
      ii. Providing patient care, or
      iii. Providing environmental services;
   c. That establish criteria for determining whether a medical staff member is at an increased risk of exposure to infectious tuberculosis based on:
      i. The level of risk in the area of the hospital premises where the medical staff member practices, and
      ii. The work that the medical staff member performs; and

d. That establish the frequency of tuberculosis screening for an individual determined to be at an increased risk of exposure;
5. Tuberculosis screening is performed for a personnel member or medical staff member:
   a. On or before the date the personnel member or medical staff member begins providing services at or on behalf of the hospital, and
   b. As part of a tuberculosis infection control program according to R9-10-113;
6. Soiled linen and clothing are:
   a. Collected in a manner to minimize or prevent contamination,
   b. Bagged at the site of use, and
   c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;
7. A personnel member washes hands or uses a hand disinfection product after each patient contact and after handling soiled linen, soiled clothing, or potentially infectious material;
8. An infection control committee is established according to policies and procedures and consists of:
   a. At least one medical staff member,
   b. The individual directing the infection control program, and
   c. Other personnel identified in policies and procedures; and
9. The infection control committee:
   a. Develops a plan for preventing, tracking, and controlling infections;
   b. Reviews the type and frequency of infections and develops recommendations for improvement;
   c. Meets and provides a quarterly written report for inclusion by the quality management program; and
   d. Maintains a record of actions taken and minutes of meetings.

Historical Note

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-230 renumbered to R9-10-233; new Section R9-10-230 renumbered from R9-10-229 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 28 A.A.R. 1113 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2).

R9-10-231. Dietary Services

An administrator shall ensure that:
1. Dietary services are provided according to 9 A.A.C. 8, Article 1;
2. A copy of the hospital's food establishment license or permit under 9 A.A.C. 8, Article 1, is maintained;
3. For a hospital that contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the hospital, a copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1, is maintained;
4. If a hospital contracts with a food establishment to prepare and deliver food to the hospital, the hospital is able to store, refrigerate, and reheat food to meet the dietary needs of a patient;
5. Dietary services are provided under the direction of an individual qualified to direct the provision of dietary services according to policies and procedures;
6. There are personnel members on duty to meet the dietary needs of patients;
7. Personnel members providing dietary services are qualified to provide dietary services according to policies and procedures;
8. A nutrition assessment of a patient is:
   a. Performed according to policies and procedures, and
   b. Communicated to the medical practitioner coordinating the patient's medical services if the nutrition assessment reveals a specific dietary need;
9. A medical staff member documents an order for a diet for each patient in the patient's medical record;
10. A current diet manual approved by a registered dietitian is available to personnel members and medical staff members; and
11. A patient's dietary needs are met 24 hours a day.

Historical Note

Former Section R9-10-231 renumbered as R9-10-320 as an emergency effective February 22, 1979, new Section R9-10-231 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-231 renumbered to R9-10-232; new Section R9-10-231 renumbered from R9-10-227 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-232. Disaster Management

An administrator shall ensure that:
1. A disaster plan is developed and documented that includes:
   a. Procedures for protecting the health and safety of patients and other individuals;
   b. Assigned personnel responsibilities; and
   c. Instructions for the evacuation, transport, or transfer of patients, maintenance of medical records, and arrangements to provide any other hospital services to meet the patients' needs;
2. A plan exists for back-up power and water supply;
3. A fire drill is performed on each shift at least once every three months;
4. A disaster drill is performed on each shift at least once every 12 months;
5. Documentation of a fire drill required in subsection (3) and a disaster drill required in subsection (4) includes:
   a. The date and time of the drill;
   b. A critique of the drill; and
   c. Recommendations for improvement, if applicable; and
6. Documentation of a fire drill or a disaster drill is maintained by the hospital for at least 12 months after the date of the drill.

Historical Note

Former Section R9-10-232 renumbered as R9-10-321 as an emergency effective February 22, 1979, new Section R9-10-232 adopted effective February 23, 1979 (Supp.

79-1). Section amended by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-232 renumbered to R9-10-234; new Section R9-10-232 renumbered from R9-10-231 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-233. Environmental Standards

An administrator shall ensure that:

1. An individual providing environmental services who has the potential to transmit infectious tuberculosis to patients, as determined by the infection control risk assessment criteria in R9-10-230(4)(c), provides evidence of freedom from infectious tuberculosis:
   a. On or before the date the individual begins providing environmental services at or on behalf of the hospital, and
   b. According to R9-10-113;
2. The hospital premises and equipment are:
   a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control infection or illness; and
   b. Free from a condition or situation that may cause a patient or other individual to suffer physical injury;
3. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
4. The hospital maintains a tobacco smoke-free environment;
5. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14, and policies and procedures;
6. Equipment used to provide hospital services is:
   a. Maintained in working order;
   b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
   c. Used according to the manufacturer's recommendations; and
7. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair.

Historical Note

Former Section R9-10-233 renumbered as R9-10-322 as an emergency effective February 22, 1979, new Section R9-10-233 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section expired under A.R.S. § 41-1056(E) at 14 A.A.R. 2374, effective February 29, 2008 (Supp. 08-2). New Section R9-10-233 renumbered from R9-10-230 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 28 A.A.R. 1113 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2).

R9-10-234. Physical Plant Standards

A. An administrator shall ensure that:

1. A hospital complies with the applicable physical plant health and safety codes and standards incorporated by reference in R9-10-104.01 in effect on the date the hospital submitted the application packet including the notarized attestation of architectural plans according to R9-10-104;
2. A hospital's premises or any part of the hospital premises is not leased to or used by another person;
3. A unit with inpatient beds is not used as a passageway to another health care institution; and
4. A hospital's premises are not licensed as more than one health care institution.

B. An administrator shall:

1. Obtain a fire inspection conducted according to the timeframe established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the inspection report, and
3. Maintain documentation of a current fire inspection report.

Historical Note

New Section made by final rulemaking 14 A.A.R. 4646, effective December 2, 2008 (Supp. 08-4). Section R9-10-234 renumbered to R9-10-228; new Section R9-10-234 renumbered from R9-10-232 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Duplicate language in subsection (A)(1) corrected (Supp. 22-2).

R9-10-235. Administrative Separation

A. In addition to the definitions in A.R.S. § 36-401, R9-10-101, and R9-10-201, the following definition applies in this Section: "Administrative separation" means the temporary isolation of a patient for the purpose of preserving the integrity of evidence during the course of a criminal investigation or for a situation where not isolating the patient presents a risk of serious harm to other individuals or a serious risk to the safety or security of a hospital.

B. Only a hospital established according to A.R.S. § 36-202 may use administrative separation.

C. An administrator appointed according to A.R.S. § 36-205 shall ensure that:

1. Administrative separation:
   a. Is only used for a patient admitted to the hospital pursuant to a criminal court order; and
   b. Is not used:
      i. In conjunction with a restraint,
      ii. As a method to manage behaviors, or
      iii. If prohibited by law; and
2. Policies and procedures are established, documented, and implemented for administrative separation that:
   a. Include the process and criteria for requesting an administrative separation;
   b. Include the process and deadlines for approving a request for an administrative separation;
   c. Cover patient notification of the right to appeal the administrative separation and to file a complaint;
   d. Include the process for providing a patient access to:
      i. Incoming mail, and

ii. An advocate or legal representative;
e. Include the process for providing treatment to a patient while in administrative separation;
f. Include the process for establishing investigative goals; and
g. Include the process for determining when administrative separation will no longer be used for a patient.

Historical Note
New Section R9-10-235 made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

ARTICLE 3. BEHAVIORAL HEALTH INPATIENT FACILITIES

Article 3, consisting of Sections R9-10-311 through R9-10-333, repealed at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-301. Definitions
In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article unless otherwise specified:
"Child and adolescent residential treatment services" means behavioral health services and physical health services provided in or by a behavioral health inpatient facility to a patient who is:
Under 18 years of age, or
Under 21 years of age and meets the criteria in R9-10-318(B).

Historical Note
New Section R9-10-301 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-302. Supplemental Application Requirements
In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a behavioral health inpatient facility shall include in a Department-provided format whether the applicant is requesting authorization to provide:
1. Inpatient services to individuals 18 years of age and older, including the licensed capacity requested;
2. Pre-petition screening;
3. Court-ordered evaluation;
4. Court-ordered treatment;
5. Behavioral health observation/stabilization services, including the licensed occupancy requested for providing behavioral health observation/stabilization services to individuals:
   a. Under 18 years of age, and
   b. 18 years of age and older;
6. Child and adolescent residential treatment services, including the licensed capacity requested;
7. Detoxification services;
8. Seclusion;
9. Clinical laboratory services;
10. Radiology services; or
11. Diagnostic imaging services.

Historical Note
New Section R9-10-302 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-303. Administration
A. A governing authority shall:
1. Consist of one or more individuals responsible for the organization, operation, and administration of a behavioral health in-patient facility;
2. Establish, in writing:
   a. A behavioral health inpatient facility's scope of services, and
   b. Qualifications for an administrator;
3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
4. Adopt a quality management program according to R9-10-304;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b), if the administrator is:
   a. Expected not to be present on the behavioral health inpatient facility's premises for more than 30 calendar days, or
   b. Not present on the behavioral health inpatient facility's premises for more than 30 calendar days; and
7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.

B. An administrator:
1. Is directly accountable to the governing authority of a behavioral health inpatient facility for the daily operation of the behavioral health inpatient facility and for all services provided by or at the behavioral health inpatient facility;
2. Has the authority and responsibility to manage the behavioral health inpatient facility; and
3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the behavioral health inpatient facility's premises and accountable for the behavioral health inpatient facility when the administrator is not present on the behavioral health inpatient facility's premises.

C. An administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
   a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
   b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
   c. Include how a personnel member may submit a complaint relating to services provided to a patient;
   d. Include methods to prevent abuse or neglect of a patient, including:
      i. Training of personnel members, at least annually, on how to recognize the signs and symptoms of abuse or neglect; and
      ii. Reporting of abuse or neglect of a patient;

e. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
f. Cover cardiopulmonary resuscitation training including:
i. The method and content of cardiopulmonary resuscitation training,
ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
iv. The documentation that verifies that the individual has received cardiopulmonary resuscitation training;
g. Cover first aid training;
h. Cover the requirements in subsection (J), if applicable;
i. Include a method to identify a patient to ensure the patient receives physical health and behavioral health services as ordered;
j. Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
k. Cover specific steps for:
i. A patient to file a complaint, and
ii. The behavioral health inpatient facility to respond to a patient's complaint;
l. Cover health care directives;
m. Cover medical records, including electronic medical records;
n. Cover quality management, including incident reports and supporting documentation;
o. Cover contracted services; and
p. Cover when an individual may visit a patient in the behavioral health inpatient facility;

2. Policies and procedures for behavioral health services and physical health services are established, documented, and implemented to protect the health and safety of a patient that:
a. Cover patient screening, admission, assessment, treatment plan, transport, and transfer;
b. Cover discharge planning and discharge, including the requirements in R9-10-309(B) for a patient who was admitted after a suicide attempt or who exhibits suicidal ideation;
c. Cover the provision of behavioral health services and physical health services;
d. Include when general consent and informed consent are required;
e. Cover restraint and, if applicable, seclusion;
f. Cover dispensing, administering, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
g. Cover prescribing a controlled substance to minimize substance abuse by a patient;
h. Cover infection control;
i. Cover telehealth, if applicable;
j. Cover environmental services that affect patient care;
k. Cover patient outings;
l. Cover whether pets and animals are allowed on the premises, including procedures to ensure that any pets or animals allowed on the premises do not endanger the health or safety of patients or the public;
m. If the behavioral health inpatient facility is involved in research, cover the establishment or use of a Human Subject Review Committee;
n. Cover the process for receiving a fee from a patient and refunding a fee to a patient;
o. Cover the process for obtaining patient preferences for social, recreational, or rehabilitative activities and meals and snacks;
p. Cover the security of a patient's possessions that are allowed on the premises; and
q. Cover smoking and the use of tobacco products on the premises;

3. Policies and procedures are reviewed at least once every three years and updated as needed;
4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
5. Unless otherwise stated:
a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
b. When documentation or information is required by this Chapter to be submitted on behalf of a behavioral health inpatient facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the behavioral health inpatient facility.

D. An administrator shall designate a:
1. Medical director who:
a. Provides direction for physical health services provided by or at the behavioral health inpatient facility;
b. Is a physician or registered nurse practitioner; and
c. May be the same individual as the administrator, if the individual meets the qualifications in subsections (A)(2)(b) and (D)(1)(a) and (b);
2. Clinical director who:
a. Provides direction for the behavioral health services provided by or at the behavioral health inpatient facility;
b. Is a behavioral health professional; and
c. May be the same individual as the administrator, if the individual meets the qualifications in subsections (A)(2)(b) and (D)(2)(a) and (b); and
3. Registered nurse to provide direction for nursing services provided by or at the behavioral health inpatient facility.

E. An administrator shall provide written notification to the Department of a patient's:
1. Death, if the patient's death is required to be reported according to A.R.S. § 11-593, within one working day after the patient's death; and
2. Self-injury, within two working days after the patient inflicts a self-injury that requires immediate intervention by an emergency medical services provider.

F. Except as specified in R9-10-318(A)(1), if abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred before the patient was admitted or while the patient is not on the premises and not receiving services from a behavioral health inpatient facility's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 46-454.

G. If an administrator has a reasonable basis, according to A.R.S. § 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while a patient is receiving services from a behavioral health inpatient facility's employee or personnel member, the administrator shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
2. Report the suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 46-454;
3. Document:
   a. The suspected abuse, neglect, or exploitation;
   b. Any action taken according to subsection (G)(1); and
   c. The report in subsection (G)(2);
4. Maintain the documentation in subsection (G)(3) for at least 12 months after the date of the report in subsection (G)(2);
5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (G)(2):
   a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
   b. A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
   c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
   d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
6. Maintain a copy of the documented information required in subsection (G)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.

H. An administrator shall establish and document the criteria for determining when a patient's absence is unauthorized, including the criteria for a patient who:
1. Was admitted under A.R.S. Title 36, Chapter 5, Articles 1, 2, or 3;
2. Is absent against medical advice; or
3. Is under the age of 18.

I. An administrator shall:
1. For a patient who is under a court's jurisdiction, within an hour after determining that the patient's absence is unauthorized according to the criteria in subsection (H), notify the appropriate court or a person designated by the appropriate court;
2. Document the notification in subsection (I)(1) and the written log required in subsection (I)(3);
3. Maintain a written log of unauthorized absences for at least 12 months after the date of a patient's absence that includes the:
   a. Name of a patient absent without authorization;
   b. If applicable, name of the person notified as required in subsection (I)(1); and
   c. Date of the notification; and
4. Evaluate and take action related to unauthorized absences under the quality management program in R9-10-304.

J. If a behavioral health inpatient facility has a physician or registered nurse practitioner on-call to comply with R9-10-306(J)(1), an administrator shall ensure that:
1. The on-call schedule is documented;
2. Personnel members are aware of:
   a. The location at which the on-call schedule is available to personnel members of the behavioral health inpatient facility,
   b. The process through which the on-call physician or registered nurse practitioner is contacted,
   c. The circumstances that would require the on-call physician or registered nurse practitioner to come to the behavioral health inpatient facility, and
   d. The process through which a request is made for the on-call physician or registered nurse practitioner to come to the behavioral health inpatient facility;
3. A request for the on-call physician or registered nurse practitioner to come to the behavioral health inpatient facility is documented, including:
   a. The time that a request for the on-call physician or registered nurse practitioner to come to the behavioral health inpatient facility is made,
   b. The name of the individual making the request,
   c. The reason for the request,
   d. The name of the physician or registered nurse practitioner contacted and requested to come to the behavioral health in-patient facility, and
   e. The time the on-call physician or registered nurse practitioner arrives at the behavioral health inpatient facility in response to a request;
4. The documentation in subsections (J)(1) and (3) is maintained for at least 12 months after the last date on the documentation; and
5. Documentation related to the request is included in the medical record of the applicable patient.

Historical Note

New Section R9-10-303 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-304. Quality Management

An administrator shall ensure that:
1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
   a. A method to identify, document, and evaluate incidents;
   b. A method to collect data to evaluate services provided to patients;
   c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
   d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
   e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
   a. An identification of each concern about the delivery of services related to patient care, and

b. Any changes made or actions taken as a result of the identification of a concern about the delivery of services related to patient care; and

3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

New Section R9-10-304 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-305. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

New Section R9-10-305 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-306. Personnel

A. An administrator shall ensure that:

1. A personnel member, an employee, or a student is at least 18 years old; and
2. A volunteer is at least 21 years old.

B. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
   a. Are based on:
      i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
      ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
   b. Include:
      i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
      ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
      iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
   a. Before the personnel member provides physical health services or behavioral health services, and
   b. According to policies and procedures;

C. An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in R9-10-115.

D. An administrator shall ensure that an individual who is licensed under A.R.S. Title 32, Chapter 33 as a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision, as defined in A.A.C. R4-6-101.

E. An administrator shall ensure that a personnel member, or an employee, a volunteer, or a student who has or is expected to have direct interaction with a participant for more than eight hours in a week, provides evidence of freedom from infectious tuberculosis:

1. On or before the date the individual begins providing services at or on behalf of the behavioral health inpatient facility, and
2. As specified in R9-10-113.

F. An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:

1. The individual's name, date of birth, and contact telephone number;
2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
3. Documentation of:
   a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
   b. The individual's education and experience applicable to the employee's job duties;
   c. The individual's completed orientation and in-service education as required by policies and procedures;
   d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
   e. The individual's qualifications and on-going training for each type of restraint or seclusion used, as required in R9-10-316;
   f. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
   g. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-303(C)(1)(e);
   h. First aid training, if required for the individual according to this Article or policies and procedures; and
   i. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (D).

G. An administrator shall ensure that personnel records are:

1. Maintained:
   a. Throughout an individual's period of providing services in or for the behavioral health inpatient facility, and
   b. For at least 24 months after the last date the individual provided services in or for the behavioral health inpatient facility; and
2. For a personnel member who has not provided physical health services or behavioral health services at or for the

behavioral health inpatient facility during the previous 12 months, provided to the Department within 72 hours after the Department's request.

H. An administrator shall ensure that:
1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
2. A personnel member completes orientation before providing behavioral health services or physical health services;
3. An individual's orientation is documented, to include:
   a. The individual's name,
   b. The date of the orientation, and
   c. The subject or topics covered in the orientation;
4. A clinical director develops, documents, and implements a plan to provide in-service education specific to the duties of a personnel member; and
5. A personnel member's in-service education is documented, to include:
   a. The personnel member's name,
   b. The date of the training, and
   c. The subject or topics covered in the training.

I. An administrator shall ensure that a behavioral health inpatient facility has a daily staffing schedule that:
1. Indicates the date, scheduled work hours, and name of each employee assigned to work, including on-call personnel members;
2. Includes documentation of the employees who work each calendar day and the hours worked by each employee; and
3. Is maintained for at least 12 months after the last date on the daily staffing schedule.

J. An administrator shall ensure that:
1. A physician or registered nurse practitioner is present on the behavioral health inpatient facility's premises or on-call,
2. A registered nurse is present on the behavioral health inpatient facility's premises, and
3. A registered nurse who provides direction for the nursing services provided at the behavioral health inpatient facility is present at the behavioral health inpatient facility at least 40 hours every week.

Historical Note

New Section R9-10-306 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4).

R9-10-307. Admission; Assessment

A. Except as provided in R9-10-315(E) or (F), an administrator shall ensure that:
1. A patient is admitted based upon the patient's presenting behavioral health issue and treatment needs and the behavioral health inpatient facility's ability and authority to provide physical health services, behavioral health services, and ancillary services consistent with the patient's treatment needs;
2. A patient is admitted on the order of a medical practitioner or clinical director;
3. A medical practitioner or clinical director, authorized by policies and procedures to accept a patient for admission, is available;
4. Except in an emergency or as provided in subsections (A)(6) and (7), general consent is obtained from a patient or, if applicable, the patient's representative before or at the time of admission;
5. The general consent obtained in subsection (A)(4) or the lack of consent in an emergency is documented in the patient's medical record;
6. General consent is not required from a patient receiving a court-ordered evaluation or court-ordered treatment;
7. General consent is not required from a patient receiving treatment according to A.R.S. § 36-512;
8. A medical practitioner performs a medical history and physical examination on a patient within 30 calendar days before admission or within 24 hours after admission and documents the medical history and physical examination in the patient's medical record within 24 hours after admission;
9. If a medical practitioner performs a medical history and physical examination on a patient before admission, the medical practitioner enters an interval note into the patient's medical record within seven calendar days after admission;
10. Except when a patient needs crisis services, a behavioral health assessment of a patient is completed to determine the acuity of the patient's behavioral health issue and to identify the behavioral health services needed by the patient before treatment for the patient is initiated and whenever the patient has a significant change in condition or experiences an event that affects treatment;
11. If the patient was admitted after a suicide attempt or exhibits suicidal ideation, the behavioral health assessment in subsection (A)(10) includes a suicide assessment;
12. If a behavioral health assessment in subsection (A)(10), including a suicide assessment in subsection (A)(11) if applicable, is conducted by a:
    a. Behavioral health technician or registered nurse, within 24 hours a behavioral health professional, certified or licensed under A.R.S. Title 32 to provide the behavioral health services needed by the patient, reviews and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the behavioral health services needed by and the acuity of the patient; or
    b. Behavioral health paraprofessional, a behavioral health professional, certified or licensed under A.R.S. Title 32 to provide the behavioral health services needed by the patient, supervises the behavioral health paraprofessional during the completion of the behavioral health assessment and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the behavioral health services needed by and the acuity of the patient;
13. When a patient is admitted, a registered nurse:
    a. Conducts a nursing assessment of a patient's medical condition and history;
    b. Determines whether the:
       i. Patient requires immediate physical health services, and
       ii. Patient's behavioral health issue may be related to the patient's medical condition and history;

c. Determines the acuity of the patient's medical condition;
d. Documents the patient's nursing assessment and the determinations required in subsection (A)(13)(b) and (c) in the patient's medical record; and
e. Signs the patient's medical record;

14. A behavioral health assessment:
a. Documents the patient's:
i. Presenting issue, including the acuity of the patient's presenting issue;
ii. Substance abuse history;
iii. Co-morbidity;
iv. Legal history, including:
(1) Custody,
(2) Guardianship, and
(3) Pending litigation;
v. Court-ordered evaluation;
vi. Court-ordered treatment;
vii. Criminal justice record;
viii. Family history;
ix. Behavioral health treatment history;
x. Symptoms reported by the patient; and
xi. Referrals needed by the patient, if any; and
b. Includes:
i. Recommendations for further assessment or examination of the patient's needs;
ii. Recommendations for staffing levels or personnel member qualifications related to the patient's treatment to ensure patient health and safety;
iii. For a patient who:
(1) Is admitted to receive crisis services, the behavioral health services and physical health services that will be provided to the patient; or
(2) Does not need crisis services, the behavioral health services or physical health services that will be provided to the patient until the patient's treatment plan is completed; and
iv. The signature and date signed of the personnel member conducting the behavioral health assessment;

15. A patient is referred to a medical practitioner if a determination is made that the patient requires immediate physical health services or the patient's behavioral health issue may be related to the patient's medical condition;
16. A request for participation in a patient's behavioral health assessment is made to the patient or the patient's representative;
17. An opportunity for participation in the patient's behavioral health assessment is provided to the patient or the patient's representative;
18. The request in subsection (A)(16) and the opportunity in subsection (A)(17) are documented in the patient's medical record;
19. For a patient who is admitted to receive crisis services, the patient's behavioral health assessment is documented in the patient's medical record within eight hours after admission;
20. Except as provided in subsection (A)(19), a patient's behavioral health assessment is documented in the patient's medical record within 24 hours after completing the assessment; and
21. If the information listed in subsection (A)(14) is obtained about a patient after the patient's behavioral health assessment is completed, an interval note, including the information, is documented in the patient's medical record within 48 hours after the information is obtained.

B. If the results of a suicide assessment required in subsection (A)(11) indicate that the patient could be a danger to self upon discharge, an administrator shall ensure that the information in R9-10-309(B)(2) is made available to the patient or the patient's representative as part of the opportunity for participation in the patient's behavioral health assessment required in subsection (A)(17).

Historical Note

New Section R9-10-307 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-308. Treatment Plan

A. Except for a patient admitted to receive crisis services or as provided in R9-10-315(E) or (F), an administrator shall ensure that a treatment plan is developed and implemented for a patient that:
1. Is based on the behavioral health assessment and ongoing changes to the behavioral health assessment of the patient;
2. Is completed:
a. By a behavioral health professional or by a behavioral health technician under the clinical oversight of a behavioral health professional, and
b. Before the patient receives treatment;
3. Is documented in the patient's medical record within 24 hours after the patient first receives treatment;
4. Includes:
a. The patient's presenting issue, including the acuity of the patient's presenting issue;
b. The behavioral health services and physical health services to be provided to the patient;
c. If the patient was admitted after a suicide attempt or who exhibits suicidal ideation:
i. The results of the suicide assessment required in R9-10-307(11), and
ii. Information specific to helping prevent a recurrence;
d. The signature of the patient or the patient's representative and date signed, or documentation of the refusal to sign;
e. The date when the patient's treatment plan will be reviewed;
f. If a discharge date has been determined, the treatment needed after discharge; and
g. The signature of the personnel member who developed the treatment plan and the date signed;
5. If the treatment plan was completed by a behavioral health technician, is reviewed and signed by a behavioral health professional within 24 hours after the completion of the treatment plan to ensure that the treatment plan

identifies the acuity of the patient and meets the patient's treatment needs; and
6. Is reviewed and updated on an on-going basis:
a. According to the review date specified in the treatment plan,
b. When a treatment goal is accomplished or changes,
c. When additional information that affects the patient's behavioral health assessment is identified, and
d. When a patient has a significant change in condition or experiences an event that affects treatment.

B. An administrator shall ensure that:
1. A request for participation in developing a patient's treatment plan is made to the patient or the patient's representative;
2. An opportunity for participation in developing the patient's treatment plan is provided to the patient or the patient's representative; and
3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the patient's medical record.

C. If a patient who is admitted to receive crisis services remains admitted as a patient after the patient no longer needs crisis services, an administrator shall ensure that a treatment plan for the patient is:
1. Except for subsection (A)(3), completed according to the requirements in subsection (A); and
2. Documented in the patient's medical record within 24 hours after the patient no longer needs crisis services.

Historical Note

New Section R9-10-308 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2).

R9-10-309. Discharge

A. Except as provided in R9-10-315(E) or (F), an administrator shall ensure that a discharge plan for a patient is:
1. Developed that:
a. Identifies any specific needs of the patient after discharge;
b. If the discharge date has been determined, includes the discharge date;
c. Is completed before discharge occurs; and
d. Includes a description of the level of care that may meet the patient's assessed and anticipated needs after discharge;
2. Documented in the patient's medical record within 48 hours after the discharge plan is completed; and
3. Provided to the patient or the patient's representative before the discharge occurs.

B. For a patient who was admitted after a suicide attempt or who exhibits suicidal ideation, in addition to the discharge planning requirements in subsection (A), an administrator shall ensure that:
1. The patient receives a suicide assessment; and
2. The patient or the patient's representative receives:
a. The results of the suicide assessment;
b. Information about the availability of age-appropriate, suicide crisis services, including contact information; and
c. Information about and instructions on how to access the Department of Insurance and Financial Institution's website, available through difi.az.gov, developed in compliance with A.R.S. § 20-3503(B), including how to file an appeal of an insurance determination.

C. An administrator shall ensure that:
1. A request for participation in developing a patient's discharge plan is made to the patient or the patient's representative,
2. An opportunity for participation in developing the patient's discharge plan is provided to the patient or the patient's representative, and
3. The request in subsection (C)(1) and the opportunity in subsection (C)(2) are documented in the patient's medical record.

D. An administrator shall ensure that a patient is discharged from a behavioral health inpatient facility when the patient's treatment needs are not consistent with the services that the behavioral health inpatient facility is authorized and able to provide.

E. An administrator shall ensure that there is a documented discharge order by a medical practitioner or behavioral health professional before a patient is discharged unless the patient leaves the behavioral health inpatient facility against a medical practitioner's or behavioral health professional's advice.

F. An administrator shall ensure that, at the time of discharge, a patient receives:
1. A referral for treatment or ancillary services that the patient may need after discharge, if applicable; and
2. For a patient who was admitted after a suicide attempt or who exhibits suicidal ideation, specific information about or a referral to one of the following for ongoing or follow-up treatment related to suicide, including scheduling an appointment for the patient when practicable:
a. Another health care institution;
b. A medical practitioner or, for a patient going to another state after discharge, a similarly licensed individual in the other state; or
c. A behavioral health professional certified or licensed under A.R.S. Title 32 to provide treatment related to suicide or, for a patient going to another state after discharge, a similarly certified or licensed individual in the other state.

G. If a patient is discharged to any location other than a health care institution, an administrator shall ensure that:
1. Discharge instructions are documented, and
2. The patient or the patient's representative is provided with a copy of the discharge instructions.

H. An administrator shall ensure that a discharge summary:
1. Is entered into the patient's medical record within 10 working days after a patient's discharge; and
2. Includes:
a. The following information authenticated by a medical practitioner or behavioral health professional:
i. The patient's presenting issue and other physical health and behavioral health issues identified in the patient's nursing assessment, behavioral health assessment, or treatment plan;
ii. A summary of the treatment provided to the patient;

iii. The patient's progress in meeting treatment goals, including treatment goals that were and were not achieved; and
iv. The name, dosage, and frequency of each medication ordered for the patient by a medical practitioner at the behavioral health inpatient facility at the time of the patient's discharge;
b. For a patient who was admitted after a suicide attempt or who exhibits suicidal ideation, the following information:
i. A description of the specific information about ongoing or follow-up treatment related to suicide provided to the patient or the patient's representative;
ii. Whether a referral was made for the patient according to subsection (F)(2) for ongoing or follow-up treatment related to suicide and, if so, information about the referral; and
iii. Whether an appointment was scheduled for the patient according to subsection (F)(2) for ongoing or follow-up treatment related to suicide and, if so, the date and time of the appointment; and
c. A description of the disposition of the patient's possessions, funds, or medications brought to the behavioral health inpatient facility by the patient.

I. An administrator shall ensure that a patient who is dependent upon a prescribed medication is offered detoxification services, opioid treatment, or a written referral to detoxification services or opioid treatment before the patient is discharged from the behavioral health inpatient facility if a medical practitioner for the behavioral health inpatient facility will not be prescribing the medication for the patient at or after discharge.

Historical Note
New Section R9-10-309 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2).

R9-10-310. Transport; Transfer

A. Except as provided in subsection (B), an administrator shall ensure that:
1. A personnel member coordinates the transport and the services provided to the patient;
2. According to policies and procedures:
a. An evaluation of the patient is conducted before and after the transport,
b. Information from the patient's medical record is provided to a receiving health care institution,
c. A personnel member explains risks and benefits of the transport to the patient or the patient's representative, and
d. A personnel member communicates or documents why the personnel member did not communicate with an individual at a receiving health care institution; and
3. The patient's medical record includes documentation of:
a. Communication or lack of communication with an individual at a receiving health care institution;
b. The date and time of the transport;
c. The mode of transportation; and
d. If applicable, the name of the personnel member accompanying the patient during a transport.

B. Subsection (A) does not apply to:
1. Transportation to a location other than a licensed health care institution,
2. Transportation provided for a patient by the patient or the patient's representative,
3. Transportation provided by an outside entity that was arranged for a patient by the patient or the patient's representative, or
4. A transport to another licensed health care institution in an emergency.

C. Except for a transfer of a patient due to an emergency, an administrator shall ensure that:
1. A personnel member coordinates the transfer and the services provided to the patient;
2. According to policies and procedures:
a. An evaluation of the patient is conducted before the transfer;
b. Information from the patient's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
3. Documentation in the patient's medical record includes:
a. Communication with an individual at a receiving health care institution;
b. The date and time of the transfer;
c. The mode of transportation; and
d. If applicable, the name of the personnel member accompanying the patient during a transfer.

Historical Note
Adopted as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 4, 1979 (Supp. 79-3). Amended effective January 28, 1980 (Supp. 80-1). Repealed effective February 4, 1981 (Supp. 81-1). New Section R9-10-310 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-311. Patient Rights

A. An administrator shall ensure that:
1. The requirements in subsection (B) and the patient rights in subsection (D) are conspicuously posted on the premises;
2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (D); and
3. Policies and procedures include:
a. How and when a patient or the patient's representative is informed of patient rights in subsection (D), and
b. Where patient rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:
1. A patient is treated with dignity, respect, and consideration;
2. A patient is not subjected to:

a. Abuse;
b. Neglect;
c. Exploitation;
d. Coercion;
e. Manipulation;
f. Sexual abuse;
g. Sexual assault;
h. Except as allowed under R9-10-316, restraint or seclusion;
i. Retaliation for submitting a complaint to the Department or another entity;
j. Misappropriation of personal and private property by the behavioral health inpatient facility's personnel members, employees, volunteers, or students;
k. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the patient's treatment needs, except as established in a fee agreement signed by the patient or the patient's representative; or
l. Treatment that involves the denial of:
i. Food,
ii. The opportunity to sleep, or
iii. The opportunity to use the toilet;

3. Except as provided in subsection (C), a patient is allowed to:
a. Associate with individuals of the patient's choice, receive visitors, and make telephone calls during the hours established by the behavioral health inpatient facility;
b. Have privacy in correspondence, communication, visitation, financial affairs, and personal hygiene; and
c. Unless restricted by a court order, send and receive uncensored and unopened mail; and

4. Except as provided in R9-10-318, a patient or, if applicable, the patient's representative:
a. Except in an emergency, either consents to or refuses treatment;
b. May refuse or withdraw consent for treatment before treatment is initiated, unless the treatment is ordered by a court according to A.R.S. Title 36, Chapter 5; is necessary to save the patient's life or physical health; or is provided according to A.R.S. § 36-512;
c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication and the associated risks and possible complications of the proposed psychotropic medication;
d. Is informed of the following:
i. The policy on health care directives, and
ii. The patient complaint process; and
e. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
i. Medical record, or
ii. Financial records.

C. If a medical director or clinical director determines that a patient's treatment requires the behavioral health inpatient facility to restrict the patient's ability to participate in an activity in subsection (B)(3), the medical director or clinical director shall:
1. Document a specific treatment purpose in the patient's medical record that justifies restricting the patient from the activity,
2. Inform the patient of the reason why the activity is being restricted, and
3. Inform the patient of the patient's right to file a complaint and the procedure for filing a complaint.

D. A patient has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that:
a. Supports and respects the patient's individuality, choices, strengths, and abilities;
b. Supports the patient's personal liberty and only restricts the patient's personal liberty according to a court order, by the patient's or the patient's representative's general consent, or as permitted in this Chapter; and
c. Is provided in the least restrictive environment that meets the patient's treatment needs;
3. To receive privacy in treatment and care for personal needs, including the right not to be fingerprinted, photographed, or recorded without consent, except:
a. A patient may be photographed when admitted to a behavioral health inpatient facility for identification and administrative purposes;
b. For a patient receiving treatment according to A.R.S. Title 36, Chapter 37; or
c. For video recordings used for security purposes that are maintained only on a temporary basis;
4. Not to be prevented or impeded from exercising the patient's civil rights unless the patient has been adjudicated incompetent or a court of competent jurisdiction has found that the patient is not able to exercise a specific right or category of rights;
5. To review, upon written request, the patient's own medical record according to A.R.S. §§12-2293, 12-2294, and 12-2294.01;
6. To receive a referral to another health care institution if the behavioral health inpatient facility is not authorized or not able to provide physical health services or behavioral health services needed by the patient;
7. To participate or have the patient's representative participate in the development of a treatment plan or decisions concerning treatment;
8. To participate or refuse to participate in research or experimental treatment; and
9. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

Historical Note

Section R9-10-311, formerly numbered as R9-10-211, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-311 repealed, new Section R9-10-311 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-311 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-312. Medical Records

A. An administrator shall ensure that:
1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
   a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
   b. Dated, legible, and authenticated; and
   c. Not changed to make the initial entry illegible;
3. An order is:
   a. Dated when the order is entered in the patient's medical record and includes the time of the order;
   b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
   c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A patient's medical record is available to an individual:
   a. Authorized according to policies and procedures to access the patient's medical record;
   b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative, or
   c. As permitted by law; and
6. A patient's medical record is protected from loss, damage, or unauthorized use.

B. If a behavioral health inpatient facility maintains patients' medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a medical record is recorded by the computer's internal clock.

C. An administrator shall ensure that a patient's medical record contains:
1. Patient information that includes:
   a. The patient's name;
   b. The patient's address;
   c. The patient's date of birth; and
   d. Any known allergy, including medication allergies;
2. Medication information that includes:
   a. Documentation of medication ordered for the patient; and
   b. Documentation of medication administered to the patient that includes:
      i. The date and time of administration;
      ii. The name, strength, dosage, amount, and route of administration;
      iii. For a medication administered for pain on a PRN basis:
         (1) An assessment of the patient's pain before administering the medication, and
         (2) The effect of the medication administered;
      iv. For a psychotropic medication administered on a PRN basis:
         (1) An assessment of the patient's behavior before administering the psychotropic medication, and
         (2) The effect of the psychotropic medication administered;
      v. The identification and authentication of the individual administering the medication or providing assistance in the self-administration of the medication; and
      vi. Any adverse reaction the patient has to the medication;
3. If applicable, documented general consent and informed consent by the patient or the patient's representative;
4. If applicable, the name and contact information of the patient's representative and:
   a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
   b. If the patient's representative:
      i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      ii. Is a legal guardian, a copy of the court order establishing guardianship;
5. The patient's medical history and results of a physical examination or an interval note;
6. If the patient provides a health care directive, the health care directive signed by the patient or the patient's representative;
7. An admitting diagnosis or presenting symptoms;
8. The date of admission and, if applicable, the date of discharge;
9. The name of the admitting medical practitioner or behavioral health professional;
10. Orders;
11. The patient's nursing assessment and behavioral health assessment and any interval notes;
12. Treatment plans;
13. Documentation of behavioral health services and physical health services provided to the patient;
14. Progress notes;
15. If applicable, documentation of restraint or seclusion;
16. If applicable, documentation that evacuation from the behavioral health inpatient facility would cause harm to the patient;
17. The disposition of the patient after discharge;
18. The discharge plan;
19. The discharge summary; and
20. If applicable:
   a. A laboratory report,
   b. A radiologic report,
   c. A diagnostic report, and
   d. A consultation report.

Historical Note

Section R9-10-312, formerly numbered as R9-10-212, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-312 repealed, new Section R9-10-312 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-312 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pur-

suant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-313. Transportation; Patient Outings

A. An administrator of a behavioral health inpatient facility that uses a vehicle owned or leased by the behavioral health inpatient facility to provide transportation to a patient shall ensure that:
1. The vehicle:
   a. Is safe and in good repair,
   b. Contains a first aid kit,
   c. Contains drinking water sufficient to meet the needs of each patient present in the vehicle, and
   d. Contains a working heating and air conditioning system;
2. Documentation of current vehicle insurance and a record of maintenance performed or a repair of the vehicle is maintained;
3. A driver of the vehicle:
   a. Is 21 years of age or older;
   b. Has a valid driver license;
   c. Operates the vehicle in a manner that does not endanger a patient in the vehicle;
   d. Does not leave in the vehicle an unattended:
      i. Child;
      ii. Patient who may be a threat to the health, safety, or welfare of the patient or another individual; or
      iii. Patient who is incapable of independent exit from the vehicle; and
   e. Ensures the safe and hazard-free loading and unloading of patients; and
4. Transportation safety is maintained as follows:
   a. An individual in the vehicle is sitting in a seat and wearing a working seat belt while the vehicle is in motion, and
   b. Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a patient's body.

B. An administrator shall ensure that an outing is consistent with the age, developmental level, physical ability, medical condition, and treatment needs of each patient participating in the outing.

C. An administrator shall ensure that:
1. At least two personnel members are present on an outing;
2. In addition to the personnel members required in subsection (C)(1), a sufficient number of personnel members are present on an outing to ensure the health and safety of a patient on the outing;
3. Each personnel member on the outing has documentation of current training in cardiopulmonary resuscitation according to R9-10-303(C)(1)(e) and first aid training;
4. Documentation is developed before an outing that includes:
   a. The name of each patient participating in the outing;
   b. A description of the outing;
   c. The date of the outing;
   d. The anticipated departure and return times;
   e. The name, address, and, if available, telephone number of the outing destination; and
   f. If applicable, the license plate number of a vehicle used to provide transportation for the outing;
5. The documentation described in subsection (C)(4) is updated to include the actual departure and return times and is maintained for at least 12 months after the date of the outing; and
6. Emergency information for a patient participating in the outing is maintained by a personnel member participating in the outing or in the vehicle used to provide transportation for the outing and includes:
   a. The patient's name;
   b. Medication information, including the name, dosage, route of administration, and directions for each medication needed by the patient during the anticipated duration of the outing;
   c. The patient's allergies; and
   d. The name and telephone number of a designated individual, to notify in case of an emergency, who is present on the behavioral health inpatient facility's premises.

Historical Note

Section R9-10-313, formerly numbered as R9-10-213, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-313 repealed, new Section R9-10-313 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-313 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-314. Physical Health Services

A. An administrator shall ensure that:
1. Medical services are provided under the direction of a physician or registered nurse practitioner;
2. Nursing services are provided:
   a. Under the direction of a registered nurse,
   b. According to an acuity plan developed for the behavioral health inpatient facility, and
   c. To meet the needs of a patient based on the patient's acuity; and
3. If a behavioral health inpatient facility is authorized to provide:
   a. Clinical laboratory services, as defined in R9-10-101, the behavioral health inpatient facility complies with the requirements for clinical laboratory services in R9-10-219; or
   b. Radiology services or diagnostic imaging services, the behavioral health inpatient facility complies with the requirements in R9-10-220.

B. An administrator shall ensure that, if a patient requires immediate medical services to ensure the patient's health and safety that the behavioral health inpatient facility is not authorized or not able to provide, a personnel member arranges for the patient to be transported to a hospital, another health care institution, or a health care provider where the medical services can be provided.

Historical Note

Section R9-10-314, formerly numbered as R9-10-214, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-314 repealed, new Section R9-10-314 adopted effective February 4, 1981

(Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-314 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-315. Behavioral Health Services

A. An administrator shall ensure that:
1. Behavioral health services listed in the behavioral health inpatient facility's scope of services are provided to meet the needs of a patient;
2. When behavioral health services are:
   a. Listed in the behavioral health inpatient facility's scope of services, the behavioral health services are provided on the behavioral health inpatient facility's premises; and
   b. Provided in a setting or activity with more than one patient participating, before a patient participates, the diagnoses, treatment needs, developmental levels, social skills, verbal skills, and personal histories, including any history of physical abuse or sexual abuse, of the patients participating are reviewed to ensure that the:
      i. Health and safety of each patient is protected, and
      ii. Treatment needs of each patient participating in the setting or activity are being met;
3. An acuity plan is developed, documented, and implemented for each unit in the behavioral health inpatient facility that:
   a. Includes:
      i. A method that establishes the types and numbers of personnel members that are required for each unit in the behavioral health inpatient facility to ensure patient health and safety, and
      ii. A policy and procedure stating the steps the behavioral health inpatient facility will take to obtain or assign the necessary personnel members to address patient acuity;
   b. Is used when making assignments for patient treatment; and
   c. Is reviewed and updated, as necessary, at least once every 12 months;
4. A patient is assigned to a unit in the behavioral health inpatient facility based, as applicable, on the patient's:
   a. Presenting issue,
   b. Substance abuse history,
   c. Behavioral health treatment history,
   d. Acuity, and
   e. Treatment needs; and
5. A patient does not share any space, participate in any activity or treatment, or verbally or physically interact with any other patient that, based on the other patient's documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, and personal history, may present a threat to the patient's health and safety.

B. An administrator shall ensure that counseling is:
1. Offered as described in the behavioral health inpatient facility's scope of services,
2. Provided according to the frequency and number of hours identified in the patient's treatment plan, and
3. Provided by a behavioral health professional or a behavioral health technician.

C. An administrator shall ensure that each counseling session is documented in a patient's medical record to include:
1. The date of the counseling session;
2. The amount of time spent in the counseling session;
3. Whether the counseling was individual counseling, family counseling, or group counseling;
4. The treatment goals addressed in the counseling session; and
5. The signature of the personnel member who provided the counseling and the date signed.

D. An administrator of a behavioral health inpatient facility authorized to provide pre-petition screening shall ensure pre-petition screening is provided according to the pre-petition screening requirements in A.R.S. Title 36, Chapter 5.

E. An administrator of a behavioral health inpatient facility authorized to provide court-ordered evaluation shall ensure that court-ordered evaluation is provided according to the court-evaluation requirements in A.R.S. Title 36, Chapter 5.

F. Except as specified in subsection (G), an administrator is not required to comply with the following provisions in this Chapter for a patient receiving court-ordered evaluation:
1. Admission requirements in R9-10-307,
2. Patient assessment requirements in R9-10-307,
3. Treatment plan requirements in R9-10-308, and
4. Discharge requirements in R9-10-309.

G. For a patient receiving court-ordered evaluation who attempts suicide or exhibits suicidal ideation, an administrator shall ensure that the following requirements are met:
1. Patient assessment requirements in R9-10-307(10), (11), and (12);
2. Treatment plan requirements in R9-10-308(A)(4)(c); and
3. Discharge requirements in R9-10-309(B), (F)(2), and (H)(2)(b).

H. An administrator of a behavioral health inpatient facility authorized to provide court-ordered treatment shall ensure that court-ordered treatment is provided according to the court-ordered treatment requirements in A.R.S. Title 36, Chapter 5.

Historical Note

Section R9-10-315, formerly numbered as R9-10-215, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-315 repealed, new Section R9-10-315 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-315 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2).

R9-10-316. Seclusion; Restraint

A. An administrator shall ensure that restraint is provided according to the requirements in subsection (C).

B. An administrator of a behavioral health inpatient facility authorized to provide seclusion shall ensure that:
1. Seclusion is provided according to the requirements in subsection (C);

2. If a patient is placed in seclusion, the room used for seclusion:
   a. Is approved for use as a seclusion room by the Department;
   b. Is not used as a patient's bedroom or a sleeping area;
   c. Allows full view of the patient in all areas of the room;
   d. Is free of hazards, such as unprotected light fixtures or electrical outlets;
   e. Contains at least 60 square feet of floor space; and
   f. Except as provided in subsection (B)(3), contains a non-adjustable bed that:
      i. Consists of a mattress on a solid platform that is:
         (1) Constructed of a durable, non-hazardous material; and
         (2) Raised off of the floor;
      ii. Does not have wire springs or a storage drawer; and
      iii. Is securely anchored in place;
3. If a room used for seclusion does not contain a non-adjustable bed required in subsection (B)(2)(f):
   a. A piece of equipment is available that:
      i. Is commercially manufactured to safely and humanely restrain a patient's body;
      ii. Provides support to the trunk and head of a patient's body;
      iii. Provides restraint to the trunk of a patient's body;
      iv. Is able to restrict movement of a patient's arms, legs, body, and head;
      v. Allows a patient's body to recline; and
      vi. Does not inflict harm on a patient's body; and
   b. Documentation of the manufacturer's specifications for the piece of equipment in subsection (B)(3)(a) is maintained; and
4. A seclusion room may be used for services or activities other than seclusion if:
   a. A sign stating the service or activity scheduled or being provided in the room is conspicuously posted outside the room;
   b. No permanent equipment other than the bed required in subsection (B)(2)(f) is in the room;
   c. Policies and procedures:
      i. Delineate which services or activities other than seclusion may be provided in the room,
      ii. List what types of equipment or supplies may be placed in the room for the delineated services, and
      iii. Provide for the prompt removal of equipment and supplies from the room before the room is used for seclusion; and
   d. The sign required in subsection (B)(4)(a) and equipment and supplies in the room, other than the bed required in subsection (B)(2)(f), are removed before being used for seclusion.

C. An administrator shall ensure that:
1. Policies and procedures for providing restraint or seclusion are established, documented, and implemented to protect the health and safety of a patient that:
   a. Establish the process for patient assessment, including identification of a patient's medical conditions and criteria for the on-going monitoring of any identified medical condition;
   b. Identify each type of restraint or seclusion used and include for each type of restraint or seclusion used:
      i. The qualifications of a personnel member who can:
         (1) Order the restraint or seclusion,
         (2) Place a patient in the restraint or seclusion,
         (3) Monitor a patient in the restraint or seclusion,
         (4) Evaluate a patient's physical and psychological well-being after being placed in the restraint or seclusion and when released from the restraint or seclusion, or
         (5) Renew the order for restraint or seclusion;
      ii. On-going training requirements for a personnel member who has direct patient contact while the patient is in a restraint or seclusion; and
      iii. Criteria for monitoring and assessing a patient including:
         (1) Frequencies of monitoring and assessment based on a patient's medical condition and risks associated with the specific restraint or seclusion;
         (2) For the renewal of an order for restraint or seclusion, whether an assessment is required before the order is renewed and, if an assessment is required, who may conduct the assessment;
         (3) Assessment content, which may include, depending on a patient's condition, the patient's vital signs, respiration, circulation, hydration needs, elimination needs, level of distress and agitation, mental status, cognitive functioning, neurological functioning, and skin integrity;
         (4) If a mechanical restraint is used, how often the mechanical restraint is loosened; and
         (5) A process for meeting a patient's nutritional needs and elimination needs;
   c. Establish the criteria and procedures for renewing an order for restraint or seclusion;
   d. Establish procedures for internal review of the use of restraint or seclusion; and
   e. Establish medical record and personnel record documentation requirements for restraint and seclusion, if applicable;
2. An order for restraint or seclusion is:
   a. Obtained from a physician or registered nurse practitioner, and
   b. Not written as a standing order or on an as-needed basis;
3. Restraint or seclusion is:
   a. Not used as a means of coercion, discipline, convenience, or retaliation;
   b. Only used when all of the following conditions are met:
      i. Except as provided in subsection (C)(4), after obtaining an order for the restraint or seclusion;
      ii. For the management of a patient's aggressive, violent, or self-destructive behavior;
      iii. When less restrictive interventions have been determined to be ineffective; and

iv. To ensure the immediate physical safety of the patient, to prevent imminent harm to the patient or another individual, or to stop physical harm to another individual; and

c. Discontinued at the earliest possible time;

4. If as a result of a patient's aggressive, violent, or self-destructive behavior, harm to the patient or another individual is imminent or the patient or another individual is being physically harmed, a personnel member:
   a. May initiate an emergency application of restraint or seclusion for the patient before obtaining an order for the restraint or seclusion, and
   b. Obtains an order for the restraint or seclusion of the patient during the emergency application of the restraint or seclusion;
5. An order for restraint or seclusion includes:
   a. The name of the physician or registered nurse practitioner ordering the restraint or seclusion;
   b. The date and time that the restraint or seclusion was ordered;
   c. The specific restraint or seclusion ordered;
   d. If a drug is ordered as a chemical restraint, the drug's name, strength, dosage, and route of administration;
   e. The specific criteria for release from restraint or seclusion without an additional order; and
   f. The maximum duration authorized for the restraint or seclusion;
6. An order for restraint or seclusion is limited to the duration of the emergency situation and does not exceed three continuous hours;
7. If an order for restraint or seclusion of a patient is not provided by the patient's attending physician, the patient's attending physician is notified as soon as possible;
8. A medical practitioner or personnel member does not participate in restraint or seclusion, assess or monitor a patient during restraint or seclusion, or evaluate a patient after restraint or seclusion, and a physician or registered nurse practitioner does not order restraint or seclusion, until the medical practitioner or personnel member, completes education and training that:
   a. Includes:
      i. Techniques to identify medical practitioner, personnel member, and patient behaviors, events, and environmental factors that may trigger circumstances that require restraint or seclusion;
      ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods;
      iii. Techniques for identifying the least restrictive intervention based on an assessment of the patient's medical or behavioral health condition;
      iv. The safe use of restraint and the safe use of seclusion, including training in how to recognize and respond to signs of physical and psychological distress in a patient who is restrained or secluded;
      v. Clinical identification of specific behavioral changes that indicate that the restraint or seclusion is no longer necessary;
      vi. Monitoring and assessing a patient while the patient is in restraint or seclusion according to policies and procedures; and
      vii. Except for the medical practitioner, training exercises in which the personnel member successfully demonstrates the techniques that the medical practitioner or personnel member has learned for managing emergency situations; and
   b. Is provided by individuals qualified according to policies and procedures;
9. When a patient is placed in restraint or seclusion:
   a. The restraint or seclusion is conducted according to policies and procedures;
   b. The restraint or seclusion is proportionate and appropriate to the severity of the patient's behavior and the patient's:
      i. Chronological and developmental age;
      ii. Size;
      iii. Gender;
      iv. Physical condition;
      v. Medical condition;
      vi. Psychiatric condition; and
      vii. Personal history, including any history of physical or sexual abuse;
   c. The physician or registered nurse practitioner who ordered the restraint or seclusion is available for consultation throughout the duration of the restraint or seclusion;
   d. The patient is monitored and assessed according to policies and procedures;
   e. A physician or registered nurse assesses the patient within one hour after the patient is placed in the restraint or seclusion and determines:
      i. The patient's current behavior,
      ii. The patient's reaction to the restraint or seclusion used,
      iii. The patient's medical and behavioral condition, and
      iv. Whether to continue or terminate the restraint or seclusion;
   f. The patient is given the opportunity:
      i. To eat during mealtime, and
      ii. To use the toilet; and
   g. The restraint or seclusion is discontinued at the earliest possible time, regardless of the length of time identified in the order;
10. A medical practitioner or personnel member documents the following information in a patient's medical record before the end of the shift in which the patient is placed in restraint or seclusion or, if the patient's restraint or seclusion does not end during the shift in which it began, during the shift in which the patient's restraint or seclusion ends:
    a. The emergency situation that required the patient to be restrained or put in seclusion;
    b. The times the patient's restraint or seclusion actually began and ended;
    c. The time of the assessment required in subsection (C)(9)(e);
    d. The monitoring required in subsection (C)(9)(d);
    e. The names of the medical practitioners and personnel members with direct patient contact while the patient was in the restraint or seclusion;

f. The times the patient was given the opportunity to eat or use the toilet according to subsection (C)(9)(f); and
g. The patient evaluation required in subsection (C)(12);

11. If an emergency situation continues beyond the time limit of an order for restraint or seclusion, the order is renewed according to policies and procedures that include:
    a. The specific criteria for release from restraint or seclusion without an additional order, and
    b. The maximum duration authorized for the restraint or seclusion; and
12. A patient is evaluated after restraint or seclusion is no longer being used for the patient.

Historical Note

Section R9-10-316, formerly numbered as R9-10-216, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-316 repealed, new Section R9-10-316 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-316 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-317. Behavioral Health Observation/Stabilization Services

A. An administrator of a behavioral health inpatient facility authorized to provide behavioral health observation/stabilization services shall comply with the requirements for behavioral health observation/stabilization services in R9-10-1012.

B. If a behavioral health inpatient facility is authorized to provide behavioral health observation/stabilization services to individuals under 18 years of age, an administrator shall ensure that, in addition to complying with the requirements in R9-10-1012, the behavioral health inpatient facility complies with the requirements for a patient under 18 years of age, personnel records, and physical plant in R9-10-318.

Historical Note

Section R9-10-317, formerly numbered as R9-10-221, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-317 repealed, new Section R9-10-317 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-317 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-318. Child and Adolescent Residential Treatment Services

A. An administrator of a behavioral health inpatient facility authorized to provide child and adolescent residential treatment services shall:

1. If abuse, neglect, or exploitation of a patient under 18 years of age is alleged or suspected to have occurred before the patient was accepted or while the patient is not on the premises and not receiving services from an employee or personnel member of the behavioral health inpatient facility, report the alleged or suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 13-3620;
2. If the administrator has a reasonable basis, according to A.R.S. § 13-3620, to believe that abuse, neglect, or exploitation of a patient under 18 years of age has occurred on the premises or while the patient is receiving services from an employee or a personnel member:
    a. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
    b. Report the suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 13-3620;
    c. Document:
        i. The suspected abuse, neglect, or exploitation;
        ii. Any action taken according to subsection (A)(2)(a); and
        iii. The report in subsection (A)(2)(b);
    d. Maintain the documentation in subsection (A)(2)(c) for at least 12 months after the date of the report in subsection (A)(2)(b);
    e. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (A)(2)(b):
        i. The dates, times, and description of the suspected abuse, neglect, or exploitation;
        ii. A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
        iii. The names of witnesses to the suspected abuse, neglect, or exploitation; and
        iv. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
    f. Maintain a copy of the documented information required in subsection (A)(2)(e) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated;
3. If a patient who is under 18 years of age is absent and the absence is unauthorized as determined according to the criteria in R9-10-303(H), within an hour after determining that the patient's absence is unauthorized, notify:
    a. Except as provided in subsection (A)(3)(b), the patient's parent or legal guardian; and
    b. For a patient who is under a court's jurisdiction, the appropriate court or a person designated by the appropriate court;
4. Document the notification in subsection (A)(3) in the patient's medical record and the written log required in R9-10-303(I)(3);
5. In addition to the personnel records requirements in R9-10-306(F), ensure that a personnel record for each employee, volunteer, and student contains documentation of the individual's compliance with the finger-printing requirements in A.R.S. § 36-425.03;
6. Ensure that the patient's representative for a patient who is under 18 years of age:

a. Except in an emergency, either consents to or refuses treatment;
b. May refuse or withdraw consent to treatment before treatment is initiated, unless the treatment is ordered by a court according to A.R.S. Title 36, Chapter 5 or A.R.S. § 8-341.01; is necessary to save the patient's life or physical health; or is provided according to A.R.S. § 36-512;
c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication and the associated risks and possible complications of the proposed psychotropic medication;
d. Is informed of the following:
i. The policy on health care directives, and
ii. The patient complaint process; and
e. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
i. Medical record, or
ii. Financial records;

7. In addition to the restrictions provided in R9-10-311(C), ensure that a parent of a patient under 18 years of age is allowed to restrict the patient from:
a. Associating with individuals of the patient's choice, receiving visitors, and making telephone calls during the hours established by the behavioral health inpatient facility;
b. Having privacy in correspondence, communication, visitation, financial affairs, and personal hygiene; and
c. Sending and receiving uncensored and unopened mail;
8. Establish, document, and implement policies and procedures to ensure that a patient is protected from the following from other patients at the behavioral health inpatient facility:
a. Threats,
b. Ridicule,
c. Verbal harassment,
d. Punishment, or
e. Abuse;
9. Ensure that:
a. The interior of the behavioral health inpatient facility has furnishings and decorations appropriate to the ages of the patients receiving services at the behavioral health inpatient facility;
b. A patient older than three years of age does not sleep in a crib;
c. Clean and non-hazardous toys, educational materials, and physical activity equipment are available and accessible to patients in a quantity sufficient to meet each patient's needs and are appropriate to each patient's age, developmental level, and treatment needs; and
d. A patient's educational needs are addressed according to A.R.S. Title 15, Chapter 7, Article 4;
10. In addition to the requirements for seclusion or restraint in R9-10-316, ensure that:
a. An order for restraint or seclusion is limited to the duration of the emergency situation and does not exceed:
i. Two continuous hours for a patient who is between the ages of nine and 17, or
ii. One continuous hour for a patient who is younger than nine; and
b. Requirements are established for notifying the parent or guardian of a patient who is under 18 years of age and who is restrained or secluded; and
11. Prohibit a patient under 18 years of age from possessing or using tobacco products on the premises.

B. An administrator of a behavioral health inpatient facility authorized to provide child and adolescent residential treatment services may continue to provide behavioral health services to a patient who is 18 years of age or older:
1. If the patient:
a. Was admitted to the behavioral health inpatient facility before the patient's 18th birthday,
b. Is not 21 years of age or older, and
c. Is completing high school or a high school equivalency diploma or participating in a job training program; or
2. Through the last calendar day of the month of the patient's 18th birthday.

Historical Note
Section R9-10-318, formerly numbered as R9-10-222, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-318 repealed, new Section R9-10-318 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-318 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-318 renumbered to R9-10-319; new Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1).

R9-10-319. Detoxification Services
An administrator of a behavioral health inpatient facility authorized to provide detoxification services shall ensure that:
1. Detoxification services are available;
2. Policies and procedures state:
a. Whether the behavioral health inpatient facility is authorized to provide involuntary, court-ordered alcohol treatment;
b. Whether the behavioral health inpatient facility includes a local alcoholism reception center, as defined in A.R.S. § 36-2021;
c. The types of substances for which the behavioral health inpatient facility provides detoxification services;
d. The detoxification process or processes used by the behavioral health inpatient facility; and
e. When an adjustable bed can be used by a patient and what actions are necessary, including supervision, to protect the patient's health and safety when the patient is in an adjustable bed; and
3. A physician or registered nurse practitioner with skills and knowledge in providing detoxification services is present at the behavioral health inpatient facility or on-call.

Historical Note

Section R9-10-319, formerly numbered as R9-10-223, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-319 repealed, new Section R9-10-319 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-319 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-319 renumbered to R9-10-320; new Section R9-10-319 renumbered from R9-10-318 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-320. Medication Services

A. An administrator shall ensure that policies and procedures for medication services:
1. Include:
   a. A process for providing information to a patient about medication prescribed for the patient including:
      i. The prescribed medication's anticipated results,
      ii. The prescribed medication's potential adverse reactions,
      iii. The prescribed medication's potential side effects, and
      iv. Potential adverse reactions that could result from not taking the medication as prescribed;
   b. Procedures for preventing, responding to, and reporting:
      i. A medication error,
      ii. An adverse reaction to a medication, or
      iii. A medication overdose;
   c. Procedures to ensure that a patient's medication regimen is reviewed by a medical practitioner to ensure the medication regimen meets the patient's needs;
   d. Procedures for documenting medication administration and assistance in the self-administration of medication;
   e. Procedures for assisting a patient in obtaining medication; and
   f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
   g. If applicable, donated medicine according to A.R.S. § 32-1909.
2. Specify a process for review through the quality management program of:
   a. A medication administration error, and
   b. An adverse reaction to a medication.

B. If a behavioral health inpatient facility provides medication administration, an administrator shall ensure that:
1. Policies and procedures for medication administration:
   a. Are reviewed and approved by a medical practitioner;
   b. Specify the individuals who may:
      i. Order medication, and
      ii. Administer medication;
   c. Ensure that medication is administered to a patient only as prescribed; and
   d. Cover the documentation of a patient's refusal to take prescribed medication in the patient's medical record;
2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
3. A medication administered to a patient is:
   a. Administered in compliance with an order, and
   b. Documented in the patient's medical record.

C. If a behavioral health inpatient facility provides assistance in the self-administration of medication, an administrator shall ensure that:
1. A patient's medication is stored by the behavioral health inpatient facility;
2. The following assistance is provided to a patient:
   a. A reminder when it is time to take the medication;
   b. Opening the medication container for the patient;
   c. Observing the patient while the patient removes the medication from the container;
   d. Verifying that the medication is taken as ordered by the patient's medical practitioner by confirming that:
      i. The patient taking the medication is the individual stated on the medication container label,
      ii. The patient is taking the dosage of the medication stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label, and
      iii. The patient is taking the medication at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label; or
   e. Observing the patient while the patient takes the medication;
3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
   a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
   b. Includes:
      i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
      ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
      iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
6. Assistance in the self-administration of medication provided to a patient:
   a. Is in compliance with an order, and
   b. Is documented in the patient's medical record.

D. An administrator shall ensure that:
1. A current drug reference guide is available for use by personnel members;
2. A current toxicology reference guide is available for use by personnel members; and

3. If pharmaceutical services are provided on the premises:
   a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
      i. Develop a drug formulary,
      ii. Update the drug formulary at least once every 12 months,
      iii. Develop medication usage and medication substitution policies and procedures, and
      iv. Specify which medications and medication classifications are required to be stopped automatically after a specific time period unless the ordering medical practitioner specifically orders otherwise;
   b. The pharmaceutical services are provided under the direction of a pharmacist;
   c. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
   d. A copy of the pharmacy license is provided to the Department upon request.

E. When medication is stored at a behavioral health inpatient facility, an administrator shall ensure that:
1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
2. Medication is stored according to the instructions on the medication container; and
3. Policies and procedures are established, documented, and implemented for:
   a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;
   b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
   c. A medication recall and notification of patients who received recalled medication; and
   d. Storing, inventorying, and dispensing controlled substances.

F. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the behavioral health inpatient facility's clinical director.

Historical Note

Section R9-10-320, formerly numbered as R9-10-231, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-320 repealed, new Section R9-10-320 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-320 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-320 renumbered to R9-10-321; new Section R9-10-320 renumbered from R9-10-319 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-321. Food Services

A. An administrator shall ensure that:
1. The behavioral health inpatient facility obtains a license or permit as a food establishment under 9 A.A.C. 8, Article 1;
2. A copy of the behavioral health inpatient facility's food establishment license or permit is maintained;
3. If a behavioral health inpatient facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the behavioral health inpatient facility:
   a. A copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the behavioral health inpatient facility; and
   b. The behavioral health inpatient facility is able to store, refrigerate, and reheat food to meet the dietary needs of a patient;
4. A registered dietitian is employed full-time, part-time, or as a consultant; and
5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the patients.

B. A registered dietitian or director of food services shall ensure that:
1. A food menu:
   a. Is prepared at least one week in advance,
   b. Includes the foods to be served each day,
   c. Is conspicuously posted at least one calendar day before the first meal on the food menu will be served,
   d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
   e. Is maintained for at least 60 calendar days after the last day included in the food menu;
2. Meals and snacks provided by the behavioral health inpatient facility are served according to posted menus;
3. Meals and snacks for each day are planned using:
   a. The applicable guidelines in the most recent dietary guidelines according to the U.S. Department of Health and Human Services and U.S. Department of Agriculture, and
   b. Preferences for meals and snacks obtained from patients;
4. A patient is provided:
   a. A diet that meets the patient's nutritional needs as specified in the patient's assessment or treatment plan;
   b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (B)(4)(d);
   c. The option to have a daily evening snack identified in subsection (B)(4)(d)(ii) or other snack; and
   d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
      i. A patient group agrees; and
      ii. The patient is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;

5. A patient requiring assistance to eat is provided with assistance that recognizes the patient's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
6. Water is available and accessible to patients.

C. An administrator shall ensure that food is obtained, prepared, served, and stored as follows:
1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
2. Food is protected from potential contamination;
3. Food is prepared:
   a. Using methods that conserve nutritional value, flavor, and appearance; and
   b. In a form to meet the needs of a patient such as cut, chopped, ground, pureed, or thickened;
4. Potentially hazardous food is maintained as follows:
   a. Foods requiring refrigeration are maintained at 41° F or below; and
   b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
      i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
      ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
      iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
      iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
      v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
      vi. Leftovers are reheated to a temperature of at least 165° F;
5. A refrigerator contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
6. Frozen foods are stored at a temperature of 0° F or below; and
7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

Historical Note

Section R9-10-321, formerly numbered as R9-10-232, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-321 repealed, new Section R9-10-321 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-321 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-321 renumbered to R9-10-322; new Section R9-10-321 renumbered from R9-10-320 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-322. Emergency and Safety Standards

A. An administrator shall ensure that a behavioral health inpatient facility has:
1. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, and a sprinkler system installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, that are in working order; or
2. An alternative method to ensure a patient's safety, documented and approved by the local jurisdiction.

B. An administrator shall ensure that:
1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
   a. When, how, and where patients will be relocated;
   b. How a patient's medical record will be available to individuals providing services to the patient during a disaster;
   c. A plan to ensure each patient's medication will be available to administer to the patient during a disaster; and
   d. A plan for obtaining food and water for individuals present in the behavioral health inpatient facility or the behavioral health inpatient facility's relocation site during a disaster;
2. The disaster plan required in subsection (B)(1) is reviewed at least once every 12 months;
3. Documentation of a disaster plan review required in subsection (B)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
   a. The date and time of the disaster plan review;
   b. The name of each personnel member, employee, volunteer, or student participating in the disaster plan review;
   c. A critique of the disaster plan review; and
   d. If applicable, recommendations for improvement;
4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
5. An evacuation drill for employees and patients:
   a. Is conducted at least once every six months; and
   b. Includes all individuals on the premises except for:
      i. A patient whose medical record contains documentation that evacuation from the behavioral health inpatient facility would cause harm to the patient, and
      ii. Sufficient personnel members to ensure the health and safety of patients not evacuated according to subsection (B)(5)(b)(i);
6. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
   a. The date and time of the evacuation drill;
   b. The amount of time taken for employees and patients to evacuate to a designated area;
   c. If applicable:
      i. An identification of patients needing assistance for evacuation, and
      ii. An identification of patients who were not evacuated;
   d. Any problems encountered in conducting the evacuation drill; and

e. Recommendations for improvement, if applicable; and

7. An evacuation path is conspicuously posted on each hallway of each floor of the behavioral health inpatient facility.

C. An administrator shall:

1. Obtain a fire inspection conducted according to the timeframe established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the fire inspection report, and
3. Maintain documentation of a current fire inspection.

Historical Note

Section R9-10-322, formerly numbered as R9-10-233, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-322 repealed, new Section R9-10-322 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-322 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-322 renumbered to R9-10-323; new Section R9-10-322 renumbered from R9-10-321 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

R9-10-323. Environmental Standards

A. An administrator shall ensure that:

1. The premises and equipment are:
   a. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and
   b. Free from a condition or situation that may cause a patient or other individual to suffer physical injury;
2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
3. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
4. Equipment used at the behavioral health inpatient facility is:
   a. Maintained in working order;
   b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
   c. Used according to the manufacturer's recommendations;
5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
6. Garbage and refuse are:
   a. In areas used for food storage, food preparation, or food service, stored in covered containers lined with plastic bags;
   b. In areas not used for food storage, food preparation, or food service, stored:
      i. According to the requirements in subsection (6)(a), or
      ii. In a paper-lined container that is cleaned and sanitized as often as necessary to ensure that the container is clean; and
   c. Removed from the premises at least once a week;
7. Heating and cooling systems maintain the behavioral health inpatient facility at a temperature between 70° F and 84° F;
8. Common areas:
   a. Are lighted to assure the safety of patients, and
   b. Have lighting sufficient to allow personnel members to monitor patient activity;
9. Hot water temperatures are maintained between 95° F and 120° F in the areas of a behavioral health inpatient facility used by patients;
10. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article;
11. Soiled linen and soiled clothing stored by the behavioral health inpatient facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
12. Oxygen containers are secured in an upright position;
13. Poisonous or toxic materials stored by the behavioral health inpatient facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to patients;
14. Combustible or flammable liquids and hazardous materials stored by a behavioral health inpatient facility are stored in the original labeled containers or safety containers in a locked area inaccessible to patients;
15. If pets or animals are allowed in the behavioral health inpatient facility, pets or animals are:
   a. Controlled to prevent endangering the patients and to maintain sanitation;
   b. Licensed consistent with local ordinances; and
   c. For a dog or cat, vaccinated against rabies;
16. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
   a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
   b. If necessary, corrective action is taken to ensure the water is safe to drink; and
   c. Documentation of testing is maintained for at least 12 months after the date of the test; and
17. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to applicable state laws and rules.

B. An administrator shall ensure that:

1. Smoking tobacco products is not permitted within a behavioral health inpatient facility; and
2. Except as provided in R9-10-318(A)(11), smoking tobacco products may be permitted on the premises outside a behavioral health inpatient facility if:
   a. Signs designating smoking areas are conspicuously posted, and
   b. Smoking is prohibited in areas where combustible materials are stored or in use.

C. If a swimming pool is located on the premises, an administrator shall ensure that:

1. At least one personnel member with cardiopulmonary resuscitation training that meets the requirements in R9-

10-303(C)(1)(e) is present in the pool area when a patient is in the pool area, and
2. At least two personnel members are present in the pool area when two or more patients are in the pool area.

Historical Note

Section R9-10-323, formerly numbered as R9-10-234, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-323 repealed, new Section R9-10-323 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-323 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-323 renumbered to R9-10-324; new Section R9-10-323 renumbered from R9-10-322 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

R9-10-324. Physical Plant Standards

A. An administrator shall ensure that the premises and equipment are sufficient to accommodate:
1. The services stated in the behavioral health inpatient facility's scope of services, and
2. An individual accepted as a patient by the behavioral health inpatient facility.

B. An administrator shall ensure that:
1. A behavioral health inpatient facility has a:
   a. Waiting area with seating for patients and visitors;
   b. Room that provides privacy for a patient to receive treatment or visitors; and
   c. Common area and a dining area that:
      i. Are not converted, partitioned, or otherwise used as a sleeping area; and
      ii. Contain furniture and materials to accommodate the recreational and socialization needs of the patients and other individuals in the behavioral health inpatient facility;
2. A bathroom is available for use by visitors during the behavioral health inpatient facility's hours of operation and:
   a. Provides privacy; and
   b. Contains:
      i. A working sink with running water,
      ii. A working toilet that flushes and has a seat,
      iii. Toilet tissue,
      iv. Soap for hand washing,
      v. Paper towels or a mechanical air hand dryer,
      vi. Lighting, and
      vii. A window that opens or another means of ventilation;
3. For every six patients, there is at least one working toilet that flushes and has a seat and one sink with running water;
4. For every eight patients, there is at least one working bathtub or shower with a slip-resistant surface;
5. A patient bathroom complies with the following:
   a. Provides privacy when in use;
   b. Contains:
      i. A shatterproof mirror, unless the patient's treatment plan requires otherwise;
      ii. A window that opens or another means of ventilation; and
      iii. Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers;
   c. Has plumbing, piping, ductwork, or other potentially hazardous elements concealed above a ceiling;
   d. If the bathroom or shower area has a door, the door swings outward to allow for staff emergency access;
   e. If grab bars for the toilet and tub or shower or other assistive devices are identified in the patient's treatment plan, has grab bars or other assistive devices to provide for patient safety;
   f. If a grab bar is provided, has the space between the grab bar and the wall filled to prevent a cord being tied around the grab bar;
   g. Does not contain a towel bar, a shower curtain rod, or a lever handle that is not a specifically designed anti-ligature lever handle;
   h. Has tamper-resistant lighting fixtures, sprinkler heads, and electrical outlets; and
   i. For a bathroom with a sprinkler head where a patient is not supervised while the patient is in the bathroom, has a sprinkler head that is recessed or designed to minimize patient access;
6. If a patient bathroom door locks from the inside, an employee has a key and access to the bathroom;
7. Each patient is provided a bedroom for sleeping;
8. A patient bedroom complies with the following:
   a. Is not used as a common area;
   b. Is not used as a passageway to another bedroom or bathroom unless the bathroom is for the exclusive use of a patient occupying the bedroom;
   c. Contains a door that opens into a hallway, common area, or outdoors and, except as provided in subsection (E), another means of egress;
   d. Is constructed and furnished to provide unimpeded access to the door;
   e. Has window or door covers that provide patient privacy;
   f. Has floor to ceiling walls:
   g. Is a:
      i. Private bedroom that contains at least 60 square feet of floor space, not including the closet; or
      ii. Shared bedroom that:
         (1) Is shared by no more than four patients;
         (2) Contains, except as provided in subsection (B)(9), at least 60 square feet of floor space, not including a closet, for each patient occupying the bedroom; and
         (3) Provides sufficient space between beds to ensure that a patient has unobstructed access to the bedroom door;
   h. Contains for each patient occupying the bedroom:
      i. A bed that is: at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and linens that is not a threat to health and safety; and
      ii. Individual storage space for personnel effects and clothing such as shelves, a dresser, or chest of drawers;
   i. Has clean linen for each bed including mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, bedspread, waterproof mattress

covers as needed, and blankets to ensure warmth and comfort for each patient;
j. Has sufficient lighting for a patient occupying the bedroom to read; and
k. If applicable, has a drawer pull that is recessed to eliminate the possibility of use as a tie-off point;
9. If a behavioral health inpatient facility licensed before November 1, 2003 was approved for 50 square feet of floor space for each patient in a bedroom, ensure that the bedroom contains at least 50 square feet for each patient not including the closet;
10. In a patient bathroom or a patient bedroom:
a. The ceiling is secured from access or at least 9 feet in height; and
b. A ventilation grille is:
i. Secured and has perforations that are too small to use as a tie-off point, or
ii. Of sufficient height to prevent patient access;
11. For a door located in an area of the behavioral health inpatient facility that is accessible to patients:
a. A door closing device, if used on a patient bedroom door, is mounted on the public side of the door;
b. A door's hinges are designed to minimize points for hanging;
c. Except for a door lever handle that contains specifically designed anti-ligature hardware, a door lever handle points downward when in the latched or unlatched position; and
d. Hardware has tamper-resistant fasteners; and
12. A window located in an area of the behavioral health inpatient facility that is accessible to patients is fabricated with laminated safety glass or protected by polycarbonate, laminate, or safety screens.

C. An administrator of a licensed behavioral health inpatient facility may submit a request, in a Department-provided format, for additional time to comply with a physical plant requirement in subsection (B)(5)(c) through (B)(5)(i), (B)(10), (B)(11), or (B)(12) that includes:
1. The rule citation for the specific plant requirement,
2. The current physical plant condition that does not comply with the physical plant requirement,
3. How the current physical plant condition will be changed to comply with the physical plant requirement,
4. Estimated completion date of the identified physical plant change, and
5. Specific actions taken to ensure the health and safety of a patient until the physical plant requirement is met.

D. When the Department receives a request for additional time to comply with a physical plant requirement in subsection (B)(5)(c) through (B)(5)(i), (B)(10), (B)(11), or (B)(12) submitted according to subsection (C), the Department may approve the request for up to 24 months after the effective date of these rules based on:
1. The behavioral health inpatient facility's scope of services,
2. The expected patient acuity based on the behavioral health inpatient facility's scope of services,
3. The specific physical plant requirement in the request, and
4. The threat to patients' health and safety.

E. A bedroom in a behavioral health inpatient facility is not required to have a second means of egress if:
1. An administrator ensures that policies and procedures are established, documented, and implemented that provide for the safe evacuation of a patient in the bedroom based on the patient's physical and mental limitations and the location of the bedroom; or
2. The building where the bedroom is located has a fire alarm system and a sprinkler system required in R9-10-322(A)(1).

F. If a swimming pool is located on the premises, an administrator shall ensure that:
1. The swimming pool is enclosed by a wall or fence that:
a. Is at least five feet in height as measured on the exterior of the wall or fence;
b. Has no vertical openings greater that four inches across;
c. Has no horizontal openings, except as described in subsection (F)(1)(e);
d. Is not chain-link;
e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
f. Has a self-closing, self-latching gate that:
i. Opens away from the swimming pool,
ii. Has a latch located at least 54 inches from the ground, and
iii. Is locked when the swimming pool is not in use; and
2. A life preserver or shepherd's crook is available and accessible in the pool area.

G. An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (F)(1) is covered and locked when not in use.

Historical Note
Section R9-10-324, formerly numbered as R9-10-235, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-324 repealed, new Section R9-10-324 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-324 renumbered from R9-10-323 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-325. Repealed

Historical Note
Section R9-10-325, formerly numbered as R9-10-236, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-325 repealed, new Section R9-10-325 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-326. Repealed

Historical Note
Section R9-10-326, formerly numbered as R9-10-237, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-326 repealed, new Section R9-10-326 adopted effective February 4, 1981

(Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-327. Repealed

Historical Note
Section R9-10-327, formerly numbered as R9-10-241, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-327 repealed, new Section R9-10-327 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-328. Repealed

Historical Note
Section R9-10-328, formerly numbered as R9-10-242, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-328 repealed, new Section R9-10-328 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-329. Repealed

Historical Note
Section R9-10-329, formerly numbered as R9-10-243, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-329 repealed, new Section R9-10-329 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-330. Repealed

Historical Note
Section R9-10-330, formerly numbered as R9-10-244, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-330 repealed, new Section R9-10-330 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-331. Repealed

Historical Note
Section R9-10-331, formerly numbered as R9-10-245, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-331 repealed, new Section R9-10-331 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-332. Repealed

Historical Note
Section R9-10-332, formerly numbered as R9-10-246, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-332 repealed, new Section R9-10-332 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-333. Repealed

Historical Note
Section R9-10-333, formerly numbered as R9-10-247, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-333 repealed, new Section R9-10-333 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-334. Repealed

Historical Note
Section R9-10-334, formerly numbered as R9-10-249, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Repealed effective February 4, 1981 (Supp. 81-1).

R9-10-335. Repealed

Historical Note
Section R9-10-335, formerly numbered as R9-10-250, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Repealed effective February 4, 1981 (Supp. 81-1).

ARTICLE 4. NURSING CARE INSTITUTIONS

Article 4, consisting of Sections R9-10-411 through R9-10-438, repealed at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-401. Definitions
In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article unless otherwise specified:

1. "Administrator" has the same meaning as in A.R.S. § 36-446.
2. "Care plan" means a documented description of physical health services and behavioral health services expected to be provided to a resident, based on the resident's comprehensive assessment, that includes measurable objectives and the methods for meeting the objectives.
3. "Direct care" means medical services, nursing services, or social services provided to a resident.
4. "Director of nursing" means an individual who is responsible for the nursing services provided in a nursing care institution.
5. "Highest practicable" means a resident's optimal level of functioning and well-being based on the resident's current functional status and potential for improvement as determined by the resident's comprehensive assessment.
6. "Intermittent" means not on a regular basis.
7. "Nursing care institution services" means medical services, nursing services, behavioral care, health-related

services, ancillary services, social services, and environmental services provided to a resident.

8. "Resident group" means residents or residents' family members who:
   a. Plan and participate in resident activities, or
   b. Meet to discuss nursing care institution issues and policies.
9. "Secured" means the use of a method, device, or structure that:
   a. Prevents a resident from leaving an area of the nursing care institution's premises, or
   b. Alerts a personnel member of a resident's departure from the nursing care institution.
10. "Social services" means assistance provided to or activities provided for a resident to maintain or improve the resident's physical, mental, and psychosocial capabilities.
11. "Total health condition" means a resident's overall physical and psychosocial well-being as determined by the resident's comprehensive assessment.
12. "Unnecessary drug" means a medication that is not required because:
   a. There is no documented indication for a resident's use of the medication;
   b. The medication is duplicative;
   c. The medication is administered before determining whether the resident requires the medication; or
   d. The resident has experienced an adverse reaction from the medication, indicating that the medication should be reduced or discontinued.
13. "Ventilator" means a device designed to provide, to a resident who is physically unable to breathe or who is breathing insufficiently, the mechanism of breathing by mechanically moving breathable air into and out of the resident's lungs.

Historical Note

New Section R9-10-401 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-402. Supplemental Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a nursing care institution shall include:

1. In a Department-provided format whether the applicant:
   a. Has:
      i. A secured area for a resident with Alzheimer's disease or other dementia, or
      ii. An area for a resident on a ventilator;
   b. Is requesting authorization to provide to a resident:
      i. Behavioral health services,
      ii. Clinical laboratory services,
      iii. Dialysis services, or
      iv. Radiology services and diagnostic imaging services; and
   c. Is requesting authorization to operate a nutrition and feeding assistant training program; and
2. If the governing authority is requesting authorization to operate a nutrition and feeding assistant training program, the information and documentation in R9-10-116(B)(1)(a), (B)(1)(c), and (B)(2).

Historical Note

New Section R9-10-402 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-403. Administration

A. A governing authority shall:
1. Consist of one or more individuals responsible for the organization, operation, and administration of a nursing care institution;
2. Establish, in writing, the nursing care institution's scope of services;
3. Designate, in writing, a nursing care institution administrator licensed according to A.R.S. Title 36, Chapter 4, Article 6;
4. Adopt a quality management program according to R9-10-404;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting administrator licensed according to A.R.S. § Title 36, Chapter 4, Article 6, if the administrator is:
   a. Expected not to be present on the nursing care institution's premises for more than 30 calendar days, or
   b. Not present on the nursing care institution's premises for more than 30 calendar days; and
7. Except as permitted in subsection (A)(6), when there is a change of administrator, notify the Department according to A.R.S. § 36-425(I) and submit a copy of the new administrator's license under A.R.S. Title 36, Chapter 4, Article 6 to the Department.

B. An administrator:
1. Is directly accountable to the governing authority of a nursing care institution for the daily operation of the nursing care institution and all services provided by or at the nursing care institution;
2. Has the authority and responsibility to manage the nursing care institution;
3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the nursing care institution's premises and accountable for the nursing care institution when the administrator is not present on the nursing care institution's premises;
4. Ensures the nursing care institution's compliance with A.R.S. § 36-411; and
5. If the nursing care institution provides feeding and nutrition assistant training, ensures the nursing care institution complies with the requirements for the operation of a feeding and nutrition assistant training program in R9-10-116.

C. An administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident that:

a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
b. Cover orientation and in-service education for personnel members, employees, volunteers, and students, including the training required in A.R.S. § 36-420.01;
c. Include how a personnel member may submit a complaint relating to resident care;
d. Include methods to prevent abuse or neglect of a resident and reporting requirements in compliance with A.R.S. §§ 13-3620 and 46-454, including:
   i. Training of personnel members, at least annually, on how to recognize the signs and symptoms of abuse or neglect; and
   ii. Reporting of abuse or neglect of a resident;
e. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
f. Cover requirements related to cardiopulmonary resuscitation including:
   i. Which personnel members are required to obtain cardiopulmonary resuscitation training;
   ii. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation;
   iii. The qualifications for an individual to provide cardiopulmonary resuscitation training;
   iv. The time-frame for renewal of cardiopulmonary resuscitation training;
   v. The documentation that verifies an individual has received cardiopulmonary resuscitation training; and
   vi. The circumstances for providing cardiopulmonary resuscitation to a resident, consistent with A.R.S. § 36-420(B);
g. Cover requirements related to first aid, including training and the circumstances for providing first aid to a resident, consistent with A.R.S. § 36-420(B);
h. Include a method to identify a resident to ensure the resident receives physical health services and behavioral health services as ordered;
i. Cover resident rights, including assisting a resident who does not speak English or who has a disability to become aware of resident rights;
j. Cover specific steps for:
   i. A resident to file a complaint, and
   ii. The nursing care institution to respond to a resident's complaint;
k. Cover health care directives;
l. Cover medical records, including electronic medical records;
m. Cover a quality management program, including incident reports and supporting documentation;
n. Cover contracted services;
o. Cover resident's personal accounts;
p. Cover petty cash funds;
q. Cover fees and refund policies;
r. Cover misappropriation of resident property;
s. Cover when an individual may visit a resident in a nursing care institution; and
t. Cover religious visitation by a clergy member in compliance with A.R.S. § 36-407.02; and

2. Policies and procedures for physical health services and behavioral health services are established, documented, and implemented to protect the health and safety of a resident that:
   a. Cover resident screening, admission, transport, transfer, discharge planning, and discharge;
   b. Cover the provision of physical health services and behavioral health services;
   c. Include when general consent and informed consent are required;
   d. Cover storing, dispensing, administering, and disposing of medication;
   e. Cover infection control;
   f. Cover how personnel members will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
   g. Cover telehealth, if applicable; and
   h. Cover environmental services that affect resident care;
3. Policies and procedures are reviewed at least once every three years and updated as needed;
4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
5. Unless otherwise stated:
   a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
   b. When documentation or information is required by this Chapter to be submitted on behalf of a nursing care institution, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the nursing care institution.

D. Except for health screening services, an administrator shall ensure that medical services, nursing services, health-related services, behavioral health services, or ancillary services provided by a nursing care institution are only provided to a resident.

E. If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was admitted or while the resident is not on the premises and not receiving services from a nursing care institution's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the resident as follows:
1. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
2. For a resident under 18 years of age, according to A.R.S. § 13-3620.

F. If an administrator has a reasonable basis, according to A.R.S. § 13-3620 or § 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a resident is receiving services from a nursing care institution's employee or personnel member, an administrator shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
2. Report the suspected abuse, neglect, or exploitation of the resident as follows:
   a. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
   b. For a resident under 18 years of age, according to A.R.S. § 13-3620;
3. Document:
   a. The suspected abuse, neglect, or exploitation;
   b. Any action taken according to subsection (F)(1); and

c. The report in subsection (F)(2);
4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.

G. An administrator shall:
1. Allow a resident advocate to assist a resident, the resident's representative, or a resident group with a request or recommendation, and document in writing any complaint submitted to the nursing care institution;
2. Ensure that a monthly schedule of recreational activities for residents is developed, documented, and implemented; and
3. Ensure that the following are conspicuously posted on the premises:
a. The current nursing care institution license and quality rating issued by the Department;
b. The name, address, and telephone number of:
i. The Department's Office of Long Term Care,
ii. The State Long-Term Care Ombudsman Program, and
iii. Adult Protective Services of the Department of Economic Security;
c. A notice that a resident may file a complaint with the Department concerning the nursing care institution;
d. The monthly schedule of recreational activities; and
e. One of the following:
i. A copy of the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect; or
ii. A notice that the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect are available for review upon request.

H. An administrator shall provide written notification to the Department of a resident's:
1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
2. Self-injury, within two working days after the resident inflicts a self-injury that requires immediate intervention by an emergency medical services provider.

I. If an administrator administers a resident's personal account at the request of the resident or the resident's representative, the administrator shall:
1. Comply with policies and procedures established according to subsection (C)(1)(n);
2. Designate a personnel member who is responsible for the personal accounts;
3. Maintain a complete and separate accounting of each personal account;
4. Obtain written authorization from the resident or the resident's representative for a personal account transaction;
5. Document an account transaction and provide a copy of the documentation to the resident or the resident's representative upon request and at least every three months;
6. Transfer all money from the resident's personal account in excess of $50.00 to an interest-bearing account and credit the interest to the resident's personal account; and
7. Within 30 calendar days after the resident's death, transfer, or discharge, return all money in the resident's personal account and a final accounting to the resident, the resident's representative, or the probate jurisdiction administering the resident's estate.

J. If a petty cash fund is established for use by residents, the administrator shall ensure that:
1. The policies and procedures established according to subsection (C)(1)(o) include:
a. A prescribed cash limit of the petty cash fund, and
b. The hours of the day a resident may access the petty cash fund; and
2. A resident's written acknowledgment is obtained for a petty cash transaction.

Historical Note

New Section R9-10-403 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-404. Quality Management

An administrator shall ensure that:
1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
a. A method to identify, document, and evaluate incidents;
b. A method to collect data to evaluate services provided to residents;
c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;
d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
a. An identification of each concern about the delivery of services related to resident care; and

b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and

3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

New Section R9-10-404 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-405. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

New Section R9-10-405 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-406. Personnel

A. An administrator shall ensure that a behavioral health technician or behavioral health paraprofessional is at least 18 years old.

B. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
   a. Are based on:
      i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
      ii. The acuity of the residents receiving physical health services or behavioral health services from the personnel member according to the established job description; and
   b. Include:
      i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
      ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
      iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
   a. Before the personnel member provides physical health services or behavioral health services, and
   b. According to policies and procedures;
3. Sufficient personnel members are present on a nursing care institution's premises with the qualifications, skills, and knowledge necessary to:
   a. Provide the services in the nursing care institution's scope of services,
   b. Meet the needs of a resident, and
   c. Ensure the health and safety of a resident.

C. An administrator shall ensure that a fall prevention and fall recovery program that complies with requirements in A.R.S. § 36-420.01 is developed, documented, and implemented.

D. Except as provided in R9-10-415, an administrator shall ensure that, if a personnel member provides social services that require a license under A.R.S. Title 32, Chapter 33, Article 5, the personnel member is licensed under A.R.S. Title 32, Chapter 33, Article 5.

E. An administrator shall ensure that an individual who is a licensed baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision as defined in 4 A.A.C. 6, Article 1.

F. An administrator shall ensure that a personnel member or an employee or volunteer who has or is expected to have direct interaction with a resident for more than eight hours a week provides evidence of freedom from infectious tuberculosis:

1. On or before the date the individual begins providing services at or on behalf of the nursing care institution, and
2. As specified in R9-10-113.

G. An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:

1. The individual's name, date of birth, and contact telephone number;
2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
3. Documentation of:
   a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
   b. The individual's education and experience applicable to the individual's job duties;
   c. The individual's compliance with the requirements in A.R.S. § 36-411;
   d. Orientation and in-service education as required by policies and procedures;
   e. The individual's compliance with the requirements in A.R.S. § 36-420.01 regarding fall prevention and fall recovery training;
   f. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
   g. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
   h. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-403(C)(1)(f);
   i. First aid training, if required for the individual according to this Article or policies and procedures; and
   j. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (F); and
   k. If the individual is a nutrition and feeding assistant:
      i. Completion of the nutrition and feeding assistant training course required in R9-10-116, and
      ii. A nurse's observations required in R9-10-423(C)(6).

H. An administrator shall ensure that personnel records are:
1. Maintained:
   a. Throughout the individual's period of providing services in or for the nursing care institution, and
   b. For at least 24 months after the last date the individual provided services in or for the nursing care institution; and
2. For a personnel member who has not provided physical health services or behavioral health services at or for the nursing care institution during the previous 12 months, provided to the Department within 72 hours after the Department's request.

I. An administrator shall ensure that:
1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
2. A personnel member completes orientation before providing behavioral health services or physical health services;
3. An individual's orientation is documented, to include:
   a. The individual's name,
   b. The date of the orientation, and
   c. The subject or topics covered in the orientation;
4. A plan to provide in-service education specific to the duties of a personnel member is developed, documented, and implemented;
5. A personnel member's in-service education is documented, to include:
   a. The personnel member's name,
   b. The date of the training, and
   c. The subject or topics covered in the training; and
6. A work schedule of each personnel member is developed and maintained at the nursing care institution for at least 12 months after the date of the work schedule.

J. An administrator shall designate a qualified individual to provide:
1. Social services, and
2. Recreational activities.

Historical Note
New Section R9-10-406 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-407. Admission
An administrator shall ensure that:
1. A resident is admitted only on a physician's order;
2. The physician's admitting order includes the nursing care institution services required to meet the immediate needs of a resident, such as medication and food services;
3. At the time of a resident's admission, a registered nurse conducts or coordinates an initial assessment on a resident to ensure the resident's immediate needs for nursing care institution services are met;
4. A resident's needs do not exceed the medical services and nursing services available at the nursing care institution as established in the nursing care institution's scope of services;
5. Before or at the time of admission, a resident or the resident's representative:
   a. Receives a documented agreement with the nursing care institution that includes rates and charges,
   b. Is informed of third-party coverage for rates and charges,
   c. Is informed of the nursing care institution's refund policy, and
   d. Receives written information concerning the nursing care institution's policies and procedures related to a resident's health care directives;
6. Within 30 calendar days before admission or 10 working days after admission, a medical history and physical examination is completed on a resident by:
   a. A physician, or
   b. A physician assistant or a registered nurse practitioner designated by the attending physician;
7. Except as specified in subsection (8), a resident provides evidence of freedom from infectious tuberculosis:
   a. Before or within seven calendar days after the resident's admission, and
   b. As specified in R9-10-113;
8. A resident who transfers from a nursing care institution to another nursing care institution is not required to be rescreened for tuberculosis as specified in R9-10-113 if:
   a. Fewer than 12 months have passed since the resident was screened for tuberculosis, and
   b. The documentation of freedom from infectious tuberculosis required in subsection (7) accompanies the resident at the time of transfer; and
9. Compliance with the requirements in subsection (6) is documented in the resident's medical record.

Historical Note
New Section R9-10-407 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 28 A.A.R. 1113 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2).

R9-10-408. Transfer; Discharge
A. An administrator shall ensure that:
1. A resident is transferred or discharged if:
   a. The nursing care institution is not authorized or not able to meet the needs of the resident, or
   b. The resident's behavior is a threat to the health or safety of the resident or other individuals at the nursing care institution; and
2. Documentation of a resident's transfer or discharge includes:
   a. The date of the transfer or discharge;
   b. The reason for the transfer or discharge;
   c. A 30-day written notice except:
      i. In an emergency, or
      ii. If the resident no longer requires nursing care institution services as determined by a physician or the physician's designee;

d. A notation by a physician or the physician's designee if the transfer or discharge is due to any of the reasons listed in subsection (A)(1); and
e. If applicable, actions taken by a personnel member to protect the resident or other individuals if the resident's behavior is a threat to the health and safety of the resident or other individuals in the nursing care institution.

B. An administrator may transfer or discharge a resident for failure to pay for residency if:
1. The resident or resident's representative receives a 30-day written notice of transfer or discharge, and
2. The 30-day written notice includes an explanation of the resident's right to appeal the transfer or discharge.

C. Except for a transfer of a resident due to an emergency, an administrator shall ensure that:
1. A personnel member coordinates the transfer and the services provided to the resident;
2. According to policies and procedures:
   a. An evaluation of the resident is conducted before the transfer;
   b. Information from the resident's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
   c. A personnel member explains risks and benefits of the transfer to the resident or the resident's representative; and
3. Documentation in the resident's medical record includes:
   a. Communication with an individual at a receiving health care institution;
   b. The date and time of the transfer;
   c. The mode of transportation; and
   d. If applicable, the name of the personnel member accompanying the resident during a transfer.

D. Except in an emergency, a director of nursing shall ensure that before a resident is discharged:
1. Written follow-up instructions are developed with the resident or the resident's representative that includes:
   a. Information necessary to meet the resident's need for medical services and nursing services; and
   b. The state long-term care ombudsman's name, address, and telephone number;
2. A copy of the written follow-up instructions is provided to the resident or the resident's representative; and
3. A discharge summary is developed by a personnel member and authenticated by the resident's attending physician or designee and includes:
   a. The resident's medical condition at the time of transfer or discharge,
   b. The resident's medical and psychosocial history,
   c. The date of the transfer or discharge, and
   d. The location of the resident after discharge.

Historical Note

New Section R9-10-408 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-409. Transport

A. Except as provided in subsection (B), an administrator shall ensure that:
1. A personnel member coordinates the transport and the services provided to the resident;
2. According to policies and procedures:
   a. An evaluation of the resident is conducted before and after the transport,
   b. Information from the resident's medical record is provided to a receiving health care institution, and
   c. A personnel member explains risks and benefits of the transport to the resident or the resident's representative; and
3. Documentation in the resident's medical record includes:
   a. Communication with an individual at a receiving health care institution;
   b. The date and time of the transport;
   c. The mode of transportation; and
   d. If applicable, the name of the personnel member accompanying the resident during a transport.

B. Subsection (A) does not apply to:
1. Transportation to a location other than a licensed health care institution,
2. Transportation provided for a resident by the resident or the resident's representative,
3. Transportation provided by an outside entity that was arranged for a resident by the resident or the resident's representative, or
4. A transport to another licensed health care institution in an emergency.

Historical Note

New Section R9-10-409 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-410. Resident Rights

A. An administrator shall ensure that:
1. The requirements in subsection (B) and the resident rights in subsection (C) are conspicuously posted on the premises;
2. At the time of admission, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (C); and
3. Policies and procedures include:
   a. How and when a resident or the resident's representative is informed of resident rights in subsection (C), and
   b. Where resident rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:
1. A resident has privacy in:
   a. Treatment,
   b. Bathing and toileting,
   c. Room accommodations, and
   d. A visit or meeting with another resident or an individual;
2. A resident is treated with dignity, respect, and consideration;
3. A resident is not subjected to:
   a. Abuse;
   b. Neglect;
   c. Exploitation;
   d. Coercion;

e. Manipulation;
f. Sexual abuse;
g. Sexual assault;
h. Seclusion;
i. Restraint;
j. Retaliation for submitting a complaint to the Department or another entity; or
k. Misappropriation of personal and private property by a nursing care institution's personnel members, employees, volunteers, or students; and

4. A resident or the resident's representative:
a. Except in an emergency, either consents to or refuses treatment;
b. May refuse or withdraw consent for treatment before treatment is initiated;
c. Except in an emergency, is informed of proposed alternatives to psychotropic medication or a surgical procedure and the associated risks and possible complications of the psychotropic medication or surgical procedure;
d. Is informed of the following:
i. The health care institution's policy on health care directives, and
ii. The resident complaint process;
e. Consents to photographs of the resident before the resident is photographed, except that the resident may be photographed when admitted to a nursing care institution for identification and administrative purposes;
f. May manage the resident's financial affairs;
g. May review the nursing care institution's current license survey report and, if applicable, plan of correction in effect;
h. Has access to and may communicate with any individual, organization, or agency;
i. May participate in a resident group;
j. May review the resident's financial records within two working days and medical record within one working day after the resident's or the resident's representative's request;
k. May obtain a copy of the resident's financial records and medical record within two working days after the resident's request and in compliance with A.R.S. § 12-2295;
l. Except as otherwise permitted by law, consents, in writing, to the release of information in the resident's:
i. Medical record, and
ii. Financial records;
m. May select a pharmacy of choice if the pharmacy complies with policies and procedures and does not pose a risk to the resident;
n. Is informed of the method for contacting the resident's attending physician;
o. Is informed of the resident's total health condition;
p. Is provided with a copy of those sections of the resident's medical record that are required for continuity of care free of charge, according to A.R.S. § 12-2295, if the resident is transferred or discharged;
q. Is informed in writing of a change in rates and charges at least 60 calendar days before the effective date of the change; and
r. Except in the event of an emergency, is informed orally or in writing before the nursing care institution makes a change in a resident's room or roommate assignment and notification is documented in the resident's medical record.

C. A resident has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that supports and respects the resident's individuality, choices, strengths, and abilities;
3. To choose activities and schedules consistent with the resident's interests that do not interfere with other residents;
4. To participate in social, religious, political, and community activities that do not interfere with other residents;
5. To retain personal possessions including furnishings and clothing as space permits unless use of the personal possession infringes on the rights or health and safety of other residents;
6. To share a room with the resident's spouse if space is available and the spouse consents;
7. To receive a referral to another health care institution if the nursing care institution is not authorized or not able to provide physical health services or behavioral health services needed by the resident;
8. To participate or have the resident's representative participate in the development of, or decisions concerning, treatment;
9. To participate or refuse to participate in research or experimental treatment;
10. To participate in religious visitation by a clergy member according to A.R.S. § 36-407.02; and
11. To receive assistance from a family member, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.

Historical Note
New Section R9-10-410 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-411. Medical Records

A. An administrator shall ensure that:
1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a resident's medical record is:
a. Recorded only by an individual authorized by policies and procedures to make the entry;
b. Dated, legible, and authenticated; and
c. Not changed to make the initial entry illegible;
3. An order is:
a. Dated when the order is entered in the resident's medical record and includes the time of the order;
b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;

4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A resident's medical record is available to an individual:
   a. Authorized to access the resident's medial record according to policies and procedures;
   b. If the individual is not authorized to access the resident's medical record according to policies and procedures, with the written consent of the resident or the resident's representative; or
   c. As permitted by law; and
6. A resident's medical record is protected from loss, damage, or unauthorized use.

B. If a nursing care institution maintains residents' medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.

C. An administrator shall ensure that a resident's medical record contains:
1. Resident information that includes:
   a. The resident's name;
   b. The resident's date of birth; and
   c. Any known allergies, including medication allergies;
2. The admission date and, if applicable, the date of discharge;
3. The admitting diagnosis or presenting symptoms;
4. Documentation of general consent and, if applicable, informed consent;
5. If applicable, the name and contact information of the resident's representative and:
   a. The document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
   b. If the resident's representative:
      i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      ii. Is a legal guardian, a copy of the court order establishing guardianship;
6. The medical history and physical examination required in R9-10-407(6);
7. A copy of the resident's living will or other health care directive, if applicable;
8. The name and telephone number of the resident's attending physician;
9. Orders;
10. Care plans;
11. Behavioral care plans, if the resident is receiving behavioral care;
12. Documentation of nursing care institution services provided to the resident;
13. Progress notes;
14. If applicable, documentation of any actions taken to comply with A.R.S. § 36-420;
15. If applicable, documentation of any actions taken to control the resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
16. If applicable, documentation that evacuation from the nursing care institution would cause harm to the resident;
17. The disposition of the resident after discharge;
18. The discharge plan;
19. The discharge summary;
20. Transfer documentation;
21. If applicable:
   a. A laboratory report,
   b. A radiologic report,
   c. A diagnostic report, and
   d. A consultation report;
22. Documentation of freedom from infectious tuberculosis required in R9-10-407(7);
23. Documentation of a medication administered to the resident that includes:
   a. The date and time of administration;
   b. The name, strength, dosage, and route of administration;
   c. The type of vaccine, if applicable;
   d. For a medication administered for pain on a PRN basis:
      i. An evaluation of the resident's pain before administering the medication, and
      ii. The effect of the medication administered;
   e. For a psychotropic medication administered on a PRN basis:
      i. An evaluation of the resident's symptoms before administering the psychotropic medication, and
      ii. The effect of the psychotropic medication administered;
   f. The identification, signature, and professional designation of the individual administering the medication; and
   g. Any adverse reaction a resident has to the medication;
24. If the resident has been assessed for receiving nutrition and feeding assistance from a nutrition and feeding assistant, documentation of the assessment and the determination of eligibility; and
25. If applicable, a copy of written notices, including follow-up instructions, provided to the resident or the resident's representative.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-411 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-412. Nursing Services

A. An administrator shall ensure that:
1. Nursing services are provided 24 hours a day in a nursing care institution;
2. A director of nursing is appointed who:
   a. Is a registered nurse,
   b. Works full-time at the nursing care institution, and
   c. Is responsible for the direction of nursing services;

3. The director of nursing or an individual designated by the administrator participates in the quality management program; and
4. If the daily census of the nursing care institution is 60 or more, the director of nursing does not provide direct care to residents on a regular basis.

B. A director of nursing shall ensure that:
1. A method is established and documented that identifies the types and numbers of nursing personnel that are necessary to provide nursing services to residents based on the residents' comprehensive assessments, orders for physical health services and behavioral health services, and care plans and the nursing care institution's scope of services;
2. Sufficient nursing personnel, as determined by the method in subsection (B)(1), are on the nursing care institution premises to meet the needs of a resident for nursing services;
3. At least one nurse is present on the nursing care institution's premises and responsible for providing direct care to not more than 64 residents;
4. Documentation of nursing personnel present on the nursing care institution's premises each day is maintained and includes:
   a. The date,
   b. The number of residents,
   c. The name and license or certification title of each nursing personnel member who worked that day, and
   d. The actual number of hours each nursing personnel member worked that day;
5. The documentation of nursing personnel required in subsection (B)(4) is maintained for at least 12 months after the date of the documentation;
6. As soon as possible but not more than 24 hours after one of the following events occur, a nurse notifies a resident's attending physician and, if applicable, the resident's representative, if the resident:
   a. Is injured,
   b. Is involved in an incident that may require medical services, or
   c. Has a significant change in condition; and
7. An unnecessary drug is not administered to a resident.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-412 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-413. Medical Services

A. An administrator shall appoint a medical director.

B. A medical director shall ensure that:
1. A resident has an attending physician;
2. An attending physician is available 24 hours a day;
3. An attending physician designates a physician who is available when the attending physician is not available;
4. A physical examination is performed on a resident at least once every 12 months after the date of admission by an individual listed in R9-10-407(6);
5. As required in A.R.S. § 36-406, vaccinations for influenza and pneumonia are available to each resident at least once every 12 months unless:
   a. The attending physician provides documentation that the vaccination is medically contraindicated;
   b. The resident or the resident's representative refuses the vaccination or vaccinations and documentation is maintained in the resident's medical record that the resident or the resident's representative has been informed of the risks and benefits of a vaccination refused; or
   c. The resident or the resident's representative provides documentation that the resident received a pneumonia vaccination within the previous five years or the current recommendation from the U.S. Department of Health and Human Services, Center for Disease Control and Prevention; and
6. If the any of the following services are not provided by the nursing care institution and needed by a resident, the resident is assisted in obtaining, at the resident's expense:
   a. Vision services;
   b. Hearing services;
   c. Dental services;
   d. Clinical laboratory services from a laboratory that holds a certificate of accreditation or certificate of compliance issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
   e. Psychosocial services;
   f. Physical therapy;
   g. Speech therapy;
   h. Occupational therapy;
   i. Behavioral health services; and
   j. Services for an individual who has a developmental disability, as defined in A.R.S. Title 36, Chapter 5.1, Article 1.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-413 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-414. Comprehensive Assessment; Care Plan

A. A director of nursing shall ensure that:
1. A comprehensive assessment of a resident:
   a. Is conducted or coordinated by a registered nurse in collaboration with an interdisciplinary team;
   b. Is completed for the resident within 14 calendar days after the resident's admission to a nursing care institution;
   c. Is updated:
      i. No later than 12 months after the date of the resident's previous comprehensive assessment, and

ii. When the resident experiences a significant change;

d. Includes the following information for the resident:
   i. Identifying information;
   ii. An evaluation of the resident's hearing, speech, and vision;
   iii. An evaluation of the resident's ability to understand and recall information;
   iv. An evaluation of the resident's mental status;
   v. Whether the resident's mental status or behaviors:
      (1) Put the resident at risk for physical illness or injury,
      (2) Significantly interfere with the resident's care,
      (3) Significantly interfere with the resident's ability to participate in activities or social interactions,
      (4) Put other residents or personnel members at significant risk for physical injury,
      (5) Significantly intrude on another resident's privacy, or
      (6) Significantly disrupt care for another resident;
   vi. Preferences for customary routine and activities;
   vii. An evaluation of the resident's ability to perform activities of daily living;
   viii. Need for a mobility device;
   ix. An evaluation of the resident's ability to control the resident's bladder and bowels;
   x. Any diagnosis that impacts nursing care institution services that the resident may require;
   xi. Any medical conditions that impact the resident's functional status, quality of life, or need for nursing care institution services;
   xii. An evaluation of the resident's ability to maintain adequate nutrition and hydration;
   xiii. An evaluation of the resident's oral and dental status;
   xiv. An evaluation of the condition of the resident's skin;
   xv. Identification of any medication or treatment administered to the resident during a seven-day calendar period that includes the time the comprehensive assessment was conducted;
   xvi. Identification of any treatment or medication ordered for the resident;
   xvii. A description of the resident or resident's representative's participation in the comprehensive assessment;
   xviii. The name and title of the interdisciplinary team members who participated in the resident's comprehensive assessment;
   xix. Potential for rehabilitation; and
   xx. Potential for discharge; and
e. Is signed and dated by:
   i. The registered nurse who conducts or coordinates the comprehensive assessment or review; and
   ii. If a behavioral health professional is required to review according to subsection (A)(2), the behavioral health professional who reviewed the comprehensive assessment or review;

2. If any of the conditions in (A)(1)(d)(v) are answered in the affirmative during the comprehensive assessment or review, a behavioral health professional reviews a resident's comprehensive assessment or review and care plan to ensure that the resident's needs for behavioral health services are being met;
3. A new comprehensive assessment is not required for a resident who is hospitalized and readmitted to a nursing care institution unless a physician, an individual designated by the physician, or a registered nurse determines the resident has a significant change in condition; and
4. A resident's comprehensive assessment is reviewed by a registered nurse at least once every three months after the date of the current comprehensive assessment and if there is a significant change in the resident's condition.

B. An administrator shall ensure that a care plan for a resident:
1. Is developed, documented, and implemented for the resident within seven calendar days after completing the resident's comprehensive assessment required in subsection (A)(1);
2. Is reviewed and revised based on any change to the resident's comprehensive assessment; and
3. Ensures that a resident is provided nursing care institution services that:
   a. Address any medical condition or behavioral health issue identified in the resident's comprehensive assessment, and
   b. Assist the resident in maintaining the resident's highest practicable well-being according to the resident's comprehensive assessment.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-414 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-415. Behavioral Health Services

Except for behavioral care, if a nursing care institution is authorized to provide behavioral health services, an administrator shall ensure that:
1. The behavioral health services are provided:
   a. Under the direction of a behavioral health professional licensed or certified to provide the type of behavioral health services in the nursing care institution's scope of services; and
   b. In compliance with the requirements:
      i. For behavioral health paraprofessionals and behavioral health technicians, in R9-10-115; and
      ii. For an assessment, in R9-10-1011(B); and
2. Except for a psychotropic drug ordered by a medical practitioner for a resident's out-of-control behavior or administered according to an order from a court of competent jurisdiction, informed consent is obtained from a resident or the resident's representative for a psychotropic

drug and documented in the resident's medical record before the psychotropic drug is administered to the resident.

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-415 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-416. Clinical Laboratory Services
If clinical laboratory services are authorized to be provided on a nursing care institution's premises, an administrator shall ensure that:

1. Clinical laboratory services and pathology services are provided through a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
2. A copy of the certificate of accreditation, certificate of compliance, or certificate of waiver in subsection (1) is provided to the Department for review upon the Department's request;
3. The nursing care institution:
   a. Is able to provide the clinical laboratory services delineated in the nursing care institution's scope of services when needed by the residents,
   b. Obtains specimens for the clinical laboratory services delineated in the nursing care institution's scope of services without transporting the residents from the nursing care institution's premises, and
   c. Has the examination of the specimens performed by a clinical laboratory;
4. Clinical laboratory and pathology test results are:
   a. Available to the ordering physician:
      i. Within 24 hours after the test is complete with results if the test is performed at a laboratory on the nursing care institution's premises, or
      ii. Within 24 hours after the test result is received if the test is performed at a laboratory outside of the nursing care institution's premises; and
   b. Documented in a resident's medical record;
5. If a test result is obtained that indicates a resident may have an emergency medical condition, as established in policies and procedures, personnel notify:
   a. The ordering physician,
   b. A registered nurse in the resident's assigned unit,
   c. The nursing care institution's administrator, or
   d. The director of nursing;
6. If a clinical laboratory report is completed on a resident, a copy of the report is included in the resident's medical record;
7. If the nursing care institution provides blood or blood products, policies and procedures are established, documented, and implemented for:
   a. Procuring, storing, transfusing, and disposing of blood or blood products;
   b. Blood typing, antibody detection, and blood compatibility testing; and
   c. Investigating transfusion adverse reactions that specify a process for review through the quality management program; and
8. Expired laboratory supplies are discarded according to policies and procedures.

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-416 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-417. Dialysis Services
If dialysis services are authorized to be provided on a nursing care institution's premises, an administrator shall ensure that the dialysis services are provided in compliance with the requirements in R9-10-1018.

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-417 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-418. Radiology Services and Diagnostic Imaging Services
If radiology services or diagnostic imaging services are authorized to be provided on a nursing care institution's premises, an administrator shall ensure that:

1. Radiology services and diagnostic imaging services are provided in compliance with A.R.S. Title 30, Chapter 4 and 9 A.A.C. 7;
2. A copy of a certificate documenting compliance with subsection (1) is maintained by the nursing care institution;
3. When needed by a resident, radiology services and diagnostic imaging services delineated in the nursing care institution's scope of services are provided on the nursing care institution's premises;
4. Radiology services and diagnostic imaging services are provided:
   a. Under the direction of a physician; and
   b. According to an order that includes:
      i. The resident's name,
      ii. The name of the ordering individual,
      iii. The radiological or diagnostic imaging procedure ordered, and
      iv. The reason for the procedure;
5. A medical director, attending physician, or radiologist interprets the radiologic or diagnostic image;
6. A radiologic or diagnostic imaging report is prepared that includes:
   a. The resident's name;
   b. The date of the procedure;
   c. A medical director, attending physician, or radiologist's interpretation of the image;

d. The type and amount of radiopharmaceutical used, if applicable; and
e. The resident's adverse reaction to the radiopharmaceutical, if any; and

7. A radiologic or diagnostic imaging report is included in the resident's medical record.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-418 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-419. Respiratory Care Services

If respiratory care services are provided on a nursing care institution's premises, an administrator shall ensure that:

1. Respiratory care services are provided under the direction of a medical director or attending physician;
2. Respiratory care services are provided according to an order that includes:
   a. The resident's name;
   b. The name and signature of the ordering individual;
   c. The type, frequency, and, if applicable, duration of treatment;
   d. The type and dosage of medication and diluent; and
   e. The oxygen concentration or oxygen liter flow and method of administration;
3. Respiratory care services provided to a resident are documented in the resident's medical record and include:
   a. The date and time of administration;
   b. The type of respiratory care services provided;
   c. The effect of the respiratory care services;
   d. The resident's adverse reaction to the respiratory care services, if any; and
   e. The authentication of the individual providing the respiratory care services; and
4. Any area or unit that performs blood gases or clinical laboratory tests complies with the requirements in R9-10-416.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-419 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-420. Rehabilitation Services

If rehabilitation services are provided on a nursing care institution's premises, an administrator shall ensure that:

1. Rehabilitation services are provided:
   a. Under the direction of an individual qualified according to policies and procedures,
   b. By an individual licensed to provide the rehabilitation services, and
   c. According to an order; and
2. The medical record of a resident receiving rehabilitation services includes:
   a. An order for rehabilitation services that includes the name of the ordering individual and a referring diagnosis,
   b. A documented care plan that is developed in coordination with the ordering individual and the individual providing the rehabilitation services,
   c. The rehabilitation services provided,
   d. The resident's response to the rehabilitation services, and
   e. The authentication of the individual providing the rehabilitation services.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-420 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-421. Medication Services

A. An administrator shall ensure that policies and procedures for medication services:

1. Include:
   a. A process for providing information to a resident about medication prescribed for the resident including:
      i. The prescribed medication's anticipated results,
      ii. The prescribed medication's potential adverse reactions,
      iii. The prescribed medication's potential side effects, and
      iv. Potential adverse reactions that could result from not taking the medication as prescribed;
   b. Procedures for preventing, responding to, and reporting:
      i. A medication error,
      ii. An adverse response to a medication, or
      iii. A medication overdose;
   c. Procedures to ensure that a pharmacist reviews a resident's medications at least once every three months and provides documentation to the resident's attending physician and the director of nursing indicating potential medication problems such as incompatible or duplicative medications;
   d. Procedures for documenting medication services; and
   e. Procedures for assisting a resident in obtaining medication; and
2. Specify a process for review through the quality management program of:
   a. A medication administration error, and
   b. An adverse reaction to a medication.

B. An administrator shall ensure that:

1. Policies and procedures for medication administration:
   a. Are reviewed and approved by the director of nursing;
   b. Specify the individuals who may:
      i. Order medication, and
      ii. Administer medication;

c. Ensure that medication is administered to a resident only as prescribed; and
d. Cover the documentation of a resident's refusal to take prescribed medication in the resident's medical record;
2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
3. A medication administered to a resident:
a. Is administered in compliance with an order, and
b. Is documented in the resident's medical record; and
4. If a psychotropic medication is administered to a resident, the psychotropic medication:
a. Is only administered to a resident for a diagnosed medical condition; and
b. Unless clinically contraindicated or otherwise ordered by an attending physician or the attending physician's designee, is gradually reduced in dosage while the resident is simultaneously provided with interventions such as behavior and environment modification in an effort to discontinue the psychotropic medication, unless a dose reduction is attempted and the resident displays behavior justifying the need for the psychotropic medication, and the attending physician documents the necessity for the continued use and dosage.

C. An administrator shall ensure that:
1. A current drug reference guide is available for use by personnel members; and
2. If pharmaceutical services are provided:
a. The pharmaceutical services are provided under the direction of a pharmacist;
b. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
c. A copy of the pharmacy license is provided to the Department upon request.

D. When medication is stored at a nursing care institution, an administrator shall ensure that:
1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
2. Medication is stored according to the instructions on the medication container; and
3. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident for:
a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
c. A medication recall and notification of residents who received recalled medication; and
d. Storing, inventorying, and dispensing controlled substances.
e. If applicable, donated medicine according to A.R.S. § 32-1909.

E. An administrator shall ensure that a personnel member immediately reports a medication error or a resident's adverse reaction to a medication to the medical practitioner who ordered the medication and the nursing care institution's director of nursing.

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-421 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-422. Infection Control
An administrator shall ensure that:
1. An infection control program is established, under the direction of an individual qualified according to policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
a. A method to identify and document infections occurring at the nursing care institution;
b. Analysis of the types, causes, and spread of infections and communicable diseases at the nursing care institution;
c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the nursing care institution; and
d. Documentation of infection control activities including:
i. The collection and analysis of infection control data,
ii. The actions taken related to infections and communicable diseases, and
iii. Reports of communicable diseases to the governing authority and state and county health departments;
2. Infection control documentation is maintained for at least 12 months after the date of the documentation;
3. Policies and procedures are established, documented, and implemented that cover:
a. Handling and disposal of biohazardous medical waste;
b. Sterilization, disinfection, and storage of medical equipment and supplies;
c. Using personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;
d. Cleaning of an individual's hands when the individual's hands are visibly soiled and before and after providing a service to a resident;
e. Training of personnel members, employees, and volunteers in infection control practices; and
f. Work restrictions for a personnel member with a communicable disease or infected skin lesion;
4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
5. Soiled linen and clothing are:
a. Collected in a manner to minimize or prevent contamination;
b. Bagged at the site of use; and
c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas; and

6. A personnel member, an employee, or a volunteer washes hands or uses a hand disinfection product after a resident contact and after handling soiled linen, soiled clothing, or potentially infectious material.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-422 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-423. Food Services

A. An administrator shall ensure that:
1. The nursing care institution has a license or permit as a food establishment under 9 A.A.C. 8, Article 1;
2. A copy of the nursing care institution's food establishment license or permit is maintained;
3. If a nursing care institution contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the nursing care institution:
   a. A copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the nursing care institution; and
   b. The nursing care institution is able to store, refrigerate, and reheat food to meet the dietary needs of a resident;
4. A registered dietitian:
   a. Reviews a food menu before the food menu is used to ensure that a resident's nutritional needs are being met,
   b. Documents the review of a food menu, and
   c. Is available for consultation regarding a resident's nutritional needs; and
5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to ensure that the nutritional needs of a resident are met.

B. A registered dietitian or director of food services shall ensure that:
1. Food is prepared:
   a. Using methods that conserve nutritional value, flavor, and appearance; and
   b. In a form to meet the needs of a resident such as cut, chopped, ground, pureed, or thickened;
2. A food menu:
   a. Is prepared at least one week in advance,
   b. Includes the foods to be served on each day,
   c. Is conspicuously posted at least one day before the first meal on the food menu will be served,
   d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
   e. Is maintained for at least 60 calendar days after the last day included in the food menu;
3. Meals and snacks for each day are planned and served using the applicable guidelines in the most recent dietary guidelines according to the U.S. Department of Health and Human Services and U.S. Department of Agriculture;
4. A resident is provided:
   a. A diet that meets the resident's nutritional needs as specified in the resident's comprehensive assessment and care plan;
   b. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(4)(d);
   c. The option to have a daily evening snack identified in subsection (B)(4)(d)(ii) or other snack; and
   d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
      i. A resident group agrees; and
      ii. The resident is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
5. A resident is provided with food substitutions of similar nutritional value if the resident:
   a. Refuses to eat the food served, or
   b. Requests a substitution;
6. Recommendations and preferences are requested from a resident or the resident's representative for meal planning;
7. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils;
8. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair;
9. A resident eats meals in a dining area unless the resident chooses to eat in the resident's room or is confined to the resident's room for medical reasons documented in the resident's medical record; and
10. Water is available and accessible to residents.

C. If a nursing care institution has nutrition and feeding assistants, an administrator shall ensure that:
1. A nutrition and feeding assistant:
   a. Is at least 16 years of age;
   b. If applicable, complies with the fingerprint clearance card requirements in A.R.S. § 36-411;
   c. Completes a nutrition and feeding assistant training course within 12 months before initially providing nutrition and feeding assistance;
   d. Provides nutrition and feeding assistance where nursing personnel are present;
   e. Immediately reports an emergency to a nurse or, if a nurse is not present in the common area, to nursing personnel; and
   f. If the nutrition and feeding assistant observes a change in a resident's physical condition or behavior, reports the change to a nurse or, if a nurse is not present in the common area, to nursing personnel;
2. A resident is not eligible to receive nutrition and feeding assistance from a nutrition and feeding assistant if the resident:
   a. Has difficulty swallowing,
   b. Has had recurrent lung aspirations,
   c. Requires enteral feedings,
   d. Requires parenteral feedings, or
   e. Has any other eating or drinking difficulty that may cause the resident's health or safety to be compromised if the resident receives nutrition and feeding assistance from a nutrition and feeding assistant;
3. Only an eligible resident receives nutrition and feeding assistance from a nutrition and feeding assistant;

4. A nurse determines if a resident is eligible to receive nutrition and feeding assistance from a nutrition and feeding assistant, based on:
   a. The resident's comprehensive assessment,
   b. The resident's care plan, and
   c. An assessment conducted by the nurse when making the determination;
5. A method is implemented that identifies eligible residents that ensures only eligible residents receive nutrition and feeding assistance from a nutrition and feeding assistant;
6. When a nutrition and feeding assistant initially provides nutrition and feeding assistance and at least once every three months, a nurse observes the nutrition and feeding assistant while the nutrition and feeding assistant is providing nutrition and feeding assistance to ensure that the nutrition and feeding assistant is providing nutrition and feeding assistance appropriately;
7. A nurse documents the nurse's observations required in subsection (C)(6); and
8. A nutrition and feeding assistant is provided additional training:
   a. According to policies and procedures, and
   b. If a nurse identifies a need for additional training based on the nurse's observation in subsection (C)(6).

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-423 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-424. Emergency and Safety Standards

A. An administrator shall ensure that:
1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
   a. When, how, and where residents will be relocated, including:
      i. Instructions for the evacuation or transfer of residents,
      ii. Assigned responsibilities for each employee and personnel member, and
      iii. A plan for continuing to provide services to meet a resident's needs;
   b. How a resident's medical record will be available to individuals providing services to the resident during a disaster;
   c. A plan for back-up power and water supply;
   d. A plan to ensure a resident's medications will be available to administer to the resident during a disaster;
   e. A plan to ensure a resident is provided nursing services and other services required by the resident during a disaster; and
   f. A plan for obtaining food and water for individuals present in the nursing care institution or the nursing care institution's relocation site during a disaster;
2. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
3. Documentation of a disaster plan review required in subsection (A)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
   a. The date and time of the disaster plan review;
   b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
   c. A critique of the disaster plan review; and
   d. If applicable, recommendations for improvement;
4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
5. An evacuation drill for employees and residents:
   a. Is conducted at least once every six months; and
   b. Includes all individuals on the premises except for:
      i. A resident whose medical record contains documentation that evacuation from the nursing care institution would cause harm to the resident, and
      ii. Sufficient personnel members to ensure the health and safety of residents not evacuated according to subsection (A)(5)(b)(i);
6. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the drill, and includes:
   a. The date and time of the evacuation drill;
   b. The amount of time taken for employees and residents to evacuate to a designated area;
   c. If applicable:
      i. An identification of residents needing assistance for evacuation, and
      ii. An identification of residents who were not evacuated;
   d. Any problems encountered in conducting the evacuation drill; and
   e. Recommendations for improvement, if applicable; and
7. An evacuation path is conspicuously posted on each hallway of each floor of the nursing care institution.

B. An administrator shall ensure that, if applicable, a sign is placed at the entrance to a room or area indicating that oxygen is in use.

C. An administrator shall:
1. Obtain a fire inspection conducted according to the timeframe established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the fire inspection report, and
3. Maintain documentation of a current fire inspection.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-424 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-425. Environmental Standards

A. An administrator shall ensure that:
1. A nursing care institution's premises and equipment are:

a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness and infection; and
b. Free from a condition or situation that may cause a resident or an individual to suffer physical injury;

2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
3. Equipment used to provide direct care is:
   a. Maintained in working order;
   b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
   c. Used according to the manufacturer's recommendations;
4. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
5. Garbage and refuse are:
   a. In areas used for food storage, food preparation, or food service, stored in a covered container lined with a plastic bag;
   b. In areas not used for food storage, food preparation, or food service, stored:
      i. According to the requirements in subsection (A)(5)(a), or
      ii. In a paper-lined or plastic-lined container that is cleaned and sanitized as often as necessary to ensure that the container is clean; and
   c. Removed from the premises at least once a week;
6. Heating and cooling systems maintain the nursing care institution at a temperature between 70° F and 84° F;
7. Common areas:
   a. Are lighted to assure the safety of residents, and
   b. Have lighting sufficient to allow personnel members to monitor resident activity;
8. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
9. Linens are clean before use, without holes and stains, and not in need of repair;
10. Oxygen containers are secured in an upright position;
11. Poisonous or toxic materials stored by the nursing care institution are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to residents;
12. Combustible or flammable liquids stored by the nursing care institution are stored in the original labeled containers or safety containers in a locked area inaccessible to residents;
13. If pets or animals are allowed in the nursing care institution, pets or animals are:
    a. Controlled to prevent endangering the residents and to maintain sanitation;
    b. Licensed consistent with local ordinances; and
    c. For a dog or cat, vaccinated against rabies;
14. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
    a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
    b. If necessary, corrective action is taken to ensure the water is safe to drink; and
    c. Documentation of testing is retained for at least 12 months after the date of the test; and
15. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.

B. An administrator shall ensure that:
1. Smoking tobacco products is not permitted within a nursing care institution, and
2. Smoking tobacco products may be permitted outside a nursing care institution if:
   a. Signs designating smoking areas are conspicuously posted, and
   b. Smoking is prohibited in areas where combustible materials are stored or in use.

C. If a swimming pool is located on the premises, an administrator shall ensure that:
1. At least one personnel member with cardiopulmonary resuscitation training that meets the requirements in R9-10-403(C)(1)(e) is present in the pool area when a resident is in the pool area, and
2. At least two personnel members are present in the pool area when two or more residents are in the pool area.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-425 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-426. Physical Plant Standards

A. An administrator shall ensure that:
1. A nursing care institution complies with:
   a. The applicable physical plant health and safety codes and standards, incorporated by reference in R9-10-104.01, that were in effect on the date the nursing care institution submitted the application including the notarized attestation of architectural plans according to R9-10-104; and
   b. The requirements for Existing Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in R9-10-104.01;
2. The premises and equipment are sufficient to accommodate:
   a. The services stated in the nursing care institution's scope of services, and
   b. An individual accepted as a resident by the nursing care institution;
3. A nursing care institution is ventilated by windows or mechanical ventilation, or a combination of both;
4. The corridors are equipped with handrails on each side that are firmly attached to the walls and are not in need of repair;
5. No more than two individuals reside in a resident room unless:

a. The nursing care institution was operating before October 31, 1982; and
b. The resident room has not undergone a modification as defined in A.R.S. § 36-401;

6. A resident has a separate bed, a nurse call system, and furniture to meet the resident's needs in a resident room or suite of rooms;
7. A resident room has:
   a. A window to the outside with window coverings for controlling light and visual privacy, and the location of the window permits a resident to see outside from a sitting position;
   b. A closet with clothing racks and shelves accessible to the resident; and
   c. If the resident room contains more than one bed, a curtain or similar type of separation between the beds for privacy; and
8. A resident room or a suite of rooms:
   a. Is accessible without passing through another resident's room; and
   b. Does not open into any area where food is prepared, served, or stored.

B. If a swimming pool is located on the premises, an administrator shall ensure that:
1. The swimming pool is enclosed by a wall or fence that:
   a. Is at least five feet in height as measured on the exterior of the wall or fence;
   b. Has no vertical openings greater that four inches across;
   c. Has no horizontal openings, except as described in subsection (B)(1)(e);
   d. Is not chain-link;
   e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
   f. Has a self-closing, self-latching gate that:
      i. Opens away from the swimming pool,
      ii. Has a latch located at least 54 inches from the ground, and
      iii. Is locked when the swimming pool is not in use; and
2. A life preserver or shepherd's crook is available and accessible in the pool area.

C. An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (B)(1) is covered and locked when not in use.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-426 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-427. Quality Rating

A. As required in A.R.S. § 36-425.02(A), the Department shall issue a quality rating to each licensed nursing care institution based on the results of a compliance inspection.

B. The following quality ratings are established:
1. A quality rating of "A" for excellent is issued if the nursing care institution achieves a score of 90 to 100 points,
2. A quality rating of "B" is issued if the nursing care institution achieves a score of 80 to 89 points,
3. A quality rating of "C" is issued if the nursing care institution achieves a score of 70 to 79 points, and
4. A quality rating of "D" is issued if the nursing care institution achieves a score of 69 or fewer points.

C. The quality rating is determined by the total number of points awarded based on the following criteria:
1. Nursing Services:
   a. 15 points: The nursing care institution is implementing a system that ensures residents are provided nursing services to maintain the resident's highest practicable physical, mental, and psychosocial well-being according to the resident's comprehensive assessment and care plan.
   b. 5 points: The nursing care institution ensures that each resident is free from medication errors that resulted in actual harm.
   c. 5 points: The nursing care institution ensures the resident's representative is notified and the resident's attending physician is consulted if a resident has a significant change in condition or if the resident is in an incident that requires medical services.
2. Resident Rights:
   a. 10 points: The nursing care institution is implementing a system that ensures a resident's privacy needs are met.
   b. 10 points: The nursing care institution ensures that a resident is free from physical and chemical restraints for purposes other than to treat the resident's medical condition.
   c. 5 points: The nursing care institution ensures that a resident or the resident's representative is allowed to participate in the planning of, or decisions concerning treatment including the right to refuse treatment and to formulate a health care directive.
3. Administration:
   a. 10 points: The nursing care institution has no repeat deficiencies that resulted in actual harm or immediate jeopardy to residents that were cited during the last compliance inspection or a complaint investigation conducted between the last compliance inspection and the current compliance inspection.
   b. 5 points: The nursing care institution is implementing a system to prevent abuse of a resident and misappropriation of resident property, investigate each allegation of abuse of a resident and misappropriation of resident's property, and report each allegation of abuse of a resident and misappropriation of resident's property to the Department and as required by A.R.S. § 46-454.
   c. 5 points: The nursing care institution is implementing a quality management program that addresses nursing care institution services provided to residents, resident complaints, and resident concerns, and documents actions taken for response, resolution, or correction of issues about nursing care institution services provided to residents, resident complaints, and resident concerns.
   d. 1 point: The nursing care institution is implementing a system to provide social services and a program of

ongoing recreational activities to meet the resident's needs based on the resident's comprehensive assessment.

e. 1 point: The nursing care institution is implementing a system to ensure that records documenting freedom from infectious pulmonary tuberculosis are maintained for each personnel member, volunteer, and resident.

f. 2 points: The nursing care institution is implementing a system to ensure that a resident is free from unnecessary drugs.

g. 1 point: The nursing care institution is implementing a system to ensure a personnel member attends in-service education according to policies and procedures.

4. Environment and Infection Control:

a. 5 points: The nursing care institution environment is free from a condition or situation within the nursing care institution's control that may cause a resident injury.

b. 1 point: The nursing care institution establishes and maintains a pest control program that complies with A.A.C. R3-8-201(C)(4).

c. 1 point: The nursing care institution develops a written disaster plan that includes procedures for protecting the health and safety of residents.

d. 1 point: The nursing care institution ensures orientation to the disaster plan for each personnel member is completed within the first scheduled week of employment.

e. 1 point: The nursing care institution maintains a clean and sanitary environment.

f. 5 points: The nursing care institution is implementing a system to prevent and control infection.

g. 1 point: An employee cleans the employee's hands after each direct resident contact or when hand cleaning is indicated to prevent the spread of infection.

5. Food Services:

a. 1 point: The nursing care institution complies with 9 A.A.C. 8, Article 1, for food preparation, storage and handling as evidenced by a current food establishment license.

b. 3 points: The nursing care institution provides each resident with food that meets the resident's needs as specified in the resident's comprehensive assessment and care plan.

c. 2 points: The nursing care institution obtains input from each resident or the resident's representative and implements recommendations for meal planning and food choices consistent with the resident's dietary needs.

d. 2 points: The nursing care institution provides assistance to a resident who needs help in eating so that the resident's nutritional, physical, and social needs are met.

e. 1 point: The nursing care institution prepares menus at least one week in advance, conspicuously posts each menu, and adheres to each planned menu unless an uncontrollable situation such as food spoilage or non-delivery of a specified food requires substitution.

f. 1 point: The nursing care institution provides food substitution of similar nutritive value for residents who refuse the food served or who request a substitution.

D. A nursing care institution's quality rating remains in effect until a subsequent compliance inspection or complaint investigation is conducted by the Department except as provided in subsection (E).

E. If the Department issues a provisional license, the current quality rating is terminated. A provisional licensee may submit an application for a substantial compliance inspection. If the Department determines that, as a result of a substantial compliance inspection, the nursing care institution is in substantial compliance, the Department shall issue a new quality rating according to subsection (C).

F. The issuance of a quality rating does not preclude the Department from seeking a civil penalty as provided in A.R.S. § 36-431.01, or suspension or revocation of a license as provided in A.R.S. § 36-427.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-427 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-428. Repealed

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-429. Repealed

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-430. Repealed

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-431. Repealed

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-432. Repealed

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-433. Repealed

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-434. Repealed

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-435. Repealed

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-436. Repealed

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-437. Repealed

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-438. Repealed

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-439. Repealed

Historical Note
Adopted effective January 28, 1980 (Supp. 80-1). Repealed effective October 30, 1989 (Supp. 89-4).

ARTICLE 5. INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

R9-10-501. Definitions
In addition to the definitions in A.R.S. §§ 36-401 and 36-551 and R9-10-101, the following definitions apply in this Article unless otherwise specified:

1. "Active treatment" means rehabilitative services and habilitation services provided to a resident to address the resident's developmental disability and, if applicable, medical condition.
2. "Acuity" means a resident's need for medical services, nursing services, rehabilitative services, or habilitation services based on the patient's medical condition or developmental disability.
3. "Acuity plan" means a method for establishing requirements for nursing personnel or therapists by unit based on a resident's acuity.
4. "Advocate" means an individual who:
   a. Assists a resident or the resident's representative to make the resident's wants and needs known,
   b. Recommends a course of action to address the resident's wants and needs, and
   c. Supports the resident or the resident's representative in addressing the resident's wants and needs.
5. "Assistive device" means a piece of equipment or mechanism that is designed to enable an individual to better carry out activities of daily living.
6. "Dental services" means activities, methods, and procedures included in the practice of dentistry, as described in A.R.S § 32-1202.
7. "Direct care" means medical services, nursing services, rehabilitation services, or habilitation services provided to a resident.
8. "ICF/IID" means intermediate care facility for individuals with intellectual disabilities.
9. "Inappropriate behavior" means actions by a resident that may:
   a. Put the resident at risk for physical illness or injury,
   b. Significantly interfere with the resident's care,
   c. Significantly interfere with the resident's ability to participate in activities or social interactions,
   d. Put other residents or personnel members at significant risk for physical injury,
   e. Significantly intrude on another resident's privacy, or
   f. Significantly disrupt care for another resident.
10. "Medical care plan" means a documented guide for providing medical services and nursing services to a resident requiring continuous nursing services that includes measurable objectives and the methods for meeting the objectives.
11. "Nursing care plan" means a documented guide for providing intermittent nursing services to a resident that includes measurable objectives and the methods for meeting the objectives.
12. "Outing" means a social or recreational activity or habilitation services that:
    a. Occur away from the premises, and
    b. May be part of a resident's individual program plan.
13. "Qualified intellectual disabilities professional" means one of the following who has at least a bachelor's degree and one year of experience working directly with individuals who have developmental disabilities, consistent with the requirements in 42 CFR 483.430:
    a. A physician;
    b. A registered nurse;
    c. A physical therapist;
    d. An occupational therapist;
    e. A psychologist, as defined in A.R.S. § 32-2061;
    f. A speech-language pathologist;
    g. An audiologist, as defined in A.R.S. § 36-1901;
    h. A registered dietitian, as defined in A.R.S. § 36-416;
    i. A licensed clinical social worker under A.R.S. § 32-3293; or
    j. A nursing care institution administrator.
14. "Resident's representative" has the same meaning as "responsible person" in A.R.S. § 36-551.

Historical Note
Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2).

Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency expired. Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-501 renumbered to R9-10-2101; new Section R9-10-501 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4). Amended by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

R9-10-502. Supplemental Application Requirements and Documentation Submission Requirements

A. In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as an ICF/IID shall include:

1. In a Department-provided format, whether the applicant is requesting authorization:
   a. To admit residents who:
      i. Require continuous nursing services,
      ii. Require intermittent nursing services, or
      iii. Do not require nursing services; and
   b. To provide:
      i. Active treatment to individuals under 18 years of age, including the licensed capacity requested;
      ii. Seclusion;
      iii. Clinical laboratory services;
      iv. Respiratory care services, or
      v. Services to residents who have a nursing care plan or medical care plan; and
2. Documentation of the applicant's certification as an ICF/IID by the federal Centers for Medicare and Medicaid Services.

B. A licensee shall submit to the Department, with the relevant fees required in R9-10-106(C) and in a Department-provided format:

1. The information required in subsection (A)(1), as applicable, and
2. The documentation specified in subsection (A)(2).

Historical Note

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R9-10-503. Administration

A. A governing authority shall:

1. Consist of one or more individuals responsible for the organization, operation, and administration of an ICF/IID;
2. Establish, in writing, the ICF/IID's scope of services;
3. Designate, in writing, an administrator for the ICF/IID who:
   a. Is at least 21 years old; and
   b. Either:
      i. Is a nursing care institution administrator, or
      ii. Has a minimum of three-years' experience working in an ICF/IID;
4. Adopt a quality management program according to R9-10-504;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting administrator who meets the requirements in subsection (A)(3), if the administrator is:
   a. Expected not to be present on the premises of the ICF/IID for more than 30 calendar days, or
   b. Not present on the premises of the ICF/IID for more than 30 calendar days; and
7. Except as permitted in subsection (A)(6), when there is a change of administrator, notify the Department according to A.R.S. § 36-425(I) and, if applicable, submit a copy of the new administrator's license under A.R.S. § 36-446.04 to the Department.

B. An administrator:

1. Is directly accountable to the governing authority of an ICF/IID for the daily operation of the ICF/IID and all services provided by or at the ICF/IID;
2. Has the authority and responsibility to manage the ICF/IID;
3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the premises of the ICF/IID and accountable for the ICF/IID when the administrator is not present on the ICF/IID's premises; and
4. Ensures the ICF/IID's compliance with A.R.S. § 36-411 and, as applicable, A.R.S. § 8-804 or § 46-459.

C. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident that:
   a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
   b. Cover the process for checking on a personnel member through the adult protective services registry established according to A.R.S. § 46-459;

c. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
d. Include methods to prevent abuse or neglect of a resident, including:
   i. Training of personnel members, at least annually, on how to recognize the signs and symptoms of abuse or neglect; and
   ii. Reporting of abuse or neglect of a resident;
e. Include how a personnel member may submit a complaint relating to resident care;
f. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
g. Cover cardiopulmonary resuscitation training including:
   i. Which personnel members are required to obtain cardiopulmonary resuscitation training,
   ii. The method and content of cardiopulmonary resuscitation training,
   iii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
   iv. The time-frame for renewal of cardiopulmonary resuscitation training, and
   v. The documentation that verifies an individual has received cardiopulmonary resuscitation training;
h. Cover first aid training;
i. Include a method to identify a resident to ensure the resident receives active treatment and other physical health services and behavioral care as ordered;
j. Cover resident rights, including assisting a resident who does not speak English or who has a disability to become aware of resident rights;
k. Cover specific steps for:
   i. A resident to file a complaint, and
   ii. The ICF/IID to respond to a resident's complaint;
l. Cover health care directives;
m. Cover medical records, including electronic medical records;
n. Cover a quality management program, including incident reports and supporting documentation;
o. Cover contracted services;
p. Cover the process for receiving a fee for a resident and refunding a fee for a resident;
q. Cover resident's personal accounts;
r. Cover petty cash funds;
s. Cover fees and refund policies;
t. Cover smoking and the use of tobacco products on the premises; and
u. Cover when an individual may visit a resident in an ICF/IID; and

2. Policies and procedures for active treatment and other physical health services and behavioral care are established, documented, and implemented to protect the health and safety of a resident that:
   a. Cover resident screening, admission, transport, transfer, discharge planning, and discharge;
   b. Cover the provision of active treatment and other physical health services and behavioral care;
   c. Cover acuity, including a process for obtaining sufficient nursing personnel and therapists to meet the needs of residents;
   d. Include when general consent and informed consent are required;
   e. Cover storing, dispensing, administering, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
   f. Cover infection control;
   g. Cover interventions to address a resident's inappropriate behavior, including:
      i. The hierarchy for use;
      ii. Use of time outs for inappropriate behavior; and
      iii. Except in an emergency, require positive techniques for behavior modification to be used before more restrictive methods are used;
   h. Cover restraints, both chemical restraints and physical restraints if applicable, that:
      i. Require an order, including the frequency of monitoring and assessing the restraint; and
      ii. Are necessary to prevent imminent harm to self or others, including how personnel members will respond to a resident's sudden, intense, or out-of-control behavior;
   i. Cover seclusion of a resident including:
      i. The requirements for an order, and
      ii. The frequency of monitoring and assessing a resident in seclusion;
   j. Cover telehealth, if applicable;
   k. Cover environmental services that affect resident care;
   l. Cover the security of a resident's possessions that are allowed on the premises;
   m. Cover methods to encourage participation of a resident's family or friends or other individuals in activities planned according to R9-10-513(C)(2);
   n. Include a method for obtaining an advocate for a resident, if necessary;
   o. Cover resident outings;
   p. Cover the process for obtaining resident preferences for social, recreational, or rehabilitative activities and meals and snacks; and
   q. Cover whether pets and animals are allowed on the premises, including procedures to ensure that any pets or animals allowed on the premises do not endanger the health or safety of residents or the public;
3. Policies and procedures are reviewed at least once every three years and updated as needed;
4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
5. Unless otherwise stated:
   a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
   b. When documentation or information is required by this Chapter to be submitted on behalf of an ICF/IID, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the ICF/IID.

D. An administrator shall designate an individual who is:
1. A qualified intellectual disabilities professional to oversee rehabilitation services provided by or on behalf of the ICF/IID; and

2. If the facility is authorized to admit patients who require intermittent nursing services or continuous nursing services, a registered nurse is appointed as director of nursing to oversee nursing services provided by or on behalf of the ICF/IID.

E. If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was admitted or while the resident is not on the premises and not receiving services from an ICF/IID's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the resident as follows:
1. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
2. For a resident under 18 years of age, according to A.R.S. § 13-3620.

F. If an administrator has a reasonable basis, according to A.R.S. §§ 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a resident is receiving services from an ICF/IID's employee or personnel member, an administrator shall:
1. Take immediate action to stop the suspected abuse, neglect, or exploitation;
2. Report the suspected abuse, neglect, or exploitation of the resident as follows:
   a. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
   b. For a resident under 18 years of age, according to A.R.S. § 13-3620;
   c. Report to the Department:
      i. Immediately but not later than two hours if the alleged violation involves abuse or results in serious bodily injury; or
      ii. Not later than 24 hours if the alleged violation involves neglect, exploitation, mistreatment, or misappropriation of resident property; and does not result in serious bodily injury;
3. Document:
   a. The suspected abuse, neglect, or exploitation;
   b. Any action taken according to subsection (F)(1); and
   c. The report in subsection (F)(2);
4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
   a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
   b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
   c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
   d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.

G. An administrator shall:
1. Allow a resident advocate to assist a resident or the resident's representative with a request or recommendation, and document in writing any complaint submitted to the ICF/IID;
2. Ensure that a monthly schedule of recreational activities for residents is developed, documented, and implemented; and
3. Ensure that the following are conspicuously posted on the premises:
   a. The current ICF/IID license issued by the Department;
   b. The name, address, and telephone number of:
      i. The Department's Office of Long Term Care, and
      ii. Adult Protective Services of the Department of Economic Security;
   c. A notice that a resident may file a complaint with the Department concerning the ICF/IID;
   d. The monthly schedule of recreational activities; and
   e. One of the following:
      i. A copy of the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect; or
      ii. A notice that the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect are available for review upon request.

H. An administrator shall provide written notification to the Department of a resident's:
1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
2. Self-injury, within two working days after the resident inflicts a self-injury that requires immediate intervention by an emergency medical services provider.

I. An administrator shall:
1. Notify a resident's representative, family member, or other individual designated by the resident immediately, with no delay between staff awareness of the occurrence and reporting unless the situation is unstable in which case reporting should occur as soon as the safety of the resident is assured, after:
   a. The resident's death,
   b. There is a significant change in the resident's medical condition, or
   c. The resident has an illness or injury that requires immediate intervention by an emergency medical services provider or treatment by a health care provider; and
2. For an illness or injury in subsection (I)(1)(c), document the following:
   a. The date and time of the illness or injury;
   b. A description of the illness or injury;
   c. If applicable, the names of individuals who observed the injury;
   d. The actions taken by personnel members, according to policies and procedures;
   e. The individuals notified by the personnel members; and
   f. Any action taken to prevent the illness or injury from occurring in the future.

J. If an administrator administers a resident's personal account at the request of the resident or the resident's representative, the administrator shall:
1. Comply with policies and procedures established according to subsection (C)(1)(q);
2. Designate a personnel member who is responsible for the personal accounts;
3. Maintain a complete and separate accounting of each personal account;
4. Obtain written authorization from the resident or the resident's representative for a personal account transaction;
5. Document an account transaction and provide a copy of the documentation to the resident or the resident's representative upon request and at least every three months;
6. Transfer all money from the resident's personal account in excess of $50.00 to an interest-bearing account and credit the interest to the resident's personal account; and
7. Within 30 calendar days after the resident's death, transfer, or discharge, return all money in the resident's personal account and a final accounting to the resident, the resident's representative, or the probate jurisdiction administering the resident's estate.

K. If a petty cash fund is established for use by residents, the administrator shall ensure that:
1. The policies and procedures established according to subsection (C)(1)(r) include:
   a. A prescribed cash limit of the petty cash fund, and
   b. The hours of the day a resident may access the petty cash fund; and
2. A resident's written acknowledgment is obtained for a petty cash transaction.

L. An administrator shall ensure that an acuity plan is developed, documented, and implemented for each unit in the ICF/IID that:
1. Includes:
   a. A method that establishes the types and numbers of personnel members that are required for each unit in the ICF/IID to ensure resident health and safety, and
   b. A policy and procedure stating the steps the ICF/IID will take to obtain or assign the necessary personnel members to address resident acuity;
2. Is used when making assignments for resident treatment; and
3. Is reviewed and updated, as necessary, at least once every 12 months.

M. An administrator shall establish and document the criteria for determining when a resident's absence is unauthorized, including the criteria for a resident who:
1. Is absent against medical advice,
2. Is under the age of 18, or
3. Does not return to the ICF/IID at the expected time after an authorized absence.

N. An administrator shall ensure that the following are on the premises of the ICF/IID:
1. The most recent inspection report of the ICF/IID conducted by the Arizona Department of Economic Security under A.R.S. § 36-557(G)(1), and
2. Documentation of the most recent monitoring of the ICF/IID conducted by the Arizona Department of Economic Security under A.R.S. § 36-557(G)(2).

Historical Note

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R9-10-504. Quality Management

An administrator shall ensure that:
1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
   a. A method to identify, document, and evaluate incidents;
   b. A method to collect data to evaluate services provided to residents;
   c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;
   d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
   e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
   a. An identification of each concern about the delivery of services related to resident care; and
   b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

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rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-504 renumbered to R9-10-2104; new Section R9-10-504 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-505. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

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R9-10-506. Personnel

A. An administrator shall ensure that:
1. A personnel member is:
   a. At least 21 years old, or
   b. At least 18 years old and is licensed or certified under A.R.S. Title 32 and providing services within the personnel member's scope of practice;
2. An employee is at least 18 years old;
3. A student is at least 18 years old; and
4. A volunteer is at least 21 years old.

B. An administrator shall ensure that:
1. The qualifications, skills, and knowledge required for each type of personnel member:
   a. Are based on:
      i. The type of active treatment or other physical health services or behavioral care expected to be provided by the personnel member according to the established job description, and
      ii. The acuity of the residents receiving active treatment or other physical health services or behavioral care from the personnel member according to the established job description; and
   b. Include:
      i. The specific skills and knowledge necessary for the personnel member to provide the expected active treatment or other physical health services and behavioral care listed in the established job description,
      ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected active treatment or other physical health services or behavioral care listed in the established job description, and
      iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected active treatment or other physical health services or behavioral care listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
   a. Before the personnel member provides active treatment or other physical health services or behavioral care, and
   b. According to policies and procedures; and
3. Sufficient personnel members are present on an ICF/IID's premises with the qualifications, skills, and knowledge necessary to:
   a. Provide the services in the ICF/IID's scope of services,
   b. Meet the needs of a resident, and
   c. Ensure the health and safety of a resident.

C. An administrator shall ensure that an organizational chart of the ICF/IID is established, updated as necessary, and maintained on the premises:
1. Outlining the roles, responsibilities, and relationships within the ICF/IID; and
2. Including the name and, if applicable, the license or certification credential of each individual shown on the organizational chart.

D. An administrator shall ensure that, if a personnel member provides services that require a license under A.R.S. Title 32 or 36, the personnel member is licensed under A.R.S. Title 32 or 36, as applicable.

E. An administrator shall ensure that an individual who is a licensed baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision as defined in 4 A.A.C. 6, Article 1.

F. An administrator shall ensure that a personnel member or an employee or volunteer who has or is expected to have direct interaction with a resident for more than eight hours a week provides evidence of freedom from infectious tuberculosis:
1. On or before the date the individual begins providing services at or on behalf of the ICF/IID, and
2. As specified in R9-10-113.

G. An administrator shall ensure that:
1. The types and numbers of nurses or therapists required according to the acuity plan in R9-10-503(L) are present in each unit in the ICF/IID;
2. Documentation of the nurses or therapists present on the ICF/IID's premises each day is maintained and includes:
   a. The date;
   b. The number of residents;

c. The name, license or certification credential, and assigned duties of each nurse or therapist who worked that day; and
d. The actual number of hours each nurse or therapist worked that day; and

3. The documentation of nurses or therapists required in subsection (G)(2) is maintained for at least 12 months after the date of the documentation.

H. An administrator shall ensure that a personnel member is:
1. On duty, on the premises, awake, and able to respond, according to policies and procedures, to injuries, symptoms of illness, or fire or other emergencies on the premises if the ICF/IID provides services to:
a. More than 16 residents;
b. A resident who has a nursing care plan or medical care plan; or
c. A resident who requires additional supervision because the resident:
i. Is aggressive,
ii. May cause harm to self or others, or
iii. May attempt an unauthorized absence; and
2. On duty, on the premises, and able to respond, according to policies and procedures, to injuries, symptoms of illness, or fire or other emergencies on the premises if:
a. The ICF/IID provides services to 16 or fewer residents, and
b. None of the residents has a nursing care plan or medical care plan or requires additional supervision according to subsection (H)(1)(c).

I. An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:
1. The individual's name, date of birth, and contact telephone number;
2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
3. Documentation of:
a. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
b. The individual's education and experience applicable to the individual's job duties;
c. The individual's compliance with the requirements in A.R.S. § 36-411;
d. The ICF/IID's check on the individual in the adult protective services registry established according to A.R.S. § 46-459;
e. Orientation and in-service education as required by policies and procedures;
f. Training in preventing, recognizing, and reporting abuse or neglect, required according to R9-10-503(C)(1)(d)(i);
g. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
h. The individual's qualifications and on-going training for each type of restraint or seclusion used, as required in R9-10-515;
i. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-503(C)(1)(g);
j. First aid training, if required for the individual according to this Article or policies and procedures; and
k. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (F).

J. An administrator shall ensure that personnel records are:
1. Maintained:
a. Throughout the individual's period of providing services in or for the ICF/IID, and
b. For at least 24 months after the last date the individual provided services in or for the ICF/IID; and
2. For a personnel member who has not provided active treatment or other physical health services or behavioral care at or for the ICF/IID during the previous 12 months, provided to the Department within 72 hours after the Department's request.

K. An administrator shall ensure that:
1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
2. A personnel member completes orientation before providing active treatment or other physical health services or behavioral care;
3. An individual's orientation is documented, to include:
a. The individual's name,
b. The date of the orientation, and
c. The subject or topics covered in the orientation;
4. A plan to provide in-service education specific to the duties of a personnel member is developed, documented, and implemented;
5. A personnel member's in-service education is documented, to include:
a. The personnel member's name,
b. The date of the training, and
c. The subject or topics covered in the training; and
6. A work schedule of each personnel member is developed and maintained at the ICF/IID for at least 12 months after the date of the work schedule.

L. An administrator shall designate a qualified individual to provide:
1. Social services, and
2. Recreational activities.

M. An administrator shall ensure that a fall prevention and fall recovery program that complies with requirements in A.R.S. § 36-420.01 is developed, documented, and implemented.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-506 renumbered to R9-10-2106; new Section R9-10-506 made by exempt rulemaking at 25 A.A.R. 1222, effective

April 25, 2019 (Supp. 19-2). Section R9-10-506 renumbered to R9-10-2106; new Section R9-10-506 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

R9-10-507. Admission

An administrator shall ensure that:

1. A resident is admitted only:
   a. On a physician's order;
   b. If the resident has a developmental disability or cognitive disability, as defined in A.R.S. § 36-551;
   c. If the resident's placement evaluation indicates that the resident's needs can be met by the ICF/IID; and
   d. Except when the resident's placement evaluation states that the resident would benefit from being part of a group that includes residents of different ages, developmental levels, or social needs, if the resident can be assigned to a room or unit within the ICF/IID with other residents of similar ages, developmental levels, or social needs;
2. The physician's admitting order or placement evaluation documentation includes the active treatment or other physical health services or behavioral care required to meet the immediate needs of a resident, such as habilitation services, medication, and food services;
3. At the time of a resident's admission, a registered nurse conducts or coordinates an initial assessment of a resident to determine the resident's acuity and ensure the resident's immediate needs are met;
4. A resident's needs do not exceed the medical services, rehabilitation services, and nursing services available at the ICF/IID as established in the ICF/IID's scope of services;
5. A resident is assigned to a unit in the ICF/IID based, as applicable, on the patient's:
   a. Documented diagnosis,
   b. Treatment needs,
   c. Developmental level,
   d. Social skills,
   e. Verbal skills, and
   f. Acuity;
6. A resident does not share any space, participate in any activity or treatment, or verbally or physically interact with any other resident that, based on the other resident's documented diagnosis, treatment needs, developmental level, social skills, verbal skills, and personal history, may present a threat to the resident's health and safety;
7. Within 30 calendar days before admission or 10 working days after admission, a medical history and physical examination is completed on a resident by:
   a. A physician, or
   b. A physician assistant or a registered nurse practitioner designated by the attending physician;
8. Compliance with the requirements in subsection (7) is documented in the resident's medical record;
9. Except as specified in subsection (10), a resident provides evidence of freedom from infectious tuberculosis:
   a. Before or within seven calendar days after the resident's admission, and
   b. As specified in R9-10-113; and
10. A resident who transfers from an ICF/IID or nursing care institution to the ICF/IID is not required to be rescreened for tuberculosis as specified in R9-10-113 if:
    a. Fewer than 12 months have passed since the resident was screened for tuberculosis, and
    b. The documentation of freedom from infectious tuberculosis required in subsection (9) accompanies the resident at the time of transfer.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-507 renumbered to R9-10-2107; new Section R9-10-507 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final expedited rulemaking at 28 A.A.R. 1113 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

R9-10-508. Transfer; Discharge

A. An administrator, in coordination with the Arizona Department of Economic Security, Division of Developmental Disabilities, shall ensure that:

1. A resident is transferred or discharged if:
   a. The ICF/IID is not authorized or not able to meet the needs of the resident, or
   b. The resident's behavior is a threat to the health or safety of the resident or other individuals at the ICF/IID; and
2. Documentation of a resident's transfer or discharge includes:
   a. The date of the transfer or discharge;
   b. The reason for the transfer or discharge;
   c. A 30-day written notice except:
      i. In an emergency, or
      ii. If the resident no longer requires rehabilitation services or habilitation services as determined by a physician or the physician's designee;
   d. A notation by a physician or the physician's designee if the transfer or discharge is due to any of the reasons listed in subsection (A)(1); and
   e. If applicable, actions taken by a personnel member to protect the resident or other individuals if the resident's behavior is a threat to the health and safety of the resident or other individuals in the ICF/IID and beyond the ICF/IID's scope of services.

B. Except for a transfer of a resident due to an emergency, an administrator shall ensure that:
1. A qualified intellectual disabilities professional or, if the resident has a nursing care plan or medical care plan, a registered nurse coordinates the transfer and the services provided to the resident;
2. According to policies and procedures:
   a. An evaluation of the resident is conducted before the transfer;
   b. Information from the resident's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
   c. A personnel member explains the risks and benefits of the transfer to the resident or the resident's representative; and
3. Documentation in the resident's medical record includes:
   a. Communication with an individual at a receiving health care institution;
   b. The date and time of the transfer;
   c. The mode of transportation; and
   d. If applicable, the name of the personnel member accompanying the resident during a transfer.

C. Except in an emergency, a qualified intellectual disabilities professional or, if the resident has a nursing care plan or medical care plan, a registered nurse shall ensure that before a resident is discharged:
1. Written follow-up instructions are developed with the resident or the resident's representative that include:
   a. Information necessary to meet the resident's need for medical services and nursing services; and
   b. The state long-term care ombudsman's name, address, and telephone number;
2. A copy of the written follow-up instructions is provided to the resident or the resident's representative; and
3. A discharge summary:
   a. Is developed by a qualified intellectual disabilities professional or, if the resident has a nursing care plan or medical care plan, a registered nurse;
   b. Authenticated by the resident's attending physician or designee; and
   c. Includes:
      i. The resident's need for rehabilitation services or habilitation services at the time of transfer or discharge;
      ii. The resident's need for medical services or nursing services;
      iii. The resident's developmental, behavioral, social, and nutritional status;
      iv. The resident's medical and psychosocial history;
      v. The date of the discharge; and
      vi. The location of the resident after discharge.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-508 renumbered to R9-10-2108; new Section R9-10-508 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

R9-10-509. Transport

A. Except as provided in subsections (B) and (C), an administrator shall ensure that:
1. A personnel member authorized by policies and procedures coordinates the transport and the services provided to the resident;
2. According to policies and procedures:
   a. An evaluation of the resident is conducted before and after the transport,
   b. Information from the resident's medical record is provided to a receiving health care institution, and
   c. A personnel member explains the risks and benefits of the transport to the resident or the resident's representative; and
3. Documentation in the resident's medical record includes:
   a. Communication with an individual at a receiving health care institution;
   b. The date and time of the transport;
   c. The mode of transportation; and
   d. If applicable, the name of the personnel member accompanying the resident during a transport.

B. If the transport of a resident is to provide the resident with rehabilitation services or habilitation services off the premises, an administrator shall ensure that:
1. The rehabilitation services or habilitation services are included in the resident's individual program plan,
2. A qualified intellectual disabilities professional coordinates the transport and the services provided to the resident, and
3. The resident is transported according to R9-10-510(A).

C. Subsection (A) does not apply to:
1. Except as provided in subsection (B), transportation according to R9-10-510 to a location other than a licensed health care institution;
2. Transportation provided for a resident by the resident or the resident's representative;
3. Transportation provided by an outside entity that was arranged for a resident by the resident or the resident's representative; or
4. A transport to another licensed health care institution in an emergency.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as

an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-509 renumbered to R9-10-2109; new Section R9-10-509 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

R9-10-510. Transportation; Resident Outings

A. An administrator of an ICF/IID that uses a vehicle owned or leased by the ICF/IID to provide transportation to a resident shall ensure that:
1. The vehicle:
   a. Is safe and in good repair,
   b. Contains a first aid kit,
   c. Contains drinking water sufficient to meet the needs of each resident present in the vehicle, and
   d. Contains a working heating and air conditioning system;
2. Documentation of current vehicle insurance and a record of maintenance performed or a repair of the vehicle is maintained;
3. A driver of the vehicle:
   a. Is 21 years of age or older;
   b. Has a valid driver license;
   c. Operates the vehicle in a manner that does not endanger a resident in the vehicle;
   d. Does not leave in the vehicle an unattended:
      i. Child;
      ii. Resident who may be a threat to the health, safety, or welfare of the resident or another individual; or
      iii. Resident who is incapable of independent exit from the vehicle; and
   e. Ensures the safe and hazard-free loading and unloading of residents; and
4. Transportation safety is maintained as follows:
   a. An individual in the vehicle is sitting in a seat, which may include the seat of a wheel chair, and wearing a working seat belt while the vehicle is in motion; and
   b. Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a resident's body.

B. An administrator shall ensure that an outing is consistent with the age, developmental level, physical ability, medical condition, and treatment needs of each resident participating in the outing.

C. An administrator shall ensure that:
1. Except when only one resident is participating in an outing, at least two personnel members are present on the outing;
2. In addition to the personnel members required in subsection (C)(1), a sufficient number of personnel members are present on an outing to ensure the health and safety of a resident on the outing;
3. Each personnel member on the outing has documentation of current training in cardiopulmonary resuscitation according to R9-10-503(C)(1)(g) and first aid training according to R9-10-503(C)(1)(h);
4. Documentation is developed before an outing that includes:
   a. The name of each resident participating in the outing;
   b. A description of the outing;
   c. The date of the outing;
   d. The anticipated departure and return times;
   e. The name, address, and, if available, telephone number of the outing destination; and
   f. If applicable, the license plate number of a vehicle used to provide transportation for the outing;
5. The documentation described in subsection (C)(4) is updated to include the actual departure and return times and is maintained for at least 12 months after the date of the outing; and
6. Emergency information for a resident participating in the outing is maintained by a personnel member participating in the outing or in the vehicle used to provide transportation for the outing and includes:
   a. The resident's name;
   b. Medication information, including the name, dosage, route of administration, and directions for each medication needed by the resident during the anticipated duration of the outing;
   c. The resident's allergies; and
   d. The name and telephone number of a designated individual, who is present on the ICF/IID's premises, to notify in case of an emergency.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-510 renumbered to R9-10-2110; new Section R9-10-510 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

R9-10-511. Resident Rights

A. An administrator shall ensure that:

1. The requirements in subsection (B) and the resident rights in subsection (C) are conspicuously posted on the premises;
2. At the time of admission, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (C); and
3. Policies and procedures include:
   a. How and when a resident or the resident's representative is informed of resident rights in subsection (C), and
   b. Where resident rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:
1. A resident has privacy in:
   a. Treatment,
   b. Bathing and toileting,
   c. Room accommodations, and
   d. Visiting or meeting with another resident or an individual;
2. A resident is treated with dignity, respect, and consideration;
3. A resident is not subjected to:
   a. Abuse;
   b. Neglect;
   c. Exploitation;
   d. Coercion;
   e. Manipulation;
   f. Sexual abuse;
   g. Sexual assault;
   h. Except as allowed in R9-10-515, seclusion or restraint;
   i. Retaliation for submitting a complaint to the Department or another entity;
   j. Misappropriation of personal and private property by an ICF/IID's personnel members, employees, volunteers, or students; or
   k. Segregation solely based on the resident's disability; and
4. A resident or the resident's representative:
   a. Except in an emergency, either consents to or refuses treatment;
   b. May refuse or withdraw consent for treatment before treatment is initiated;
   c. Except in an emergency, is informed of proposed alternatives to psychotropic medication and the associated risks and possible complications of the psychotropic medication;
   d. Is informed of the following:
      i. The health care institution's policy on health care directives, and
      ii. The resident complaint process;
   e. Consents to photographs of the resident before the resident is photographed, except that the resident may be photographed when admitted to an ICF/IID for identification and administrative purposes;
   f. May manage the resident's financial affairs;
   g. Has access to and may communicate with any individual, organization, or agency;
   h. Except as provided in the resident's individual program plan, has privacy:
      i. In interactions with other residents or visitors to the ICF/IID,
      ii. In the resident's mail, and
      iii. For telephone calls made by or to the resident;
   i. May review the ICF/IID's current license survey report and, if applicable, plan of correction in effect;
   j. May review the resident's financial records within two working days and medical records within one working day after the resident's or the resident's representative's request;
   k. May obtain a copy of the resident's financial records and medical records within two working days after the resident's request and in compliance with A.R.S. § 12-2295;
   l. Except as otherwise permitted by law, consents, in writing, to the release of information in the resident's:
      i. Medical record, and
      ii. Financial records;
   m. May select a pharmacy of choice if the pharmacy complies with policies and procedures and does not pose a risk to the resident;
   n. Is informed of the method for contacting the resident's attending physician;
   o. Is informed of the resident's overall physical and psychosocial well-being, as determined by the resident's comprehensive assessment;
   p. Is provided with a copy of those sections of the resident's medical record that are required for continuity of care free of charge, according to A.R.S. § 12-2295, if the resident is transferred or discharged; and
   q. Except in the event of an emergency, is informed orally or in writing before the ICF/IID makes a change in a resident's room or roommate assignment and notification is documented in the resident's medical record.

C. In addition to the rights in A.R.S. § 36-551.01, a resident has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that supports and respects the resident's individuality, choices, strengths, and abilities;
3. To choose activities and schedules consistent with the resident's interests that do not interfere with other residents;
4. To participate in social, religious, political, and community activities that do not interfere with other residents;
5. To retain personal possessions including furnishings and clothing as space permits unless the use of the personal possession infringes on the rights or health and safety of other residents;
6. To share a room with the resident's spouse if space is available and the spouse consents;
7. To receive a referral to another health care institution if the ICF/IID is not authorized or not able to provide active treatment or other physical health services or behavioral care needed by the resident;
8. To participate or have the resident's representative participate in the development of the resident's individual program plan or decisions concerning treatment;
9. To participate or refuse to participate in research or experimental treatment; and
10. To receive assistance from a family member, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-511 renumbered to R9-10-2111; new Section R9-10-511 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

R9-10-512. Medical Records

A. An administrator shall ensure that:
1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a resident's medical record is:
   a. Recorded only by an individual authorized by policies and procedures to make the entry;
   b. Dated, legible, and authenticated; and
   c. Not changed to make the initial entry illegible;
3. An order is:
   a. Dated when the order is entered in the resident's medical record and includes the time of the order;
   b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
   c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A resident's medical record is available to an individual:
   a. Authorized to access the resident's medial record according to policies and procedures;
   b. If the individual is not authorized to access the resident's medical record according to policies and procedures, with the written consent of the resident or the resident's representative; or
   c. As permitted by law; and
6. A resident's medical record is protected from loss, damage, or unauthorized use.

B. If an ICF/IID maintains residents' medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.

C. An administrator shall ensure that a resident's medical record contains:
1. Resident information that includes:
   a. The resident's name;
   b. The resident's date of birth; and
   c. Any known allergies, including medication allergies;
2. The admission date and, if applicable, the date of discharge;
3. The admitting diagnosis or presenting symptoms;
4. Documentation of the resident's placement evaluation;
5. Documentation of general consent and, if applicable, informed consent;
6. If applicable, the name and contact information of the resident's representative and:
   a. The document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
   b. If the resident's representative:
      i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      ii. Is a legal guardian, a copy of the court order establishing guardianship;
7. The name and contact information of the resident's representative, family member, or other individual designated by the resident;
8. Documentation of the initial assessment required in R9-10-507(3) to determine acuity;
9. The medical history and physical examination required in R9-10-516(A)(4);
10. A copy of the resident's living will or other health care directive, if applicable;
11. The name and telephone number of the resident's attending physician;
12. Orders;
13. Documentation of the resident's comprehensive assessment;
14. Individual program plans, including nursing care plans or medical care plans, if applicable;
15. Documentation of active treatment and other physical health services or behavioral care provided to the resident;
16. Progress notes, including data needed to evaluate the effectiveness of the methods, schedule, and strategies being used to accomplish the goals in the resident's individual program plan;
17. If applicable, documentation of restraint or seclusion;
18. If applicable, documentation of any actions other than restraint or seclusion taken to control or address the resident's behavior to prevent harm to the resident or another individual or to improve the resident's social interactions;
19. If applicable, documentation that evacuation from the ICF/IID would cause harm to the resident;
20. The disposition of the resident after discharge;
21. Transfer documentation;
22. The discharge plan and summary;
23. If applicable:
   a. A laboratory report,
   b. A radiologic report,
   c. A diagnostic report, and
   d. A consultation report;

24. Documentation of freedom from infectious tuberculosis required in R9-10-507(9);
25. Documentation of a medication administered to the resident that includes:
    a. The date and time of administration;
    b. The name, strength, dosage, and route of administration;
    c. The type of vaccine, if applicable;
    d. For a medication administered for pain on a PRN basis:
        i. An evaluation of the resident's pain before administering the medication, and
        ii. The effect of the medication administered;
    e. For a psychotropic medication administered on a PRN basis:
        i. An evaluation of the resident's symptoms before administering the psychotropic medication, and
        ii. The effect of the psychotropic medication administered;
    f. The identification, signature, and professional designation of the individual administering the medication; and
    g. Any adverse reaction a resident has to the medication; and
26. If applicable, a copy of written notices, including follow-up instructions, provided to the resident or the resident's representative.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-512 renumbered to R9-10-2112; new Section R9-10-512 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

R9-10-513. Rehabilitation Services and Habilitation Services

A. Except as provided in subsection (D), an administrator shall ensure that:
1. Personnel members are available to provide the following rehabilitation services:
    a. Physical therapy, as defined in A.R.S. § 32-2001;
    b. Occupational therapy, A.R.S. § 32-3401;
    c. Psychological service, as defined in A.R.S. § 32-2061;
    d. Speech-language pathology, as defined in A.R.S. § 36-1901; and
    e. Audiology, as defined in A.R.S. § 36-1901;
2. Rehabilitation services are provided:
    a. Under the direction of a qualified intellectual disabilities professional according to policies and procedures, and
    b. According to an order;
3. A resident receives the rehabilitation services required in the resident's individual program plan;
4. Unless otherwise required in the resident's individual program plan:
    a. A resident does not remain in bed or in the resident's bedroom;
    b. If the resident is not able to independently move from place to place, even with the use of an assistive device, the resident is moved from place to place in the ICF/IID; and
    c. A resident receiving rehabilitation services is encouraged to participate in activities that are planned according to subsection (C)(2) and are appropriate to objectives in the resident's individual program plan;
5. A qualified intellectual disabilities professional reviews the rehabilitation services provided to a resident and revises the frequency, duration, method, or type of rehabilitation services being provided in the resident's individual program plan:
    a. As necessary, if the resident is losing skills or failing to progress; or
    b. If a goal in the resident's individual program plan has been accomplished and a new objective is to be initiated; and
6. The medical record of a resident receiving rehabilitation services includes:
    a. An order for rehabilitation services that includes the name of the ordering individual and a referring diagnosis;
    b. The resident's individual program plan, including all updates;
    c. The rehabilitation services provided;
    d. The resident's response to the rehabilitation services; and
    e. The authentication of the individual providing the rehabilitation services.

B. Except as provided in subsection (D), an administrator shall ensure that:
1. Personnel members are available to provide a resident with habilitation services required in the resident's individual program plan;
2. A personnel member is only assigned to provide the habilitation services the personnel member has the documented skills and knowledge to perform;
3. A resident receives the habilitation services in the resident's individual program plan;
4. If applicable, a personnel member:
    a. Suggests techniques a resident may use to maintain or improve the resident's independence in performing activities of daily living; and
    b. Provides assistance with, supervises, or directs a resident's personal hygiene according to the resident's individual program plan;

5. A resident receiving habilitation services is encouraged to participate in activities of the resident's choosing that are planned according to subsection (C)(2); and
6. The medical record of a resident receiving habilitation services includes:
   a. The resident's individual program plan, including all updates;
   b. The habilitation services provided;
   c. The resident's response to the habilitation services; and
   d. The authentication of the individual providing the habilitation services.

C. An administrator shall ensure that:
1. Multiple media sources, such as daily newspapers, current magazines, internet sources, and a variety of reading materials, are available and accessible to a resident to maintain the resident's continued awareness of current news, social events, and other noteworthy information;
2. Daily social or recreational activities are planned according to residents' preferences, needs, and abilities;
3. A calendar of planned activities is:
   a. Prepared at least one week in advance of the date the activity is provided,
   b. Posted in a location that is easily seen by residents,
   c. Updated as necessary to reflect substitutions in the activities provided, and
   d. Maintained for at least 12 months after the last scheduled activity;
4. Equipment and supplies are available and accessible to accommodate a resident who chooses to participate in a planned activity on the premises;
5. Outings are provided according to R9-10-510(B) and (C); and
6. If necessary and unless otherwise required in the resident's individual program plan, a resident is assisted to participate in outings and other opportunities to leave the premises of the ICF/IID.

D. An administrator is not required to ensure that personnel members providing rehabilitation services or habilitation services are on the premises if no resident of the ICF/IID is on the premises because the residents are:
1. Receiving rehabilitation services off the premises,
2. Receiving habilitation services off the premises,
3. Participating in an outing, or
4. Otherwise absent from the ICF/IID.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-513 renumbered to R9-10-2113; new Section R9-10-513 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-514. Individual Program Plan

A. An administrator shall ensure that:
1. A comprehensive assessment of a resident:
   a. Is conducted or coordinated by a qualified intellectual disabilities professional, in collaboration with an interdisciplinary team that includes:
      i. The resident's attending physician or designee;
      ii. A registered nurse;
      iii. If the resident is receiving medications as part of active treatment, a pharmacist; and
      iv. Personnel members qualified to provide each type of rehabilitation services identified in a placement evaluation or the initial assessment required in R9-10-507(3);
   b. Is completed for the resident within 30 calendar days after the resident's admission to an ICF/IID;
   c. Is updated:
      i. No later than 12 months after the date of the resident's last comprehensive assessment, and
      ii. When the resident experiences a significant change;
   d. Includes the following information for the resident:
      i. Identifying information;
      ii. An evaluation of the resident's hearing, speech, and vision;
      iii. An evaluation of the resident's ability to understand and recall information;
      iv. An evaluation of the resident's mental status;
      v. Whether the resident demonstrates inappropriate behavior;
      vi. Preferences for customary routine and activities;
      vii. An evaluation of the resident's ability to perform activities of daily living;
      viii. Need for a mobility device;
      ix. An evaluation of the resident's ability to control the resident's bladder and bowels;
      x. Any diagnosis that impacts rehabilitation services or other physical health services or behavioral care that the resident may require;
      xi. Any medical conditions that impact the resident's functional status, quality of life, or need for nursing services;
      xii. An evaluation of the resident's ability to maintain adequate nutrition and hydration;
      xiii. An evaluation of the resident's oral and dental status;
      xiv. An evaluation of the condition of the resident's skin;
      xv. Identification of any medication or treatment administered to the resident during a seven-day calendar period that includes the time the comprehensive assessment was conducted;
      xvi. Identification of any treatment or medication ordered for the resident;
      xvii. Identification of interventions that may support the resident towards independence;

xviii. Identification of any assistive devices needed by the resident;
xix. Identification of the active treatment needed by the resident, including active treatment not provided by the ICF/IID;
xx. Identification of measurable goals and behavioral objective for the active treatment, in priority order, with time limits for attainment;
xxi. Identification of the methods, schedule, and strategies to accomplish the goals, including the personnel member responsible;
xxii. Evaluation procedures for determining if the methods and strategies in subsection (A)(1)(d)(xix) are working, including the type of data required and frequency of collection;
xxiii. Whether any restraints have been used for the resident during a seven-day calendar period that includes the time the comprehensive assessment was conducted;
xxiv. If the resident demonstrates inappropriate behavior, as reported according to subsection (A)(1)(d)(v), identification of the methods, schedule, and strategies for replacement of the inappropriate behavior with appropriate behavioral expressions, including the hierarchy for use;
xxv. If restraint or seclusion is included in subsection (A)(1)(d)(xxiii), the specific restraints or conditions of seclusion that may be used because of the resident's inappropriate behavior;
xxvi. A description of the resident or resident's representative's participation in the comprehensive assessment;
xxvii. The name and title of the interdisciplinary team members who participated in the resident's comprehensive assessment;
xxviii. Potential for rehabilitation, including the resident's strengths and specific developmental or behavioral health needs; and
xxix. Potential for discharge;

e. Is signed and dated by the qualified intellectual disabilities professional who conducts or coordinates the comprehensive assessment or review; and
f. Is used to determine or update the resident's acuity;

2. If the condition in subsection (A)(1)(d)(v) is answered in the affirmative during the comprehensive assessment or review, a behavioral health professional reviews a resident's comprehensive assessment or review and individual program plan to ensure that the resident's needs for behavioral care are being met;
3. A new comprehensive assessment is not required for a resident who is hospitalized and readmitted to an ICF/IID unless a physician, an individual designated by the physician, a qualified intellectual disabilities professional, or a registered nurse determines the resident has a significant change in condition; and
4. A resident's comprehensive assessment is reviewed at least once every three months after the date of the current comprehensive assessment and if there is a significant change in the resident's condition by:
   a. A qualified intellectual disabilities professional; and
   b. If the resident has a nursing care plan or medical care plan, a registered nurse.

B. An administrator shall ensure that an individual program plan for a resident:
1. Is developed, documented, and implemented for the resident within seven calendar days after completing the resident's comprehensive assessment required in subsection (A)(1);
2. Includes the acuity of the resident;
3. Is reviewed at least annually by the interdisciplinary team required in subsection (A)(1)(a) and revised based on any change to the resident's comprehensive assessment; and
4. Ensures that a resident is provided rehabilitation services and other physical health services or behavioral care that:
   a. Address any medical condition or behavioral care issue identified in the resident's comprehensive assessment, and
   b. Assist the resident in maintaining the resident's highest practicable well-being according to the resident's comprehensive assessment.

Historical Note

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R9-10-515. Seclusion; Restraint

A. An administrator shall ensure that:
1. An ICF/IID's policies and procedures for managing a resident's inappropriate behavior, as described in R9-10-503(C)(2)(g) are reviewed, approved, and monitored through the quality management process in R9-10-504; and
2. Restraint is provided according to the requirements in subsection (C).

B. An administrator of an ICF/IID authorized to provide seclusion shall ensure that:
1. Seclusion is provided according to the requirements in subsection (C);
2. If a resident is placed in seclusion, the room used for seclusion:
   a. Is approved for use as a seclusion room by the Department;

b. Is not used as a resident's bedroom or a sleeping area;
c. Allows full view of the resident in all areas of the room;
d. Is free of hazards, such as unprotected light fixtures or electrical outlets;
e. Contains at least 60 square feet of floor space; and
f. Except as provided in subsection (B)(3), contains a non-adjustable bed that:
i. Consists of a mattress on a solid platform that is:
(1) Constructed of a durable, non-hazardous material; and
(2) Raised off of the floor;
ii. Does not have wire springs or a storage drawer; and
iii. Is securely anchored in place;

3. If a room used for seclusion does not contain a non-adjustable bed required in subsection (B)(2)(f):
a. A piece of equipment is available that:
i. Is commercially manufactured to safely and humanely restrain a resident's body;
ii. Provides support to the trunk and head of a resident's body;
iii. Provides restraint to the trunk of a resident's body;
iv. Is able to restrict movement of a resident's arms, legs, body, and head;
v. Allows a resident's body to recline; and
vi. Does not inflict harm on a resident's body; and
b. Documentation of the manufacturer's specifications for the piece of equipment in subsection (B)(3)(a) is maintained; and

4. A seclusion room may be used for services or activities other than seclusion if:
a. A sign stating the service or activity scheduled or being provided in the room is conspicuously posted outside the room;
b. No permanent equipment other than the bed required in subsection (B)(2)(f) is in the room;
c. Policies and procedures:
i. Delineate which services or activities other than seclusion may be provided in the room,
ii. List what types of equipment or supplies may be placed in the room for the delineated services, and
iii. Provide for the prompt removal of equipment and supplies from the room before the room is used for seclusion; and
d. The sign required in subsection (B)(4)(a) and equipment and supplies in the room, other than the bed required in subsection (B)(2)(f), are removed before use as a seclusion room.

C. An administrator shall ensure that:

1. Policies and procedures for providing restraint or seclusion are established, documented, and implemented to protect the health and safety of a resident that:
a. Establish the process for resident assessment, including identification of a resident's medical conditions and criteria for the on-going monitoring of any identified medical condition;
b. Identify each type of restraint or seclusion used and include for each type of restraint or seclusion used:
i. The qualifications of a personnel member who can:
(1) Order the restraint or seclusion,
(2) Place a resident in the restraint or seclusion,
(3) Monitor a resident in the restraint or seclusion,
(4) Evaluate a resident's physical and psychological well-being after being placed in the restraint or seclusion and when released from the restraint or seclusion, or
(5) Renew the order for restraint or seclusion;
ii. On-going training requirements for a personnel member who has direct resident contact while the resident is in a restraint or seclusion; and
iii. Criteria for monitoring and assessing a resident including:
(1) Frequencies of monitoring and assessment based on a resident's medical condition and risks associated with the specific restraint or seclusion;
(2) For the renewal of an order for restraint or seclusion, whether an assessment is required before the order is renewed and, if an assessment is required, who may conduct the assessment;
(3) Assessment content, which may include, depending on a resident's condition, the resident's vital signs, respiration, circulation, hydration needs, elimination needs, level of distress and agitation, mental status, cognitive functioning, neurological functioning, and skin integrity;
(4) If a mechanical restraint is used, how often the mechanical restraint is loosened; and
(5) A process for meeting a resident's nutritional needs and elimination needs;
c. Establish the criteria and procedures for renewing an order for restraint or seclusion;
d. Establish procedures for internal review of the use of restraint or seclusion; and
e. Establish medical record and personnel record documentation requirements for restraint and seclusion, if applicable;

2. An order for restraint or seclusion is:
a. Obtained from a physician or registered nurse practitioner, and
b. Not written as a standing order or on an as-needed basis;

3. Restraint or seclusion is:
a. Not used as a means of coercion, discipline, convenience, or retaliation;
b. Only used when all of the following conditions are met:
i. Except as provided in subsection (C)(4), after obtaining an order for the restraint or seclusion;
ii. For the management of a resident's aggressive, violent, or self-destructive behavior;
iii. When less restrictive interventions have been determined to be ineffective; and
iv. To ensure the immediate physical safety of the resident, to prevent imminent harm to the resi-

dent or another individual, or to stop physical harm to another individual; and

c. Discontinued at the earliest possible time;

4. If as a result of a resident's aggressive, violent, or self-destructive behavior, harm to the resident or another individual is imminent or the resident or another individual is being physically harmed, a personnel member:
   a. May initiate an emergency application of restraint or seclusion for the resident before obtaining an order for the restraint or seclusion, and
   b. Obtains an order for the restraint or seclusion of the resident during the emergency application of the restraint or seclusion;
5. An order for restraint or seclusion includes:
   a. The name of the physician or registered nurse practitioner ordering the restraint or seclusion;
   b. The date and time that the restraint or seclusion was ordered;
   c. The specific restraint or seclusion ordered;
   d. If a drug is ordered as a chemical restraint, the drug's name, strength, dosage, and route of administration;
   e. The specific criteria for release from restraint or seclusion without an additional order; and
   f. The maximum duration authorized for the restraint or seclusion;
6. An order for restraint or seclusion is limited to the duration of the emergency situation and does not exceed three continuous hours;
7. If an order for restraint or seclusion of a resident is not provided by the resident's attending physician, the resident's attending physician is notified as soon as possible;
8. A medical practitioner or personnel member does not participate in restraint or seclusion, assess or monitor a resident during restraint or seclusion, or evaluate a resident after restraint or seclusion, and a physician or registered nurse practitioner does not order restraint or seclusion, until the medical practitioner or personnel member, completes education and training that:
   a. Includes:
      i. Techniques to identify medical practitioner, personnel member, and resident behaviors, events, and environmental factors that may trigger circumstances that require restraint or seclusion;
      ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods;
      iii. Techniques for identifying the least restrictive intervention based on an assessment of the resident's medical or behavioral health condition;
      iv. The safe use of restraint and the safe use of seclusion, including training in how to recognize and respond to signs of physical and psychological distress in a resident who is restrained or secluded;
      v. Clinical identification of specific behavioral changes that indicate that the restraint or seclusion is no longer necessary;
      vi. Monitoring and assessing a resident while the resident is in restraint or seclusion according to policies and procedures; and
      vii. Except for the medical practitioner, training exercises in which the personnel member successfully demonstrates the techniques that the medical practitioner or personnel member has learned for managing emergency situations; and
   b. Is provided by individuals qualified according to policies and procedures;
9. When a resident is placed in restraint or seclusion:
   a. The restraint or seclusion is conducted according to policies and procedures;
   b. The restraint or seclusion is proportionate and appropriate to the severity of the resident's behavior and the resident's:
      i. Chronological and developmental age;
      ii. Size;
      iii. Gender;
      iv. Physical condition;
      v. Medical condition;
      vi. Psychiatric condition; and
      vii. Personal history, including any history of physical or sexual abuse;
   c. The physician or registered nurse practitioner who ordered the restraint or seclusion is available for consultation throughout the duration of the restraint or seclusion;
   d. The resident is monitored and assessed according to policies and procedures;
   e. A physician or registered nurse assesses the resident within one hour after the resident is placed in the restraint or seclusion and determines:
      i. The resident's current behavior,
      ii. The resident's reaction to the restraint or seclusion used,
      iii. The resident's medical and behavioral condition, and
      iv. Whether to continue or terminate the restraint or seclusion;
   f. The resident is given the opportunity:
      i. To eat during mealtime, and
      ii. To use the toilet; and
   g. The restraint or seclusion is discontinued at the earliest possible time, regardless of the length of time identified in the order;
10. A medical practitioner or personnel member documents the following information in a resident's medical record before the end of the shift in which the resident is placed in restraint or seclusion or, if the resident's restraint or seclusion does not end during the shift in which it began, during the shift in which the resident's restraint or seclusion ends:
    a. The emergency situation that required the resident to be restrained or put in seclusion,
    b. The times the resident's restraint or seclusion actually began and ended,
    c. The monitoring and time of the assessment,
    d. The names of the medical practitioners and personnel members with direct resident contact while the resident was in the restraint or seclusion,
    e. The times the resident was given the opportunity to eat or use the toilet according to subsection (C)(9)(f), and
    f. The resident evaluation required in subsection (C)(12);

11. If an emergency situation continues beyond the time limit of an order for restraint or seclusion, the order is renewed according to policies and procedures that include:
    a. The specific criteria for release from restraint or seclusion without an additional order, and
    b. The maximum duration authorized for the restraint or seclusion; and
12. A resident is evaluated after restraint or seclusion is no longer being used for the resident.

Historical Note

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R9-10-516. Physical Health Services

A. An administrator shall ensure that:
1. A resident has an attending physician;
2. An attending physician is available 24 hours a day;
3. An attending physician designates a physician who is available when the attending physician is not available;
4. A physical examination is performed on a resident by a physician or by a physician assistant or registered nurse practitioner designated by the resident's attending physician:
    a. If indicated, based on the resident's placement evaluation or comprehensive assessment; and
    b. At least once every 12 months after the date of admission, including an assessment of the acuity of the resident's medical condition;
5. If a resident's physical examination, placement evaluation, or comprehensive assessment indicates a need for:
    a. Intermittent nursing services, the resident's attending physician, in conjunction with the director of nursing, develops a nursing care plan of treatment for the resident, which is integrated into the resident's individual program plan; or
    b. Continuous nursing services, the resident's attending physician, in conjunction with the director of nursing, develops a medical care plan of treatment for the resident, which is integrated into the resident's individual program plan; and
6. Vaccinations for influenza and pneumonia are available to each resident at least once every 12 months unless:
    a. The attending physician provides documentation that the vaccination is medically contraindicated;
    b. The resident or the resident's representative refuses the vaccination or vaccinations and documentation is maintained in the resident's medical record that the resident or the resident's representative has been informed of the risks and benefits of a vaccination refused; or
    c. The resident or the resident's representative provides documentation that the resident received a pneumonia vaccination within the last five years or the current recommendation from the U.S. Department of Health and Human Services, Center for Disease Control and Prevention.

B. An administrator shall ensure that:
1. Nursing services are available 24 hours a day in an ICF/IID;
2. For an ICF/IID authorized to admit a resident requiring:
    a. Continuous nursing services, a registered nurse is on the premises; or
    b. Intermittent nursing services, a nurse is on the premises according to the schedule in a resident's nursing care plan; and
3. The director of nursing or an individual designated by the director of nursing participates in the quality management program.

C. A director of nursing shall ensure that:
1. A method is established and documented that identifies the types and numbers of nursing personnel that are necessary to provide nursing services to residents based on:
    a. The acuity of the residents, and
    b. The ICF/IID's scope of services;
2. Sufficient nursing personnel, as determined by the method in subsection (C)(1), are on the ICF/IID's premises to meet the needs of a resident for nursing services;
3. A registered nurse participates in the development, review, and updating of a resident's nursing care plan or medical care plan;
4. Personnel members providing direct care to a resident with a nursing care plan or medical care plan receive direction from a nurse;
5. At least once every three months, a nurse:
    a. Assesses the health of a resident without a nursing care plan or medical care plan;
    b. Documents the results in the resident's medical record; and
    c. If the assessment indicates the need for physical health services or behavioral care, initiate action, according to policies and procedures, to address the resident's needs;
6. Nursing personnel provide education and training to:
    a. Residents on hygiene and other behaviors that promote health; and
    b. Personnel members on:
        i. Detecting signs of illness or injury or significant changes in condition,
        ii. First aid, and
        iii. Basic skills for caring for residents;
7. A nurse notifies a resident's attending physician and, if applicable, the resident's representative immediately or within 24 hours after one of the following events occur:
    a. Is injured,
    b. Is involved in an incident that requires medical services, or

c. Has a significant change in condition; and
8. Only a medication required by an order is administered to a resident.

D. An administrator shall ensure that:
1. Dental services are provided to a resident by an individual licensed as:
   a. A dentist under A.R.S. Title 32, Chapter 11, Article 2; or
   b. A dental hygienist under A.R.S. Title 32, Chapter 11, Article 4;
2. If needed, based on a resident's initial assessment, a dentist or dental hygienist in subsection (D)(1) participates as part of an interdisciplinary team in the development of the resident's individual program plan;
3. A resident is provided with a complete dental examination within one month after admission, unless the ICF/IID has documentation of the resident's dental examination completed within 12 months before admission;
4. If a resident's dental examination indicates the resident needs dental treatment:
   a. A dentist or dental hygienist in subsection (D)(1) participates as part of an interdisciplinary team in the review and updating of the resident's individual program plan, and
   b. The resident is provided with dental treatment;
5. A dental examination is performed by a dentist or dental hygienist in subsection (D)(1) on a resident at least once every 12 months and treatment is provided as needed;
6. If needed, a resident is provided with emergency dental services;
7. A resident is provided with education and training in oral hygiene; and
8. A resident's medical record contains documentation of:
   a. Each dental examination of the resident,
   b. All dental treatment provided to the resident, and
   c. The resident's education and training in oral hygiene.

E. An administrator shall ensure that:
1. A resident's vision and hearing are assessed as part of the resident's comprehensive assessment and, if applicable, as part of the update of the comprehensive assessment; and
2. If an issue is identified with the resident's vision or hearing, the resident is provided, as applicable, with:
   a. Treatment to address the identified issue, or
   b. An assistive device to address an issue.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed effective April 4, 1994 (Supp. 94-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-516 renumbered to R9-10-2116; new Section R9-10-516 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

R9-10-517. Behavioral Care

A. An administrator shall ensure that:
1. A resident who receives behavioral care from the ICF/IID is evaluated by a behavioral health professional or medical practitioner:
   a. Within 30 calendar days before the resident is admitted to the ICF/IID or before the resident begins receiving behavioral care, and
   b. At least once every six months throughout the duration of the resident's need for behavioral care;
2. A behavioral health professional or medical practitioner:
   a. Documents that the behavioral care needed by the resident is within the ICF/IID's scope of services, and
   b. Includes measurable objectives for the behavioral care and the methods for meeting the objectives in the resident's individual program plan; and
3. The documentation in subsection (A)(2) is included in the resident's medical record.

B. If a resident of an ICF/IID requires behavioral health services provided by a behavioral health professional on an intermittent basis as part of behavioral care, an administrator shall ensure that:
1. The behavioral health services are provided by a behavioral health professional licensed or certified to provide the type of behavioral health services required by the resident; and
2. Except for a psychotropic drug used as a chemical restraint or administered according to an order from a court of competent jurisdiction, informed consent is obtained from a resident or the resident's representative for a psychotropic drug and documented in the resident's medical record before the psychotropic drug is administered to the resident.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed effective April 4, 1994 (Supp. 94-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1). Section R9-10-517 renumbered to R9-10-2117; new Section

R9-10-517 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-518. Clinical Laboratory Services

If clinical laboratory services are authorized to be provided on an ICF/IID's premises, an administrator shall ensure that:

1. Clinical laboratory services and pathology services are provided through a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
2. A copy of the certificate of accreditation, certificate of compliance, or certificate of waiver in subsection (1) is provided to the Department for review upon the Department's request;
3. The ICF/IID:
   a. Is able to provide the clinical laboratory services delineated in the ICF/IID's scope of services when needed by the residents,
   b. Obtains specimens for the clinical laboratory services delineated in the ICF/IID's scope of services without transporting the residents from the ICF/IID's premises, and
   c. Has the examination of the specimens performed by a clinical laboratory;
4. Clinical laboratory and pathology test results are:
   a. Available to the ordering physician within 24 hours after the test:
      i. Is complete with results if the test is performed at a laboratory on the ICF/IID's premises, or
      ii. Result is received if the test is performed at a laboratory outside of the ICF/IID's premises; and
   b. Documented in a resident's medical record;
5. If a test result is obtained that indicates a resident may have an emergency medical condition, as established in policies and procedures, personnel notify:
   a. The ordering physician,
   b. A registered nurse in the resident's assigned unit,
   c. The ICF/IID's administrator, or
   d. The director of nursing;
6. If a clinical laboratory report is completed on a resident, a copy of the report is included in the resident's medical record;
7. If the ICF/IID provides blood or blood products, policies and procedures are established, documented, and implemented for:
   a. Procuring, storing, transfusing, and disposing of blood or blood products;
   b. Blood typing, antibody detection, and blood compatibility testing; and
   c. Investigating transfusion adverse reactions that specify a process for review through the quality management program; and
8. Expired laboratory supplies are discarded according to policies and procedures.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed effective April 4, 1994 (Supp. 94-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-518 renumbered to R9-10-2118; new Section R9-10-518 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

R9-10-519. Respiratory Care Services

If respiratory care services are authorized to be provided on an ICF/IID's premises, an administrator shall ensure that:

1. Respiratory care services are provided under the direction of an attending physician;
2. Respiratory care services are provided according to an order that includes:
   a. The resident's name;
   b. The name and signature of the ordering individual;
   c. The type, frequency, and, if applicable, duration of treatment;
   d. The type and dosage of medication and diluent; and
   e. The oxygen concentration or oxygen liter flow and method of administration;
3. Respiratory care services provided to a resident are documented in the resident's medical record and include:
   a. The date and time of administration;
   b. The type of respiratory care services provided;
   c. The effect of the respiratory care services;
   d. The resident's adverse reaction to the respiratory care services, if any; and
   e. The authentication of the individual providing the respiratory care services; and
4. Any area or unit that performs blood gases or clinical laboratory tests complies with the requirements in R9-10-518.

Historical Note

R9-10-519 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-520. Medication Services

A. An administrator shall ensure that policies and procedures for medication services:

1. Include:
   a. A process for providing information to a resident about medication prescribed for the resident including:
      i. The prescribed medication's anticipated results,
      ii. The prescribed medication's potential adverse reactions,
      iii. The prescribed medication's potential side effects, and
      iv. Potential adverse reactions that could result from not taking the medication as prescribed;
   b. Procedures for preventing, responding to, and reporting:
      i. A medication error,

ii. An adverse response to a medication, or
iii. A medication overdose;
c. Procedures to ensure that a pharmacist reviews a resident's medications at least once every three months and provides documentation to the resident's attending physician and the director of nursing indicating potential medication problems such as incompatible or duplicative medications;
d. Procedures for documenting medication services; and
e. Procedures for assisting a resident in obtaining medication; and
2. Specify a process for review through the quality management program of:
a. A medication administration error, and
b. An adverse reaction to a medication.

B. An administrator shall ensure that:
1. Policies and procedures for medication administration:
a. Are reviewed and approved by a pharmacist;
b. Specify the individuals who may:
i. Order medication, and
ii. Administer medication;
c. Ensure that medication is administered to a resident only as prescribed; and
d. Cover the documentation of a resident's refusal to take prescribed medication in the resident's medical record;
2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
3. A medication administered to a resident:
a. Is administered in compliance with an order, and
b. Is documented in the resident's medical record; and
4. If a psychotropic medication is administered to a resident, the psychotropic medication:
a. Is only administered to a resident for a diagnosed medical condition; and
b. Unless clinically contraindicated or otherwise ordered by an attending physician or the attending physician's designee, is gradually reduced in dosage while the resident is simultaneously provided with interventions such as behavior and environment modification in an effort to discontinue the psychotropic medication, unless a dose reduction is attempted and the resident displays behavior justifying the need for the psychotropic medication, and the attending physician documents the necessity for the continued use and dosage.

C. If an ICF/IID provides assistance in the self-administration of medication, an administrator shall ensure that:
1. A resident's medication is stored by the ICF/IID;
2. The following assistance is provided to a resident:
a. A reminder when it is time to take the medication;
b. Opening the medication container for the resident;
c. Observing the resident while the resident removes the medication from the container;
d. Verifying that the medication is taken as ordered by the resident's attending physician by confirming that:
i. The resident taking the medication is the individual stated on the medication container label,
ii. The resident is taking the dosage of the medication stated on the medication container label or according to an order from the resident's attending physician dated later than the date on the medication container label, and
iii. The resident is taking the medication at the time stated on the medication container label or according to an order from the resident's attending physician dated later than the date on the medication container label; or
e. Observing the resident while the resident takes the medication;
3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by the resident's attending physician or registered nurse;
4. Training for a personnel member, other than a physician, physician assistant, or registered nurse, in assistance in the self-administration of medication:
a. Is provided by the resident's attending physician, another physician, a physician assistant, or a registered nurse or an individual trained by a physician, physician assistant, or registered nurse; and
b. Includes:
i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
5. A personnel member, other than a physician, physician assistant, or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
6. Assistance in the self-administration of medication provided to a resident:
a. Is in compliance with an order, and
b. Is documented in the resident's medical record.

D. An administrator shall ensure that:
1. A current drug reference guide is available for use by personnel members;
2. If applicable, pharmaceutical services are provided under the direction of a pharmacist and comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
3. A copy of the pharmacy license is provided to the Department upon request.

E. When medication is stored at an ICF/IID, an administrator shall ensure that:
1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
2. Medication is stored according to the instructions on the medication container; and
3. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident for:
a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
c. A medication recall and notification of residents who received recalled medication; and

d. Storing, inventorying, and dispensing controlled substances.

F. An administrator shall ensure that a personnel member immediately reports a medication error or a resident's adverse reaction to a medication to the resident's attending physician or the physician who ordered the medication and the ICF/IID's director of nursing.

Historical Note
R9-10-520 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

R9-10-521. Infection Control

An administrator shall ensure that:

1. An infection control program is established, under the direction of an individual qualified according to policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
   a. A method to identify and document infections occurring at the ICF/IID;
   b. Analysis of the types, causes, and spread of infections and communicable diseases at the ICF/IID;
   c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the ICF/IID; and
   d. Documentation of infection control activities including:
      i. The collection and analysis of infection control data,
      ii. The actions taken related to infections and communicable diseases, and
      iii. Reports of communicable diseases to the governing authority and state and county health departments;
2. Infection control documentation is maintained for at least 12 months after the date of the documentation;
3. Policies and procedures are established, documented, and implemented that cover:
   a. Handling and disposal of biohazardous medical waste;
   b. Sterilization, disinfection, and storage of medical equipment and supplies;
   c. Using personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;
   d. Cleaning of an individual's hands when the individual's hands are visibly soiled and before and after providing a service to a resident;
   e. Cleaning of a resident's bedroom, furniture, and bedding after the resident's discharge before the bedroom is reassigned to another resident;
   f. Training of personnel members, employees, and volunteers in infection control practices; and
   g. Work restrictions for a personnel member with a communicable disease or infected skin lesion;
4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
5. Soiled linen and clothing are:
   a. Collected in a manner to minimize or prevent contamination;
   b. Bagged at the site of use; and
   c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;
6. A resident's personal laundry is washed separately from towels, sheets, and bedding; and
7. A personnel member, an employee, or a volunteer washes hands or uses a hand disinfection product after a resident contact and after handling soiled linen, soiled clothing, or potentially infectious material.

Historical Note
R9-10-521 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-522. Food Services

A. An administrator shall ensure that:
1. The ICF/IID has a license or permit as a food establishment under 9 A.A.C. 8, Article 1;
2. A copy of the ICF/IID's food establishment license or permit is maintained;
3. If the ICF/IID contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the ICF/IID:
   a. A copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the ICF/IID; and
   b. The ICF/IID is able to store, refrigerate, and reheat food to meet the dietary needs of a resident;
4. A registered dietitian:
   a. Participates as part of an interdisciplinary team for a resident requiring a modified or special diet,
   b. Reviews a food menu before the food menu is used to ensure that a resident's nutritional needs are being met,
   c. Documents the review of a food menu, and
   d. Is available for consultation regarding a resident's nutritional needs; and
5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to ensure that the nutritional needs of a resident are met.

B. A registered dietitian or director of food services shall ensure that:
1. Food is prepared:
   a. Using methods that conserve nutritional value, flavor, and appearance; and
   b. In a form to meet the needs of a resident such as cut, chopped, ground, pureed, or thickened;
2. A food menu:
   a. Is prepared at least one week in advance,
   b. Includes the foods to be served on each day,
   c. Is conspicuously posted at least one day before the first meal on the food menu will be served,
   d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
   e. Is maintained for at least 60 calendar days after the last day included in the food menu;
3. Meals and snacks for each day are planned and served using the applicable guidelines in the most recent dietary guidelines according to the U.S. Department of Health and Human Services and U.S. Department of Agriculture;
4. A resident is provided:

a. A diet that meets the resident's nutritional needs as specified in the resident's comprehensive assessment and individual program plan;
b. Food served in sufficient quantities to meet the resident's nutritional needs and at an appropriate temperature;
c. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(4)(e);
d. The option to have a daily evening snack identified in subsection (B)(4)(e)(ii) or other snack; and
e. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
i. A resident group agrees; and
ii. The resident is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;

5. A resident is provided with food substitutions of similar nutritional value if:
a. The resident refuses to eat the food served, or
b. The resident requests a substitution;
6. Recommendations and preferences are requested from a resident or the resident's representative for meal planning;
7. If food is used as a part of a program to manage a resident's inappropriate behavior:
a. A special diet is included as part of the resident's individual program plan, and
b. The special diet is reviewed and evaluated by a physician and a dietitian to ensure the special diet meets the resident's nutritional needs;
8. Meals are served to residents at tables in a dining area and in a manner that allows the resident to eat from an upright position, unless otherwise specified in the resident's individual program plan or by an attending physician;
9. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils;
10. Personnel members supervise meals in dining areas to:
a. Direct a resident's self-help dining procedures,
b. Ensure a resident consumes enough food to meet the resident's nutritional needs, and
c. Ensure that a resident eats in a manner consistent with the resident's developmental level;
11. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair; and
12. Water is available and accessible to residents.

Historical Note

R9-10-522 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

R9-10-523. Emergency and Safety Standards

A. An administrator shall ensure that:
1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
a. A floor plan of the facility showing emergency protection equipment, evacuation routes, and exits;
b. When, how, and where residents will be relocated, including:
i. Instructions for the evacuation or transfer of residents,
ii. Assigned responsibilities for each employee and personnel member, and
iii. A plan for continuing to provide services to meet a resident's needs;
c. How a resident's medical record will be available to individuals providing services to the resident during a disaster;
d. A plan for back-up power and water supply;
e. A plan to ensure a resident's medications will be available to administer to the resident during a disaster;
f. A plan to ensure a resident is provided nursing services, rehabilitation services, and other services required by the resident during a disaster; and
g. A plan for obtaining food and water for individuals present in the ICF/IID or the ICF/IID's relocation site during a disaster;
2. Personnel members receive training on the content and use of the disaster plan required in subsection (A)(1);
3. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
4. Documentation of a disaster plan review required in subsection (A)(3) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
a. The date and time of the disaster plan review;
b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
c. A critique of the disaster plan review; and
d. If applicable, recommendations for improvement;
5. A disaster drill for employees is conducted on each shift at least once every three months and documented;
6. An evacuation drill for employees is conducted on each shift at least once every three months and documented;
7. An evacuation drill for residents:
a. Is conducted at least once each year on each shift and documented; and
b. Includes all residents on the premises except for:
i. A resident whose medical record contains documentation that evacuation from the ICF/IID would cause harm to the resident, and
ii. Sufficient personnel members to ensure the health and safety of residents not evacuated according to subsection (A)(7)(b)(i);
8. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the drill, and includes:
a. The date and time of the evacuation drill;
b. The amount of time taken for employees and residents to evacuate to a designated area;
c. If applicable:
i. An identification of residents needing assistance for evacuation, and
ii. An identification of residents who were not evacuated;
d. Any problems encountered in conducting the evacuation drill; and

e. Recommendations for improvement, if applicable; and

9. An evacuation path is conspicuously posted on each hallway of each floor of the ICF/IID.

B. An administrator shall ensure that, if an ICF/IID has:

1. More than 16 residents or a resident who has a medical care plan or whose medical record contains documentation that evacuation from the ICF/IID would cause harm to the resident:
   a. A fire alarm system is installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, and is in working order; and
   b. A sprinkler system is installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, and is in working order; and
2. Sixteen or fewer residents, none of whom have a medical care plan or whose medical record contains documentation that evacuation from the ICF/IID would cause harm to the resident:
   a. A fire alarm system and a sprinkler system meeting the requirements in subsection (B)(1) are installed and in working order; or
   b. The ICF/IID has:
      i. A fire extinguisher that is:
         (1) Labeled as rated at least 2A-10-BC by the Underwriters Laboratories;
         (2) Accessible to personnel members and inaccessible to residents;
         (3) If a disposable fire extinguisher, replaced when its indicator reaches the red zone; and
         (4) If a rechargeable fire extinguisher, is serviced at least once every 12 months, as documented by a tag attached to the fire extinguisher that specifies the date of the last servicing and the identification of the person who serviced the fire extinguisher; and
      ii. Smoke detectors that are:
         (1) Installed in each bedroom, hallway that adjoins a bedroom, storage room, laundry room, attached garage, and room or hallway adjacent to the kitchen, and other places recommended by the manufacturer;
         (2) Either battery operated or, if hard-wired into the electrical system of the ICF/IID, has a back-up battery;
         (3) In working order; and
         (4) Tested at least once a month, with documentation of the test maintained for at least 12 months after the date of the test.

C. An administrator shall:

1. Obtain a fire inspection conducted according to the timeframe established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the fire inspection report, and
3. Maintain documentation of a current fire inspection.

D. An administrator shall ensure that, if applicable, a sign is placed at the entrance to a room or area indicating that oxygen is in use.

Historical Note

R9-10-523 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4).

R9-10-524. Environmental Standards

A. An administrator shall ensure that:

1. An ICF/IID's premises and equipment are:
   a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness and infection; and
   b. Free from a condition or situation that may cause a resident or an individual to suffer physical injury;
2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
3. Equipment used to provide direct care is:
   a. Maintained in working order;
   b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
   c. Used according to the manufacturer's recommendations;
4. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
5. Garbage and refuse are:
   a. In areas used for food storage, food preparation, or food service, stored in a covered container lined with a plastic bag;
   b. In areas not used for food storage, food preparation, or food service, stored:
      i. According to the requirements in subsection (A)(5)(a), or
      ii. In a paper-lined or plastic-lined container that is cleaned and sanitized as often as necessary to ensure that the container is clean; and
   c. Removed from the premises at least once a week;
6. Heating and cooling systems maintain the ICF/IID at a temperature between 70° F and 84° F;
7. Common areas:
   a. Are lighted to assure the safety of residents, and
   b. Have lighting sufficient to allow personnel members to monitor resident activity;
8. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
9. The temperature of the hot water does not exceed 120° F;
10. Linens are clean before use, without holes and stains, and not in need of repair;
11. Oxygen containers are secured in an upright position;
12. Poisonous or toxic materials stored by the ICF/IID are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to residents;
13. Combustible or flammable liquids stored by the ICF/IID are stored in the original labeled containers or safety containers in a locked area inaccessible to residents;

14. If pets or animals are allowed in the ICF/IID, pets or animals are:
    a. Controlled to prevent endangering the residents and to maintain sanitation;
    b. Licensed consistent with local ordinances; and
    c. For a dog or cat, vaccinated against rabies;
15. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
    a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
    b. If necessary, corrective action is taken to ensure the water is safe to drink; and
    c. Documentation of testing is retained for at least 12 months after the date of the test; and
16. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.

B. An administrator shall ensure that:
1. Smoking tobacco products are not permitted within an ICF/IID; and
2. Smoking tobacco products may be permitted outside an ICF/IID if:
    a. Signs designating smoking areas are conspicuously posted, and
    b. Smoking is prohibited in areas where combustible materials are stored or in use.

C. If a swimming pool is located on the premises, an administrator shall ensure that:
1. At least one personnel member with cardiopulmonary resuscitation training that meets the requirements in R9-10-503(C)(1)(g) is present in the pool area when a resident is in the pool area, and
2. At least two personnel members are present in the pool area when two or more residents are in the pool area.

Historical Note
R9-10-524 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-525. Physical Plant Standards

A. An administrator shall ensure that, if an ICF/IID has:
1. More than 16 residents, the ICF/IID complies with:
    a. The applicable physical plant health and safety codes and standards, incorporated by reference in R9-10-104.01, that were in effect on the earlier of:
        i. The date the ICF/IID was originally certified as an ICF/IID by the federal Centers for Medicare and Medicaid Services, or
        ii. The date the ICF/IID submitted the application packet including the notarized attestation of architectural plans according to R9-10-104; and
    b. The requirements for Existing Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in R9-10-104.01; and
2. Sixteen or fewer residents, the ICF/IID complies with the requirements for Existing Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in R9-10-104.01.

B. An administrator shall ensure that:
1. The premises and equipment are sufficient to accommodate:
    a. The services stated in the ICF/IID's scope of services, and
    b. An individual accepted as a resident by the ICF/IID;
2. A common area for use by residents is provided that has sufficient space and furniture to accommodate the recreational and socialization needs of residents;
3. A dining area has sufficient space and tables and chairs to accommodate the needs of the residents;
4. At least one bathroom is accessible from a common area and:
    a. May be used by residents and visitors;
    b. Does not open into an area in which food is prepared;
    c. Provides privacy when in use; and
    d. Contains the following:
        i. At least one working sink with running water,
        ii. At least one working toilet that flushes and has a seat,
        iii. Toilet tissue for each toilet,
        iv. Soap in a dispenser accessible from each sink,
        v. Paper towels in a dispenser or a mechanical air hand dryer,
        vi. Lighting, and
        vii. A window that opens or another means of ventilation;
5. An outside activity space is provided and available that:
    a. Is on the premises,
    b. Has a hard-surfaced section for wheelchairs, and
    c. Has an available shaded area;
6. Exterior doors are equipped with ramps or other devices to allow use by a resident using a wheelchair or other assistive device; and
7. The key to the door of a lockable bathroom or bedroom is available to a personnel member.

C. An administrator shall ensure that:
1. For every eight residents there is at least one working toilet that flushes and has a seat and one sink with running water;
2. For every eight residents there is at least one working bathtub or shower;
3. A resident bathroom provides privacy when in use and contains:
    a. A mirror;
    b. Toilet tissue for each toilet;
    c. Soap accessible from each sink;
    d. Paper towels in a dispenser or a mechanical air hand dryer for a bathroom that is used by more than one resident;
    e. A window that opens or another means of ventilation;
    f. Grab bars for the toilet and, if applicable, the bathtub or shower and other assistive devices, if required to provide for resident safety; and
    g. Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers;
4. An ICF/IID is ventilated by windows or mechanical ventilation, or a combination of both;
5. If required for the residents of the ICF/IID, the corridors are equipped with handrails on each side that are firmly attached to the walls and are not in need of repair;
6. No more than two individuals reside in a resident bedroom; and
7. A resident's bedroom;

a. Is accessible without passing through a storage area, an equipment room, or another resident's bedroom;
b. Is constructed and furnished to provide unimpeded access to the door;
c. Has floor-to-ceiling walls with at least one door;
d. Does not open into any area where food is prepared, served, or stored;
e. If a private bedroom, has at least 80 square feet of floor space, not including a closet or bathroom;
f. If a shared bedroom, has at least 60 square feet of floor space for each individual occupying the shared bedroom, not including a closet or bathroom;
g. Has a separate bed, at least 36 inches in width and 72 inches in length, for each resident, consisting of at least a frame and mattress that is clean and in good repair;
h. Has clean linen, including a mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, a bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for the resident;
i. Has furniture to meet the resident's needs and sufficient light for reading;
j. Has an openable window to the outside with window coverings for controlling light and visual privacy, and the location of the window permits a resident to see outside from a sitting position;
k. Has individual storage space for a resident's possessions and assistive devices; and
l. Has a closet with clothing racks and shelves accessible to the resident.

D. If a swimming pool is located on the premises, an administrator shall ensure that:
1. The swimming pool is enclosed by a wall or fence that:
a. Is at least five feet in height as measured on the exterior of the wall or fence;
b. Has no vertical openings greater than four inches across;
c. Has no horizontal openings, except as described in subsection (D)(1)(e);
d. Is not chain-link;
e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
f. Has a self-closing, self-latching gate that:
i. Opens away from the swimming pool,
ii. Has a latch located at least 54 inches from the ground, and
iii. Is locked when the swimming pool is not in use; and
2. A life preserver or shepherd's crook is available and accessible in the pool area.

E. An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (D)(1) is covered and locked when not in use.

Historical Note
R9-10-525 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

ARTICLE 6. HOSPICES

R9-10-601. Definitions
In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following apply in this Article unless otherwise specified:
1. "Medical social services" means assistance, other than medical services or nursing services, provided by a personnel member to a patient to assist the patient to cope with concerns about the patient's illness, finances, or personal issues and may include problem-solving, interventions, and identification of resources to address the patient's or the patient's family's concerns.
2. "Palliative care" means medical services or nursing services provided to a patient that is not curative and is designed for pain control or symptom management.

Historical Note
New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-602. Supplemental Application Requirements
In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a hospice service agency or hospice inpatient facility shall include on the application:
1. For an application as a hospice service agency:
a. The hours of operation for the hospice's administrative office, and
b. The geographic region to be served by the hospice service agency; and
2. For an application as a hospice inpatient facility, the requested licensed capacity.

Historical Note
New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-603. Administration
A. A governing authority shall:
1. Consist of one or more individuals responsible for the organization, operation, and administration of the hospice;
2. Establish, in writing:
a. A hospice's scope of services, and
b. Qualifications for an administrator;
3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
4. Adopt a quality management plan according to R9-10-604;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b), if the administrator is:
a. Expected not to be present:
i. At a hospice service agency's administrative office for more than 30 calendar days, or
ii. On a hospice inpatient facility's premises for more than 30 calendar days; or
b. Not present:

i. At a hospice service agency's administrative office for more than 30 calendar days, or
ii. On a hospice inpatient facility's premises for more than 30 calendar days; and

7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.

B. An administrator:
1. Is directly accountable to the governing authority of a hospice for the daily operation of the hospice and all services provided by or through the hospice;
2. Has the authority and responsibility to manage the hospice;
3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the hospice's premises and accountable for the:
   a. Hospice service agency when the administrator is not present at the hospice service agency's administrative office, or
   b. Inpatient hospice facility when the administrator is not on hospice inpatient facility's premises; and
4. Designates a personnel member to provide direction for volunteers.

C. An administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
   a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
   b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
   c. Include how a personnel member may submit a complaint relating to patient care;
   d. Include methods to prevent abuse or neglect of a patient, including:
      i. Training of personnel members, at least annually, on how to recognize the signs and symptoms of abuse or neglect; and
      ii. Reporting of abuse or neglect of a patient;
   e. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
   f. Include a method to identify a patient to ensure the patient receives hospice services as ordered;
   g. Cover patient rights, including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
   h. Cover specific steps for:
      i. A patient to file a complaint, and
      ii. The hospice service agency or hospice inpatient facility to respond to a patient's complaint;
   i. Cover health care directives;
   j. Cover medical records, including electronic medical records;
   k. Cover a quality management program, including incident reports and supporting documentation;
   l. Cover contracted services; and
   m. Cover information and education to a patient or a patient's representative of proper disposal of schedule II controlled substances in compliance with A.R.S. § 36-425.04;
2. Policies and procedures for hospice services are established, documented, and implemented to protect the health and safety of a patient that:
   a. Cover patient screening, admission, transfer, discharge planning, and discharge;
   b. Cover the provision of hospice services;
   c. Include when general consent and informed consent are required;
   d. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
   e. Cover dispensing, administering, and disposing of medication;
   f. Cover infection control; and
   g. Cover telemedicine, if applicable;
   h. Cover clergy visitation procedures in compliance with A.R.S. § 36-407.02;
3. For a hospice inpatient facility, policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
   a. Cover visitation of a patient, including:
      i. Allowing visitation by individuals 24 hours a day, and
      ii. Allowing a visitor to bring a pet to visit the patient;
   b. Cover the use and display of a patient's personal belongings; and
   c. Cover environmental services that affect patient care;
4. Policies and procedures are reviewed and updated at least once every three years;
5. Policies and procedures are available to personnel members, employees, volunteers, and students; and
6. Unless otherwise stated:
   a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
   b. When documentation or information is required by this Chapter to be submitted on behalf of a hospice, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the hospice.

D. An administrator shall designate, in writing, a:
1. Physician as the medical director who has the authority and responsibility for providing direction for the medical services provided by the hospice, and
2. Registered nurse as the director of nursing who has the authority and responsibility for managing nursing services provided by the hospice.

E. An administrator shall ensure that the following are conspicuously posted:
1. The current Department-issued license;
2. The current telephone number of the Department; and
3. The location at which the following are available for review:
   a. A copy of the most recent Department inspection report;
   b. A list of the services provided by the hospice; and
   c. A written copy of rates and charges, as required in A.R.S. § 36-436.03.

Historical Note

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to

Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 30 A.A.R. 2499 (August 2, 2024), with an immediate effective date of July 8, 2024 (Supp. 24-3).

R9-10-604. Quality Management

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
   a. A method to identify, document, and evaluate incidents;
   b. A method to collect data to evaluate services provided to patients;
   c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
   d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
   e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
   a. An identification of each concern about the delivery of services related to patient care, and
   b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-605. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-606. Personnel

A. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
   a. Are based on:
      i. The type of physical health services expected to be provided by the personnel member according to the established job description, and
      ii. The acuity of the patients receiving physical health services from the personnel member according to the established job description; and
   b. Include:
      i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services listed in the established job description,
      ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services listed in the established job description, and
      iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
   a. Before the personnel member provides physical health services, and
   b. According to policies and procedures;
3. Sufficient personnel members are available and, for a hospice inpatient facility, present on the hospice inpatient facility's premises, with the qualifications, skills, and knowledge necessary to:
   a. Provide the services in the hospice's scope of services,
   b. Meet the needs of a patient, and
   c. Ensure the health and safety of a patient;
4. Orientation occurs within the first week of providing hospice services and includes:
   a. Informing personnel about Department rules for licensing and regulating hospices and where the rules may be obtained,
   b. Reviewing the process by which a personnel member may submit a complaint about patient care to a hospice, and
   c. Providing the information required by hospice policies and procedures;
5. Personnel receive in-service education according to criteria established in hospice policies and procedures;
6. In-service education documentation for a personnel member includes:
   a. The subject matter,
   b. The date of the in-service education, and
   c. The signature of each individual who participated in the in-service education; and
7. A personnel member, or an employee or a volunteer who has or is expected to have direct interaction with a patient, provides evidence of freedom from infectious tuberculosis:
   a. On or before the date the individual begins providing services at or on behalf of the hospice service facility or hospice inpatient facility, and
   b. As specified in R9-10-113; and
8. A fall prevention and fall recovery program that complies with requirements in A.R.S. § 36-420.01 is developed, documented, and implemented.

B. An administrator shall ensure that record is maintained for each personnel member, employee, volunteer, or student that includes:

1. The individual's name, date of birth, and contact telephone number;
2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
3. Documentation of:
   a. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
   b. The individual's education and experience applicable to the individual's job duties;
   c. The individual's completed orientation and in-service education as required by policies and procedures;
   d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures; and
   e. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (A)(7).
   f. The individual's compliance with the requirements in A.R.S. § 36-420.01 regarding fall prevention and fall recovery training;

C. An administrator shall ensure that personnel records are:
1. Maintained:
   a. Throughout the individual's period of providing services in or for the hospice, and
   b. For at least 24 months after the last date the individual provided services in or for the hospice; and
2. For a personnel member who has not provided physical health services at or for the hospice during the previous 12 months, provided to the Department within 72 hours after the Department's request.

Historical Note
New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-607. Admission

A. Before admitting an individual as a patient, an administrator shall obtain:
1. The name of the individual's physician;
2. Documentation that the individual has a diagnosis by a physician that indicates that the individual has a specific, progressive, normally irreversible disease that is likely to cause the individual's death in six months or less; and
3. Documentation from the individual or the individual's representative acknowledging that:
   a. Hospice services include palliative care and supportive services and are not curative, and
   b. The individual or individual's representative has received a list of services to be provided by the hospice.

B. At the time of admission, a physician or registered nurse shall:
1. Assess a patient's medical, social, nutritional, and psychological needs; and
2. As applicable, obtain informed consent or general consent.

C. Before or at the time of admission, a personnel member qualified according to policies and procedures shall assess the social and psychological needs of a patient's family, if applicable.

Historical Note
New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-608. Care Plan

A. An administrator shall ensure that a care plan is developed for each patient:
1. Based on the:
   a. Assessment of the:
      i. Patient; and
      ii. Patient's family, if applicable;
   b. Hospice service agency's or inpatient hospice facility's scope of service;
2. With participation from a:
   a. Physician,
   b. Registered nurse, and
   c. Another personnel member as designated in R9-10-612(A)(4); and
3. That includes:
   a. The patient's diagnosis;
   b. The patient's health care directives;
   c. The patient's cognitive awareness of self, location, and time;
   d. The patient's functional abilities and limitations;
   e. Goals for pain control and symptom management;
   f. The type, duration, and frequency of services to be provided to the patient and, if applicable, the patient's family;
   g. Treatments the patient is receiving from a health care institution or health care professional other than the hospice, if applicable;
   h. Medications ordered for the patient;
   i. Any known allergies;
   j. Nutritional requirements and preferences; and
   k. Specific measures to improve the patient's safety and protect the patient against injury.

B. An administrator shall ensure that:
1. A request for participation in a patient's care plan is made to the patient or patient's representative;
2. An opportunity for participation in the patient's care plan is provided to the patient, patient's representative, or patient's family; and
3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the patient's medical record.

C. An administrator shall ensure that:
1. Hospice services are provided to a patient and, if applicable, the patient's family according to the patient's care plan;
2. A patient's care plan is reviewed and updated:
   a. Whenever there is a change in the patient's condition that indicates a need for a change in the type, duration, or frequency of the services being provided;
   b. If the patient's physician orders a change in the care plan; and
   c. At least every 30 calendar days; and
3. A patient's physician authenticates the care plan with a signature within 14 calendar days after the care plan is initially developed and whenever the care plan is reviewed or updated.

Historical Note
New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-608 renumbered to R9-10-609; new Section R9-10-608 renumbered from R9-10-611 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-609. Transfer
Except for a transfer of a patient due to an emergency, an administrator shall ensure that:
1. A personnel member coordinates the transfer and the services provided to the patient;
2. According to policies and procedures:
   a. An evaluation of the patient is conducted before the transfer;
   b. Information from the patient's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
   c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
3. Documentation in the patient's medical record includes:
   a. Communication with an individual at a receiving health care institution;
   b. The date and time of the transfer;
   c. The mode of transportation; and
   d. If applicable, the name of the personnel member accompanying the patient during a transfer.

Historical Note
New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-609 renumbered to R9-10-610; new Section R9-10-609 renumbered from R9-10-608 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-610. Patient Rights
A. An administrator shall ensure that:
1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
3. Policies and procedures include:
   a. How and when a patient or the patient's representative is informed of patient rights in subsection (C), and
   b. Where patient rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:
1. A patient is treated with dignity, respect, and consideration;
2. A patient is not subjected to:
   a. Abuse;
   b. Neglect;
   c. Exploitation;
   d. Coercion;
   e. Manipulation;
   f. Sexual abuse;
   g. Sexual assault;
   h. Seclusion;
   i. Restraint;
   j. Retaliation for submitting a complaint to the Department or another entity; or
   k. Misappropriation of personal and private property by the hospice's personnel members, employees, volunteers, or students; and
3. A patient or the patient's representative:
   a. Except in an emergency, either consents to or refuses treatment;
   b. May refuse or withdraw consent for treatment before treatment is initiated;
   c. Except in an emergency, is informed of proposed treatment alternatives, associated risks, and possible complications;
   d. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a hospice for identification and administrative purposes;
   e. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
      i. Medical record, or
      ii. Financial records;
   f. Is informed of:
      i. The components of hospice services provided by the hospice;
      ii. The rates and charges for the components of hospice services before the components are initiated and before a change in rates, charges, or services;
      iii. The hospice's policy on health care directives; and
      iv. The patient complaint process; and
   g. Is informed that a written copy of rates and charges, as required in A.R.S. § 36-436.03, may be requested.

C. A patient has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
3. To receive privacy in treatment and care for personal needs;
4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
5. To receive a referral to another health care institution if the hospice inpatient facility is not authorized or not able to provide physical health services needed by the patient;
6. To participate or have the patient's representative participate in the development of, or decisions concerning, treatment;
7. To participate or refuse to participate in research or experimental treatment;
8. To participate in religious visitation by a clergy member according to A.R.S. § 36-407.02; and
9. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

Historical Note
New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-610 renumbered to R9-10-611; new Section R9-10-610 renumbered from R9-10-609 and amended by exempt

rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 30 A.A.R. 2499 (August 2, 2024), with an immediate effective date of July 8, 2024 (Supp. 24-3).

R9-10-611. Medical Records

A. An administrator shall ensure that:
1. A patient's medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
   a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
   b. Dated, legible, and authenticated; and
   c. Not changed to make the initial entry illegible;
3. An order is:
   a. Dated when the order is entered in the patient's medical record and includes the time of the order;
   b. Authenticated by a medical practitioner according to policies and procedures; and
   c. If the order is a verbal order, authenticated by the medical practitioner issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A patient's medical record is available to an individual:
   a. Authorized according to policies and procedures to access the patient's medical record;
   b. If the individual is not authorized according to policies and procedures, with the written consent of a patient or the patient's representative; or
   c. As permitted by law; and
6. A patient's medical record is protected from loss, damage, or unauthorized use.

B. If a hospice maintains patients' medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.

C. An administrator shall ensure that a patient's medical record contains:
1. Patient information that includes:
   a. The patient's name,
   b. The patient's address,
   c. The patient's telephone number,
   d. The patient's date of birth, and
   e. Any known allergy;
2. The admission date and, if applicable, the date that the patient stopped receiving services from the hospice;
3. The name and telephone number of the patient's physician;
4. If applicable, the name and contact information of the patient's representative and:
   a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
   b. If the patient's representative;
      i. Is a legal guardian, a copy of the court order establishing guardianship; or
      ii. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;
5. The admitting diagnosis;
6. If applicable, documented general consent and informed consent, by the patient or the patient's representative;
7. Documentation of medical history;
8. A copy of the patient's living will, health care power of attorney, or other health care directive, if applicable;
9. Orders;
10. The assessment required in R9-10-607(B)(1);
11. Care plans;
12. Progress notes for each patient contact, including:
    a. The date of the patient contact,
    b. The services provided,
    c. A description of the patient's condition, and
    d. Instructions given to the patient or patient's representative;
13. Documentation of hospice services provided to the patient;
14. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
15. Documentation of coordination of patient care;
16. Documentation of contacts with the patient's physician by a personnel member;
17. The discharge summary, if applicable;
18. If applicable, transfer documentation from a sending health care institution; and
19. Documentation of a medication administered to the patient that includes:
    a. The date and time of administration;
    b. The name, strength, dosage, and route of administration;
    c. For a medication administered for pain, when initially administered or when administered on a PRN basis:
       i. An assessment of the patient's pain before administering the medication, and
       ii. The effect of the medication administered;
    d. For a psychotropic medication, when initially administered or when administered on a PRN basis:
       i. An assessment of the patient's behavior before administering the psychotropic medication, and
       ii. The effect of the psychotropic medication administered;
    e. The identification, signature, and professional designation of the individual administering the medication; and
    f. Any adverse reaction a patient has to the medication.

Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-611 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-611 renumbered to R9-10-608; new Section R9-10-611 renumbered from R9-10-610 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-612. Hospice Services

A. An administrator shall ensure that the following are included in the hospice services provided by the hospice:
1. Medical services;
2. Nursing services;
3. Nutritional services, including menu planning and the designation of the kind and amount of food appropriate for a patient;
4. Medical social services, provided as follows by a personnel member:
   a. Qualified according to policies and procedures to coordinate medical social services; and
   b. Who is licensed under A.R.S. Title 32, Chapter 33, Article 5, if applicable;
5. Bereavement counseling for a patient's family for at least one year after the death of the patient; and
6. Spiritual counseling services, consistent with a patient's customs, religious preferences, cultural background, and ethnicity.

B. In addition to the services specified in subsection (A), an administrator of a hospice service agency shall ensure that the following are included in the hospice services provided by the hospice:
1. Home health aide services;
2. Respite care services; and
3. Supportive services, as defined in A.R.S. § 36-151.

C. An administrator shall ensure that the medical director provides direction for medical services provided by or through the hospice.

D. A medical director shall ensure that:
1. A patient's need for medical services is met, according to the patient's care plan and the hospice's scope of services; and
2. If a patient is receiving medical services not provided by or through the hospice, hospice services are coordinated with the physician providing medical services to the patient.

E. A director of nursing shall ensure that:
1. A registered nurse or practical nurse provides nursing services according to the hospice's policies and procedures;
2. A sufficient number of nurses are available to provide the nursing services identified in each patient's care plan;
3. The care plan for a patient is implemented;
4. A personnel member is only assigned to provide services the personnel member can competently perform;
5. A registered nurse:
   a. Assigns tasks in writing to a home health aide who is providing home health aide service to a patient,
   b. Provides direction for the home health aide services provided to a patient, and
   c. Verifies the competency of the home health aide in performing assigned tasks;
6. A registered dietitian or a personnel member under the direction of a registered dietitian plans menus for a patient;
7. A patient's condition and the services provided to the patient are documented in the patient's medical record after each patient contact;
8. A patient's physician is immediately informed of a change in the patient's condition that requires medical services; and
9. The implementation of a patient's care plan is coordinated among the personnel members providing hospice services to the patient.

Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-612 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 30 A.A.R. 2499 (August 2, 2024), with an immediate effective date of July 8, 2024 (Supp. 24-3).

R9-10-613. Medication Services

A. An administrator shall ensure that policies and procedures for medication services:
1. Include:
   a. A process for providing information to a patient about medication prescribed for the patient including:
      i. The prescribed medication's anticipated results,
      ii. The prescribed medication's potential adverse reactions,
      iii. The prescribed medication's potential side effects, and
      iv. Potential adverse reactions that could result from not taking the medication as prescribed;
   b. Procedures for preventing, responding to, and reporting:
      i. A medication error,
      ii. An adverse reaction to a medication, or
      iii. A medication overdose;
   c. Procedures to ensure that a patient's medication regimen and method of administration is reviewed by a medical practitioner to ensure the medication regimen meets the patient's needs;
   d. Procedures for:
      i. Documenting medication administration; and
      ii. Monitoring a patient who self-administers medication;
   e. Procedures for assisting a patient in obtaining medication; and
   f. If applicable, procedures for providing medication administration off the premises; and
2. Specify a process for review through the quality management program of:
   a. A medication administration error, and
   b. An adverse reaction to a medication.

B. If a hospice provides medication administration, an administrator shall ensure that:
1. Policies and procedures for medication administration:
   a. Are reviewed and approved by a medical practitioner;
   b. Specify the individuals who may:
      i. Order medication, and
      ii. Administer medication;
   c. Ensure that medication is administered to a patient only as prescribed; and
   d. Cover the documentation of a patient's refusal to take prescribed medication in the patient's medical record;
2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and

3. A medication administered to a patient:
   a. Is administered in compliance with an order, and
   b. Is documented in the patient's medical record.

C. An administrator shall ensure that:
1. A current drug reference guide is available for use by personnel members;
2. A current toxicology reference guide is available for use by personnel members;
3. If pharmaceutical services are provided on the premises:
   a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by the hospice's policies and procedures is established to:
      i. Develop a drug formulary,
      ii. Update the drug formulary at least every 12 months,
      iii. Develop medication usage and medication substitution policies and procedures, and
      iv. Specify which medications and medication classifications are required to be stopped automatically after a specific time period unless the ordering medical practitioner specifically orders otherwise;
   b. The pharmaceutical services are provided under the direction of a pharmacist;
   c. The pharmaceutical services comply with ARS Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
   d. A copy of the pharmacy license is provided to the Department upon request.

D. When medication is stored at a hospice inpatient facility, an administrator shall ensure that:
1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
2. Medication is stored according to the instructions on the medication container; and
3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient for:
   a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
   b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
   c. A medication recall and notification of patients who received recalled medication;
   d. Storing, inventorying, and dispensing controlled substances; and
   e. If applicable, donated medicine according to A.R.S. § 32-1909.

E. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the hospice's director of nursing.

Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-613 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-614. Infection Control

An administrator shall ensure that:
1. An infection control program is established, under the direction of an individual qualified according to policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
   a. A method to identify and document infections;
   b. Analysis of the types, causes, and spread of infections and communicable diseases;
   c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases; and
   d. Documenting infection control activities including:
      i. The collection and analysis of infection control data,
      ii. The actions taken relating to infections and communicable diseases, and
      iii. Reports of communicable diseases to the governing authority and state and county health departments;
2. Infection control documents are maintained for at least 12 months after the date of the documents;
3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
   a. Handling and disposal of biohazardous medical waste;
   b. Sterilization and disinfection of medical equipment and supplies;
   c. Use of personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;
   d. Cleaning of an individual's hands when the individual's hands are visibly soiled and before and after providing a service to a patient;
   e. Training of personnel members in infection control practices; and
   f. Work restrictions for a personnel member with a communicable disease or infected skin lesion;
4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures; and
5. A personnel member washes hands or use a hand disinfection product after each patient contact and after handling soiled linen, soiled clothing, or potentially infectious material.

Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-614 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-615. Food Services for a Hospice Inpatient Facility

A. An administrator of a hospice inpatient facility shall ensure that:
1. Meals and snacks provided by the hospice inpatient facility are served according to a patient's dietary needs and preferences;
2. Meals and snacks for each day are planned using:
   a. The applicable most recent dietary guidelines according to the U.S. Department of Health and Human Services and U.S. Department of Agriculture, and
   b. Preferences for meals and snacks obtained from patients;
3. A patient requiring assistance to eat is provided with assistance that recognizes the patient's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
4. Water is available and accessible to patients at all times, unless otherwise stated in a patient's care plan.

B. An administrator of a hospice inpatient facility shall ensure that food is obtained, prepared, served, and stored as follows:
1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
2. Food is protected from potential contamination;
3. Food is prepared:
   a. Using methods that conserve nutritional value, flavor, and appearance; and
   b. In a form to meet the needs of a patient, such as cut, chopped, ground, pureed, or thickened;
4. Potentially hazardous food is maintained as follows:
   a. Foods requiring refrigeration are maintained at 41° F or below;
   b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
      i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
      ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
      iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
      iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155 °F;
      v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
      vi. Leftovers are reheated to a temperature of at least 165° F;
5. A refrigerator contains a thermometer, accurate to plus or minus 3° F, at the warmest part of the refrigerator;
6. Frozen foods are stored at a temperature of 0° F or below; and
7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

C. An administrator shall ensure that:
1. For a hospice inpatient facility with a licensed capacity of more than 20 beds, the hospice inpatient facility:
   a. Has a license or permit as a food establishment under 9 A.A.C. 8, Article 1, and
   b. Maintains a copy of the hospice inpatient facility's food establishment license or permit;
2. If the hospice inpatient facility contracts with food establishment, as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the hospice inpatient facility a copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the hospice inpatient facility; and
3. Food is stored, refrigerated, and reheated to meet the dietary needs of a patient.

Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-615 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 30 A.A.R. 2499 (August 2, 2024), with an immediate effective date of July 8, 2024 (Supp. 24-3).

R9-10-616. Emergency and Safety Standards for a Hospice Inpatient Facility

A. An administrator of a hospice inpatient facility shall ensure that:
1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
   a. When, how, and where patients will be relocated, including:
      i. Instructions for the evacuation or transfer of patients,
      ii. Assigned responsibilities for each employee and personnel member, and
      iii. A plan for providing continuing services to meet patient's needs;
   b. How each patient's medical record will be available to individuals providing services to the patient during a disaster;
   c. A plan to ensure each patient's medication will be available to administer to the patient during a disaster; and
   d. A plan for obtaining food and water for individuals present in the hospice inpatient facility or the hospice inpatient facility's relocation site during a disaster;
2. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
3. Documentation of a disaster plan review required in subsection (A)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
   a. The date and time of the disaster plan review;
   b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
   c. A critique of the disaster plan review; and
   d. If applicable, recommendations for improvement;
4. A disaster drill for employees is conducted on each shift at least once every three months and documented; and
5. An evacuation path is conspicuously posted on each hallway of each floor of the hospice inpatient facility.

B. An administrator shall:

1. Obtain a fire inspection conducted according to the timeframe established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the fire inspection report, and
3. Maintain documentation of a current fire inspection.

Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-616 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-617. Environmental Standards for a Hospice Inpatient Facility

A. An administrator of a hospice inpatient facility shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
   a. Cleaning and storing of soiled linens and clothing,
   b. Housekeeping procedures that ensure a clean environment, and
   c. Isolation of a patient who may spread an infection;
2. The premises and equipment are:
   a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness or infection; and
   b. Free from a condition or situation that may cause a patient or other individual to suffer physical injury or illness;
3. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
4. Equipment used at the hospice inpatient facility is:
   a. Maintained in working order;
   b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in the hospice inpatient facility's policies and procedures; and
   c. Used according to the manufacturer's recommendations;
5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
6. Garbage and refuse are:
   a. Stored in covered containers lined with plastic bags, and
   b. Removed from the premises at least once a week;
7. Soiled linen and clothing are:
   a. Collected in a manner to minimize or prevent contamination;
   b. Bagged at the site of use; and
   c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;
8. Heating and cooling systems maintain the hospice inpatient facility at a temperature between 70° F and 84° F at all times;
9. Common areas:
   a. Are lighted to assure the safety of patients, and
   b. Have lighting sufficient to allow personnel members to monitor patient activity;
10. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article;
11. Oxygen containers are secured in an upright position;
12. Poisonous or toxic materials stored by the hospice inpatient facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to patients;
13. Except for medical supplies needed by a patient, combustible or flammable liquids and hazardous materials are stored by the hospice inpatient facility in the original labeled containers or safety containers in a locked area inaccessible to patients;
14. If pets or animals are allowed in the hospice inpatient facility, pets or animals are:
   a. Controlled to prevent endangering the patients and to maintain sanitation, and
   b. Licensed consistent with local ordinances;
15. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
   a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
   b. If necessary, corrective action is taken to ensure the water is safe to drink, and
   c. Documentation of testing is retained for at least 12 months after the date of the test; and
16. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.

B. An administrator of a hospice inpatient facility shall ensure that a patient is allowed to use and display personal belongings.

Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-617 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

R9-10-618. Physical Plant Standards for a Hospice Inpatient Facility

A. An administrator shall ensure that a hospice inpatient facility complies with applicable physical plant health and safety codes and standards, incorporated by reference in R9-10-104.01.

B. An administrator of a hospice inpatient facility shall ensure that the premises and equipment are sufficient to accommodate:
1. The services stated in the hospice inpatient facility's scope of services, and

2. An individual accepted as a patient by the hospice inpatient facility.

C. An administrator of a hospice inpatient facility shall ensure that a patient's sleeping area:
1. Is shared by no more than four patients;
2. Measures at least 80 square feet of floor space per patient, not including a closet;
3. Has walls from floor to ceiling;
4. Contains a door that opens into a hallway, common area, or outdoors;
5. Is at or above ground level;
6. Is vented to the outside of the hospice inpatient facility;
7. Has a working thermometer for measuring the temperature in the sleeping area;
8. For each patient, has a:
   a. Bed,
   b. Bedside table,
   c. Bedside chair,
   d. Reading light,
   e. Privacy screen or curtain, and
   f. Closet or drawer space;
9. Is equipped with a bell, intercom, or other mechanical means for a patient to alert a personnel member;
10. Is no farther than 20 feet from a room containing a toilet and a sink;
11. Is not used as a passageway to another sleeping area, a toilet room, or a bathing room;
12. Contains one of the following to provide sunlight:
    a. A window to the outside of the hospice inpatient facility, or
    b. A transparent or translucent door to the outside of the hospice inpatient facility; and
13. Has coverings for windows and for transparent or translucent doors that provide patient privacy.

D. An administrator of a hospice inpatient facility shall ensure that there is:
1. For every six patients, a toilet room that contains:
   a. At least one working toilet that flushes and has a seat;
   b. At least one working sink with running water;
   c. Soap for hand washing;
   d. Paper towels or a mechanical air hand dryer;
   e. Grab bars attached to a wall that an individual may hold onto to assist the individual in becoming or remaining erect;
   f. A mirror;
   g. Lighting;
   h. Space for a personnel member to assist a patient;
   i. A bell, intercom, or other mechanical means for a patient to alert a personnel member; and
   j. An operable window to the outside of the hospice inpatient facility or other means of ventilation;
2. For every 12 patients, at least one working bathtub or shower accessible to a wheeled shower chair, with a slip-resistant surface, located in a toilet room or in a separate bathing room;
3. For a patient occupying a sleeping area with one or more other patients, a separate room in which the patient can meet privately with family members;
4. Space in a lockable closet, drawer, or cabinet for a patient to store the patient's private or valuable items;
5. A room other than a sleeping area that can be used for social activities;
6. Sleeping accommodations for family members;
7. A designated toilet room, other than a patient toilet room, for personnel and visitors that:
   a. Provides privacy; and
   b. Contains:
      i. A working sink with running water,
      ii. A working toilet that flushes and has a seat,
      iii. Toilet tissue,
      iv. Soap for hand washing,
      v. Paper towels or a mechanical air hand dryer,
      vi. Lighting, and
      vii. A window that opens or another means of ventilation;
8. If the hospice inpatient facility has a kitchen with a stove or oven, a mechanism to vent the stove or oven to the outside of the hospice inpatient facility; and
9. Space designated for administrative responsibilities that is separate from sleeping areas, toilet rooms, bathing rooms, and drug storage areas.

Historical Note
Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-618 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

R9-10-619. Repealed

Historical Note
Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-619 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

R9-10-620. Repealed

Historical Note
Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-620 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

R9-10-621. Repealed

Historical Note
Adopted effective November 6, 1978 (Supp. 78-6). Correction, subsection (H), after "... 105° F" added "nor more than 110° F" as certified effective November 6, 1978 (Supp. 87-2). Section R9-10-621 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

R9-10-622. Repealed

Historical Note
Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-622 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

R9-10-623. Repealed

Historical Note
Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-623 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

R9-10-624. Repealed

Historical Note
Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-624 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

ARTICLE 7. BEHAVIORAL HEALTH RESIDENTIAL FACILITIES

R9-10-701. Definitions
In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article unless otherwise specified:

1. "Emergency safety response" means physically holding a resident to manage the resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual.
2. "Privacy area" means a licensed space in a behavioral health residential facility that is:
   a. Designated for treatment, visitors, and voluntary time-outs; and
   b. Unlocked, lighted, and ensures resident confidentiality.

Historical Note
Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted without changes effective October 30, 1989 (Supp. 89-4). Section R9-10-701 repealed, new Section R9-10-701 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-702. Supplemental Application and Documentation Submission Requirements

A. In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a behavioral health residential facility shall include on the application:
   1. Whether the applicant is planning to provide:
      a. Behavioral health services to individuals under 18 years of age, including the licensed capacity requested; or
      b. Behavioral health services to individuals 18 years of age and older, including the licensed capacity requested;
   2. Whether the applicant is requesting authorization to provide an outdoor behavioral health care program, including:
      a. The requested licensed capacity for providing the outdoor behavioral health care program to individuals 12 to 17 years of age, and
      b. The requested licensed capacity for providing the outdoor behavioral health care program to individuals 18 to 24 years of age;
   3. Whether the applicant is requesting authorization to provide:
      a. Behavioral health services to individuals 18 years of age or older whose behavioral health issue limits the individuals' ability to function independently,
      b. Personal care services, or
      c. Respite services;
   4. Whether the applicant is requesting authorization to provide recidivism reduction services as an adult residential care institution, including the requested licensed capacity for providing recidivism reduction services;
   5. For a behavioral health residential facility requesting authorization to provide respite services, the requested number of individuals the behavioral health residential facility plans to admit for respite services who:
      a. Are included in the requested licensed capacities in subsections (A)(1)(a) and (b),
      b. Are under 18 years of age and who do not stay overnight in the behavioral health residential facility, and
      c. Are 18 years of age and older and who do not stay overnight in the behavioral health residential facility; and
   6. For an outdoor behavioral health care program, a copy of the outdoor behavioral health care program's current accreditation report.

B. A licensee of an outdoor behavioral health care program shall submit a copy of the outdoor behavioral health care program's current accreditation report to the Department with the relevant fees required in Table 1.3.

C. A behavioral health residential facility shall obtain a separate license for each single dwelling unit.

Historical Note
Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to

A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-702 repealed, new Section R9-10-702 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1). Amended by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-703. Administration

A. A governing authority shall:
1. Consist of one or more individuals responsible for the organization, operation, and administration of a behavioral health residential facility;
2. Establish, in writing:
   a. A behavioral health residential facility's scope of services, including the specific types of treatment and services to be provided; and
   b. Qualifications for an administrator;
3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
4. Adopt a quality management program according to R9-10-704;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b), if the administrator is:
   a. Expected not to be present on the behavioral health residential facility's premises for more than 30 calendar days, or
   b. Not present on the behavioral health residential facility's premises for more than 30 calendar days;
7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator; and
8. Ensure the health, safety, and welfare of a resident is not placed at risk of harm.

B. An administrator:
1. Is directly accountable to the governing authority of a behavioral health residential facility for the daily operation of the behavioral health residential facility and all services provided by or at the behavioral health residential facility;
2. Has the authority and responsibility to manage the behavioral health residential facility; and
3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the behavioral health residential facility's premises and accountable for the behavioral health residential facility when the administrator is not present on the behavioral health residential facility's premises.

C. An administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident that:
   a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
   b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
   c. Include how a personnel member may submit a complaint relating to services provided to a resident;
   d. Include methods on how to prevent abuse, neglect, or exploitation of a resident, including annual training of personnel members on how to recognize the signs and symptoms of abuse or neglect, and how to report abuse or neglect;
   e. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
   f. Cover cardiopulmonary resuscitation training, including:
      i. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation;
      ii. The qualifications for an individual to provide cardiopulmonary resuscitation training;
      iii. The time-frame for renewal of cardiopulmonary resuscitation training; and
      iv. The documentation that verifies that the individual has received cardiopulmonary resuscitation training;
   g. Cover implementation of the requirements in A.R.S. §§ 36-411, 36-411.01, and 36-425.03, as applicable;
   h. Cover implementation of the requirements in A.R.S. § 8-804, if applicable;
   i. Cover first aid training;
   j. Include a method to identify a resident to ensure the resident receives physical health services and behavioral health services as ordered;
   k. Cover resident rights, including assisting a resident who does not speak English or who has a physical or other disability to become aware of resident rights;
   l. Cover specific steps for:
      i. A resident to file a complaint, and
      ii. The behavioral health residential facility to respond to a resident complaint, including a time-frame for responding;
   m. Cover health care directives;
   n. Cover medical records, including electronic medical records;
   o. Cover a quality management program, including incident reports and supporting documentation;
   p. Cover contracted services;
   q. Cover visitation, telephone usage, sending or receiving mail, computer usage, and other recreational activities in a behavioral health residential facility;
   r. Establish the process for warning an identified or identifiable individual, as described in A.R.S. § 36-517.02 (B) and (C), if a resident communicates to a personnel member a threat of imminent serious

physical harm or death to the identified or identifiable individual and the resident has the apparent intent and ability to carry out the threat;

s. If applicable, include the establishment of, disbursing from, and recordkeeping for a resident's personal funds account; and

t. Include security measures for the facility, residents and their possessions, personnel members, and visitors at the behavioral health residential facility;

2. Policies and procedures for behavioral health services and physical health services are established, documented, and implemented to protect the health and safety of a resident that:

a. Cover resident screening, admission, assessment, treatment plan, transport, transfer, discharge planning, and discharge;

b. Cover the provision of behavioral health services and physical health services;

c. For a resident receiving behavioral health services from an outpatient treatment center licensed under Article 10 of this Chapter, under a court order issued under A.R.S. § 36-540, cover communication and coordination with the outpatient treatment center and responsibilities for the following:

i. Development and implementation of the treatment plan required in R9-10-708,

ii. Required changes to the resident's treatment plan due to changes in the resident's condition or other events or behaviors,

iii. Transportation to and from the outpatient treatment center for treatment by the outpatient treatment center,

iv. Communication with the court issuing the court order, and

v. Transition of care after discharge from the behavioral health residential facility;

d. Include when general consent and informed consent are required;

e. Cover emergency safety responses;

f. Cover a resident's personal funds account;

g. Cover dispensing medication, administering medication, assistance in the self-administration of medication, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;

h. Cover prescribing a controlled substance to minimize substance abuse by a resident;

i. Cover respite services, including, as applicable, respite services for individuals who are admitted:

i. To receive respite services for up to 30 calendar days as a resident of the behavioral health residential facility, and

ii. For respite services and do not stay overnight in the behavioral health residential facility;

j. Cover services provided by an outdoor behavioral health care program, if applicable;

k. Cover infection control;

l. Cover resident time-out;

m. Cover resident outings;

n. Cover environmental services that affect resident care;

o. Cover whether pets and other animals are allowed on the premises, including procedures to ensure that any pets or other animals allowed on the premises do not endanger the health or safety of residents or the public;

p. If animals are used as part of a therapeutic program, cover:

i. Inoculation/vaccination requirements, and

ii. Methods to minimize risks to a resident's health and safety;

q. Cover the process for receiving a fee from a resident and refunding a fee to a resident;

r. Cover the process for obtaining resident preferences for social, recreational, or rehabilitative activities and meals and snacks;

s. Cover the security of a resident's possessions that are allowed on the premises;

t. Cover smoking and the use of tobacco products on the premises;

u. Cover how the behavioral health residential facility will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;

v. Cover religious visitation by a clergy member in compliance with A.R.S. § 36-407.02; and

w. Cover the provision of naloxone nasal spray, including requirements for:

i. Informing the administrator, personnel members, employees, volunteers, students, and residents of the availability and location of the naloxone nasal spray on the premises of the behavioral health residential facility;

ii. Providing training to the administrator, personnel members, employees, volunteers, and students on the correct use of naloxone nasal spray; and

iii. Ensuring the naloxone nasal spray is used in accordance with the manufacture's recommendations.

3. Policies and procedures are reviewed at least once every three years and updated as needed;

4. Policies and procedures are available to personnel members, employees, volunteers, and students; and

5. Unless otherwise stated:

a. Documentation required by this Article is provided to the Department within two hours after a Department request; and

b. When documentation or information is required by this Chapter to be submitted on behalf of a behavioral health residential facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the behavioral health residential facility.

D. If an applicant requests or a behavioral health residential facility has a licensed capacity of 10 or more residents, an administrator shall designate a clinical director who:

1. Provides direction for the behavioral health services provided by or at the behavioral health residential facility;

2. Is a behavioral health professional; and

3. May be the same individual as the administrator, if the individual meets the qualifications in subsections (A)(2)(b) and (D)(1) and (2).

E. Except for respite services, an administrator shall ensure that medical services, nursing services, health-related services, or ancillary services provided by a behavioral health residential facility are only provided to a resident who is expected to be

present in the behavioral health residential facility for more than 24 hours.

F. The administrator of a behavioral health residential facility providing services to children shall notify the Department within 30 calendar days after:
1. Beginning to contract exclusively with the federal government, and
2. Receiving only federal monies for services provided.

G. An administrator shall provide written notification to the Department of a resident's:
1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
2. Self-injury, within two working days after the resident inflicts a self-injury or has an accident that requires immediate intervention by an emergency medical services provider.

H. If abuse, neglect, exploitation, or a reportable offense of a resident is alleged or suspected to have occurred before the resident was admitted or while the resident is not on the premises and not receiving services from a behavioral health residential facility's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, exploitation, or reportable offense of the resident as follows:
1. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
2. For a resident under 18 years of age, according to A.R.S. § 13-3620.

I. If an administrator has a reasonable basis, according to A.R.S. § 13-3620 or 46-454, to believe abuse, neglect, exploitation, or a reportable offense has occurred on the premises or while a resident is receiving services from a behavioral health residential facility's employee or personnel member, the administrator shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, exploitation, or reportable offense;
2. Report the suspected abuse, neglect, exploitation, or reportable offense of the resident:
   a. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
   b. For a resident under 18 years of age, according to A.R.S. § 13-3620;
3. Document:
   a. The suspected abuse, neglect, exploitation, or reportable offense;
   b. Any action taken according to subsection (I)(1); and
   c. The report in subsection (I)(2);
4. Maintain the documentation in subsection (I)(3) for at least 12 months after the date of the report in subsection (I)(2);
5. Initiate an investigation of the suspected abuse, neglect, exploitation, or reportable offense and document the following information within five working days after the report required in (I)(2):
   a. The dates, times, and description of the suspected abuse, neglect, exploitation, or reportable offense;
   b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
   c. The names of witnesses to the suspected abuse, neglect, exploitation, or reportable offense; and
   d. The actions taken by the administrator to prevent the suspected abuse, neglect, exploitation, or reportable offense from occurring in the future; and
6. Maintain a copy of the documented information required in subsection (I)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.

J. In addition to the notification requirements in subsections (F), (G), (H), and (I), an administrator of a behavioral health residential facility providing services to children that contracts exclusively with the federal government and receives only federal monies for services provided shall comply with A.R.S. § 36-418.

K. An administrator shall:
1. Establish, document, and implement requirements regarding residents, personnel members, employees, and other individuals entering and exiting the premises;
2. Establish and document guidelines for meeting the needs of an individual residing at a behavioral health residential facility with a resident, such as a child accompanying a parent in treatment, if applicable;
3. If applicable, ensure that a child under the age of 12, who is not admitted to a behavioral health residential facility and is residing at the behavioral health residential facility with a parent:
   a. Is being cared for by the parent, and
   b. Does not cause the behavioral health residential facility to exceed the licensed capacity;
4. Establish, document, and implement the process for responding to a resident's need for immediate and unscheduled behavioral health services or physical health services;
5. Establish, document, and implement the criteria for determining when a resident's absence is unauthorized, including criteria for a resident who is:
   a. Absent against medical advice, or
   b. Under the age of 18;
6. If a resident's absence is unauthorized as determined according to the criteria in subsection (K)(5), within an hour after determining that the resident's absence is unauthorized, notify:
   a. For a resident who is under 18 years of age:
      i. The resident's parent or legal guardian; and
      ii. If the resident is under a court order issued according to A.R.S. § 8-341.01, the person appointed by the court to supervise the resident's treatment; and
   b. For a resident who is 18 years of age or older:
      i. The resident's representative or other individual designated by the resident; and
      ii. If the resident is under a court's jurisdiction according to A.R.S. Title 36, Chapter 5, Article 5, the outpatient treatment center responsible for providing treatment under the court order;
7. Maintain a written log of unauthorized absences for at least 12 months after the date of a resident's absence that includes the:
   a. Name of a resident absent without authorization,
   b. Name of the individual to whom the notification required in subsection (K)(6) was submitted, and
   c. Date of the notification; and
8. Evaluate and take action related to unauthorized absences under the quality management program in R9-10-704.

L. An administrator shall ensure that a personnel member who is able to read, write, understand, and communicate in English is on the premises of the behavioral health residential facility.

M. An administrator shall ensure that the following information or documents are conspicuously posted on the premises and are available upon request to a personnel member, employee, resident, or a resident's representative:
1. The behavioral health residential facility's current license,
2. The location at which inspection reports required in R9-10-720(C) are available for review or can be made available for review, and
3. The calendar days and times when a resident may accept visitors or make telephone calls.

N. An administrator shall ensure that:
1. Labor performed by a resident for the behavioral health residential facility is consistent with A.R.S. § 36-510;
2. A resident who is a child is only released to the child's custodial parent, guardian, or custodian or as authorized in writing by the child's custodial parent, guardian, or custodian;
3. The administrator obtains documentation of the identity of the parent, guardian, custodian, or family member authorized to act on behalf of a resident who is a child; and
4. A resident, who is an incapacitated person according to A.R.S. § 14-5101 or who is gravely disabled, is assisted in obtaining a resident's representative to act on the resident's behalf.

O. If an administrator determines that a resident is incapable of handling the resident's financial affairs, the administrator shall:
1. Not act as a resident's representative and not allow an employee or a family member of an employee to act as a resident's representative for a resident who is not a family member of the employee;
2. Notify the resident's representative or contact a public fiduciary or a trust officer to take responsibility of the resident's financial affairs, and
3. Maintain documentation of the notification required in subsection (O)(2) in the resident's medical record for at least 12 months after the date of the notification.

P. If an administrator manages a resident's money through a personal funds account, the administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented for:
   a. Using resident's funds in a personal funds account,
   b. Protecting resident's funds in a personal funds account,
   c. Investigating a complaint about the use of resident's funds in a personal funds account and ensuring that the complaint is investigated by an individual who does not manage the personal funds account,
   d. Processing each deposit into and withdrawal from a personal funds account, and
   e. Maintaining a record for each deposit into and withdrawal from a personal funds account; and
2. The personal funds account is only initiated after receiving a written request that:
   a. Is provided:
      i. Voluntarily by the resident,
      ii. By the resident's representative, or
      iii. By a court of competent jurisdiction;
   b. May be withdrawn at any time; and
   c. Is maintained in the resident's record.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-703 repealed, new Section R9-10-703 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1). At the request of the Department clerical errors have been corrected to R9-10-703(K)(7) and (8)(b), referencing subsections that were not amended when subsection (I) was renamed to subsection (K) at 26 A.A.R. 551 (Supp. 21-2). Amended by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-704. Quality Management

An administrator shall ensure that:
1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
   a. A method to identify, document, and evaluate incidents;
   b. A method to collect data to evaluate services provided to residents;
   c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;
   d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
   e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
   a. An identification of each concern about the delivery of services related to resident care, and
   b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-704 repealed, new Section R9-10-704 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-705. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-705 repealed, new Section R9-10-705 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-706. Personnel

A. An administrator shall ensure that:

1. A personnel member, an employee, or a student is at least 18 years old; and
2. A volunteer is at least 21 years old.

B. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
   a. Are based on:
      i. The type of behavioral health services or physical health services expected to be provided by the personnel member according to the established job description, and
      ii. The acuity of the residents receiving behavioral health services or physical health services from the personnel member according to the established job description; and
   b. Include:
      i. The specific skills and knowledge necessary for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description,
      ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description, and
      iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
   a. Before the personnel member provides physical health services or behavioral health services, and
   b. According to policies and procedures; and
3. Sufficient personnel members are present on a behavioral health residential facility's premises with the qualifications, experience, skills, and knowledge necessary to:
   a. Provide the services in the behavioral health residential facility's scope of services,
   b. Meet the needs of a resident, and
   c. Ensure the health and safety of a resident.

C. An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in R9-10-115.

D. An administrator shall ensure that an individual who is licensed under A.R.S. Title 32, Chapter 33 as a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision, as defined in A.A.C. R4-6-101.

E. An administrator shall ensure that:

1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
2. A personnel member completes orientation before providing behavioral health services or physical health services;
3. An individual's orientation is documented, to include:
   a. The individual's name,
   b. The date of the orientation, and
   c. The subject or topics covered in the orientation;
4. A written plan is developed and implemented to provide in-service education specific to the duties of a personnel member; and
5. A personnel member's in-service education is documented, to include:
   a. The personnel member's name,
   b. The date of the training, and
   c. The subject or topics covered in the training.

F. An administrator shall ensure that:
1. A personnel member whose job description includes the ability to use an emergency safety response:
   a. Before providing behavioral health services, completes training in crisis intervention that includes:
      i. Techniques to identify personnel member and resident behaviors, events, and environmental factors that may trigger the need for the use of an emergency safety response;
      ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods; and
      iii. The safe use of an emergency safety response including the ability to recognize and respond to signs of physical distress in a client who is receiving an emergency safety response; and
   b. Completes in-service education covering the topics in subsection (F)(1)(a) at least once every 12 months after the date the personnel member completed the initial training;
2. Documentation of the completed training in subsection (F)(1)(a) and in-service education according to subsection (F)(1)(b) includes:
   a. The name and credentials of the individual providing the training,
   b. Date of the training, and
   c. Verification of a personnel member's ability to use the training; and
3. The materials used to provide the completed training in crisis intervention, including handbooks, electronic presentations, and skills verification worksheets, are maintained for at least 12 months after each personnel member who received training using the materials no longer provides services at the behavioral health residential facility.

G. If a behavioral health residential facility provides behavioral health services to residents under 18 years of age, an administrator shall ensure that a behavioral health technician:
1. Complies with the following before providing personal care services:
   a. Provides documentation of the completion of a caregiver training program approved by the Department or the Board of Examiners for Nursing Care Institution Administrators and Assisted Living Facility Managers; and
   b. That is specific to children and includes:
      i. Assistance with activities of daily living,
      ii. Recognizing a child's needs through verbal and non-verbal cues, and
      iii. Supervisory oversight and safety awareness; and
2. Receives training from a medical practitioner or registered nurse according to R9-10-718(C)(4).

H. An administrator shall ensure that a personnel member, or an employee, a volunteer, or a student who has or is expected to have more than eight hours of direct interaction per week with residents, provides evidence of freedom from infectious tuberculosis:
1. On or before the date the individual begins providing services at or on behalf of the behavioral health residential facility, and
2. As specified in R9-10-113.

I. An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:
1. The individual's name, date of birth, and contact telephone number;
2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
3. Documentation of:
   a. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
   b. The individual's education and experience applicable to the individual's job duties;
   c. The individual's completed orientation and in-service education as required by policies and procedures;
   d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
   e. The individual's compliance with requirements in A.R.S. §§ 36-411, 36-411.01, and 36-425.03, as applicable;
   f. The individual's compliance with the requirements in A.R.S. § 8-804, if applicable;
   g. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
   h. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-703(C)(1)(e);
   i. First aid training, if required for the individual according to this Article or policies and procedures;
   j. If applicable, documentation required in subsection (F)(2) related to training on crisis intervention;
   k. If applicable, documentation of compliance with subsection (G); and
   l. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (H).

J. An administrator shall ensure that personnel records are:
1. Maintained:
   a. Throughout an individual's period of providing services at or for the behavioral health residential facility, and
   b. For at least 24 months after the last date the individual provided services in or for the behavioral health residential facility; and
2. For a personnel member who has not provided physical health services or behavioral health services at or for the behavioral health residential facility during the previous 12 months, provided to the Department within 72 hours after the Department's request.

K. An administrator shall ensure that a personnel member who is recidivism reduction staff at an adult residential care institution:
1. Submits an application for a fingerprint clearance card according to A.R.S. § 36-411; and
2. If the personnel member is denied a fingerprint clearance card, is evaluated to determine whether the personnel member:
   a. Has successfully completed treatment for recidivism reduction as shown by:
      i. Documentation of completion of treatment for recidivism reduction;
      ii. If applicable, continued negative results on random drug screening tests;

iii. If applicable, continued participation in a self-help group, such as Alcoholics Anonymous or Narcotics Anonymous, or a support group related to the personnel member's behavioral health issue; and
iv. No arrests or convictions of the personnel member related to the reason for denial of the fingerprint clearance card within the previous two years; and

b. Is not likely to be a threat to the health or safety of staff or residents through:
i. Review of the reasons for denial of a fingerprint clearance card;
ii. Assessment of the situations or circumstances that may have contributed to the reasons for denial of a fingerprint clearance card;
iii. Review of the steps taken by the personnel member to address the situations or circumstances that may have contributed to the reasons for denial of a fingerprint clearance card;
iv. Observation of the personnel member's interactions with residents while under direct visual supervision, as defined in A.R.S. § 36-411, by personnel members having a valid fingerprint clearance card; and
v. Institution of any other methods, according to policies and procedures, specific to the:
(1) Behavioral health residential facility;
(2) Issues of the residents that place them at risk for a future threat of prosecution, diversion, or incarceration; and
(3) Recidivism reduction services that are expected to be provided by the personnel member.

L. An administrator shall ensure that the following personnel members have first-aid and cardiopulmonary resuscitation training specific to the populations served by the behavioral health residential facility:
1. At least one personnel member who is present at the behavioral health residential facility during hours of operation of the behavioral health residential facility, and
2. Each personnel member participating in an outing.

M. An administrator shall ensure that:
1. At least one personnel member is present and awake at the behavioral health residential facility when a resident is on the premises;
2. In addition to the personnel member in subsection (M)(1), at least one personnel member is on-call and available to come to the behavioral health residential facility if needed;
3. There is a daily staffing schedule that:
a. Indicates the date, scheduled work hours, and name of each employee assigned to work, including on-call personnel members;
b. Includes documentation of the employees who work each calendar day and the hours worked by each employee; and
c. Is maintained for at least 12 months after the last date on the documentation;
4. A behavioral health professional is present at the behavioral health residential facility or on-call;
5. A registered nurse is present at the behavioral health residential facility or on-call; and
6. If a resident requires services that the behavioral health residential facility is not authorized or not able to provide, a personnel member arranges for the resident to be transported to a hospital or another health care institution where the services can be provided.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-706 repealed, new Section R9-10-706 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4). The Notice of Final Expedited rulemaking filed by the Department and published at 26 A.A.R. 3041 (File no. R20-200), contained omissions of amended rule text previously codified. This notice did not include amendments made to subsections R9-10-706(G)(3)(e), and R9-10-706(I), (J), and (K) as published at 25 A.A.R. 1583 (File no. R19-115); amendments to subsections R9-10-706(G)(3)(f), (g), (h), (i) and (j) as published at 25 A.A.R. 551 (File no. R20-42); the new Section R9-10-706 as made with subsection R9-10-706(B)(2)(b), including the word "and" after the semicolon as published at 19 A.A.R. 2015 (File no. R13-15). This notice also erroneously included a change to the reference of a subsection in (G)(3)(h) which has been corrected to R9-10-703(C)(1)(e) as originally made at 19 A.A.R. 2015 and amended at 20 A.A.R. 1409 (File no. R14-68). The omission of amendments to these subsections were published as filed by the Department and have been corrected as amended in the original notices at the Department's request (Supp. 21-2). Due to a Department error published at 26 A.A.R. 551, subsections R9-10-706(I), (J), and (K) have been corrected as amended at 25 A.A.R. 1583 (Supp. 21-3). Amended by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-707. Admission; Assessment

A. An administrator shall ensure that:
1. A resident is admitted based upon:

a. The resident's primary condition for which the resident is being admitted to the behavioral health residential facility is a behavioral health issue, and
b. The resident's behavioral health issue and treatment needs are within the behavioral health residential facility's scope of services;

2. A behavioral health professional, authorized by policies and procedures to admit a resident, is available;
3. General consent is obtained from:
   a. An adult resident or the resident's representative before or at the time of admission; or
   b. A resident's representative, if the resident is not an adult;
4. The general consent obtained in subsection (A)(3) is documented in the resident's medical record;
5. Except as provided in subsection (E)(1)(a), a medical practitioner performs a medical history and physical examination or a registered nurse performs a nursing assessment on a resident within 30 calendar days before admission or within 72 hours after admission and documents the medical history and physical examination or nursing assessment in the resident's medical record within 72 hours after admission;
6. If a medical practitioner performs a medical history and physical examination or a nurse performs a nursing assessment on a resident before admission, the medical practitioner enters an interval note or the nurse enters a progress note in the resident's medical record within seven calendar days after admission;
7. If a behavioral health assessment is conducted by a:
   a. Behavioral health technician or registered nurse, within 24 hours a behavioral health professional, certified or licensed to provide the behavioral health services needed by the resident, reviews and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the behavioral health services needed by the resident; or
   b. Behavioral health paraprofessional, a behavioral health professional, certified or licensed to provide the behavioral health services needed by the resident, supervises the behavioral health paraprofessional during the completion of the assessment and signs the assessment to ensure that the assessment identifies the behavioral health services needed by the resident;
8. Except as provided in subsection (A)(9), a behavioral health assessment for a resident is completed before treatment for the resident is initiated;
9. If a behavioral health assessment that complies with the requirements in this Section is received from a behavioral health provider other than the behavioral health residential facility or if the behavioral health residential facility has a medical record for the resident that contains a behavioral health assessment that was completed within 12 months before the date of the resident's current admission:
   a. The resident's assessment information is reviewed by a behavioral health professional before treatment for the resident is initiated and updated if additional information that affects the resident's assessment is identified, and
   b. The review and update of the resident's assessment information is documented by the behavioral health professional in the resident's medical record within 48 hours after the review is completed;
10. A behavioral health assessment:
    a. Documents a resident's:
       i. Presenting issue, including the acuity of the resident's presenting issue;
       ii. Substance abuse history;
       iii. Co-occurring disorder;
       iv. Legal history, including:
          (1) Custody,
          (2) Guardianship, and
          (3) Pending litigation;
       v. Criminal justice record;
       vi. Family history;
       vii. Behavioral health treatment history;
       viii. Symptoms reported by the resident; and
       ix. Referrals needed by the resident, if any;
    b. Includes:
       i. Recommendations for further assessment or examination of the resident's needs,
       ii. The physical health services or ancillary services that will be provided to the resident until the resident's treatment plan is completed, and
       iii. The signature and date signed of the personnel member conducting the behavioral health assessment; and
    c. Is documented in resident's medical record;
11. A resident is referred to a medical practitioner if a determination is made that the resident requires immediate physical health services or the resident's behavioral health issue may be related to the resident's medical condition; and
12. Except as provided in subsection (E)(1)(d), a resident provides evidence of freedom from infectious tuberculosis:
    a. Before or within seven calendar days after the resident's admission, and
    b. As specified in R9-10-113.

B. An administrator shall ensure that:
1. A request for participation in a resident's behavioral health assessment is made to the resident or the resident's representative,
2. An opportunity for participation in the resident's behavioral health assessment is provided to the resident or the resident's representative, and
3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the resident's medical record.

C. An administrator shall ensure that a resident's behavioral health assessment information is documented in the medical record within 48 hours after completing the behavioral health assessment.

D. If information in subsection (A)(10) is obtained about a resident after the resident's behavioral health assessment is completed, an administrator shall ensure that an interval note, including the information, is documented in the resident's medical record within 24 hours after the information is obtained.

E. Except as specified in subsection (F), if a behavioral health residential facility is authorized to provide respite services, an administrator shall ensure that:
1. Upon admission of a resident for respite services:
   a. A medical history and physical examination of the resident:

i. Is performed; or
ii. If dated within the previous 12 months, is available in the resident's medical record;

b. A treatment plan that meets the requirements in R9-10-708:
i. Is developed; or
ii. If dated within the previous 12 months, is available in the resident's medical record from a previous admission to the behavioral health residential facility;

c. If a treatment plan, dated within the previous 12 months, is available, the treatment plan is reviewed, updated, and documented in the resident's medical record; and

d. The resident is not required to comply with the requirements in subsection (A)(12) if the resident is not expected to be present in the behavioral health residential facility:
i. For more than seven consecutive days, or
ii. For 12 or more days in a 90-consecutive-day period;

2. The common area required in R9-10-722(B)(1)(b) provides at least 25 square feet for each resident, including residents who do not stay overnight; and

3. In addition to the requirements in R9-10-722(B)(3), toilets and hand-washing sinks are available to residents, including residents who do not stay overnight, as follows:
a. There is at least one working toilet that flushes and has a seat and one sink with running water for every 10 residents,
b. There are at least two working toilets that flush and have seats and two sinks with running water if there are 11 to 25 residents, and
c. There is at least one additional working toilet that flushes and has a seat and one additional sink with running water for each additional 20 residents.

F. Consistent with A.R.S. § 36-425.08, a medical history and physical examination are not required for a child who is admitted or expected to be admitted to a residential behavioral health facility for respite care for increments of fewer than five consecutive days and not more than 12 days in a 90-consecutive-day period.

G. The Administrator shall not accept or retain an adult individual who has been court-ordered to treatment at a secure behavioral health residential facility.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-707 repealed, new Section R9-10-707 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1). Amended by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-708. Treatment Plan

A. An administrator shall ensure that a treatment plan is developed and implemented for each resident that:

1. Is based on the medical history and physical examination or nursing assessment required in R9-10-707(A)(6) or (E)(1)(a) and the behavioral health assessment required in R9-10-707(A)(8) or (9) and on-going changes to the behavioral health assessment of the resident;

2. Is completed:
a. By a behavioral health professional or a behavioral health technician under the clinical oversight of a behavioral health professional, and
b. Before the resident receives physical health services or behavioral health services or within 48 hours after the assessment is completed;

3. Is documented in the resident's medical record within 48 hours after the resident first receives physical health services or behavioral health services;

4. Includes:
a. The resident's presenting issue, including an indication of the acuity of the resident's presenting issue;
b. The physical health services or behavioral health services to be provided to the resident;
c. The signature of the resident or the resident's representative and date signed, or documentation of the refusal to sign;
d. The date when the resident's treatment plan will be reviewed;
e. If a discharge date has been determined, the treatment needed after discharge; and
f. The signature of the personnel member who developed the treatment plan and the date signed;

5. If the treatment plan was completed by a behavioral health technician, is reviewed and signed by a behavioral health professional within 24 hours after the completion of the treatment plan to ensure that the treatment plan is complete and accurate and meets the resident's treatment needs; and

6. Is reviewed and updated on an on-going basis:
a. According to the review date specified in the treatment plan,
b. When a treatment goal is accomplished or changed,
c. When additional information that affects the resident's behavioral health assessment is identified, and
d. When a resident has a significant change in condition or experiences an event that affects treatment.

B. For a resident receiving behavioral health services from an outpatient treatment center licensed under Article 10 of this Chapter, under a court order issued under A.R.S. § 36-540, an administrator shall ensure that:

1. The treatment plan required in subsection (A) and any updates to the treatment plan are developed in coordination with the outpatient treatment center, and
2. The outpatient treatment center is notified of any change in the resident's condition that may require an update of the treatment plan.

C. An administrator shall ensure that:
1. A request for participation in developing a resident's treatment plan is made to the resident or the resident's representative,
2. An opportunity for participation in developing the resident's treatment plan is provided to the resident or the resident's representative, and
3. The request in subsection (C)(1) and the opportunity in subsection (C)(2) are documented in the resident's medical record.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-708 repealed, new Section R9-10-708 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1). Amended by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-709. Discharge

A. An administrator shall ensure that a discharge plan for a resident is:
1. Developed that:
   a. Identifies any specific needs of the resident after discharge,
   b. Is completed before discharge occurs, and
   c. Includes a description of the level of care that may meet the resident's assessed and anticipated needs after discharge;
2. If the resident is receiving behavioral health services from an outpatient treatment center licensed under Article 10 of this Chapter, under a court order issued under A.R.S. § 36-540, coordinated with the outpatient treatment center;
3. Documented in the resident's medical record within 48 hours after the discharge plan is completed; and
4. Provided to the resident or the resident's representative and, if applicable, the outpatient treatment center providing court-ordered treatment before the discharge occurs.

B. An administrator shall ensure that:
1. A request for participation in developing a resident's discharge plan is made to the resident or the resident's representative,
2. An opportunity for participation in developing the resident's discharge plan is provided to the resident or the resident's representative, and
3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the resident's medical record.

C. An administrator shall ensure that a resident is discharged from a behavioral health residential facility when the resident's treatment needs are not consistent with the services that the behavioral health residential facility is authorized and able to provide.

D. An administrator shall ensure that there is a documented discharge order by a medical practitioner or behavioral health professional before a resident is discharged unless the resident leaves the behavioral health residential facility against a medical practitioner's or behavioral health professional's advice.

E. An administrator shall ensure that, at the time of discharge, a resident receives a referral for treatment or ancillary services that the resident may need after discharge, if applicable.

F. If a resident is discharged to any location other than a health care institution, an administrator shall ensure that:
1. Discharge instructions are documented, and
2. The resident or the resident's representative is provided with a copy of the discharge instructions.

G. An administrator shall ensure that a discharge summary for a resident:
1. Is entered into the resident's medical record within 10 working days after a resident's discharge;
2. Includes:
   a. The following information authenticated by a medical practitioner or behavioral health professional:
      i. The resident's presenting issue and other physical health and behavioral health issues identified in the resident's treatment plan;
      ii. A summary of the treatment provided to the resident;
      iii. The resident's progress in meeting treatment goals, including treatment goals that were and were not achieved; and
      iv. The name, dosage, and frequency of each medication ordered for the resident by a medical practitioner at the behavioral health residential facility at the time of the resident's discharge; and
   b. A description of the disposition of the resident's possessions, funds, or medications brought to the behavioral health residential facility by the resident; and
3. If the resident is receiving behavioral health services from an outpatient treatment center licensed under Article 10 of this Chapter, under a court order issued under A.R.S. § 36-540, at the time of discharge, is provided to the outpatient treatment center.

H. An administrator shall ensure that a resident who is dependent upon a prescribed medication is offered a written referral to detoxification services or opioid treatment before the resident is discharged from the behavioral health residential facility if a

medical practitioner for the behavioral health residential facility will not be prescribing the medication for the resident at or after discharge.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-709 repealed, new Section R9-10-709 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-710. Transport; Transfer

A. Except as provided in subsection (B), an administrator shall ensure that:
1. A personnel member coordinates the transport and the services provided to the resident;
2. According to policies and procedures:
   a. An evaluation of the resident is conducted before and after the transport,
   b. Information from the resident's medical record is provided to a receiving health care institution, and
   c. A personnel member explains risks and benefits of the transport to the resident or the resident's representative; and
3. Documentation in the resident's medical record includes:
   a. Communication with an individual at a receiving health care institution;
   b. The date and time of the transport;
   c. The mode of transportation; and
   d. If applicable, the name of the personnel member accompanying the resident during a transport.

B. Subsection (A) does not apply to:
1. Transportation to a location other than a licensed health care institution,
2. Transportation provided for a resident by the resident or the resident's representative,
3. Transportation provided by an outside entity that was arranged for a resident by the resident or the resident's representative, or
4. A transport to another licensed health care institution in an emergency.

C. Except for a transfer of a resident due to an emergency, an administrator shall ensure that:
1. A personnel member coordinates the transfer and the services provided to the resident;
2. According to policies and procedures:
   a. An evaluation of the resident is conducted before the transfer;
   b. Information from the resident's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
   c. A personnel member explains risks and benefits of the transfer to the resident or the resident's representative; and
3. Documentation in the resident's medical record includes:
   a. Communication with an individual at a receiving health care institution;
   b. The date and time of the transfer;
   c. The mode of transportation; and
   d. If applicable, the name of the personnel member accompanying the resident during a transfer.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section R9-10-710 repealed, new Section R9-10-710 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-711. Resident Rights

A. An administrator shall ensure that:
1. The requirements in subsection (B) and the resident rights in subsection (E) are conspicuously posted on the premises;
2. At the time of admission, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (E); and
3. Policies and procedures include:
   a. How and when a resident or the resident's representative is informed of the resident rights in subsection (E), and
   b. Where resident rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:
1. A resident is treated with dignity, respect, and consideration;
2. A resident is not subjected to:
   a. Abuse;
   b. Neglect;
   c. Exploitation;
   d. Coercion;

e. Manipulation;
f. Sexual abuse;
g. Sexual assault;
h. Seclusion;
i. Restraint;
j. Retaliation for submitting a complaint to the Department or another entity;
k. Misappropriation of personal and private property by the behavioral health residential facility's personnel members, employees, volunteers, or students;
l. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the resident's treatment needs, except as established in a fee agreement signed by the resident or the resident's representative; or
m. Treatment that involves the denial of:
i. Food,
ii. The opportunity to sleep, or
iii. The opportunity to use the toilet;

3. Except as provided in subsection (C) or (D), and unless restricted by the resident's representative, a resident is allowed to:
a. Associate with individuals of the resident's choice, receive visitors, and make telephone calls during the hours established by the behavioral health residential facility;
b. Have privacy in correspondence, communication, visitation, financial affairs, and personal hygiene; and
c. Unless restricted by a court order, send and receive uncensored and unopened mail; and

4. A resident or the resident's representative:
a. Except in an emergency, either consents to or refuses treatment;
b. May refuse or withdraw consent for treatment before treatment is initiated, unless the treatment is:
i. Necessary to save the resident's life or physical health; or
ii. Provided according to A.R.S. § 36-512;
c. Except in an emergency, is informed of proposed treatment alternatives, associated risks, and possible complications;
d. Is informed of the following:
i. The behavioral health residential facility's policy on health care directives, and
ii. The resident complaint process; and
e. Except as otherwise permitted by law, provides written consent to the release of information in the resident's:
i. Medical record, or
ii. Financial records.

C. For a behavioral health residential facility with licensed capacity of less than 10 residents, if a behavioral health professional determines that a resident's treatment requires the behavioral health residential facility to restrict the resident's ability to participate in the activities in subsection (B)(3), the behavioral health professional shall:
1. Document a specific treatment purpose in the resident's medical record that justifies restricting the resident from the activity,
2. Inform the resident or resident's representative of the reason why the activity is being restricted, and
3. Inform the resident or resident's representative of the resident's right to file a complaint and the procedure for filing a complaint.

D. For a behavioral health residential facility with a licensed capacity of 10 or more residents, if a clinical director determines that a resident's treatment requires the behavioral health residential facility to restrict the resident's ability to participate in the activities in subsection (B)(3), the clinical director shall comply with the requirements in subsections (C)(1) through (3).

E. A resident has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that:
a. Supports and respects the resident's individuality, choices, strengths, and abilities;
b. Supports the resident's personal liberty and only restricts the resident's personal liberty according to a court order, by the resident's or the resident's representative's general consent, or as permitted in this Chapter; and
c. Is provided in the least restrictive environment that meets the resident's treatment needs;
3. To receive privacy in treatment and care for personal needs, including the right not to be fingerprinted, photographed, or recorded without consent, except:
a. A resident may be photographed when admitted to a behavioral health residential facility for identification and administrative purposes; or
b. For video recordings used for security purposes that are maintained only on a temporary basis;
4. Not to be prevented or impeded from exercising the resident's civil rights unless the resident has been adjudicated incompetent or a court of competent jurisdiction has found that the resident is not able to exercise a specific right or category of rights;
5. To review, upon written request, the resident's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
6. To be provided locked storage space for the resident's belongings while the resident receives treatment;
7. To have opportunities for social contact and daily social, recreational, or rehabilitative activities;
8. To be informed of the requirements necessary for the resident's discharge or transfer to a less restrictive physical environment;
9. To receive a referral to another health care institution if the behavioral health residential facility is not authorized or not able to provide physical health services or behavioral health services needed by the resident;
10. To participate or have the resident's representative participate in the development of a treatment plan or decisions concerning treatment;
11. To participate or refuse to participate in research or experimental treatment; and
12. To receive assistance from a family member, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.

Historical Note

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp.

98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-712. Medical Records

A. An administrator shall ensure that:
1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a resident's medical record is:
   a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
   b. Dated, legible, and authenticated; and
   c. Not changed to make the initial entry illegible;
3. An order is:
   a. Dated when the order is entered in the resident's medical record and includes the time of the order;
   b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
   c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A resident's medical record is available to an individual:
   a. Authorized according to policies and procedures to access the resident's medical record;
   b. If the individual is not authorized according to policies and procedures, with the written consent of the resident or the resident's representative; or
   c. As permitted by law;
6. Policies and procedures include the maximum time-frame to retrieve a resident's medical record at the request of a medical practitioner, behavioral health professional, or authorized personnel member; and
7. A resident's medical record is protected from loss, damage, or unauthorized use.

B. If a behavioral health residential facility maintains residents' medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.

C. An administrator shall ensure that a resident's medical record contains:
1. Resident information that includes:
   a. The resident's name;
   b. The resident's address;
   c. The resident's date of birth; and
   d. Any known allergies, including medication allergies;
2. The name of the admitting medical practitioner or behavioral health professional;
3. An admitting diagnosis or presenting behavioral health issues;
4. The date of admission and, if applicable, date of discharge;
5. If applicable, the name and contact information of the resident's representative and:
   a. If the resident is 18 years of age or older or an emancipated minor, the document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
   b. If the resident's representative:
      i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      ii. Is a legal guardian, a copy of the court order establishing guardianship;
6. Documented general consent and, if applicable, informed consent for treatment by the resident or the resident's representative;
7. Documentation of medical history and results of a physical examination;
8. A copy of resident's health care directive, if applicable;
9. Orders;
10. If applicable, documentation that treatment was ordered by a court according to A.R.S. Title 36, Chapter 5 or A.R.S. § 8-341.01, including a copy of the court order;
11. Assessment;
12. Treatment plans;
13. Interval notes;
14. Progress notes;
15. Documentation of behavioral health services and physical health services provided to the resident;
16. If applicable, documentation of the use of an emergency safety response;
17. If applicable, documentation of time-out required in R9-10-714(6);
18. Except as allowed in R9-10-707(E)(1)(d), documentation of freedom from infectious tuberculosis required in R9-10-707(A)(13);
19. The disposition of the resident after discharge;
20. The discharge plan;
21. The discharge summary, if applicable;
22. If applicable:
   a. Laboratory reports,
   b. Radiologic reports,
   c. Diagnostic reports, and
   d. Consultation reports; and
23. Documentation of medication administered to the resident or for which the resident received assistance in the self-administration of medication that includes:
   a. The date and time of administration;
   b. The name, strength, dosage, and route of administration;
   c. For a medication administered for pain, when administered initially or on a PRN basis:
      i. An assessment of the resident's pain before administering the medication, and
      ii. The effect of the medication administered;
   d. For a psychotropic medication, when administered initially or on a PRN basis:
      i. An assessment of the resident's behavior before administering the psychotropic medication, and
      ii. The effect of the psychotropic medication administered;

e. The identification, signature, and professional designation of the individual administering or providing assistance in the self-administration of the medication; and
f. Any adverse reaction a resident has to the medication.

Historical Note
Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1). Amended by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-713. Transportation; Resident Outings

A. An administrator of a behavioral health residential facility that uses a vehicle owned or leased by the behavioral health residential facility to provide transportation to a resident shall ensure that:
1. The vehicle:
   a. Is safe and in good repair,
   b. Contains a first aid kit,
   c. Contains drinking water sufficient to meet the needs of each resident present in the vehicle, and
   d. Contains a working heating and air conditioning system;
2. Documentation of current vehicle insurance and a record of maintenance performed or a repair of the vehicle are maintained;
3. A driver of the vehicle:
   a. Is 21 years of age or older;
   b. Has a valid driver license;
   c. Operates the vehicle in a manner that does not endanger a resident in the vehicle;
   d. Does not leave in the vehicle an unattended:
      i. Child,
      ii. Resident who may be a threat to the health or safety of the resident or another individual, or
      iii. Resident who is incapable of independent exit from the vehicle; and
   e. Ensures the safe and hazard-free loading and unloading of residents; and
4. Transportation safety is maintained as follows:
   a. Each individual in the vehicle is sitting in a seat and wearing a working seat belt while the vehicle is in motion, and
   b. Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a resident's body.

B. An administrator shall ensure that:
1. An outing is consistent with the age, developmental level, physical ability, medical condition, and treatment needs of each resident participating in the outing;
2. At least two personnel members are present on an outing;
3. In addition to the personnel members required in subsection (B)(2), a sufficient number of personnel members are present to ensure each resident's health and safety on the outing;
4. Documentation is developed before an outing that includes:
   a. The name of each resident participating in the outing;
   b. A description of the outing;
   c. The date of the outing;
   d. The anticipated departure and return times;
   e. The name, address, and, if available, telephone number of the outing destination; and
   f. If applicable, the license plate number of each vehicle used to transport a resident;
5. The documentation described in subsection (B)(4) is updated to include the actual departure and return times and is maintained for at least 12 months after the date of the outing; and
6. Emergency information for each resident participating in the outing is maintained by a personnel member participating in the outing or in the vehicle used to provide transportation for the outing and includes:
   a. The resident's name;
   b. Medication information, including the name, dosage, route of administration, and directions for each medication needed by the resident during the anticipated duration of the outing;
   c. The resident's allergies; and
   d. The name and telephone number of a designated individual to notify in case of an emergency, who is present on the behavioral health residential facility's premises.

Historical Note
Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-714. Resident Time-Out

An administrator shall ensure that a time-out:
1. Is provided to a resident who voluntarily decides to go in a time-out;
2. Takes place in an area that is unlocked, lighted, quiet, and private;
3. Is time-limited and does not exceed the amount of time as determined by the resident;
4. Does not result in a resident missing a meal if the resident is in time-out at mealtime;
5. Includes monitoring of the resident by a personnel member at least once every 15 minutes to ensure the resident's health and safety and to discuss with the resident if the resident is ready to leave time-out; and
6. Is documented in the resident's medical record, to include:
   a. The date of the time-out,
   b. The reason for the time-out,

c. The duration of the time-out, and
d. The action planned and taken by the administrator to prevent the use of time-out in the future.

Historical Note
Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-715. Physical Health Services
An administrator of a behavioral health residential facility that is authorized to provide personal care services shall ensure that:
1. Personnel members who provide personal care services have documentation of completion of a caregiver training program that complies with A.A.C. R4-33-702(A)(5);
2. Residents receive personal care services according to the requirements in R9-10-814(A), (D), (E), and (F); and
3. A resident who has a stage 3 or stage 4 pressure sore is not admitted to the behavioral health residential facility.

Historical Note
Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-716. Behavioral Health Services
A. An administrator shall ensure that:
1. If a behavioral health residential facility is authorized to provide behavioral health services to individuals whose behavioral health issue limits the individuals' ability to function independently or is authorized to provide behavioral health services to individuals under 18 years of age, a resident admitted to the behavioral health residential facility with limited ability to function independently or who is under 18 years of age receives:
   a. Behavioral health services and personal care services as indicated in the resident's treatment plan, and
   b. Continuous protective oversight;
2. A resident admitted to the behavioral health residential facility who needs behavioral health services to maintain or enhance the resident's ability to function independently:
   a. Receives behavioral health services, and, if indicated in the resident's treatment plan, personal care services; and
   b. Is provided an opportunity to participate in activities designed to maintain or enhance the resident's ability to function independently while:
      i. The resident receives services to maintain the resident's health, safety, or personal hygiene; or
      ii. Homemaking functions are performed for the resident;
3. Behavioral health services are provided to meet the needs of a resident and are consistent with a behavioral health residential facility's scope of services;
4. Behavioral health services listed in the behavioral health residential facility's scope of services are provided on the premises;
5. Before a resident participates in behavioral health services provided in a setting or activity with more than one resident participating, the diagnoses, treatment needs, developmental levels, social skills, verbal skills, and personal histories, including any history of physical or sexual abuse, of the residents participating are reviewed to ensure that the:
   a. Health and safety of each resident is protected, and
   b. Treatment needs of each resident participating are being met; and
6. A resident does not:
   a. Use or have access to any materials, furnishings, or equipment or participate in any activity or treatment that may present a threat to the resident's health or safety based on the resident's documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, or personal history; or
   b. Share any space, participate in any activity or treatment, or verbally or physically interact with any other resident that may present a threat to the resident's health or safety, based on the other resident's documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, and personal history.

B. For a resident receiving behavioral health services from an outpatient treatment center licensed under Article 10 of this Chapter, under a court order issued under A.R.S. § 36-540, an administrator shall ensure that there is coordination between the behavioral health residential facility and the outpatient treatment center to:
1. Avoid duplication in the behavioral health services provided by the behavioral health residential facility and the outpatient treatment center, and
2. Provide to the resident all the behavioral health services and, if applicable, personal care services specified in the resident's treatment plan.

C. Except for individuals under 18 years of age receiving respite services from the behavioral health residential facility, as specified in A.R.S. § 36-425.08, an administrator shall ensure that counseling is:
1. Offered as described in the behavioral health residential facility's scope of services,
2. Provided according to the frequency and number of hours identified in the resident's treatment plan, and
3. Provided by a behavioral health professional or a behavioral health technician.

D. If a resident is receiving counseling according to subsection (C), an administrator shall ensure that:
1. A personnel member providing counseling that addresses a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue; and
2. Each counseling session is documented in a resident's medical record to include:

a. The date of the counseling session;
b. The amount of time spent in the counseling session;
c. Whether the counseling was individual counseling, family counseling, or group counseling;
d. The treatment goals addressed in the counseling session; and
e. The signature of the personnel member who provided the counseling and the date signed.

E. An administrator of a behavioral health residential facility authorized to provide behavioral health services to individuals under 18 years of age:
1. May continue to provide behavioral health services to a resident who is 18 years of age or older:
   a. If the resident:
      i. Was admitted to the behavioral health residential facility before the resident's 18th birthday;
      ii. Is not 21 years of age or older; and
      iii. Is:
         (1) Attending classes or completing coursework to obtain a high school or a high school equivalency diploma, or
         (2) Participating in a job training program; or
   b. Through the last calendar day of the month of the resident's 18th birthday; and
2. Shall ensure that:
   a. A resident does not receive the following from other residents at the behavioral health residential facility:
      i. Threats,
      ii. Ridicule,
      iii. Verbal harassment,
      iv. Punishment, or
      v. Abuse;
   b. The interior of the behavioral health residential facility has furnishings and decorations appropriate to the ages of the residents receiving services at the behavioral health residential facility;
   c. A resident older than three years of age does not sleep in a crib;
   d. Clean and non-hazardous toys, educational materials, and physical activity equipment are available and accessible to residents on the premises in a quantity sufficient to meet each resident's needs and are appropriate to each resident's age, developmental level, and treatment needs; and
   e. A resident's educational needs are addressed according to A.R.S. Title 15, Chapter 7, Article 4.

F. An administrator shall ensure that:
1. An emergency safety response is:
   a. Only used:
      i. By a personnel member trained to use an emergency safety response,
      ii. For the management of a resident's violent or self-destructive behavior, and
      iii. When less restrictive interventions have been determined to be ineffective; and
   b. Discontinued at the earliest possible time, but no longer than five minutes after the emergency safety response is initiated;
2. Within 24 hours after an emergency safety response is used for a resident:
   a. The following information is entered into the resident medical record:
      i. The date and time the emergency safety response was used;
      ii. The name of each personnel member who used an emergency safety response;
      iii. The specific emergency safety response used;
      iv. The personnel member or resident behavior, event, or environmental factor that caused the need for the emergency safety response; and
      v. Any injury that resulted from the use of the emergency safety response; and
   b. For a resident who is receiving behavioral health services from an outpatient treatment center licensed under Article 10 of this Chapter, under a court order issued under A.R.S. § 36-540, the use of the emergency safety response is reported to the outpatient treatment center;
3. Within 10 working days after an emergency safety response is used for a resident, the administrator or clinical director reviews the information in subsection (F)(2)(a); and
4. After the review required in subsection (F)(3), the following information is entered, according to policies and procedures, into the resident's medical record:
   a. Actions taken or planned actions to prevent the need for the use of an emergency safety response for the resident,
   b. A determination of whether the resident is appropriately placed at the behavioral health residential facility, and
   c. Whether the resident's treatment plan was reviewed or needs to be reviewed and updated to ensure that the resident's treatment plan is meeting the resident's treatment needs.

Historical Note

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1). Amended by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-717. Outdoor Behavioral Health Care Programs

A. An administrator of a behavioral health residential facility authorized to provide an outdoor behavioral health care program shall ensure that:
1. Behavioral health services are provided to a resident participating in the outdoor behavioral health care program consistent with the age, developmental level, physical ability, medical condition, and treatment needs of the resident;
2. Continuous protective oversight is provided to a resident;
3. Transportation is provided to a resident from the behavioral health residential facility's administrative office for the outdoor behavioral health care program to the location where the outdoor behavioral health care program is provided and from the location where the outdoor behav-

ioral health care program is provided to the behavioral health residential facility's administrative office for the outdoor behavioral health care program; and

4. Communication is available between the outdoor behavioral health care program personnel and:
   a. A behavioral health professional,
   b. A registered nurse,
   c. An emergency medical response team, and
   d. The behavioral health residential facility's administrative office for the outdoor behavioral health care program.

B. An administrator of a behavioral health residential facility authorized to provide an outdoor behavioral health care program shall ensure that:

1. Food is prepared:
   a. Using methods that conserve nutritional value, flavor, and appearance; and
   b. In a form to meet the needs of a resident such as cut, chopped, ground, pureed, or thickened;
2. A food menu is prepared based on the number of calendar days scheduled for the behavioral health care program;
3. Meals and snacks provided by the behavioral health care program are served according to menus;
4. Meals and snacks for each day are planned using the applicable guidelines in http://www.health.gov/dietaryguidelines/2015;
5. A resident is provided:
   a. A diet that meets the resident's nutritional needs as specified in the resident's assessment or treatment plan;
   b. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(5)(d);
   c. The option to have a daily evening snack or other snack; and
   d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if the resident agrees;
6. Water is available and accessible to residents unless otherwise stated in a resident's treatment plan;
7. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
8. Food is protected from potential contamination; and
9. Food being maintained in coolers containing ice is not in direct contact with ice or water if water may enter the food because of the nature of the food's packaging, wrapping, or container or the positioning of the food in the ice or water.

C. An administrator of a behavioral health residential facility authorized to provide an outdoor behavioral health care program shall ensure that:

1. The location and, if applicable, equipment used by the outdoor behavioral health care program are sufficient to accommodate the activities, treatment, and ancillary services required by the residents participating in the behavioral health care program;
2. The location and equipment are maintained in a condition that allows the location and equipment to be used for the original purpose of the location and equipment;
3. Garbage and refuse are:
   a. Stored in plastic bags in covered containers, and
   b. Removed from the location used by the outdoor behavioral health care program at least once a week;
4. Common areas:
   a. Are lighted when in use to assure the safety of residents, and
   b. Have sufficient lighting to allow personnel members to monitor resident activity;
5. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
6. Soiled clothing is stored in closed containers away from food storage, medications, and eating areas;
7. Poisonous or toxic materials are maintained in labeled containers, secured, and separate from food preparation and storage, eating areas, and medications and inaccessible to residents;
8. Combustible or flammable liquids and hazardous materials are stored in the original labeled containers or safety containers, secured, and inaccessible to residents;
9. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
   a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
   b. If necessary, corrective action is taken to ensure the water is safe to drink; and
   c. Documentation of testing is retained for at least 12 months after the date of the test; and
10. Smoking or the use of tobacco products may be permitted away from the residents.

Historical Note

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-717.01. Recidivism Reduction Services

An administrator of a behavioral health residential facility that is an adult residential care institution and is authorized to provide recidivism reduction services shall ensure that:

1. A personnel member who is recidivism reduction staff at the adult residential care institution does not provide:
   a. Behavioral health services other than recidivism reduction services; or
   b. Recidivism reduction services to a resident who has not been referred by a physician, behavioral health professional, or court of competent jurisdiction to receive recidivism reduction services;
2. The adult residential care institution accepts an individual as a resident only if the individual:
   a. Is at least 18 years of age; and
   b. Has documentation of a referral to receive recidivism reduction services that:
      i. Was made by a physician, behavioral health professional, or court of competent jurisdiction; and
      ii. Complies with the requirements in A.R.S. § 36-411.01(D);

3. The referral is included in the resident's medical record; and
4. The recidivism reduction services provided to a resident are:
   a. Consistent with the age, developmental level, physical ability, medical condition, and treatment needs of the resident; and
   b. Provided by recidivism reduction staff whose experience is compatible with the experience of the resident.

Historical Note
New Section made by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-718. Medication Services

A. An administrator shall ensure that policies and procedures for medication services:
1. Include:
   a. A process for providing information to a resident about medication prescribed for the resident, including:
      i. The prescribed medication's anticipated results,
      ii. The prescribed medication's potential adverse reactions,
      iii. The prescribed medication's potential side effects, and
      iv. Potential adverse consequences that could result from not taking the medication as prescribed;
   b. Procedures for preventing, responding to, and reporting any of the following:
      i. A medication error,
      ii. An adverse reaction to a medication, or
      iii. A medication overdose;
   c. Procedures to ensure that a resident's medication regimen is reviewed by a medical practitioner to ensure the medication regimen meets the resident's needs;
   d. Procedures for documenting, as applicable, medication administration and assistance in the self-administration of medication;
   e. A process for monitoring a resident who self-administers medication;
   f. Procedures for assisting a resident in obtaining medication; and
   g. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
2. Specify a process for review through the quality management program of:
   a. A medication administration error, and
   b. An adverse reaction to a medication.

B. If a behavioral health residential facility provides medication administration, an administrator shall ensure that:
1. Policies and procedures for medication administration:
   a. Are reviewed and approved by a medical practitioner;
   b. Specify the individuals who may:
      i. Order medication, and
      ii. Administer medication;
   c. Ensure that medication is administered to a resident only as ordered; and
   d. Cover the documentation of a resident's refusal to take prescribed medication in the resident's medical record;
2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
3. A medication administered to a resident:
   a. Is administered in compliance with an order, and
   b. Is documented in the resident's medical record.

C. If a behavioral health residential facility provides assistance in the self-administration of medication, an administrator shall ensure that:
1. A resident's medication is stored by the behavioral health residential facility;
2. The following assistance is provided to a resident:
   a. A reminder when it is time to take the medication;
   b. Opening the medication container for the resident;
   c. Observing the resident while the resident removes the medication from the container;
   d. Verifying that the medication is taken as prescribed by the resident's medical practitioner by confirming that:
      i. The resident taking the medication is the individual stated on the medication container label,
      ii. The resident is taking the dosage of the medication stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label, and
      iii. The resident is taking the medication at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label; or
   e. Observing the resident while the resident takes the medication;
3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
   a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
   b. Includes:
      i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
      ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
      iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
6. Assistance in the self-administration of medication provided to a resident:
   a. Is in compliance with an order, and
   b. Is documented in the resident's medical record.

D. An administrator shall ensure that:

1. A current drug reference guide is available for use by personnel members;
2. A current toxicology reference guide is available for use by personnel members; and
3. If pharmaceutical services are provided on the premises:
   a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
      i. Develop a drug formulary,
      ii. Update the drug formulary at least once every 12 months,
      iii. Develop medication usage and medication substitution policies and procedures, and
      iv. Specify which medications and medication classifications are required to be stopped automatically after a specific time period unless the ordering medical practitioner specifically orders otherwise;
   b. The pharmaceutical services are provided under the direction of a pharmacist;
   c. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
   d. A copy of the pharmacy license is provided to the Department upon request.

E. When medication is stored at a behavioral health residential facility, an administrator shall ensure that:
1. Medication is stored in a separate locked room, closet, cabinet, or self-contained unit used only for medication storage;
2. Medication is stored according to the instructions on the medication container; and
3. Policies and procedures are established, documented, and implemented for:
   a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;
   b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
   c. A medication recall and notification of residents who received recalled medication; and
   d. Storing, inventorying, and dispensing controlled substances.

F. An administrator shall ensure that a personnel member immediately reports a medication error or a resident's adverse reaction to a medication to the medical practitioner who ordered or prescribed the medication and, if applicable, the behavioral health residential facility's clinical director.

Historical Note

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-719. Food Services

A. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that:
1. For a behavioral health residential facility that has a licensed capacity of more than 10 residents:
   a. The behavioral health residential facility obtains a license or permit as a food establishment under 9 A.A.C. 8, Article 1; and
   b. A copy of the behavioral health residential facility's food establishment license or permit is maintained;
2. If a behavioral health residential facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the behavioral health residential facility, a copy of the food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the behavioral health residential facility;
3. Food is stored, refrigerated, and reheated to meet the dietary needs of a resident;
4. A registered dietitian is employed full-time, part-time, or as a consultant; and
5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the residents.

B. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, a registered dietitian or director of food services shall ensure that:
1. Food is prepared:
   a. Using methods that conserve nutritional value, flavor, and appearance; and
   b. In a form to meet the needs of a resident, such as cut, chopped, ground, pureed, or thickened;
2. A food menu:
   a. Is prepared at least one week in advance,
   b. Includes the foods to be served each day,
   c. Is conspicuously posted at least one calendar day before the first meal on the food menu will be served,
   d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
   e. Is maintained for at least 60 calendar days after the last day included in the food menu;
3. Meals and snacks provided by the behavioral health residential facility are served according to posted menus;
4. Meals and snacks for each day are planned using the applicable guidelines in http://www.health.gov/dietaryguidelines/2015;
5. A resident is provided:
   a. A diet that meets the resident's nutritional needs as specified in the resident's assessment or treatment plan;
   b. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(5)(d);
   c. The option to have a daily evening snack identified in subsection (B)(5)(d)(ii) or other snack; and
   d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
      i. The resident agrees; and
      ii. The resident is offered an evening snack that includes meat, fish, eggs, cheese, or other pro-

tein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;

6. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
7. Water is available and accessible to residents unless otherwise stated in a resident's treatment plan.

C. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that food is obtained, prepared, served, and stored as follows:

1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
2. Food is protected from potential contamination;
3. Potentially hazardous food is maintained as follows:
   a. Foods requiring refrigeration are maintained at 41° F or below; and
   b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
      i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
      ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
      iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
      iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155 °F;
      v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
      vi. Leftovers are reheated to a temperature of at least 165° F;
4. A refrigerator contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
5. Frozen foods are stored at a temperature of 0° F or below; and
6. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

Historical Note

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-720. Emergency and Safety Standards

A. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that a behavioral health residential facility has:

1. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, and a sprinkler system installed according to the National Fire Protection Association 13: Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, that are in working order; or
2. An alternative method to ensure resident's safety that is documented and approved by the local jurisdiction.

B. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
   a. When, how, and where residents will be relocated;
   b. How each resident's medical record will be available to individuals providing services to the resident during a disaster;
   c. A plan to ensure each resident's medication will be available to administer to the resident during a disaster; and
   d. A plan for obtaining food and water for individuals present in the behavioral health residential facility, under the care and supervision of personnel members, or in the behavioral health residential facility's relocation site during a disaster;
2. The disaster plan required in subsection (B)(1) is reviewed at least once every 12 months;
3. Documentation of a disaster plan review required in subsection (B)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
   a. The date and time of the disaster plan review;
   b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
   c. A critique of the disaster plan review; and
   d. If applicable, recommendations for improvement;
4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
5. An evacuation drill for employees and residents on the premises is conducted at least once every six months on each shift;
6. Documentation of each evacuation drill is created, is maintained for 12 months after the date of the evacuation drill, and includes:
   a. The date and time of the evacuation drill;
   b. The amount of time taken for all employees and residents to evacuate the behavioral health residential facility;
   c. Names of employees participating in the evacuation drill;
   d. An identification of residents needing assistance for evacuation;
   e. Any problems encountered in conducting the evacuation drill; and
   f. Recommendations for improvement, if applicable; and
7. An evacuation path is conspicuously posted on each hallway of each floor of the behavioral health residential facility.

C. An administrator shall:

1. Obtain a fire inspection conducted according to the timeframe established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the fire inspection report, and
3. Maintain documentation of a current fire inspection.

Historical Note
Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

R9-10-721. Environmental Standards

A. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that:
1. The premises and equipment are:
   a. Maintained in a condition that allows the premises and equipment to be used for the original purpose of the premises and equipment;
   b. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and
   c. Free from a condition or situation that may cause a resident or other individual to suffer physical injury;
2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
3. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
4. Equipment used at the behavioral health residential facility is:
   a. Maintained in working order;
   b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
   c. Used according to the manufacturer's recommendations;
5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
6. Garbage and refuse are:
   a. Stored in covered containers lined with plastic bags, and
   b. Removed from the premises at least once a week;
7. Heating and cooling systems maintain the behavioral health residential facility at a temperature between 70° F and 84° F;
8. A space heater is not used;
9. Common areas:
   a. Are lighted to assure the safety of residents, and
   b. Have lighting sufficient to allow personnel members to monitor resident activity;
10. Hot water temperatures are maintained between 95° F and 120° F in the areas of the behavioral health residential facility used by residents;
11. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
12. Soiled linen and soiled clothing stored by the behavioral health residential facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
13. Oxygen containers are secured in an upright position;
14. Poisonous or toxic materials stored by the behavioral health residential facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to residents;
15. Combustible or flammable liquids and hazardous materials stored by a behavioral health residential facility are stored in the original labeled containers or safety containers in a locked area inaccessible to residents;
16. If pets or animals are allowed in the behavioral health residential facility, pets or animals are:
   a. Controlled to prevent endangering the residents and to maintain sanitation;
   b. Licensed consistent with local ordinances; and
   c. For a dog or cat, vaccinated against rabies;
17. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
   a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
   b. If necessary, corrective action is taken to ensure the water is safe to drink; and
   c. Documentation of testing is retained for at least 12 months after the date of the test; and
18. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.

B. An administrator shall ensure that:
1. Smoking tobacco products is not permitted within a behavioral health residential facility; and
2. Smoking tobacco products may be permitted on the premises outside a behavioral health residential facility if:
   a. Signs designating smoking areas are conspicuously posted, and
   b. Smoking is prohibited in areas where combustible materials are stored or in use.

C. If a swimming pool is located on the premises, an administrator shall ensure that:
1. On each day that a resident uses the swimming pool, an employee:
   a. Tests the swimming pool's water quality at least once for compliance with one of the following chemical disinfection standards:
      i. A free chlorine residual between 1.0 and 3.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test;
      ii. A free bromine residual between 2.0 and 4.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test; or
      iii. An oxidation-reduction potential equal to or greater than 650 millivolts; and
   b. Records the results of the water quality tests in a log that includes each testing date and test result;
2. Documentation of the water quality test is maintained for at least 12 months after the date of the test;
3. A swimming pool is not used by a resident if a water quality test shows that the swimming pool water does not comply with subsection (C)(1)(a);
4. At least one personnel member, with cardiopulmonary resuscitation training that meets the requirements in R9-

10-703(C)(1)(e), is present in the pool area when a resident is in the pool area; and

5. At least two personnel members are present in the pool area if two or more residents are in the pool area.

Historical Note

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

R9-10-722. Physical Plant Standards

A. Except for a behavioral health outdoor program, an administrator shall ensure that the premises and equipment are sufficient to accommodate:
1. The services in the behavioral health residential facility's scope of services, and
2. An individual admitted as a resident by the behavioral health residential facility.

B. An administrator shall ensure that:
1. A behavioral health residential facility has a:
   a. Privacy area for a resident or residents to receive treatment or visitors that is not a resident bedroom or a dining area, and
   b. Common area and a dining area that contain furniture and materials to accommodate the recreational and socialization needs of the residents and other individuals in the behavioral health residential facility;
2. At least one bathroom is accessible from a common area that:
   a. May be used by residents and visitors;
   b. Provides privacy when in use; and
   c. Contains the following:
      i. At least one working sink with running water,
      ii. At least one working toilet that flushes and has a seat,
      iii. Toilet tissue for each toilet,
      iv. Soap in a dispenser accessible from each sink,
      v. Paper towels in a dispenser or a mechanical air hand dryer,
      vi. Lighting, and
      vii. A window that opens or another means of ventilation;
3. For every six residents who stay overnight at the behavioral health residential facility, there is at least one bathroom that meets the requirements in subsection (B)(2)(c);
4. For every eight residents who stay overnight at the behavioral health residential facility, there is at least one working bathtub or shower;
5. A resident bathroom provides privacy when in use and contains:
   a. A shatter-proof mirror, unless the resident's treatment plan allows for otherwise;
   b. A window that opens or another means of ventilation; and
   c. Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers;
6. If a resident bathroom door locks from the inside, an employee has a key and access to the bathroom;
7. Each resident is provided a sleeping area that is in a bedroom; and
8. A resident bedroom complies with the following:
   a. Is not used as a common area;
   b. Is not used as a passageway to another bedroom or bathroom unless the bathroom is for the exclusive use of an individual occupying the bedroom;
   c. Contains a door that opens into a hallway, common area, or outdoors;
   d. Is constructed and furnished to provide unimpeded access to the door;
   e. Has window or door covers that provide resident privacy;
   f. Has floor to ceiling walls;
   g. Is a:
      i. Private bedroom that contains at least 60 square feet of floor space, not including the closet; or
      ii. Shared bedroom that:
         (1) Is shared by no more than eight residents;
         (2) Except as provided in subsection (C), contains at least 60 square feet of floor space, not including a closet, for each individual occupying the shared bedroom; and
         (3) Provides at least three feet of floor space between beds or bunk beds;
   h. Contains for each resident occupying the bedroom:
      i. A bed that is at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and linens; and
      ii. Individual storage space for personal effects and clothing such as shelves, a dresser, or chest of drawers;
   i. Has clean linen for each bed including sheets large enough to tuck under the mattress, pillows, pillow cases, bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for each resident;
   j. Has sufficient lighting for a resident occupying the bedroom to read; and
   k. Has a clothing rod or hook in the bedroom designed to minimize the opportunity for a resident to cause self-injury.

C. A behavioral health residential facility that was licensed as a Level 4 transitional agency before October 1, 2013 may continue to use a shared bedroom that provides at least 40 square feet of floor space, not including a closet, for each individual occupying the shared bedroom. If there is a modification to the shared bedroom, the behavioral health residential facility shall comply with the requirement in subsection (B)(8)(g).

D. If a swimming pool is located on the premises, an administrator shall ensure that:
1. The swimming pool is equipped with the following:
   a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and that includes at least:
      i. A removable strainer,
      ii. Two swimming pool inlets located on opposite sides of the swimming pool, and
      iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools; and
   b. An operational vacuum cleaning system;

2. The swimming pool is enclosed by a wall or fence that:
   a. Is at least five feet in height as measured on the exterior of the wall or fence;
   b. Has no vertical openings greater than four inches across;
   c. Has no horizontal openings, except as described in subsection (E)(2)(e);
   d. Is not chain-link;
   e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
   f. Has a self-closing, self-latching gate that:
      i. Opens away from the swimming pool,
      ii. Has a latch located at least 54 inches from the ground, and
      iii. Is locked when the swimming pool is not in use; and
3. A life preserver or shepherd's crook is available and accessible in the pool area.

E. An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (E)(2) is covered and locked when not in use.

Historical Note
Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1). Amended by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-723. Repealed

Historical Note
Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Repealed by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-724. Repealed

Historical Note
Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Repealed by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

ARTICLE 8. ASSISTED LIVING FACILITIES

R9-10-801. Definitions
In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article, unless the context otherwise requires:

1. "Accept" or "acceptance" means:
   a. An individual begins living in and receiving assisted living services from an assisted living facility; or
   b. An individual begins receiving adult day health care services or respite care services from an assisted living facility.
2. "Assistant caregiver" means an employee or volunteer who helps a manager or caregiver provide supervisory care services, personal care services, or directed care services to a resident, and does not include a family member of the resident.
3. "Assisted living services" means supervisory care services, personal care services, directed care services, behavioral care, memory care services, or ancillary services provided to a resident by or on behalf of an assisted living facility.
4. "Caregiver" means an individual who provides supervisory care services, personal care services, or directed care services to a resident, and does not include a family member of the resident.
5. "Elopement" means when a resident who is cognitively, physically, mentally, emotionally, or chemically impaired wanders away, walks away, runs away, or otherwise leaves the premises of an assisted living facility authorized to provide directed care services unsupervised or unnoticed, without the knowledge of the licensee's personnel.
6. "Manager" means an individual designated by a governing authority to act on behalf of the governing authority in the on-site management of the assisted living facility.
7. "Medication organizer" means a container that is designed to hold doses of medication and is divided according to date or time increments.
8. "Memory care services" means the same as defined in A.R.S. § 36-405.03(D).
9. "Primary care provider" means a physician, a physician's assistant, or registered nurse practitioner who directs a resident's medical services.
10. "Residency agreement" means a document signed by a resident or the resident's representative and a manager, detailing the terms of residency.
11. "Service plan" means a written description of a resident's need for supervisory care services, personal care services, directed care services, ancillary services, or behavioral health services and the specific assisted living services to be provided to the resident.
12. "Termination of residency" or "terminate residency" means a resident is no longer living in and receiving assisted living services from an assisted living facility.

Historical Note
Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Amended by

exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

R9-10-802. Supplemental Application Requirements; Exemption

A. In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as an assisted living facility shall include in a Department-provided format:
1. Which of the following levels of assisted living services the applicant is requesting authorization to provide:
   a. Supervisory care services,
   b. Personal care services, or
   c. Directed care services; and
2. Whether the applicant is requesting authorization to provide:
   a. Adult day health care services, or
   b. Behavioral health services other than behavioral care.

B. The Arizona Pioneers' Home is exempt from:
1. Architectural plans and specifications for a health care institution specified in R9-10-104; and
2. Physical plant codes and standards for a health care institution specified in R9-10-105(A)(5)(a).

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 28 A.A.R. 869 (April 29, 2022), with an immediate effective date of April 8, 2022 (Supp. 22-2).

R9-10-803. Administration

A. A governing authority shall:
1. Consist of one or more individuals responsible for the organization, operation, and administration of an assisted living facility;
2. Establish, in writing, an assisted living facility's scope of services;
3. Designate, in writing, a manager who:
   a. Is 21 years of age or older; and
   b. Except for the manager of an adult foster care home, has either a:
      i. Certificate as an assisted living facility manager issued under A.R.S. § 36-446.04(C), or
      ii. A temporary certificate as an assisted living facility manager issued under A.R.S. § 36-446.06;
4. Adopt a quality management program that complies with R9-10-804;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting manager who has the qualifications established in subsection (A)(3), if the manager is:
   a. Expected not to be present on the assisted living facility's premises for more than 30 calendar days, or
   b. Not present on the assisted living facility's premises for more than 30 calendar days;
7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the manager and identify the name and qualifications of the new manager;
8. Ensure that a manager or caregiver who is able to read, write, understand, and communicate in English is on an assisted living facility's premises;
9. Ensure compliance with A.R.S. § 36-411; and
10. Ensure the health, safety, or welfare of a resident is not placed at risk of harm.

B. A manager:
1. Is directly accountable to the governing authority of an assisted living facility for the daily operation of the assisted living facility and all services provided by or at the assisted living facility;
2. Has the authority and responsibility to manage the assisted living facility; and
3. Except as provided in subsection (A)(6), designates, in writing, a caregiver who is:
   a. At least 21 years of age, and
   b. Present on the assisted living facility's premises and accountable for the assisted living facility when the manager is not present on the assisted living facility premises.

C. A manager shall ensure that policies and procedures are:
1. Established, documented, and implemented to protect the health and safety of a resident that:
   a. Cover job descriptions, duties, and qualifications, including required skills and knowledge, education, and experience for employees and volunteers;
   b. Cover orientation and in-service education for employees and volunteers;
   c. Include how an employee may submit a complaint related to resident care;
   d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
   e. Except as provided in subsection (M), cover cardiopulmonary resuscitation training for applicable employees and volunteers, including:
      i. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the employee's or volunteer's ability to perform cardiopulmonary resuscitation;
      ii. The qualifications for an individual to provide cardiopulmonary resuscitation training;
      iii. The time-frame for renewal of cardiopulmonary resuscitation training; and

iv. The documentation that verifies that the employee or volunteer has received cardiopulmonary resuscitation training;
f. Cover first aid training;
g. Cover how a caregiver will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
h. Cover staffing and recordkeeping;
i. Cover resident acceptance and resident rights;
j. Cover termination of residency, including:
i. Termination initiated by the manager of an assisted living facility, and
ii. Termination initiated by a resident or the resident's representative;
k. Cover the provision of assisted living services, including:
i. Coordinating the provision of assisted living services,
ii. Making vaccination for influenza and pneumonia available to residents according to A.R.S. § 36-406(1)(d), and
iii. Obtaining resident preferences for food and the provision of assisted living services;
l. Cover the provision of respite services or adult day health services, if applicable;
m. Cover methods by which the assisted living facility is aware of the general or specific whereabouts of a resident, based on the level of assisted living services provided to the resident and the assisted living services the assisted living facility is authorized to provide;
n. Cover resident medical records, including electronic medical records;
o. Cover personal funds accounts, if applicable;
p. Cover specific steps for:
i. A resident to file a complaint, and
ii. The assisted living facility to respond to a resident's complaint;
q. Cover health care directives;
r. Cover assistance in the self-administration of medication, and medication administration;
s. Cover food services;
t. Cover contracted services;
u. Cover equipment inspection and maintenance, if applicable;
v. Cover infection control; and
w. Cover a quality management program, including incident report and supporting documentation;
2. Available to employees and volunteers of the assisted living facility; and
3. Reviewed at least once every three years and updated as needed.

D. A manager shall ensure that the following are conspicuously posted:
1. A list of resident rights;
2. The assisted living facility's license;
3. Current phone numbers of:
a. The unit in the Department responsible for licensing and monitoring the assisted living facility,
b. Adult Protective Services in the Department of Economic Security,
c. The State Long-Term Care Ombudsman, and
d. The Arizona Center for Disability Law; and
4. The location at which a copy of the most recent Department inspection report and any plan of correction resulting from the Department inspection may be viewed.

E. A manager shall ensure that, unless otherwise stated:
1. Documentation required by this Article is provided to the Department within two hours after a Department request; and
2. When documentation or information is required by this Chapter to be submitted on behalf of an assisted living facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the assisted living facility.

F. If a requirement in this Article states that a manager shall ensure an action or condition or sign a document:
1. A governing authority or licensee may ensure the action or condition or sign the document and retain the responsibility to ensure compliance with the requirement in this Article;
2. The manager may delegate ensuring the action or condition or signing the document to another individual, but the manager retains the responsibility to ensure compliance with the requirement in the Article; and
3. If the manager delegates ensuring an action or condition or signing a document, the delegation is documented and the documentation includes the name of the individual to whom the action, condition, or signing is delegated and the effective date of the delegation.

G. A manager shall:
1. Not act as a resident's representative and not allow an employee or a family member of an employee to act as a resident's representative for a resident who is not a family member of the employee;
2. If the assisted living facility administers personal funds accounts for residents and is authorized in writing by a resident or the resident's representative to administer a personal funds account for the resident:
a. Ensure that the resident's personal funds account does not exceed $2,000;
b. Maintain a separate record for each resident's personal funds account, including receipts and expenditures;
c. Maintain the resident's personal funds account separate from any account of the assisted living facility; and
d. Provide a copy of the record of the resident's personal funds account to the resident or the resident's representative at least once every three months;
3. Notify the resident's representative, family member, public fiduciary, or trust officer if the manager determines that a resident is incapable of handling financial affairs; and
4. Except when a resident's need for assisted living services changes, as documented in the resident's service plan, ensure that a resident receives at least 30 calendar days written notice before any increase in a fee or charge.

H. A manager shall permit the Department to interview an employee, a volunteer, a resident, or a resident's representative as part of a compliance survey or a complaint investigation.

I. If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was accepted or while the resident is not on the premises and not receiving services from an assisted living facility's manager, caregiver, or assistant caregiver, the manager shall report the alleged or sus-

pected abuse, neglect, or exploitation of the resident according to A.R.S. § 46-454.

J. If a manager has a reasonable basis, according to A.R.S. § 46-454, to believe abuse, neglect or exploitation has occurred on the premises or while a resident is receiving services from an assisted living facility's manager, caregiver, or assistant caregiver, the manager shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
2. Report the suspected abuse, neglect, or exploitation of the resident according to A.R.S. § 46-454;
3. Document:
   a. The suspected abuse, neglect, or exploitation;
   b. Any action taken according to subsection (J)(1); and
   c. The report in subsection (J)(2);
4. Maintain the documentation in subsection (J)(3) for at least 12 months after the date of the report in subsection(J)(2);
5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (J)(2):
   a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
   b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
   c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
   d. The actions taken by the manager to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
6. Maintain a copy of the documented information required in subsection (J)(5) for at least 12 months after the date the investigation was initiated.

K. A manager shall provide written notification to the Department of a resident's:
1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death;
2. Self-injury, within two working days after the resident inflicts a self-injury that requires immediate intervention by an emergency services provider; and
3. Elopement, within 24 hours of the elopement being discovered.

L. If a resident is receiving services from a home health agency or hospice service agency, a manager shall ensure that:
1. The resident's medical record contains:
   a. The name, address, and contact individual, including contact information, of the home health agency or hospice service agency;
   b. Any information provided by the home health agency or hospice service agency; and
   c. A copy of resident follow-up instructions provided to the resident by the home health agency or hospice service agency; and
2. Any care instructions for a resident provided to the assisted living facility by the home health agency or hospice service agency are:
   a. Within the assisted living facility's scope of services,
   b. Communicated to a caregiver, and
   c. Documented in the resident's service plan.

M. A manager of an assisted living home may establish, in policies and procedures, requirements that a caregiver obtains and provides documentation of cardiopulmonary resuscitation training specific to adults, which includes a demonstration of the caregiver's ability to perform cardiopulmonary resuscitation, from one of the following organizations:
1. American Red Cross,
2. American Heart Association, or
3. National Safety Council.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Former Section R9-10-803 renumbered to R9-10-804; new Section R9-10-803 made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

R9-10-804. Quality Management

A manager shall ensure that:
1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
   a. A method to identify, document, and evaluate incidents;
   b. A method to collect data to evaluate services provided to residents;
   c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;
   d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
   e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
   a. An identification of each concern about the delivery of services related to resident care, and
   b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed; new Section R9-10-804 renumbered from R9-10-803 and amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-805. Contracted Services

A manager shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted as an emergency and (A)(1)(a)(i)(1) amended effective January 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-806. Personnel

A. A manager shall ensure that:

1. A caregiver:
   a. Is 18 years of age or older; and
   b. Provides documentation of:
      i. Completion of a caregiver training program approved by the Department or the Board of Examiners for Nursing Care Institution Administrators and Assisted Living Facility Managers;
      ii. For supervisory care services, employment as a manager or caregiver of a supervisory care home before November 1, 1998;
      iii. For supervisory care services or personal care services, employment as a manager or caregiver of a supportive residential living center before November 1, 1998; or
      iv. For supervisory care services, personal care services, or directed services, one of the following:
         (1) A nursing care institution administrator's license issued by the Board of Examiners;
         (2) A nurse's license issued to the individual under A.R.S. Title 32, Chapter 15;
         (3) Documentation of employment as a manager or caregiver of an unclassified residential care institution before November 1, 1998; or
         (4) Documentation of sponsorship of or employment as a caregiver in an adult foster care home before November 1, 1998;
2. An assistant caregiver:
   a. Is 16 years of age or older, and
   b. Interacts with residents under the supervision of a manager or caregiver;
3. The qualifications, skills, and knowledge required for a caregiver or assistant caregiver:
   a. Are based on:
      i. The type of assisted living services, behavioral health services, or behavioral care expected to be provided by the caregiver or assistant caregiver according to the established job description; and
      ii. The acuity of the residents receiving assisted living services, behavioral health services, or behavioral care from the caregiver or assistant caregiver according to the established job description; and
   b. Include:
      i. The specific skills and knowledge necessary for the caregiver or assistant caregiver to provide the expected assisted living services, behavioral health services, or behavioral care listed in the established job description;
      ii. The type and duration of education that may allow the caregiver or assistant caregiver to have acquired the specific skills and knowledge for the caregiver or assistant caregiver to provide the expected assisted living services, behavioral health services, or behavioral care listed in the established job description; and
      iii. The type and duration of experience that may allow the caregiver or assistant caregiver to have acquired the specific skills and knowledge for the caregiver or assistant caregiver to provide the expected assisted living services, behavioral health services or behavioral care listed in the established job description;
4. A caregiver's or assistant caregiver's skills and knowledge are verified and documented:
   a. Before the caregiver or assistant caregiver provides physical health services or behavioral health services, and
   b. According to policies and procedures;
5. An assisted living facility has a manager, caregivers, and assistant caregivers with the qualifications, experience, skills, and knowledge necessary to:
   a. Provide the assisted living services, behavioral health services, behavioral care, and ancillary ser-

vices in the assisted living facility's scope of services;
b. Meet the needs of a resident; and
c. Ensure the health and safety of a resident;
6. At least one manager or caregiver is present and awake at an assisted living center when a resident is on the premises;
7. Documentation is maintained for at least 12 months after the last date on the documentation of the caregivers and assistant caregivers working each day, including the hours worked by each;
8. A manager, a caregiver, and an assistant caregiver, or an employee or a volunteer who has or is expected to have more than eight hours per week of direct interaction with residents, provides evidence of freedom from infectious tuberculosis:
a. On or before the date the individual begins providing services at or on behalf of the assisted living facility, and
b. As specified in R9-10-113;
9. Before providing assisted living services to a resident, a caregiver or an assistant caregiver receives orientation that is specific to the duties to be performed by the caregiver or assistant caregiver; and
10. Before providing assisted living services to a resident, a manager or caregiver provides current documentation of first aid training and cardiopulmonary resuscitation training certification specific to adults.

B. A manager of an assisted living home shall ensure that:
1. An individual residing in an assisted living home, who is not a resident, a manager, a caregiver, or an assistant caregiver:
a. Either:
i. Complies with the fingerprinting requirements in A.R.S. § 36-411, or
ii. Interacts with residents only under the supervision of an individual who has a valid fingerprint clearance card; and
b. If the individual is 12 years of age or older, provides evidence of freedom from infectious tuberculosis as specified in R9-10-113;
2. Documentation of compliance with the requirements in subsection (B)(1)(a) and evidence of freedom from infectious tuberculosis, if required under subsection (B)(1)(b), is maintained for an individual residing in the assisted living home who is not a resident, a manager, a caregiver, or an assistant caregiver;
3. As part of the policies and procedures required in R9-10-803(C)(1)(h), a plan is established, documented, and implemented to ensure that the manager or a caregiver is available as back-up to provide assisted living services to a resident if the manager or a caregiver assigned to work is not available or not able to provide the required assisted living services; and
4. At least the manager or a caregiver is present at an assisted living home when a resident is present in the assisted living home and:
a. Except for nighttime hours, the manager or caregiver is awake; and
b. If the manager or caregiver is not awake during nighttime hours:
i. The manager or caregiver can hear and respond to a resident needing assistance; and
ii. If the assisted living home is authorized to provide directed care services, policies and procedures are developed, documented, and implemented to establish a process for checking on a resident receiving directed care services during nighttime hours to ensure the resident's health and safety.

C. A manager shall ensure that a personnel record for each employee or volunteer:
1. Includes:
a. The individual's name, date of birth, and contact telephone number;
b. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
c. Documentation of:
i. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
ii. The individual's education and experience applicable to the individual's job duties;
iii. The individual's completed orientation and in-service education required by policies and procedures;
iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or in policies and procedures;
v. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
vi. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (A)(8);
vii. Cardiopulmonary resuscitation training, if required for the individual in this Article or policies and procedures;
viii. First aid training, if required for the individual in this Article or policies and procedures;
ix. Compliance with the requirements in A.R.S. § 36-411(A) and (C); and
x. The certificate of completion, according to R9-10-126;
2. Is maintained:
a. Throughout the individual's period of providing services in or for the assisted living facility, and
b. For at least 24 months after the last date the individual provided services in or for the assisted living facility; and
3. For a manager, a caregiver, or an assistant caregiver who has not provided physical health services or behavioral health services at or for the assisted living facility during the previous 12 months, is provided to the Department within 72 hours after the Department's request.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent

rules adopted with changes effective October 30, 1989 (Supp. 89-4). Amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

R9-10-807. Residency and Residency Agreements

A. Except as provided in R9-10-808(B)(2), a manager shall ensure that a resident provides evidence of freedom from infectious tuberculosis:
1. Before or within seven calendar days after the resident's date of occupancy, and
2. As specified in R9-10-113.

B. A manager shall ensure that before or at the time of acceptance of an individual, the individual submits documentation that is dated within 90 calendar days before the individual is accepted by an assisted living facility and:
1. If an individual is requesting or is expected to receive supervisory care services, personal care services, or directed care services:
   a. Includes whether the individual requires:
      i. Continuous medical services,
      ii. Continuous or intermittent nursing services, or
      iii. Restraints; and
   b. Is dated and signed by a:
      i. Physician,
      ii. Registered nurse practitioner,
      iii. Registered nurse, or
      iv. Physician assistant; and
2. If an individual is requesting or is expected to receive behavioral health services, other than behavioral care, in addition to supervisory care services, personal care services, or directed care services from an assisted living facility:
   a. Includes whether the individual requires continuous behavioral health services, and
   b. Is signed and dated by a behavioral health professional.

C. A manager shall not accept or retain an individual if:
1. The individual requires continuous:
   a. Medical services;
   b. Nursing services, unless the assisted living facility complies with A.R.S. § 36-401(C); or
   c. Behavioral health services;
2. The primary condition for which the individual needs assisted living services is a behavioral health issue;
3. The services needed by the individual are not within the assisted living facility's scope of services and a home health agency or hospice service agency is not involved in the care of the individual;
4. The assisted living facility does not have the ability to provide the assisted living services needed by the individual; or
5. The individual requires restraints, including the use of bedrails.

D. Before or at the time of an individual's acceptance by an assisted living facility, a manager shall ensure that there is a documented residency agreement with the assisted living facility that includes:
1. The individual's name;
2. Terms of occupancy, including:
   a. Date of occupancy or expected date of occupancy,
   b. Resident responsibilities, and
   c. Responsibilities of the assisted living facility;
3. A list of the services to be provided by the assisted living facility to the resident;
4. A list of the services available from the assisted living facility at an additional fee or charge;
5. For an assisted living home, whether the manager or a caregiver is awake during nighttime hours;
6. The policy for refunding fees, charges, or deposits;
7. The policy and procedure for a resident to terminate residency, including terminating residency because services were not provided to the resident according to the resident's service plan;
8. The policy and procedure for an assisted living facility to terminate residency;
9. The complaint process; and
10. The manager's signature and date signed.

E. Before or within five working days after a resident's acceptance by an assisted living facility, a manager shall obtain on the documented agreement, required in subsection (D), the signature of one of the following individuals:
1. The resident,
2. The resident's representative,
3. The resident's legal guardian, or
4. Another individual who has been designated by the individual under A.R.S. § 36-3221 to make health care decisions on the individual's behalf.

F. A manager shall:
1. Before or at the time of an individual's acceptance by an assisted living facility, provide to the resident or resident's representative a copy of:
   a. The residency agreement in subsection (D),
   b. Resident's rights, and
   c. The policy and procedure on health care directives; and
2. Maintain the original of the residency agreement in subsection (D) in the resident's medical record.

G. A manager may terminate residency of a resident as follows:
1. Without notice, if the resident exhibits behavior that is an immediate threat to the health and safety of the resident or other individuals in an assisted living facility;
2. With a 14-calendar-day written notice of termination of residency:
   a. For nonpayment of fees, charges, or deposit; or
   b. Under any of the conditions in subsection (C); or
3. With a 30-calendar-day written notice of termination of residency, for any other reason.

H. A manager shall ensure that the written notice of termination of residency in subsection (G) includes:
1. The date of notice;
2. The reason for termination;
3. The policy for refunding fees, charges, or deposits;
4. The deposition of a resident's fees, charges, and deposits; and
5. Contact information for the State Long-Term Care Ombudsman.

I. A manager shall provide the following to a resident when the manager provides the written notice of termination of residency in subsection (G):

1. A copy of the resident's current service plan, and
2. Documentation of the resident's freedom from infectious tuberculosis.

J. If an assisted living facility issues a written notice of termination of residency as provided in subsection (G) to a resident or the resident's representative because the resident needs services the assisted living facility is either not licensed to provide or is licensed to provide but not able to provide, a manager shall ensure that the written notice of termination of residency includes a description of the specific services that the resident needs that the assisted living facility is either not licensed to provide or is licensed to provide but not able to provide.

Historical Note

Adopted as an emergency effective October 26, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-808. Service Plans

A. Except as required in subsection (B), a manager shall ensure that a resident has a service plan that is established, documented, and implemented that:
1. Is completed no later than 14 calendar days after the resident's date of acceptance;
2. Is developed with assistance and review from:
   a. The resident or resident's representative,
   b. The manager, and
   c. Any individual requested by the resident or the resident's representative;
3. Includes the following:
   a. A description of the resident's medical or health problems, including physical, behavioral, cognitive, or functional conditions or impairments;
   b. The level of service the resident is expected to receive;
   c. The amount, type, and frequency of assisted living services and ancillary services being provided to the resident, including medication administration or assistance in the self-administration of medication;
   d. For a resident who requires intermittent nursing services or medication administration, review by a nurse or medical practitioner;
   e. For a resident who requires behavioral care:
      i. Any of the following that is necessary to provide assistance with the resident's psychosocial interactions to manage the resident's behavior:
         (1) The psychosocial interactions or behaviors for which the resident requires assistance,
         (2) Psychotropic medications ordered for the resident,
         (3) Planned strategies and actions for changing the resident's psychosocial interactions or behaviors, and
         (4) Goals for changes in the resident's psychosocial interactions or behaviors; and
      ii. Review by a medical practitioner or behavioral health professional; and
   f. For a resident who will be storing medication in the resident's bedroom or residential unit, how the medication will be stored and controlled;
4. Is reviewed and updated based on changes in the requirements in subsections (A)(3)(a) through (f):
   a. No later than 14 calendar days after a significant change in the resident's physical, cognitive, or functional condition; and
   b. As follows:
      i. At least once every 12 months for a resident receiving supervisory care services,
      ii. At least once every six months for a resident receiving personal care services, and
      iii. At least once every three months for a resident receiving directed care services; and
5. When initially developed and when updated, is signed and dated by:
   a. The resident or resident's representative;
   b. The manager;
   c. If a review is required in subsection (A)(3)(d), the nurse or medical practitioner who reviewed the service plan; and
   d. If a review is required in subsection (A)(3)(e)(ii), the medical practitioner or behavioral health professional who reviewed the service plan.

B. For a resident receiving respite care services, a manager shall ensure that:
1. A written service plan is:
   a. Based on a determination of the resident's current needs and:
      i. Is completed no later than three working days after the resident's date of acceptance; or
      ii. If the resident has a service plan in the resident's medical record that was developed within the previous 12 months, is reviewed and updated based on changes in the requirements in subsections (A)(3)(a) through (f) within three working days after the resident's date of acceptance; and
   b. If a significant change in the resident's physical, cognitive, or functional condition occurs while the resident is receiving respite care services, updated based on changes in the requirements in subsections (A)(3)(a) through (f) within three working days after the significant change occurs; and
2. If the resident is not expected to be present in the assisted living facility for more than seven calendar days, the resident is not required to comply with the requirements in R9-10-807(A).

C. A manager shall ensure that:
1. A caregiver or an assistant caregiver:
   a. Provides a resident with the assisted living services in the resident's service plan;

b. Is only assigned to provide the assisted living services the caregiver or assistant caregiver has the documented skills and knowledge to perform;
c. Provides assistance with activities of daily living according to the resident's service plan;
d. If applicable, suggests techniques a resident may use to maintain or improve the resident's independence in performing activities of daily living;
e. Provides assistance with, supervises, or directs a resident's personal hygiene according to the resident's service plan;
f. Encourages a resident to participate in activities planned according to subsection (E); and
g. Documents the services provided in the resident's medical record; and

2. A volunteer or an assistant caregiver who is 16 or 17 years of age does not provide:
a. Assistance to a resident for:
i. Bathing,
ii. Toileting, or
iii. Moving the resident's body from one surface to another surface;
b. Assistance in the self-administration of medication;
c. Medication administration; or
d. Nursing services.

D. A manager of an assisted living facility that is authorized to provide adult day health services shall ensure that the adult day health care services are provided as specified in R9-10-1113.

E. A manager shall ensure that:
1. Daily social, recreational, or rehabilitative activities are planned according to residents' preferences, needs, and abilities;
2. A calendar of planned activities is:
a. Prepared at least one week in advance of the date the activity is provided,
b. Posted in a location that is easily seen by residents,
c. Updated as necessary to reflect substitutions in the activities provided, and
d. Maintained for at least 12 months after the last scheduled activity;
3. Equipment and supplies are available and accessible to accommodate a resident who chooses to participate in a planned activity; and
4. Multiple media sources, such as daily newspapers, current magazines, internet sources, and a variety of reading materials, are available and accessible to a resident to maintain the resident's continued awareness of current news, social events, and other noteworthy information.

F. If a resident is not receiving assistance with the resident's psychosocial interactions under the direction of a behavioral health professional or any other behavioral health services at an assisted living facility, the resident is not considered to be receiving behavioral care or behavioral health services from the assisted living facility if the resident:
1. Is prescribed a psychotropic medication, or
2. Is receiving directed care services and has a primary diagnosis of:
a. Dementia,
b. Alzheimer's disease-related dementia, or
c. Traumatic brain injury.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

R9-10-809. Transport; Transfer

A. Except as provided in subsection (B), a manager shall ensure that:
1. A caregiver or employee coordinates the transport and the services provided to the resident;
2. According to policies and procedures:
a. An evaluation of the resident is conducted before and after the transport, and
b. Information from the resident's medical record is provided to a receiving health care institution; and
3. Documentation includes:
a. If applicable, any communication with an individual at a receiving health care institution;
b. The date and time of the transport; and
c. If applicable, the name of the caregiver accompanying the resident during a transport.

B. Subsection (A) does not apply to:
1. Transportation to a location other than a licensed health care institution,
2. Transportation provided for a resident by the resident or the resident's representative,
3. Transportation provided by an outside entity that was arranged for a resident by the resident or the resident's representative, or
4. A transport to another licensed health care institution in an emergency.

C. Except for a transfer of a resident due to an emergency, a manager shall ensure that:
1. A caregiver coordinates the transfer and the services provided to the resident;
2. According to policies and procedures:
a. An evaluation of the resident is conducted before the transfer;
b. Information from the resident's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
c. A caregiver explains risks and benefits of the transfer to the resident or the resident's representative; and
3. Documentation in the resident's medical record includes:
a. Communication with an individual at a receiving health care institution;

b. The date and time of the transfer;
c. The mode of transportation; and
d. If applicable, the name of the caregiver accompanying the resident during a transfer.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Former Section R9-10-809 renumbered to R9-10-812; new Section R9-10-809 made by final rulemaking at 9 A.A.R. 319, effective March 31, 2003 (Supp. 03-1). R9-10-809(E) reflects a corrected reference to Article 14 from Article 4 (05-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-810. Resident Rights

A. A manager shall ensure that, at the time of acceptance, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (C).

B. A manager shall ensure that:
1. A resident is treated with dignity, respect, and consideration;
2. A resident is not subjected to:
   a. Abuse;
   b. Neglect;
   c. Exploitation;
   d. Coercion;
   e. Manipulation;
   f. Sexual abuse;
   g. Sexual assault;
   h. Seclusion;
   i. Restraint;
   j. Retaliation for submitting a complaint to the Department or another entity; or
   k. Misappropriation of personal and private property by the assisted living facility's manager, caregivers, assistant caregivers, employees, or volunteers; and
3. A resident or the resident's representative:
   a. Is informed of the following:
      i. The policy on health care directives, and
      ii. The resident complaint process;
   b. Consents to photographs of the resident before the resident is photographed, except that a resident may be photographed when accepted as a resident by an assisted living facility for identification and administrative purposes;
   c. Except as otherwise permitted by law, provides written consent before the release of information in the resident's:
      i. Medical record, or
      ii. Financial records;
   d. May:
      i. Request or consent to relocation within the assisted living facility; and
      ii. Except when relocation is necessary based on a change in the resident's condition as documented in the resident's service plan, refuse relocation within the assisted living facility;
   e. Has access to the resident's records during normal business hours or at a time agreed upon by the resident or resident's representative and the manager; and
   f. Is informed of:
      i. The rates and charges for services before the services are initiated;
      ii. A change in rates or charges at least 30 calendar days before the change is implemented, unless the change in rates or charges results from a change in services; and
      iii. A change in services at least 30 calendar days before the change is implemented, unless the resident's service plan changes.

C. A resident has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive assisted living services that support and respect the resident's individuality, choices, strengths, and abilities;
3. To receive privacy in:
   a. Care for personal needs;
   b. Correspondence, communications, and visitation; and
   c. Financial and personal affairs;
4. To maintain, use, and display personal items unless the personal items constitute a hazard;
5. To choose to participate or refuse to participate in social, recreational, rehabilitative, religious, political, or community activities;
6. To review, upon written request, the resident's own medical record;
7. To receive a referral to another health care institution if the assisted living facility is not authorized or not able to provide physical health services or behavioral health services needed by the patient;
8. To choose to access services from a health care provider, health care institution, or pharmacy other than the assisted living facility where the resident is residing and receiving services or a health care provider, health care institution, or pharmacy recommended by the assisted living facility;
9. To participate or have the resident's representative participate in the development of, or decisions concerning, the resident's service plan; and
10. To receive assistance from a family member, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to

A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Former Section R9-10-810 renumbered to R9-10-813; new Section R9-10-810 made by final rulemaking at 9 A.A.R. 319, effective March 31, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-811. Medical Records

A. A manager shall ensure that:
1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a resident's medical record is:
   a. Only recorded by an individual authorized by policies and procedures to make the entry;
   b. Dated, legible, and authenticated; and
   c. Not changed to make the initial entry illegible;
3. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
4. A resident's medical record is available to an individual:
   a. Authorized according to policies and procedures to access the resident's medical record;
   b. If the individual is not authorized according to policies and procedures, with the written consent of the resident or the resident's representative; or
   c. As permitted by law; and
5. A resident's medical record is protected from loss, damage, or unauthorized use.

B. If an assisted living facility maintains residents' medical records electronically, a manager shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.

C. A manager shall ensure that a resident's medical record contains:
1. Resident information that includes:
   a. The resident's name, and
   b. The resident's date of birth;
2. The names, addresses, and telephone numbers of:
   a. The resident's primary care provider;
   b. Other persons, such as a home health agency or hospice service agency, involved in the care of the resident; and
   c. An individual to be contacted in the event of an emergency, significant change in the resident's condition, or termination of residency;
3. If applicable, the name and contact information of the resident's representative and:
   a. The document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
   b. If the resident's representative:
      i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      ii. Is a legal guardian, a copy of the court order establishing guardianship;
4. The date of acceptance and, if applicable, the date of termination of residency;
5. Documentation of the resident's needs required in R9-10-807(B);
6. Documentation of general consent and informed consent, if applicable;
7. Except as allowed in R9-10-808(B)(2), documentation of freedom from infectious tuberculosis as required in R9-10-807(A);
8. A copy of the resident's health care directive, if applicable;
9. The resident's signed residency agreement and any amendments;
10. Resident's service plan and updates;
11. Documentation of assisted living services provided to the resident;
12. A medication order from a medical practitioner for each medication that is administered to the resident or for which the resident receives assistance in the self-administration of the medication;
13. Documentation of medication administered to the resident or for which the resident received assistance in the self-administration of medication that includes:
   a. The date and time of administration or assistance;
   b. The name, strength, dosage, and route of administration;
   c. The name and signature of the individual administering or providing assistance in the self-administration of medication; and
   d. An unexpected reaction the resident has to the medication;
14. Documentation of the resident's refusal of a medication, if applicable;
15. If applicable, documentation of any actions taken to control the resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
16. If applicable, documentation of a determination by a medical practitioner that evacuation from the assisted living facility during an evacuation drill would cause harm to the resident;
17. Documentation of notification of the resident of the availability of vaccination for influenza and pneumonia, according to A.R.S. § 36-406(1)(d);
18. Documentation of the resident's orientation to exits from the assisted living facility required in R9-10-819(B);
19. If a resident is receiving behavioral health services other than behavioral care, documentation of the determination in R9-10-813(3);
20. If a resident is receiving behavioral care, documentation of the determination in R9-10-812(3);
21. If applicable, for a resident who is unable to direct self-care, the information required in R9-10-815(F);
22. Documentation of any significant change in a resident's behavior, physical, cognitive, or functional condition and the action taken by a manager or caregiver to address the resident's changing needs;

23. Documentation of the notification required in R9-10-803(G) if the resident is incapable of handling financial affairs; and
24. If the resident no longer resides and receives assisted living services from the assisted living facility:
    a. A written notice of termination of residency; or
    b. If the resident terminated residency, the date the resident terminated residency.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Former Section R9-10-811 renumbered to R9-10-814; new Section R9-10-811 made by final rulemaking at 9 A.A.R. 319, effective March 31, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

R9-10-812. Behavioral Care

A manager shall ensure that for a resident who requests or receives behavioral care from the assisted living facility, a behavioral health professional or medical practitioner:

1. Evaluates the resident:
    a. Within 30 calendar days before acceptance of the resident or before the resident begins receiving behavioral care, and
    b. At least once every six months throughout the duration of the resident's need for behavioral care;
2. Reviews the assisted living facility's scope of services; and
3. Signs and dates a determination stating that the resident's need for behavioral care can be met by the assisted living facility within the assisted living facility's scope of services and, for retention of a resident, are being met by the assisted living facility.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989 (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989 (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed; new Section R9-10-812 renumbered from R9-10-809 and amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-813. Behavioral Health Services

If an assisted living facility is authorized to provide behavioral health services other than behavioral care, a manager shall ensure that:

1. Policies and procedures are established, documented, and implemented that cover when general consent and informed consent are required and by whom general consent and informed consent may be given;
2. The behavioral health services:
    a. Are provided under the direction of a behavioral health professional; and
    b. Comply with the requirements:
        i. For behavioral health paraprofessionals and behavioral health technicians, in R9-10-115; and
        ii. For an assessment, in R9-10-1011(B); and
3. For a resident who requests or receives behavioral health services from the assisted living facility, a behavioral health professional:
    a. Evaluates the resident within 30 calendar days before acceptance of the resident and at least once every six months throughout the duration of the resident's need for behavioral health services;
    b. Reviews the assisted living facility's scope of services; and
    c. Signs and dates a determination stating that the resident's needs can be met by the assisted living facility within the assisted living facility's scope of services and, for retention of a resident, are being met by the assisted living facility.

Historical Note

New Section renumbered from R9-10-810 and amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-814. Personal Care Services

A. A manager of an assisted living facility authorized to provide personal care services shall not accept or retain a resident who:
1. Is unable to direct self-care;
2. Except as specified in subsection (B), is confined to a bed or chair because of an inability to ambulate even with assistance; or
3. Except as specified in subsection (C), has a stage 3 or stage 4 pressure sore, as determined by a registered nurse or medical practitioner.

B. A manager of an assisted living facility authorized to provide personal care services may accept or retain a resident who is confined to a bed or chair because of an inability to ambulate even with assistance if:
1. The condition is a result of a short-term illness or injury; or
2. The following requirements are met at the onset of the condition or when the resident is accepted by the assisted living facility:

a. The resident or resident's representative requests that the resident be accepted by or remain in the assisted living facility;
b. The resident's primary care provider or other medical practitioner:
i. Examines the resident at the onset of the condition, or within 30 calendar days before acceptance, and at least once every six months throughout the duration of the resident's condition;
ii. Reviews the assisted living facility's scope of services; and
iii. Signs and dates a determination stating that the resident's needs can be met by the assisted living facility within the assisted living facility's scope of services and, for retention of a resident, are being met by the assisted living facility; and
c. The resident's service plan includes the resident's increased need for personal care services.

C. A manager of an assisted living facility authorized to provide personal care services may accept or retain a resident who has a stage 3 or stage 4 pressure sore, as determined by a registered nurse or medical practitioner, if the requirements in subsection (B)(2) are met.

D. A manager of an assisted living facility authorized to provide personal care services may accept or retain a resident who:
1. Is receiving nursing services from a home health agency or a hospice service agency; or
2. Requires intermittent nursing services if:
a. The resident's condition for which nursing services are required is a result of a short-term illness or injury, and
b. The requirements of subsection (B)(2) are met.

E. A manager shall ensure that a bell, intercom, or other mechanical means to alert employees to a resident's needs or emergencies is available and accessible in a bedroom or residential unit being used by a resident receiving personal care services.

F. In addition to the requirements in R9-10-808(A)(3), a manager shall ensure that the service plan for a resident receiving personal care services includes:
1. Skin maintenance to prevent and treat bruises, injuries, pressure sores, and infections;
2. Offering sufficient fluids to maintain hydration;
3. Incontinence care that ensures that a resident maintains the highest practicable level of independence when toileting; and
4. If applicable, the determination in subsection (B)(2)(b)(iii).

G. A manager shall ensure that an employee does not provide non-prescription medication to a resident receiving personal care services unless the resident has an order from the resident's primary care provider or another medical practitioner for the non-prescription medication.

Historical Note

New Section renumbered from R9-10-811 and amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-815. Directed Care Services

A. A manager shall ensure that a resident's representative is designated for a resident who is unable to direct self-care.

B. A manager of an assisted living facility authorized to provide directed care services shall not accept or retain a resident who, except as provided in R9-10-814(B)(2):
1. Is confined to a bed or chair because of an inability to ambulate even with assistance; or
2. Has a stage 3 or stage 4 pressure sore, as determined by a registered nurse or medical practitioner.

C. In addition to the requirements in R9-10-808(A)(3), a manager shall ensure that the service plan for a resident receiving directed care services includes:
1. The requirements in R9-10-814(F)(1) through (3);
2. If applicable, the determination in R9-10-814(B)(2)(b)(iii);
3. Cognitive stimulation and activities to maximize functioning;
4. Strategies to ensure a resident's personal safety;
5. Encouragement to eat meals and snacks;
6. Documentation:
a. Of the resident's weight, or
b. From a medical practitioner stating that weighing the resident is contraindicated;
7. Coordination of communications with the resident's representative, family members, and, if applicable, other individuals identified in the resident's service plan; and
8. If the resident is receiving memory care services:
a. Identification of specialized environmental features to support memory care services, such as secure areas to prevent wandering and spaces designed for cognitive stimulation and engagement;
b. Strategies for providing person-centered care that aligns with the principles of dementia-friendly environments, including familiar surroundings, optimized sensory stimulation, and meaningful activities; and
c. Strategies for administering medications as ordered.

D. A manager shall ensure that an employee does not provide non-prescription medication to a resident receiving directed care services unless the resident has an order from a medical practitioner for the non-prescription medication.

E. A manager shall ensure that:
1. A bell, intercom, or other mechanical means to alert employees to a resident's needs or emergencies is available in a bedroom being used by a resident receiving directed care services; or
2. An assisted living facility has implemented another means to alert a caregiver or assistant caregiver to a resident's needs or emergencies.

F. A manager of an assisted living facility authorized to provide directed care services shall ensure that:
1. Policies and procedures are established, documented, and implemented that ensure the safety of a resident who may wander;
2. There is a means of exiting the facility for a resident who does not have a key, special knowledge for egress, or the ability to expend increased physical effort that meets one of the following:
a. Provides access to an outside area that:
i. Allows the resident to be at least 30 feet away from the facility that is secure, and
ii. Monitors or alerts employees of the egress of a resident from the facility;

b. Provides access to an outside area:
   i. From which a resident may exit to a location at least 30 feet away from the facility that is secure, and
   ii. Monitors or alerts employees of the egress of a resident from the facility; or
c. Uses a mechanism that meets the Special Egress-Control Devices provisions in the International Building Code incorporated by reference in R9-10-104.01; and

3. A caregiver or an assistant caregiver complies with the requirements for incidents in R9-10-804 when a resident who is unable to direct self-care wanders into an area not designated by the governing authority for use by the resident.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

R9-10-816. Memory Care Services

A. If an assisted living facility is authorized to provide directed care services, a manager shall ensure that:
1. Policies and procedures for memory care services are established, documented, and implemented to cover the following:
   a. Skills and knowledge necessary for the personnel member to provide the expected memory care services;
   b. Interventions used for behavior management;
   c. Systems to accommodate visitors, staff, and residents who do not need controlled egress;
   d. The requirements in R9-10-815(C)(8) regarding the prevention of unsafe wandering or exit seeking, which may include the use of tracking systems;
   e. Promotion of nutrition and hydration care;
   f. Evacuation and emergency procedures specific to residents receiving memory care services, that include the requirements in R9-10-819(A)(5);
   g. Prevention techniques of elopement and responding to elopement incidents promptly and effectively;
   h. Monitoring residents receiving memory care services in outdoor areas on the premises;
   i. Specialized environmental features to support memory care that include:
      i. Secure areas to prevent wandering and spaces designed for cognitive stimulation and engagement; and
      ii. Strategies for providing person-centered care that aligns with the principles of dementia-friendly environments, including familiar surroundings, optimized sensory stimulation, and meaningful activities; and
   j. Specialized accommodations and progressive support for activities of daily living tailored to persons living with dementia following evidence-based best practices;
2. Activities that match the resident's cognitive ability, memory, attention span, language, reasoning ability, and physical function;
3. For a resident who requests or receives memory care services from the assisted living facility, a medical practitioner:
   a. Evaluates the resident within 30 calendar days before acceptance of the resident and at least once every six months throughout the duration of the resident's need for memory care services;
   b. Reviews the assisted living facility's scope of services; and
   c. Signs and dates a determination stating that the resident's needs can be met by the assisted living facility within the assisted living facility's scope of services and, for retention of a resident, are being met by the assisted living facility;
4. There is staffing to ensure adequate supervision and care for residents receiving memory care services;
5. In an assisted living facility where residents are housed in two or more detached buildings, or if a building has distinct and segregated areas, a designated caregiver must be awake and available in each building and each segregated area at all times; and
6. If applicable, staffing is increased to compensate for the evaluated care and service needs of residents at move-in or for the changing physical or cognitive needs of the residents.

B. A manager shall ensure that staff obtain a certificate of completion, as specified in R9-10-126, including the minimum eight hours of initial memory care services training within the first 30 days of hire or provide a copy of a certificate of completion, as specified in R9-10-126, obtained within the preceding 12 months from the date of hire. If a staff member or contractor has not worked at an assisted living facility that is licensed to provide directed care services for a period of 12 months, the staff member or contractor must complete the minimum eight hours of initial memory care services training within 30 days after the date of hire, rehire, or returning to work.

C. In addition to the minimum eight hours of initial memory care services training, a manager shall complete a minimum of four hours of memory care services training specific to assisted living facility managers.

D. Each resident receiving memory care services must have a service plan that meets the requirements specified in R9-10-815(C).

E. Service planning for residents receiving memory care services shall be person-centered involving comprehensive assessments that consider the resident's medical history, preference, and social context, and should actively include input from the resident and the resident's representative. Service planning for residents receiving memory care services shall be individualized, regularly reviewed according to R9-10-808, and adjusted to meet the changing needs of residents as their condition progresses.

F. The assisted living facility shall only admit or retain residents whose cognitive and physical care needs can be safely managed within the area or areas in an assisted living facility where memory care services are provided.

G. An assisted living facility authorized to provide directed care services and is providing memory care services shall incorporate evidence-based specialized environmental features that:
1. Use clear, easy-to-understand signage and visual cues to help residents navigate their surroundings;
2. Reduce environmental factors that may cause confusion or distress, such as loud noises or overly bright lighting;
3. Prevent residents from accessing materials, furnishings, equipment, activities, or treatments that may pose a health or safety risk;
4. Support resident movement and engagement;
5. Promote independence and overall well-being;
6. Ensure easy access and intuitive wayfinding; and
7. Facilitate engagement and encourage participation in meaningful daily tasks and activities.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section repealed; new Section made by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

R9-10-817. Medication Services

A. A manager shall ensure that:
1. Policies and procedures for medication services include:
   a. Procedures for preventing, responding to, and reporting a medication error;
   b. Procedures for responding to and reporting an unexpected reaction to a medication;
   c. Procedures to ensure that a resident's medication regimen and method of administration is reviewed by a medical practitioner to ensure the medication regimen meets the resident's needs;
   d. Procedures for:
      i. Documenting, as applicable, medication administration and assistance in the self-administration of medication; and
      ii. Monitoring a resident who self-administers medication;
   e. Procedures for assisting a resident in procuring medication;
   f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
   g. Procedures for administering medication to residents receiving memory care services; and
2. If a verbal order for a resident's medication is received from a medical practitioner by the assisted living facility:
   a. The manager or a caregiver takes the verbal order from the medical practitioner,
   b. The verbal order is documented in the resident's medical record, and
   c. A written order verifying the verbal order is obtained from the medical practitioner within 14 calendar days after receiving the verbal order.

B. If an assisted living facility provides medication administration, a manager shall ensure that:
1. Medication is stored by the assisted living facility;
2. Policies and procedures for medication administration:
   a. Are reviewed and approved by a medical practitioner, registered nurse, or pharmacist;
   b. Include a process for documenting an individual authorized, according to the definition of "administer" in A.R.S. § 32-1901, by a medical practitioner to administer medication under the direction of the medical practitioner;
   c. Ensure that medication is administered to a resident only as prescribed; and
   d. Cover the documentation of a resident's refusal to take prescribed medication in the resident's medical record; and
3. A medication administered to a resident:
   a. Is administered by an individual under the direction of a medical practitioner,
   b. Is administered in compliance with a medication order, and
   c. Is documented in the resident's medical record.

C. If an assisted living facility provides assistance in the self-administration of medication, a manager shall ensure that:
1. A resident's medication is stored by the assisted living facility;
2. The following assistance is provided to a resident:
   a. A reminder when it is time to take the medication;
   b. Opening the medication container or medication organizer for the resident;
   c. Observing the resident while the resident removes the medication from the container or medication organizer;
   d. Except when a resident uses a medication organizer, verifying that the medication is taken as ordered by the resident's medical practitioner by confirming that:
      i. The resident taking the medication is the individual stated on the medication container label,
      ii. The resident is taking the dosage of the medication stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label, and
      iii. The resident is taking the medication at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label;
   e. For a resident using a medication organizer, verifying that the resident is taking the medication in the medication organizer according to the schedule specified on the medical practitioner's order; or
   f. Observing the resident while the resident takes the medication;
3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or nurse; and
4. Assistance in the self-administration of medication provided to a resident:
   a. Is in compliance with an order, and
   b. Is documented in the resident's medical record.

D. A manager shall ensure that:
1. A current drug reference guide is available for use by personnel members, and

2. A current toxicology reference guide is available for use by personnel members.

E. A manager shall ensure that a resident's medication organizer is only filled by:
1. The resident;
2. The resident's representative;
3. A family member of the resident;
4. A personnel member of a home health agency or hospice service agency; or
5. The manager or a caregiver who has been designated and is under the direction of a medical practitioner, according to subsection (B)(2)(b).

F. When medication is stored by an assisted living facility, a manager shall ensure that:
1. Medication is stored in a separate locked room, closet, cabinet, or self-contained unit used only for medication storage;
2. Medication is stored according to the instructions on the medication container; and
3. Policies and procedures are established, documented, and implemented for:
   a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
   b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
   c. A medication recall and notification of residents who received recalled medication; and
   d. Storing, inventorying, and dispensing controlled substances.

G. A manager shall ensure that a caregiver immediately reports a medication error or a resident's unexpected reaction to a medication to the medical practitioner who ordered the medication or, if the medical practitioner who ordered the medication is not available, another medical practitioner.

H. If medication is stored by a resident in the resident's bedroom or residential unit, a manager shall ensure that:
1. The medication is stored according to the resident's service plan; or
2. If the medication is not being stored according to the resident's service plan, the resident's service plan is updated to include how the medication is being stored by the resident.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). R9-10-817 renumbered to R9-10-818; new Section R9-10-817 made by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

R9-10-818. Food Services

A. A manager shall ensure that:
1. A food menu:
   a. Is prepared at least one week in advance,
   b. Includes the foods to be served each day,
   c. Is conspicuously posted at least one calendar day before the first meal on the food menu is served,
   d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
   e. Is maintained for at least 60 calendar days after the last day included in the food menu;
2. Meals and snacks provided by the assisted living facility are served according to posted menus;
3. If the assisted living facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the assisted living facility, a copy of the food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the assisted living facility;
4. The assisted living facility is able to store, refrigerate, and reheat food to meet the dietary needs of a resident;
5. Meals and snacks for each day are planned using the applicable guidelines in http://www.health.gov/dietaryguidelines/2015;
6. A resident is provided a diet that meets the resident's nutritional needs as specified in the resident's service plan;
7. Water is available and accessible to residents at all times, unless otherwise stated in a medical practitioner's order; and
8. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the provision of adaptive eating equipment or utensils, such as a plate guard, rocking fork, or assistive hand device, if not provided by the resident.

B. If the assisted living facility offers therapeutic diets, a manager shall ensure that:
1. A current therapeutic diet manual is available for use by employees, and
2. The therapeutic diet is provided to a resident according to a written order from the resident's primary care provider or another medical practitioner.

C. A manager shall ensure that food is obtained, prepared, served, and stored as follows:
1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
2. Food is protected from potential contamination;
3. Food is prepared:
   a. Using methods that conserve nutritional value, flavor, and appearance; and
   b. In a form to meet the needs of a resident, such as cut, chopped, ground, pureed, or thickened;
4. Potentially hazardous food is maintained as follows:
   a. Foods requiring refrigeration are maintained at 41° F or below; and
   b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
      i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
      ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
      iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
      iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and

any food containing raw shell eggs is cooked to heat all parts of the food to at least 155 °F;
v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
vi. Leftovers are reheated to a temperature of at least 165° F;

5. A refrigerator used by an assisted living facility to store food or medication contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
6. Frozen foods are stored at a temperature of 0° F or below; and
7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

D. A manager of an assisted living center shall ensure that:
1. The assisted living center has a license or permit as a food establishment under 9 A.A.C. 8, Article 1; and
2. A copy of the assisted living center's food establishment license or permit is maintained.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). R9-10-818 renumbered to R9-10-819; new Section R9-10-818 renumbered from R9-10-817 by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

R9-10-819. Emergency and Safety Standards

A. A manager shall ensure that:
1. A disaster plan is developed, documented, maintained in a location accessible to caregivers and assistant caregivers, and, if necessary, implemented that includes:
a. When, how, and where residents will be relocated;
b. How a resident's medical record will be available to individuals providing services to the resident during a disaster;
c. A plan to ensure each resident's medication will be available to administer to the resident during a disaster; and
d. A plan for obtaining food and water for individuals present in the assisted living facility or the assisted living facility's relocation site during a disaster;
2. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
3. Documentation of the disaster plan review required in subsection (A)(2) includes:
a. The date and time of the disaster plan review;
b. The name of each employee or volunteer participating in the disaster plan review;
c. A critique of the disaster plan review; and
d. If applicable, recommendations for improvement;
4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
5. An evacuation drill for employees and residents:
a. Is conducted at least once every six months; and
b. Includes all individuals on the premises except for:
i. A resident whose medical record contains documentation that evacuation from the assisted living facility would cause harm to the resident, and
ii. Sufficient caregivers to ensure the health and safety of residents not evacuated according to subsection (A)(5)(b)(i);
6. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
a. The date and time of the evacuation drill;
b. The amount of time taken for employees and residents to evacuate the assisted living facility;
c. If applicable:
i. An identification of residents needing assistance for evacuation, and
ii. An identification of residents who were not evacuated;
d. Any problems encountered in conducting the evacuation drill; and
e. Recommendations for improvement, if applicable; and
7. If the assisted living facility is authorized to provide directed care services, an elopement drill for employees:
a. Conduct an elopement drill every six months on each shift and document the date, time, and description of each drill; and
b. Immediately investigate any elopement and notify the designated family member or members, legal guardian, or other responsible person within 24 hours.
8. An evacuation path is conspicuously posted in each hallway of each floor of the assisted living facility.

B. A manager shall ensure that:
1. A resident receives orientation to the exits from the assisted living facility and the route to be used when evacuating the assisted living facility within 24 hours after the resident's acceptance by the assisted living facility, and
2. The resident's orientation is documented.

C. A manager shall ensure that a first-aid kit is maintained in the assisted living facility in a location accessible to caregivers and assistant caregivers.

D. When a resident has an accident, emergency, or injury that results in the resident needing medical services, a manager shall ensure that a caregiver or an assistant caregiver:
1. Immediately notifies the resident's emergency contact and primary care provider; and
2. Documents the following:
a. The date and time of the accident, emergency, or injury;
b. A description of the accident, emergency, or injury;
c. The names of individuals who observed the accident, emergency, or injury;
d. The actions taken by the caregiver or assistant caregiver;
e. The individuals notified by the caregiver or assistant caregiver; and
f. Any action taken to prevent the accident, emergency, or injury from occurring in the future.

E. A manager of an assisted living center shall ensure that:
1. Unless the assisted living center has documentation of having received an exception from the Department before

October 1, 2013, in the areas of the assisted living center providing personal care services or directed care services:
a. A fire alarm system is installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, and is in working order; and
b. A sprinkler system is installed according to the National Fire Protection Association 13: Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, and is in working order;
2. For the areas of the assisted living center providing only supervisory care services:
a. A fire alarm system and a sprinkler system meeting the requirements in subsection (E)(1) are installed and in working order, or
b. The assisted living center complies with the requirements in subsection (F);
3. A fire inspection is conducted by a local fire department or the State Fire Marshal before licensing and according to the time-frame established by the local fire department or the State Fire Marshal;
4. Any repairs or corrections stated on the fire inspection report are made; and
5. Documentation of a current fire inspection is maintained.

F. A manager of an assisted living home shall ensure that:
1. A fire extinguisher that is labeled as rated at least 2A-10-BC by the Underwriters Laboratories is mounted and maintained in the assisted living home;
2. A disposable fire extinguisher is replaced when its indicator reaches the red zone;
3. A rechargeable fire extinguisher:
a. Is serviced at least once every 12 months, and
b. Has a tag attached to the fire extinguisher that specifies the date of the last servicing and the identification of the person who serviced the fire extinguisher;
4. Except as provided in subsection (G):
a. A smoke detector is:
i. Installed in each bedroom, hallway that adjoins a bedroom, storage room, laundry room, attached garage, and room or hallway adjacent to the kitchen, and other places recommended by the manufacturer;
ii. Either battery operated or, if hard-wired into the electrical system of the assisted living home, has a back-up battery;
iii. In working order; and
iv. Tested at least once a month; and
b. Documentation of the test required in subsection (F)(4)(a)(iv) is maintained for at least 12 months after the date of the test;
5. An appliance, light, or other device with a frayed or spliced electrical cord is not used at the assisted living home; and
6. An electrical cord, including an extension cord, is not run under a rug or carpeting, over a nail, or from one room to another at the assisted living home.

G. A manager of an assisted living home may use a fire alarm system and a sprinkler system to ensure the safety of residents if the fire alarm system and sprinkler system:
1. Are installed and in working order, and
2. Meet the requirements in subsection (E)(1).

Historical Note
New Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1). R9-10-819 renumbered to R9-10-820; new Section R9-10-819 renumbered from R9-10-818 and amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

R9-10-820. Environmental Standards

A. A manager shall ensure that:
1. The premises and equipment used at the assisted living facility are:
a. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and
b. Free from a condition or situation that may cause a resident or other individual to suffer physical injury;
2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
3. Garbage and refuse are:
a. Stored in covered containers lined with plastic bags, and
b. Removed from the premises at least once a week;
4. Heating and cooling systems maintain the assisted living facility at a temperature between 70° F and 84° F at all times, unless individually controlled by a resident;
5. Common areas:
a. Are lighted to ensure the safety of residents, and
b. Have lighting sufficient to allow caregivers and assistant caregivers to monitor resident activity;
6. Hot water temperatures are maintained between 95º F and 120º F in areas of an assisted living facility used by residents;
7. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
8. A resident has access to a laundry service or a washing machine and dryer in the assisted living facility;
9. Soiled linen and soiled clothing stored by the assisted living facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
10. Oxygen containers are secured in an upright position;
11. Poisonous or toxic materials stored by the assisted living facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to residents;
12. Combustible or flammable liquids and hazardous materials stored by the assisted living facility are stored in the original labeled containers or safety containers in a locked area inaccessible to residents;
13. Equipment used at the assisted living facility is:
a. Maintained in working order;
b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
c. Used according to the manufacturer's recommendations;

14. If pets or animals are allowed in the assisted living facility, pets or animals are:
    a. Controlled to prevent endangering the residents and to maintain sanitation;
    b. Licensed consistent with local ordinances; and
    c. For a dog or cat, vaccinated against rabies;
15. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
    a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
    b. If necessary, corrective action is taken to ensure the water is safe to drink; and
    c. Documentation of testing is retained for at least 12 months after the date of the test; and
16. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to applicable state laws and rules.

B. If a swimming pool is located on the premises, a manager shall ensure that:
1. On a day that a resident uses the swimming pool, an employee:
    a. Tests the swimming pool's water quality at least once for compliance with one of the following chemical disinfection standards:
        i. A free chlorine residual between 1.0 and 3.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test;
        ii. A free bromine residual between 2.0 and 4.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test; or
        iii. An oxidation-reduction potential equal to or greater than 650 millivolts; and
    b. Records the results of the water quality tests in a log that includes the date tested and test result;
2. Documentation of the water quality test is maintained for at least 12 months after the date of the test; and
3. A swimming pool is not used by a resident if a water quality test shows that the swimming pool water does not comply with subsection (B)(1)(a).

Historical Note

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). R9-10-820 renumbered to R9-10-821; new Section R9-10-820 renumbered from R9-10-819, by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

R9-10-821. Physical Plant Standards

A. A manager shall ensure that an assisted living center complies with the applicable physical plant health and safety codes and standards, incorporated by reference in R9-10-104.01, that:
1. Are applicable to the level of services planned to be provided or being provided; and
2. Were in effect on the date the assisted living facility submitted architectural plans and specifications to the Department for approval, according to R9-10-104.

B. A manager shall ensure that:
1. The premises and equipment are sufficient to accommodate:
    a. The services stated in the assisted living facility's scope of services, and
    b. An individual accepted as a resident by the assisted living facility;
2. A common area for use by residents is provided that has sufficient space and furniture to accommodate the recreational and socialization needs of residents;
3. A dining area has sufficient space and tables and chairs to accommodate the needs of the residents;
4. At least one bathroom is accessible from a common area and:
    a. May be used by residents and visitors;
    b. Provides privacy when in use; and
    c. Contains the following:
        i. At least one working sink with running water,
        ii. At least one working toilet that flushes and has a seat,
        iii. Toilet tissue for each toilet,
        iv. Soap in a dispenser accessible from each sink,
        v. Paper towels in a dispenser or a mechanical air hand dryer,
        vi. Lighting, and
        vii. A window that opens or another means of ventilation;
5. An outside activity space is provided and available that:
    a. Is on the premises,
    b. Has a hard-surfaced section for wheelchairs, and
    c. Has an available shaded area;
6. Exterior doors are equipped with ramps or other devices to allow use by a resident using a wheelchair or other assistive device; and
7. The key to the door of a lockable bathroom, bedroom, or residential unit is available to a manager, caregiver, and assistant caregiver.

C. A manager shall ensure that:
1. For every eight residents there is at least one working toilet that flushes and has a seat and one sink with running water;
2. For every eight residents there is at least one working bathtub or shower; and
3. A resident bathroom provides privacy when in use and contains:
    a. A mirror;
    b. Toilet tissue for each toilet;
    c. Soap accessible from each sink;
    d. Paper towels in a dispenser or a mechanical air hand dryer for a bathroom that is not in a residential unit and used by more than one resident;
    e. A window that opens or another means of ventilation;
    f. Grab bars for the toilet and, if applicable, the bathtub or shower and other assistive devices, if required to provide for resident safety; and
    g. Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers.

D. A manager shall ensure that:
1. Each resident is provided with a sleeping area in a residential unit or a bedroom;
2. For an assisted living home, a resident's sleeping area is on the ground floor of the assisted living home unless:
    a. The resident is able to direct self-care;

b. The resident is ambulatory without assistance; and
c. There are at least two unobstructed, usable exits to the outside from the sleeping area that the resident is capable of using;
3. Except as provided in subsection (E), no more than two individuals reside in a residential unit or bedroom;
4. A resident's sleeping area:
a. Is not used as a common area;
b. Is not used as a passageway to a common area, another sleeping area, or common bathroom unless the resident's sleeping area:
i. Was used as a passageway to a common area, another sleeping area, or common bathroom before October 1, 2013; and
ii. Written consent is obtained from the resident or the resident's representative;
c. Is constructed and furnished to provide unimpeded access to the door;
d. Has floor-to-ceiling walls with at least one door;
e. Has access to natural light through a window or a glass door to the outside; and
f. Has a window or door that can be used for direct egress to outside the building;
5. If a resident's sleeping area is in a bedroom, the bedroom has:
a. For a private bedroom, at least 80 square feet of floor space, not including a closet or bathroom;
b. For a shared bedroom, at least 60 square feet of floor space for each individual occupying the shared bedroom, not including a closet or bathroom; and
c. A door that opens into a hallway, common area, or outdoors;
6. If a resident's sleeping area is in a residential unit, the residential unit has:
a. Except as provided in subsection (E)(2), at least 220 square feet of floor space, not including a closet or bathroom, for one individual residing in the residential unit and an additional 100 square feet of floor space, not including a closet or bathroom, for each additional individual residing in the residential unit;
b. An individually keyed entry door;
c. A bathroom that provides privacy when in use and contains:
i. A working toilet that flushes and has a seat;
ii. A working sink with running water;
iii. A working bathtub or shower;
iv. Lighting;
v. A mirror;
vi. A window that opens or another means of ventilation;
vii. Grab bars for the toilet and, if applicable, the bathtub or shower and other assistive devices, if required to provide for resident safety; and
viii. Nonporous surfaces for shower enclosures and slip-resistant surfaces in bathtubs and showers;
d. A resident-controlled thermostat for heating and cooling;
e. A kitchen area equipped with:
i. A working sink and refrigerator,
ii. A cooking appliance that can be removed or disconnected,
iii. Space for food preparation, and
iv. Storage for utensils and supplies; and
f. If not furnished by a resident:
i. An armchair, and
ii. A table where a resident may eat a meal; and
7. If not furnished by a resident, each sleeping area has:
a. A bed, at least 36 inches in width and 72 inches in length, consisting of at least a frame and mattress that is clean and in good repair;
b. Clean linen, including a mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, a bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for the resident;
c. Sufficient light for reading;
d. Storage space for clothing;
e. Individual storage space for personal effects; and
f. Adjustable window covers that provide resident privacy.

E. A manager may allow more than two individuals to reside in a residential unit or bedroom if:
1. There is at least 60 square feet for each individual living in the bedroom;
2. There is at least 100 square feet for each individual living in the residential unit; and
3. The manager has documentation that the assisted living facility has been operating since before November 1, 1998, with more than two individuals living in the residential unit or bedroom.

F. If there is a swimming pool on the premises of the assisted living facility, a manager shall ensure that:
1. Unless the assisted living facility has documentation of having received an exception from the Department before October 1, 2013, the swimming pool is enclosed by a wall or fence that:
a. Is at least five feet in height as measured on the exterior of the wall or fence;
b. Has no vertical openings greater that four inches across;
c. Has no horizontal openings, except as described in subsection (F)(1)(e);
d. Is not chain-link;
e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
f. Has a self-closing, self-latching gate that:
i. Opens away from the swimming pool,
ii. Has a latch located at least 54 inches from the ground, and
iii. Is locked when the swimming pool is not in use;
2. A life preserver or shepherd's crook is available and accessible in the swimming pool area; and
3. Pool safety requirements are conspicuously posted in the swimming pool area.

G. A manager shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (F)(1) is covered and locked when not in use.

Historical Note

New Section R9-10-821 renumbered from R9-10-820, by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

ARTICLE 9. OUTPATIENT SURGICAL CENTERS

R9-10-901. Definitions

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following apply in this Article, unless otherwise specified:

1. "Inpatient care" means postsurgical services provided in a hospital.
2. "Outpatient surgical services" means anesthesia and surgical services provided to a patient in an outpatient surgical center.
3. "Surgical suite" means an area of an outpatient surgical center that includes one or more operating rooms, one or more procedure rooms, and one or more recovery rooms.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Amended by final rulemaking at 9 A.A.R. 3792, effective October 4, 2003 (Supp. 03-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-902. Administration

A. A governing authority shall:

1. Consist of one or more individuals responsible for the organization, operation, and administration of an outpatient surgical center;
2. Establish, in writing:
   a. An outpatient surgical center's scope of services, and
   b. Qualifications for an administrator;
3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
4. Grant, deny, suspend, or revoke clinical privileges of a physician and other members of the medical staff and delineate, in writing, the clinical privileges of each medical staff member, according to the medical staff bylaws;
5. Adopt a quality management plan according to R9-10-903;
6. Review and evaluate the effectiveness of the quality management plan at least once every 12 months;
7. Designate in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
   a. Expected not to be present on an outpatient surgical center's premises for more than 30 calendar days, or
   b. Not present on an outpatient surgical center's premises for more than 30 calendar days; and
8. Except as provided in subsection (A)(7), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.

B. An administrator:

1. Is directly accountable to the governing authority of an outpatient surgical center for the daily operation of the outpatient surgical center and for all services provided by or at the outpatient surgical center;
2. Has the authority and responsibility to manage the outpatient surgical center; and
3. Except as provided in subsection (A)(7), designates, in writing, an individual who is present on an outpatient surgical center's premises and accountable for the outpatient surgical center when the administrator is not present on the outpatient surgical center's premises.

C. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
   a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
   b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
   c. Include how a personnel member may submit a complaint relating to patient care;
   d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
   e. Include a method to identify a patient to ensure that the patient receives services as ordered;
   f. Cover patient rights, including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
   g. Cover specific steps for:
      i. A patient to file a complaint, and
      ii. The outpatient surgical center to respond to a patient complaint;
   h. Cover health care directives;
   i. Cover medical records, including electronic medical records;
   j. Cover a quality management program, including incident reports and supporting documentation; and
   k. Cover contracted services;
2. Policies and procedures for medical services and nursing services provided by an outpatient surgical center are established, documented, and implemented to protect the health and safety of a patient that:
   a. Cover patient screening, admission, transfer, and discharge;
   b. Cover the provision of medical services, nursing services, and health-related services in the outpatient surgical center's scope of services;
   c. Include when general consent and informed consent are required;
   d. Cover dispensing, administering, and disposing of medications;
   e. Cover prescribing a controlled substance to minimize substance abuse by a patient;
   f. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
   g. Cover infection control;
   h. Cover environmental services that affect patient care; and
   i. Cover prevention of surgical smoke exposure in compliance with A.R.S. § 36-434.01, if applicable;
3. Policies and procedures are:
   a. Available to personnel members, employees, volunteers, and students of the outpatient surgical center; and
   b. Reviewed at least once every three years and updated as needed;
4. A pharmacy maintained by the outpatient surgical center is licensed according to A.R.S. Title 32, Chapter 18;

5. Pathology services are provided by a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the U.S. Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Act of 1967;
6. If the outpatient surgical center meets the definition of "abortion clinic" in A.R.S. § 36-449.01, abortions and related services are provided in compliance with the requirements in Article 15 of this Chapter; and
7. Unless otherwise stated:
   a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
   b. When documentation or information is required by this Chapter to be submitted on behalf of an outpatient surgical center, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the outpatient surgical center.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-903. Quality Management

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
   a. A method to identify, document, and evaluate incidents;
   b. A method to collect data to evaluate services provided to patients;
   c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
   d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
   e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
   a. An identification of each concern about the delivery of services related to patient care, and
   b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-904. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-905. Personnel

A. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
   a. Are based on:
      i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
      ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
   b. Include:
      i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
      ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
      iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
   a. Before the personnel member provides physical health services or behavioral health services, and
   b. According to policies and procedures;
3. Sufficient personnel members are present on an outpatient surgical center's premises with the qualifications, skills, and knowledge necessary to:
   a. Provide the services in the outpatient surgical center's scope of services,
   b. Meet the needs of a patient, and
   c. Ensure the health and safety of a patient;

4. A personnel member, or an employee, a volunteer, or a student who has or is expected to have more than eight hours of direct interaction per week with patients, provides evidence of freedom from infectious tuberculosis:
   a. On or before the date the individual begins providing services at or on behalf of the outpatient surgical center, and
   b. As specified in R9-10-113;
5. A plan to provide orientation, specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
6. A personnel member completes orientation before providing physical health services or behavioral health services;
7. An individual's orientation is documented, to include:
   a. The individual's name,
   b. The date of the orientation, and
   c. The subject or topics covered in the orientation;
8. A plan to provide in-service education specific to the job duties of a personnel member is developed, documented, and implemented; and
9. A personnel member's in-service education is documented, to include:
   a. The personnel member's name,
   b. The date of the training, and
   c. The subject or topics covered in the in-service education.

B. An administrator shall ensure that a personnel member:
1. Is 18 years of age or older; and
2. Is certified in cardiopulmonary resuscitation within the first month of employment or volunteer service, and maintains current certification in cardiopulmonary resuscitation.

C. An administrator shall ensure that a personnel record for each personnel member, employee, volunteer, or student includes:
1. The individual's name, date of birth, and contact telephone number;
2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
3. Documentation of:
   a. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
   b. The individual's education and experience applicable to the individual's job duties;
   c. The individual's completed orientation and in-service education as required by policies and procedures;
   d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
   e. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
   f. Cardiopulmonary resuscitation training, if required for the individual according to subsection (B);
   g. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (A)(4); and
   h. The individual's compliance with the requirements in A.R.S. § 36-420.01 regarding fall prevention and fall recovery training.

D. An administrator shall ensure that personnel records are:
1. Maintained:
   a. Throughout the individual's period of providing services in or for the outpatient surgical center, and
   b. For at least 24 months after the last date the individual provided services in or for the outpatient surgical center; and
2. For a personnel member who has not provided physical health services or behavioral health services at or for the outpatient surgical center during the previous 12 months, provided to the Department within 72 hours after the Department's request.

Historical Note
Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Amended by final rulemaking at 9 A.A.R. 3792, effective October 4, 2003 (Supp. 03-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-906. Medical Staff
A governing authority shall ensure that:
1. The medical staff approve bylaws for the conduct of medical staff activities according to medical staff bylaws and governing authority requirements;
2. The medical staff physicians conduct medical peer review according to A.R.S. Title 36, Chapter 4, Article 5 and submit recommendations to the governing authority for approval; and
3. The medical staff establish written policies and procedures that define the extent of emergency treatment to be performed in the outpatient surgical center.

Historical Note
Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-907. Admission
A. A medical staff member shall only admit patients to the outpatient surgical center who:
1. Do not require planned inpatient care, and
2. Are discharged from the outpatient surgical center within 24 hours.

B. Within 30 calendar days before a patient is admitted to an outpatient surgical center, a medical staff member shall complete a medical history and physical examination of the patient.

C. The individual who is responsible for performing a patient's surgical procedure shall document the preoperative diagnosis and the surgical procedure to be performed in the patient's medical record.

D. An administrator shall ensure that the following documents are in a patient's medical record before the patient's surgery:
1. A medical history and the physical examination required in subsection (B),
2. A preoperative diagnosis and the results of any laboratory tests or diagnostic procedures relative to the surgery and the condition of the patient,

3. Evidence of informed consent by the patient or patient's representative for the surgical procedure and care of the patient,
4. Health care directives, and
5. Physician orders.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-908. Transfer

Except for a transfer of a patient due to an emergency, an administrator shall ensure that:

1. A personnel member coordinates the transfer and the services provided to the patient;
2. According to policies and procedures:
   a. An evaluation of the patient is conducted before the transfer;
   b. Information in the patient's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
   c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
3. Documentation in the patient's medical record includes:
   a. Communication with an individual at a receiving health care institution;
   b. The date and time of the transfer;
   c. The mode of transportation; and
   d. If applicable, the name of the personnel member accompanying the patient during a transfer.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Amended by final rulemaking at 9 A.A.R. 3792, effective October 4, 2003 (Supp. 03-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-909. Patient Rights

A. An administrator shall ensure that:
1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
3. Policies and procedures include:
   a. How and when a patient or the patient's representative is informed of patient rights in subsection (C), and
   b. Where patient rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:
1. A patient is treated with dignity, respect, and consideration;
2. A patient is not subjected to:
   a. Abuse;
   b. Neglect;
   c. Exploitation;
   d. Coercion;
   e. Manipulation;
   f. Sexual abuse;
   g. Sexual assault;
   h. Seclusion;
   i. Restraint;
   j. Retaliation for submitting a complaint to the Department or another entity; or
   k. Misappropriation of personal and private property by the outpatient surgical center's medical staff, personnel members, employees, volunteers, or students; and
3. A patient or the patient's representative:
   a. Except in an emergency, either consents to or refuses treatment;
   b. May refuse or withdraw consent for treatment before treatment is initiated;
   c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication or surgical procedure and the associated risks and possible complications of the proposed psychotropic medication or surgical procedure;
   d. Is informed of the following:
      i. Policies and procedures on health care directives, and
      ii. The patient complaint process;
   e. Consents to photographs of the patient before a patient is photographed, except that a patient may be photographed when admitted to an outpatient surgical center for identification and administrative purposes; and
   f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
      i. Medical record, or
      ii. Financial records.

C. A patient has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
3. To receive privacy in treatment and care for personal needs;
4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
5. To receive a referral to another health care institution if the outpatient surgical center is not authorized or not able to provide physical health services needed by the patient;
6. To participate, or have the patient's representative participate, in the development of or decisions concerning treatment;
7. To participate or refuse to participate in research or experimental treatment; and
8. To receive assistance from a family member, a patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

Historical Note
Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-910. Medical Records

A. An administrator shall ensure that:
1. A medical record is established and maintained for a patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
   a. Recorded only by an individual authorized by policies and procedures to make the entry;
   b. Dated, legible, and authenticated; and
   c. Not changed to make the initial entry illegible;
3. An order is:
   a. Dated when the order is entered in the patient's medical record and includes the time of the order;
   b. Authenticated by a medical staff member according to policies and procedures; and
   c. If the order is a verbal order, authenticated by the medical staff member issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A patient's medical record is available to an individual:
   a. Authorized according to policies and procedures to access the patient's medical record;
   b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
   c. As permitted by law; and
6. A patient's medical record is protected from loss, damage, or unauthorized use.

B. If an outpatient surgical center maintains patients' medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.

C. An administrator shall ensure that a patient's medical record contains:
1. Patient information that includes:
   a. The patient's name;
   b. The patient's address;
   c. The patient's date of birth; and
   d. Any known allergies, including medication allergies;
2. The admitting medical practitioner;
3. An admitting diagnosis;
4. Documentation of general consent and informed consent for treatment by the patient or the patient's representative, except in an emergency;
5. If applicable, the name and contact information of the patient's representative and:
   a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
   b. If the patient's representative:
      i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      ii. Is a legal guardian, a copy of the court order establishing guardianship;
6. The date of admission and, if applicable, date of discharge;
7. Documentation of medical history and results of a physical examination;
8. A copy of patient's health care directive, if applicable;
9. Orders;
10. Progress notes;
11. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
12. Documentation of outpatient surgical center services provided to the patient;
13. A discharge summary, if applicable;
14. Documentation of receipt of written discharge instructions by the patient or patient's representative;
15. If applicable:
   a. Laboratory reports,
   b. Radiologic report, and
   c. Diagnostic reports;
16. The anesthesia report, required in R9-10-911(C)(2);
17. The operative report of the surgical procedure, required in R9-10-911(C)(1); and
18. Documentation of a medication administered to the patient that includes:
   a. The date and time of administration;
   b. The name, strength, dosage, and route of administration;
   c. For a medication administered for pain:
      i. An assessment of the patient's pain before administering the medication, and
      ii. The effect of the medication administered;
   d. For a psychotropic medication:
      i. An assessment of the patient's behavior before administering the psychotropic medication, and
      ii. The effect of the psychotropic medication administered;
   e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication; and
   f. Any adverse reaction a patient has to the medication.

Historical Note
Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-911. Surgical Services

A. An administrator shall ensure that:
1. A current listing of surgical procedures offered by an outpatient surgical center is maintained on the outpatient surgical center's premises, and

2. A chronological register of surgical procedures performed in the outpatient surgical center is maintained for at least 24 months after the date of the last entry.

B. An administrator shall ensure that a roster of medical staff members who have clinical privileges at the outpatient surgical center is available to the medical staff, specifying the privileges and limitations of each medical staff member on the roster.

C. An administrator shall ensure that the individual responsible for:
1. Performing a surgical procedure completes an operative report of the surgical procedure and any necessary discharge instructions according to medical staff bylaws and policies and procedures, and
2. Administering anesthesia during a surgical procedure completes an anesthesia report and any necessary discharge instructions according to medical staff bylaws and policies and procedures.

D. An administrator shall ensure that a physician medically discharges a patient from surgery.

E. An administrator shall ensure that a physician or an anesthesia provider licensed pursuant to Title 32, Chapter 13, 15, or, 17, discharges a patient from the recovery room.

F. An administrator shall ensure that one of the following remains on the outpatient surgical center's premises until all patients are discharged from the recovery room:
1. A physician; or
2. An individual authorized under A.R.S. Title 32, Chapter 13, 15, or 17 to administer anesthesia.

Historical Note
Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-912. Nursing Services
An administrator shall appoint a registered nurse as the director of nursing who:
1. Is responsible for the management of the outpatient surgical center's nursing services;
2. Ensures that policies and procedures are established, documented, and implemented for nursing services provided in the outpatient surgical center;
3. Ensures that the outpatient surgical center is staffed with sufficient nursing personnel, based on the number of patients, the health care needs of the patients, and the outpatient surgical center's scope of services;
4. Participates in quality management activities;
5. Designates a registered nurse, in writing, to manage an outpatient surgical center's nursing services when the director of nursing is not present on the outpatient surgical center's premises;
6. Ensures that a nurse who is not directly assisting the surgeon is responsible for the functioning of an operating room while a surgical procedure is being performed in the operating room;
7. Ensures that a registered nurse is present in the:
   a. Recovery room when a patient is present in the recovery room, and
   b. Outpatient surgical center until all patients are discharged; and
8. Ensures that a nurse documents in a patient's medical record that the patient or the patient's representative has received written discharge instructions.

Historical Note
Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-913. Behavioral Health Services
If an outpatient surgical center is authorized to provide behavioral health services, an administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented that cover when informed consent is required and by whom informed consent may be given; and
2. The behavioral health services:
   a. Are provided under the direction of a behavioral health professional; and
   b. Comply with the requirements:
      i. For behavioral health paraprofessionals and behavioral health technicians, in R9-10-115; and
      ii. For an assessment, in R9-10-1011(B).

Historical Note
Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-914. Medication Services
A. An administrator shall ensure that policies and procedures for medication services:
1. Include:
   a. A process for providing information to a patient about medication prescribed for the patient including:
      i. The prescribed medication's anticipated results,
      ii. The prescribed medication's potential adverse reactions,
      iii. The prescribed medication's potential side effects, and
      iv. Potential adverse reactions that could result from not taking the medication as prescribed;
   b. Procedures for preventing, responding to, and reporting:
      i. A medication error,
      ii. An adverse reaction to a medication, or
      iii. A medication overdose; and

c. Procedures to ensure that a patient's medication regimen is reviewed by a medical practitioner to ensure the medication regimen meets the patient's needs; and

2. Specify a process for review through the quality management program of:
   a. A medication administration error, and
   b. An adverse reaction to a medication.

B. An administrator shall ensure that:
1. Policies and procedures for medication administration:
   a. Are reviewed and approved by a medical practitioner;
   b. Specify the individuals who may:
      i. Order medication, and
      ii. Administer medication;
   c. Ensure that medication is administered to a patient only as prescribed; and
   d. Cover the documentation of a patient's refusal to take prescribed medication in the patient's medical record;
2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
3. A medication administered to a patient:
   a. Is administered in compliance with an order, and
   b. Is documented in the patient's medical record.

C. An administrator shall ensure that:
1. A current drug reference guide is available for use by personnel members;
2. A current toxicology reference guide is available for use by personnel members; and
3. If pharmaceutical services are provided on the premises:
   a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
      i. Develop a drug formulary,
      ii. Update the drug formulary at least once every 12 months,
      iii. Develop medication usage and medication substitution policies and procedures, and
      iv. Specify which medications and medication classifications are required to be stopped automatically after a specific time period unless the ordering medical staff member specifically orders otherwise;
   b. The pharmaceutical services are provided under the direction of a pharmacist;
   c. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
   d. A copy of the pharmacy license is provided to the Department upon request.

D. When medication is stored at an outpatient surgical center, an administrator shall ensure that:
1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
2. Medication is stored according to the instructions on the medication container; and
3. Policies and procedures are established, documented, and implemented for:
   a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;
   b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
   c. A medication recall and notification of patients who received recalled medication;
   d. Storing, inventorying, and dispensing controlled substances; and
   e. If applicable, donated medicine according to A.R.S. § 32-1909.

E. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the outpatient surgical center's director of nursing.

Historical Note

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-915. Infection Control

An administrator shall ensure that:
1. An infection control program is established, under the direction of an individual qualified according to policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
   a. A method to identify and document infections occurring at the outpatient surgical center;
   b. Analysis of the types, causes, and spread of infections and communicable diseases at the outpatient surgical center;
   c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the outpatient surgical center; and
   d. Documenting infection control activities including:
      i. The collection and analysis of infection control data,
      ii. The actions taken related to infections and communicable diseases, and
      iii. Reports of communicable diseases to the governing authority and state and county health departments;
2. Infection control documentation is maintained for at least 12 months after the date of the documentation;
3. Policies and procedures are established, documented, and implemented that cover:
   a. Compliance with the requirements in 9 A.A.C. 6 for reporting and control measures for communicable diseases and infestations;
   b. Handling and disposal of biohazardous medical waste;
   c. Sterilization, disinfection, distribution, and storage of medical equipment and supplies;
   d. Using personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;

e. Training personnel members, employees, and volunteers in infection control practices; and
f. Work restrictions for a personnel member with a communicable disease or infected skin lesion;
4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
5. Soiled linen and clothing are:
a. Collected in a manner to minimize or prevent contamination,
b. Bagged at the site of use, and
c. Maintained separate from clean linen and clothing; and
6. A personnel member, employee, or volunteer washes hands or uses a hand disinfection product after patient contact and after handling soiled linen, soiled clothing, or potentially infectious material.

Historical Note

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-916. Emergency and Safety Standards

A. An administrator shall ensure that policies and procedures for providing medical emergency treatment to a patient are established, documented, and implemented and include:
1. A list of the medications, supplies, and equipment required on the premises for the medical emergency treatment provided by the outpatient surgical center;
2. A system to ensure medications, supplies, and equipment are available, have not been tampered with, and, if applicable, have not expired;
3. A requirement that a cart or a container is available for medical emergency treatment that contains medications, supplies, and equipment specified in policies and procedures;
4. A method to verify and document that the contents of the cart or container are available for medical emergency treatment; and
5. A method for ensuring a patient may be transferred to a hospital or other health care institution to receive treatment for a medical emergency that the outpatient surgical center is not authorized or not able to provide.

B. An administrator shall ensure that medical emergency treatment is provided to a patient admitted to the outpatient surgical center according to policies and procedures.

C. An administrator shall ensure that:
1. A disaster plan is developed, documented, maintained in a location accessible to medical staff and employees, and, if necessary, implemented that includes:
a. Procedures to be followed in the event of a fire or threat to patient safety;
b. Assigned personnel responsibilities;
c. Instructions for the evacuation or transfer of patients;
d. Maintenance of patient medical records; and
e. A plan to provide any other services related to patient care to meet the patients' needs;
2. The disaster plan required in subsection (C)(1) is reviewed at least once every 12 months;
3. Documentation of a disaster plan review required in subsection (C)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
a. The date and time of the disaster plan review;
b. The name of each personnel member, employee, medical staff member, or volunteer participating in the disaster plan review;
c. A critique of the disaster plan review; and
d. If applicable, recommendations for improvement;
4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
5. An evacuation drill for employees is conducted at least once every six months for employees on the premises;
6. Documentation of an evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
a. The date and time of the evacuation drill;
b. The amount of time taken for employees to evacuate the outpatient surgical center;
c. Any problems encountered in conducting the evacuation drill; and
d. Recommendations for improvement, if applicable; and
7. An evacuation path is conspicuously posted on each hallway of each floor of the outpatient surgical center and every room where patients may be present.

D. An administrator shall ensure that, if applicable, a sign is placed at the entrance to a room or area indicating that oxygen is in use.

E. An administrator shall:
1. Obtain a fire inspection conducted according to the timeframe established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the fire inspection report, and
3. Maintain documentation of a current fire inspection.

Historical Note

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-917. Environmental Standards

A. An administrator shall ensure that:
1. An outpatient surgical center's premises and equipment are:
a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness or infection; and
b. Free from a condition or situation that may cause a patient or an individual to suffer physical injury;
2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
3. Equipment used at the outpatient surgical center to provide care to a patient is:
a. Maintained in working order;

b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
c. Used according to the manufacturer's recommendations;
4. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
5. Garbage and refuse are:
a. Stored in covered containers lined with plastic bags, and
b. Removed from the premises at least once a week;
6. Heating and cooling systems maintain the outpatient surgical center at a temperature between 70° F and 84° F at all times;
7. Common areas:
a. Are lighted to assure the safety of patients, and
b. Have lighting sufficient to allow personnel members to monitor patient activity; and
8. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article.

B. An administrator shall ensure that an outpatient surgical center has a functional emergency power source.

Historical Note
Adopted effective October 20, 1982 (Supp. 82-5). Repealed effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

R9-10-918. Physical Plant Standards

A. An administrator shall ensure that the outpatient surgical center complies with the applicable physical plant health and safety codes and standards, incorporated by reference in R9-10-104.01, that were in effect on the date the outpatient surgical center submitted the application packet including the notarized attestation of architectural plans according to R9-10-104.

B. An administrator shall ensure that the premises and equipment are sufficient to accommodate:
1. The services stated in the outpatient surgical center's scope of services, and
2. An individual accepted as a patient by the outpatient surgical center.

C. An administrator shall ensure that:
1. There are two recovery beds for each operating room, for up to four operating rooms, whenever general anesthesia is administered;
2. One additional recovery bed is available for each additional operating room; and
3. Recovery beds are located in a space that provides for a minimum of 70 square feet per bed, allowing three feet or more between beds and between the sides of a bed and the wall.

D. An administrator may provide chairs in the recovery room area that allow a patient to recline for patients who have not received general anesthesia.

E. An administrator shall ensure that the following are available in the surgical suite:
1. Oxygen and the means of administration;
2. Mechanical ventilator assistance equipment including airways, manual breathing bag, and suction apparatus;
3. Cardiac monitor;
4. Defibrillator; and
5. Cardiopulmonary resuscitation drugs as determined by the policies and procedures.

Historical Note
Adopted effective October 20, 1982 (Supp. 82-5). Repealed effective February 17, 1995 (Supp. 95-1). New Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-919. Repealed

Historical Note
Adopted effective October 20, 1982 (Supp. 82-5). Repealed effective February 17, 1995 (Supp. 95-1). New Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-920. Repealed

Historical Note
Adopted effective October 20, 1982 (Supp. 82-5). Repealed effective February 17, 1995 (Supp. 95-1).

R9-10-921. Repealed

Historical Note
Adopted effective October 20, 1982 (Supp. 82-5). Repealed effective February 17, 1995 (Supp. 95-1).

R9-10-922. Repealed

Historical Note
Adopted effective October 20, 1982 (Supp. 82-5). Repealed effective February 17, 1995 (Supp. 95-1).

R9-10-923. Repealed

Historical Note
Adopted effective October 20, 1982 (Supp. 82-5). Repealed effective February 17, 1995 (Supp. 95-1).

R9-10-924. Repealed

Historical Note
Adopted effective June 2, 1983 (Supp. 82-5). Former Section R9-10-924 repealed, new Section R9-10-924 adopted effective November 6, 1985 (Supp. 85-6). Repealed effective February 17, 1995 (Supp. 95-1).

R9-10-925. Repealed

Historical Note
Adopted effective October 20, 1982 (Supp. 82-5).
Repealed effective February 17, 1995 (Supp. 95-1).

Attachment 1. Repealed

Historical Note
Adopted effective October 20, 1982 (Supp. 82-5).
Repealed effective February 17, 1995 (Supp. 95-1).

Attachment 2. Repealed

Historical Note
Adopted effective October 20, 1982 (Supp. 82-5).
Repealed effective November 6, 1985 (Supp. 85-6).

Editor's Note: The proposed summary action repealing R9-10-1011 through R9-10-1030 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rules. Sections in effect before the proposed summary action have been restored (Supp. 97-1). Subsequently, those Sections were repealed by final rulemaking (Supp. 99-2).

ARTICLE 10. OUTPATIENT TREATMENT CENTERS

R9-10-1001. Definitions
In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article unless otherwise specified:
1. "Emergency room services" means medical services provided to a patient in an emergency.
2. "Pain management services" means medical services, nursing services, or health-related services provided to a patient to reduce or relieve the patient's chronic pain.

Historical Note
New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

R9-10-1002. Supplemental Application and Documentation Submission Requirements
A. In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, a governing authority applying for a license as an outpatient treatment center shall submit, in a Department-provided format:
1. The days and hours of clinical operation and, if different from the days and hours of clinical operation, the days and hours of administrative operation; and
2. A request to provide one or more of the following services:
   a. Behavioral health services and, if applicable;
      i. Behavioral health observation/stabilization services,
      ii. Children's behavioral health services,
      iii. Court-ordered evaluation,
      iv. Court-ordered treatment,
      v. Counseling,
      vi. Crisis services,
      vii. Opioid treatment services,
      viii. Pre-petition screening,
      ix. Respite services,
      x. Respite services for children on the premises,
      xi. DUI education,
      xii. DUI screening,
      xiii. DUI treatment, or
      xiv. Misdemeanor domestic violence offender treatment;
   b. Diagnostic imaging services;
   c. Clinical laboratory services;
   d. Dialysis services;
   e. Emergency room services;
   f. Pain management services;
   g. Physical health services;
   h. Rehabilitation services;
   i. Sleep disorder services; or
   j. Urgent care services provided in a freestanding urgent care center setting.

B. In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, a governing authority of an:
1. Affiliated outpatient treatment center applying for a license for the affiliated outpatient treatment center shall submit, in a Department-provided format, the following information for each counseling facility for which the affiliated outpatient treatment center is providing administrative support:
   a. Name, and
   b. Either:
      i. The license number assigned to the counseling facility by the Department; or
      ii. If the counseling facility is not currently licensed, the:
         (1) Counseling facility's street address, and
         (2) Date the counseling facility submitted to the Department an application for a health care institution license; and
2. Outpatient treatment center, applying for a license that includes a request for authorization to provide respite services for children on the premises, shall include the requested respite capacity.

C. A licensee of an affiliated outpatient treatment center shall submit to the Department the information required in subsection (B)(1) with the relevant fees required in R9-10-106(C) or (D), as applicable.

D. A licensee of an outpatient treatment center authorized to provide respite services for children on the premises shall submit to the Department with the relevant fees in R9-10-106(C) or (D), as applicable:
1. The respite capacity, and
2. The specific 10 continuous hours per day during which the outpatient treatment center provides respite services on the premises.

E. A licensee of an outpatient treatment center authorized to operate as a collaborating outpatient treatment center shall submit to the Department with the relevant fees in R9-10-106(C) or (D), as applicable:
1. The information and documentation required in R9-10-1031(D)(1); and
2. A floor plan that shows:
   a. Each colocator's proposed treatment area, and
   b. The areas of the collaborating outpatient treatment center shared by a colocator and collaborating outpatient treatment center.

Historical Note
New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section amended

by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-1003. Administration

A. If an outpatient treatment center is operating under a single group license issued to a hospital according to A.R.S. § 36-422(F) or (G), the hospital's governing authority is the governing authority for the outpatient treatment center.

B. A governing authority shall:
1. Consist of one or more individuals accountable for the organization, operation, and administration of an outpatient treatment center;
2. Establish, in writing:
   a. An outpatient treatment center's scope of services, and
   b. Qualifications for an administrator;
3. Designate, in writing, an administrator who has the qualifications established in subsection (B)(2)(b);
4. Adopt a quality management program according to R9-10-1004;
5. Review and evaluate the effectiveness of the quality management program in R9-10-1004 at least once every 12 months;
6. Designate, in writing, an acting administrator who has the qualifications established in subsection (B)(2)(b) if the administrator is:
   a. Expected not to be present on an outpatient treatment center's premises for more than 30 calendar days, or
   b. Not present on an outpatient treatment center's premises for more than 30 calendar days; and
7. Except as provided in subsection (B)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in an administrator and identify the name and qualifications of the new administrator.

C. An administrator:
1. Is directly accountable to the governing authority for the daily operation of the outpatient treatment center and all services provided by or at the outpatient treatment center;
2. Has the authority and responsibility to manage the outpatient treatment center; and
3. Except as provided in subsection (B)(6), designates, in writing, an individual who is present on the outpatient treatment center's premises and accountable for the outpatient treatment center when the administrator is not available.

D. An administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
   a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
   b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
   c. Include how a personnel member may submit a complaint relating to services provided to a patient;
   d. Cover the requirements in Title 36, Chapter 4, Article 11;
   e. Cover cardiopulmonary resuscitation training including:
      i. The method and content of cardiopulmonary resuscitation training which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation,
      ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
      iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
      iv. The documentation that verifies that an individual has received cardiopulmonary resuscitation training;
   f. Cover first aid training;
   g. Include a method to identify a patient to ensure the patient receives the services ordered for the patient;
   h. Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
   i. Cover health care directives;
   j. Cover medical records, including electronic medical records;
   k. Cover quality management, including incident report and supporting documentation; and
   l. Cover contracted services;
2. Policies and procedures for services provided at or by an outpatient treatment center are established, documented, and implemented to protect the health and safety of a patient that:
   a. Cover patient screening, admission, assessment, transport, transfer, discharge plan, and discharge;
   b. Cover the provision of medical services, nursing services, behavioral health services, health-related services, and ancillary services;
   c. Include when general consent and informed consent are required;
   d. Cover obtaining, administering, storing, and disposing of medications, including provisions for controlling inventory and preventing diversion of controlled substances;
   e. Cover prescribing a controlled substance to minimize substance abuse by a patient;
   f. Cover infection control;
   g. Cover telehealth, if applicable;
   h. Cover environmental services that affect patient care;
   i. Cover specific steps for:
      i. A patient to file a complaint, and
      ii. An outpatient treatment center to respond to a complaint;
   j. Cover smoking tobacco products on an outpatient treatment center's premises; and
   k. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
3. Outpatient treatment center policies and procedures are:
   a. Reviewed at least once every three years and updated as needed, and
   b. Available to personnel members and employees;
4. Unless otherwise stated:

a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
b. When documentation or information is required by this Chapter to be submitted on behalf of an outpatient treatment center, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the outpatient treatment center;

5. The following are conspicuously posted:
a. The current license for the outpatient treatment center issued by the Department;
b. The name, address, and telephone number of the Department;
c. A notice that a patient may file a complaint with the Department about the outpatient treatment center;
d. One of the following:
i. A schedule of rates according to A.R.S. § 36-436.01(C), or
ii. A notice that the schedule of rates required in A.R.S. § 36-436.01(C) is available for review upon request;
e. A list of patient rights;
f. A map for evacuating the facility; and
g. A notice identifying the location on the premises where current license inspection reports required in A.R.S. § 36-425(D), with patient information redacted, are available; and

6. Patient follow-up instructions are:
a. Provided, orally or in written form, to a patient or the patient's representative before the patient leaves the outpatient treatment center unless the patient leaves against a personnel member's advice; and
b. Documented in the patient's medical record.

E. If abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred before the patient was admitted or while the patient is not on the premises and not receiving services from an outpatient treatment center's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the patient as follows:
1. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
2. For a patient under 18 years of age, according to A.R.S. § 13-3620.

F. If an administrator has a reasonable basis, according to A.R.S. § 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a patient is receiving services from an outpatient treatment center's employee or personnel member, an administrator shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
2. Report the suspected abuse, neglect, or exploitation of the patient as follows:
a. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
b. For a patient under 18 years of age, according to A.R.S. § 13-3620;
3. Document:
a. The suspected abuse, neglect, or exploitation;
b. Any action taken according to subsection (F)(1); and
c. The report in subsection (F)(2);
4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
b. A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.

G. If an outpatient treatment center is an affiliated outpatient treatment center, an administrator shall ensure that the outpatient treatment center complies with the requirements for an affiliated outpatient treatment center in 9 A.A.C. 10, Article 19.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1004. Quality Management

An administrator shall ensure that:
1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
a. A method to identify, document, and evaluate incidents;
b. A method to collect data to evaluate services provided to patients;
c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
a. An identification of each concern about the delivery of services related to patient care, and

b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and

3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1005. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1006. Personnel

An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
   a. Are based on:
      i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
      ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
   b. Include:
      i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
      ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
      iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
   a. Before the personnel member provides physical health services or behavioral health services, and
   b. According to policies and procedures;
3. Sufficient personnel members are present on an outpatient treatment center's premises with the qualifications, skills, and knowledge necessary to:
   a. Provide the services in the outpatient treatment center's scope of services,
   b. Meet the needs of a patient, and
   c. Ensure the health and safety of a patient;
4. A personnel member only provides physical health services or behavioral health services the personnel member is qualified to provide;
5. A plan is developed, documented, and implemented to provide orientation specific to the duties of personnel members, employees, volunteers, and students;
6. A personnel member completes orientation before providing medical services, nursing services or health-related services to a patient;
7. An individual's orientation is documented, to include:
   a. The individual's name,
   b. The date of the orientation, and
   c. The subject or topics covered in the orientation;
8. A plan is developed, documented, and implemented to provide in-service education specific to the duties of a personnel member;
9. A personnel member's in-service education is documented, to include:
   a. The personnel member's name,
   b. The date of the in-service education, and
   c. The subject or topics covered in the in-service education;
10. A personnel member who is a behavioral health technician or behavioral health paraprofessional complies with the applicable requirements in R9-10-115;
11. A record for a personnel member, an employee, a volunteer, or a student is maintained that includes:
    a. The individual's name, date of birth, and contact telephone number;
    b. The individual's starting date of employment or volunteer service, and if applicable, the ending date;
    c. Documentation of:
       i. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
       ii. The individual's education and experience applicable to the individual's job duties;
       iii. The individual's completed orientation and in-service education as required by policies and procedures;
       iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
       v. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
       vi. The individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03, if applicable; and
       vii. Cardiopulmonary resuscitation training, if the individual is required to have cardiopulmonary resuscitation training according to this Article or policies and procedures; and

12. The record in subsection (A)(11) is:
    a. Maintained while an individual provides services for or at the outpatient treatment center and for at least 24 months after the last date the employee or volunteer provided services for or at the outpatient treatment center; and
    b. If the ending date of employment or volunteer service was 12 or more months before the date of the Department's request, provided to the Department within 72 hours after the Department's request.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1007. Transport; Transfer

A. Except as provided in subsection (B), an administrator shall ensure that:
1. A personnel member coordinates the transport and the services provided to the patient;
2. According to policies and procedures:
    a. An evaluation of the patient is conducted before and after the transport,
    b. Information from the patient's medical record is provided to a receiving health care institution,
    c. A personnel member explains risks and benefits of the transport to the patient or the patient's representative; and
    d. A personnel member communicates or documents why the personnel member did not communicate with an individual at a receiving health care institution;
3. The patient's medical record includes documentation of:
    a. Communication or lack of communication with an individual at a receiving health care institution;
    b. The date and time of the transport;
    c. The mode of transportation; and
    d. If applicable, the name of the personnel member accompanying the patient during a transport.

B. Subsection (A) does not apply to:
1. Transportation to a location other than a licensed health care institution,
2. Transportation provided for a patient by the patient or the patient's representative,
3. Transportation provided by an outside entity that was arranged for a patient by the patient or the patient's representative, or
4. A transport to another licensed health care institution in an emergency.

C. Except for a transfer of a patient due to an emergency, an administrator shall ensure that:
1. A personnel member coordinates the transfer and the services provided to the patient;
2. According to policies and procedures:
    a. An evaluation of the patient is conducted before the transfer;
    b. Information from the patient's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
    c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
3. Documentation in the patient's medical record includes:
    a. Communication with an individual at a receiving health care institution;
    b. The date and time of the transfer;
    c. The mode of transportation; and
    d. If applicable, the name of the personnel member accompanying the patient during a transfer.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1008. Patient Rights

A. An administrator shall ensure that:
1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that include:
    a. How and when a patient or the patient's representative is informed of patient rights in subsection (C); and
    b. Where patient rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:
1. A patient is treated with dignity, respect, and consideration;
2. A patient is not subjected to:
    a. Abuse;
    b. Neglect;
    c. Exploitation;
    d. Coercion;
    e. Manipulation;
    f. Sexual abuse;
    g. Sexual assault;
    h. Except as allowed in R9-10-1012(B), restraint or seclusion;
    i. Retaliation for submitting a complaint to the Department or another entity; or
    j. Misappropriation of personal and private property by an outpatient treatment center's personnel member, employee, volunteer, or student; and
3. A patient or the patient's representative:
    a. Except in an emergency, either consents to or refuses treatment;
    b. May refuse or withdraw consent for treatment before treatment is initiated;
    c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication or surgical procedure and associated risks and possible complications of a proposed psychotropic medication or surgical procedure;

d. Is informed of the following:
   i. The outpatient treatment center's policy on health care directives, and
   ii. The patient complaint process;
e. Consents to photographs of the patient before a patient is photographed, except that a patient may be photographed when admitted to an outpatient treatment center for identification and administrative purposes; and
f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
   i. Medical record, or
   ii. Financial records.

C. A patient has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
3. To receive privacy in treatment and care for personal needs;
4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
5. To receive a referral to another health care institution if the outpatient treatment center is not authorized or not able to provide physical health services or behavioral health services needed by the patient;
6. To participate or have the patient's representative participate in the development of, or decisions concerning, treatment;
7. To participate or refuse to participate in research or experimental treatment; and
8. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1009. Medical Records

A. An administrator shall ensure that:
1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
   a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
   b. Dated, legible, and authenticated; and
   c. Not changed to make the initial entry illegible;
3. An order is:
   a. Dated when the order is entered in the patient's medical record and includes the time of the order;
   b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
   c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A patient's medical record is available to an individual:
   a. Authorized according to policies and procedures to access the patient's medical record;
   b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
   c. As permitted by law;
6. Policies and procedures include the maximum time-frame to retrieve a patient's medical record at the request of a medical practitioner, behavioral health professional, or authorized personnel member; and
7. A patient's medical record is protected from loss, damage, or unauthorized use.

B. If an outpatient treatment center maintains patients' medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a medical record is recorded by the computer's internal clock.

C. An administrator shall ensure that a patient's medical record contains:
1. Patient information that includes:
   a. Except as specified in A.A.C. R9-6-1005, the patient's name and address;
   b. The patient's date of birth; and
   c. Any known allergies, including medication allergies;
2. A diagnosis or reason for outpatient treatment center services;
3. Documentation of general consent and, if applicable, informed consent for treatment by the patient or the patient's representative, except in an emergency;
4. If applicable, the name and contact information of the patient's representative and:
   a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
   b. If the patient's representative:
      i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      ii. Is a legal guardian, a copy of the court order establishing guardianship;
5. Documentation of medical history and, if applicable, results of a physical examination;
6. Orders;
7. Assessment;
8. Treatment plans;
9. Interval notes;
10. Progress notes;
11. Documentation of outpatient treatment center services provided to the patient;
12. The name of each individual providing treatment or a diagnostic procedure;

13. Disposition of the patient upon discharge;
14. Documentation of the patient's follow-up instructions provided to the patient;
15. A discharge summary;
16. If applicable:
    a. Laboratory reports,
    b. Radiologic reports,
    c. Sleep disorder reports,
    d. Diagnostic reports, and
    e. Consultation reports;
17. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual, other than actions taken while providing behavioral health observation/stabilization services; and
18. Documentation of a medication administered to the patient that includes:
    a. The date and time of administration;
    b. The name, strength, dosage, and route of administration;
    c. For a medication administered for pain:
        i. An assessment of the patient's pain before administering the medication, and
        ii. The effect of the medication administered;
    d. For a psychotropic medication:
        i. An assessment of the patient's behavior before administering the psychotropic medication, and
        ii. The effect of the psychotropic medication administered;
    e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication;
    f. Any adverse reaction a patient has to the medication; and
    g. For prepacked or sample medication provided to the patient for self-administration, the name, strength, dosage, amount, route of administration, and expiration date.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1010. Medication Services

A. If an outpatient treatment center provides medication administration or assistance in the self-administration of medication, an administrator shall ensure that policies and procedures for medication services:
1. Include:
    a. A process for providing information to a patient about medication prescribed for the patient including:
        i. The prescribed medication's anticipated results,
        ii. The prescribed medication's potential adverse reactions,
        iii. The prescribed medication's potential side effects, and
        iv. Potential adverse reactions that could result from not taking the medication as prescribed;
    b. Procedures for preventing, responding to, and reporting:
        i. A medication error,
        ii. An adverse reaction to a medication, or
        iii. A medication overdose;
    c. Procedures to ensure that a patient's medication regimen is reviewed by a medical practitioner and meets the patient's needs;
    d. Procedures for documenting medication administration and assistance in the self-administration of medication;
    e. Procedures for assisting a patient in obtaining medication; and
    f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
2. Specify a process for review through the quality management program of:
    a. A medication administration error, and
    b. An adverse reaction to a medication.

B. If an outpatient treatment center provides medication administration, an administrator shall ensure that:
1. Policies and procedures for medication administration:
    a. Are reviewed and approved by a medical practitioner;
    b. Specify the individuals who may:
        i. Order medication, and
        ii. Administer medication;
    c. Ensure that medication is administered to a patient only as prescribed; and
    d. Cover the documentation of a patient's refusal to take prescribed medication in the patient's medical record;
2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
3. A medication administered to a patient is:
    a. Administered in compliance with an order, and
    b. Documented in the patient's medical record.

C. If an outpatient treatment center provides assistance in the self-administration of medication, an administrator shall ensure that:
1. A patient's medication is stored by the outpatient treatment center;
2. The following assistance is provided to a patient:
    a. A reminder when it is time to take the medication;
    b. Opening the medication container for the patient;
    c. Observing the patient while the patient removes the medication from the container;
    d. Verifying that the medication is taken as ordered by the patient's medical practitioner by confirming that:
        i. The patient taking the medication is the individual stated on the medication container label,
        ii. The patient is taking the dosage of the medication stated on the medication container label, and
        iii. The patient is taking the medication at the time stated on the medication container label; or
    e. Observing the patient while the patient takes the medication;
3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:

a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
b. Includes:
i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;

5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
6. Assistance in the self-administration of medication provided to a patient is:
a. In compliance with an order, and
b. Documented in the patient's medical record.

D. An administrator shall ensure that:
1. A current drug reference guide is available for use by personnel members;
2. A current toxicology reference guide is available for use by personnel members;
3. If pharmaceutical services are provided:
a. The pharmaceutical services are provided under the direction of a pharmacist;
b. The pharmaceutical services comply with ARS Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
c. A copy of the pharmacy license is provided to the Department upon request.

E. When medication is stored at an outpatient treatment center, an administrator shall ensure that:
1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
2. Medication is stored according to the instructions on the medication container; and
3. Policies and procedures are established, documented, and implemented for:
a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
c. A medication recall and notification of patients who received recalled medication; and
d. Storing, inventorying, and dispensing controlled substances.
e. If applicable, donated medicine according to A.R.S. § 32-1909.

F. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the outpatient treatment center's clinical director.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1011. Behavioral Health Services

A. An administrator of an outpatient treatment center that is authorized to provide behavioral health services shall ensure that:
1. The outpatient treatment center does not provide a behavioral health service the outpatient treatment center is not authorized to provide;
2. The behavioral health services provided by or at the outpatient treatment center:
a. Are provided under the direction of a behavioral health professional; and
b. Comply with the requirements:
i. For behavioral health paraprofessionals and behavioral health technicians in R9-10-115, and
ii. For an assessment, in subsection (B);
3. A personnel member who provides behavioral health services is at least 18 years old; and
4. If an outpatient treatment center provides behavioral health services to a patient who is less than 18 years of age, the owner and an employee or a volunteer comply with the fingerprint clearance card requirements in A.R.S. § 36-425.03.

B. An administrator of an outpatient treatment center that is authorized to provide behavioral health services shall ensure that:
1. Except as provided in subsection (B)(2), a behavioral health assessment for a patient is completed before treatment for the patient is initiated;
2. If a behavioral health assessment that complies with the requirements in this Section is received from a behavioral health provider other than the outpatient treatment center or the outpatient treatment center has a medical record for the patient that contains an assessment that was completed within 12 months before the date of the patient's current admission:
a. The patient's assessment information is reviewed and updated if additional information that affects the patient's assessment is identified, and
b. The review and update of the patient's assessment information is documented in the patient's medical record within 48 hours after the review is completed;
3. If a behavioral health assessment is conducted by a:
a. Behavioral health technician or a registered nurse, within 72 hours a behavioral health professional certified or licensed to provide the behavioral health services needed by the patient reviews and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the behavioral health services needed by the patient; or
b. Behavioral health paraprofessional, a behavioral health professional certified or licensed to provide the behavioral health services needed by the patient supervises the behavioral health paraprofessional during the completion of the behavioral health assessment and signs the behavioral health assessment to ensure that the assessment identifies the behavioral health services needed by the patient;
4. A behavioral health assessment:

a. Documents a patient's:
   i. Presenting issue;
   ii. Substance abuse history;
   iii. Co-morbidity;
   iv. Medical condition and history;
   v. Legal history, including:
      (1) Custody,
      (2) Guardianship, and
      (3) Pending litigation;
   vi. Criminal justice record;
   vii. Family history;
   viii. Behavioral health treatment history; and
   ix. Symptoms reported by the patient and referrals needed by the patient, if any;
b. Includes:
   i. Recommendations for further assessment or examination of the patient's needs;
   ii. The behavioral health services, physical health services, or ancillary services that will be provided to the patient;
   iii. Prescribing medication to treat or manage a mental health or substance abuse condition; and
   iv. The signature and date signed of the personnel member conducting the behavioral health assessment; and
c. Is documented in patient's medical record;

5. A patient is referred to a medical practitioner if a determination is made that the patient requires immediate physical health services or the patient's behavioral health issue may be related to the patient's medical condition;
6. A request for participation in a patient's behavioral health assessment is made to the patient or the patient's representative;
7. An opportunity for participation in the patient's behavioral health assessment is provided to the patient or the patient's representative;
8. Documentation of the request in subsection (B)(6) and the opportunity in subsection (B)(7) is in the patient's medical record;
9. A patient's behavioral health assessment information is documented in the medical record within 48 hours after completing the assessment;
10. If information in subsection (B)(4)(a) is obtained about a patient after the patient's behavioral health assessment is completed, an interval note, including the information, is documented in the patient's medical record within 48 hours after the information is obtained;
11. Counseling is:
    a. Offered as described in the outpatient treatment center's scope of services,
    b. Provided according to the frequency and number of hours identified in the patient's assessment, and
    c. Provided by a behavioral health professional or a behavioral health technician;
12. A personnel member providing counseling that addresses a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue; and
13. Each counseling session is documented in the patient's medical record to include:
    a. The date of the counseling session;
    b. The amount of time spent in the counseling session;
    c. Whether the counseling was individual counseling, family counseling, or group counseling;
    d. The treatment goals addressed in the counseling session; and
    e. The signature of the personnel member who provided the counseling and the date signed.

C. An administrator of an outpatient treatment center authorized to provide behavioral health services may request to provide any of the following to individuals required to attend by a referring court:
1. DUI screening,
2. DUI education,
3. DUI treatment, or
4. Misdemeanor domestic violence offender treatment.

D. An administrator of an outpatient treatment center authorized to provide the services in subsection (C):
1. Shall comply with the requirements for the specific service in 9 A.A.C. 20, and
2. May have a behavioral health technician who has the appropriate skills and knowledge established in policies and procedures provide the services.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1011 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1011 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1012. Behavioral Health Observation/Stabilization Services

A. An administrator of an outpatient treatment center that is authorized to provide behavioral health observation/stabilization services shall ensure that:
1. Behavioral health observation/stabilization services are available 24 hours a day, every calendar day;
2. Behavioral health observation/stabilization services are provided in a designated area that:
   a. Is used exclusively for behavioral health observation/stabilization services;
   b. Has the space for a patient to receive privacy in treatment and care for personal needs; and
   c. For every 15 observation chairs or less, has at least one bathroom that contains:
      i. A working sink with running water,
      ii. A working toilet that flushes and has a seat,
      iii. Toilet tissue,
      iv. Soap for hand washing,
      v. Paper towels or a mechanical air hand dryer,

vi. Lighting, and
vii. A means of ventilation;

3. If the outpatient treatment center is authorized to provide behavioral health observation/stabilization services to individuals under 18 years of age:
   a. There is a separate designated area for providing behavioral health observation/stabilization services to individuals under 18 years of age that:
      i. Meets the requirements in subsection (B)(2), and
      ii. Has floor to ceiling walls that separate the designated area from other areas of the outpatient treatment center;
   b. A registered nurse is present in the separate designated area; and
   c. A patient under 18 years of age does not share any space, participate in any activity or treatment, or have verbal or visual interaction with a patient 18 years of age or older;
4. A medical practitioner is available;
5. If the medical practitioner present at the outpatient treatment center is a registered nurse practitioner or a physician assistant, a physician is on-call;
6. A registered nurse is present and provides direction for behavioral health observation/stabilization services in the designated area;
7. A nurse monitors each patient at the intervals determined according to subsection (A)(12) and documents the monitoring in the patient's medical record;
8. An individual who arrives at the designated area for behavioral health observation/stabilization services in the outpatient treatment center is screened within 30 minutes, by a qualified person who is on the premises, after entering the designated area to determine whether the individual is in need of immediate physical health services;
9. If a screening indicates that an individual needs immediate physical health services that the outpatient treatment center is:
   a. Able to provide according to the outpatient treatment center's scope of services, the individual is examined by a medical practitioner within 30 minutes after being screened; or
   b. Not able to provide, the individual is transferred to a health care institution capable of meeting the individual's immediate physical health needs;
10. If a screening indicates that an individual needs behavioral health observation/stabilization services and the outpatient treatment center has the capabilities to provide the behavioral health observation/stabilization services, the individual is admitted to the designated area for behavioral health observation/stabilization services and may remain in the designated area and receive observation/stabilization services for up to 23 hours and 59 minutes;
11. Before a patient is discharged from the designated area for behavioral health observation/stabilization services, a medical practitioner determines whether the patient will be:
   a. If the behavioral health observation/stabilization services are provided in a health care institution that also provides inpatient services and is capable of meeting the patient's needs, admitted to the health care institution as an inpatient;
   b. Transferred to another health care institution capable of meeting the patient's needs;
   c. Provided a referral to another entity capable of meeting the patient's needs; or
   d. Discharged and provided patient follow-up instructions;
12. When a patient is admitted to a designated area for behavioral health observation/stabilization services, an assessment of the patient includes the interval for monitoring the patient based on the patient's medical condition, behavior, suspected drug or alcohol abuse, and medication status to ensure the health and safety of the patient;
13. If a patient is not being admitted as an inpatient to a health care institution, before discharging the patient from a designated area for behavioral health observation/stabilization services, a personnel member:
   a. Identifies the specific needs of the patient after discharge necessary to assist the patient to function independently;
   b. Identifies any resources, including family members, community social services, peer support services, and Regional Behavioral Health Agency staff, that may be available to assist the patient; and
   c. Documents the information in subsection (A)(13)(a) and the resources in subsection (A)(13)(b) in the patient's medical record;
14. When a patient is discharged from a designated area for behavioral health observation/stabilization services, a personnel member:
   a. Provides the patient with discharge information that includes:
      i. The identified specific needs of the patient after discharge, and
      ii. Resources that may be available for the patient; and
   b. Contacts any resources identified as required in subsection (A)(13)(b);
15. Except as provided in subsection (A)(16), a patient is not re-admitted to the outpatient treatment center for behavioral health observation/stabilization services within two hours after the patient's discharge from a designated area for behavioral health observation/stabilization services;
16. A patient may be re-admitted to the outpatient treatment center for behavioral health observation/stabilization services within two hours after the patient's discharge if:
   a. It is at least one hour since the time of the patient's discharge;
   b. A law enforcement officer or the patient's case manager accompanies the patient to the outpatient treatment center;
   c. Based on a screening of the patient, it is determined that re-admission for behavioral health observation/stabilization is necessary for the patient; and
   d. The name of the law enforcement officer or the patient's case manager and the reasons for the determination in subsection (A)(16)(c) are documented in the patient's medical record;
17. A patient admitted for behavioral health observation/stabilization services is provided:
   a. An observation chair; or
   b. A separate piece of equipment for the patient to use to sit or recline that:
      i. Is at least 12 inches from the floor; and
      ii. Has sufficient space around the piece of equipment to allow a personnel member to provide behavioral health services and physical health

services, including emergency services, to the patient;

18. If an individual is not admitted for behavioral health observation/stabilization services because there is not an observation chair available for the individual's use, a personnel member provides support to the individual to access the services or resources necessary for the individual's health and safety, which may include:
    a. Admitting the individual to the outpatient treatment center to provide behavioral health services other than behavioral health observation/stabilization services;
    b. Establishing a method to notify the individual when there is an observation chair available;
    c. Referring or providing transportation to the individual to another health care institution;
    d. Assisting the individual to contact the individual's support system; and
    e. If the individual is enrolled with a Regional Behavioral Health Authority, contacting the appropriate person to request assistance for the individual;
19. Personnel members establish a log of individuals who were not admitted because there was not an observation chair available and document the individual's name, actions taken to provide support to the individual to access the services or resources necessary for the individual's health and safety, and date and time the actions were taken;
20. The log required in subsection (A)(19) is maintained for at least 12 months after the date of documentation in the log;
21. An observation chair or, as provided in subsection (A)(17)(b), a piece of equipment used by a patient to sit or recline is visible to a personnel member;
22. Except as provided in subsection (A)(23), a patient admitted to receive behavioral health observation/stabilization services is visible to a personnel member;
23. A patient admitted to receive behavioral health observation/stabilization services may use the bathroom and not be visible to a personnel member, if the personnel member:
    a. Determines that the patient is capable of using the bathroom unsupervised,
    b. Is aware of the patient's location, and
    c. Is able to intervene in the patient's actions to ensure the patient's health and safety; and
24. An observation chair:
    a. Effective until July 1, 2015, has space around the observation chair that allows a personnel member to provide behavioral health services and physical health services, including emergency services, to a patient in the observation chair; and
    b. Effective on July 1, 2015, has at least three feet of clear floor space:
        i. On at least two sides of the observation chair, and
        ii. Between the observation chair and any other observation chair.

B. An administrator of an outpatient treatment center that is authorized to provide behavioral health observation/stabilization services shall:
1. Have a room used for seclusion that complies with requirements for seclusion rooms in R9-10-316, and
2. Comply with the requirements for restraint and seclusion in R9-10-316.

C. An administrator of an outpatient treatment center that is authorized to provide behavioral health observation/stabilization services shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
    a. Cover the process for:
        i. Evaluating a patient previously admitted to the designated area to determine whether the patient is ready for admission to an inpatient setting or discharge, including when to implement the process;
        ii. Contacting other health care institutions that provide behavioral health observation/stabilization services to determine if the patient could be admitted for behavioral health observation/stabilization services in another health care institution, including when to implement the process; and
        iii. Ensuring that sufficient personnel members, space, and equipment are available to provide behavioral health observation/stabilization services to patients admitted to receive behavioral health observation/stabilization services; and
    b. Establish a maximum capacity of the number of patients for whom the outpatient treatment center is capable of providing behavioral health observation/stabilization services;
2. The outpatient treatment center does not:
    a. Exceed the maximum capacity established by the outpatient treatment center in subsection (C)(1)(b); or
    b. Admit an individual if the outpatient treatment center does not have personnel members, space, and equipment available to provide behavioral health observation/stabilization services to the individual; and
3. Effective on July 1, 2015:
    a. If an admission of an individual causes the outpatient treatment center to exceed the outpatient treatment center's licensed occupancy, the individual is only admitted for behavioral health observation/stabilization services after:
        (i.) A behavioral health professional reviews the individual's screening and determines the admission is an emergency; and
        (ii.) Documents the determination in the individual's medical record; and
    b. The outpatient treatment center's quality management program's plan, required in R9-10-1004(1), includes a method to identify and document each occurrence of exceeding licensed occupancy, to evaluate the occurrences of exceeding licensed occupancy, and to review the actions taken to reduce future occurrences of exceeding licensed occupancy.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1012 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995

(Supp. 95-3). The proposed summary action repealing R9-10-1012 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1013. Court-ordered Evaluation

An administrator of an outpatient treatment center that is authorized to provide court-ordered evaluation shall comply with the requirements for court-ordered evaluation in A.R.S. Title 36, Chapter 5, Article 4.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1013 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1013 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-1014. Court-ordered Treatment

An administrator of an outpatient treatment center that is authorized to provide court-ordered treatment shall comply with the requirements for court-ordered treatment in A.R.S. Title 36, Chapter 5, Article 5.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1014 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1014 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-1015. Clinical Laboratory Services

An administrator of an outpatient treatment center that is authorized to provide clinical laboratory services shall ensure that:

1. If clinical laboratory services are provided on the premises or at another location, the clinical laboratory services are provided by a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the U.S. Department of Health and Human Services under the Clinical Laboratory Improvement Act of 1967, 42 U.S.C. 263a, as amended by Public Law 100-578, October 31, 1988; and
2. A clinical laboratory test result is documented in a patient's medical record including:
   a. The name of the clinical laboratory test;
   b. The patient's name;
   c. The date of the clinical laboratory test;
   d. The results of the clinical laboratory test; and
   e. If applicable, any adverse reaction related to or as a result of the clinical laboratory test.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1015 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1015 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1016. Crisis Services

A. An administrator of an outpatient treatment center that is authorized to provide crisis services shall comply with the requirements for behavioral health services in R9-10-1011.

B. An administrator of an outpatient treatment center that is authorized to provide crisis services shall ensure that:

1. Crisis services are available during clinical hours of operation;
2. A behavioral health technician, qualified to provide crisis services according to the outpatient treatment center's policies and procedures, is present in the outpatient treatment center during clinical hours of operation; and
3. The following individuals, qualified to provide crisis services according to policies and procedures, are available during clinical hours of operation:
   a. A behavioral health professional,
   b. A medical practitioner, and

c. A registered nurse.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1016 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1016 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1017. Diagnostic Imaging Services

An administrator of an outpatient treatment center that is authorized to provide diagnostic imaging services shall:

1. Designate an individual to provide direction for diagnostic imaging services who is a:
   a. Radiologic technologist, certified under A.R.S. Title 32, Chapter 28, Article 2, who has at least 12 months experience in an outpatient treatment center;
   b. Physician; or
   c. Radiologist; and
2. Ensure that:
   a. Diagnostic imaging services are provided in compliance with A.R.S. Title 30, Chapter 4 and 9 A.A.C. 7;
   b. Written documentation of compliance with subsection (2)(a) is maintained;
   c. Diagnostic imaging services are provided to a patient according to an order that includes:
      i. The patient's name,
      ii. The name of the ordering individual,
      iii. The diagnostic imaging procedure ordered, and
      iv. The reason for the diagnostic imaging procedure;
   d. A medical staff member or radiologist interprets the diagnostic image; and
   e. A diagnostic imaging patient report is completed that includes:
      i. The patient's name,
      ii. The date of the procedure, and
      iii. A physician's or radiologist's interpretation of the diagnostic image.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1017 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1017 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1018. Dialysis Services

A. In addition to the definitions in A.R.S. § 36-401, R9-10-101, and R9-10-1001, the following definitions apply in this Section:

1. "Caregiver" means an individual designated by a patient or a patient's representative to perform self-dialysis in the patient's stead.
2. "Chief clinical officer" means a physician appointed to provide direction for dialysis services provided by an outpatient treatment center.
3. "Long-term care plan" means a written plan of action for a patient with kidney failure that is developed to achieve long-term optimum patient outcome.
4. "Modality" means a method of treatment for kidney failure, including transplant, hemodialysis, and peritoneal dialysis.
5. "Nutritional assessment" means an analysis of a patient's weight, height, lifestyle, medication, mobility, food and fluid intake, and diagnostic procedures to identify conditions and behaviors that indicate whether the patient's nutritional needs are being met.
6. "Patient care plan" means a written document for a patient receiving dialysis that identifies the patient's needs for medical services, nursing services, and health-related services and the process by which the medical services, nursing services, or health-related services will be provided to the patient.
7. "Peritoneal dialysis" means the process of using the peritoneal cavity for removing waste products by fluid exchange.
8. "Psychosocial evaluation" means an analysis of an individual's mental and social conditions to determine the individual's need for social work services.
9. "Reprocessing" means cleaning and sterilizing a dialyzer previously used by a patient so that the dialyzer can be reused by the same patient.
10. "Self-dialysis" means dialysis performed by a patient or a caregiver on the patient's body.
11. "Social worker" means an individual licensed according to A.R.S. Title 32, Chapter 33 to engage in the "practice of social work" as defined in A.R.S. § 32-3251.
12. "Stable means" that a patient's blood pressure, temperature, pulse, respirations, and diagnostic procedure results are within medically recognized acceptable ranges or consistent with the patient's usual medical condition so that medical intervention is not indicated.
13. "Transplant surgeon" means a physician who:
    a. Is board eligible or board certified in general surgery or urology by a professional credentialing board, and

b. Has at least 12 months of training or experience performing renal transplants and providing care for patients with renal transplants.

B. A governing authority of an outpatient treatment center that is authorized to provide dialysis services shall:

1. Ensure that the administrator appointed as required in R9-10-1003(B)(3) has at least 12 months of experience in an outpatient treatment center providing dialysis services; and
2. Appoint a chief clinical officer to direct the dialysis services provided by or at the outpatient treatment center who is a physician who:
   a. Is board eligible or board certified in internal medicine or pediatrics by a professional credentialing board, and
   b. Has at least 12 months of experience or training in providing dialysis services.

C. An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that:

1. In addition to the policies and procedures required in R9-10-1003(D), policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
   a. Long-term care plans and patient care plans,
   b. Assigning a patient an identification number,
   c. Personnel members' response to a patient's adverse reaction during dialysis, and
   d. Personnel members' response to an equipment malfunction during dialysis;
2. A personnel member complies with the requirements in A.R.S. § 36-423 and R9-10-114 for hemodialysis technicians and hemodialysis technician trainees, if applicable;
3. A personnel member completes basic cardiopulmonary resuscitation training specific to the age of the patients receiving dialysis from the outpatient treatment center:
   a. Before providing dialysis services, and
   b. At least once every 12 months after the initial date of employment or volunteer service;
4. A personnel member wears a name badge that displays the individual's first name, job title, and professional license or certification; and
5. At least one registered nurse or medical practitioner is on the premises while a patient receiving dialysis services is on the premises.

D. An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that:

1. The premises of the outpatient treatment center where dialysis services are provided complies with the applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in R9-10-104.01, that were in effect on the date listed on the building permit or zoning clearance submitted, as required by R9-10-104, as part of the application including the notarized attestation of architectural plans and specifications submitted before initial approval of the inclusion of dialysis services in the outpatient treatment center's scope of services;
2. Before a modification of the premises of an outpatient treatment center where dialysis services are provided is made, an application including the notarized attestation of architectural plans and specifications of the outpatient treatment center required in R9-10-104(A):
   a. Is submitted to the Department; and
   b. Demonstrates compliance with the applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in R9-10-104.01, in effect on the date:
      i. Listed on the building permit or zoning clearance submitted as part of the application including the notarized attestation of architectural plans and specifications for the modification, or
      ii. The application including the notarized attestation of architectural plans and specifications of the modification of the outpatient treatment center required in R9-10-104(A) is submitted to the Department; and
3. A modification of the outpatient treatment center complies with applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in R9-10-104.01 in effect on the date:
   a. Listed on the building permit or zoning clearance submitted as part of the application including the notarized attestation of architectural plans and specifications for the modification, or
   b. The application including the notarized attestation of architectural plans and specifications required in R9-10-104(A) is submitted to the Department.

E. An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that for a patient receiving dialysis services:

1. The dialysis services provided to the patient meet the needs of the patient;
2. A physician:
   a. Performs a medical history and physical examination on the patient within 30 calendar days before admission or within 48 hours after admission, and
   b. Documents the medical history and physical examination in the patient's medical record within 48 hours after admission;
3. If the patient's medical history and physical examination required in subsection (E)(2) is not performed by the patient's nephrologist, the patient's nephrologist, within 30 calendar days after the date of the medical history and physical examination:
   a. Reviews and authenticates the patient's medical history and physical examination, documents concurrence with the medical history and physical examination, and includes information specific to nephrology; or
   b. Performs a medical history and physical examination that includes information specific to nephrology;
4. The patient's nephrologist or the nephrologist's designee:
   a. Performs a medical history and physical examination on the patient at least once every 12 months after the date of the patient's admission to the outpatient treatment center, and
   b. Documents monthly notes related to the patient's progress in the patient's medical record;
5. A registered nurse responsible for the nursing services provided to the patient receiving dialysis services:
   a. Reviews with the patient the results of any diagnostic tests performed on the patient;

b. Assesses the patient's medical condition before the patient begins receiving hemodialysis and after the patient has received hemodialysis;
c. If the patient returns to another health care institution after receiving dialysis services at the outpatient treatment center, provides an oral or written notice of information related to the patient's medical condition to the registered nurse responsible for the nursing services provided to the patient at the health care institution or, if there is not a registered nurse responsible, the individual responsible for the medical services, nursing services, or health-related services provided to the patient at the health care institution;
d. Informs the patient's nephrologist of any changes in the patient's medical condition or needs; and
e. Documents in the patient's medical record:
i. Any notice provided as required in subsection (E)(5)(c), and
ii Monthly notes related to the patient's progress;

6. If the patient is not stable, before dialysis is provided to the patient, a nephrologist is notified of the patient's medical condition and dialysis is not provided until the nephrologist provides direction;
7. The patient:
a. Is under the care of a nephrologist;
b. Is assigned a patient identification number according to the policy and procedure in subsection (C)(1)(b);
c. Is identified by a personnel member before beginning dialysis;
d. Receives the dialysis services ordered for the patient by a medical practitioner;
e. Is monitored by a personnel member while receiving dialysis at least once every 30 minutes; and
f. If the outpatient treatment center reprocesses and reuses dialyzers, is informed that the outpatient treatment center reprocesses and reuses dialyzers before beginning hemodialysis;
8. Equipment used for hemodialysis is inspected and tested according to the manufacturer's recommendations or the outpatient treatment center's policies and procedures before being used to provide hemodialysis to a patient;
9. The equipment inspection and testing required in subsection (E)(8) is documented in the patient's medical record;
10. Supplies and equipment used for dialysis services for the patient are used, stored, and discarded according to manufacturer's recommendations;
11. If hemodialysis is provided to the patient, a personnel member:
a. Inspects the dialyzer before use to ensure that the:
i. External surface of the dialyzer is clean;
ii. Dialyzer label is intact and legible;
iii. Dialyzer, blood port, and dialysate port are free from leaks and cracks or other structural damage; and
iv. Dialyzer is free of visible blood and other foreign material;
b. Verifies the order for the dialyzer to ensure the correct dialyzer is used for the correct patient;
c. Verifies the duration of dialyzer storage based on the type of germicide used or method of sterilization or disinfection used;
d. If the dialyzer has been reprocessed and is being reused, verifies that the label on the dialyzer includes:
i. The patient's name and the patient's identification number,
ii. The number of times the dialyzer has been used in patient treatments,
iii. The date of the last use of the dialyzer by the patient, and
iv. The date of the last reprocessing of the dialyzer;
e. If the patient's name is similar to the name of another patient receiving dialysis in the same outpatient treatment center, informs other personnel members, employees, and volunteers, of the similar names to ensure that the name or other identifying information on the label corresponds to the correct patient; and
f. Ensures that a patient's vascular access is visible to a personnel member during dialysis;

12. A patient receiving dialysis is visible to a nurse at a location used by nurses to coordinate patients and treatment;
13. If the patient has an adverse reaction during dialysis, a personnel member responds by implementing the policy and procedure required in subsection (C)(1)(c);
14. If the equipment used during the patient's dialysis malfunctions, a personnel member responds by implementing the policy and procedure required in subsection (C)(1)(d); and
15. After a patient's discharge from an outpatient treatment center, the nephrologist responsible for the dialysis services provided to the patient documents the patient's discharge in the patient's medical record within 30 calendar days after the patient's discharge and includes:
a. A description of the patient's medical condition and the dialysis services provided to the patient, and
b. The signature of the nephrologist.

F. If an outpatient treatment center provides support for self-dialysis services, an administrator shall ensure that:
1. A patient or the patient's caregiver is:
a. Instructed to use the equipment to perform self-dialysis by a personnel member trained to provide the instruction, and
b. Monitored in the patient's home to assess the patient's or patient caregiver's ability to use the equipment to perform self-dialysis;
2. Instruction provided to a patient as required in subsection (F)(1)(a) and monitoring in the patient's home as required in subsection (F)(1)(b) is documented in the patient's medical record;
3. All supplies for self-dialysis necessary to meet the needs of the patient are provided to the patient;
4. All equipment necessary to meet the needs of the patient's self-dialysis is provided for the patient and maintained by the outpatient treatment center according to the manufacturer's recommendations;
5. The water used for hemodialysis is tested and treated according to the requirements in subsection (N);
6. Documentation of the self-dialysis maintained by the patient or the patient's caregiver is:
a. Reviewed to ensure that the patient is receiving continuity of care, and
b. Placed in the patient's medical record; and

7. If a patient uses self-dialysis and self-administers medication:
   a. The medical practitioner responsible for the dialysis services provided to the patient reviews the patient's diagnostic laboratory tests;
   b. The patient and the patient's caregiver are informed of any potential:
      i. Side effects of the medication; and
      ii. Hazard to a child having access to the medication and, if applicable, a syringe used to inject the medication; and
   c. The patient or the patient's caregiver is:
      i. Taught the route and technique of administration and is able to administer the medication, including injecting the medication;
      ii. Taught and able to perform sterile techniques if the patient or the patient's caregiver will be injecting the medication;
      iii. Provided with instructions for the administration of the medication, including the specific route and technique the patient or the patient's caregiver has been taught to use;
      iv. Able to read and understand the directions for using the medication;
      v. Taught and able to self-monitor the patient's blood pressure; and
      vi. Informed how to store the medication according to the manufacturer's instructions.

G. An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a social worker is employed by the outpatient treatment center to meet the needs of a patient receiving dialysis services including:
1. Conducting an initial psychosocial evaluation of the patient within 30 calendar days after the patient's admission to the outpatient treatment center;
2. Participating in reviewing the patient's need for social work services;
3. Recommending changes in treatment based on the patient's psychosocial evaluation;
4. Assisting the patient and the patient's representative in obtaining and understanding information for making decisions about the medical services provided to the patient;
5. Identifying community agencies and resources and assisting the patient and the patient's representative to utilize the community agencies and resources;
6. Documenting monthly notes related to the patient's progress in the patient's medical record; and
7. Conducting a follow-up psychosocial evaluation of the patient at least once every 12 months after the date of the patient's admission to the outpatient treatment center.

H. An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a registered dietitian is employed by the outpatient treatment center to assist a patient receiving dialysis services to meet the patient's nutritional and dietetic needs including:
1. Conducting an initial nutritional assessment of the patient within 30 calendar days after the patient's admission to the outpatient treatment center;
2. Consulting with the patient's nephrologist and recommending a diet to meet the patient's nutritional needs;
3. Providing advice to the patient and the patient's representative regarding a diet prescribed by the patient's nephrologist;
4. Monitoring the patient's adherence and response to a prescribed diet;
5. Reviewing with the patient any diagnostic test performed on the patient that is related to the patient's nutritional or dietetic needs;
6. Documenting monthly notes related to the patient's progress in the patient's medical record; and
7. Conducting a follow-up nutritional assessment of the patient at least once every 12 months after the date of the patient's admission to the outpatient treatment center.

I. An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a long-term care plan for each patient:
1. Is developed by a team that includes at least:
   a. The chief clinical officer of the outpatient treatment center;
   b. If the chief clinical officer is not a nephrologist, the patient's nephrologist;
   c. A transplant surgeon or the transplant surgeon's designee;
   d. A registered nurse responsible for nursing services provided to the patient;
   e. A social worker;
   f. A registered dietitian; and
   g. The patient or patient's representative, if the patient or patient's representative chooses to participate in the development of the long-term care plan;
2. Identifies the modality of treatment and dialysis services to be provided to the patient;
3. Is reviewed and approved by the chief clinical officer;
4. Is signed and dated by each personnel member participating in the development of the long-term care plan;
5. Includes documentation signed by the patient or the patient's representative that the patient or the patient's representative was provided an opportunity to participate in the development of the long-term care plan;
6. Is signed and dated by the patient or the patient's representative; and
7. Is reviewed at least once every 12 months by the team in subsection (I)(1) and updated according to the patient's needs.

J. An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a patient care plan for each patient:
1. Is developed by a team that includes at least:
   a. The patient's nephrologist;
   b. A registered nurse responsible for nursing services provided to the patient;
   c. A social worker;
   d. A registered dietitian; and
   e. The patient or the patient's representative, if the patient or patient's representative chooses to participate in the development of the patient care plan;
2. Includes an assessment of the patient's need for dialysis services;
3. Identifies treatment and treatment goals;
4. Is signed and dated by each personnel member participating in the development of the patient care plan;
5. Includes documentation signed by the patient or the patient's representative that the patient or the patient's

representative was provided an opportunity to participate in the development of the patient care plan;
6. Is signed and dated by the patient or the patient's representative;
7. Is implemented;
8. Is evaluated by:
   a. The registered nurse responsible for the dialysis services provided to the patient,
   b. The registered dietitian providing services to the patient related to the patient's nutritional or dietetic needs, and
   c. The social worker providing services to the patient related to the patient's psychosocial needs;
9. Includes documentation of interventions, resolutions, and outcomes related to treatment goals; and
10. Is reviewed and updated according to the needs of the patient:
    a. At least once every six months for a patient whose medical condition is stable, and
    b. At least once every 30 calendar days for a patient whose medical condition is not stable.

K. In addition to the requirements in R9-10-1009(C), an administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a medical record for each patient contains:
1. An annual medical history;
2. An annual physical examination;
3. Monthly notes related to the patient's progress by a medical practitioner, registered dietitian, social worker, and registered nurse;
4. If applicable, documentation of:
   a. The equipment inspection and testing required in subsection (E)(9), and
   b. The self-dialysis required in subsection (F)(2); and
5. If applicable, documentation of the patient's discharge.

L. For a patient who received dialysis services, an administrator shall ensure that after the patient's discharge from an outpatient treatment center that is authorized to provide dialysis services, the nephrologist responsible for the dialysis services provided to the patient documents the patient's discharge in the patient's medical record within 30 calendar days after the patient's discharge and includes:
1. A description of the patient's medical condition and the dialysis services provided to the patient, and
2. The signature of the nephrologist.

M. If an outpatient treatment center reuses dialyzers or other dialysis supplies, an administrator shall ensure that the outpatient treatment center complies with the guidelines adopted by the Association for the Advancement of Medical Instrumentation in Reprocessing of Hemodialyzers, ANSI/AAMI RD47:2008/(R)2013, incorporated by reference, available through http://my.aami.org/store/, on file with the Department, and including no future editions or amendments.

N. A chief clinical officer shall ensure that the quality of water used in dialysis conforms to the guidelines adopted by the Association for the Advancement of Medical Instrumentation in Dialysis Water and Dialysate Recommendations: A User Guide, incorporated by reference, available through http://my.aami.org/store/, on file with the Department, and including no future editions or amendments.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1018 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1018 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1019. Emergency Room Services

An administrator of an outpatient treatment center that is authorized to provide emergency room services shall ensure that:
1. Emergency room services are:
   a. Available on the premises:
      i. At all times, and
      ii. To stabilize an individual's emergency medical condition; and
   b. Provided:
      i. In a designated area, and
      ii. Under the direction of a physician;
2. Clinical laboratory services are available on the premises;
3. Diagnostic imaging services are available on the premises;
4. An area designated for emergency room services complies with the physical plant codes and standards for a freestanding emergency care facility in R9-10-104.01;
5. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that specify requirements for the use of a room used for seclusion that meets the requirements in R9-10-217(D);
6. A physician is present in an area designated for emergency room services;
7. A registered nurse is present in an area designated for emergency room services and provides direction for nursing services in the designated area;
8. The outpatient treatment center has a documented transfer agreement with a general hospital;
9. Emergency room services are provided to an individual, including a woman in active labor, requesting medical services in an emergency;
10. If emergency room services cannot be provided at the outpatient treatment center, measures and procedures are implemented to minimize the risk to the patient until the patient is transferred to the general hospital with which the outpatient treatment center has a transfer agreement as required in subsection (8);
11. There is a chronological log of emergency room services provided to a patient that includes:
    a. The patient's name;
    b. The date, time, and mode of arrival; and
    c. The disposition of the patient, including discharge or transfer; and

12. The chronological log required in subsection (11) is maintained:
    a. In the designated area for emergency room services for at least 12 months after the date the emergency room services were provided; and
    b. By the outpatient treatment center for a total of at least 24 months after the date the emergency room services were provided.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1019 adopted as an emergency now adopted as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1019 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

R9-10-1020. Opioid Treatment Services

A. A governing authority of an outpatient treatment center that is authorized to provide opioid treatment services shall:
1. Ensure that the outpatient treatment center obtains certification by the Substance Abuse and Mental Health Services Administration before providing opioid treatment,
2. Maintain a current Substance Abuse and Mental Health Services Administration certificate for the outpatient treatment center on the premises, and
3. Ensure that the administrator appointed as required in R9-10-1003(B)(3) is named on the Substance Abuse and Mental Health Services Administration certificate as the individual responsible for the opioid treatment services provided by or at the outpatient treatment center.

B. An administrator of an outpatient treatment center that is authorized to provide opioid treatment services shall ensure that:
1. In addition to the policies and procedures required in R9-10-1003(D), policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
    a. Include the criteria for receiving opioid treatment services and address:
        i. Comprehensive maintenance treatment consisting of dispensing or administering an opioid agonist treatment medication at stable dosage levels to a patient for a period in excess of 21 calendar days and providing medical and health-related services to the patient, and
        ii. Detoxification treatment that occurs over a continuous period of more than 30 calendar days;
    b. Include the criteria and procedures for discontinuing opioid treatment services;
    c. Address the needs of specific groups of patients, such as patients who:
        i. Are pregnant;
        ii. Are children;
        iii. Have chronic or acute medical conditions such as HIV infection, hepatitis, diabetes, tuberculosis, or cardiovascular disease;
        iv. Have a mental disorder;
        v. Abuse alcohol or other drugs; or
        vi. Are incarcerated or detained;
    d. Contain a method of patient identification to ensure the patient receives the opioid treatment services ordered;
    e. Contain methods to assess whether a patient is receiving concurrent opioid treatment services from more than one health care institution;
    f. Contain methods to ensure that the opioid treatment services provided to a patient by or at the outpatient treatment center meet the patient's needs;
    g. Include relapse prevention procedures;
    h. Include for laboratory testing:
        i. Criteria for the assessment of a patient's opioid agonist blood levels,
        ii. Procedures for specimen collection and processing to reduce the risk of fraudulent results, and
        iii. Procedures for conducting random drug testing of patients receiving an opioid agonist treatment medication;
    i. Include procedures for the response of personnel members to a patient's adverse reaction during opioid treatment; and
    j. Include criteria for dispensing one or more doses of an opioid agonist treatment medication to a patient for use off the premises and address:
        i. Who may authorize dispensing,
        ii. Restrictions on dispensing, and
        iii. Information to be provided to a patient or the patient's representative before dispensing;
2. A physician provides direction for the opioid treatment services provided at the outpatient treatment center;
3. If a patient requires administration of an opioid agonist treatment medication as a result of chronic pain, the patient:
    a. Receives consultation with or a referral for consultation with a physician or registered nurse practitioner who specializes in chronic pain management, and
    b. Is not admitted for opioid treatment services:
        i. Unless the patient is physically addicted to an opioid drug, as manifested by the symptoms of withdrawal in the absence of the opioid drug; and
        ii. A medical practitioner at the outpatient treatment center coordinates with the physician or registered nurse practitioner who is providing chronic pain management to the patient; and
4. In addition to the requirements in R9-10-1009(C), a medical record for each patient contains:
    a. If applicable, documentation of the dispensing of doses of an opioid agonist treatment medication to the patient for use off the premises; and
    b. If applicable, documentation of the patient's discharge from receiving opioid treatment services.

C. An administrator of an outpatient treatment center that is authorized to provide opioid treatment services shall ensure that for a patient receiving opioid treatment services:
1. The opioid treatment services provided to the patient meet the needs of the patient;
2. A physician or a medical practitioner under the direction of a physician:
   a. Performs a medical history and physical examination on the patient within 30 calendar days before admission or within 48 hours after admission, and
   b. Documents the medical history and physical examination in the patient's medical record within 48 hours after admission;
3. Before receiving opioid treatment, the patient is informed of the following:
   a. The progression of opioid addiction and the patient's apparent stage of opioid addiction;
   b. The goal and benefits of opioid treatment;
   c. The signs and symptoms of overdose and when to seek emergency assistance;
   d. The characteristics of opioid agonist treatment medication, including common side-effects and potential interaction effects with other drugs;
   e. The requirement for a staff member to report suspected or alleged abuse or neglect of a child or an incapacitated or vulnerable adult according to state law;
   f. Confidentiality requirements;
   g. Drug screening and urinalysis procedures;
   h. Requirements for dispensing to a patient one or more doses of an opioid agonist treatment medication for use by the patient off the premises;
   i. Testing and treatment available for HIV and other communicable diseases; and
   j. The patient complaint process;
4. Documentation of the provision of the information specified in subsection (C)(3) is included in the patient's medical record;
5. The patient receives a dose of an opioid agonist treatment medication only on the order of a medical practitioner;
6. The patient begins detoxification treatment only at the request of the patient or according to the outpatient treatment center's policy and procedure for discontinuing opioid treatment services required in subsection (B)(1)(b);
7. If the patient has an adverse reaction during opioid treatment, a personnel member and, if appropriate, a medical practitioner responds by implementing the policy and procedure required in subsection (B)(1)(i);
8. Before the patient's discharge from opioid treatment services, the patient is provided with patient follow-up instructions that:
   a. Include information that may reduce the risk of relapse; and
   b. May include a referral for counseling, support groups, or medication for depression or sleep disorders; and
9. After the patient's discharge from opioid treatment services provided by or at the outpatient treatment center, the medical practitioner responsible for the opioid treatment services provided to the patient documents the patient's discharge in the patient's medical record within 30 calendar days after the patient's discharge and includes:
   a. A description of the patient's medical condition and the opioid treatment services provided to the patient, and
   b. The signature of the medical practitioner.

D. An administrator of an outpatient treatment center that is authorized to provide opioid treatment services shall ensure that an assessment for each patient receiving opioid treatment services:
1. Includes, in addition to the information in R9-10-1010(B):
   a. An assessment of the patient's need for opioid treatment services,
   b. An assessment of the patient's medical conditions that may be affected by opioid treatment,
   c. An assessment of other medications being taken by the patient and conditions that may be affected by opioid treatment, and
   d. A plan to prevent relapse;
2. Identifies the treatment to be provided to the patient and treatment goals; and
3. Specifies whether the patient may receive an opioid agonist treatment medication for use off the premises and, if so, the number of doses that may be dispensed.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1020 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1020 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1021. Pain Management Services

A medical director of an outpatient treatment center that is authorized to provide pain management services shall ensure that:
1. Pain management services are provided under the direction of:
   a. A physician; or
   b. A nurse practitioner licensed according to A.R.S. Title 32, Chapter 15 with advanced pain management certification from a nationally recognized accreditation or certification entity;
2. A personnel member certified in cardiopulmonary resuscitation is available on the outpatient treatment center's premise;
3. If a controlled substance is used to provide pain management services:
   a. A medical practitioner discusses the risks and benefits of using a controlled substance with a patient;
   b. If the controlled substance is an opioid, the outpatient treatment center complies with the requirements in R9-10-2006; and
   c. The following information is included in a patient's medical record:

i. The patient's history of substance use disorder,
ii. Documentation of the discussion in subsection (3)(a),
iii. The nature and intensity of the patient's pain, and
iv. The objectives used to determine whether the patient is being successfully treated; and

4. If an injection or a nerve block is used to provide pain management services:
   a. Before the injection or nerve block is initially used on a patient, an evaluation of the patient is performed by a physician or nurse anesthetist;
   b. An injection or nerve block is administered by a physician or nurse anesthetist; and
   c. The following information is included in a patient's medical record:
      i. The evaluation of the patient required in subsection (4)(a),
      ii. A record of the administration of the injection or nerve block, and
      iii. Any resuscitation measures taken; and
5. An outpatient treatment center that meets the definition of a pain management clinic in A.R.S. § 36-448.01 and complies with 9 Article 20 of this Chapter.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1021 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1021 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

R9-10-1022. Physical Health Services

An administrator of an outpatient treatment center that is authorized to provide physical health services shall ensure that:

1. Medical services provided at or by the outpatient treatment center are provided under A.R.S. § 36-401(A)(33),
2. Nursing services provided at or by the outpatient treatment center are provided under the direction of a registered nurse, and
3. A personnel member certified in cardiopulmonary resuscitation is available on the outpatient treatment center's premise.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1022 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1022 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1023. Pre-petition Screening

An administrator of an outpatient treatment center that is authorized to provide pre-petition screening shall comply with the requirements for pre-petition screening in A.R.S. Title 36, Chapter 5, Article 4.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1023 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1023 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1024. Rehabilitation Services

An administrator shall ensure that if an outpatient treatment center is authorized to provide:

1. Occupational therapy services, an occupational therapist provides direction for the occupational therapy services provided at or by the outpatient treatment center;
2. Physical therapy services, a physical therapist provides direction for the physical therapy services provided at or by the outpatient treatment center; or
3. Speech-language pathology services, a speech-language pathologist provides direction for the speech-language pathology services provided at or by the outpatient treatment center.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). New Section R9-10-1024 adopted as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1024 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015,

effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1025. Respite Services

A. In addition to the definitions in A.R.S. § 36-401, R9-10-101, and R9-10-1001, the following definitions apply in this Section:
1. "Emergency safety response" has the same meaning as in R9-10-701.
2. "Outing" means travel by a child, who is receiving respite services provided by an outpatient treatment center, to a location away from the outpatient treatment center premises or, if applicable, the child's residence for a specific activity.
3. "Parent" means a child's:
   a. Mother or father, or
   b. Legal guardian.

B. An administrator of an outpatient treatment center that is authorized to provide respite services shall ensure that:
1. Respite services are not provided in a personnel member's residence unless the personnel member's residence is licensed as a behavioral health respite home;
2. Except for an outpatient treatment center that is authorized to provide respite services for children on the premises, respite services are provided:
   a. In a patient's residence; or
   b. Up to 10 continuous hours in a 24-hour time period while the individual who is receiving the respite services is:
      i. Supervised by a personnel member;
      ii. Awake;
      iii. Except as stated in subsection (B)(3), provided food;
      iv. Allowed to rest;
      v. Provided an opportunity to use the toilet and meet the individual's hygiene needs; and
      vi. Participating in activities in the community but is not in a licensed health care institution or child care facility; and
3. If a child is provided respite services according to subsection (B)(2)(b), the child is provided the appropriate meals or snacks in subsection (J)(1) for the amount of time the child is receiving respite services from the outpatient treatment center.

C. If an outpatient treatment center that is authorized to provide respite services for children includes outings in the outpatient treatment center's scope of services, an administrator shall ensure that:
1. Before a personnel member takes a child receiving respite services on an outing, written permission is obtained from the child's parent that includes:
   a. The child's name;
   b. A description of the outing;
   c. The name of the outing destination, if applicable;
   d. The street address and, if available, the telephone number of the outing destination;
   e. Either:
      i. The date or dates of the outing; or
      ii. The time period, not to exceed 12 months, during which the permission is given;
   f. The projected time of departure from the outpatient treatment center or, if applicable, the child's residence;
   g. The projected time of arrival back at the outpatient treatment center or, if applicable, the child's residence; and
   h. The dated signature of the child's parent;
2. Each motor vehicle used on an outing by a personnel member for a child receiving respite services from the outpatient treatment center:
   a. Is maintained in a mechanically safe condition;
   b. Is free from hazards;
   c. Has an operational heating system;
   d. Has an operational air-conditioning system; and
   e. Is equipped with:
      i. A first-aid kit that meets the requirements in subsection (S)(1), and
      ii. Two large, clean towels or blankets;
3. On an outing, a child does not ride in a truck bed, camper, or trailer attached to a motor vehicle;
4. The Department is notified within 24 hours after a motor vehicle accident that involves a child who is receiving respite services while riding in the motor vehicle on an outing; and
5. A personnel member who drives a motor vehicle with children receiving respite services from the outpatient treatment center in the motor vehicle:
   a. Requires that each door be locked before the motor vehicle is set in motion and keeps the doors locked while the motor vehicle is in motion;
   b. Does not permit a child to be seated in front of a motor vehicle's air bag;
   c. Requires that a child remain seated and entirely inside the motor vehicle while the motor vehicle is in motion;
   d. Requires that a child is secured, as required in A.R.S. § 28-907 or A.R.S. § 28-909, before the motor vehicle is set in motion and while the motor vehicle is in motion;
   e. Assists a child into or out of the motor vehicle away from moving traffic at curbside or in a driveway, parking lot, or other location designated for this purpose;
   f. Carries drinking water in an amount sufficient to meet the needs of each child on the outing and a sufficient number of cups or other drinking receptacles so that each child can drink from a different cup or receptacle; and
   g. Accounts for each child while on the outing.

D. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
1. Respite services are only provided on the premises for up to 10 continuous hours per day between the hours of 6:00 a.m. and 10:00 p.m.;
2. The specific 10 continuous hours per day during which the outpatient treatment center provides respite services on the premises is stated in the outpatient treatment center's hours of operation that is submitted as part of the outpatient treatment center's license application and according to R9-10-1002(D);
3. A personnel member, who is expected to provide respite services eight or more hours a week, complies with the requirements for tuberculosis screening in R9-10-113;
4. At least one personnel member who has current training in first aid and cardiopulmonary resuscitation is available

on the premises when a child is receiving respite services on the premises;

5. At least one personnel member who has completed training in crisis intervention according to R9-10-716(F) is available on the premises when a child is receiving respite services on the premises;
6. A personnel member does not use or possess any of the following items when a child receiving respite services is on the premises:
   a. A controlled substance as listed in A.R.S. Title 36, Chapter 27, Article 2, except where used as a prescription medication in the manner prescribed;
   b. A dangerous drug as defined in A.R.S. § 13-3401, except where used as a prescription medication in the manner prescribed;
   c. A prescription medication as defined in A.R.S. § 32-1901, except where used in the manner prescribed; or
   d. A firearm as defined in A.R.S. § 13-105;
7. An unannounced fire and emergency evacuation drill is conducted at least once a month, and at different times of the day, and each personnel member providing respite services for children on the premises and each child receiving respite services on the premises participates in the fire and emergency evacuation drill;
8. Each fire and emergency evacuation drill is documented, and the documentation is maintained for at least 12 months after the date of the fire and emergency evacuation drill;
9. Before a child receives respite services on the premises of the outpatient treatment center, in addition to the requirements in R9-10-1009, the following information is obtained and maintained in the child's medical record;
   a. The name, home address, city, state, zip code, and contact telephone number of each parent of the child;
   b. The name and contact telephone number of at least two additional individuals authorized by the child's parent to collect the child from the outpatient treatment center;
   c. The name and contact telephone number of the child's health care provider;
   d. The written authorization for emergency medical care of the child when the parent cannot be contacted at the time of an emergency;
   e. The name of the individual to be contacted in case of injury or sudden illness of the child;
   f. If applicable, a description of any dietary restrictions or needs due to a medical condition or diagnosed food sensitivity or allergy;
   g. A written record completed by the child's parent or health care provider noting the child's susceptibility to illness, physical conditions of which a personnel member should be aware, and any specific requirements for health maintenance; and
10. Documentation is obtained and maintained in the child's medical record each time the child receives respite services on the premises that includes:
    a. The date and time of each admission to and discharge from receiving respite services; and
    b. A signature, which contains at least a first initial of a first name and the last name of the child's parent or other individual designated by the child's parent, each time the child is admitted or discharged from receiving respite services on the premises;
11. Policies and procedures are developed, documented, and implemented to ensure that the identity of an individual is known to a personnel member or is verified with picture identification before the personnel member discharges a child to the individual;
12. A child is not discharged to an individual other than the child's parent or other individual designated according to subsection (D)(9)(b), except:
    a. When the child's parent authorizes the administrator by telephone or electronic means to release the child to an individual not so designated, and
    b. The administrator can verify the telephone or electronic authorization using a means of verification that has been agreed to by the administrator and the child's parent and documented in the child's medical record; and
13. The number of personnel members providing respite services for children on the premises is determined by the needs of the children present, with a minimum of at least:
    a. One personnel member providing supervision for every five children receiving respite services on the premises; and
    b. Two personnel members on the premises when a child is receiving respite services on the premises.

E. If swimming activities are conducted at a swimming pool for a child receiving respite services on the premises of an outpatient treatment center, an administrator shall ensure that there is an individual at the swimming pool on the premises who has current lifeguard certification that includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation. If the individual is a personnel member, the personnel member cannot be counted in the personnel member-to-children ratio required by subsection (D)(13).

F. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that in each area designated for providing respite services:

1. Drinking water is provided sufficient for the needs of and accessible to each child in both indoor and outdoor areas;
2. Indoor areas used by children are decorated with age-appropriate articles such as bulletin boards, pictures, and posters;
3. Storage space is provided for indoor and outdoor toys, materials, and equipment in areas accessible to children;
4. Clean clothing is available to a child when the child needs a change of clothing;
5. At least one indoor area in the outpatient treatment center where respite services are provided for children is equipped with at least one cot or mat, a sheet, and a blanket, where a child can rest quietly away from the other children;
6. Except as provided in subsection (AA)(2)(a), outdoor or large muscle development activities are scheduled to allow not less than 75 square feet for each child occupying the outdoor area or indoor area substituted for outdoor area at any time;
7. The premises, including the buildings, are maintained free from hazards;
8. Toys and play equipment, required in this Section, are maintained:
   a. Free from hazards, and

b. In a condition that allows the toy or play equipment to be used for the original purpose of the toy or play equipment;

9. Temperatures are maintained between 70° F and 84° F in each room or indoor area used by children;
10. Except when a child is napping or sleeping or for a child who has a sensory issue documented in the child's behavioral health assessment, each room or area used by a child is maintained at a minimum of 30 foot candles of illumination;
11. When a child is napping or sleeping in a room, the room is maintained at a minimum of five foot candles of illumination;
12. Each child's toothbrush, comb, washcloth, and cloth towel that are provided for the child's use by the child's parent are maintained in a clean condition and stored in an identified space separate from those of other children;
13. Except as provided in subsection (F)(14), the following are stored separate from food storage areas and are inaccessible to a child:
    a. All materials and chemicals labeled as a toxic or flammable substance;
    b. All substances that have a child warning label and may be a hazard to a child; and
    c. Lawn mowers, ladders, toilet brushes, plungers, and other equipment that may be a hazard to a child;
14. Hand sanitizers:
    a. When being stored, are stored separate from food storage areas and are inaccessible to children; and
    b. When being provided for use, are accessible to children; and
15. Except when used as part of an activity, the following are stored in an area inaccessible to a child:
    a. Garden tools, such as a rake, trowel, and shovel; and
    b. Cleaning equipment and supplies, such as a mop and mop bucket.

G. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that a personnel member:

1. Supervises each child at all times;
2. Does not smoke or use tobacco:
    a. In any area where respite services may be provided for a child, or
    b. When transporting or transferring a child;
3. Except for a child who can change the child's own clothing, changes a child's clothing when wet or soiled;
4. Empties clothing soiled with feces into a toilet without rinsing;
5. Places a child's soiled clothing in a plastic bag labeled with the child's name, stores the clothing in a container used for this purpose, and sends the clothing home with the child's parent;
6. Prepares and posts in each indoor area, before the first child arrives to receive respite services that day, a current schedule of age-appropriate activities that meet the needs of the children receiving respite services that day, including the times the following are provided:
    a. Meals and snacks,
    b. Naps,
    c. Indoor activities,
    d. Outdoor or large muscle development activities,
    e. Quiet and active activities,
    f. Personnel member-directed activities,
    g. Self-directed activities, and
    h. Activities that develop small muscles;
7. Provides activities and opportunities, consistent with a child's behavioral health assessment, for each child to:
    a. Gain a positive self-concept;
    b. Develop and practice social skills;
    c. Acquire communication skills;
    d. Participate in large muscle physical activity;
    e. Develop habits that meet health, safety, and nutritional needs;
    f. Express creativity;
    g. Learn to respect cultural diversity of children and staff;
    h. Learn self-help skills; and
    i. Develop a sense of responsibility and independence;
8. Implements the schedule in subsection (G)(6);
9. If an activity on the schedule in subsection (G)(6) is not implemented, writes on the schedule the activity that was not implemented and what activity was substituted;
10. Ensures that each indoor area has a supply of age-appropriate toys, materials, and equipment, necessary to implement the schedule required in subsection (G)(6), in a quantity sufficient for the number of children receiving respite services at the outpatient treatment center that day, including:
    a. Art and crafts supplies;
    b. Books;
    c. Balls;
    d. Puzzles, blocks, and toys to enhance manipulative skills;
    e. Creative play toys;
    f. Musical instruments; and
    g. Indoor and outdoor equipment to enhance large muscle development;
11. Does the following when a parent permits or asks a personnel member to apply personal products, such as petroleum jelly, diaper rash ointments, sun screen or sun block preparations, toothpaste, and baby diapering preparations on the parent's child:
    a. Obtains the child's personal products and written approval for use of the personal products from the child's parent;
    b. Labels the personal products with the child's name; and
    c. Keeps the personal products inaccessible to children; and
12. Monitors a child for overheating or overexposure to the sun.

H. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises and includes in the outpatient treatment center's scope of respite services for children wearing diapers shall ensure that there is a diaper changing space in the area designated for providing respite services for children that contains:

1. A nonabsorbent, sanitizable diaper changing surface that is:
    a. Seamless and smooth, and
    b. Kept clear of items not required for diaper changing;
2. A hand-washing sink adjacent to the diaper changing surface, for a personnel member's use when changing diapers and for washing a child during or after diapering, that provides:
    a. Running water,
    b. Soap from a dispenser, and
    c. Single-use paper hand towels from a dispenser;

3. At least one waterproof, sanitizable container with a waterproof liner and a tight-fitting lid for soiled diapers; and
4. At least one waterproof, sanitizable container with a waterproof liner and a tight-fitting lid for soiled clothing.

I. In a diaper changing space, an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
1. A diaper changing procedure is established, documented, and implemented that states that a child's diaper is changed as soon as it is soiled and that a personnel member when diapering:
   a. Washes and dries the child, using a separate wash cloth and towel only once for each child;
   b. If applicable, applies the child's individual personal products labeled with the child's name;
   c. Uses single-use non-porous gloves;
   d. Washes the personnel member's own hands with soap and running water according to the requirements in R9-10-1028(5);
   e. Washes each child's hands with soap and running water after each diaper change; and
   f. Cleans, sanitizes, and dries the diaper changing surface following each diaper change; and
2. A personnel member:
   a. Removes disposable diapers and disposable training pants from a diaper changing space as needed or at least twice every 24 hours to a waste receptacle outside the building; and
   b. Does not:
      i. Permit a bottle, formula, food, eating utensil, or food preparation in a diaper changing space;
      ii. Draw water for human consumption from the hand-washing sink adjacent to a diaper changing surface, required in subsection (H)(2); or
      iii. If responsible for food preparation, change diapers until food preparation duties have been completed for the day.

J. Except as provided in subsection (K)(3), an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall:
1. Serve the following meals or snacks to a child receiving respite services on the premises:
   a. For the following periods of time:
      i. Two to four hours, one or more snacks;
      ii. Four to eight hours, one or more snacks and one or more meals; and
      iii. More than eight hours, two snacks and one or more meals;
   b. Make breakfast available to a child receiving respite services on the premises before 8:00 a.m.;
   c. Serve lunch to a child who is receiving respite services on the premises between 11:00 a.m. through 1:00 p.m.; and
   d. Serve dinner to a child who is receiving respite services on the premises from 5:00 p.m. through 7:00 p.m. and who will remain on the premises after 7:00 p.m.;
2. Ensure that a meal or snack provided by the outpatient treatment center meets the meal pattern requirements in Table 10.1; and
3. If the outpatient treatment center provides a meal or snack to a child:
   a. Make a second serving of a food component of a provided snack or meal available to a child who requests a second serving, and
   b. Substitute a food that is equivalent to a specific food component if a requested second serving of a specific food component is not available.

K. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises:
1. May serve food provided for a child by the child's parent;
2. If a child's parent does not provide a sufficient number of meals or snacks to meet the requirements in subsection (J)(1), shall supplement, according to the requirements in Table 10.1, the meals or snacks provided by the child's parent; and
3. If applicable, shall serve food to a child at the times and in quantities consistent with the information documented according to subsection (D)(9)(f) for the child and the child's behavioral health assessment, to meet the child's dietary and nutritional needs.

L. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises that has a respite capacity of more than 10 shall obtain a food establishment license or permit according to the requirements in 9 A.A.C. 8, Article 1, and, if applicable, maintain documentation of the current food establishment license or permit.

M. If an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises serves food to a child receiving respite services on the premises that is not prepared by the outpatient treatment center or provided by the child's parent, the administrator shall ensure that the food was prepared by a food establishment, as defined according to A.A.C. R9-8-101.

N. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
1. Children, except infants and children who cannot wash their own hands, wash their hands with soap and running water before and after handling or eating food;
2. A personnel member:
   a. Washes the hands of an infant or a child who cannot wash the child's own hands before and after the infant or child handles or eats food, using:
      i. A washcloth,
      ii. A single-use paper towel, or
      iii. Soap and running water; and
   b. If using a washcloth, uses each washcloth on only one child and only one time before it is laundered or discarded;
3. Non-single-use utensils and equipment used in preparing, eating, or drinking food are:
   a. After each use:
      i. Washed in an automatic dishwasher and air dried or heat dried; or
      ii. Washed in hot soapy water, rinsed in clean water, sanitized, and air dried or heat dried; and
   b. Stored in a clean area protected from contamination;
4. Single-use utensils and equipment are disposed of after being used;
5. Perishable foods are covered and stored in a refrigerator at a temperature of 41° F or less;

6. A refrigerator at the outpatient treatment center maintains a temperature of 41° F or less, as shown by a thermometer kept in the refrigerator at all times;
7. A freezer at the outpatient treatment center maintains a temperature of 0° F or less, as shown by a thermometer kept in the freezer at all times; and
8. Foods are prepared as close as possible to serving time and, if prepared in advance, are either:
   a. Cold held at a temperature of 45° F or less or hot held at a temperature of 130° F or more until served, or
   b. Cold held at a temperature of 45° F or less and then reheated to a temperature of at least 165° F before being served.

O. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises:
1. May allow a personnel member to separate a child who is receiving respite services on the premises from other children for unacceptable behavior for no longer than three minutes after the child has regained self-control, but not more than 10 minutes without the personnel member interacting with the child, consistent with the child's behavioral health assessment;
2. Shall ensure that:
   a. A personnel member, consistent with the child's behavioral health assessment:
      i. Defines and maintains consistent and reasonable guidelines and limitations for a child's behavior;
      ii. Teaches, models, and encourages orderly conduct, personal control, and age-appropriate behavior; and
      iii. Explains to a child why a particular behavior is not allowed, suggests an alternative, and assists the child to become engaged in an alternative activity;
   b. An emergency safety response is:
      i. Only used:
         (1) By a personnel member trained according to R9-10-716(F)(1) to use an emergency safety response,
         (2) For the management of a child's violent or self-destructive behavior, and
         (3) When less restrictive interventions have been determined to be ineffective; and
      ii. Discontinued at the earliest possible time, but no longer than five minutes after the emergency safety response is initiated;
   c. If an emergency safety response was used for a child, a personnel member, when the child is discharged to the child's parent:
      i. Notifies the child's parent of the use of the emergency safety response for the child and the behavior, event, or environmental factor that caused the need for the emergency safety response; and
      ii. Documents in the child's medical record that the child's parent was notified of the use of the emergency safety response;
   d. Within 24 hours after an emergency safety response is used for a child receiving respite services on the premises, the following information is entered into the child's medical record:
      i. The date and time the emergency safety response was used;
      ii. The name of each personnel member who used an emergency safety response;
      iii. The specific emergency safety response used;
      iv. The behavior, event, or environmental factor that caused the need for the emergency safety response; and
      v. Any injury that resulted from the use of the emergency safety response;
   e. Within 10 working days after an emergency safety response is used for a child receiving respite services on the premises, a behavioral health professional reviews the information in subsection (O)(2)(d) and documents the review in the child's medical record;
   f. After the review required in subsection (O)(2)(e), the following information is entered into the child's medical record:
      i. Actions taken or planned to prevent the need for a subsequent use of an emergency safety response for the child,
      ii. A determination of whether the child is appropriately placed at the outpatient treatment center providing respite services for children on the premises, and
      iii. Whether the child's treatment plan was reviewed or needs to be reviewed and amended to ensure that the child's treatment plan is meeting the child's treatment needs;
   g. Emergency safety response training is documented according to the requirements in R9-10-716(F)(2); and
   h. Materials used for emergency safety response training are maintained according to the requirements in R9-10-716(F)(3); and
3. A personnel member does not use or permit:
   a. A method of discipline that could cause harm to the health, safety, or welfare of a child;
   b. Corporal punishment;
   c. Abusive language;
   d. Discipline associated with:
      i. Eating, napping, sleeping, or toileting;
      ii. Medication; or
      iii. Mechanical restraint; or
   e. Discipline administered to any child by another child.

P. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall:
1. Provide each child who naps or sleeps on the premises with a separate cot or mat and ensure that:
   a. A cot or mat used by the child accommodates the child's height and weight;
   b. A personnel member covers each cot or mat with a clean sheet that is laundered when soiled, or at least once every seven days and before use by a different child;
   c. A clean blanket or sheet is available for each child;
   d. A rug, carpet, blanket, or towel is not used as a mat; and
   e. Each cot or mat is maintained in a clean and repaired condition;
2. Not use bunk beds or waterbed mattresses for a child receiving respite services;

3. Provide an unobstructed passageway at least 18 inches wide between each row of cots or mats to allow a personnel member access to each child;
4. Ensure that if a child naps or sleeps while receiving respite services at the outpatient treatment center, the administrator:
   a. Does not permit the child to lie in direct contact with the floor while napping or sleeping;
   b. Prohibits the operation of a television in a room where the child is napping or sleeping; and
   c. Requires that a personnel member remain awake while supervising the napping or sleeping child; and
5. Ensure that storage space is provided on the premises for cots, mats, sheets, and blankets, that is:
   a. Accessible to an area used for napping or sleeping; and
   b. Separate from food service and preparation areas, toilet rooms, and laundry rooms.

Q. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall, in the area of the premises where the respite services are provided:
1. Maintain the premises and furnishings:
   a. Free of insects and vermin,
   b. In a clean condition, and
   c. Free from odor; and
2. Ensure that:
   a. Floor coverings are:
      i. Clean; and
      ii. Free from:
         (1) Dampness,
         (2) Odors, and
         (3) Hazards;
   b. Toilet bowls, lavatory fixtures, and floors in toilet rooms and kitchens are cleaned and sanitized as often as necessary to maintain them in a clean and sanitized condition or at least once every 24 hours;
   c. Each toilet room used by children receiving respite services on the premises contains, within easy reach of children:
      i. Mounted toilet tissue;
      ii. A sink with running water;
      iii. Soap contained in a dispenser; and
      iv. Disposable, single-use paper towels, in a mounted dispenser, or a mechanical hand dryer;
   d. Personnel members wash their hands with soap and running water after toileting;
   e. A child's hands are washed with soap and running water after toileting;
   f. Except for a cup or receptacle used only for water, food waste is stored in a covered container and the container is clean and lined with a plastic bag;
   g. Food waste and other refuse is removed from the area of the premises where respite services are provided for children at least once every 24 hours or more often as necessary to maintain a clean condition and avoid odors;
   h. A personnel member or a child does not draw water for human consumption from a toilet room handwashing sink;
   i. Toys, materials, and equipment are maintained in a clean condition;
   j. Plumbing fixtures are maintained in a clean and working condition; and
   k. Chipped or cracked sinks and toilets are replaced or repaired.

R. If laundry belonging to an outpatient treatment center providing respite services for children on the premises is done on the premises, an administrator shall:
1. Not use a kitchen or food storage area for sorting, handling, washing, or drying laundry;
2. Locate the laundry equipment in an area that is separate from areas used by children and inaccessible to children;
3. Not permit a child to be in a laundry room or use a laundry area as a passageway for children; and
4. Ensure that laundry soiled by vomitus, urine, feces, blood, or other body fluid is stored, cleaned, and sanitized separately from other laundry.

S. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that there is a first aid kit in the designated area of the outpatient treatment center where respite services are provided that:
1. Contains first aid supplies in a quantity sufficient to meet the needs of the children receiving respite services, including the following:
   a. Sterile bandages including:
      i. Self-adhering bandages of assorted sizes,
      ii. Sterile gauze pads, and
      iii. Sterile gauze rolls;
   b. Antiseptic solution or sealed antiseptic wipes;
   c. A pair of scissors;
   d. Self-adhering tape;
   e. Single-use, non-porous gloves; and
   f. Reclosable plastic bags of at least one-gallon size; and
2. Is accessible to personnel members but inaccessible to children receiving respite services on the premises.

T. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall:
1. Prepare and date a written fire and emergency plan that contains:
   a. The location of the first aid kit;
   b. The names of personnel members who have first aid training;
   c. The names of personnel members who have cardiopulmonary resuscitation training;
   d. The directions for:
      i. Initiating notification of a child's parent by telephone or other equally expeditious means within 60 minutes after a fire or emergency; and
      ii. Providing written notification to the child's parent within 24 hours after a fire or emergency; and
   e. The outpatient treatment center's street address and the emergency telephone numbers for the local fire department, police department, ambulance service, and poison control center;
2. Maintain the plan required in subsection (T)(1) in the area designated for providing respite services;
3. Post the plan required in subsection (T)(1) in any indoor area where respite services are provided that does not have an operable telephone service or two-way voice communication system that connects the indoor area where respite services are provided with an individual

who has direct access to an in-and-out operable telephone services; and

4. Update the plan in subsection (T)(1) at least once every 12 months after the date of initial preparation of the plan or when any information changes.

U. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall in the area designated for providing respite services:

1. Post, near a room's designated exit, a building evacuation plan that details the designated exits from the room and the facility where the outpatient treatment center is located; and
2. Maintain and use a communication system that contains:
   a. A direct-access, in-and-out, operating telephone service in the area where respite services are provided; or
   b. A two-way voice communication system that connects the area where respite services are provided with an individual who has direct access to an in-and-out, operating telephone service.

V. If, while receiving respite services at an outpatient treatment center authorized to provide respite services for children on the premises, a child has an accident, injury, or emergency that, based on an evaluation by a personnel member, requires medical treatment by a health care provider, an administrator shall ensure that a personnel member:

1. Notifies the child's parent immediately after the accident, injury, or emergency;
2. Documents:
   a. A description of the accident, injury, or emergency, including the date, time, and location of the accident, injury, or emergency;
   b. The method used to notify the child's parent; and
   c. The time the child's parent was notified; and
3. Maintains the documentation required in subsection (V)(2) for at least 12 months after the date the child last received respite services on the outpatient treatment center's premises.

W. If a parent of a child who received respite services at an outpatient treatment center authorized to provide respite services for children on the premises informs a personnel member that the child's parent obtained medical treatment for the child from a health care provider for an accident, injury, or emergency the child had while on the premises, an administrator shall ensure that a personnel member:

1. Documents any information about the child's accident, injury, or emergency received from the child's parent; and
2. Maintains the documentation required in subsection (W)(1) for at least 12 months after the date the child last received respite services on the outpatient treatment center's premises.

X. If a child exhibits signs of illness or infestation at an outpatient treatment center authorized to provide respite services for children on the premises, an administrator shall ensure that a personnel member:

1. Immediately separates the child from other children,
2. Immediately notifies the child's parent by telephone or other expeditious means to arrange for the child's discharge from the outpatient treatment center,
3. Documents the notification required in subsection (X)(2), and
4. Maintains documentation of the notification required in subsection (X)(3) for at least 12 months after the date of the notification.

Y. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall comply with the following physical plant requirements:

1. Toilets and hand-washing sinks are available to children in the area designated for providing respite services or on the premises as follows:
   a. At least one flush toilet and one hand-washing sink for 10 or fewer children;
   b. At least two flush toilets and two hand-washing sinks for 11 to 25 children; and
   c. At least one flush toilet and one hand-washing sink for each additional 20 children;
2. A hand-washing sink provides running water with a drain connected to a sanitary sewer as defined in A.R.S. § 45-101;
3. A glass mirror, window, or other glass surface that is located within 36 inches of the floor is made of safety glass that has been manufactured, fabricated, or treated to prevent the glass from shattering or flying when struck or broken, or is shielded by a barrier to prevent impact by or physical injury to a child; and
4. There is at least 30 square feet of unobstructed indoor space for each child who may be receiving respite services on the premises, which excludes floor space occupied by:
   a. The interior walls;
   b. A kitchen, a bathroom, a closet, a hallway, a stair, an entryway, an office, an area designated for isolating a child from other children, a storage room, or a room or floor space designated for the sole use of personnel members;
   c. Room space occupied by desks, file cabinets, storage cabinets, or hand-washing sinks for a personnel member's use; or
   d. Indoor area that is substituted for required outdoor area.

Z. An administrator of an outpatient treatment center authorized to provide respite services for children on the premises shall ensure that, in addition to the policies and procedures required in this Article, policies and procedures are established, documented, and implemented for the children's use of a toilet and hand-washing sink that ensure the children's health and safety and include:

1. Supervision requirements for children using the toilet, based on a child's age, gender, and behavioral health issue; and
2. If the outpatient treatment center does not have a toilet and hand-washing sink available for the exclusive use of children receiving respite services, a method to ensure that an individual, other than a child receiving respite services or a personnel member providing respite services, is not present in the toilet and hand-washing sink area when a child receiving respite services is present in the toilet and hand-washing sink area.

AA. To provide activities that develop large muscles and an opportunity to participate in structured large muscle physical activities, an administrator of an outpatient treatment center authorized to provide respite services for children on the premises shall:

1. Provide at least 75 square feet of outdoor area per child for at least 50% of the outpatient treatment center's respite capacity; or
2. Comply with one of the following:

a. If no child receives respite services on the premises for more than four hours per day, provide at least 50 square feet of indoor area for each child, based on the outpatient treatment center's respite capacity;
b. If a child receives respite services on the premises for more than four hours but less than six hours per day, provide at least 75 square feet of indoor area per child for at least 50% of the outpatient treatment center's respite capacity, in addition to the indoor area required in subsection (Y)(4); or
c. Provide at least 37.5 square feet of outdoor area and 37.5 square feet of indoor area per child for at least 50% of the outpatient treatment center's respite capacity, in addition to the activity area required in subsection (Y)(4).

BB. If an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises is substituting indoor area for outdoor area, the administrator shall:
1. Designate, on the site plan and the floor plan submitted with the license application or a request for an intended change or modification, the indoor area that is being substituted for an outdoor area; and
2. In the indoor area substituted for outdoor area, install and maintain a mat or pad designed to provide impact protection in the fall zone of indoor swings and climbing equipment.

CC. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
1. An outdoor area used by children receiving respite services:
   a. Is enclosed by a fence:
      i. A minimum of 4.0 feet high,
      ii. Secured to the ground, and
      iii. With either vertical or horizontal open spaces on the fence or gate that do not exceed 4.0 inches;
   b. Is maintained free from hazards, such as exposed concrete footings and broken toys; and
   c. Has gates that are kept closed while a child is in the outdoor area;
2. The following is provided and maintained within the fall zones of swings and climbing equipment in an outdoor area:
   a. A shock-absorbing unitary surfacing material manufactured for such use in outdoor activity areas; or
   b. A minimum depth of 6.0 inches of a nonhazardous, resilient material such as fine loose sand or wood chips;
3. Hard surfacing material such as asphalt or concrete is not installed or used under swings or climbing equipment unless used as a base for shock-absorbing unitary surfacing material;
4. A swing or climbing equipment is not located in the fall zone of another swing or climbing equipment; and
5. A shaded area for each child occupying an outdoor area at any time of the day is provided.

DD. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall install and maintain a portable, pressurized fire extinguisher that meets, at a minimum, a 2A-10-BC rating of the Underwriters Laboratories in an outpatient treatment center's kitchen and any other location required for Existing Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in R9-10-104.01.

EE. In addition to the requirements in R9-10-1029(F), an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
1. Combustible material, such as paper, boxes, or rags, is not permitted to accumulate inside or outside the premises;
2. An unvented or open-flame space heater or portable heater is not used on the premises;
3. A gas valve on an unused gas outlet is removed and capped where it emerges from the wall or floor;
4. Heating and cooling equipment is inaccessible to a child;
5. Fans are mounted and inaccessible to a child;
6. Toilet rooms are ventilated to the outside of the building, either by a screened window open to the outside air or by an exhaust fan and duct system that is operated when the toilet room is in use;
7. A toilet room with a door that opens to the exterior of a building is equipped with a self-closing device that keeps the door closed except when an individual is entering or exiting; and
8. A toilet room door does not open into a kitchen or laundry.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1025 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1025 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2). Sequential numbering corrections made under subsection R9-10-1025(G) at the request of the Department of Health Services on June 27, 2016; file number M16-185 (Supp. 16-3). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

Table 10.1 Meal Pattern Requirements for Children

Meal Pattern Requirements for Children			
Food Components	**Ages 1 through 2 years**	**Ages 3 through 5 years**	**Ages 6 and older**
Breakfast:			
1. Milk, fluid	1/2 cup	3/4 cup	1 cup
2. Vegetable, fruit, or full-strength juice	1/4 cup	1/2 cup	1/2 cup
3. Bread and bread alternates (whole grain or enriched):			
Bread	1/2 slice	1/2 slice	1 slice
or cornbread, rolls, muffins, or biscuits	1/2 serving	1/2 serving	1 serving
or cold dry cereal (volume or weight, whichever is less)	1/4 cup	1/3 cup	3/4 cup
or cooked cereal, pasta, noodle products, or cereal grains	1/4 cup	1/4 cup	1/2 cup
Lunch or Supper:			
1. Milk, fluid	1/2 cup	3/4 cup	1 cup
2. Vegetable and/or fruit (2 or more kinds)	1/4 cup total	1/2 cup total	3/4 cup total
3. Bread and bread alternates (whole grain or enriched):			
Bread	1/2 slice	1/2 slice	1 slice
or cornbread, rolls, muffins, or biscuits	1/2 serving	1/2 serving	1 serving
or cold dry cereal (volume or weight, whichever is less)	1/4 cup	1/3 cup	3/4 cup
or cooked cereal, pasta, noodle products, or cereal grains	1/4 cup	1/4 cup	1/2 cup
4. Meat or meat alternates:			
Lean meat, fish, or poultry (edible portion as served)	1 oz.	1 1/2 oz.	2 oz.
or cheese	1 oz.	1 1/2 oz.	2 oz.
or egg	1/2 egg	3/4 egg	1 egg
or cooked dry beans or peas*	1/4 cup	3/8 cup	1/2 cup
or peanut butter, soy nut butter, or other nut or seed butters	2 tbsp.**	3 tbsp.**	4 tbsp.**
or peanuts, soy nuts, tree nuts, or seeds or an equivalent quantity of any combination of the above meat/meat alternates	1/2 oz.**	3/4 oz.**	1 oz.**
or yogurt	4 oz.	6 oz.	8 oz.
Lunch or Supper:			
1. Milk, fluid	1/2 cup	1/2 cup	1 cup
2. Vegetable and/or fruit (2 or more kinds)	1/2 cup	1/2 cup	3/4 cup
3. Bread and bread alternates (whole grain or enriched):			
Bread	1/2 slice	1/2 slice	1 slice
or cornbread, rolls, muffins, or biscuits	1/2 serving	1/2 serving	1 serving
or cold dry cereal (volume or weight, whichever is less)	1/4 cup	1/3 cup	3/4 cup
or cooked cereal, pasta, noodle products, or cereal grains	1/4 cup	1/4 cup	1/2 cup
4. Meat or meat alternates:			
Lean meat, fish, or poultry (edible portion as served)	1/2 oz.	1/2 oz.	1 oz.
or cheese	1/2 oz.	1/2 oz.	1 oz.
or egg	1/2 egg	1/2 egg	1/2 egg
or cooked dry beans or peas*	1/8 cup	1/8 cup	1/4 cup
or peanut butter, soy nut butter, or other nut or seed butters	1 tbsp.	1 tbsp.	2 tbsp.
or peanuts, soy nuts, tree nuts, or seeds or an equivalent quantity of any combination of the above meat/meat alternates	1/2 oz.	1/2 oz.	1 oz.
or yogurt	2 oz.	2 oz.	4 oz.

* In the same meal service, dried beans or dried peas may be used as a meat alternate or as a vegetable; however, such use does not satisfy the requirement for both components.
** At lunch and supper, no more than 50% of the requirement shall be met with nuts, seeds, or nut butters. Nuts, seeds, or nut butters shall be combined with another meat or meat alternative to fulfill the requirement. Two tablespoons of nut butter or one ounce of nuts or seeds equals one ounce of meat.
*** Juice may not be served when milk is served as the only other component.

Historical Note
Table 10.1 made by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2).

R9-10-1026. Sleep Disorder Services

An administrator of an outpatient treatment center that is authorized to provide sleep disorder services shall ensure that:

1. A physician provides direction for the sleep disorder services provided by the outpatient treatment center;
2. At least one of the following is present on the premise of the outpatient treatment center:
   a. A polysomnographic technician certified by the Board of Registered Polysomnographic Technologists (BRPT),
   b. A polysomnographic technician accepted by the BRPT to sit for the BRPT certification examination, or
   c. A respiratory therapist;
3. There is at least one patient testing room having a minimum of 140 square feet and no dimension less than 10 feet;
4. There is a bathroom available for use by a patient that contains:
   a. A working sink with running water,
   b. A working toilet that flushes and has a seat,
   c. Toilet tissue,
   d. Soap for hand washing,
   e. Paper towels or a mechanical air hand dryer,
   f. Lighting, and
   g. A means of ventilation;
5. A personnel member certified in cardiopulmonary resuscitation is available on the outpatient treatment center's premise; and
6. Equipment for the delivery of continuous positive airway pressure and bi-level positive airway pressure, including remote control of the airway pressure, is available on the premises of the outpatient treatment center.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1026 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1026 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1027. Urgent Care Services Provided in a Freestanding Urgent Care Setting

An administrator of an outpatient treatment center that is authorized to provide urgent care services in a freestanding urgent care setting shall ensure that:

1. In addition to the policies and procedures required in R9-10-1003(D)(1), policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
   a. Basic life support training and pediatric basic life support training including:
      i. Method and content of training,
      ii. Qualifications of individuals providing the training, and
      iii. Documentation that verifies a medical practitioner has received the training; and
   b. A workplace violence prevention plan according to A.R.S. § 36-420.03.
2. A medical practitioner is on the premises during hours of clinical operation to provide the medical services, nursing services, and health-related services included in the outpatient treatment center's scope of services;
3. If a physician is not on the premises during hours of operation, a notice stating this fact is conspicuously posted in the waiting room according to A.R.S. § 36-432;
4. If a patient's death occurs at the outpatient treatment center, a written report is submitted to the Department as required in A.R.S. § 36-445.04;
5. A medical practitioner completes basic life support training and pediatric basic life support training:
   a. Before providing medical services, nursing services, or health-related services at the outpatient treatment center, and
   b. At least once every 24 months after the initial date of employment;
6. Except as provided in subsection (5), a personnel member completes basic adult and pediatric cardiopulmonary resuscitation training:
   a. Before providing medical services, nursing services, or health-related services at the outpatient treatment center; and
   b. At least once every 24 months after the initial date of employment or volunteer service; and
7. In addition to the requirements in R9-10-1006(11), a medical practitioner's record includes documentation of completion of basic life support training and pediatric basic life support training.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1027 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1027 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1028. Infection Control

An administrator shall ensure that:

1. An infection control program is established, under the direction of an individual qualified according to the outpatient treatment center's policies and procedures, to prevent the development and transmission of infections and communicable diseases including:

a. A method to identify and document infections occurring at the outpatient treatment center;
b. Analysis of the types, causes, and spread of infections and communicable diseases at the outpatient treatment center;
c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the outpatient treatment center; and
d. Documentation of infection control activities including:
i. The collection and analysis of infection control data,
ii. The actions taken related to infections and communicable diseases, and
iii. Reports of communicable diseases to the governing authority and state and county health departments;
2. Infection control documentation is maintained for at least 12 months after the date of the documentation;
3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
a. If applicable:
i. Handling and disposal of biohazardous medical waste;
ii. Isolation of a patient;
iii. Sterilization and disinfection of medical equipment and supplies;
iv. Use of personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable; and
v. Collection, storage, and cleaning of soiled linens and clothing;
b. Cleaning an individual's hands when the individual's hands are visibly soiled;
c. Training of personnel members, employees, and volunteers in infection control practices; and
d. Work restrictions for a personnel member, employee, or volunteer with a communicable disease or infected skin lesion;
4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures; and
5. A personnel member, employee, or volunteer washes his or her hands with soap and water or uses a hand disinfection product before and after each patient contact and after handling soiled linen, soiled clothing, or a potentially infectious material.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1028 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1028 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1029. Emergency and Safety Standards

A. An administrator shall ensure that policies and procedures for providing emergency treatment are established, documented, and implemented that protect the health and safety of patients and include:
1. A list of the medications, supplies, and equipment required on the premises for the emergency treatment provided by the outpatient treatment center;
2. A system to ensure medications, supplies, and equipment are available, have not been tampered with, and, if applicable, have not expired;
3. A requirement that a cart or a container is available for emergency treatment that contains the medication, supplies, and equipment specified in the outpatient treatment center's policies and procedures; and
4. A method to verify and document that the contents of the cart or container are available for emergency treatment.

B. An administrator shall ensure that emergency treatment is provided to a patient admitted to the outpatient treatment center according to the outpatient treatment center's policies and procedures.

C. An administrator shall ensure that:
1. A disaster plan is developed, documented, maintained in a location accessible to personnel members, and, if necessary, implemented that includes:
a. Procedures for protecting the health and safety of patients and other individuals on the premises;
b. Assigned responsibilities for each personnel member, employee, or volunteer;
c. Instructions for the evacuation of patients and other individuals on the premises; and
d. Arrangements to provide medical services, nursing services, and health-related services to meet patients' needs;
2. The disaster plan required in subsection (C)(1) is reviewed at least once every 12 months;
3. An evacuation drill is conducted on each shift at least once every 12 months;
4. A disaster plan review required in subsection (C)(2) or an evacuation drill required in subsection (C)(3) is documented as follows:
a. The date and time of the evacuation drill or disaster plan review;
b. The name of each personnel member, employee, or volunteer participating in the evacuation drill or disaster plan review;
c. A critique of the evacuation drill or disaster plan review; and
d. If applicable, recommendations for improvement;
5. Documentation required in subsection (C)(4) is maintained for at least 12 months after the date of the evacuation drill or disaster plan review; and
6. An evacuation path is conspicuously posted on each hallway of each floor of the outpatient treatment center.

D. An administrator shall ensure that an outpatient treatment center has either:
1. Both of the following that are tested and serviced at least once every 12 months:
a. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by ref-

erence in R9-10-104.01, that is in working order; and
b. A sprinkler system installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, that is in working order; or
2. The following:
a. A smoke detector installed in each hallway of the outpatient treatment center that is:
i. Maintained in an operable condition;
ii. Either battery operated or, if hard-wired into the electrical system of the outpatient treatment center, has a back-up battery; and
iii. Tested monthly; and
b. A portable, operable fire extinguisher, labeled as rated at least 2A-10-BC by the Underwriters Laboratories, that:
i. Is available at the outpatient treatment center;
ii. Is mounted in a fire extinguisher cabinet or placed on wall brackets so that the top handle of the fire extinguisher is not over five feet from the floor and the bottom of the fire extinguisher is at least four inches from the floor;
iii. If a disposable fire extinguisher, is replaced when its indicator reaches the red zone; and
iv. If a rechargeable fire extinguisher, is serviced at least once every 12 months and has a tag attached to the fire extinguisher that specifies the date of the last servicing and the name of the servicing person.

E. An administrator shall ensure that documentation of a test required in subsection (D) is maintained for at least 12 months after the date of the test.

F. An administrator shall ensure that:
1. Exit signs are illuminated, if the local fire jurisdiction requires illuminated exit signs;
2. Except as provided in subsection (G), a corridor in the outpatient treatment center is at least 44 inches wide;
3. Corridors and exits are kept clear of any obstructions;
4. A patient can exit through any exit during hours of operation;
5. An extension cord is not used instead of permanent electrical wiring;
6. Each electrical outlet and electrical switch has a cover plate that is in good repair;
7. If applicable, a sign is placed at the entrance of a room or an area indicating that oxygen is in use; and
8. Oxygen and medical gas containers:
a. Are maintained in a secured, upright position; and
b. Are stored in a room with a door:
i. In a building with sprinklers, at least five feet from any combustible materials; or
ii. In a building without sprinklers, at least 20 feet from any combustible materials.

G. If an outpatient treatment center licensed before October 1, 2013 has a corridor less than 44 inches wide, an administrator shall ensure that:
1. The corridor is wide enough to allow for:
a. Unobstructed movement of patients within the outpatient treatment center, and
b. The safe evacuation of patients from the outpatient treatment center; and
2. The corridor is used only as a passageway.

H. An administrator shall:
1. Obtain a fire inspection conducted according to the timeframe established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the fire inspection report, and
3. Maintain documentation of a current fire inspection.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1029 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1029 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

R9-10-1030. Physical Plant, Environmental Services, and Equipment Standards

A. An administrator shall ensure that:
1. An outpatient treatment center's premises are:
a. Sufficient to provide the outpatient treatment center's scope of services;
b. Cleaned and disinfected according to the outpatient treatment center's policies and procedures to prevent, minimize, and control illness and infection; and
c. Free from a condition or situation that may cause an individual to suffer physical injury;
2. If an outpatient treatment center collects urine or stool specimens from a patient, except as provided in subsection (B), or is authorized to provide respite services for children on the premises, the outpatient treatment center has at least one bathroom on the premises that:
a. Contains:
i. A working sink with running water,
ii. A working toilet that flushes and has a seat,
iii. Toilet tissue,
iv. Soap for hand washing,
v. Paper towels or a mechanical air hand dryer,
vi. Lighting, and
vii. A means of ventilation; and
b. Is for the exclusive use of the outpatient treatment center;
3. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
4. A tobacco smoke-free environment is maintained on the premises;
5. A refrigerator used to store a medication is:
a. Maintained in working order, and
b. Only used to store medications;
6. Equipment at the outpatient treatment center is:

a. Sufficient to provide the outpatient treatment center's scope of services;
b. Maintained in working condition;
c. Used according to the manufacturer's recommendations; and
d. If applicable, tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and

7. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of testing, calibration, or repair.

B. An outpatient treatment center may have a bathroom used for the collection of a patient's urine or stool that is not for the exclusive use of the outpatient treatment center if:
1. The bathroom is located in the same contiguous building as the outpatient treatment center's premises,
2. The bathroom is of a sufficient size to support the outpatient treatment center's scope of services, and
3. There is a documented agreement between the licensee and the owner of the building stating that the bathroom complies with the requirements in this Section and allowing the Department access to the bathroom to verify compliance.

C. If an outpatient treatment center has a bathroom that is not for the exclusive use of the outpatient treatment center as allowed in subsection (B), an administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to:
   a. Protect the health and safety of an individual using the bathroom; and
   b. Ensure that the bathroom is cleaned and sanitized to prevent, minimize, and control illness and infection;
2. Documented instructions are provided to a patient that cover:
   a. Infection control measures when a patient uses the bathroom, and
   b. The safe return of a urine or stool specimen to the outpatient treatment center;
3. The bathroom complies with the requirements in subsection (A)(2)(a); and
4. The bathroom is free from a condition or situation that may cause an individual using the bathroom to suffer a physical injury.

Historical Note

Adopted effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1030 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

R9-10-1031. Colocation Requirements

A. In addition to the definitions in A.R.S. §§ 36-401 and 36-439 and R9-10-101 and R9-10-1001, the following definition applies in this Section:
"Patient" means an individual who enters the premises of a collaborating outpatient treatment center to obtain physical health services or behavioral health services from the collaborating outpatient treatment center or a colocator that shares areas of the collaborating outpatient treatment center's premises.

B. Only one outpatient treatment center in a facility may be designated as a collaborating outpatient treatment center for the facility.

C. The following health care institutions are not permitted to be a collaborating outpatient treatment center or a colocator in a collaborating outpatient treatment center:
1. An affiliated counseling facility;
2. An outpatient treatment center authorized by the Department to provide dialysis services according to R9-10-1018;
3. An outpatient treatment center authorized by the Department to provide emergency room services according to R9-10-1019; or
4. An outpatient treatment center operating under a single group license according to A.R.S. § 36-422(F) or (G).

D. In addition to the requirements for a license application in R9-10-105, a governing authority of an outpatient treatment center requesting authorization to operate or continue to operate as a collaborating outpatient treatment center shall submit, in a Department-provided format:
1. The following information for each proposed colocator that may share an area of the collaborating outpatient treatment center's premises and nontreatment personnel at the collaborating outpatient treatment center:
   a. For each proposed associated licensed provider:
      i. Name,
      ii. The associated licensed provider's license number or the date the associated licensed provider submitted to the Department a license application for an outpatient treatment center or a counseling facility license,
      iii. Proposed scope of services, and
      iv. A copy of the written agreement with the collaborating outpatient treatment center required in subsection (E); and
   b. For each exempt health care provider, unless exempt pursuant to A.R.S. § 36-402:
      i. Name,
      ii. Current health care professional license number,
      iii. Proposed scope of services, and
      iv. A copy of the written agreement required in subsection (F) with the collaborating outpatient treatment center; and
2. In addition to the requirements in R9-10-105(A)(5)(b)(vi), a floor plan that shows:
   a. Each colocator's proposed treatment area, and
   b. The areas of the collaborating outpatient treatment center's premises shared with a colocator.

E. An administrator of a collaborating outpatient treatment center shall have a written agreement with each associated licensed provider that includes:
1. In a Department-provided format:
   a. The associated licensed provider's name;

b. The name of the associated licensed provider's governing authority;
c. Whether the associated licensed provider plans to share medical records with the collaborating outpatient treatment center;
d. If the associated licensed provider plans to share medical records with the collaborating outpatient treatment center, specific information about which party will obtain a patient's:
   i. General consent or informed consent, as applicable;
   ii. Consent to allow a colocator access to the patient's medical record; and
   iii. Advance directives;
e. How the associated licensed provider will transport or transfer a patient to another colocator within the collaborating outpatient treatment center;
f. How the associated licensed provider will ensure controlled substances stored in the associated licensed provider's licensed premises are not diverted;
g. How the associated licensed provider will ensure environmental services in the associated licensed provider's licensed premises will not affect patient care in the collaborating outpatient treatment center;
h. How the associated licensed provider's personnel members will respond to a patient's sudden, intense, or out-of-control behavior, in the associated licensed provider's treatment area, to prevent harm to the patient or another individual in the collaborating outpatient treatment center;
i. A statement that, if any of the colocators include children's behavioral health services in the colocator's scope of services, the associated licensed provider will ensure that all employees and personnel members of the associated licensed provider comply the fingerprint clearance card requirements in A.R.S. § 36-425.03;
j. A statement that the associated licensed provider will:
   i. Document the following each time another colocator provides emergency health care services in the associated licensed provider's treatment area:
      (1) The name of the colocator;
      (2) If different from the name of the colocator, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
      (3) A description of the emergency health care services provided; and
      (4) The date and time the emergency health care services were provided;
   ii. Maintain the documentation in subsection (E)(1)(j)(i) for at least 12 months after the emergency health care services were provided; and
   iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
k. A statement that the associated licensed provider will:
   i. Document the following each time the associated licensed provider provides emergency health care services in another colocator's treatment area:
      (1) If different from the name of the associated licensed provider, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
      (2) The name of the colocator;
      (3) A description of the emergency health care services provided; and
      (4) The date and time the emergency health care services were provided;
   ii. Maintain the documentation in subsection (E)(1)(k)(i) for at least 12 months after the emergency health care services were provided; and
   iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
l. An attestation that the associated licensed provider will comply with the written agreement;
m. The signature of the associated licensed provider's governing authority according to A.R.S. § 36-422(B) and the date signed; and
n. The signature of the collaborating outpatient treatment center's governing authority according to A.R.S. § 36-422(B) and the date signed; and

2. A copy of the associated licensed provider's scope of services, including whether the associated licensed provider plans to provide behavioral health services for children.

F. An administrator of a collaborating outpatient treatment center shall have a written agreement with each exempt health care provider that includes:

1. In a Department-provided format:
   a. The exempt health care provider's name;
   b. The exempt health care provider license type and license number;
   c. Whether the exempt health care provider plans to share medical records with the collaborating outpatient treatment center;
   d. If the exempt health care provider plans to share medical records with the collaborating outpatient treatment center, specific information about which party will obtain a patient's:
      i. General consent or informed consent, as applicable;
      ii. Consent to allow a colocator access to the patient's medical record; and
      iii. Advance directives;
   e. How the exempt health care provider will transport or transfer a patient to another colocator within the collaborating outpatient treatment center;
   f. How the exempt health care provider will ensure controlled substances stored in the exempt health care provider's designated premises are not diverted;
   g. How the exempt health care provider will ensure environmental services in the exempt health care provider's licensed premises will not affect patient care in the collaborating outpatient treatment center;

h. How the exempt health care provider and any staff of the exempt health care provider will respond to a patient's sudden, intense, or out-of-control behavior, in the exempt health care provider's treatment area, to prevent harm to the patient or another individual in the collaborating outpatient treatment center;
i. A statement that, if any of the colocators include children's behavioral health services in the colocator's statement of services, the exempt health care provider will ensure that all employees and staff of the exempt health care provider comply with the fingerprint clearance card requirements A.R.S. § 36-425.03;
j. A statement that the exempt health care provider will:
   i. Document the following each time another colocator provides emergency health care services in the exempt health care provider's treatment area:
      (1) The name of the colocator;
      (2) If different from the name of the colocator, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
      (3) A description of the emergency health care services provided; and
      (4) The date and time the emergency health care services were provided;
   ii. Maintain the documentation in subsection (F)(1)(j)(i) for at least 12 months after the emergency health care services were provided; and
   iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
k. A statement that the exempt health care provider will:
   i. Document the following each time the exempt health care provider provides emergency health care services in another colocator's treatment area:
      (1) If different from the name of the exempt health care provider, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
      (2) The name of the colocator;
      (3) A description of the emergency health care services provided; and
      (4) The date and time the emergency health care services were provided;
   ii. Maintain the documentation in subsection (F)(1)(k)(i) for at least 12 months after the emergency health care services were provided; and
   iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
l. An attestation that the exempt health care provider will comply with the written agreement;
m. The signature of the exempt health care provider and the date signed; and
n. The signature of the collaborating outpatient treatment center's governing authority according to A.R.S. § 36-422(B) and the date signed; and

2. A copy of the exempt health care provider's scope of services, including whether the exempt health care provider plans to provide behavioral health services for children.

G. As part of the policies and procedures required in this Article, an administrator of a collaborating outpatient treatment center shall ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient based on the scopes of services of all colocators that:
1. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for nontreatment personnel who may provide services in the areas of the collaborating outpatient treatment center's premises shared with a colocator;
2. Cover orientation and in-service education for nontreatment personnel who may provide services in the areas of the collaborating outpatient treatment center's premises shared with a colocator;
3. Cover cardiopulmonary resuscitation training, including:
   a. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation;
   b. The qualifications for an individual to provide cardiopulmonary resuscitation training;
   c. The time-frame for renewal of cardiopulmonary resuscitation training; and
   d. The documentation that verifies that an individual has received cardiopulmonary resuscitation training;
4. Cover first aid training;
5. Cover patient screening, including a method to ensure that, if a patient identifies a specific colocator, the patient is directed to the identified colocator;
6. Cover the provision of emergency treatment to protect the health and safety of a patient or individual present in an area of the collaborating outpatient treatment center's premises shared with a colocator according to the requirements for emergency treatment policies and procedures in R9-10-1029(A);
7. If medication is stored in an area of the collaborating outpatient treatment center's premises shared with a colocator, cover obtaining, storing, accessing, and disposing of medications, including provisions for controlling inventory and preventing diversion of controlled substances;
8. Cover biohazardous wastes, if applicable;
9. Cover environmental services in an area of the collaborating outpatient treatment center's premises shared with a colocator that affect patient care; and
10. Cover how personnel members and nontreatment personnel will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual in an area of the collaborating outpatient treatment center's premises shared with a colocator.

H. An administrator of a collaborating outpatient treatment center shall ensure that:
1. Areas of the collaborating outpatient treatment center's premises shared with a colocator are:
   a. Sufficient to accommodate the outpatient treatment center's and any colocators' scopes of services;

b. Cleaned and disinfected according to the outpatient treatment center's policies and procedures to prevent, minimize, and control illness and infection; and
c. Free from a condition or situation that may cause an individual to suffer physical injury;

2. A written log is maintained that documents the date, time, and circumstances each time a colocator provides emergency health care services in another colocator's designated treatment area; and
3. The documentation in the written log required in subsection (H)(2) is maintained for at least 12 months after the date the colocator provides emergency health care services in another colocator's designated treatment area.

I. If any colocator at a collaborating outpatient treatment center includes children's behavioral health services as part of the colocator's scope of services, an administrator of the collaborating outpatient treatment center shall ensure that the governing authority, employees, personnel members, nontreatment personnel, and volunteers of the collaborating outpatient treatment center comply with the fingerprint clearance card requirements in A.R.S. § 36-425.03.

Historical Note

New Section made by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

ARTICLE 11. ADULT DAY HEALTH CARE FACILITIES

R9-10-1101. Definitions

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article, unless otherwise specified:

"Care plan" means a written program of action for a participant's care based upon an assessment of the participant's physical, nutritional, psychosocial, economic, and environmental strengths and needs and implemented according to established short- and long-term goals.

Historical Note

Adopted effective July 22, 1994 (Supp. 94-3). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1102. Supplemental Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as an adult day health care facility shall include on the application the number of participants for whom the applicant is requesting authorization to provide adult day health services.

Historical Note

Adopted effective July 22, 1994 (Supp. 94-3). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1102 renumbered to Section R9-10-1103; new Section R9-10-1102 made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-1103. Administration

A. A governing authority shall:

1. Consist of one or more individuals responsible for the organization, operation, and administration of an adult day health care facility;
2. Establish, in writing:
   a. An adult day health care facility's scope of services, and
   b. Qualifications for an administrator;
3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
4. Adopt a quality management program according to R9-10-1104;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate in writing, an acting administrator, who has the qualifications established in subsection (A)(2)(b) if the administrator is:
   a. Expected not to be present on an adult day health care facility's premises for more than 30 calendar days, or
   b. Not present on an adult day health care facility's premises for more than 30 calendar days; and
7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I), when there is a change in an administrator and identify the name and qualifications of the new administrator.

B. An administrator:

1. Is 21 years of age or older;
2. Is directly accountable to the governing authority of an adult day health care facility for the daily operation of the adult day health care facility and all services provided by or at the adult day health care facility;
3. Has the authority and responsibility to manage the adult day health care facility; and
4. Except as provided in subsection (A)(6), designates, in writing, an individual who is 21 years of age or older and present on the adult day health care facility's premises and accountable for the adult day health care facility when the administrator is not present on the adult day health care facility premises and participants are present on the adult day health care facility's premises.

C. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a participant that:
   a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
   b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
   c. Cover certification in cardiopulmonary resuscitation and first aid training;
   d. Include how a personnel member may submit a complaint relating to services provided to a participant;
   e. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
   f. Include a method to identify a participant to ensure that the participant receives the appropriate services;
   g. Cover participant rights, including assisting a participant who does not speak English or who has a disability to become aware of participant rights;

h. Cover specific steps for:
i. A participant to file a complaint, and
ii. The adult day health care facility to respond to a participant complaint;
i. Cover medical records, including electronic medical records; and
j. Cover a quality management program, including incident reports and supporting documentation;
2. Policies and procedures for services provided by an adult day health care facility are established, documented, and implemented to protect the health and safety of a participant that:
a. Cover screening, enrollment, and discharge;
b. Cover the provision of the services in the adult day health care facility's scope of services;
c. Cover dispensing, administering, and disposing of medications, including provisions for inventory control and preventing diversion of controlled substances;
d. Cover how personnel members will respond to a participant's sudden, intense, or out-of-control behavior to prevent harm to the participant or another individual;
e. Cover food services;
f. Cover environmental services;
g. Cover infection control;
h. Cover contracted services;
i. Cover emergency treatment provided at the adult day health care facility; and
j. Designate which employees or personnel members are required to have current certification in cardiopulmonary resuscitation and first aid training;
3. Policies and procedures are:
a. Available to personnel members, employees, volunteers, and students, and
b. Reviewed at least once every three years and updated as needed; and
4. Unless otherwise stated:
a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
b. When documentation or information is required by this Chapter to be submitted on behalf of an adult day health care facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the adult day health care facility.

D. An administrator shall:
1. Maintain, and make available to individuals upon request, a schedule of rates and charges;
2. Ensure that a monthly calendar of planned activities is:
a. Posted before the beginning of a month, and
b. Maintained on the premises for at least 90 calendar days after the end of the month;
3. Ensure that materials, supplies, and equipment are provided for the planned activities; and
4. Assist in the formation of a participants' council according to R9-10-1112.

Historical Note
Adopted effective July 22, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1103 renumbered to Section R9-10-1104; new Section R9-10-1103 renumbered from Section R9-10-1102 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1104. Quality Management
An administrator shall ensure that:
1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
a. A method to identify, document, and evaluate incidents;
b. A method to collect data to evaluate services provided to participants;
c. A method to evaluate the data collected to identify a concern about the delivery of services related to participant care;
d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to participant care; and
e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
a. An identification of each concern about the delivery of services related to participant care, and
b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to participant care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note
Adopted effective July 22, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1104 renumbered to Section R9-10-1105; new Section R9-10-1104 renumbered from Section R9-10-1103 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1105. Contracted Services
An administrator shall ensure that:
1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note
Adopted effective July 22, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1105 renumbered to Section R9-10-1106; new Section R9-10-1105 renumbered from Section R9-10-1104 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1106. Personnel
A. An administrator shall ensure that:
1. The qualifications, skills, and knowledge required for each type of personnel member:
a. Are based on:

i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
ii. The acuity of the participants receiving physical health services or behavioral health services from the personnel member according to the established job description; and

b. Include:
i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;

2. A personnel member's skills and knowledge are verified and documented:
a. Before the personnel member provides physical health services or behavioral health services, and
b. According to policies and procedures;
3. Sufficient personnel members are present on an adult day health care facility's premises when participants are present and have the qualifications, skills, and knowledge necessary to:
a. Provide the services in the adult day health care facility's scope of services,
b. Meet the needs of a participant, and
c. Ensure the health and safety of a participant;
4. A personnel member, or an employee or a volunteer who has or is expected to have direct interaction with a participant for more than eight hours a week, provides evidence of freedom from infectious tuberculosis:
a. On or before the date the individual begins providing services at or on behalf of the adult day health care facility, and
b. As specified in R9-10-113; and
5. A fall prevention and fall recovery program that complies with requirements in A.R.S. § 36-420.01 is developed, documented, and implemented.

B. An administrator shall ensure that a personnel member:
1. Is 18 years of age or older, and
2. Is not a participant of the adult day health care facility.

C. An administrator shall ensure that a personnel record for each personnel member, employee, volunteer, or student:
1. Includes:
a. The individual's name, date of birth, and contact telephone number;
b. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
c. Documentation of:
i. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
ii. The individual's education and experience applicable to the individual's job duties;
iii. The individual's completed orientation and in-service education as required by policies and procedures;
iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
v. Cardiopulmonary resuscitation training, if required for the individual according to this Article and policies and procedures;
vi. First aid training, if required for the individual according to this Article and policies and procedures; and
vii. Evidence of freedom from infectious tuberculosis, if required for the individual according to this Article or policies and procedures;
2. Is maintained:
a. Throughout the individual's period of providing services in or for the adult day health care facility, and
b. For at least 24 months after the last date the individual provided service in or for the adult day health care facility; and
3. For a personnel member who has not provided physical health services or behavioral health services at or for the adult day health care facility during the previous 12 months, is provided to the Department within 72 hours after the Department's request.
4. The individual's compliance with the requirements in A.R.S. § 36-420.01 regarding fall prevention and fall recovery training;

D. An administrator shall ensure that:
1. At least two personnel members are present on the premises whenever two or more participants are in the adult day health care facility;
2. At least one personnel member with cardiopulmonary resuscitation and first-aid certification is on the premises at all times;
3. A registered nurse manages the nursing services and provides direction for health-related services provided by the adult day health care facility; and
4. A nurse is on the premises daily to:
a. Administer medications and treatments, and
b. Monitor a participant's health status.

Historical Note
Adopted effective July 22, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1106 renumbered to Section R9-10-1107; new Section R9-10-1106 renumbered from Section R9-10-1105 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1107. Enrollment

A. An administrator shall ensure that a participant provides evidence of freedom from infectious tuberculosis:
1. Before the participant's participation, and
2. As specified in R9-10-113.

B. Before or at the time of enrollment, an administrator shall ensure that a participant or the participant's representative signs a written agreement with the adult day health care facility that includes:
1. The participant's name and date of birth,
2. Enrollment requirements,
3. A list of the customary services that the adult day health care facility provides,
4. A list of services that are available at an additional cost,
5. A list of fees and charges,
6. Procedures for termination of the agreement,
7. The requirements of the adult day health care facility,
8. The names and telephone numbers of individuals designated by the participant to be notified in the event of an emergency, and
9. A copy of the adult day health care facility's procedure on health care directives.

C. An administrator shall give a copy of the agreement in subsection (B) to the participant or the participant's representative and keep the original in the participant's medical record.

D. An administrator shall ensure that a participant has a signed written medical assessment that:
1. Was completed by the participant's medical practitioner within 60 calendar days before enrollment; and
2. Includes:
   a. Information that addresses the participant's:
      i. Physical health;
      ii. Cognitive awareness of self, location, and time; and
      iii. Deficits in cognitive awareness;
   b. Physical, mental, and emotional problems experienced by the participant;
   c. A schedule of the participant's medications;
   d. A list of treatments the participant is receiving;
   e. The participant's special dietary needs; and
   f. The participant's known allergies.

E. At the time of enrollment, an administrator shall ensure that the participant or participant's representative:
1. Documents whether the participant may sign in and out of the adult day health care facility; and
2. Provides the following:
   a. The name and telephone number of the:
      i. Participant's representative;
      ii. Family member to be contacted in an emergency;
      iii. Participant's medical practitioner; and
      iv. Adult who provides the participant with supervision and assistance in the preparation of meals, housework, and personal grooming, if applicable; and
   b. If applicable, a copy of the participant's health care directive.

F. An administrator shall ensure that a comprehensive assessment of the participant:
1. Is completed by a registered nurse before the participant's tenth visit or within 30 calendar days after enrollment, whichever comes first;
2. Documents the participant's:
   a. Physical health,
   b. Mental and emotional status, and
   c. Social history; and
3. Includes:
   a. Medical practitioner orders,
   b. Adult day health care services recommended for the participant's care plan, and
   c. The signature of the registered nurse conducting the comprehensive assessment and date signed.

Historical Note
Adopted effective July 22, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1107 renumbered to Section R9-10-1108; new Section R9-10-1107 renumbered from Section R9-10-1106 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1108. Care Plan
An administrator shall ensure that a care plan for a participant:
1. Is developed within seven calendar days after the completion of the participant's comprehensive assessment;
2. Has input from:
   a. The participant or participant's representative,
   b. The registered nurse who performed the comprehensive assessment, and
   c. Personnel who have provided services to the participant;
3. Is based on the participant's comprehensive assessment;
4. Includes:
   a. A summary of the participant's medical or health problems, including physical, mental, and emotional disabilities or impairments;
   b. Adult day health services to be provided;
   c. Goals and objectives of care that are time-limited and measurable;
   d. Interventions required to achieve objectives, including recommendations for therapy and referrals to other service providers; and
   e. Discharge instructions according to R9-10-1109(B); and
5. Is reviewed and updated at least once every six months and whenever there is a significant change in the participant's condition.

Historical Note
Adopted effective July 22, 1994 (Supp. 94-3). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1108 renumbered to Section R9-10-1109; new Section R9-10-1108 renumbered from Section R9-10-1107 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1109. Discharge

A. An administrator may discharge a participant from an adult day health care facility by terminating the agreement in R9-10-1107(B):
1. After giving the participant or participant's representative five working days written notice; and
2. For any of the following reasons:
   a. Evidence of repeated failure to comply with the requirements of the adult day health care facility,
   b. Documented proof of failure to pay,

c. Behavior that is dangerous to self or that interferes with the physical or psychological well-being of other participants, or
d. The participant requires services not in the adult day health care facility's scope of services.

B. An administrator shall ensure that discharge instructions for a participant are:
1. Developed that:
a. Identify any specific needs of the participant after discharge,
b. Are completed before discharge occurs,
c. Include a description of the level of care that may meet the participant's assessed and anticipated needs after discharge, and
d. Are documented in the participant's medical record within 48 hours after the discharge instructions are completed; and
2. Provided to the participant or the participant's representative before the discharge occurs.

Historical Note
Adopted effective July 22, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1109 renumbered to Section R9-10-1110; new Section R9-10-1109 renumbered from Section R9-10-1108 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1110. Participant Rights

A. An administrator shall ensure that:
1. The requirements in subsection (B) and the participant rights in subsection (C) are conspicuously posted on the premises;
2. At the time of enrollment, a participant or the participant's representative receives a written copy of the requirements in subsection (B) and the participant rights in subsection (C); and
3. Policies and procedures include:
a. How and when a participant or the participant's representative is informed of participant rights in subsection (C), and
b. Where participant rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:
1. A participant is treated with dignity, respect, and consideration;
2. A participant is not subjected to:
a. Abuse;
b. Neglect;
c. Exploitation;
d. Coercion;
e. Manipulation;
f. Sexual abuse;
g. Sexual assault;
h. Seclusion;
i. Restraint;
j. Retaliation for submitting a complaint to the Department or another entity; or
k. Misappropriation of personal and private property by the adult day health care facility's personnel members, employees, volunteers, or students; and
3. A participant or the participant's representative:
a. Except in an emergency, either consents to or refuses treatment;
b. May refuse or withdraw consent for treatment before treatment is initiated;
c. Except in an emergency, is informed of proposed alternatives to the treatment, associated risks, and possible complications;
d. Is informed of the following:
i. The policy on health care directives,
ii. The participant complaint process,
iii. Rates and charges for participating at the adult day health care facility, and
iv. The process for contacting the local office of Adult Protective Services;
e. Consents to photographs of the participant before the participant is photographed, except that a participant may be photographed when enrolled at an adult day health care facility for identification and administrative purposes; and
f. Except as otherwise permitted by law, provides written consent to the release of information in the participant's:
i. Medical record, or
ii. Financial records.

C. A participant has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that supports and respects the participant's individuality, choices, strengths, and abilities;
3. To communicate, associate, and meet privately with individuals of the participant's choice;
4. To have access to a telephone, to make and receive calls, and to send and receive correspondence without interception or interference by the adult day health care facility;
5. To arrive and depart from the adult day health care facility, consistent with the participant's care plan and personal safety;
6. To receive privacy in treatment and care for personal needs;
7. To review, upon written request, the participant's own records;
8. To receive a referral to another health care institution if the adult day health care facility is not authorized or not able to provide physical health services or behavioral health services needed by the participant;
9. To participate or have the participant's representative participate in the development of a care plan or decisions concerning treatment;
10. To participate or refuse to participate in research or experimental treatment; and
11. To receive assistance from a family member, the participant's representative, or other individual in understanding, protecting, or exercising the participant's rights.

Historical Note
New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1110 renumbered to Section R9-10-1111; new Section R9-10-1110 renumbered from Section R9-10-1109 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1111. Medical Records

A. An administrator shall ensure that:
1. A medical record is established and maintained for a participant according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a participant's medical record is:
   a. Recorded only by an individual authorized by policies and procedures to make the entry;
   b. Dated, legible, and authenticated; and
   c. Not changed to make the initial entry illegible;
3. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
4. A participant's medical record is available to an individual:
   a. Authorized according to policies and procedures to access the participant's medical record;
   b. If the individual is not authorized according to policies and procedures, with the written consent of the participant or the participant's representative; or
   c. As permitted by law; and
5. A participant's medical record is protected from loss, damage, or unauthorized use.

B. If an adult day health care facility maintains participant's medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a participant's medical record is recorded by the computer's internal clock.

C. An administrator shall ensure that a participant's medical record contains:
1. Participant information that includes:
   a. The participant's name;
   b. The participant's address;
   c. The participant's date of birth; and
   d. Any known allergies, including medication allergies;
2. The name of the participant's medical practitioner or other individuals involved in the care of the participant;
3. An enrollment agreement and date of the participant's first visit;
4. If applicable, documented general consent and informed consent by the participant or the participant's representative;
5. If applicable, the name and contact information of the participant's representative and:
   a. The document signed by the participant consenting for the participant's representative to act on the participant's behalf; or
   b. If the participant's representative:
      i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      ii. Is a legal guardian, a copy of the court order establishing guardianship;
6. Documentation of medical history;
7. A copy of the participant's health care directive, if applicable;
8. Orders;
9. The medical assessment required in R9-10-1107(D);
10. A care plan;
11. The comprehensive assessment required in R9-10-1107(F);
12. Progress notes;
13. If applicable, documentation of any actions taken to control the participant's sudden, intense, or out-of-control behavior to prevent harm to the participant or another individual;
14. Documentation of adult day health services provided to the participant;
15. The disposition of the participant upon discharge;
16. The discharge date, if applicable;
17. Documentation of a medication administered to the participant that includes:
   a. The date and time of administration;
   b. The name, strength, dosage, and route of administration;
   c. The identification and signature of the individual administering, providing assistance in the self-administration of medication, or observing the participant's self-administration of the medication;
   d. If medication for pain is administered on a PRN basis to a participant:
      i. An identification of the participant's pain before administering the medication, and
      ii. The effect of the medication administered; and
   e. Any adverse reaction a participant has to the medication;
18. If applicable, documentation of:
   a. A significant change in the participant's condition,
   b. An injury or accident that occurred at the adult day health care facility and required medical services, and
   c. Notification provided to the participant's medical practitioner or the participant's representative of the significant change in subsection (C)(18)(a) or the injury or accident in subsection (C)(18)(b);
19. Documentation of whether the participant may sign in or out of the adult day health care facility;
20. Documentation of freedom from infectious tuberculosis required in R9-10-1107(A); and
21. Names and telephone numbers of individuals to be notified in the event of an emergency.

Historical Note

Amended effective September 2, 1977 (Supp. 77-5). Repealed effective July 22, 1994 (Supp. 94-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1111 renumbered to Section R9-10-1112; new Section R9-10-1111 renumbered from Section R9-10-1110 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1112. Participant's Council

A. A participants' council:
1. Is composed of participants, who are willing to serve on the council and take part in scheduled meetings;
2. May develop guidelines that govern the council's activities;
3. May meet quarterly;
4. May record minutes of the meetings; and
5. May provide written input on planned activities and policies of the adult day health care facility.

B. A participants' council may invite personnel or the administrator to attend their meetings.

C. An administrator shall act as a liaison between the participants' council and personnel members, employees, and volunteers.

Historical Note

Amended effective September 2, 1977 (Supp. 77-5). Repealed effective July 22, 1994 (Supp. 94-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1112 renumbered to Section R9-10-1113; new Section R9-10-1112 renumbered from Section R9-10-1111 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1113. Adult Day Health Services

A. An administrator shall ensure that a personnel member provides supervision for a participant, except during periods of the day when the participant signs out or is signed out according to policies and procedures.

B. An administrator shall ensure that a personnel member provides assistance with activities of daily living and supervision of personal hygiene according to the participant's care plan and policies and procedures.

C. An administrator shall ensure that a personnel member provides a participant with planned therapeutic individual and group activities:
1. According to the:
   a. Participant's care plan,
   b. Policies and procedures, and
   c. Monthly calendar of planned activities required in R9-10-1103(D)(2); and
2. That include:
   a. Physical activities,
   b. Group discussion,
   c. Techniques a participant may use to maintain or improve the participant's independence in performing activities of daily living,
   d. Assessment of deficits in cognitive awareness and reinforcement of remaining cognitive awareness,
   e. Activities of daily living,
   f. Participants' council meetings, and
   g. Leisure time.

D. An administrator shall ensure that a nurse monitors the health status of a participant according to the participant's care plan and policies and procedures by:
1. Observing the participant's mental and physical condition, including monthly monitoring of the participant's vital signs and nutritional status;
2. Documenting changes in the participant's mental and physical condition in the participant's medical record; and
3. Reporting any changes to the participant's representative or medical practitioner.

E. If an adult day health care facility administers medication or provides assistance in the self-administration of medication, an administrator shall ensure that policies and procedures for medication administration or assistance in the self-administration of medication:
1. Include:
   a. A process for providing information to a participant about medication prescribed for the participant including:
      i. The prescribed medication's anticipated results,
      ii. The prescribed medication's potential adverse reactions,
      iii. The prescribed medication's potential side effects, and
      iv. Potential adverse reactions that could result from not taking the medication as prescribed;
   b. Procedures for preventing, responding to, and reporting:
      i. A medication error,
      ii. An adverse response to a medication, or
      iii. A medication overdose; and
   c. Procedures for documenting medication services and assistance in the self-administration of medication; and
2. Specify a process for review through the quality management program of:
   a. A medication administration error, and
   b. An adverse reaction to a medication.

F. An administrator shall ensure that:
1. Policies and procedures for medication administration:
   a. Are reviewed and approved by a pharmacist, medical practitioner, or registered nurse; and
   b. Ensure that medication is administered to a participant only as prescribed;
2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
3. A medication administered to a participant:
   a. Is administered in compliance with an order, and
   b. Is documented in the participant's medical record.

G. If an adult day health care facility provides assistance in the self-administration of medication, an administrator shall ensure that:
1. A participant's medication is stored by the adult day health care facility;
2. The following assistance is provided to a participant:
   a. A reminder when it is time to take the medication;
   b. Opening the medication container for the participant;
   c. Observing the participant while the participant removes the medication from the container;
   d. Verifying that the medication is taken as ordered by the participant's medical practitioner by confirming that:
      i. The participant taking the medication is the individual stated on the medication container label,
      ii. The participant is taking the dosage of the medication stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label, and
      iii. The participant is taking the medication at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label; or
   e. Observing the participant while the participant takes the medication;
3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a pharmacist, medical practitioner, or registered nurse;

4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
   a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
   b. Includes:
      i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
      ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
      iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (G)(4) before the personnel member provides assistance in the self-administration of medication; and
6. Assistance in the self-administration of medication provided to a participant:
   a. Is in compliance with an order, and
   b. Is documented in the participant's medical record.

H. An administrator shall ensure that:
1. A current drug reference guide is available for use by personnel members, and
2. A current toxicology reference guide is available for use by personnel members.

I. When medication is stored at an adult day health care facility, an administrator shall ensure that:
1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
2. Medication is stored according to the instructions on the medication container; and
3. Policies and procedures are established, documented, and implemented to protect the health and safety of a participant for:
   a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication; and
   b. Storing, inventorying, and dispensing controlled substances.

J. A medication error or a participant's refusal to take a medication is:
1. Reported to the participant's representative within 12 hours, and
2. Documented in the participant's medical record within 24 hours.

K. An adverse reaction is:
1. Reported to the participant's representative and medical practitioner within 12 hours, and
2. Documented in the participant's medical record within 24 hours.

L. An administrator shall:
1. Immediately notify a participant's representative and medical practitioner of an injury that may require medical services;
2. Report an injury to Adult Protective Services according to A.R.S. § 46-454, when applicable;
3. Prepare a written report on the day of occurrence or when any injury of unknown origin is detected that includes the:
   a. Name of the participant;
   b. Type of injury;
   c. Names of witnesses, if applicable; and
   d. Action taken;
4. Investigate the injury within 24 hours and documenting any corrective action in the report; and
5. Retain the report for at least 12 months after the date of the injury.

M. For a participant whose care plan includes counseling on an individual or group basis, an administrator shall ensure that:
1. If the counseling needed by the participant is within the adult day health care facility's scope of services, a personnel member provides the counseling to the participant according to policies and procedures; or
2. If the counseling needed by the participant is not within the adult day health care facility's scope of services, a personnel member assists the participant or the participant's representative to obtain counseling for the participant according to policies and procedures.

Historical Note

Amended effective September 2, 1977 (Supp. 77-5). Repealed effective July 22, 1994 (Supp. 94-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1113 renumbered to Section R9-10-1114; new Section R9-10-1113 renumbered from Section R9-10-1112 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1114. Food Services

A. An administrator shall:
1. Designate a food service supervisor who is responsible for food service in an adult day health care facility; and
2. If an adult day health care facility provides a therapeutic diet to participants, ensure that:
   a. The therapeutic diet is prescribed in writing by:
      i. The participant's medical practitioner, or
      ii. A registered dietitian; and
   b. A current therapeutic diet reference manual is available to the food service supervisor.

B. A food service supervisor shall ensure that:
1. A food menu:
   a. Is prepared at least one week in advance,
   b. Includes the foods to be served each day,
   c. Is conspicuously posted at least one calendar day before the first meal on the food menu will be served,
   d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
   e. Is maintained for at least 60 calendar days after the last day included in the food menu;
2. Meals and snacks provided by the adult day health care facility are served according to posted menus;
3. Meals and snacks for each day are planned using the applicable guidelines in the most recent dietary guidelines according to the U.S. Department of Health and Human Services and U.S. Department of Agriculture;
4. A participant is provided a diet that meets the participant's nutritional needs as specified in the participant's comprehensive assessment, under R9-10-1107(F), or the participant's care plan;

5. Water is available and accessible to participants at all times, unless otherwise stated by the participant's medical practitioner; and
6. A participant requiring assistance to eat is provided with assistance that recognizes the participant's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils, such as a plate guard, rocking fork, or assistive hand device, if not provided by the participant.

C. An administrator shall ensure that food is obtained, prepared, served, and stored as follows:
1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
2. Food is protected from potential contamination;
3. Food is prepared:
   a. Using methods that conserve nutritional value, flavor, and appearance; and
   b. In a form to meet the needs of a participant, such as cut, chopped, ground, pureed, or thickened;
4. Potentially hazardous food is maintained as follows:
   a. Foods requiring refrigeration are maintained at 41° F or below;
   b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
      i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
      ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
      iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
      iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155 °F;
      v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
      vi. Leftovers are reheated to a temperature of at least 165° F;
5. A refrigerator contains a thermometer, accurate to plus or minus 3° F, at the warmest part of the refrigerator;
6. Frozen foods are stored at a temperature of 0° F or below; and
7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

D. An administrator shall ensure that:
1. If an adult day health care facility is licensed to provide adult day health services to more than 15 participants, the adult day health care facility:
   a. Has a license or permit as a food establishment under 9 A.A.C. 8, Article 1; and
   b. Maintains a copy of the adult day health care facility's food establishment license or permit;
2. If the adult day health care facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the adult day health care facility, a copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the adult day health care facility; and
3. The adult day health care facility is able to store, refrigerate, and reheat food to meet the dietary needs of a participant.

Historical Note
Amended effective September 2, 1977 (Supp. 77-5). Repealed effective July 22, 1994 (Supp. 94-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1114 renumbered to Section R9-10-1115; new Section R9-10-1114 renumbered from Section R9-10-1113 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1115. Emergency and Safety Standards

A. An administrator shall ensure that:
1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and employees, and, if necessary, implemented that includes:
   a. Procedures for protecting the health and safety of participants and other individuals on the premises;
   b. Assigned responsibilities for each personnel member and employee;
   c. Instructions for the evacuation of participants, including:
      i. When, how, and where participants will be relocated; and
      ii. A plan for notifying the emergency contact for each participant;
   d. A plan to ensure each participant's medications will be available to administer to the participant during a disaster; and
   e. A plan for providing water, food, and needed services to participants present in the adult day health care facility or the adult day health care facility's relocation site during a disaster;
2. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
3. Documentation of a disaster plan review required in subsection (A)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
   a. The date and time of the disaster plan review;
   b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
   c. A critique of the disaster plan review; and
   d. If applicable, recommendations for improvement; and
4. A disaster drill for assigned personnel is conducted on each shift at least once every three months and documented.

B. An administrator shall ensure that:
1. A participant receives orientation to the exits from the adult day health care facility and the route to be used when evacuating participants within two visits after the participant's enrollment, and
2. A participant's orientation is documented in the participant's medical record.

C. An administrator shall ensure that:
1. An evacuation drill for employees and participants is conducted at least once every six months;
2. Documentation of an evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
   a. The date and time of the evacuation drill;

b. The amount of time taken for all employees and participants to evacuate to a designated area;
d. Any problems encountered in conducting the evacuation drill; and
e. Recommendations for improvement, if applicable; and
3. An evacuation path is conspicuously posted on each hallway of each floor of the adult day health care facility.

Historical Note
Adopted effective September 2, 1977 (Supp. 77-5). Repealed effective July 22, 1994 (Supp. 94-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1115 renumbered to Section R9-10-1116; new Section R9-10-1115 renumbered from Section R9-10-1114 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1116. Environmental Standards

A. An administrator shall ensure that:
1. The adult day health care facility's premises are:
a. Cleaned and disinfected according to policies and procedures to prevent, minimize, and control illness and infection; and
b. Free from a condition or situation that may cause a participant or an individual to suffer physical injury;
2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
3. Windows and doors opening to the outside are screened if they are kept open at any time for ventilation or other purposes;
4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
5. Equipment used at the adult day health care facility is:
a. Maintained in working order;
b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
c. Used according to the manufacturer's recommendations;
6. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
7. Garbage and refuse are:
a. Stored in covered containers lined with plastic bags, and
b. Removed from the premises at least once a week;
8. Heating and cooling systems maintain the adult day health care facility at a temperature between 70° F and 84° F;
9. The supply of hot and cold water is sufficient to meet the personal hygiene needs of participants and the cleaning and sanitation requirements in this Article;
10. Soiled linen and soiled clothing stored by the adult day health care facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
11. Oxygen containers are secured in an upright position;
12. Poisonous or toxic materials stored by the adult day health care facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to participants;
13. Combustible or flammable liquids and hazardous materials stored by the adult day health care facility are stored in the original labeled containers or safety containers in a locked area inaccessible to participants; and
14. Pets or animals are:
a. Controlled to prevent endangering the participants and to maintain sanitation;
b. Not allowed in treatment, food storage, food preparation, or dining areas;
c. Licensed consistent with local ordinances; and
d. For a dog or cat, vaccinated against rabies.

B. If a swimming pool is located on the premises, an administrator shall ensure that:
1. On a day that a participant uses the swimming pool, an employee:
a. Tests the swimming pool's water quality at least once for compliance with one of the following chemical disinfection standards:
i. A free chlorine residual between 1.0 and 3.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test;
ii. A free bromine residual between 2.0 and 4.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test; or
iii. An oxidation-reduction potential equal to or greater than 650 millivolts; and
b. Records the results of the water quality tests in a log that includes the date tested and test result;
2. Documentation of the water quality test is maintained for at least 12 months after the date of the test;
3. A swimming pool is not used by a participant if a water quality test shows that the swimming pool water does not comply with subsection (B)(1)(a);
4. At least one personnel member with cardiopulmonary resuscitation training, required in R9-10-1106(D), is present in the pool area when a participant is in the pool area; and
5. At least two personnel members are present in the pool area if two or more participants are in the pool area.

Historical Note
Adopted effective September 2, 1977 (Supp. 77-5). Repealed effective July 22, 1994 (Supp. 94-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1116 renumbered to Section R9-10-1117; new Section R9-10-1116 renumbered from Section R9-10-1115 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

R9-10-1117. Physical Plant Standards

A. An administrator shall ensure that an adult day health care facility complies with the physical plant health and safety codes and standards incorporated by reference in R9-10-104.01, in effect on the date the adult day health care facility submitted the application including the notarized attestation of architectural plans according to R9-10-104.

B. An administrator shall ensure that the premises and equipment are sufficient to accommodate:

1. The services stated in the adult day health care facility's scope of services, and
2. An individual accepted as a participant by the adult day health care facility.

C. An administrator shall ensure that an adult day health care facility has at least 40 square feet of indoor activity space for each participant, excluding bathrooms, halls, storage areas, kitchens, wall thicknesses, and rooms designated for use by individuals who are not participants.

D. An administrator shall ensure that an outside activity space is provided and available that:
1. Is on the premises,
2. Has a hard-surfaced section for wheelchairs,
3. Has an available shaded area, and
4. Has a means of egress without entering the adult day health care facility.

E. An administrator shall ensure that:
1. There is at least one working toilet that flushes and has a seat and one sink with running water for each ten participants;
2. A bathroom for use by participants provides privacy when in use and contains in a location accessible to participants:
   a. A mirror;
   b. Toilet paper for each toilet;
   c. Soap accessible from each sink;
   d. Paper towels in a dispenser or an air hand dryer; and
   e. Grab bars for the toilet and other assistive devices, if required, to provide for participant safety;
3. A bathroom has a window that opens or another means of ventilation;
4. If a bathing facility is provided:
   a. The bathing facility provides privacy when in use,
   b. Shower enclosures have nonporous surfaces,
   c. Showers and tubs have grab bars for participant safety, and
   d. Tub and shower floors have slip-resistant surfaces;
5. Dining areas are furnished with dining tables and chairs and large enough to accommodate participants;
6. There is a wall or other means of physical separation between dining facilities and food preparation areas;
7. If the adult day health care facility serves food, areas are designated for food preparation, storage, and handling and are not used as a passageway by participants; and
8. All flooring is slip-resistant.

F. If the adult day health care facility has a swimming pool on the premises, an administrator shall ensure that:
1. The swimming pool is equipped with the following:
   a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and that includes at least:
      i. A removable strainer,
      ii. Two swimming pool inlets located on opposite sides of the swimming pool, and
      iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools; and
   b. An operational vacuum cleaning system;
2. The swimming pool is enclosed by a wall or fence that:
   a. Is at least five feet in height as measured on the exterior of the wall or fence;
   b. Has no vertical openings greater that four inches across;
   c. Has no horizontal openings, except as described in subsection (F)(2)(e);
   d. Is not chain-link;
   e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
   f. Has a self-closing, self-latching gate that:
      i. Opens away from the swimming pool,
      ii. Has a latch located at least 54 inches from the ground; and
      iii. Is locked when the swimming pool is not in use;
3. A life preserver or shepherd's crook is available and accessible in the pool area; and
4. If the swimming pool is used by participants, pool safety requirements are conspicuously posted in the pool area.

Historical Note
Adopted effective September 2, 1977 (Supp. 77-5). Repealed effective July 22, 1994 (Supp. 94-3). New Section R9-10-1117 renumbered from Section R9-10-1116 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1118. Repealed

Historical Note
Adopted effective September 2, 1977 (Supp. 77-5). Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1119. Repealed

Historical Note
Adopted effective September 2, 1977 (Supp. 77-5). Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1120. Repealed

Historical Note
Adopted effective September 2, 1977 (Supp. 77-5). Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1121. Repealed

Historical Note
Adopted effective September 2, 1977 (Supp. 77-5). Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1122. Repealed

Historical Note
Adopted effective September 2, 1977 (Supp. 77-5). Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1123. Repealed

Historical Note
Adopted effective September 2, 1977 (Supp. 77-5). Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1124. Repealed

Historical Note
Adopted effective September 2, 1977 (Supp. 77-5). Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1125. Repealed

Historical Note
Adopted effective September 2, 1977 (Supp. 77-5). Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1126. Repealed

Historical Note
Adopted effective September 2, 1977 (Supp. 77-5). Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1127. Repealed

Historical Note
Adopted effective September 2, 1977 (Supp. 77-5). Repealed effective July 22, 1994 (Supp. 94-3).

ARTICLE 12. HOME HEALTH AGENCIES

R9-10-1201. Definitions
In addition to the definitions in A.R.S. §§ 36-401, 36-151 and R9-10-101, the following apply in this Article, unless otherwise specified:

1. "Branch office" means a location other than a home health agency's main administrative office that:
   a. Operates under the license of the home health agency, and
   b. Is under the control of the home health agency's administrator.
2. "Home health services director" means an individual who provides direction for the home health services provided by or through a home health agency.
3. "Medical social services" means activities that assist a patient to cope with concerns about the patient's illness or injury, and may include helping to find resources to address the patient's concerns.

Historical Note
Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 651 (February 28, 2025), effective April 6, 2025 (Supp. 25-1).

R9-10-1202. Supplemental Application Requirements
In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a home health agency shall:

1. Include on the application:
   a. The name and address of each proposed branch office, if applicable; and
   b. The geographic region to be served by:
      i. The proposed home health agency's administrative office, and
      ii. Each proposed branch office; and
2. Submit to the Department a copy of a valid fingerprint clearance card issued according to A.R.S. Title 41, Chapter 12, Article 3.1 for:
   a. The applicant, if the applicant is an individual; or
   b. Each individual with a 10% or greater ownership of the business organization, if the applicant is a business organization.

Historical Note
Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1203. Administration

A. A governing authority shall:
1. Consist of one or more individuals responsible for the organization, operation, and administration of the home health agency;
2. Establish, in writing:
   a. A home health agency's scope of services, and
   b. Qualifications for an administrator;
3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
4. Adopt a quality management program according to R9-10-1204;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
   a. Expected not to be present in a home health agency's administrative office for more than 30 calendar days, or
   b. Not present in a home health agency's administrative office for more than 30 calendar days;
7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator;
8. Appoint, according to A.R.S. § 36-151(5)(b), an advisory group that consists of four or more members that include:
   a. A physician;
   b. A registered nurse who has at least one year of experience as a registered nurse providing home health services; and
   c. Two or more individuals who represent a medical, nursing, or health-related profession; and
9. Ensure that the advisory group appointed according to subsection (A)(8):
   a. Meets at least once every 12 months,
   b. Documents meetings, and
   c. Assists in establishing and evaluating policies and procedures for the home health agency.

B. An administrator:
1. Shall serve no more than five home health agencies;
2. Is directly accountable to the governing authority of a home health agency for all services provided by the home health agency;
3. Has the authority and responsibility to manage the home health agency;
4. Except as provided in subsection (A)(6), designates, in writing, an individual who is present at the home health agency's administrative office and accountable for services provided by the home health agency when the administrator is not present at the home health agency's administrative office; and
5. Ensures compliance with A.R.S. § 36-411.

C. An administrator shall:
1. Ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
   a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, and volunteers;
   b. Cover orientation and in-service education for personnel members, employees, and volunteers;

c. Cover how a personnel member may submit a complaint relating to patient care;
d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
e. Include a method to identify a patient to ensure the patient receives the appropriate services;
f. Cover patient rights, including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
g. Cover specific steps for:
i. A patient to file a complaint, and
ii. The home health agency to respond to a patient complaint;
h. Cover health care directives;
i. Cover medical records, including electronic medical records;
j. Cover a quality management program, including incident reports and supporting documentation;
k. Cover contracted services; and
l. Cover and designate which personnel members or employees are required to have current certification in cardiopulmonary resuscitation and first aid training;

2. Ensure that policies and procedures for services provided by a home health agency are established, documented, and implemented to protect the health and safety of a patient that:
a. Cover patient admission, discharge planning, and discharge;
b. Cover the provision of home health services and, if applicable, specific types of supportive services and medical social services;
c. Include when general consent and informed consent are required;
d. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
e. Cover medication procurement, if applicable, and administration; and
f. Cover infection control;

3. Ensure that policies and procedures are:
a. Available to personnel members, employees, and volunteers, and
b. Reviewed at least once every three years and updated as needed;

4. Ensure that records of advisory group meetings are maintained for at least 24 months after the date of the meeting;

5. Designate, in writing, a home health services director who is:
a. A physician with at least 24 months of experience working for or with a home health agency; or
b. A registered nurse with at least three years of nursing experience, including at least 24 months of experience as a registered nurse providing home health services;

6. Ensure that:
a. Speech therapy or speech-language pathology services are provided by a speech-language pathologist according to A.R.S. § 36-1940.01 or speech-language pathologist assistant licensed according to A.R.S. § 36-1940.04;
b. Nutritional services are provided by a registered dietitian;
c. Occupational therapy services are provided by an occupational therapist or occupational therapy assistant;
d. Physical therapy services are provided by a physical therapist or a physical therapist assistant;
e. Respiratory care services are provided by a respiratory therapist, respiratory therapy technician licensed according to A.R.S. Title 32, Chapter 35, or a practical nurse or registered nurse licensed according to A.R.S. Title 32, Chapter 15;
f. Pharmacy services are provided by a pharmacist; and
g. Medical social services are provided:
i. By a personnel member qualified according to policies and procedures that coordinates medical social services; and
ii. For medical social services, related to the practice of social work in A.R.S. § 32-3251, by a personnel member licensed under A.R.S. Title 32, Chapter 33, Article 5;

7. Ensure that the services specified in subsection (C)(6) are provided to a patient only under an order by the patient's physician, registered nurse practitioner, or podiatrist, as applicable; and

8. Unless otherwise stated, ensure that:
a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
b. When documentation or information is required by this Chapter to be submitted on behalf of a home health agency, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the home health agency.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3391 with an immediate effective date of November 6, 2019 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 651 (February 28, 2025), effective April 6, 2025 (Supp. 25-1).

R9-10-1204. Quality Management

An administrator shall ensure that:

1. A plan for a quality management program for the home health agency is established, documented, and implemented that includes:
a. A method to identify, document, and evaluate incidents;
b. A method to collect data to evaluate the provision of services, including oversight of personnel members;
c. A method to evaluate the data collected to identify a concern about the provision of services;
d. A method to make changes or take action as a result of the identification of a concern about the provision of services;
e. A method to determine whether actions taken improved the provision of services; and
f. The frequency of submitting the documented report required in subsection (2) to the governing authority;

2. A documented report is submitted to the governing authority that includes:
   a. Each identified concern about the delivery of services related to patient care, and
   b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note
Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1205. Contracted Services
An administrator shall ensure that:
1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note
Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1206. Personnel
A. An administrator shall ensure that:
1. The qualifications, skills, and knowledge required for each type of personnel member:
   a. Are based on:
      i. The type of services expected to be provided by the personnel member according to the established job description, and
      ii. The acuity of the patients receiving services from the personnel member according to the established job description; and
   b. Include:
      i. The specific skills and knowledge necessary for the personnel member to provide the expected services listed in the established job description,
      ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected services listed in the established job description, and
      iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
   a. Before the personnel member provides physical health services, and
   b. According to policies and procedures;
3. Sufficient personnel members are available with the qualifications, skills, and knowledge necessary to:
   a. Provide the services in the home health agency's scope of services,
   b. Meet the needs of a patient, and
   c. Ensure the health and safety of a patient; and
4. A personnel member, an employee, a volunteer, or a student who has or is expected to have direct interaction with a patient, provides evidence of freedom from infectious tuberculosis:
   a. On or before the date the individual begins providing services at or on behalf of the home health agency, and
   b. As specified in R9-10-113.

B. An administrator shall ensure that a personnel record for each personnel member, employee, or volunteer:
1. Includes:
   a. The individual's name, date of birth, and contact telephone number;
   b. The individual's starting date of employment or volunteer service, and if applicable, ending date; and
   c. Documentation of:
      i. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
      ii. The individual's education and experience applicable to the individual's job duties;
      iii. The individual's completed orientation and in-service education as required by policies and procedures;
      iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
      v. The individual's compliance with the requirements in A.R.S. § 36-411;
      vi. Cardiopulmonary resuscitation training, if required for the individual according to this Article and policies and procedures;
      vii. First aid training, if required for the individual according to this Article and policies and procedures; and
      viii. Evidence of freedom from infectious tuberculosis, if required according to subsection (A)(4);
2. Is maintained:
   a. Throughout the individual's period of providing services in or for the home health agency; and
   b. For at least 24 months after the last date the individual provided services in or for the home health agency; and
3. For a personnel member who has not provided services for the home health agency during the previous 12 months, provided to the Department within 72 hours after the Department's request.

Historical Note
Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3391 with an immediate effective date of November 6, 2019 (Supp. 19-4). Amended by final expedited rulemaking, at 25 A.A.R. 3391 with an immediate effective date of November 6, 2019 (Supp. 19-4).

R9-10-1207. Care Plan

A. An administrator shall ensure that a care plan is developed for each patient:
1. Based on an assessment of the patient as required in R9-10-1210(D)(1) or (F)(2)(e)(i);
2. With participation from:
   a. The patient's physician, registered nurse practitioner, or podiatrist, as applicable; and
   b. A registered nurse;
3. That includes:
   a. The patient's diagnosis;
   b. Surgery dates relevant to home health services, if applicable;
   c. The patient's cognitive awareness of self, location, and time;
   d. Functional abilities and limitations;
   e. Goals for functional rehabilitation, if applicable;
   f. The type, duration, and frequency of each service to be provided;
   g. Treatments the patient is receiving from a source other than the home health agency;
   h. Medications and herbal supplements reported by the patient or the patient's representative as being used by the patient, and the dose, route of administration, and schedule for administration of each medication or herbal supplement;
   i. Any known drug allergies;
   j. Nutritional requirements and preferences;
   k. Specific measures to improve the patient's safety and protect the patient against injury; and
   l. A discharge plan for the patient including, if applicable, a plan for assessing the accomplishment of treatment or therapy goals for the patient; and
4. That is established and implemented within five days of start of care.

B. An administrator shall ensure that:
1. Home health services are provided to a patient by the home health agency according to the patient's care plan;
2. The patient's care plan is reviewed and updated:
   a. Whenever there is a change in the patient's condition that indicates a need for a change in the type, duration, or frequency of the services being provided;
   b. If the patient's physician, registered nurse practitioner, or podiatrist, as applicable, orders a change in the care plan; and
   c. At least every 60 calendar days;
3. The patient's care plan is reviewed and documented by a registered nurse, an occupational therapist, an occupational therapist assistant, a physical therapist, or a physical therapist assistant, with the patient or the patient's representative at least every 30 calendar days;
4. The patient's physician, physician assistant, registered nurse practitioner, or podiatrist, as applicable, authenticates the care plan with a signature within 30 calendar days after the care plan is initially developed and whenever the care plan is updated; and
5. A home health agency documents and responds to a referral from a health care provider within 48 hours of receiving the referral.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 651 (February 28, 2025), effective April 6, 2025 (Supp. 25-1).

R9-10-1208. Patient Rights

A. An administrator shall ensure that:
1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted at the home health agency's administrative office;
2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
3. Policies and procedures include:
   a. How and when a patient or the patient's representative is informed of patient rights in subsection (C); and
   b. Where patient rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:
1. A patient is treated with dignity, respect, and consideration;
2. A patient is not subjected to:
   a. Abuse;
   b. Neglect;
   c. Exploitation;
   d. Coercion;
   e. Manipulation;
   f. Sexual abuse;
   g. Sexual assault;
   h. Seclusion;
   i. Restraint;
   j. Retaliation for submitting a complaint to the Department or another entity; or
   k. Misappropriation of personal and private property by a home health agency's personnel members, employees, or volunteers; and
3. A patient or the patient's representative:
   a. Except in an emergency, either consents to or refuses treatment;
   b. May refuse or withdraw consent for treatment before treatment is initiated;
   c. Except in an emergency, is informed of proposed alternatives to a psychotropic medication and the associated risks and possible complications of a psychotropic medication;
   d. Is informed of the following:
      i. The home health agency's policy on health care directives;
      ii. The patient complaint process;
      iii Home health services provided by or through the home health agency; and
      iv. The rates and charges for services before the services are initiated and before a change in rates, charges, or services;
   e. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a home health agency for identification and administrative purposes; and
   f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
      i. Medical record, or
      ii. Financial records.

C. A patient has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
3. To receive privacy in treatment and care for personal needs;
4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
5. To receive a referral to another health care institution if the home health agency is not authorized or not able to provide physical health services needed by the patient;
6. To participate or have the patient's representative participate in the development of a care plan or decisions concerning treatment;
7. To participate or refuse to participate in research or experimental treatment; and
8. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1209. Medical Records

A. An administrator shall ensure that:
1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
   a. Recorded only by an individual authorized by policies and procedures to make the entry;
   b. Dated, timed, legible, and authenticated; and
   c. Not changed to make the initial entry illegible;
3. An order is:
   a. Dated when the order is entered in the patient's medical record and includes the time of the order;
   b. Authenticated by a physician, registered nurse practitioner, or podiatrist according to policies and procedures; and
   c. If the order is a verbal order, authenticated by the physician, registered nurse practitioner, or podiatrist issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A patient's medical record is available to personnel members, physicians, registered nurse practitioners, or podiatrists authorized by policies and procedures to access the patient's medical record;
6. Information in a patient's medical record is disclosed to an individual not authorized under subsection (A)(5) only with the written consent of a patient or the patient's representative or as permitted by law; and
7. A patient's medical record is protected from loss, damage, or unauthorized use.

B. If a home health agency maintains patients' medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.

C. An administrator shall ensure that a patient's medical record contains:
1. Patient information that includes:
   a. The patient's name;
   b. The patient's address and telephone number;
   c. The patient's date of birth; and
   d. Any known allergies, including medication allergies;
2. The date the patient began receiving services from the home health agency and, if applicable, the date the patient stopped receiving services from the home health agency;
3. The name and telephone of the patient's physician or registered nurse practitioner;
4. The name and telephone number of patient's podiatrist, if applicable;
5. Documentation of general consent and, if applicable, informed consent;
6. Documentation of medical history and current diagnoses;
7. A copy of the patient's health care directive, if applicable;
8. If applicable, the name and contact information of the patient's representative and:
   a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
   b. If the patient's representative;
      i. Is a legal guardian, a copy of the court order establishing guardianship; or
      ii. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;
9. Orders;
10. Assessments;
11. Care plan;
12. Progress notes;
13. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
14. Documentation of meetings with the patient to assess the home health services and supportive services provided to the patient;
15. The disposition of the patient upon discharge;
16. The discharge plan;
17. Discharge instructions and discharge summary, if applicable;
18. If applicable:
   a. Laboratory reports,
   b. Radiologic reports,
   c. Diagnostic reports, and
   d. Consultation reports;
19. Documentation of a medication administered to the patient that includes:
   a. The date and time of administration;
   b. The name, strength, dosage, and route of administration;
   c. For a medication administered for pain:
      i. An assessment of the patient's pain before administering the medication, and
      ii. The effect of the medication administered;
   d. For a psychotropic medication:

i. An assessment of the patient's behavior before administering the psychotropic medication, and
ii. The effect of the psychotropic medication administered;
e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication; and
f. Any adverse reaction a patient has to the medication;
20. Documentation of tasks assigned to a home health aide or other personnel member;
21. Documentation of coordination of patient care;
22. Copies of patient summary reports sent to the patient's physician, registered nurse practitioner, or podiatrist, as applicable; and
23. Documentation of contacts with the patient's physician, registered nurse practitioner, or podiatrist, as applicable, by a personnel member or the patient.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 651 (February 28, 2025), effective April 6, 2025 (Supp. 25-1).

R9-10-1210. Home Health Services

A. An administrator shall ensure that an individual admitted to the home health agency has an order from a physician, registered nurse practitioner, physician assistant, or podiatrist for home health services.

B. An administrator shall ensure that the home health services director provides direction for home health services provided by or through the home health agency.

C. A home health services director shall ensure that nursing services are provided by a registered nurse or practical nurse, according to policies and procedures.

D. A home health services director shall ensure that a registered nurse:
1. Unless a patient's physician, physician assistant, or registered nurse practitioner orders only speech therapy, occupational therapy, or physical therapy for the patient, within 48 hours after the patient begins receiving home health services provided by or through the home health agency, conducts and document an initial assessment of the patient to determine:
a. The needs of the patient;
b. Resources available to address the patient's needs;
c. The patient's home and family environment;
d. Goals for patient care;
e. Medications used by the patient, including non-compliance, drug interactions, side effects, and contraindications; and
f. Medical supplies or equipment needed by the patient;
2. Reviews a patient's health care directives at the time of the initial assessment;
3. Implements a patient's care plan, developed as specified in R9-10-1207;
4. Coordinates patient care with other individuals providing home health services or other services to the patient;
5. Immediately informs the patient's physician or registered nurse practitioner of a change in a patient's condition that requires medical services; and
6. At least every 60 calendar days until a patient is discharged:
a. Reassesses the patient based on the patient's care plan, needs, and medical condition; and
b. Summarizes the patient's condition and needs for the patient's physician, registered nurse practitioner, or podiatrist, as applicable.

E. A home health services director shall ensure that:
1. A patient's condition and the services provided to the patient are documented in the patient's medical record after each patient contact; and
2. Verbal orders from a patient's physician, registered nurse practitioner, or podiatrist, as applicable, are:
a. Except as specified in subsection (F)(2)(d), received by a registered nurse and documented by the registered nurse in the patient's medical record; and
b. Authenticated by the patient's physician, registered nurse practitioner, or podiatrist, as applicable, with a signature, within 30 calendar days.

F. A home health services director shall ensure that:
1. A registered nurse:
a. Except as specified in subsection (F)(2)(b)(i) and (ii):
i. Assigns tasks in writing to a home health aide or licensed health aide who is providing home health services to a patient; and
ii. Verifies the competency of the home health aide or licensed health aide in performing assigned tasks;
b. Except as specified in subsection (F)(2)(b)(iii), provides direction for the home health aide or licensed health aide services provided to a patient; and
c. Except as specified in subsection (F)(2)(e)(ii), meets with a patient who is receiving home health aide or licensed health aide services to assess the home health services provided by the home health aide or licensed health aide:
i. At least every two weeks when the patient is also receiving nursing services or therapy services, and
ii. At least every 60 calendar days when the patient is only receiving home health aide or licensed health aide services;
2. When a patient's physician or registered nurse practitioner orders speech therapy, occupational therapy, or physical therapy for the patient, an individual specified in R9-10-1203(C)(6)(a), (c), or (d), as applicable:
a. Provides the applicable therapy service to the patient according to the patient's care plan;
b. If a home health aide or licensed health aide is assigned to assist the patient in performing activities related to the therapy service:
i. Assigns tasks in writing to the home health aide or licensed health aide who is assisting the patient;
ii. Verifies the competency of the home health aide or licensed health aide in performing assigned tasks; and
iii. Provides direction to the home health aide or licensed health aide in performing the assigned tasks related to the therapy service;
c. Coordinates the provision of the therapy service to the patient with the registered nurse providing direction for other home health services for the patient;

d. Documents in the patient's medical record any orders by the patient's physician or registered nurse practitioner received concerning the therapy service; and
e. If the only home health services ordered for the patient are speech therapy, occupational therapy, or physical therapy:
i. Within 48 hours after the patient begins receiving home health services provided by or through the home health agency, conducts an initial assessment of the patient as specified in subsections (D)(1)(a) through (f); and
ii. Meets with a patient who is receiving home health services from a home health aide or licensed health aide every two weeks to assess the home health services provided by the home health aide; and

3. A home health aide:
a. Is only assigned to provide services the home health aide can competently perform; and
b. Only performs tasks assigned to the home health aide in writing by a registered nurse or as specified in subsection (F)(2)(b)(i).

4. A licensed health aide:
a. Is only licensed to provide services the licensed health aide can competently perform, and
b. Only performs tasks assigned to the licensed health aide in writing by a registered nurse and as specified under A.R.S. § 32-1601(14).

Historical Note
Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 651 (February 28, 2025), effective April 6, 2025 (Supp. 25-1).

R9-10-1211. Supportive Services

A. A governing authority may include supportive services, including personal care services, in the scope of services for a home health agency.

B. An administrator:
1. May allow:
a. Supportive services to be provided to a patient without an order from a physician, registered nurse practitioner, or podiatrist; and
b. A personnel member who is not a home health aide to perform personal care services; and
2. Shall ensure that:
a. Supportive services are provided to a patient according to policies and procedures;
b. A registered nurse:
i. Assesses a patient's need for supportive services,
ii. Assigns specific tasks in writing to a home health aide providing supportive services other than personal care services,
iii. Assigns specific tasks in writing to a personnel member providing personal care services,
iv. Provides direction for supportive services, and
v. Includes supportive services in the reassessment of a patient required in R9-10-1210(D)(6); and
c. Supportive services are documented in a patient's medical record.

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1212. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1213. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1214. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1215. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1216. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1217. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1218. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1219. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1220. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1221. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1222. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1223. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1224. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1225. Reserved

R9-10-1226. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1227. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1228. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1229. Reserved

R9-10-1230. Repealed

Historical Note
Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

ARTICLE 13. BEHAVIORAL HEALTH SPECIALIZED TRANSITIONAL FACILITY

R9-10-1301. Definitions
Definitions in A.R.S. § 36-401 and R9-10-101 apply in this Article unless otherwise specified.

Historical Note
Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Reference in paragraph (24) corrected (Supp. 94-2). Section R9-10-1301 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-1302. Administration

A. The governing authority for a behavioral health specialized transitional facility:
1. Is the superintendent of the state hospital; and
2. Shall:
   a. Establish, in writing:
      i. A behavioral health specialized transitional facility's scope of services, and
      ii. Qualifications for an administrator;
   b. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(a)(ii);
   c. Adopt a quality management program according to R9-10-1303;
   d. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
   e. Designate an acting administrator, in writing, who has the qualifications established in subsection (A)(2)(a)(ii), if the administrator is:
      i. Expected not to be present on the behavioral health specialized transitional facility's premises for more than 30 calendar days, or
      ii. Not present on the behavioral health specialized transitional facility's premises for more than 30 calendar days; and
   f. Except as provided in subsection (A)(2)(e), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.

B. An administrator:
1. Is directly accountable to the superintendent of the state hospital for the daily operation of the behavioral health specialized transitional facility and for all services provided by or at the behavioral health specialized transitional facility;
2. Has the authority and responsibility to manage the behavioral health specialized transitional facility; and
3. Except as provided in subsection (A)(2)(e), designates, in writing, an individual who is present on the behavioral health specialized transitional facility's premises and accountable for the behavioral health specialized transitional facility when the administrator is not present on the behavioral health specialized transitional facility's premises.

C. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
   a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
   b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
   c. Cover patient admission, assessment, treatment plan, transfer, discharge planning, and recordkeeping;
   d. Cover discharge, including the amount of medication provided to a patient at discharge, based on an assessment of the patient's medical condition;
   e. Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
   f. Cover the requirements in A.R.S. §§ 36-3708, 36-3709, and 36-3714;
   g. Establish the process for warning an identified or identifiable individual, as described in A.R.S. § 36-517.02 (B) through (C), if a patient communicates to a personnel member a threat of imminent serious physical harm or death to the identified or identifiable individual and the patient has the apparent intent and ability to carry out the threat;
   h. Cover when informed consent is required and how informed consent is obtained;
   i. Cover the criteria and process for conducting research using patients or patients' medical records;
   j. Include the establishment of, disbursing from, and recordkeeping for a patient personal funds account;
   k. Include a method of patient identification to ensure a patient receives the services ordered for the patient;
   l. Cover contracted services;
   m. Cover health care directives;
   n. Cover medical records, including electronic medical records;
   o. Cover medication procurement, storage, inventory monitoring and control, and disposal;
   p. Cover infection control;
   q. Cover and designate which personnel members or employees are required to have current certification in cardiopulmonary resuscitation and first aid training;
   r. Cover environmental services that affect patient care;
   s. Cover training of personnel members, at least annually, on how to recognize the signs and symptoms of abuse or neglect and reporting suspected or alleged abuse, neglect, exploitation, or other criminal activity;
   t. Cover quality management, including incident reports and supporting documentation;
   u. Cover emergency treatment and disaster plan;
   v. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
   w. Include security of the facility, patients and their possessions, personnel members, and visitors at the behavioral health specialized transitional facility;
   x. Include preventing unauthorized patient absences;
   y. Cover transportation of patients, including the criteria for using a locking mechanism to restrict a patient's movement during transportation;
   z. Cover specific steps for:
      i. A patient to file a complaint, and
      ii. The behavioral health specialized transitional facility to respond to a patient's complaint;
   aa. Cover visitation, telephone usage, sending or receiving mail, computer usage, and other recreational activities;
   bb. Include equipment inspection and maintenance; and
   cc. Cover religious visitation by a clergy member in compliance with A.R.S. § 36-407.02;
2. Policies and procedures are available to each personnel member;
3. Laboratory services are provided by a laboratory that holds a certificate of accreditation or certificate of compliance issued by the U.S. Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
4. Food services are provided as specified in R9-10-1314;
5. The following individuals have access to a patient:
   a. The patient's representative,
   b. An individual assigned by a court of law to provide services to the patient, and
   c. An attorney hired by the patient or patient's family;
6. Labor performed by a patient for the behavioral health specialized transitional facility is consistent with A.R.S. § 36-510 and applicable state and federal law; and
7. The following information is posted in an area easily viewed by a patient or an individual entering or leaving the behavioral health specialized transitional facility:
   a. Patient rights,
   b. Telephone number for the Department and the Office of Human Rights,
   c. Location of inspection reports,
   d. Complaint procedures, and
   e. Visitation hours and procedures.

D. An administrator shall:
1. Provide written notification to the Department of a patient's:
   a. Death, if the patient's death is required to be reported according to A.R.S. § 11-593, within one working day after the patient's death;
   b. Self-injury, within two working days after the patient inflicts a self-injury that requires immediate intervention by an emergency medical service provider; and
   c. Absence, within one working day after an unauthorized patient absence from the behavioral health specialized transitional facility is discovered;
2. Maintain the documentation required in subsection (D)(1) for at least 12 months after the date of the notification; and
3. Ensure that sufficient personnel are present at the behavioral health specialized transitional facility at all times to maintain safe and secure conditions.

E. If an administrator has a reasonable basis, according to A.R.S. § 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while the patient is receiving services from an employee or personnel member of the behavioral health specialized transitional facility, the administrator shall:

1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
2. Report the suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 46-454;
3. Document:
   a. The suspected abuse, neglect, or exploitation of the patient;
   b. Any action taken according to subsection (E)(1); and
   c. The report in subsection (E)(2);
4. Maintain the documentation required in subsection (E)(3) for at least 12 months after the date of the report;
5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (E)(2):
   a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
   b. A description of any injury to the patient related to the abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
   c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
   d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
6. Maintain a copy of the documented information required in subsection (E)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.

F. An administrator shall:
1. Unless otherwise stated, ensure that:
   a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
   b. When documentation or information is required by this Chapter to be submitted on behalf of a behavioral health specialized transitional facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the behavioral health specialized transitional facility;
2. Appoint a medical director, to direct the medical and nursing services provided by or at the behavioral health specialized transitional facility, who:
   a. Is a medical staff member, and
   b. Has at least two years of experience providing services in an organized psychiatric services unit of a hospital or in a behavioral health facility; and
3. Appoint a clinical director, to provide direction for the behavioral health services provided by or at the behavioral health specialized transitional facility, who:
   a. Is a psychiatrist or a psychologist;
   b. Has at least two years of experience providing services in an organized psychiatric services unit of a hospital or in a behavioral health facility; and
   c. May, if qualified, also serve as the medical director.

G. A medical director:
1. Is responsible for the medical services, nursing services, and physical health-related services provided to patients consistent with the patients behavioral treatment plan; and
2. Shall ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
   a. Restraint and seclusion, according to R9-10-225;
   b. The process for patient assessments, including the identification of and criteria for the on-going monitoring of a patient's physical health conditions;
   c. Dispensing and administration of medications, including the process and criteria for determining whether a patient is capable of and eligible to self-administer medication;
   d. The process by which emergency medical treatment will be provided to a patient; and
   e. The requirements for completion of medication records and recording of adverse events.

H. A clinical director:
1. Is responsible for the behavioral health services provided to patients;
2. Shall ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
   a. Assessing the competency and proficiency of a behavioral health personnel member for each type of service the personnel member provides and each type of patient to which the personnel member is assigned;
   b. Providing:
      i. Supervision to behavioral health paraprofessionals, according to R9-10-115(2); and
      ii. Clinical oversight to behavioral health technicians, according to R9-10-115(3);
   c. The qualifications for personnel members who provide clinical oversight;
   d. The process for patient assessments, including the identification of and criteria for the on-going monitoring of a patient's behavioral health issues;
   e. The process for developing and implementing a patient's treatment plan;
   f. The frequency of and process for reviewing and modifying a patient's treatment plan, based on the ongoing monitoring of the patient's response to treatment; and
   g. The process for determining whether a patient is eligible for discharge or conditional release to a less restrictive alternative;
3. Shall ensure that patient services are provided by personnel that are competent and proficient in providing the services; and
4. Shall ensure that clinical oversight of personnel members is provided according to the policies and procedures.

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1302 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to

Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 24 A.A.R. 2764, effective September 11, 2018 (Supp. 18-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1303. Quality Management

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
   a. A method to identify, document, and evaluate incidents;
   b. A method to collect data to evaluate services provided to patients;
   c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
   d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
   e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
   a. An identification of each concern about the delivery of services related to patient care, and
   b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1303 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1304. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted without change effective November 25, 1992 (Supp. 92-4). Section R9-10-1304 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1305. Personnel Requirements and Records

A. An administrator shall ensure that a personnel member:
1. Is at least 18 years old; and
2. Either:
   a. Holds a valid fingerprint clearance card issued under A.R.S. Title 41, Chapter 12, Article 3.1; or
   b. Submits to the administrator a copy of a fingerprint clearance card application showing that the personnel member submitted the application to the fingerprint division of the Department of Public Safety under A.R.S. § 41-1758.02 within seven working days after becoming a personnel member.

B. An administrator shall ensure that each personnel member submits to the administrator a copy of the individual's valid fingerprint clearance card:
1. Except as provided in subsection (A)(2)(b), before the personnel member's starting date of employment; and
2. Each time the fingerprint clearance card is issued or renewed.

C. If a personnel member holds a fingerprint clearance card that was issued before the individual became a personnel member, an administrator shall:
1. Contact the Department of Public Safety within seven working days after the individual becomes a personnel member to determine whether the fingerprint clearance card is valid; and
2. Make a record of this determination, including the name of the personnel member, the date of the contact with the Department of Public Safety, and whether the fingerprint clearance card is valid.

D. An administrator shall ensure:
1. The qualifications, skills, and knowledge required for each type of personnel member:
   a. Are based on:
      i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
      ii. The acuity of the patients receiving physical health services or behavioral health services

from the personnel member according to the established job description; and

b. Include:

i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,

ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and

iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;

2. A personnel member's skills and knowledge are verified and documented:

a. Before the personnel member provides physical health services or behavioral health services, and

b. According to policies and procedures; and

3. Personnel members are present on a behavioral health specialized transitional facility's premises with the qualifications, skills, and knowledge necessary to:

a. Provide the services in the behavioral health specialized transitional facility's scope of services,

b. Meet the needs of a patient, and

c. Ensure the health and safety of a patient.

E. An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in R9-10-115.

F. An administrator shall ensure that a personnel member or an employee or volunteer who has or is expected to have direct interaction with a patient for more than eight hours a week, provides evidence of freedom from infectious tuberculosis:

1. On or before the date the individual begins providing service at or on behalf of the behavioral health specialized transition facility, and

2. As specified in R9-10-113.

G. An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:

1. The individual's name, date of birth, and contact telephone number;

2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and

3. Documentation of:

a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;

b. The individual's education and experience applicable to the individual's job duties;

c. The individual's completed orientation and in-service education as required by policies and procedures;

d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;

e. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;

f. Cardiopulmonary resuscitation training, if required for the individual according to this Article or policies and procedures;

g. First aid training, if required for the individual according to this Article or policies and procedures;

h. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (F); and

i. The individual's compliance with the requirements in A.R.S. § 36-420.01 regarding fall prevention and fall recovery training.

H. An administrator shall ensure that personnel records are maintained:

1. Throughout an individual's period of providing services in or for the behavioral health specialized transitional facility; and

2. For at least 24 months after the last date the individual provided services in or for the behavioral health specialized transitional facility.

I. An administrator shall ensure that:

1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented.

2. A personnel member completes orientation before providing behavioral health services or physical health services;

3. An individual's orientation is documented, to include:

a. The individual's name,

b. The date of the orientation, and

c. The subject or topics covered in the orientation;

4. A plan to provide in-service education specific to the duties of a personnel member is developed, documented and implemented;

5. A personnel member's in-service education is documented, to include:

a. The personnel member's name,

b. The date of the training, and

c. The subject or topics covered in the training; and

6. A fall prevention and fall recovery program that complies with requirements in A.R.S. § 36-420.01 is developed, documented, and implemented.

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1305 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4). Amended by final rulemaking at 31

A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1306. Admission Requirements

A. An administrator shall ensure that, before a patient is admitted to the behavioral health specialized transitional facility, a court of competent jurisdiction has ordered the patient to be:
1. Detained under A.R.S. § 36-3705(B) or § 36-3713(B); or
2. Committed under A.R.S. § 36-3707.

B. An administrator shall ensure that, at the time a patient is admitted to the behavioral health specialized transitional facility:
1. The administrator receives a copy of the court order for the patient to be detained at or committed to the behavioral health specialized transitional facility,
2. The patient's possessions are taken to the bedroom to which the patient has been assigned, and
3. The patient is provided with a written list and verbal explanation of the patient's rights and responsibilities.

C. Within seven calendar days after a patient is admitted to the behavioral health specialized transitional facility, a medical director shall ensure that:
1. A medical history is taken from the patient and a physical examination performed on the patient;
2. Except as specified in subsection (C)(3), a patient provides evidence of freedom from infectious tuberculosis as required in R9-10-113;
3. A patient is not required to be rescreened for tuberculosis as specified in R9-10-113 if:
   a. Fewer than 12 months have passed since the patient was screened for tuberculosis, and
   b. The documentation of freedom from infectious tuberculosis required in subsection (C)(2) accompanies the patient at the time of the patient's admission to the behavioral health specialized transitional facility; and
4. An assessment for the patient is completed:
   a. According to the behavioral health specialized transitional facility's policies and procedures;
   b. That includes the patient's:
      i. Legal history, including criminal justice record;
      ii. Behavioral health treatment history;
      iii. Medical conditions and history; and
      iv. Symptoms reported by the patient and referrals needed by the patient, if any; and
   c. That includes:
      i. Recommendations for further assessment or examination of the patient's needs,
      ii. The physical health services or ancillary services that will be provided to the patient until the patient's treatment plan is completed; and
      iii. The signature of the personnel member conducting the assessment and the date signed.

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1306 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 28 A.A.R. 1113 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1307. Discharge or Conditional Release to a Less Restrictive Alternative

A. An administrator shall ensure that annual written notice is given to a patient of the patient's right to petition for:
1. Conditional release to a less restrictive alternative under A.R.S. § 36-3709, or
2. Discharge under A.R.S. § 36-3714.

B. An administrator shall ensure that a patient who is detained at or committed to the behavioral health specialized transitional facility is transported to a hearing to determine the patient's continued detention at or commitment to the behavioral health specialized transitional facility.

C. An administrator shall ensure that a patient is not discharged or conditionally released to a less restrictive alternative before the behavioral health specialized transitional facility receives documentation from a court of competent jurisdiction of the patient's:
1. Conditional release to a less restrictive alternative, or
2. Discharge including the disposition of the patient upon discharge.

D. A clinical director shall ensure that before a patient is discharged or conditionally released to a less restrictive alternative:
1. The clinical director or the clinical director's designee, as specified in the behavioral health specialized transitional facility's discharge policies and procedures, receives the name of the health care provider or behavioral health professional to whom a copy of the patient's discharge summary will be sent; and
2. The patient receives:
   a. Written follow-up instructions including as applicable to the patient:
      i. On-going behavioral health issues and physical health conditions;
      ii. A list of the patient's medications and, for each medication, directions for taking the medication, possible side-effects, and possible results of not taking the medication; and
      iii. Counseling goals; and
   b. A supply of medications determined according to the policies and procedures specified in R9-10-1302(C)(1)(d).

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid

for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1307 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by final expedited rulemaking at 24 A.A.R. 2764, effective September 11, 2018 (Supp. 18-3).

R9-10-1308. Transportation

An administrator of a behavioral health specialized transitional facility that uses a vehicle owned or leased by the behavioral health specialized transitional facility to provide transportation to a patient shall ensure that:

1. The vehicle:
   a. Is safe and in good repair,
   b. Contains a locked first aid kit,
   c. Contains a working heating and air conditioning system, and
   d. Contains drinking water sufficient to meet the needs of each patient present in the vehicle;
2. Documentation of current vehicle insurance and a record of maintenance performed or a repair of the vehicle is maintained;
3. A driver of the vehicle:
   a. Is 21 years of age or older,
   b. Has a valid driver license,
   c. Operates the vehicle in a manner that does not endanger a patient in the vehicle,
   d. Does not leave a patient in the vehicle unattended, and
   e. Ensures the safe and hazard-free loading and unloading of patients; and
4. Transportation safety is maintained as follows:
   a. Each individual in the vehicle is sitting in a seat and wearing a working seat belt while the vehicle is in motion, and
   b. Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a patient's body.

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1308 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1309. Patient Rights

An administrator shall ensure that:

1. A patient:
   a. Has privacy in treatment and personal care needs;
   b. Has the opportunity for and privacy in correspondence, communications, and visitation unless:
      i. Restricted by court order; or
      ii. Contraindicated on the basis of clinical judgment, as documented in the patient's medical record;
   c. Is given the opportunity to seek, speak to, and be assisted by legal counsel:
      i. Whom the court assigns to the patient, or
      ii. Whom the patient obtains at the patient's own expense; and
   d. Is not subjected to:
      i. Abuse;
      ii. Neglect;
      iii. Exploitation;
      iv. Coercion;
      v. Manipulation;
      vi. Seclusion, if not necessary to prevent imminent harm to self or others;
      vii. Restraint, if not necessary to prevent imminent harm to self or others;
      viii. Sexual abuse according to A.R.S. § 13-1404; or
      ix. Sexual assault according to A.R.S. § 13-1406; and
2. A patient or the patient's representative:
   a. Is provided with the opportunity to participate in the development of the patient's treatment plan and in treatment decisions before the treatment is initiated, except in a medical emergency;
   b. Is provided with information about proposed treatments, alternatives to treatments, associated risks, and possible complications;
   c. Is allowed to control the patient's finances and have access to the patient's personal funds account according to the behavioral health specialized transitional facility's policies and procedures specified in R9-10-1302(C)(1)(j);
   d. Has an opportunity to review the medical record for the patient according to the behavioral health specialized transitional facility's policies and procedures; and
   e. Receives information about the behavioral health specialized transitional facility's policies and procedures for:
      i. Health care directives;
      ii. Filing complaints, including the telephone number of an individual at the behavioral health specialized transitional facility to contact about a complaint and the Department's telephone number; and
      iii. Petitioning a court for a patient's discharge or conditional release to a less restrictive alternative.

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days

(Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1309 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 24 A.A.R. 2764, effective September 11, 2018 (Supp. 18-3).

R9-10-1310. Behavioral Health Services

A. A clinical director shall ensure that:
1. A treatment plan is developed and implemented for the patient:
   a. According to the behavioral health specialized transitional facility's policies and procedures;
   b. Based on the assessment conducted under R9-10-1306(C)(4) and on-going changes to the assessment of the patient's behavioral health issues, mental disorders, and physical health conditions, as applicable; and
   c. Including:
      i. The physical health services, behavioral health services, and ancillary services to be provided to the patient until completion of the treatment plan;
      ii. The type, frequency, and duration of counseling or other treatment ordered for the patient;
      iii. The name of each individual who ordered medication, counseling, or other treatment for the patient;
      iv. The signature of the patient or the patient's representative and dated signed, or documentation of the refusal to sign;
      v. The date when the patient's treatment plan will be reviewed;
      vi. If a discharge date has been determined, the treatment needed after discharge; and
      vii. The signature of the personnel member who developed the treatment plan and the date signed; and
2. A patient's treatment plan is reviewed and updated:
   a. According to the review date specified in the treatment plan,
   b. When a treatment goal is accomplished or changes,
   c. When additional information that affects the patient's assessment is identified, and
   d. When a patient has a significant change in condition or experiences an event that affects treatment.

B. A clinical director shall ensure that treatment is:
1. Offered to a patient according to the patient's treatment plan;
2. Except for a patient obtaining treatment under A.R.S. § 36-512, only provided after obtaining informed consent to the treatment from the patient; and
3. Documented in the patient's medical record as specified in R9-10-1312.

C. The clinical director shall ensure that restraint and seclusion are used, performed, and documented according to the behavioral health specialized transitional facility's policies and procedures.

D. A clinical director shall ensure that:
1. A patient receives the annual examination required by A.R.S. § 36-3708, and
2. A report of the patient's annual examination is prepared according to the behavioral health specialized transitional facility's policies and procedures.

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1310 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 24 A.A.R. 2764, effective September 11, 2018 (Supp. 18-3).

R9-10-1311. Physical Health Services

A. A medical director shall ensure that:
1. A patient's physical health is assessed during the physical examination specified in R9-10-1306(C)(1), and
2. Any physical health conditions identified through the assessment are addressed in the patient's treatment plan.

B. A medical director shall ensure that on-going assessment or treatment of a patient's physical health condition is:
1. Offered to a patient according to the patient's treatment plan;
2. Except for a patient obtaining treatment under A.R.S. § 36-512, only provided after obtaining informed consent to the assessment or treatment from the patient; and
3. Documented in the patient's medical record as specified in R9-10-1312.

C. An administrator shall ensure that, if a patient requires assessment or treatment not available at the behavioral health specialized transitional facility, the patient is provided with transportation to the location where assessment or treatment may be provided to the patient.

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to

A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1311 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1312. Medical Records

A. An administrator shall ensure that:
1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
   a. Recorded only by an individual authorized by facility policies and procedures to make the entry;
   b. Dated, legible, and authenticated; and
   c. Not changed to make the initial entry illegible;
3. An order is:
   a. Dated when the order is entered in the patient's medical record and includes the time of the order;
   b. Authenticated by a medical practitioner or behavioral health professional according to facility policies and procedures; and
   c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or the electronic signature;
5. A patient's medical record is available to an individual:
   a. Authorized according to policies and procedures to access the patient's medical record;
   b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
   c. As permitted by law;
6. A patient's medical record is available to the patient or patient's representative upon request at a time agreed upon by the patient or patient's representative and the administrator; and
7. A patient's medical record is protected from loss, damage, or unauthorized use.

B. If a behavioral health specialized transitional facility maintains patient's medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.

C. An administrator shall ensure that a patient's medical record contains:
1. A copy of the court order requiring the patient to be detained at or committed to the behavioral health specialized transitional facility;
2. The date the patient was detained at or committed to the behavioral health specialized transitional facility;
3. Patient information that includes:
   a. The patient's name;
   b. The patient's address;
   c. The patient's date of birth; and
   d. Any known allergies, including medication allergies;
4. Documentation of the patient's freedom from infectious tuberculosis as required in R9-10-1306(C)(2);
5. Documentation of general consent and, if applicable, informed consent for treatment by the patient or the patient's representative, except in an emergency;
6. If applicable, the name and contact information of the patient's representative and:
   a. The document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
   b. If the patient's representative;
      i. Is a legal guardian, a copy of the court order establishing guardianship; or
      ii. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;
7. Documentation of medical history and physical examination of the patient;
8. A copy of patient's health care directives, if applicable;
9. Orders;
10. The patient's assessment including updates;
11. The patient's treatment plan including updates;
12. Progress notes;
13. Documentation of transportation provided to the patient;
14. Documentation of behavioral health services and physical health services provided to the patient;
15. Documentation of patient's annual examination and report required by A.R.S. § 36-3708;
16. Documentation of the annual written notice of the patient of the patient's right to petition for:
   a. Conditional release to a less restrictive alternative as required by A.R.S. § 36-3709, or
   b. Discharged as required by A.R.S. § 36-3714;
17. A copy of any petition for discharge or conditional release to a less restrictive alternative filed by the patient and provided to the behavioral health specialized transitional facility and the outcome of the petition;
18. Documentation of the patient's, if applicable;
   a. Conditional release to a less restrictive alternative; or
   b. Discharge, including the disposition of the patient upon discharge;
19. If a patient has been discharged, a discharge summary that includes:
   a. A summary of the treatment provided to the patient;
   b. The patient's progress in meeting treatment goals, including treatment goals that were and were not achieved;
   c. The name, dosage, and frequency of each medication for the patient ordered at the time of the patient's discharge from the behavioral health specialized transitional facility;
   d. A description of the disposition of the patient's possessions, funds, or medications; and
   e. The date the patient was discharged from the behavioral health specialized transitional facility;
20. If applicable:
   a. Laboratory reports,
   b. Radiologic reports,

c. Diagnostic reports,
d. Documentation of restraint or seclusion,
e. Patient follow-up instructions, and
f. Consultation reports; and

21. Documentation of a medication administered to the patient that includes:
a. The date and time of administration;
b. The name, strength, dosage, and route of administration;
c For a medication administered for pain:
i. An assessment of the patient's pain before administering the medication, and
ii. The effect of the medication administered;
d. For a psychotropic medication:
i. An assessment of the patient's behavior before administering the psychotropic medication, and
ii. The effect of the psychotropic medication administered;
e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication;
f. Any adverse reaction a patient has to the medication; and
g. If applicable, a patient's refusal to take medication ordered for the patient.

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1312 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 24 A.A.R. 2764, effective September 11, 2018 (Supp. 18-3).

R9-10-1313. Medication Services

A. An administrator shall ensure that policies and procedures for medication services:
1. Include:
a. A process for providing information to a patient about medication prescribed for the patient, including:
i. The prescribed medication's anticipated results,
ii. The prescribed medication's potential adverse reactions,
iii. The prescribed medication's potential side effects, and
iv. Potential adverse reactions that could result from not taking the medication as prescribed;
b. Procedures for preventing, responding to, and reporting:
i. A medication error,
ii. An adverse response to a medication, or
iii. A medication overdose;
c. Procedures for documenting medication services and assistance in the self-administration of medication; and
d. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
2. Specify a process for review through the quality management program of:
a. A medication administration error, and
b. An adverse reaction to a medication.

B. A medical director shall ensure that:
1. Policies and procedures for medication administration:
a. Are reviewed and approved by a medical practitioner;
b. Specify the individuals who may:
i. Order medication, and
ii. Administer medication; and
c. Ensure that medication is administered to a patient only as prescribed;
2. A patient's refusal to take prescribed medication is documented in the patient's medical record;
3. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
4. A medication administered to a patient:
a. Is administered in compliance with an order, and
b. Is documented in the patient's medical record; and
5. If pain medication is administered to a patient on a PRN basis, documentation in the patient's medical record includes:
a. An identification of the patient's pain before administering the medication, and
b. The effect of the pain medication administered.

C. If a behavioral health specialized transitional facility provides assistance in the self-administration of medication, a medical director shall ensure that:
1. A patient's medication is stored by the behavioral health specialized transitional facility;
2. The following assistance is provided to a patient:
a. A reminder when it is time to take the medication;
b. Opening the medication container for the patient;
c. Observing the patient while the patient removes the medication from the container;
d. Verifying that the medication is taken as ordered by the patient's medical practitioner by confirming that:
i. The patient taking the medication is the individual stated on the medication container label,
ii. The dosage of the medication is the same as stated on the medication container label, and
iii. The medication is being taken by the patient at the time stated on the medication container label; and
e. Observing the patient while the patient takes the medication;
3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
4. Training for a personnel member, other than a medical practitioner or nurse, in assistance in the self-administration of medication:

a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
b. Includes:
i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
iii. Process for notifying the appropriate entities when an emergency medical intervention is needed;

5. A personnel member, other than a medical practitioner or nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
6. Assistance in the self-administration of medication provided to a patient:
a. Is in compliance with an order, and
b. Is documented in the patient's medical record.

D. An administrator shall ensure that:
1. A current drug reference guide is available for use by personnel members;
2. A current toxicology reference guide is available for use by personnel members; and
3. If pharmaceutical services are provided:
a. The pharmaceutical services are provided under the direction of a pharmacist;
b. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
c. A copy of the pharmacy license is provided to the Department upon request.

E. When medication is stored at a behavioral health specialized transitional facility, an administrator shall ensure that:
1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication;
2. Medication is stored according to the instructions on the medication container; and
3. Policies and procedures are established, documented, and implemented for:
a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
c. A medication recall and notification of patients who received recalled medication;
d. Storing, inventorying, and dispensing controlled substances; and
e. Documenting the maintenance of a medication requiring refrigeration.

F. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the behavioral health specialized transitional facility's medical director.

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1313 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1314. Food Services

A. An administrator shall ensure that:
1. The behavioral health specialized transitional facility has a license or permit as a food establishment under 9 A.A.C. 8, Article 1;
2. A copy of the behavioral health specialized transitional facility's food establishment license is maintained;
3. If a behavioral health specialized transitional facility contracts with a food establishment, as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the behavioral health specialized transitional facility:
a. A copy of the food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the behavioral health specialized transitional facility; and
b. The behavioral health specialized transitional facility is able to store, refrigerate, and reheat food to meet the dietary needs of a patient;
4. A registered dietitian is employed full-time, part-time, or as a consultant; and
5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the patients.

B. A registered dietitian or director of food services shall ensure that:
1. A food menu:
a. Is prepared at least one week in advance,
b. Includes the foods to be served each day,
c. Is conspicuously posted at least one day before the first meal on the food menu will be served,
d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
e. Is maintained for at least 60 calendar days after the last day included in the food menu;
2. Meals and snacks provided by the behavioral health specialized transitional facility are served according to posted menus;
3. Meals for each day are planned using the applicable dietary guidelines according to the U.S. Department of Health and Human Services and the U.S. Department of Agriculture;
4. A patient is provided:
a. A diet that meets the patient's nutritional needs as specified in the patient's assessment plan;

b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (B)(4)(d);
c. The option to have a daily evening snack identified in subsection (B)(4)(d)(ii) or other snack; and
d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
i. A patient group agrees; and
ii. The patient is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;

5. A patient requiring assistance to eat is provided with assistance that recognizes the patient's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
6. Water is available and accessible to a patient at all times, unless otherwise specified in the patient's treatment plan.

C. An administrator shall ensure that food is obtained, prepared, served, and stored as follows:
1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
2. Food is protected from potential contamination;
3. Food is prepared:
a. Using methods that conserve nutritional value, flavor, and appearance; and
b. In a form to meet the needs of a patient such as cut, chopped, ground, pureed, or thickened;
4. Potentially hazardous food is maintained as follows:
a. Foods requiring refrigeration are maintained at 41° F or below; and
b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155 °F;
v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
vi. Leftovers are reheated to a temperature of at least 165° F;
5. A refrigerator contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
6. Frozen foods are stored at a temperature of 0° F or below; and
7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1314 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1315. Emergency and Safety Standards

A. A medical director shall ensure that policies and procedures for providing medical emergency treatment to a patient are established, documented, and implemented and include:
1. The medications, supplies, and equipment required on the premises for the medical emergency treatment provided by the behavioral health specialized transitional facility;
2. A system to ensure all medications, supplies, and equipment are available, have not been tampered with, and, if applicable, have not expired;
3. A requirement that a cart or container is available for medical emergency treatment that contains all of the medication, supplies, and equipment specified in the behavioral health specialized transitional facility's policies and procedures;
4. A method to verify and document that the contents of the cart or container in subsection (A)(3) are available for medical emergency treatment; and
5. A method for ensuring a patient may be transported to a hospital or other health care institution to receive treatment for a medical emergency that the behavioral health specialized transitional facility is not able or not authorized to provide.

B. An administrator shall ensure that medical emergency treatment is provided to a patient admitted to the behavioral health specialized transitional facility according to the behavioral health specialized transitional facility's policies and procedures.

C. An administrator shall ensure that the behavioral health specialized transitional facility has:
1. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, that is in working order; and a sprinkler system installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, that is in working order; or
2. An alternative method to ensure a patient's safety, documented and approved by the local jurisdiction.

D. An administrator shall ensure that:
1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
a. Procedures for protecting the health and safety of patients and other individuals at the behavioral health specialized transitional facility;

b. When, how, and where patients will be relocated;
c. How each patient's medical record will be available to personnel providing services to the patient during a disaster;
d. A plan to ensure each patient's medication will be available to administer to the patient during a disaster; and
e. A plan for obtaining food and water for individuals present in the behavioral health specialized transitional facility or the behavioral health specialized transitional facility's relocation site during a disaster;

2. The disaster plan required in subsection (D)(1) is reviewed at least once every 12 months;
3. A disaster drill is performed on each shift at least once every 12 months;
4. Documentation of a disaster plan review required in subsection (D)(2) and a disaster drill required in subsection (D)(3) is created, is maintained for at least 12 months after the date of the disaster plan review or disaster drill, and includes:
   a. The date and time of the disaster plan review or disaster drill;
   b. The name of each personnel member, employee, or volunteer participating in the disaster plan review or disaster drill;
   c. A critique of the disaster plan review or disaster drill; and
   d. If applicable, recommendations for improvement;
5. An evacuation drill for employees and patients:
   a. Is conducted on each shift at least once every three months;
   b. Includes all individuals on the premises except for:
      i. A patient whose medical record contains documentation that evacuation from the behavioral health inpatient facility would cause harm to the patient, and
      ii. Sufficient personnel members to ensure the health and safety of patients not evacuated according to subsection (B)(5)(b)(i);
6. Documentation of an evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
   a. The date and time of the evacuation drill;
   b. The amount of time taken for all employees and patients to evacuate the behavioral health specialized transitional facility;
   c. If applicable, an identification of patients needing assistance for evacuation;
   d. Any problems encountered in conducting the evacuation drill; and
   e. Recommendations for improvement, if applicable; and
7. An evacuation path is conspicuously posted on each hallway of each floor of the behavioral health specialized transitional facility.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1316. Environmental Standards

A. An administrator shall ensure that:
1. The premises and equipment are:
   a. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and
   b. Free from a condition or situation that may cause a patient or other individual to suffer physical injury;
2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
3. Biohazardous medical wastes are identified, stored, and disposed of according to 18 A.A.C. 13, Article 14;
4. Equipment used at the behavioral health specialized transitional facility is:
   a. Maintained in working order;
   b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
   c. Used according to the manufacturer's recommendations;
5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
6. Garbage and refuse are:
   a. Stored in covered containers, and
   b. Removed from the premises at least once a week;
7. Heating and cooling systems maintain the behavioral health specialized transitional facility at a temperature between 70° F and 84° F;
8. Common areas:
   a. Are lighted to assure the safety of patients, and
   b. Have lighting sufficient to allow personnel members to monitor patient activity;
9. Hot water temperatures are maintained between 95° F and 120° F in the areas of a behavioral health specialized transitional facility used by patients;
10. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article;
11. Soiled linen and soiled clothing stored by the behavioral health specialized transitional facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas; and
12. Pets and animals, except for service animals, are prohibited on the premises.

B. An administrator shall ensure that smoking or tobacco products are not permitted within or on the premises of the facility.

C. An administrator shall ensure that:
1. Poisonous or toxic materials stored by the behavioral health specialized transitional facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to patients;
2. Combustible or flammable liquids and hazardous materials stored by a behavioral health specialized transitional facility are stored in the original labeled containers or safety containers in an area inaccessible to patients; and
3. Poisonous, toxic, combustible, or flammable medical supplies in use for a patient are stored in a locked area

according to the behavioral health specialized transitional facility's policies and procedures.

D. An administrator shall ensure that:
1. A patient's bedroom is provided with:
   a. An individual storage space, such as a dresser or chest;
   b. A bed that:
      i. Consists of at least a mattress and frame, and
      ii. Is at least 36 inches wide and 72 inches long; and
   c. A pillow and linens that include:
      i. A mattress pad;
      ii. A top sheet and a bottom sheet are large enough to tuck under the mattress;
      iii. A pillow case;
      iv. A waterproof mattress cover, if needed; and
      v. A blanket or bedspread sufficient to ensure the patient's warmth;
2. Clean linens and bath towels are provided to a patient as needed and at least once every seven calendar days; and
3. A patient's clothing may be cleaned according to policies and procedures.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

R9-10-1317. Physical Plant Standards

A. An administrator shall ensure that a behavioral health specialized transitional facility complies with the applicable physical plant health and safety codes and standards for secure residential facilities, incorporated by reference in R9-10-104.01, in effect on the date the behavioral health specialized transitional facility submitted the application including the notarized attestation of architectural plans according to R9-10-104.

B. An administrator shall ensure that the premises and equipment are sufficient to accommodate:
1. The services stated in the behavioral health specialized transitional facility's scope of services, and
2. An individual accepted as a patient by the behavioral health specialized transitional facility.

C. An administrator shall ensure that a behavioral health specialized transitional facility has:
1. An area in which a patient may meet with a visitor,
2. Areas where patients may receive individual treatment,
3. Areas where patients may receive group counseling or other group treatment,
4. An area for community dining; and
5. Sufficient space in one or more common areas for individual and group activities.

D. An administrator shall ensure that the behavioral health specialized transitional facility has:
1. A bathroom adjacent to a common area for use by patients and visitors that:
   a. Provides privacy to the user; and
   b. Contains:
      i. A working sink with running water,
      ii. A working toilet that flushes and has a seat,
      iii. Toilet tissue dispenser,
      iv. Dispensed soap for hand washing,
      v. Single use paper towels or a mechanical air hand dryer,
      vi. Lighting, and
      vii. A means of ventilation;
2. An indoor common area that is not used as a sleeping area and that has:
   a. A working telephone that allows a patient to make a private telephone call;
   b. A distortion-free mirror;
   c. A current calendar and an accurate clock;
   d. A variety of books, current magazines and newspapers, and arts and crafts supplies appropriate to the age, educational, cultural, and recreational needs of patients; and
   e. A working television and access to a radio;
3. A dining room or dining area that:
   a. Is lighted and ventilated,
   b. Contains tables and seats, and
   c. Is not used as a sleeping area;
4. An outdoor area that:
   a. Is accessible to patients,
   b. Has sufficient space to accommodate the social and recreational needs of patients, and
   c. Has shaded and unshaded areas;
5. For every ten patients, at least one working toilet that flushes and has a seat and dispensed toilet tissue;
6. For every 12 patients, at least one sink with running water, dispensed soap for hand washing, and single use paper towels or a mechanical air hand dryer;
7. For every 12 patients, at least one working bathtub or shower with a slip resistant surface; and
8. For each patient, a private bedroom that:
   a. Contains at least 60 square feet of floor space, not including the closet;
   b. Has walls from floor to ceiling;
   c. Has a door that opens into a hallway or common area;
   d. Is constructed and furnished to provide unimpeded access to the door;
   e. Is not used as a passageway to another bedroom or a bathroom, unless the bathroom is for the exclusive use of the patient occupying the bedroom; and
   f. Has sufficient lighting for a patient to read.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

ARTICLE 14. SUBSTANCE ABUSE TRANSITIONAL FACILITIES

R9-10-1401. Definitions

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article unless otherwise specified:

"Emergency medical care technician" has the same meaning as in A.R.S. § 36-2201.

Historical Note
Adopted effective February 1, 1994 (Supp. 94-1). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1402. Administration

A. A governing authority shall:
1. Consist of one or more individuals accountable for the organization, operation, and administration of a substance abuse transitional facility;
2. Establish, in writing:
   a. A substance abuse transitional facility's scope of services, and
   b. Qualifications for an administrator;
3. Designate, in writing, an administrator who meets the qualifications established in subsection (A)(2)(b);
4. Adopt a quality management program according to R9-10-1403;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
   a. Expected not to be present on a substance abuse transitional facility's premises for more than 30 calendar days, or
   b. Not present on a substance abuse transitional facility's premises for more than 30 calendar days; and
7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.

B. An administrator:
1. Is directly accountable to the governing authority for the daily operation of the substance abuse transitional facility and all services provided by or at the substance abuse transitional facility;
2. Has the authority and responsibility to manage the substance abuse transitional facility; and
3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on a substance abuse transitional facility's premises and accountable for the substance abuse transitional facility when the administrator is not present on the substance abuse transitional facility's premises.

C. An administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a participant that:
   a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
   b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
   c. Include how a personnel member may submit a complaint relating to services provided to a participant;
   d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
   e. Cover cardiopulmonary resuscitation training, including:
      i. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation;
      ii. The qualifications for an individual to provide cardiopulmonary resuscitation training;
      iii. The time-frame for renewal of cardiopulmonary resuscitation training; and
      iv. The documentation that verifies that the individual has received cardiopulmonary resuscitation training;
   f. Include a method to identify a participant to ensure the participant receives physical health services and behavioral health services as ordered;
   g. Cover first aid training;
   h. Cover participant rights, including assisting a participant who does not speak English or who has a physical or other disability to become aware of participant rights;
   i. Cover specific steps for:
      i. A participant to file a complaint, and
      ii. The substance abuse transitional facility to respond to a participant's complaint;
   j. Cover medical records, including electronic medical records;
   k. Cover quality management, including incident reports and supporting documentation;
   l. Cover contracted services; and
   m. Cover when an individual may visit a participant in the substance abuse transitional facility;
2. Policies and procedures for services are established, documented, and implemented to protect the health and safety of a participant that:
   a. Cover participant screening, admission, assessment, transfer, discharge planning, and discharge;
   b. Include when general consent and informed consent are required;
   c. Cover the provision of behavioral health services and physical health services;
   d. Cover medication administration, assistance in the self-administration of medication, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
   e. Cover infection control;
   f. Cover environmental services that affect participant care;
   g. Cover the process for receiving a fee from and refunding a fee to a participant or the participant's representative;
   h. Cover the security of a participant's possessions that are allowed on the premises;
   i. Cover smoking tobacco products on the premises;
   j. Cover how the facility will respond to a participant's sudden, intense, or out-of-control behavior to prevent harm to the participant or another individual; and
   k. Cover how often periodic monitoring occurs based on a participant's condition;
3. Policies and procedures are reviewed at least once every three years and updated as needed;
4. Policies and procedures are available to employees; and
5. Unless otherwise stated:

a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
b. When documentation or information is required by this Chapter to be submitted on behalf of a substance abuse transitional facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the substance abuse transitional facility.

D. An administrator shall provide written notification to the Department of a participant's:
1. Death, if the participant's death is required to be reported according to A.R.S. § 11-593, within one working day after the participant's death; and
2. Self-injury, within two working days after the participant inflicts a self-injury that requires immediate intervention by an emergency medical services provider.

E. If abuse, neglect, or exploitation of a participant is alleged or suspected to have occurred before the participant was admitted or while the participant is not on the premises and not receiving services from a substance abuse transitional facility's employee or personnel member, an administrator shall immediately report the alleged or suspected abuse, neglect, or exploitation of the participant according to A.R.S. § 46-454.

F. If an administrator has a reasonable basis, according to A.R.S. § 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a participant is receiving services from a substance abuse transitional facility's employee or personnel member, the administrator shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
2. Report the suspected abuse, neglect, or exploitation of the participant according to A.R.S. § 46-454;
3. Document:
   a. The suspected abuse, neglect, or exploitation;
   b. Any action taken according to subsection (F)(1); and
   c. The report in subsection (F)(2);
4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
   a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
   b. A description of any injury to the participant and any change to the participant's physical, cognitive, functional, or emotional condition;
   c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
   d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.

G. An administrator shall establish, document, and implement a process for responding to a participant's need for immediate and unscheduled behavioral health services or physical health services.

H. An administrator shall ensure that the following information or documents are conspicuously posted on the premises and are available upon request to a personnel member, an employee, a participant, or a participant's representative:
1. The participant rights listed in R9-10-1409,
2. The facility's current license,
3. The location at which inspection reports are available for review or can be made available for review, and
4. The days and times when a participant may accept visitors and make telephone calls.

Historical Note
Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1402 repealed; new Section R9-10-1402 renumbered from Section R9-10-1403 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1403. Quality Management
An administrator shall ensure that:
1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
   a. A method to identify, document, and evaluate incidents;
   b. A method to collect data to evaluate services provided to participants;
   c. A method to evaluate the data collected to identify a concern about the delivery of services related to participant care;
   d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to participant care; and
   e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
   a. An identification of each concern about the delivery of services related to participant care, and
   b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to participant care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note
Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1403 renumbered to R9-10-1402; new Section R9-10-1403 renumbered from R9-10-1404 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1404. Contracted Services
An administrator shall ensure that:
1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note
Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1404 renumbered to R9-10-1403; new Section R9-10-1404 renumbered from R9-10-1405 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1405. Personnel

A. An administrator shall ensure that:
1. A personnel member is:
   a. At least 21 years old, or
   b. If providing behavioral health services, at least 18 years old;
2. An employee is at least 18 years old;
3. A student is at least 18 years old; and
4. A volunteer is at least 21 years old.

B. An administrator shall ensure that:
1. The qualifications, skills, and knowledge required for each type of personnel member:
   a. Are based on:
      i. The type of behavioral health services or physical health services expected to be provided by the personnel member according to the established job description, and
      ii. The acuity of participants receiving behavioral health services or physical health services from the personnel member according to the established job description;
   b. Include:
      i. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description;
      ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description, and
      iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
   a. Before the personnel member provides behavioral health services or physical health services, and
   b. According to policies and procedures;
3. An emergency medical care technician complies with the requirements in 9 A.A.C. 25 for certification and medical direction;
4. A substance abuse transitional facility has sufficient personnel members with the qualifications, education, experience, skills, and knowledge necessary to:
   a. Provide the behavioral health services and physical health services in the substance abuse transitional facility's scope of services,
   b. Meet the needs of a participant, and
   c. Ensure the health and safety of a participant;
5. A written plan is developed and implemented to provide orientation specific to the duties of a personnel member;
6. A personnel member's orientation is documented, to include:
   a. The personnel member's name,
   b. The date of the orientation, and
   c. The subject or topics covered in the orientation;
7. In addition to the training required in subsections (B)(1) and (B)(5), a written plan is developed and implemented to provide a personnel member with in-service education specific to the duties of the personnel member;
8. A personnel member's skills and knowledge are verified and documented:
   a. Before providing services related to participant care, and
   b. At least once every 12 months after the date the personnel member begins providing services related to participant care; and
9. An individual's in-service education and, if applicable, training in how to respond to a participant's sudden, intense, or out-of- control behavior is documented, to include:
   a. The personnel member's name,
   b. The date of the training, and
   c. The subject or topics covered in the training.

C. An administrator shall ensure that an individual who is licensed under A.R.S. Title 32, Chapter 33 as a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor receives direct supervision as defined in A.A.C. R4-6-101.

D. An administrator shall ensure that a personnel member, or an employee, a volunteer, or a student who has or is expected to have direct interaction with a participant for more than eight hours in a week, provides evidence of freedom from infectious tuberculosis:
1. On or before the date the individual begins providing services at or on behalf of the substance abuse transitional facility, and
2. As specified in R9-10-113.

E. An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in R9-10-115.

F. An administrator shall ensure that a personnel record is maintained for a personnel member, employee, volunteer, or student that contains:
1. The individual's name, date of birth, and contact telephone number;
2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
3. Documentation of:
   a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
   b. The individual's education and experience applicable to the individual's job duties;
   c. The individual's completed orientation and in-service education as required by policies and procedures;
   d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
   e. The individual's completion of the training required in subsection (B)(8), if applicable;

f. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
g. Cardiopulmonary resuscitation training, if required for the individual according to subsection (H) or policies and procedures;
h. First aid training, if required for the individual according to subsection (H) or policies and procedures;
i. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (D); and
j. The individual's compliance with the requirements in A.R.S. § 36-420.01 regarding fall prevention and fall recovery training.

G. An administrator shall ensure that personnel records are:
1. Maintained:
   a. Throughout an individual's period of providing services at or for a substance abuse transitional facility, and
   b. For at least 24 months after the last date the individual provided services at or for a substance abuse transitional facility; and
2. For a personnel member who has not provided physical health services or behavioral health services at or for the substance abuse transitional facility during the previous 12 months, provided to the Department within 72 hours after the Department's request.

H. An administrator shall ensure at least one personnel member who is present at the substance abuse transitional facility during hours of facility operation has first-aid and cardiopulmonary resuscitation training certification specific to the populations served by the facility.

I. An administrator shall ensure that:
1. At least one personnel member is present and awake at a substance abuse transitional facility at all times when a participant is on the premises;
2. In addition to the personnel member in subsection (I)(1), at least one personnel member is on-call and available to come to the substance abuse transitional facility if needed;
3. A substance abuse transitional facility has sufficient personnel members to provide general participant supervision and treatment and sufficient personnel members or employees to provide ancillary services to meet the scheduled and unscheduled needs of each participant;
4. There is a daily staffing schedule that:
   a. Indicates the date, scheduled work hours, and name of each individual assigned to work, including on-call individuals;
   b. Includes documentation of the employees who work each day and the hours worked by each employee; and
   c. Is maintained for at least 12 months after the last date on the documentation;
5. A behavioral health professional is present on the substance abuse transitional facility's premises or on-call;
6. A registered nurse is present on the substance abuse transitional facility's premises or on-call; and
7. A fall prevention and fall recovery program that complies with requirements in A.R.S. § 36-420.01 is developed, documented, and implemented.

Historical Note

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1405 renumbered to R9-10-1404; new Section R9-10-1405 renumbered from R9-10-1406 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1406. Admission; Assessment

An administrator shall ensure that:
1. A participant is admitted based upon the participant's presenting behavioral health issue and treatment needs and the substance abuse transitional facility's ability and authority to provide behavioral health services or physical health services consistent with the participant's needs;
2. General consent is obtained from a participant or the participant's representative before or at the time of admission;
3. The general consent obtained in subsection (2) is documented in the participant's medical record;
4. An assessment of a participant is completed or updated by an emergency medical care technician or a registered nurse;
5. If an assessment is completed or updated by an emergency medical care technician, a registered nurse reviews the assessment within 24 hours after the completion of the assessment to ensure that the assessment identifies the behavioral health services and physical health services needed by the participant;
6. If an assessment that complies with the requirements in this Section is received from a behavioral health provider other than the substance abuse transitional facility or the substance abuse transitional facility has a medical record for the participant that contains an assessment that was completed within 12 months before the date of the participant's current admission:
   a. The participant's assessment information is reviewed and updated if additional information that affects the participant's assessment is identified, and
   b. The review and update of the participant's assessment information is documented in the participant's medical record within 48 hours after the review is completed;
7. An assessment:
   a. Documents a participant's:
      i. Presenting issue;
      ii. Substance abuse history;
      iii. Co-morbidity;
      iv. Medical condition and history;
      v. Behavioral health treatment history;
      vi. Symptoms reported by the participant; and
      vii. Referrals needed by the participant, if any;
   b. Includes:
      i. Recommendations for further assessment or examination of the participant's needs,
      ii. The behavioral health services and physical health services that will be provided to the participant, and
      iii. The signature and date signed of the personnel member conducting the assessment; and
   c. Is documented in participant's medical record;

8. A participant is referred to a medical practitioner if a determination is made that the participant requires immediate physical health services or the participant's behavioral health issue may be related to the participant's medical condition;
9. If a participant requires behavioral health services that the substance abuse transitional facility is not authorized or not able to provide, a personnel member arranges for the participant to be provided transportation to transfer to another health care institution where the behavioral health services can be provided;
10. A request for participation in a participant's assessment is made to the participant or the participant's representative;
11. An opportunity for participation in the participant's assessment is provided to the participant or the participant's representative;
12. Documentation of the request in subsection (10) and the opportunity in subsection (11) is in the participant's medical record; and
13. A participant's assessment information is:
    a. Documented in the medical record within 48 hours after completing the assessment, and
    b. Reviewed and updated when additional information that affects the participant's assessment is identified.

Historical Note

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1406 renumbered to R9-10-1405; new Section R9-10-1406 renumbered from R9-10-1407 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1407. Discharge

A. An administrator shall ensure that:
1. If a participant is not being transferred to another health care institution, before discharging the participant from a substance abuse transitional facility, a personnel member:
    a. Identifies the specific needs of the participant after discharge necessary to assist the participant to address the participant's substance abuse issues;
    b. Identifies any resources, including family members, community social services, peer support services, and Regional Behavioral Health Agency staff, that may be available to assist the participant; and
    c. Documents the information in subsection (A)(1)(a) and the resources in subsection (A)(1)(b) in the participant's medical record; and
2. When an individual is discharged, a personnel member:
    a. Provides the participant with discharge information that includes:
        i. The identified specific needs of the participant after discharge, and
        ii. Resources that may be available for the participant; and
    b. Contacts any resources identified as required in subsection (A)(1)(b).

B. An administrator shall ensure that there is a documented discharge order by a medical practitioner before a participant is discharged unless the participant leaves the facility against a medical practitioner's advice.

C. An administrator shall ensure that, at the time of discharge, a participant receives a referral for behavioral health services that the participant may need after discharge, if applicable.

D. An administrator shall ensure that a discharge summary:
1. Is entered into the participant's medical record within 10 working days after a participant's discharge; and
2. Includes the following information completed by an individual authorized by policies and procedures:
    a. The participant's presenting issue and other behavioral health and physical health issues identified in the participant's assessment;
    b. A summary of the behavioral health services and physical health services provided to the participant;
    c. The name, dosage, and frequency of each medication for the participant ordered at the time of the participant's discharge by a medical practitioner at the facility; and
    d. A description of the disposition of the participant's possessions, funds, or medications brought to the facility by the participant.

E. An administrator shall ensure that a participant who is dependent upon a prescribed medication is offered a written referral to detoxification services or opioid treatment before the participant is discharged.

Historical Note

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1407 renumbered to R9-10-1406; new Section R9-10-1407 renumbered from R9-10-1408 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1408. Transfer

Except for a transfer of a participant due to an emergency, an administrator shall ensure that:
1. A personnel member coordinates the transfer and the services provided to the participant;
2. According to policies and procedures:
    a. An evaluation of the participant is conducted before the transfer;
    b. Information in the participant's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
    c. A personnel member explains risks and benefits of the transfer to the participant or the participant's representative; and
3. Documentation in the participant's medical record includes:
    a. Communication with an individual at a receiving health care institution;
    b. The date and time of the transfer;
    c. The mode of transportation; and
    d. If applicable, the name of the personnel member accompanying the participant during a transfer.

Historical Note

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1408 renumbered to R9-10-1407; new Section R9-10-1408 renumbered from R9-10-1409 and amended by exempt rulemaking at 20 A.A.R. 1409, pur-

suant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1409. Participant Rights

A. An administrator shall ensure that:
1. The requirements in subsection (B) and the participant rights in subsection (C) are conspicuously posted on the premises;
2. At the time of admission, a participant or the participant's representative receives a written copy of the requirements in subsection (B) and the participant rights in subsection (C); and
3. Policies and procedures are established, documented, and implemented to protect the health and safety of a participant that include:
   a. How and when a participant or the participant's representative is informed of participant rights in subsection (C), and
   b. Where participant rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:
1. A participant is treated with dignity, respect, and consideration;
2. A participant is not subjected to:
   a. Abuse;
   b. Neglect;
   c. Exploitation;
   d. Coercion;
   e. Manipulation;
   f. Sexual abuse;
   g. Sexual assault;
   h. Seclusion;
   i. Restraint;
   j. Retaliation for submitting a complaint to the Department or another entity;
   k. Misappropriation of personal and private property by the substance abuse transitional facility's personnel members, employees, volunteers, or students; or
   l. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the participant's treatment needs, except as established in a fee agreement signed by the participant or the participant's representative; and
3. A participant or the participant's representative:
   a. Except in an emergency, either consents to or refuses treatment;
   b. May refuse or withdraw consent for treatment before treatment is initiated;
   c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication, associated risks, and possible complications;
   d. Is informed of the participant complaint process; and
   e. Except as otherwise permitted by law, provides written consent to the release of information in the participant's:
      i. Medical record, or
      ii. Financial records.

C. A participant has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that:
   a. Supports and respects the participant's individuality, choices, strengths, and abilities;
   b. Supports the participant's personal liberty and only restricts the participant's personal liberty according to a court order, by the participant's or the participant's representative's general consent, or as permitted in this Chapter; and
   c. Is provided in the least restrictive environment that meets the participant's treatment needs;
3. To receive privacy in treatment and care for personal needs, including the right not to be fingerprinted, photographed, or recorded without consent, except:
   a. A participant may be photographed when admitted to a substance abuse transitional facility for identification and administrative purposes;
   b. For a participant receiving treatment according to A.R.S. Title 36, Chapter 37; or
   c. For video recordings used for security purposes that are maintained only on a temporary basis;
4. To review, upon written request, the participant's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
5. To receive a referral to another health care institution if the substance abuse transitional facility is not authorized or not able to provide behavioral health services or physical health services needed by the participant;
6. To participate or have the participant's representative participate in the development of or decisions concerning treatment;
7. To receive assistance from a family member, the participant's representative, or other individual in understanding, protecting, or exercising the participant's rights;
8. To be provided locked storage space for the participant's belongings while the participant receives services; and
9. To be informed of the requirements necessary for the participant's discharge.

Historical Note

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1409 renumbered to R9-10-1408; new Section R9-10-1409 renumbered from R9-10-1410 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1410. Medical Records

A. An administrator shall ensure that:
1. A medical record is established and maintained for each participant according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a participant's medical record is:
   a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
   b. Dated, legible, and authenticated; and
   c. Not changed to make the initial entry illegible;
3. An order is:
   a. Dated when the order is entered in the participant's medical record and includes the time of the order;
   b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
   c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;

4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A participant's medical record is available to an individual:
   a. Authorized according to policies and procedures to access the participant's medical record;
   b. If the individual is not authorized according to policies and procedures, with the written consent of the participant or the participant's representative; or
   c. As permitted by law; and
6. A participant's medical record is protected from loss, damage, or unauthorized use.

B. If a substance abuse transitional agency maintains participants' medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a medical record is recorded by the computer's internal clock.

C. An administrator shall ensure that a participant's medical record contains:
1. Participant information that includes:
   a. The participant's name;
   b. The participant's address;
   c. The participant's date of birth; and
   d. Any known allergies, including medication allergies;
2. A participant's presenting behavioral health issue;
3. Documentation of general consent and, if applicable, informed consent for treatment by the participant or the participant's representative, except in an emergency;
4. If applicable, the name and contact information of the participant's representative and:
   a. The document signed by the participant consenting for the participant's representative to act on the participant's behalf; or
   b. If the participant's representative:
      i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      ii. Is a legal guardian, a copy of the court order establishing guardianship;
5. Documentation of medical history and results of a physical examination;
6. The date of admission and, if applicable, date of discharge;
7. Orders;
8. Assessment;
9. Progress notes;
10. Documentation of substance abuse transitional agency services provided to the participant;
11. If applicable, documentation of any actions taken to control the participant's sudden, intense, or out-of-control behavior to prevent harm to the participant or another individual;
12. The disposition of the participant upon discharge;
13. The discharge plan;
14. A discharge summary, if applicable; and
15. Documentation of a medication administered to a participant that includes:
    a. The date and time of administration;
    b. The name, strength, dosage, and route of administration;
    c. For a medication administered for pain:
       i. An evaluation of the participant's pain before administering the medication, and
       ii. The effect of the medication administered;
    d. For a psychotropic medication:
       i. An evaluation of the participant's behavior before administering the psychotropic medication, and
       ii. The effect of the psychotropic medication administered;
    e. The signature of the individual administering the medication; and
    f. Any adverse reaction a participant has to the medication.

Historical Note

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1410 renumbered to R9-10-1409; new Section R9-10-1410 renumbered from R9-10-1411 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1411. Behavioral Health Services

A. An administrator shall ensure that counseling is:
1. Offered as described in the substance abuse transitional facility's scope of services,
2. Provided according to the frequency and number of hours identified in the participant's assessment, and
3. Provided by a behavioral health professional.

B. An administrator shall ensure that:
1. A behavioral health professional providing counseling that addresses a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue; and
2. Each counseling session is documented in a participant's medical record to include:
   a. The date of the counseling session;
   b. The amount of time spent in the counseling session;
   c. Whether the counseling was individual counseling, family counseling, or group counseling;
   d. The treatment goals addressed in the counseling session; and
   e. The signature of the personnel member who provided the counseling and the date signed.

Historical Note

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1411 renumbered to R9-10-1410; new Section R9-10-1411 renumbered from R9-10-1412 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1412. Medication Services

A. If a facility provides medication administration or assistance in the self-administration of medication, an administrator shall ensure that policies and procedures for medication services:

1. Include:
   a. A process for providing information to a participant about medication prescribed for the participant including:
      i. The prescribed medication's anticipated results,
      ii. The prescribed medication's potential adverse reactions,
      iii. The prescribed medication's potential side effects, and
      iv. Potential adverse reactions that could result from not taking the medication as prescribed;
   b. Procedures for preventing, responding to, and reporting:
      i. A medication error,
      ii. An adverse reaction to a medication, or
      iii. A medication overdose;
   c. Procedures to ensure that a participant's medication regimen is reviewed by a medical practitioner to ensure the medication regimen meets the participant's needs;
   d. Procedures for documenting medication administration and assistance in the self-administration of medication;
   e. Procedures for assisting a participant in obtaining medication; and
   f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
2. Specify a process for review through the quality management program of:
   a. A medication administration error, and
   b. An adverse reaction to a medication.

B. If a substance abuse transitional facility provides medication administration, an administrator shall ensure that:
1. Policies and procedures for medication administration:
   a. Are reviewed and approved by a medical practitioner;
   b. Specify the individuals who may:
      i. Order medication, and
      ii. Administer medication;
   c. Ensure that medication is administered to a participant only as prescribed;
   d. Cover the documentation of a participant's refusal to take prescribed medication in the participant's medical record;
2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
3. A medication administered to a participant:
   a. Is administered in compliance with an order, and
   b. Is documented in the participant's medical record.

C. If a substance abuse transitional facility provides assistance in the self-administration of medication, an administrator shall ensure that:
1. A participant's medication is stored by the substance abuse transitional facility;
2. The following assistance is provided to a participant:
   a. A reminder when it is time to take the medication;
   b. Opening the medication container for the participant;
   c. Observing the participant while the participant removes the medication from the container;
   d. Verifying that the medication is taken as ordered by the participant's medical practitioner by confirming that:
      i. The participant taking the medication is the individual stated on the medication container label,
      ii. The participant is taking the dosage of the medication stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label, and
      iii. The participant is taking the medication at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label; or
   e. Observing the participant while the participant takes the medication;
3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
   a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse;
   b. Includes:
      i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
      ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
      iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
6. Assistance in the self-administration of medication provided to a participant:
   a. Is in compliance with an order, and
   b. Is documented in the participant's medical record.

D. An administrator shall ensure that:
1. A current drug reference guide is available for use by personnel members, and
2. A current toxicology reference guide is available for use by personnel members.

E. When medication is stored at the substance abuse transitional facility, an administrator shall ensure that:
1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
2. Medication is stored according to the instructions of the medication container; and
3. Policies and procedures are established, documented, and implemented for:
   a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;
   b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
   c. A medication recall and notification of participants who received recalled medication;

d. Storing, inventorying, and dispensing controlled substances;
e. If applicable, donated medicine according to A.R.S. § 32-1909; and
f. Documenting the maintenance of a medication requiring refrigeration.

F. An administrator shall ensure that a personnel member immediately reports a medication error or a participant's adverse reaction to a medication to the medical practitioner who ordered the medication and the registered nurse required in R9-10-1405(I)(6).

Historical Note

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1412 renumbered to R9-10-1411; new Section R9-10-1412 renumbered from R9-10-1413 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1413. Food Services

A. An administrator shall ensure that:
1. If a substance abuse transitional facility has a licensed capacity of more than 10 participants:
   a. Food services are provided in compliance with 9 A.A.C. 8, Article 1; and
   b. A copy of the substance abuse transitional facility's food establishment license or permit required according to subsection (A)(1) is maintained;
2. If a substance abuse transitional facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the facility:
   a. A copy of the contracted food establishment's license or permit is maintained by the substance abuse transitional facility; and
   b. The substance abuse transitional facility is able to store, refrigerate, and reheat food to meet the dietary needs of a participant;
3. A registered dietitian is employed full-time, part-time, or as a consultant; and
4. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the participants.

B. A registered dietitian or director of food services shall ensure that:
1. Food is prepared:
   a. Using methods that conserve nutritional value, flavor, and appearance; and
   b. In a form to meet the needs of a participant such as cut, chopped, ground, pureed, or thickened;
2. A food menu is:
   a. Prepared at least one week in advance,
   b. Conspicuously posted, and
   c. Maintained for at least 60 calendar days after the last day included in the food menu;
3. If there is a change to a posted food menu, the change is noted on the posted menu no later than the morning of the day the change occurs;
4. Meals and snacks provided by the substance abuse transitional facility are served according to posted menus;
5. Meals and snacks for each day are planned using the applicable guidelines in the most recent dietary guidelines according to the U.S. Department of Health and Human Services and U.S. Department of Agriculture;
6. A participant is provided:
   a. A diet that meets the participant's nutritional needs as specified in the participant's assessment;
   b. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(6)(d);
   c. The option to have a daily evening snack identified in subsection (B)(6)(d)(ii) or other snack; and
   d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
      i. The participant agrees; and
      ii. The participant is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
7. A participant requiring assistance to eat is provided with assistance that recognizes the participant's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
8. Water is available and accessible to participants at all times, unless otherwise stated in a participant's assessment.

C. An administrator shall ensure that food is obtained, prepared, served, and stored as follows:
1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
2. Food is protected from potential contamination;
3. Potentially hazardous food is maintained as follows:
   a. Foods requiring refrigeration are maintained at 41° F or below; and
   b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
      i. Ground beef and any food containing ground beef are cooked to heat all parts of the food to at least 155° F;
      ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
      iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
      iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
      v. If the facility serves a population that is not a highly susceptible population, rare roast beef may be served cooked to an internal temperature of at least 145° F for at least three minutes and a whole muscle intact beef steak may be served cooked on both top and bottom to a surface temperature of at least 145° F; and
      vi. Leftovers are reheated to a temperature of at least 165° F;
4. A refrigerator contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
5. Frozen foods are stored at a temperature of 0° F or below; and

6. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

Historical Note
Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1413 renumbered to R9-10-1412; new Section R9-10-1413 renumbered from R9-10-1414 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1414. Emergency and Safety Standards

A. An administrator shall ensure that:
1. An evacuation drill for employees and participants on the premises is conducted at least once every six months on each shift;
2. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
   a. The date and time of the drill;
   b. The amount of time taken for all employees and participants to evacuate the substance abuse transitional facility;
   c. Any problems encountered in conducting the drill; and
   d. Recommendations for improvement, if applicable;
3. An evacuation path is conspicuously posted on each hallway of each floor of the facility;
4. A disaster plan is developed, documented, maintained in a location accessible to personnel members, and, if necessary, implemented that includes:
   a. When, how, and where participants will be relocated;
   b. How a participant's medical record will be available to individuals providing services to the participant during a disaster;
   c. A plan to ensure a participant's medication will be available to administer to the participant during a disaster; and
   d. A plan for obtaining food and water for individuals present in the substance abuse transitional facility or the substance abuse transitional facility's relocation site during a disaster;
5. The disaster plan required in subsection (A)(4) is reviewed at least once every 12 months;
6. Documentation of a disaster plan review required in subsection (A)(5) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
   a. The date and time of the disaster plan review;
   b. The name of each employee or volunteer participating in the disaster plan review;
   c. A critique of the disaster plan review; and
   d. If applicable, recommendations for improvement; and
7. A disaster drill for employees is conducted on each shift at least once every three months and documented.

B. An administrator shall ensure that:
1. A fire inspection is conducted by a local fire department or the State Fire Marshal before licensing and according to the time-frame established by the local fire department or the State Fire Marshal,
2. Any repairs or corrections stated on the fire inspection report are made, and
3. Documentation of a current fire inspection is maintained.

Historical Note
Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1414 renumbered to R9-10-1413; new Section R9-10-1414 renumbered from R9-10-1415 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-1415. Environmental Standards

A. An administrator shall ensure that:
1. The premises and equipment are sufficient to accommodate the activities, treatment, and ancillary services stated in the substance abuse transitional facility's scope of services;
2. The premises and equipment are:
   a. Maintained in a condition that allows the premises and equipment to be used for the original purpose of the premises and equipment,
   b. Clean, and
   c. Free from a condition or situation that may cause a participant or other individual to suffer physical injury or illness;
3. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
4. Biohazardous waste and hazardous waste are identified, stored, used, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
5. Equipment used at the substance abuse transitional facility is:
   a. Maintained in working order;
   b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
   c. Used according to the manufacturer's recommendations;
6. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
7. Garbage and refuse are:
   a. Stored in plastic bags in covered containers, and
   b. Removed from the premises at least once a week;
8. Heating and cooling systems maintain the facility at a temperature between 70° F and 84° F at all times;
9. A space heater is not used;
10. Common areas:
    a. Are lighted to assure the safety of participants, and
    b. Have lighting sufficient to allow personnel members to monitor participant activity;
11. Hot water temperatures are maintained between 95° F and 120° F in the areas of the substance abuse transitional facility used by participants;
12. The supply of hot and cold water is sufficient to meet the personal hygiene needs of participants and the cleaning and sanitation requirements in this Article;
13. Soiled linen and soiled clothing stored by the substance abuse transitional facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;

14. Oxygen containers are secured in an upright position;
15. Poisonous or toxic materials stored by the substance abuse transitional facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to participants;
16. Combustible or flammable liquids and hazardous materials stored by the substance abuse transitional facility are stored in the original labeled containers or safety containers in a locked area inaccessible to participants;
17. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
    a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
    b. If necessary, corrective action is taken to ensure the water is safe to drink; and
    c. Documentation of testing is retained for at least 12 months after the date of the test; and
18. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.

B. An administrator shall ensure that:
1. Smoking tobacco products is not permitted within a substance abuse transitional facility; and
2. Smoking tobacco products may be permitted on the premises outside a substance abuse transitional facility if:
    a. Signs designating smoking areas are conspicuously posted, and
    b. Smoking is prohibited in areas where combustible materials are stored or in use.

Historical Note
Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1415 renumbered to R9-10-1414; new Section R9-10-1415 renumbered from R9-10-1416 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

R9-10-1416. Physical Plant Standards

A. An administrator shall ensure that a substance abuse transitional facility has:
1. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, that is in working order; and a sprinkler system installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, that is in working order; or
2. An alternative method to ensure participant safety that is documented and approved by the local jurisdiction.

B. An administrator shall ensure that:
1. If a participant has a mobility, sensory, or other physical impairment, modifications are made to the premises to ensure that the premises are accessible to and usable by the participant; and
2. A substance abuse transitional facility has:
    a. A room that provides privacy for a participant to receive treatment or visitors; and
    b. A common area and a dining area that:
        i. Are not converted, partitioned, or otherwise used as a sleeping area; and
        ii. Contain furniture and materials to accommodate the recreational and socialization needs of the participants and other individuals in the facility.

C. An administrator shall ensure that:
1. For every six participants, there is at least one working toilet that flushes and one sink with running water;
2. For every eight participants, there is at least one working bathtub or shower;
3. A participant bathroom provides privacy when in use and contains:
    a. A shatter-proof mirror;
    b. Toilet tissue for each toilet;
    c. Soap accessible from each sink;
    d. Paper towels in a dispenser or a mechanical air hand dryer for a bathroom that is used by more than one participant;
    e. A window that opens or another means of ventilation; and
    f. Nonporous surfaces for shower enclosures, clean usable shower curtains, and slip-resistant surfaces in tubs and showers;
4. Each participant is provided a bedroom for sleeping; and
5. A participant bedroom complies with the following:
    a. Is not used as a common area;
    b. Except as provided in subsection (D):
        i. Contains a door that opens into a hallway, common area, or outdoors; and
        ii. In addition to the door in subsection (C)(5)(b)(i), contains another means of egress;
    c. Is constructed and furnished to provide unimpeded access to the door;
    d. Has window or door covers that provide participant privacy;
    e. Except as provided in subsection (D), is not used as a passageway to another bedroom or bathroom unless the bathroom is for the exclusive use of an individual occupying the bedroom;
    f. Has floor to ceiling walls:
    g. Is a:
        i. Private bedroom that contains at least 60 square feet of floor space, not including the closet; or
        ii. Shared bedroom that, except as provided in subsection (D):
            (1) Is shared by no more than eight participants;
            (2) Contains at least 60 square feet of floor space, not including a closet, for each individual occupying the bedroom; and
            (3) Provides at least three feet of floor space between beds or bunk beds;
    h. Except as provided in subsection (D), contains for each participant occupying the bedroom:
        i. A bed that is at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and linens; and
        ii. Individual storage space for personnel effects and clothing such as a dresser or chest; and
    i. Has sufficient lighting for participant occupying the bedroom to read.

D. An administrator of a substance abuse transitional facility that uses a building that was licensed as a rural substance abuse transitional center before October 1, 2013 shall ensure that:
1. A bedroom has a door that allows egress from the bedroom,
2. A shared bedroom contains enough space to allow each participant occupying the bedroom to freely move about the bedroom,
3. A bed is of a sufficient size to accommodate a participant using the bed and provide space for all parts of the participant's body on the bed's mattress, and
4. A participant is provided storage space on a substance abuse transitional facility's premises that is accessible to the participant.

Historical Note
Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1416 renumbered to R9-10-1415; new Section R9-10-1416 renumbered from R9-10-1417 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

R9-10-1417. Renumbered

Historical Note
Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1417 renumbered to R9-10-1416 by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

ARTICLE 15. ABORTION CLINICS

R9-10-1501. Definitions
In addition to the definitions in A.R.S. §§ 36-401, 36-449.01, 36-449.03, 36-2151, 36-2158, and 36-2301.01 and R9-10-101, the following definitions apply in this Article, unless otherwise specified:
1. "Admitting privileges" means permission extended by a hospital to a physician to allow admission of an individual as an inpatient, as defined in R9-10-201:
   a. By the patient's own physician, or
   b. Through a written agreement between the patient's physician and another physician that states that the other physician has permission to personally admit the patient to a hospital in this state and agrees to do so.
2. "Course" means training or education, including hands-on practice under the supervision of a physician.
3. "Employee" means an individual who receives compensation from a licensee, but does not provide medical services, nursing services, or health-related services.
4. "First trimester" means 1 through 14 weeks as measured from the first day of the last menstrual period or 1 through 12 weeks as measured from the date of fertilization.
5. "Incident" means an abortion-related patient death or serious injury to a patient or fetus delivered alive.
6. "Local" means under the jurisdiction of a city or county in Arizona.
7. "Medical director" means a physician who is responsible for the direction of the medical services, nursing services, and health-related services provided to patients at an abortion clinic.
8. "Medical evaluation" means obtaining a patient's medical history, performing a physical examination of a patient's body, and conducting laboratory tests as provided in R9-10-1509.
9. "Monitor" means to observe and document, continuously or intermittently, the values of certain physiologic variables on a patient such as pulse, blood pressure, oxygen saturation, respiration, and blood loss.
10. "Neonatal resuscitation" means procedures to assist in maintaining the life of a fetus delivered alive, as described in A.R.S. § 36-2301(D)(3).
11. "Patient" means a female receiving medical services, nursing services, or health-related services related to an abortion.
12. "Patient care staff member" means a physician, registered nurse practitioner, nurse, physician assistant, or surgical assistant who provides medical services, nursing services, or health-related services to a patient.
13. "Patient transfer" means relocating a patient requiring medical services from an abortion clinic to another health care institution.
14. "Personally identifiable patient information" means:
   a. The name, address, telephone number, e-mail address, Social Security number, and birth date of:
      i. The patient,
      ii. The patient's representative,
      iii. The patient's emergency contact,
      iv. The patient's children,
      v. The patient's spouse,
      vi. The patient's sexual partner, and
      vii. Any other individual identified in the patient's medical record other than patient care staff;
   b. The patient's place of employment;
   c. The patient's referring physician;
   d. The patient's insurance carrier or account;
   e. Any "individually identifiable health information" as proscribed in 45 CFR 164-514; and
   f. Any other information in the patient's medical record that could reasonably lead to the identification of the patient.
15. "Personnel" means patient care staff members, employees, and volunteers.
16. "Serious injury" means a life-threatening physical condition related to an abortion procedure.
17. "Surgical assistant" means an individual who is not licensed as a physician, physician assistant, registered nurse practitioner, or nurse who performs duties as directed by a physician, physician assistant, registered nurse practitioner, or nurse.
18. "Volunteer" means an individual who, without compensation, performs duties as directed by a patient care staff member at an abortion clinic.

Historical Note
Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the

Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

R9-10-1502. Application Requirements and Documentation Submission

A. An applicant shall submit an application for licensure that meets the requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1.

B. A licensee shall submit to the Department the documentation required according to A.R.S. § 36-449.02(B) with the applicable fees required in R9-10-106(C).

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

Exhibit A. Repealed

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

R9-10-1503. Administration

A. A licensee is responsible for the organization and management of an abortion clinic.

B. A licensee shall:
1. Adopt policies and procedures for the administration and operation of an abortion clinic;
2. Designate a medical director who:
   a. Is licensed according to A.R.S. Title 32, Chapter 13, 17, or 29; and
   b. May be the same individual as the licensee;
3. Ensure the following documents are conspicuously posted on the premises:
   a. Current abortion clinic license issued by the Department,
   b. Current telephone number and address of the unit in the Department responsible for licensing the abortion clinic,
   c. Evacuation map, and
   d. Signs that comply with A.R.S. § 36-2153(H); and
4. Except as specified in R9-10-1512(D)(4), ensure that documentation required by this Article is provided to the Department within two hours after a Department request.

C. A medical director shall ensure written policies and procedures are established, documented, and implemented to protect the health and safety of a patient including:
1. Personnel qualifications, duties, and responsibilities;
2. Individuals qualified to provide counseling in the abortion clinic and the amount and type of training required for an individual to provide counseling;
3. If the abortion clinic performs an abortion procedure at or after 20 weeks gestational age:
   a. Individuals qualified in neonatal resuscitation and the amount and type of training required for an individual to provide neonatal resuscitation, and
   b. Designation of an individual to arrange the transfer to a hospital of a fetus delivered alive;
4. Verification of the competency of the physician performing an abortion according to R9-10-1506;
5. The storage, administration, accessibility, disposal, and documentation of a medication or controlled substance;
6. Accessibility and security of medical records;
7. Abortion procedures including:
   a. Recovery and follow-up care;
   b. The minimum length of time a patient remains in the recovery room or area based on:
      i. The type of abortion performed,
      ii. The estimated gestational age of the fetus,
      iii. The type and amount of medication administered, and
      iv. The physiologic signs including vital signs and blood loss; and
   c. If the abortion clinic performs an abortion procedure at or after 20 weeks gestational age, the requirements in A.R.S. § 36-2301(D);
8. Infection control including methods of sterilizing equipment and supplies;
9. Medical emergencies; and
10. Patient discharge and patient transfer.

D. For an abortion clinic that is not in substantial compliance or that is in substantial compliance but refuses to carry out a plan of correction acceptable to the Department, the Department may take enforcement action as specified in R9-10-111.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by final

rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Amended by exempt rulemaking at 20 A.A.R. 2078, effective July 24, 2014 (Supp. 14-3). Amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

R9-10-1504. Quality Management

A medical director shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
   a. A method to identify, document, and evaluate incidents;
   b. A method to collect data to evaluate services provided to patients;
   c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
   d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
   e. The frequency of submitting a documented report required in subsection (2) to the licensee;
2. A documented report is submitted to the licensee that includes:
   a. An identification of each concern about the delivery of services related to patient care, and
   b. Any changes made or actions taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the licensee.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1504 renumbered to R9-10-1505; new Section R9-10-1504 made by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

R9-10-1505. Incident Reporting

A. A licensee shall ensure that the Department is notified of an incident as follows:

1. For the death of a patient, verbal notification the next working day;
2. For a fetus delivered alive, verbal notification the next working day; and
3. For a serious injury of a patient or viable fetus, written notification within 10 calendar days after the date of the serious injury.

B. A medical director shall conduct an investigation of an incident and document an incident report that includes:

1. The date and time of the incident;
2. The name of the patient;
3. A description of the incident, including, if applicable, information required in A.R.S. § 36-2161(A)(15);
4. Names of individuals who observed the incident;
5. Action taken by patient care staff members and employees during the incident and immediately following the incident; and
6. Action taken by the patient care staff members and employees to prevent the incident from occurring in the future.

C. A medical director shall ensure that the incident report is:

1. Submitted to the Department and, if the incident involved a licensed individual, the applicable professional licensing board within 10 calendar days after the date of the notification in subsection (A); and
2. Maintained on the premises for at least two years after the date of the incident.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1505 renumbered to R9-10-1506; new Section R9-10-1505 renumbered from R9-10-1504 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4). Amended by final expedited rulemaking at 25 A.A.R. 1893, effective July 2, 2019 (Supp. 19-3).

R9-10-1506. Personnel Qualifications and Records

A licensee shall ensure that:

1. A physician who performs an abortion demonstrates to the medical director that the physician is competent to perform an abortion by:
   a. The submission of documentation of education and experience, and
   b. Observation by or interaction with the medical director;
2. Surgical assistants and volunteers who provide counseling and patient advocacy receive training in these specific responsibilities and any other responsibilities assigned and that documentation of the training received is maintained in the individual's personnel file;
3. An individual who performs an ultrasound provides documentation that the individual is:

a. A physician;
b. A physician assistant, registered nurse practitioner, or nurse who completed a course in performing ultrasounds under the supervision of a physician; or
c. An individual who:
i. Completed a course in performing ultrasounds under the supervision of a physician, and
ii. Is not otherwise precluded by law from performing an ultrasound;

4. An individual has completed a course for the type of ultrasound the individual performs;
5. If the abortion clinic performs an abortion procedure at or after 20 weeks gestational age, an individual who is available to perform neonatal resuscitation provides documentation that the individual:
a. Is a:
i. Physician,
ii. Physician assistant,
iii. Registered nurse practitioner, or
iv. Nurse; and
b. Has completed a course in performing neonatal resuscitation that is consistent with training provided by the American Academy of Pediatrics Neonatal Resuscitation Program and includes:
i. Instruction in the use of resuscitation devices for positive-pressure ventilation, tracheal intubation, medications that may be necessary for neonatal resuscitation and their administration, and resuscitation of pre-term newborns; and
ii. Assessment of the individual's skill in applying the information provided through the instruction in subsection (5)(b)(i);
6. A personnel file for each patient care staff member and each volunteer is maintained either electronically or in writing and includes:
a. The individual's name and position title;
b. The first and, if applicable, the last date of employment or volunteer service;
c. Verification of qualifications, training, or licensure, as applicable;
d. Documentation of cardiopulmonary resuscitation certification, as applicable;
e. Documentation of verification of competency, as required in subsection (1), and signed and dated by the medical director;
f. Documentation of training for surgical assistants and volunteers;
g. Documentation of completion of a course as required in subsection (3), for an individual performing ultrasounds; and
h. Documentation of competency to perform neonatal resuscitation, as required in subsection (5), if applicable; and
7. Personnel files are maintained on the premises for at least two years after the ending date of employment or volunteer service.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1506 renumbered to R9-10-1507; new Section R9-10-1506 renumbered from R9-10-1505 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

R9-10-1507. Staffing Requirements

A. A licensee shall ensure that there is a sufficient number of patient care staff members and employees to:
1. Meet the requirements of this Article,
2. Ensure the health and safety of a patient, and
3. Meet the needs of a patient based on the patient's medical evaluation.

B. A licensee shall ensure that:
1. A patient care staff member other than a surgical assistant, who is current in cardiopulmonary resuscitation certification, is on the premises until all patients are discharged;
2. A physician, with admitting privileges at a health care institution that is classified by the director as a hospital according to A.R.S. § 36-405(B), remains on the premises of the abortion clinic until all patients who received a medication abortion are stable and ready to leave;
3. A physician, with admitting privileges at a health care institution that is classified by the director as a hospital according to A.R.S. § 36-405(B) and that is within 30 miles of the abortion clinic by road, as defined in A.R.S. § 17-451, remains on the abortion clinic's premises until all patients who received a surgical abortion are stable and discharged from the recovery room;
4. A patient care staff member is on the premises to comply with R9-10-1509(H); and
5. If the abortion clinic performs an abortion procedure at or after 20 weeks gestational age, a patient care staff member qualified according to policies and procedures to perform neonatal resuscitation is available for the abortion procedure.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt

rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1507 renumbered to R9-10-1508; new Section R9-10-1507 renumbered from R9-10-1506 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

R9-10-1508. Patient Rights

A licensee shall ensure that a patient is afforded the following rights, and is informed of these rights:

1. To refuse treatment, or withdraw consent for treatment;
2. To have medical records kept confidential; and
3. To be informed of:
   a. Billing procedures and financial liability before abortion services are provided;
   b. Proposed medical or surgical procedures, associated risks, possible complications, and alternatives;
   c. Counseling services that are provided on the premises;
   d. The right to review the ultrasound results with a physician, a physician assistant, a registered nurse practitioner, or a registered nurse before the abortion procedure; and
   e. The right to receive a print of the ultrasound image.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1508 renumbered to R9-10-1509; new Section R9-10-1508 renumbered from R9-10-1507 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

R9-10-1509. Abortion Procedures

A. A medical director shall ensure that a medical evaluation of a patient is conducted before the patient's abortion is performed that includes:

1. A medical history including:
   a. Allergies to medications, antiseptic solutions, or latex;
   b. Obstetrical and gynecological history;
   c. Past surgeries;
   d. Medication the patient is currently taking; and
   e. Other medical conditions;
2. A physical examination, performed by a physician that includes a bimanual examination to estimate uterine size and palpation of adnexa;
3. The following laboratory tests:
   a. A urine or blood test to determine pregnancy;
   b. Rh typing, unless the patient provides written documentation of blood type acceptable to the physician;
   c. Anemia screening; and
   d. Other laboratory tests recommended by the physician or medical director on the basis of the physical examination; and
4. An ultrasound imaging study of the fetus, performed as required in A.R.S. §§ 36-2156 and 36-2301.02(A).

B. If the medical evaluation indicates a patient is Rh negative, a medical director shall ensure that:

1. The patient receives information from a physician on this condition;
2. The patient is offered RhO(d) immune globulin within 72 hours after the abortion procedure;
3. If a patient refuses RhO(d) immune globulin, the patient signs and dates a form acknowledging the patient's condition and refusing the RhO(d) immune globulin;
4. The form in subsection (B)(3) is maintained in the patient's medical record; and
5. If a patient refuses RhO(d) immune globulin or if a patient refuses to sign and date an acknowledgment and refusal form, the physician documents the patient's refusal in the patient's medical record.

C. A physician shall estimate the gestational age of the fetus, based on one of the following criteria, and record the estimated gestational age in the patient's medical record:

1. Ultrasound measurements of the biparietal diameter, length of femur, abdominal circumference, visible pregnancy sac, or crown-rump length or a combination of these; or
2. The date of the last menstrual period or the date of fertilization and a bimanual examination of the patient.

D. A medical director shall ensure that:

1. The ultrasound of a patient required in subsection (A)(4) is performed by an individual who meets the requirements in R9-10-1506(3);
2. An ultrasound estimate of gestational age of a fetus is performed using methods and tables or charts in a publication distributed nationally that contains peer-reviewed medical information, such as medical information derived from a publication describing research in obstetrics and gynecology or in diagnostic imaging;
3. An original patient ultrasound image is:
   a. Interpreted by a physician, and
   b. Maintained in the patient's medical record in either electronic or paper form; and
4. If requested by the patient, the ultrasound image is reviewed with the patient by a physician, physician assistant, registered nurse practitioner, or registered nurse.

E. A medical director shall ensure that before an abortion is performed on a patient:

1. Written consent, that meets the requirements in A.R.S. § 36-2152 or 36-2153, as applicable, and A.R.S. § 36-2158 is signed and dated by the patient or the patient's representative;
2. Information is provided to the patient on the abortion procedure, including alternatives, risks, and potential complications;
3. Information specified in A.R.S. § 36-2161(A)(12) is requested from the patient; and
4. If applicable, information required in A.R.S. § 36-2161(C) is provided to the patient.

F. A medical director shall ensure that an abortion is performed according to the abortion clinic's policies and procedures and this Article.

G. A medical director shall ensure that:
1. A patient care staff member monitors a patient's vital signs throughout an abortion procedure to ensure the patient's health and safety;
2. Intravenous access is established and maintained on a patient undergoing an abortion after the first trimester unless the physician determines that establishing intravenous access is not appropriate for the particular patient and documents that fact in the patient's medical record;
3. If an abortion procedure is performed at or after 20 weeks gestational age, a patient care staff member qualified in neonatal resuscitation, other than the physician performing the abortion procedure, is in the room in which the abortion procedure takes place before the delivery of the fetus; and
4. If a fetus is delivered alive:
   a. Resuscitative measures, including the following, are used to support life:
      i. Warming and drying of the fetus,
      ii. Clearing secretions from and positioning the airway of the fetus,
      iii. Administering oxygen as needed to the fetus, and
      iv. Assessing and monitoring the cardiopulmonary status of the fetus;
   b. A determination is made of whether the fetus is a viable fetus;
   c. A viable fetus is provided treatment to support life;
   d. A viable fetus is transferred as required in R9-10-1510; and
   e. Resuscitative measures and the transfer, as applicable, are documented.

H. To ensure a patient's health and safety, a medical director shall ensure that following the abortion procedure:
1. A patient's vital signs and bleeding are monitored by:
   a. A physician;
   b. A physician assistant;
   c. A registered nurse practitioner;
   d. A nurse; or
   e. If a physician is able to provide direct supervision, as defined in A.R.S. § 32-1401 or A.R.S. § 32-1800, as applicable, to a medical assistant, as defined in A.R.S. § 32-1401 or A.R.S. § 32-1800, a medical assistant under the direct supervision of the physician; and
2. A patient remains in the recovery room or recovery area until a physician, physician assistant, registered nurse practitioner, or nurse examines the patient and determines that the patient's medical condition is stable and the patient is ready to leave the recovery room or recovery area.

I. A medical director shall ensure that follow-up care:
1. For a surgical abortion is offered to a patient that includes:
   a. With a patient's consent, a telephone call made to the patient to assess the patient's recovery:
      i. By a patient care staff member other than a surgical assistant; and
      ii. Within 24 hours after the patient's discharge following a surgical abortion; and
   b. A follow-up visit scheduled, if requested, no more than 21 calendar days after the abortion that includes:
      i. A physical examination,
      ii. A review of all laboratory tests as required in subsection (A)(3), and
      iii. A urine pregnancy test;
2. For a medication abortion includes a follow-up visit, scheduled between seven and 21 calendar days after the initial dose of a substance used to induce an abortion, that includes:
   a. A urine pregnancy test, and
   b. An assessment of the degree of bleeding; and
3. Is documented in the patient's medical record, including:
   a. A patient's acceptance or refusal of a follow-up visit following a surgical abortion;
   b. If applicable, the results of the follow-up visit; and
   c. If applicable, whether the patient consented to a telephone call and, if so, whether the patient care staff member making the telephone call to the patient:
      i. Spoke with the patient about the patient's recovery, or
      ii. Was unable to speak with the patient.

J. If a continuing pregnancy is suspected as a result of the follow-up visit in subsection (I)(1)(b) or (I)(2), a physician who performs abortions shall be consulted.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1509 renumbered to R9-10-1510; new Section R9-10-1509 renumbered from R9-10-1508 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4). Amended by final expedited rulemaking at 25 A.A.R. 1893, effective July 2, 2019 (Supp. 19-3).

R9-10-1510. Patient Transfer and Discharge

A. A medical director shall ensure that:
1. For a patient:
   a. A patient is transferred to a hospital for an emergency involving the patient;
   b. A patient transfer is documented in the patient's medical record; and
   c. Documentation of a medical evaluation, treatment provided, and laboratory and diagnostic information is transferred with a patient; and
2. For a viable fetus:
   a. A viable fetus requiring emergency care is transferred to a hospital,
   b. The transfer of a viable fetus is documented in the viable fetus's medical record, and

c. Documentation of an assessment of cardiopulmonary function and treatment provided to a viable fetus is transferred with the viable fetus.

B. A medical director shall ensure that before a patient is discharged:
1. A physician signs the patient's discharge order; and
2. A patient receives follow-up instructions at discharge that include:
   a. Signs of possible complications,
   b. When to access medical services in response to complications,
   c. A telephone number of an individual or entity to contact for medical emergencies,
   d. Information and precautions for resuming vaginal intercourse after the abortion, and
   e. Information specific to the patient's abortion or condition.

Historical Note
Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1510 renumbered to R9-10-1511; new Section R9-10-1510 renumbered from R9-10-1509 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

R9-10-1511. Medications and Controlled Substances
A medical director shall ensure that:
1. The abortion clinic complies with the requirements for medications and controlled substances in A.R.S. Title 32, Chapter 18, and A.R.S. Title 36, Chapter 27;
2. A medication is administered in compliance with an order from a physician, physician assistant, registered nurse practitioner, or as otherwise provided by law;
3. A medication is administered to a patient or to a viable fetus by a physician or as otherwise provided by law;
4. Medications and controlled substances are maintained in a locked area on the premises;
5. Only personnel designated by policies and procedures have access to the locked area containing medications and controlled substances;
6. Expired, mislabeled, or unusable medications and controlled substances are disposed of according to policies and procedures;
7. A medication error or an adverse reaction, including any actions taken in response to the medication error or adverse reaction, is immediately reported to the medical director and licensee, and recorded in the patient's medical record;
8. Medication information for a patient is maintained in the patient's medical record and contains:
   a. The patient's name, age, and weight;
   b. The medications the patient is currently taking;
   c. Allergies or sensitivities to medications, antiseptic solutions, or latex; and
   d. If medication is administered to the patient:
      i. The date and time of administration;
      ii. The name, strength, dosage form, amount of medication, and route of administration; and
      iii. The identification and signature of the individual administering the medication; and
9. If administered to a fetus delivered alive, the following are documented in the fetus's medical record:
   a. The date and time of oxygen administration;
   b. The amount and flow rate of the oxygen;
   c. The identification and signature of the individual administering the oxygen; and
   d. For a viable fetus:
      i. The date and time of medication administration;
      ii. The name, strength, dosage form, amount of medication, and route of administration; and
      iii. The identification and signature of the individual administering the medication.

Historical Note
Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Amended by exempt rulemaking at 20 A.A.R. 2078, effective July 24, 2014 (Supp. 14-3). Section R9-10-1511 renumbered to R9-10-1512; new Section R9-10-1511 renumbered from R9-10-1510 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

R9-10-1512. Medical Records
A. A licensee shall ensure that a medical record is established and maintained for a patient that contains:
1. Patient identification including:
   a. The patient's name, address, and date of birth;
   b. The designated patient's representative, if applicable; and
   c. The name and telephone number of an individual to contact in an emergency;
2. The patient's medical history required in R9-10-1509(A)(1);
3. The patient's physical examination required in R9-10-1509(A)(2);
4. The laboratory test results required in R9-10-1509(A)(3);
5. The ultrasound results, including the original print, required in R9-10-1509(A)(4);

6. The physician's estimated gestational age of the fetus required in R9-10-1509(C);
7. Each consent form signed by the patient or the patient's representative;
8. Orders issued by a physician, physician assistant, or registered nurse practitioner;
9. A record of medical services, nursing services, and health-related services provided to the patient;
10. The patient's medication information;
11. Documentation related to follow-up care specified in R9-10-1509(I); and
12. If the abortion procedure was performed at or after 20 weeks gestational age and the fetus was not delivered alive, documentation from the physician and other patient care staff member present certifying that the fetus was not delivered alive.

B. A licensee shall ensure that a medical record is established and maintained for a fetus delivered alive that contains:
1. An identification of the fetus, including:
   a. The name of the patient from whom the fetus was delivered alive, and
   b. The date the fetus was delivered alive;
2. Orders issued by a physician, physician assistant, or registered nurse practitioner;
3. A record of medical services, nursing services, and health-related services provided to the fetus delivered alive;
4. If applicable, information about medication administered to the fetus delivered alive; and
5. If the abortion procedure was performed at or after 20 weeks gestational age:
   a. Documentation of the requirements in R9-10-1509(G)(4); and
   b. If the fetus had a lethal fetal condition, the results of the confirmation of the lethal fetal condition.

C. A licensee shall ensure that:
1. A medical record is accessible only to the Department or personnel authorized by policies and procedures;
2. Medical record information is confidential and released only with the written informed consent of a patient or the patient's representative or as otherwise permitted by law;
3. A medical record is protected from loss, damage, or unauthorized use and is maintained and accessible for at least seven years after the date of an adult patient's discharge or if the patient is a child, either for at least three years after the child's 18th birthday or for at least seven years after the patient's discharge, whichever date occurs last;
4. A medical record is maintained at the abortion clinic for at least six months after the date of the patient's discharge; and
5. Vital records and vital statistics are retained according to A.R.S. § 36-343.

D. If the Department requests patient medical records for review, the licensee:
1. Is not required to produce any patient medical records created or prepared by a referring physician's office;
2. May provide patient medical records to the Department either in paper or in an electronic format that is acceptable to the Department;
3. Shall provide the Department with the following patient medical records related to medical services associated with an abortion, including any follow-up visits to the abortion clinic in connection with the abortion:
   a. The patient's medical history required in R9-10-1509(A)(1);
   b. The patient's physical examination required in R9-10-1509(A)(2);
   c. The laboratory test results required in R9-10-1509(A)(3);
   d. The physician's estimate of gestational age of the fetus required in R9-10-1509(C);
   e. The ultrasound results required in R9-10-1509(D)(2);
   f. Each consent form signed by the patient or the patient's representative;
   g. Orders issued by a physician, physician assistant, or registered nurse practitioner;
   h. A record of medical services, nursing services, and health-related services provided to the patient; and
   i. The patient's medication information;
4. If the Department's request is in connection with a licensing or compliance inspection:
   a. Is not required to produce any patient medical records associated with an abortion that occurred before the licensing inspection or a previous compliance inspection of the abortion clinic; and
   b. Shall:
      i. Redact only personally identifiable patient information from the patient medical records before the licensee discloses the patient medical records to the Department;
      ii. Upon request by the Department, code the requested patient medical records by a means that allows the Department to track all patient medical records related to a specific patient without the personally identifiable patient information; and
      iii. Unless the Department and the licensee agree otherwise, provide redacted copies of patient medical records to the Department:
         (1) For one to ten patients, within two working days after the request, and
         (2) For every additional five patients, within an additional two working days; and
5. If the Department's request is in connection with a complaint investigation, shall:
   a. Not redact patient information from the patient medical records before the licensee discloses the patient medical records to the Department; and
   b. Ensure the patient medical records include:
      i. The patient's name, address, and date of birth;
      ii. The patient's representative, if applicable; and
      iii. The name and telephone number of an individual to contact in an emergency.

E. A medical director shall ensure that only personnel authorized by policies and procedures, records or signs an entry in a medical record and:
1. An entry in a medical record is dated and legible;
2. An entry is authenticated by:
   a. A signature; or
   b. An individual's initials if the individual's signature already appears in the medical record;
3. An entry is not changed after it has been recorded, but additional information related to an entry may be recorded in the medical record;

4. When a verbal or telephone order is entered in the medical record, the entry is authenticated within 21 calendar days by the individual who issued the order;
5. If a rubber-stamp signature or an electronic signature is used:
   a. An individual's rubber stamp or electronic signature is not used by another individual;
   b. The individual who uses a rubber stamp or electronic signature signs a statement that the individual is responsible for the use of the rubber stamp or the electronic signature; and
   c. The signed statement is included in the individual's personnel record; and
6. If an abortion clinic maintains medical records electronically, the medical director shall ensure the date and time of an entry is recorded by the computer's internal clock.

F. As required by A.R.S. § 36-449.03(J), the Department shall not release any personally identifiable patient or physician information.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1512 renumbered to R9-10-1513; new Section R9-10-1512 renumbered from R9-10-1511 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

R9-10-1513. Environmental and Safety Standards

A licensee shall ensure that:

1. The premises:
   a. Provide lighting and ventilation to ensure the health and safety of a patient,
   b. Are maintained in a clean condition,
   c. Are free from a condition or situation that may cause a patient to suffer physical injury,
   d. Are maintained free from insects and vermin, and
   e. Are smoke-free;
2. A warning notice is placed at the entrance to a room or area where oxygen is in use;
3. Soiled linen and clothing are kept:
   a. In a covered container, and
   b. Separate from clean linen and clothing;
4. Personnel wash hands after each direct patient contact and after handling soiled linen, soiled clothing, or biohazardous medical waste;
5. A written emergency plan is established, documented, and implemented that includes procedures for protecting the health and safety of patients and other individuals in a fire, natural disaster, loss of electrical power, or threat or incidence of violence;
6. An evacuation drill is conducted at least once every six months that includes all personnel on the premises on the day of the evacuation drill; and
7. Documentation of the evacuation drill is maintained on the premises for at least one year after the date of the evacuation drill and includes:
   a. The date and time of the evacuation drill, and
   b. The names of personnel participating in the evacuation drill.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1513 renumbered to R9-10-1514; new Section R9-10-1513 renumbered from R9-10-1512 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

R9-10-1514. Equipment Standards

A licensee shall ensure that:

1. Equipment and supplies are maintained in a:
   a. Clean condition, and
   b. Quantity sufficient to meet the needs of patients present in the abortion clinic;
2. Equipment to monitor vital signs is in each room in which an abortion is performed;
3. A surgical or gynecologic examination table is used for an abortion;
4. The following equipment and supplies are available in the abortion clinic:
   a. Equipment to measure blood pressure;
   b. A stethoscope;
   c. A scale for weighing a patient;
   d. Supplies for obtaining specimens and cultures and for laboratory tests; and
   e. Equipment and supplies for use in a medical emergency including:
      i. Ventilatory assistance equipment,
      ii. Oxygen source,
      iii. Suction apparatus, and
      iv. Intravenous fluid equipment and supplies; and
   f. Ultrasound equipment;
5. In addition to the requirements in subsection (4), the following equipment is available for an abortion procedure performed after the first trimester:
   a. Drugs to support cardiopulmonary function of a patient, and
   b. Equipment to monitor the cardiopulmonary status of a patient;
6. In addition to the requirements in subsections (4) and (5), if the abortion clinic performs an abortion procedure at or after 20 weeks gestational age, the following equipment is available for the abortion procedure:

a. Equipment to provide warmth and drying of a fetus delivered alive,
b. Equipment necessary to clear secretions from and position the airway of a fetus delivered alive,
c. Equipment necessary to administer oxygen to a fetus delivered alive,
d. Equipment to assess and monitor the cardiopulmonary status of a fetus delivered alive, and
e. Drugs to support cardiopulmonary function in a viable fetus;

7. Equipment and supplies are clean and, if applicable, sterile before each use;
8. Equipment required in this Section is maintained in working order, tested and calibrated at least once every 12 months or according to the manufacturer's recommendations, and used according to the manufacturer's recommendations; and
9. Documentation of each equipment test, calibration, and repair is maintained on the premises for at least 12 months after the date of the testing, calibration, or repair and provided to the Department for review within two hours after the Department requests the documentation.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1514 renumbered to R9-10-1515; new Section R9-10-1514 renumbered from R9-10-1513 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

R9-10-1515. Physical Plant Standards

A. A licensee shall ensure that an abortion clinic complies with all local building codes, ordinances, fire codes, and zoning requirements. If there are no local building codes, ordinances, fire codes, or zoning requirements, the abortion clinic shall comply with the applicable codes and standards incorporated by reference in R9-10-104.01 that were in effect on the date the abortion clinic submitted the application including the notarized attestation of architectural plans according to R9-10-104.

B. A licensee shall ensure that an abortion clinic provides areas or rooms:
1. That provide privacy for:
   a. A patient's interview, medical evaluation, and counseling;
   b. A patient to dress; and
   c. Performing an abortion procedure;
2. For personnel to dress;
3. With a sink and a flushable toilet in working order;
4. For cleaning and sterilizing equipment and supplies;
5. For storing medical records;
6. For storing equipment and supplies;
7. For hand washing before the abortion procedure; and
8. For a patient recovering after an abortion.

C. A licensee shall ensure that an abortion clinic has an emergency exit to accommodate a stretcher or gurney.

Historical Note

New Section R9-10-1515 made by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section repealed; new Section renumbered from R9-10-1514 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

ARTICLE 16. BEHAVIORAL HEALTH RESPITE HOMES

R9-10-1601. Definitions

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following apply in this Article unless otherwise specified:
1. "Acceptance" means, after a referral from a collaborating health care institution, an individual receives services from a provider in a behavioral health respite home.
2. "Provider" means an individual who lives in a behavioral health respite home and ensures that a recipient receives the behavioral health services and ancillary services in the recipient's treatment plan.
3. "Recipient" means an individual referred by a collaborating health care institution to and accepted by a behavioral health respite home.
4. "Release" means a documented termination of services by a provider to a recipient that is authorized by a collaborating health care institution.
5. "Sibling" means one of two or more individuals having one or both parents in common.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1602. Supplemental Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, an applicant shall include, in a format provided by the Department, the following information for the behavioral health respite home's collaborating health care institution:
1. Name,
2. Address,
3. Class or subclass,
4. License number, and
5. Name and contact information for an individual assigned by the collaborating health care institution to monitor the behavioral health respite home.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1602 renumbered to R9-10-1603; new Section R9-10-1602 made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1603. Administration

A. A governing authority of a behavioral health respite home:

1. Consists of no more than two providers, who live in the behavioral health respite home;
2. Has the authority and responsibility to manage the behavioral health respite home;
3. Has a documented agreement with a collaborating health care institution that establishes the responsibilities of the behavioral health respite home and the collaborating health care institution, consistent with the requirements in this Chapter;
4. Shall establish, in writing, the behavioral health respite home's scope of services, which are approved by the collaborating health care institution; and
5. Shall ensure that:
   a. Except as provided in R9-10-1612(A), no more than three recipients are accepted by the behavioral health respite home;
   b. A provider is on the premises whenever a recipient is present in the behavioral health respite home;
   c. Documentation required by this Article is provided to the Department within two hours after a Department request; and
   d. When documentation or information is required by this Chapter to be submitted on behalf of the behavioral health respite home, the documentation or information is provided to the unit in the Department that is responsible for licensing the behavioral health respite home.

B. A provider:
1. Is at least 21 years of age;
2. Holds current certification in cardiopulmonary resuscitation and first aid training applicable to the ages of recipients;
3. Has the skills and knowledge established by the collaborating health care institution as specified in R9-10-118;
4. Has documentation of completion of training in assistance in the self-administration of medication as specified in R9-10-118; and
5. Has documentation of evidence of freedom from infectious tuberculosis:
   a. On or before the date the provider begins providing services at or on behalf of the behavioral health respite home, and
   b. As specified in R9-10-113.

C. A provider shall ensure that policies and procedures are:
1. Established, documented, and implemented to protect the health and safety of a recipient that cover:
   a. Recordkeeping;
   b. Recipient acceptance and release;
   c. The release of a recipient under 18 years of age to an individual other than the recipient's parent or guardian;
   d. Recipient rights;
   e. The provision of respite care services, including coordinating the provision of behavioral health services;
   f. Recipients' medical records, including electronic medical records;
   g. Assistance in the self-administration of medication;
   h. Infection control; and
   i. How a provider will respond to a recipient's sudden, intense, or out-of-control behavior to prevent harm to the recipient or another individual;
2. Approved, in writing, by the behavioral health respite home's collaborating health care institution before implementation and when the policies and procedures are reviewed or updated; and
3. Reviewed by the provider and the behavioral health respite home's collaborating health care institution at least once every three years and updated as needed.

D. A provider shall provide written notification to the Department and the collaborating health care institution of a recipient's:
1. Death, if the recipient's death is required to be reported according to A.R.S. § 11-593, within one working day after the recipient's death; and
2. Self-injury, within two working days after the recipient inflicts a self-injury that requires immediate intervention by an emergency medical services provider.

E. If abuse, neglect, or exploitation of a recipient is alleged or suspected to have occurred before the recipient was accepted or while the recipient is not at a behavioral health respite home and not receiving services from the behavioral health respite home, a provider shall report the alleged or suspected abuse, neglect, or exploitation of the recipient as follows:
1. For a recipient 18 years of age or older, according to A.R.S. § 46-454; or
2. For a recipient under 18 years of age, according to A.R.S. § 13-3620.

F. If a provider has a reasonable basis, according to A.R.S. § 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a recipient is receiving behavioral health respite home services, the provider shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
2. Report the suspected abuse, neglect, or exploitation of the recipient as follows:
   a. To the behavioral health respite home's collaborating health care institution; and
   b. For a:
      i. Recipient 18 years of age or older, according to A.R.S. § 46-454; and
      ii. Recipient under 18 years of age, according to A.R.S. § 13-3620;
3. Document:
   a. The suspected abuse, neglect, or exploitation;
   b. Any action taken according to subsection (F)(1); and
   c. The report in subsection (F)(2);
4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
   a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
   b. A description of any injury to the recipient related to the suspected abuse or neglect and any change to the recipient's physical, cognitive, functional, or emotional condition;
   c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
   d. The action taken by the provider to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.

G. A provider shall ensure that a recipient under 18 years of age is only released to an individual who, according to policies and procedures:
1. Is designated by the recipient's parent or guardian to release the recipient, and
2. Presents documentation at the time of the recipient's release that verifies the individual's identity.

H. A provider shall maintain a record for each provider that includes:
1. The provider's:
   a. Name,
   b. Date of birth, and
   c. Contact telephone number; and
2. Documentation of:
   a. Verification of skills and knowledge, completed by the behavioral health respite home's collaborating health care institution;
   b. Certification in cardiopulmonary resuscitation and first aid training;
   c. Completion of training in assistance in the self-administration of medication, provided by the behavioral health respite home's collaborating health care institution; and
   d. Evidence of freedom from infectious tuberculosis.

Historical Note
Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1603 renumbered to R9-10-1604; new Section R9-10-1603 renumbered from R9-10-1602 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1604. Recipient Rights

A. A provider shall ensure that:
1. A recipient is treated with dignity, respect, and consideration;
2. A recipient is not subjected to:
   a. Abuse;
   b. Neglect;
   c. Exploitation;
   d. Coercion;
   e. Manipulation;
   f. Sexual abuse;
   g. Sexual assault;
   h. Seclusion;
   i. Restraint;
   j. Retaliation for submitting a complaint to the Department or another entity; or
   k. Misappropriation of personal and private property by:
      i. A behavioral health respite home's provider, or
      ii. An individual other than a recipient residing in the behavioral health respite home; and
3. A recipient or the recipient's representative:
   a. Is informed of the recipient complaint process;
   b. Consents to photographs of the recipient before the recipient is photographed, except that a recipient may be photographed when accepted by a behavioral health respite home for identification and administrative purposes; and
   c. Except as otherwise permitted by law, provides written consent to the release of information in the recipient's medical record.

B. A recipient has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive services that support and respect the recipient's individuality, choices, strengths, and abilities;
3. To receive privacy in care for personal needs;
4. To review, upon written request, the recipient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
5. To receive a referral to another health care institution if the provider is not authorized or not able to provide physical health services or behavioral health services needed by the recipient; and
6. To receive assistance from a family member, recipient's representative, or other individual in understanding, protecting, or exercising the recipient's rights.

Historical Note
Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1604 renumbered to R9-10-1605; new Section R9-10-1604 renumbered from R9-10-1603 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1605. Providing Services

A. A provider shall ensure that behavioral health services and ancillary services are provided to a recipient according to the recipient's treatment plan obtained from the behavioral health respite home's collaborating health care institution.

B. A provider shall submit to the behavioral health respite home's collaborating health care institution and, if applicable, the recipient's case manager:
1. Documentation of any significant change in a recipient's behavior or physical, cognitive, or functional condition and the action taken by a provider to address the recipient's changing needs; and
2. Notification of a recipient's unexpected self-release.

Historical Note
Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1605 renumbered to R9-10-1606; new Section R9-10-1605 renumbered from R9-10-1604 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1606. Assistance in the Self-Administration of Medication

A. If a provider provides assistance in the self-administration of medication, the provider shall ensure that:
1. If a recipient is receiving assistance in the self-administration of medication, the recipient's medication is stored by the provider;
2. The following assistance is provided to a recipient:
   a. A reminder when it is time to take the medication;
   b. Opening the medication container or medication organizer for the recipient;
   c. Observing the recipient while the recipient removes the medication from the medication container or medication organizer;
   d. Verifying that the medication is taken as ordered by the recipient's medical practitioner by confirming that:
      i. The recipient taking the medication is the individual stated on the medication container label,

ii. The recipient is taking the dosage of the medication as stated on the medication container label, and
iii. The recipient is taking the medication at the time stated on the medication container label; or
e. Observing the recipient while the recipient takes the medication; and
3. Assistance in the self-administration of medication provided to a recipient is documented in the recipient's medical record.

B. When medication is stored by a provider, the provider shall ensure that:
1. A locked cabinet, closet, or self-contained unit is used for medication storage;
2. Medication is stored according to the instructions on the medication container; and
3. Medication, including expired medication, that is no longer being used is discarded.

C. A provider shall immediately report a medication error or a recipient's adverse reaction to a medication to the:
1. Medical practitioner who ordered the medication, or
2. Contact individual at the behavioral health respite home's collaborating health care institution.

Historical Note
Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1606 renumbered to R9-10-1607; new Section R9-10-1606 renumbered from R9-10-1605 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1607. Medical Records

A. A provider shall ensure that:
1. A medical record is established and maintained for each recipient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a recipient's medical record is:
a. Only recorded by the provider or an individual designated by the provider to record an entry;
b. Dated, legible, and authenticated; and
c. Not changed to make the initial entry illegible;
3. A recipient's medical record is available to an individual:
a. Authorized by policies and procedures to access the recipient's medical record;
b. If the individual is not authorized according to policies and procedures, with the written consent of the recipient or the recipient's representative; or
c. As permitted by law; and
4. A recipient's medical record is protected from loss, damage, or unauthorized use.

B. If a provider maintains recipients' medical records electronically, the provider shall ensure that safeguards exist to prevent unauthorized access.

C. A provider shall ensure that a recipient's medical record contains:
1. Recipient information that includes:
a. The recipient's name,
b. The recipient's date of birth,
c. Any known allergies, and
d. Medication information for the recipient;
2. The names, addresses, and telephone numbers of:
a. The recipient's medical practitioner;
b. The recipient's case manager, if applicable;
c. The behavioral health professional assigned to the recipient by the behavioral health respite home's collaborating health care institution; and
d. An individual to be contacted in the event of an emergency;
3. The date and time of the recipient's acceptance by the behavioral health respite home and, if applicable, the date and time of the recipient's release from the behavioral health respite home;
4. If applicable, the name and contact information of the recipient's representative and:
a. If the recipient is 18 years of age or older or an emancipated minor, the document signed by the recipient consenting for the recipient's representative to act on the recipient's behalf; or
b. If the recipient's representative:
i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
ii. Is a legal guardian, a copy of the court order establishing guardianship;
5. A copy of the recipient's treatment plan and any updates to the recipient's treatment plan obtained from the behavioral health respite home's collaborating health care institution;
6. For a recipient receiving assistance in the self-administration of medication, documentation that includes for each medication:
a. The date and time of assistance;
b. The name, strength, dosage, and route of administration;
c. The provider's signature or first and last initials; and
d. Any adverse reaction the recipient has to the medication;
7. Documentation of the recipient's refusal of a medication, if applicable;
8. Documentation of any significant change in the recipient's behavior or physical, cognitive, or functional condition and the action taken by a provider to address the recipient's changing needs;
9. If applicable, documentation of any actions taken to control the recipient's sudden, intense, or out-of-control behavior to prevent harm to the recipient or another individual;
10. If applicable, documentation of a notification to the behavioral health respite home's collaborating health care institution of an unexpected self-release of the recipient; and
11. A written notice of release from the behavioral health respite home, if applicable.

Historical Note
Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1607 renumbered to R9-10-1608; new Section R9-10-1607 renumbered from R9-10-1606 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1608. Food Services

A provider shall ensure that:
1. Food is obtained, handled, and stored to prevent contamination, spoilage, or a threat to the health of a recipient;

2. Three nutritionally balanced meals are served each day;
3. Nutritious snacks are available between meals;
4. Food served meets any special dietary needs of a recipient as prescribed by the recipient's physician or registered dietitian; and
5. Chemicals and detergents are not stored with food.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1608 renumbered to R9-10-1609; new Section R9-10-1608 renumbered from R9-10-1607 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1609. Emergency and Safety Standards

A provider shall ensure that:

1. A first aid kit is available at a behavioral health respite home sufficient to meet the needs of recipients;
2. If a firearm or ammunition for a firearm is stored at a behavioral health respite home:
   a. The firearm is stored separate from the ammunition for the firearm; and
   b. The firearm and the ammunition for the firearm are:
      i. Stored in a locked closet, cabinet, or container; and
      ii. Inaccessible to a recipient;
3. A smoke detector is installed in:
   a. A bedroom used by a recipient,
   b. A hallway in a behavioral health respite home, and
   c. A behavioral health respite home's kitchen;
4. A smoke detector required in subsection (3):
   a. Is maintained in operable condition; and
   b. Is battery operated or, if hard-wired into the electrical system of a behavioral health respite home, has a back-up battery;
5. A behavioral health respite home has a portable fire extinguisher that is labeled 1A-10-BC by the Underwriters Laboratory and available in the behavioral health respite home's kitchen;
6. A portable fire extinguisher required in subsection (5) is:
   a. If a disposable fire extinguisher, replaced when the fire extinguisher's indicator reaches the red zone; or
   b. Serviced at least once every 12 months and has a tag attached to the fire extinguisher that includes the date of service;
7. A written evacuation plan is maintained and available for use by the provider and any recipient in a behavioral health respite home;
8. An evacuation drill is conducted at least once every six months; and
9. A record of an evacuation drill required in subsection (8) is maintained for at least 12 months after the date of the evacuation drill.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1609 renumbered to R9-10-1610; new Section R9-10-1609 renumbered from R9-10-1608 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1610. Environmental Standards

A. A provider shall ensure that a behavioral health respite home:
1. Is in a building that:
   a. Is arranged, designed, and used for the living, sleeping, and housekeeping activities for one family on a permanent basis; and
   b. Is free of any plumbing, electrical, ventilation, mechanical, chemical, or structural hazard that may jeopardize the health or safety of a recipient;
2. Has a living room accessible at all times to a recipient;
3. Has a dining area furnished for group meals that is accessible to the provider, recipients, and any other individuals present in the behavioral health respite home;
4. For each six individuals residing in the behavioral health respite home, including recipients, has at least one bathroom equipped with:
   a. A working toilet that flushes and has a seat; and
   b. A sink with running water accessible for use by a recipient;
5. Has equipment and supplies to maintain a recipient's personal hygiene accessible to the recipient;
6. Is clean and free from accumulations of dirt, garbage, and rubbish; and
7. Implements a pest control program that complies with A.A.C. R3-8-201(C)(4) to minimize the presence of insects and vermin at the behavioral health respite home.

B. A provider shall ensure that any pets or other animals allowed on the premises are:
1. Controlled to prevent endangering a recipient and to maintain sanitation;
2. Licensed consistent with local ordinances; and
3. For a dog or cat, vaccinated against rabies.

C. If a swimming pool is located on the premises, a provider shall ensure that:
1. The swimming pool is equipped with the following:
   a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and that includes at least:
      i. A removable strainer,
      ii. Two swimming pool inlets located on opposite sides of the swimming pool, and
      iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools; and
   b. An operational cleaning system;
2. The swimming pool is enclosed by a wall or fence that:
   a. Is at least five feet in height as measured on the exterior of the wall or fence;
   b. Has no vertical openings greater that four inches across;
   c. Has no horizontal openings, except as described in subsection (C)(2)(e);
   d. Is not chain-link;
   e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
   f. Has a self-closing, self-latching gate that:
      i. Opens away from the swimming pool,
      ii. Has a latch located at least 54 inches from the ground, and
      iii. Is locked when the swimming pool is not in use; and
3. A life preserver or shepherd's crook is available and accessible in the pool area.

D. A provider shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (C)(2) is covered and locked when not in use.

Historical Note
Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1610 renumbered to R9-10-1611; new Section R9-10-1610 renumbered from R9-10-1609 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

R9-10-1611. Adult Behavioral Health Respite Services
A provider shall ensure that:
1. A bedroom for use by a recipient:
   a. Is separated from a hall, corridors, or other habitable room by floor to ceiling walls containing no interior openings except doors and is not used as a passageway to another bedroom or habitable room;
   b. Provides sufficient space for an individual in the bedroom to have unobstructed access to the bedroom door;
   c. Contains for each recipient using the bedroom:
      i. A separate, adult-sized, single bed or larger bed with a clean mattress in good repair;
      ii. Clean bedding appropriate for the season; and
      iii. Storage space for personal effects and clothing such as shelves, a dresser, or chest of drawers; and
   d. If used for:
      i. Single occupancy, contains at least 60 square feet of floor space; or
      ii. Double occupancy, contains at least 100 square feet of floor space;
2. A mirror is available to a recipient for grooming;
3. A recipient does not share a bedroom with an individual who is not a recipient;
4. No more than two recipients share a bedroom;
5. If two recipients share a bedroom, each recipient agrees, in writing, to share the bedroom; and
6. A recipient's bedroom is not used to store anything that may be a hazard to the recipient or another individual.

Historical Note
Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1611 renumbered to R9-10-1612; new Section R9-10-1611 renumbered from R9-10-1610 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1612. Children's Behavioral Health Respite Services
A. A provider may provide children's behavioral health respite services for up to four recipients if at least two of the recipients are siblings.
B. For a behavioral health respite home that provides children's behavioral health respite services, a provider shall:
1. Have a valid fingerprint clearance card according to A.R.S. § 36-425.03; and
2. Ensure that:
   a. If an adult other that a provider is present in the behavioral health respite home, the provider supervises the adult when and where a recipient is present;
   b. A recipient does not share a bedroom with:
      i. An individual that, based on the other individual's developmental levels, social skills, verbal skills, and personal history, may present a threat to the recipient;
      ii. Except as provided in subsection (C), an adult; or
      iii. Except as provided in subsection (B)(2)(c), an individual that is not the same gender;
   c. A recipient may share a bedroom with an individual that is not the same gender if the individual is the recipient's sibling;
   d. A bedroom used by a recipient:
      i. If the bedroom is a private bedroom, contains at least 60 square feet of floor space, not including the closet; or
      ii. If the bedroom is a shared bedroom:
         (1) Contains at least 100 square feet of floor space, not including a closet, for two individual occupying the bedroom or contains at least 140 square feet of floor space, not including a closet, for three individuals occupying the bedroom;
         (2) If there are four siblings occupying the bedroom, contains at least 140 square feet of floor space, not including a closet;
         (3) Provides space between beds or bunk beds; and
         (4) Provides sufficient space for an individual in the bedroom to have unobstructed access to the bedroom door;
      iii. For a recipient under three years of age, may contain a crib;
      iv. Except for a recipient under three years of age who has a crib, contains a bed for the recipient that is at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and clean linens; and
      v. Contains individual storage space for personal effects and clothing such as shelves, a dresser, or chest of drawers;
   e. Clean linens for a bed include a mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, waterproof mattress covers as needed, and blankets to ensure warmth and comfort of a recipient;
   f. A recipient older than three years of age does not sleep in a crib;
   g. Clean and non-hazardous toys, educational materials, and physical activity equipment are available and accessible to recipients in a quantity sufficient to meet each recipient's needs and are appropriate to each recipient's age and developmental level; and
   h. The following are stored in a labeled container separate from food storage areas and inaccessible to a recipient:
      i. Materials and chemicals labeled as a toxic substance, and
      ii. Substances that have a child warning label and may be a hazard to a recipient.
C. If a recipient is younger than 2 years of age and sleeps in a crib, the recipient may sleep in a crib placed in a provider's bedroom.

Historical Note
New Section R9-10-1612 renumbered from R9-10-1611 and amended by exempt rulemaking at 20 A.A.R. 1409,

pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

ARTICLE 17. UNCLASSIFIED HEALTH CARE INSTITUTIONS

R9-10-1701. Definitions

Definitions in A.R.S. § 36-401 and R9-10-101 apply in this Article unless otherwise specified.

Historical Note

Adopted effective July 6, 1994 (Supp. 94-3). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-1702. Administration

A. A governing authority for a health care institution not otherwise classified or subclassified in A.R.S. Title 36, Chapter 4 or 9 A.A.C. 10 shall:
1. Consist of one or more individuals responsible for the organization, operation, and administration of the health care institution;
2. Establish, in writing:
   a. A health care institution's scope of services, and
   b. Qualifications for an administrator;
3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
4. Adopt a quality management program according to R9-10-1703;
5. Review and evaluate the effectiveness of the quality management program in R9-10-1703 at least once every 12 months;
6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
   a. Expected not to be present on a health care institution's premises for more than 30 calendar days, or
   b. Not present on a health care institution's premises for more than 30 calendar days; and
7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425 when there is a change in an administrator and identify the name and qualifications of the new administrator.

B. An administrator:
1. Is directly accountable to the governing authority of a health care institution for the daily operation of the health care institution and all services provided by or at the health care institution;
2. Has the authority and responsibility to manage the health care institution; and
3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the health care institution's premises and accountable for the health care institution when the administrator is not present on the health care institution's premises.

C. An administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
   a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers and students;
   b. Cover orientation and in-service education for personnel members, employees, volunteers and students;
   c. Include how a personnel member may submit a complaint relating to services provided to a patient;
   d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
   e. Cover cardiopulmonary resuscitation training, including:
      i. The method and content of cardiopulmonary resuscitation training,
      ii. The qualifications for an individual providing cardiopulmonary resuscitation training,
      iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
      iv. The documentation that verifies that the individual has received cardiopulmonary resuscitation training;
   f. Include a method to identify a patient to ensure the patient receives services as ordered;
   g. Cover first aid training;
   h. Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
   i. Cover specific steps for:
      i. A patient to file a complaint, and
      ii. The health care institution to respond to and resolve a patient complaint;
   j. Cover medical records, including electronic medical records;
   k. Cover a quality management program, including incident report and supporting documentation;
   l. Cover contracted services;
   m. Cover health care directives;
   n. Cover when an individual may visit a patient in a health care institution; and
   o. Cover fall prevention and fall recovery that complies with requirements in A.R.S. § 36-420.01;
2. Policies and procedures for health care institution services are established, documented, and implemented to protect the health and safety of a patient that:
   a. Cover patient screening, admission, assessment, treatment plan, transport, transfer, and discharge, if applicable;
   b. Cover patient outings, if applicable;
   c. Include when general consent and informed consent are required;
   d. Cover the provision of services listed in the health care institution's scope of services;
   e. Cover administering medication, assistance in the self-administration of medication, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances, if applicable;
   f. Cover infection control;
   g. Cover telehealth, if applicable;
   h. Cover environmental services that affect patient care;
   i. Cover smoking and the use of tobacco products on the health care institution's premises;
   j. Cover how the health care institution will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
   k. Cover how incidents are reported and investigated; and

l. Designate which employees or personnel members are required to have current certification in cardiopulmonary resuscitation and first aid training;
3. Policies and procedures are reviewed at least once every three years and updated as needed;
4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
5. Unless otherwise stated:
a. Documentation required by this Article is provided to the Department within two hours after the Department's request; and
b. When documentation or information is required by this Chapter to be submitted on behalf of a health care institution, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the health care institution.

D. If applicable, an administrator shall designate a clinical director who:
1. Provides direction for behavioral health services provided at the health care institution, and
2. Is a behavioral health professional.

E. An administrator shall provide written notification to the Department of a patient's:
1. Death, if the patient's death is required to be reported according to A.R.S. § 11-593, within one working day after the patient's death; and
2. Self-injury, within two working days after the patient inflicts a self-injury that requires immediate intervention by an emergency medical services provider.

F. If abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred before the patient was admitted or while the patient is not on the premises and not receiving services from a health care institution's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the patient as follows:
1. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
2. For a patient under 18 years of age, according to A.R.S. § 13-3620.

G. If an administrator has a reasonable basis, according to A.R.S. § 13-3620 or § 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while the patient is receiving unclassified healthcare services, the administrator shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
2. Report the suspected abuse, neglect, or exploitation of the patient:
a. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
b. For a patient under 18 years of age, according to A.R.S. § 13-3620;
3. Document:
a. The suspected abuse, neglect, or exploitation;
b. Any action taken according to subsection (G)(1); and
c. The report in subsection (G)(2);
4. Maintain the documentation in subsection (G)(3) for at least 12 months after the date of the report in subsection (G)(2);
5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in (G)(2):
a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
b. A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
d. The action taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
6. Maintain a copy of the documented information required in subsection (G)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.

H. An administrator shall ensure that the following information or documents are conspicuously posted on the premises and are available upon request to a personnel member, an employee, a patient, or a patient's representative:
1. The health care institution's current license,
2. The evacuation plan listed in R9-10-1711, and
3. The location at which inspection reports required in R9-10-1711(B) are available for review or can be made available for review.

Historical Note
Adopted effective July 6, 1994 (Supp. 94-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Subsection reference for inspection reports corrected at R9-10-1702(H)(3), file number R20-03 at the request of the Department (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1703. Quality Management
An administrator shall ensure that:
1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
a. A method to identify, document, and evaluate incidents;
b. A method to collect data to evaluate services provided to patients;
c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
a. An identification of each concern about the delivery of services related to patient care, and
b. Any changes made or actions taken as a result of the identification of a concern about the delivery of services related to patient care; and

3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1704. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article,
2. Documentation of current contracted services that includes a description of the contracted services provided is maintained.

Historical Note

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1705. Personnel

A. An administrator shall ensure that:
1. A personnel member is:
   a. At least 21 years old, or
   b. If providing behavioral health services, at least 18 years old;
2. An employee is at least 18 years old;
3. A student is at least 18 years old; and
4. A volunteer is at least 21 years old.

B. An administrator shall ensure that:
1. The qualifications, skills, and knowledge required for each type of personnel member:
   a. Are based on:
      i. The type of behavioral health services or physical health services expected to be provided by the personnel member according to the established job description, and
      ii. The acuity of participants receiving behavioral health services or physical health services from the personnel member according to the established job description;
   b. Include:
      i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
      ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
      iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
   a. Before the personnel member provides physical health services or behavioral health services, and
   b. According to policies and procedures;
3. Sufficient personnel members are present on a health care institution's premises with the qualifications, skills, and knowledge necessary to:
   a. Provide the services in the health care institution's scope of services,
   b. Meet the needs of a patient, and
   c. Ensure the health and safety of a patient.

C. An administrator shall ensure that:
1. A plan to provide orientation specific to the duties of a personnel member, employee, volunteer, and student is developed, documented, and implemented;
2. A personnel member completes orientation before providing behavioral health services or physical health services;
3. An individual's orientation is documented, to include:
   a. The individual's name,
   b. The date of the orientation, and
   c. The subject or topics covered in the orientation;
4. A plan to provide in-service education specific to the duties of a personnel member is developed;
5. A personnel member's in-service education is documented, to include:
   a. The personnel member's name,
   b. The date of the training, and
   c. The subject or topics covered in the training; and
6. A work schedule of each personnel member is developed and maintained at the health care institution for at least 12 months after the date of the work schedule.

D. An administrator shall ensure that a personnel member, or an employee, a volunteer, or a student who has or is expected to have direct interaction with a patient, provides evidence of freedom from infectious tuberculosis:
   a. On or before the date the individual begins providing services at or on behalf of the unclassified healthcare institution, and
   b. As specified in R9-10-113.

E. An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:
1. The individual's name, date of birth, and contact telephone number;
2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
3. Documentation of:
   a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
   b. The individual's education and experience applicable to the individual's job duties;
   c. The individual's completed orientation and in-service education as required by policies and procedures;
   d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;

e. If the health care institution provides services to children, the individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03;
f. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-1702(C)(2)(l);
g. First aid training, if required for the individual according to this Article or policies and procedures; and
h. Evidence of freedom from infectious tuberculosis, if the individual is required to provide evidence of freedom according to subsection (D).

F. An administrator shall ensure that personnel records are:
1. Maintained:
a. Throughout an individual's period of providing services in or for the health care institution, and
b. For at least 24 months after the last date the individual provided services in or for the health care institution; and
2. For a personnel member who has not provided physical health services or behavioral health services at or for the health care institution during the previous 12 months, provided to the Department within 72 hours after the Department's request.

G. An administrator shall ensure that at least one personnel member who is present at the health care institution during the hours of the health care institution operation has first-aid training and cardiopulmonary resuscitation certification specific to the populations served by the health care institution.

H. An administrator shall ensure that a fall prevention and fall recovery program that complies with requirements in A.R.S. § 36-420.01 is developed, documented, and implemented.

Historical Note
Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1706. Transport; Transfer

A. Except as provided in subsection (B), an administrator shall ensure that:
1. A personnel member coordinates the transport and the services provided to the patient;
2. According to policies and procedures:
a. An evaluation of the patient is conducted before and after the transport,
b. Information in the patient's medical record is provided to a receiving health care institution, and
c. A personnel member explains risks and benefits of the transport to the patient or the patient's representative; and
3. Documentation in the patient's medical record includes:
a. Communication with an individual at a receiving health care institution;
b. The date and time of the transport;
c. The mode of transportation; and
d. If applicable, the personnel member accompanying the patient during a transport.

B. Subsection (A) does not apply to:
1. Transportation to a location other than a licensed health care institution,
2. Transportation provided for a patient by the patient or the patient's representative,
3. Transportation provided by an outside entity that was arranged for a patient by the patient or the patient's representative, or
4. A transport to another licensed health care institution in an emergency.

C. Except for a transfer of a patient due to an emergency, an administrator shall ensure that:
1. A personnel member coordinates the transfer and the services provided to the patient;
2. According to policies and procedures:
a. An evaluation of the patient is conducted before the transfer;
b. Information in the patient's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
c. A personnel member explains the risks and benefits of the transfer to the patient or the patient's representative; and
3. Documentation in the patient's medical record includes:
a. Communication with an individual at a receiving health care institution;
b. The date and time of the transfer;
c. The mode of transportation; and
d. If applicable, the name of the personnel member accompanying the patient during a transfer.

Historical Note
Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1707. Patient Rights

A. An administrator shall ensure that:
1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
3. Policies and procedures include:
a. How and when a patient or the patient's representative is informed of patient rights in subsection (C), and
b. Where patient rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:
1. A patient is treated with dignity, respect, and consideration;
2. A patient is not subjected to:
a. Abuse;
b. Neglect;
c. Exploitation;
d. Coercion;
e. Manipulation;

f. Sexual abuse;
g. Sexual assault;
h. Seclusion;
i. Restraint;
j. Retaliation for submitting a complaint to the Department or another entity; or
k. Misappropriation of personal and private property by the unclassified health care institution's personnel members, employees, volunteers, or students; and

3. A patient or the patient's representative:
a. Is informed of the patient complaint process;
b. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a health care institution for identification and administrative purposes; and
c. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
i. Medical record, or
ii. Financial records.

C. A patient has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive services that support and respect the patient's individuality, choices, strengths, and abilities;
3. To receive privacy in care for personal needs;
4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
5. To receive a referral to another health care institution if the provider is not authorized or not able to provide physical health services or behavioral health services needed by the patient; and
6. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the patient's rights.

Historical Note

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1708. Medical Records

A. An administrator shall ensure that:
1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
b. Dated, legible, and authenticated; and
c. Not changed to make the entry illegible;
3. An order is:
a. Dated when the order is entered in the patient's medical record and includes the time of the order;
b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A patient's medical record is available to an individual:
a. Authorized according to policies and procedures to access the patient's medical record;
b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
c. As permitted by law;
6. Policies and procedures include the maximum time-frame to retrieve a patient's medical record at the request of a medical practitioner, behavioral health professional, or authorized personnel member; and
7. A patient's medical record is protected from loss, damage, or unauthorized use.

B. If a health care institution maintains a patient's medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.

C. An administrator shall ensure that a patient's medical record contains:
1. Patient information that includes:
a. The patient's name;
b. The patient's address;
c. The patient's date of birth; and
d. Any known allergies, including medication allergies;
2. The name of the admitting medical practitioner or behavioral health professional;
3. The date of admission and, if applicable, the date of discharge;
4. An admitting diagnosis;
5. If applicable, the name and contact information of the patient's representative and:
a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
b. If the patient's representative:
i. Is a legal guardian, a copy of the court order establishing guardianship; or
ii. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;
6. If applicable, documented general consent and informed consent by the patient or the patient's representative;
7. Documentation of medical history and results of a physical examination;
8. A copy of the patient's health care directive, if applicable;
9. Orders;
10. Assessment;
11. Treatment plans;
12. Interval note;
13. Progress notes;

14. Documentation of health care institution services provided to the patient;
15. Disposition of the patient after discharge;
16. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
17. Discharge plan;
18. A discharge summary, if applicable;
19. If applicable:
    a. Laboratory reports,
    b. Radiologic reports,
    c. Diagnostic reports, and
    d. Consultation reports; and
20. Documentation of a medication administered to the patient that includes:
    a. The date and time of administration;
    b. The name, strength, dosage, and route of administration;
    c. For a medication administered for pain, when initially administered or PRN:
        i. An assessment of the patient's pain before administering the medication, and
        ii. The effect of the medication administered;
    d. For a psychotropic medication, when initially administered or PRN:
        i. An assessment of the patient's behavior before administering the psychotropic medication, and
        ii. The effect of the psychotropic medication administered;
    e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication; and
    f. Any adverse reaction a patient has to the medication.

Historical Note

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1709. Medication Services

A. An administrator shall ensure that:
1. Policies and procedures for medication services include:
    a. A process for providing information to a patient about medication prescribed for the patient including the prescribed medications:
        i. Anticipated results,
        ii. Potential adverse reactions,
        iii. Potential side effects, and
        iv. Potential adverse reactions that could result from not taking the medication as prescribed;
    b. Procedures for preventing, responding to, and reporting a medication error;
    c. Procedures for responding to and reporting an unexpected reaction to a medication;
    d. Procedures to ensure that a patient's medication regimen and method of administration is reviewed by a medical practitioner and to ensure the medication regimen meets the patient's needs;
    e. Procedures for:
        i. Documenting, as applicable, medication administration and assistance in the self-administration of medication; and
        ii. Monitoring a patient who self-administers medication;
    f. Procedures for assisting a patient in obtaining medication; and
    g. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
2. A process is specified for review through the quality management program of:
    a. A medication administration error, and
    b. An adverse reaction to a medication.

B. If a health care institution provides medication administration, an administrator shall ensure that:
1. Medication is stored by the health care institution;
2. Policies and procedures for medication administration:
    a. Are reviewed and approved by a medical practitioner;
    b. Specify the individuals who may:
        i. Order medication, and
        ii. Administer medication;
    c. Ensure that medication is administered to a patient only as prescribed; and
    d. Cover the documentation of a patient's refusal to take prescribed medication in the patient's medical record;
3. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
4. A medication administered to a patient:
    a. Is administered in compliance with an order, and
    b. Is documented in the patient's medical record.

C. If a health care institution provides assistance in the self-administration of medication, an administrator shall ensure that:
1. A patient's medication is stored by the health care institution;
2. The following assistance is provided to a patient:
    a. A reminder when it is time to take the medication;
    b. Opening the medication container for the patient;
    c. Observing the patient while the patient removes the medication from the container;
    d. Verifying that the medication is taken as ordered by the patient's medical practitioner by confirming that:
        i. The patient taking the medication is the individual stated on the medication container label,
        ii. The patient is taking the dosage of the medication as stated on the medication container label, and
        iii. The patient is taking the medication at the time stated on the medication container label; or
    e. Observing the patient while the patient takes the medication;
3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
    a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
    b. Includes:
        i. A demonstration of the personnel member's skills and knowledge necessary to provide

assistance in the self-administration of medication,
ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
iii. Process for notifying the appropriate entities when an emergency medical intervention is needed;
5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
6. Assistance in the self-administration of medication provided to a patient:
a. Is in compliance with an order, and
b. Is documented in the patient's medical record.

D. An administrator shall ensure that:
1. A current drug reference guide is available for use by personnel members;
2. A current toxicology reference guide is available for use by personnel members; and
3. If pharmaceutical services are provided on the premises:
a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
i. Develop a drug formulary,
ii. Update the drug formulary at least once every 12 months,
iii. Develop medication usage and medication substitution policies and procedures, and
iv. Specify which medications and medication classifications are required to be automatically stopped after a specific time period unless the ordering medical practitioner specifically orders otherwise;
b. The pharmaceutical services are provided under the direction of a pharmacist;
c. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
d. A copy of the pharmacy license is provided to the Department upon request.

E. When medication is stored at a health care institution, an administrator shall ensure that:
1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
2. Medication is stored according to the instructions on the medication container; and
3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient for:
a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
c. A medication recall and notification of patients who received recalled medication;
d. Storing, inventorying, and dispensing controlled substances;
e. If applicable, donated medicine according to A.R.S. § 32-1909.

F. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the health care institution's clinical director.

Historical Note
Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1710. Food Services
If food services are provided, an administrator shall ensure:
1. Food is obtained, handled, and stored to prevent contamination, spoilage, or a threat to the health of a patient;
2. Three nutritionally balanced meals are served each day;
3. Nutritious snacks are available between meals;
4. Food served meets any special dietary needs of a patient as prescribed by the patient's physician or dietitian; and
5. Chemicals and detergents are not stored with food.

Historical Note
Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-1711. Emergency and Safety Standards
A. An administrator shall ensure that:
1. A first aid kit is available at a health care institution;
2. If a firearm or ammunition for a firearm are stored at a health care institution:
a. The firearm is stored separate from the ammunition for the firearm; and
b. The firearm and the ammunition for the firearm are:
i. Stored in a locked closet, cabinet, or container; and
ii. Inaccessible to a patient;
3. If applicable, there is a smoke detector installed in:
a. A bedroom used by a patient,
b. A hallway in a health care institution, and
c. A health care institution's kitchen;
4. A smoke detector required in subsection (A)(3):
a. Is maintained in operable condition; and
b. Is battery operated or, if hard-wired into the electrical system of a health care institution, has a back-up battery;
5. A health care institution has a portable fire extinguisher that is labeled 1A-10-BC by the Underwriters Laboratory and is available to a personnel member;
6. A portable fire extinguisher required in subsection (A)(5) is:
a. If a disposable fire extinguisher, replaced when the fire extinguisher's indicator reaches the red zone; or
b. Serviced at least once every 12 months and has a tag attached to the fire extinguisher that includes the date of service;
7. A written evacuation plan is maintained and available for use by personnel members and any patient in a health care institution;
8. An evacuation drill is conducted at least once every six months; and

9. A record of an evacuation drill required in subsection (A)(8) is maintained for at least 12 months after the date of the evacuation drill.

B. An administrator shall:
1. Obtain a fire inspection conducted according to the timeframe established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the fire inspection report, and
3. Maintain documentation of a current fire inspection.

Historical Note
Adopted effective July 24, 1978 (Supp. 78-4). Section repealed; new Section adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1712. Physical Plant, Environmental Services, and Equipment Standards

A. If applicable, an administrator shall ensure that a health care institution:
1. Is in a building that:
   a. Has a certificate of occupancy from the local jurisdiction; and
   b. Is free of any plumbing, electrical, ventilation, mechanical, or structural hazard that may jeopardize the health or safety of a patient;
2. Has a living room accessible at all times to a patient;
3. Has a dining area furnished for group meals that is accessible to the provider, patients, and any other individuals present in the health care institution;
4. Has:
   a. At least one bathroom for every six individuals residing in the health care institution, including patients; and
   b. A bathroom accessible for use by a patient that contains:
      i. A working sink with running water, and
      ii. A working toilet that flushes and has a seat; and
5. Has equipment and supplies to maintain a patient's personal hygiene that are accessible to the patient.

B. An administrator shall ensure that:
1. A health care institution's premises are:
   a. Sufficient to provide the health care institution's scope of services;
   b. Cleaned and disinfected according to the health care institution's policies and procedures to prevent, minimize, and control illness and infection;
   c. Clean and free from accumulations of dirt, garbage, and rubbish; and
   d. Free from a condition or situation that may cause an individual to suffer physical injury;
2. If a health care institution collects urine or stool specimens from a patient, the health care institution has at least one bathroom that:
   a. Contains:
      i. A working sink with running water,
      ii. A working toilet that flushes and has a seat,
      iii. Toilet tissue,
      iv. Soap for hand washing,
      v. Paper towels or a mechanical air hand dryer,
      vi. Lighting, and
      vii. A means of ventilation; and
   b. Is for the exclusive use of the health care institution;
3. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
4. If pets or animals are allowed in the health care institution, pets or animals are:
   a. Controlled to prevent endangering the patients and to maintain sanitation;
   b. Licensed consistent with local ordinances; and
   c. For a dog or a cat, vaccinated against rabies;
5. A smoke-free environment is maintained on the premises;
6. A refrigerator used to store a medication is:
   a. Maintained in working order, and
   b. Only used to store medications;
7. Equipment at the health care institution is:
   a. Sufficient to provide the health care institution's scope of service;
   b. Maintained in working condition;
   c. Used according to the manufacturer's recommendations; and
   d. If applicable, tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures;
8. Documentation of an equipment test, calibration, and repair is maintained for at least 12 months after the date of testing, calibration, or repair; and
9. Combustible or flammable liquids and hazardous materials stored by the health care institution are stored in the original labeled containers or safety containers in a storage area that is locked and inaccessible to patients.

Historical Note
Adopted effective July 24, 1978 (Supp. 78-4). Section repealed, new Section adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1713. Repealed

Historical Note
Adopted effective July 24, 1978 (Supp. 78-4). Section repealed, new Section adopted effective July 6, 1994 (Supp. 94-3). Section repealed by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-1714. Reserved

R9-10-1715. Repealed

Historical Note
Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1716. Repealed

Historical Note
Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1717. Repealed

Historical Note
Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1718. Repealed

Historical Note
Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1719. Repealed

Historical Note
Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1720. Repealed

Historical Note
Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1721. Repealed

Historical Note
Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1722. Repealed

Historical Note
Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1723. Repealed

Historical Note
Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1724. Reserved

R9-10-1725. Reserved

R9-10-1726. Reserved

R9-10-1727. Reserved

R9-10-1728. Reserved

R9-10-1729. Reserved

R9-10-1730. Reserved

R9-10-1731. Repealed

Historical Note
Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1732. Repealed

Historical Note
Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1733. Repealed

Historical Note
Adopted effective July 24, 1978 (Supp. 78-4). Corrections: R9-10-1733(B)(2), correction in spelling, "architectural"; R9-10-1733(C)(1)(d), 100 square feet, corrected to read "1000" square feet, as certified effective July 24, 1978 (Supp. 87-2). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1734. Repealed

Historical Note
Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

ARTICLE 18. ADULT BEHAVIORAL HEALTH THERAPEUTIC HOMES

R9-10-1801. Definitions
In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article unless otherwise specified:

1. "Acceptance" means, after a referral from a collaborating health care institution, an individual begins to live in and receive services from a provider in an adult behavioral health therapeutic home.
2. "Backup provider" means an individual designated by a provider to be present in an adult behavioral health therapeutic home, when a provider is not present, who ensures that a resident receives the behavioral health services and ancillary services in the resident's treatment plan.
3. "Provider" means an individual who lives in an adult behavioral health therapeutic home and ensures that a resident receives the behavioral health services and ancillary services in the resident's treatment plan.
4. "Release" means a documented termination of services to a resident by a provider that is authorized by a collaborating health care institution.
5. "Resident" means an individual referred by a collaborating health care institution to and accepted by an adult behavioral health therapeutic home.

Historical Note
New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1802. Supplemental Application Requirements; Exemption

A. In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, an applicant shall include, in a format provided by the Department:
1. The name of the backup provider; and
2. For the adult behavioral health therapeutic home's collaborating health care institution:
   a. Name,
   b. Address,
   c. Class or subclass,
   d. License number, and
   e. Name and contact information for an individual assigned by the collaborating health care institution to monitor the adult behavioral health therapeutic home.

B. An adult behavioral health therapeutic home is exempt from complying with building codes or zoning standards required in 9 A.A.C. 10, Article 1 specified in A.R.S. § 36-421.

Historical Note
New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 28 A.A.R. 871 (April 29, 2022), with an immediate effective date of April 8, 2022 (Supp. 22-2).

R9-10-1803. Administration

A. A governing authority of an adult behavioral health therapeutic home:
1. Consists of no more than two providers, who live in the adult behavioral health therapeutic home;
2. Has the authority and responsibility to manage the adult behavioral health therapeutic home;
3. Has a documented agreement with a collaborating health care institution that establishes the responsibilities of the adult behavioral health therapeutic home and the collaborating health care institution, consistent with the requirements in this Chapter;
4. Shall establish, in writing, the adult behavioral health therapeutic home's scope of services, which are approved by the collaborating health care institution;
5. Shall designate a back-up provider to be present in the adult behavioral health therapeutic home and accountable for services provided by the adult behavioral health therapeutic home when the provider is not present at the adult behavioral health therapeutic home; and
6. Shall ensure that:
   a. No more than three residents are accepted by the adult behavioral health therapeutic home;
   b. Documentation required by this Article is provided to the Department within two hours after a Department request; and
   c. When documentation or information is required by this Chapter to be submitted on behalf of the adult behavioral health therapeutic home, the documentation or information is provided to the unit in the Department that is responsible for licensing the adult behavioral health therapeutic home.

B. A provider or back-up provider:
1. Is at least 21 years of age;
2. Holds current certification in cardiopulmonary resuscitation and first aid training applicable to the ages of residents;
3. Has the skills and knowledge established by the collaborating health care institution as specified in R9-10-118;
4. Has documentation of completion of training in assistance in the self-administration of medication as specified in R9-10-118; and
5. Has documentation of evidence of freedom from infectious tuberculosis:
   a. On or before the date the provider or back-up provider begins providing services at or on behalf of the adult behavioral health therapeutic home, and
   b. As specified in R9-10-113.

C. A provider shall ensure that policies and procedures are:
1. Established, documented, and implemented to protect the health and safety of a resident that cover:
   a. Recordkeeping;
   b. Resident acceptance and release;
   c. Resident rights;
   d. The provision of services, including coordinating the provision of behavioral health services;
   e. Residents' medical records, including electronic medical records;
   f. Assistance in the self-administration of medication;
   g. Infection control; and
   h. How a provider will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
2. Approved, in writing, by an adult behavioral health therapeutic home's collaborating health care institution before implementation and when the policies and procedures are reviewed or updated; and
3. Reviewed by the provider and an adult behavioral health therapeutic home's collaborating health care institution at least once every three years and updated as needed.

D. A provider shall provide written notification to the Department and the adult behavioral health therapeutic home's collaborating health care institution of a resident's:
1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
2. Self-injury, within two working days after the resident inflicts a self-injury that requires immediate intervention by an emergency medical services provider.

E. If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was accepted or while the resident is not at an adult behavioral health therapeutic home and not receiving services from the adult behavioral health therapeutic home, a provider shall report the alleged or suspected abuse, neglect, or exploitation of the resident according to A.R.S. § 46-454.

F. If a provider has a reasonable basis, according to A.R.S. § 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while a resident is receiving adult behavioral health therapeutic services, the provider shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
2. Immediately report the suspected abuse, neglect, or exploitation of the resident as follows:
   a. To the adult behavioral health therapeutic home's collaborating health care institution; and
   b. According to A.R.S. § 46-454;
3. Document:
   a. The suspected abuse, neglect, or exploitation;
   b. Any action taken according to subsection (F)(1); and
   c. The report in subsection (F)(2);
4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
   a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
   b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
   c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
   d. The actions taken by the provider to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.

G. A provider shall maintain a record for each provider and backup provider that includes:
1. For the provider and the backup provider:
   a. Name;

b. Date of birth;
c. Contact telephone number; and
d. Documentation of:
i. Verification of skills and knowledge, completed by the adult behavioral health therapeutic home's collaborating health care institution;
ii. Certification in cardiopulmonary resuscitation and first aid training;
iii. Completion of training in assistance in the self-administration of medication, provided by the adult behavioral health therapeutic home's collaborating health care institution;
iv. If the provider or backup provider provides behavioral health services, clinical oversight as required in R9-10-1805(C); and
v. Evidence of freedom from infectious tuberculosis; and

2. For the backup provider, home address.

Historical Note
New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1804. Resident Rights

A. A provider shall ensure that:
1. A resident is treated with dignity, respect, and consideration;
2. A resident is not subjected to:
a. Abuse;
b. Neglect;
c. Exploitation;
d. Coercion;
e. Manipulation;
f. Sexual abuse;
g. Sexual assault;
h. Seclusion;
i. Restraint;
j. Retaliation for submitting a complaint to the Department or another entity; or
k. Misappropriation of personal and private property by:
i. An adult behavioral health therapeutic home's provider or backup provider, or
ii. An individual other than a resident residing in the adult behavioral health therapeutic home; and
3. A resident or the resident's representative:
a. Is informed of the resident complaint process;
b. Consents to photographs of the resident before the resident is photographed, except that the resident may be photographed when accepted by an adult behavioral health therapeutic home for identification and administrative purposes; and
c. Except as otherwise permitted by law, provides written consent to the release of information in the resident's medical record.

B. A resident has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive services that support and respect the resident's individuality, choices, strengths, and abilities;
3. To receive privacy in care for personal needs;
4. To review, upon written request, the resident's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
5. To receive a referral to another health care institution if the provider is not authorized or not able to provide physical health services or behavioral health services needed by the resident; and
6. To receive assistance from a family member, resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.

Historical Note
New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1805. Providing Services

A. A provider shall ensure that behavioral health services and ancillary services are provided to a resident according to the resident's treatment plan obtained from the adult behavioral health therapeutic home's collaborating health care institution.

B. A provider shall submit documentation of any significant change in a resident's behavior or physical, cognitive, or functional condition and the action taken by the provider to address the resident's changing needs to the adult behavioral health therapeutic home's collaborating health care institution or, if applicable, the resident's case manager.

C. A provider who provides behavioral health services to a resident:
1. For the purpose of an exception to licensing in A.R.S. § 32-3271, is considered a behavioral health technician; and
2. Shall comply with the requirements for clinical oversight for a behavioral health technician in R9-10-115.

Historical Note
New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1806. Assistance in the Self-Administration of Medication

A. If a provider provides assistance in the self-administration of medication, the provider shall ensure that:
1. If a resident is receiving assistance in the self-administration of medication, the resident's medication is stored by the provider;
2. The following assistance is provided to a resident:
a. A reminder when it is time to take the medication;
b. Opening the medication container or medication organizer for the resident;
c. Observing the resident while the resident removes the medication from the medication container or medication organizer;
d. Verifying that the medication is taken as ordered by the resident's medical practitioner by confirming that:
i. The resident taking the medication is the individual stated on the medication container label,
ii. The resident is taking the dosage of the medication as stated on the medication container label, and
iii. The resident is taking the medication at the time stated on the medication container label; or

e. Observing the resident while the resident takes the medication; and

3. Assistance in the self-administration of medication provided to a resident is documented in the resident's medical record.

B. When medication is stored by a provider, the provider shall ensure that:

1. A locked cabinet, closet, or self-contained unit is used for medication storage;
2. Medication is stored according to the instructions on the medication container; and
3. Medication, including expired medication, that is no longer being used is discarded.

C. A provider shall immediately report a medication error or a resident's adverse reaction to a medication to the:

1. Medical practitioner who ordered the medication, or
2. Contact individual at an adult behavioral health therapeutic home's collaborating health care institution.

Historical Note
New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1807. Medical Records

A. A provider shall ensure that:

1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a resident's medical record is:
   a. Only recorded by the provider or individual designated by the provider to record an entry;
   b. Dated, legible, and authenticated; and
   c. Not changed to make the initial entry illegible;
3. A resident's medical record is available to an individual:
   a. Authorized by policies and procedures to access the resident's medical record;
   b. If the individual is not authorized according to policies and procedures, with the written consent of the resident or the resident's representative; or
   c. As permitted by law; and
4. A resident's medical record is protected from loss, damage, or unauthorized use.

B. If a provider maintains residents' medical records electronically, the provider shall ensure that safeguards exist to prevent unauthorized access.

C. A provider shall ensure that a resident's medical record contains:

1. Resident information that includes:
   a. The resident's name,
   b. The resident's date of birth,
   c. Any known allergies, and
   d. Medication information for the resident;
2. The names, addresses, and telephone numbers of:
   a. The resident's medical practitioner;
   b. The resident's case manager, if applicable;
   c. The behavioral health professional assigned to the resident by the adult behavioral health therapeutic home's collaborating health care institution; and
   d. An individual to be contacted in the event of an emergency;
3. The date of the resident's acceptance by the adult behavioral health therapeutic home and, if applicable, the date of the resident's release from the adult behavioral health therapeutic home;
4. If applicable, the name and contact information of the resident's representative and:
   a. The document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
   b. If the resident's representative:
      i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      ii. Is a legal guardian, a copy of the court order establishing guardianship;
5. A copy of the resident's treatment plan and any updates to the resident's treatment plan, obtained from the adult behavioral health therapeutic home's collaborating health care institution;
6. For a resident receiving assistance in the self-administration of medication, documentation that includes for each medication:
   a. The date and time of assistance;
   b. The name, strength, dosage, and route of administration;
   c. The provider's signature or first and last initials; and
   d. Any adverse reaction the resident has to the medication;
7. Documentation of the resident's refusal of a medication, if applicable;
8. Documentation of any significant change in a resident's behavior or physical, cognitive, or functional condition and the action taken by a provider to address the resident's changing needs;
9. If applicable, documentation of any actions taken to control the resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual; and
10. If applicable, a written notice of termination of residency.

Historical Note
New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1808. Food Services

A provider shall ensure that:

1. Food is obtained, handled, and stored to prevent contamination, spoilage, or a threat to the health of a resident;
2. Three nutritionally balanced meals are served each day;
3. Nutritious snacks are available between meals;
4. Food served meets any special dietary needs of a resident as prescribed by the resident's physician or registered dietitian; and
5. Chemicals or detergents are not stored with food.

Historical Note
New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1809. Emergency and Safety Standards

A provider shall ensure that:

1. A first aid kit is available at an adult behavioral health therapeutic home sufficient to meet the needs of residents;
2. If a firearm or ammunition for a firearm is stored at an adult behavioral health therapeutic home:

a. The firearm is stored separate from the ammunition for the firearm; and
b. The firearm and the ammunition for the firearm are:
i. Stored in a locked closet, cabinet, or container; and
ii. Inaccessible to a resident;
3. A smoke detector is installed in:
a. A bedroom used by a resident,
b. A hallway in an adult behavioral health therapeutic home, and
c. An adult behavioral health therapeutic home's kitchen;
4. A smoke detector required in subsection (3):
a. Is maintained in operable condition; and
b. Is battery operated or, if hard-wired into the electrical system of an adult behavioral health therapeutic home, has a back-up battery;
5. An adult behavioral health therapeutic home has a portable fire extinguisher that is labeled 1A-10-BC by the Underwriters Laboratory and available in the adult behavioral health therapeutic home's kitchen;
6. A portable fire extinguisher required in subsection (5) is:
a. If a disposable fire extinguisher, replaced when the fire extinguisher's indicator reaches the red zone; or
b. Serviced at least once every 12 months and has a tag attached to the fire extinguisher that includes the date of service;
7. A written evacuation plan is maintained and available for use by the provider and any resident in an adult behavioral health therapeutic home;
8. An evacuation drill is conducted at least once every six months; and
9. A record of an evacuation drill required in subsection (8) is maintained for at least one year after the date of the evacuation drill.

Historical Note
New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1810. Physical Plant, Environmental Services, and Equipment Standards

A. A provider shall ensure that an adult behavioral health therapeutic home:
1. Is in a building that:
a. Is arranged, designed, and used for the living, sleeping, and housekeeping activities for one family on a permanent basis; and
b. Is free of any plumbing, electrical, ventilation, mechanical, chemical, or structural hazard that may jeopardize the health or safety of a resident;
2. Has a living room accessible at all times to a resident;
3. Has a dining area furnished for group meals that is accessible to the provider, residents, and any other individuals present in the adult behavioral health therapeutic home;
4. For each six individuals residing in the adult behavioral health therapeutic home, including residents, has at least one bathroom equipped with:
a. A working toilet that flushes and has a seat; and
b. A sink with running water accessible for use by a resident;
5. Has equipment and supplies to maintain a resident's personal hygiene that are accessible to the resident;
6. Is clean and free from accumulations of dirt, garbage, and rubbish; and
7. Implements a pest control program that complies with A.A.C. R3-8-201(C)(4) to minimize the presence of insects and vermin at the adult behavioral health therapeutic home.

B. A provider shall ensure that pets and animals are:
1. Controlled to prevent endangering the residents and to maintain sanitation;
2. Licensed consistent with local ordinances; and
3. For a dog or cat, vaccinated against rabies.

C. If a swimming pool is located on the premises, a provider shall ensure that:
1. The swimming pool is equipped with the following:
a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and that includes at least:
i. A removable strainer,
ii. Two swimming pool inlets located on opposite sides of the swimming pool, and
iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools; and
b. An operational cleaning system;
2. The swimming pool is enclosed by a wall or fence that:
a. Is at least five feet in height as measured on the exterior of the wall or fence;
b. Has no vertical openings greater that four inches across;
c. Has no horizontal openings, except as described in subsection (C)(2)(e);
d. Is not chain-link;
e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
f. Has a self-closing, self-latching gate that:
i. Opens away from the swimming pool,
ii. Has a latch located at least 54 inches from the ground, and
iii. Is locked when the swimming pool is not in use; and
3. A life preserver or shepherd's crook is available and accessible in the pool area.

D. A provider shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (C)(2) is covered and locked when not in use.

E. A provider shall ensure that:
1. A bedroom for use by a resident:
a. Is separated from a hall, corridors, or other habitable room by floor-to-ceiling walls containing no interior openings except doors and is not used as a passageway to another bedroom or habitable room;
b. Provides sufficient space for an individual in the bedroom to have unobstructed access to the bedroom door;
c. Contains for each resident using the bedroom:
i. A separate, adult-sized, single bed or larger bed with a clean mattress in good repair;
ii. Clean bedding appropriate for the season; and
iii. An individual dresser and closet for storage of personal possessions and clothing; and
d. If used for:
i. Single occupancy, contains at least 60 square feet of floor space; or

ii. Double occupancy, contains at least 100 square feet of floor space; and
2. A mirror is available to a resident for grooming;
3. A resident does not share a bedroom with an individual who is not a resident;
4. No more than two residents share a bedroom;
5. If two residents share a bedroom, each resident agrees, in writing, to share the bedroom; and
6. A resident's bedroom is not used to store anything other than the furniture and articles used by the resident and the resident's belongings.

Historical Note
New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

ARTICLE 19. COUNSELING FACILITIES

R9-10-1901. Repealed

Historical Note
New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Repealed by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-1902. Supplemental Application Requirements
In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, a governing authority applying for a license as a counseling facility shall submit, in a format provided by the Department:
1. The days and hours of clinical operation and, if different from the days and hours of clinical operation, the days and hours of administrative operation;
2. If applicable, a request to provide one of more of the following:
   a. DUI screening,
   b. DUI education,
   c. DUI treatment, or
   d. Misdemeanor domestic violence offender treatment;
3. Whether the counseling facility has an affiliated outpatient treatment center;
4. If the counseling facility has an affiliated outpatient treatment center:
   a. The affiliated outpatient treatment center's name; and
   b. Either:
      i. The license number assigned to the affiliated outpatient treatment center by the Department; or
      ii. If the affiliated outpatient treatment center is not currently licensed, the:
         (1) Street address of the affiliated outpatient treatment center, and
         (2) Date the affiliated outpatient treatment center submitted to the Department an application for a health care institution license;
5. Whether the counseling facility is sharing administrative support with an affiliated counseling facility; and
6. If the counseling facility is sharing administrative support with an affiliated counseling facility, for each affiliated counseling facility sharing administrative support with the counseling facility:
   a. The affiliated counseling facility's name; and
   b. Either:
      i. The license number assigned to the affiliated counseling facility by the Department; or
      ii. If the affiliated counseling facility is not currently licensed, the:
         (1) Street address of the affiliated counseling facility, and
         (2) Date the affiliated counseling facility submitted to the Department an application for a health care institution license.

Historical Note
New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-1903. Administration
A. A governing authority shall:
1. Consist of one of more individuals accountable for the organization, operation, and administration of a counseling facility;
2. Establish, in writing:
   a. A counseling facility's scope of services, and
   b. Qualifications for an administrator;
3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
4. Adopt a quality management program according to R9-10-1904;
5. Review and evaluate the effectiveness of the quality management program in R9-10-1904 at least once every 12 months;
6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
   a. Expected not to be present on the premises for more than 30 calendar days, or
   b. Not present on the premises for more than 30 calendar days; and
7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in an administrator and identify the name and qualifications of the new administrator.

B. An administrator:
1. Is directly accountable to the governing authority for the daily operation of the counseling facility and all services provided by or at the counseling facility;
2. Has the authority and responsibility to manage the counseling facility; and
3. Except as provided in subsection (A)(6), designates in writing, an individual who is present on the counseling facility's premises and accountable for the counseling facility when the administrator is not available.

C. An administrator or the administrator of the counseling facility's affiliated outpatient treatment center shall establish policies and procedures to protect the health and safety of a patient that:
1. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience, for personnel members, employees, volunteers, and students;

2. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
3. Include how a personnel member may submit a complaint relating to services provided to a patient;
4. Cover the requirements in Title 36, Chapter 4, Article 11;
5. Cover patient screening, admission, assessment, discharge planning, and discharge;
6. Cover medical records;
7. Cover the provision of counseling and any services listed in the counseling facility's scope of services;
8. Include when general consent and informed consent are required;
9. Cover telehealth, if applicable;
10. Cover specific steps for:
    a. A patient or a patient's representative to file a complaint, and
    b. A counseling facility to respond to a complaint; and
11. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual.

D. An administrator shall ensure that:
1. Policies and procedures established according to subsection (C) are documented and implemented;
2. Counseling facility policies and procedures are:
    a. Reviewed at least once every three years and updated as needed, and
    b. Available to personnel members and employees;
3. Unless otherwise stated:
    a. Documentation required by this Article is maintained and provided to the Department within two hours after a Department request; and
    b. When documentation or information is required by this Chapter to be submitted on behalf of a counseling facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the counseling facility;
4. The following are conspicuously posted:
    a. The current license for the counseling facility issued by the Department;
    b. The name, address, and telephone number of the Department;
    c. A notice that a patient may file a complaint with the Department about the counseling facility;
    d. A list of patient rights;
    e. A map for evacuating the facility; and
    f. A notice identifying the location on the premises where current license inspection reports required in A.R.S. § 36-425(H), with patient information redacted, are available;
5. Patient follow-up instructions are:
    a. Provided, orally or in written form, to a patient or the patient's representative before the patient leaves the counseling facility unless the patient leaves against a personnel member's advice; and
    b. Documented in the patient's medical record; and
6. Cardiopulmonary resuscitation training includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation.

E. If abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred before the patient was admitted or while the patient is not on the premises and not receiving services from a counseling facility's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the patient as follows:
1. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
2. For a patient under 18 years of age, according to A.R.S. § 13-3620.

F. If an administrator has a reasonable basis, according to A.R.S. §§ 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a patient is receiving services from a counseling facility's employee or personnel member, an administrator shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
2. Report the suspected abuse, neglect, or exploitation of the patient as follows:
    a. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
    b. For a patient under 18 years of age, according to A.R.S. § 13-3620;
3. Document:
    a. The suspected abuse, neglect, or exploitation;
    b. Any action taken according to subsection (F)(1); and
    c. The report in subsection (F)(2);
4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
    a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
    b. A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
    c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
    d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1904. Quality Management

An administrator shall ensure that:
1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
    a. A method to identify, document, and evaluate incidents;
    b. A method to collect data to evaluate services provided to patients;

c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
a. An identification of each concern about the delivery of services related to patient care, and
b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note
New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

R9-10-1905. Contracted Services
An administrator shall ensure that:
1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note
New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

R9-10-1906. Personnel
An administrator shall ensure that:
1. The qualifications, skills, and knowledge required for each type of personnel member:
a. Are based on:
i. The type of counseling expected to be provided by the personnel member according to the established job description, and
ii. The acuity of the patients expected to be receiving the counseling from the personnel member according to the established job description; and
b. Include:
i. The specific skills and knowledge necessary for the personnel member to provide the counseling listed in the established job description,
ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the counseling listed in the established job description, and
iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the counseling listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
a. Before the personnel member provides counseling, and
b. According to policies and procedures;
3. Sufficient personnel members are present on a counseling facility's premises during hours of clinical operation with the qualifications, skills, and knowledge necessary to:
a. Provide the counseling in the counseling facility's scope of services,
b. Meet the needs of a patient, and
c. Ensure the health and safety of a patient;
4. At least one personnel member with cardiopulmonary resuscitation training is present on a counseling facility's premises during hours of clinical operation;
5. At least one personnel member with first aid training is present on a counseling facility's premises during hours of clinical operation;
6. A personnel member only provides counseling the personnel member is qualified to provide;
7. A plan is developed, documented, and implemented to provide orientation specific to the duties of personnel members, employees, volunteers, and students;
8. A personnel member completes orientation before providing counseling to a patient;
9. An individual's orientation is documented, to include:
a. The individual's name,
b. The date of the orientation, and
c. The subject or topics covered in the orientation;
10. A plan is developed, documented, and implemented to provide in-service education specific to the duties of a personnel member;
11. A personnel member's in-service education is documented, to include:
a. The personnel member's name,
b. The date of the in-service education, and
c. The subject or topics covered in the in-service education;
12. A personnel member who is a behavioral health technician or behavioral health paraprofessional complies with the applicable requirements in R9-10-115;
13. A record for a personnel member, an employee, a volunteer, or a student is maintained that includes:
a. The individual's name, date of birth, and contact telephone number;
b. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
c. Documentation of:
i. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
ii. The individual's education and experience applicable to the individual's job duties;
iii. The individual's completed orientation and in-service education as required by policies and procedures;
iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
v. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
vi. The individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03, if applicable;

vii. If applicable, cardiopulmonary resuscitation training; and
viii. If applicable, first aid training; and

14. The record in subsection (13) is:
    a. Maintained while an individual provides services for or at the counseling facility and for at least 24 months after the last date the individual provided services for or at the counseling facility; and
    b. If the ending date of employment or volunteer service was 12 or more months before the date of the Department's request, provided to the Department within 72 hours after the Department's request.

Historical Note
New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

R9-10-1907. Patient Rights

A. An administrator shall ensure that at the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C).

B. An administrator shall ensure that:
1. A patient is treated with dignity, respect, and consideration;
2. A patient as not subjected to:
    a. Abuse;
    b. Neglect;
    c. Exploitation;
    d. Coercion;
    e. Manipulation;
    f. Sexual abuse;
    g. Sexual assault;
    h. Restraint or seclusion;
    i. Retaliation for submitting a complaint to the Department or another entity; or
    j. Misappropriation of personal and private property by a counseling facility's personnel member, employee, volunteer, or student; and
3. A patient or the patient's representative:
    a. Either consents to or refuses counseling;
    b. May refuse or withdraw consent for receiving counseling before counseling is initiated;
    c. Is informed of the following:
        i. The counseling facility's policy on health care directives, and
        ii. The patient complaint process;
    d. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a counseling facility for identification and administrative purposes; and
    e. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
        i. Medical record, or
        ii. Financial records.

C. A patient has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive counseling that supports and respects the patient's individuality, choices, strengths, and abilities;
3. To receive privacy during counseling;
4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
5. To receive a referral to another health care institution if the counseling facility is not authorized or not able to provide the behavioral health services needed by the patient;
6. To participate or have the patient's representative participate in the development of, or decisions concerning, the counseling provided to the patient;
7. To participate or refuse to participate in research or experimental treatment; and
8. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

Historical Note
New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

R9-10-1908. Medical Records

A. An administrator shall ensure that:
1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
    a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
    b. Dated, legible, and authenticated; and
    c. Not changed to make the initial entry illegible;
3. An order is:
    a. Dated when the order is entered in the patient's medical record and includes the time of the order;
    b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
    c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A patient's medical record is available to an individual:
    a. Authorized according to policies and procedures to access the patient's medical record;
    b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
    c. As permitted by law; and
6. A patient's medical record is protected from loss, damage, or unauthorized use.

B. If a counseling facility maintains patients' medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a medical record is recorded by the computer's internal clock.

C. An administrator shall ensure that a patient's medical record contains:
1. Patient information that includes:
    a. The patient's name and address, and
    b. The patient's date of birth;
2. A diagnosis or reason for counseling;

3. Documentation of general consent and, if applicable, informed consent for counseling by the patient or the patient's representative;
4. If applicable, the name and contact information of the patient's representative and:
   a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
   b. If the patient's representative:
      i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      ii. Is a legal guardian, a copy of the court order establishing guardianship;
5. Documentation of medical history;
6. Orders;
7. Assessment;
8. Interval notes;
9. Progress notes;
10. Documentation of counseling provided to the patient;
11. The name of each individual providing counseling;
12. Disposition of the patient upon discharge;
13. Documentation of the patient's follow-up instructions provided to the patient;
14. A discharge summary; and
15. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

R9-10-1909. Counseling

A. An administrator of a counseling facility shall ensure that:
1. Counseling provided at the counseling facility is provided under the direction of a behavioral health professional;
2. A personnel member who provides counseling is at least 18 years old; and
3. If a counseling facility provides counseling to a patient who is less than 18 years of age, an employee or a volunteer and the owner comply with the fingerprint clearance card requirements in A.R.S. § 36-425.03.

B. An administrator of a counseling facility shall ensure that:
1. Before counseling for a patient is initiated, there is a behavioral health assessment for the patient that complies with the requirements in this Section that is:
   a. Available:
      i. In the patient's medical record maintained by the counseling facility;
      ii. If the counseling facility is an affiliated counseling facility, in the patient's integrated medical record; or
      iii. If the counseling facility has an affiliated outpatient treatment center, in the patient's integrated medical record maintained by the counseling facility's affiliated outpatient treatment center; and
   b. Either:
      i. Completed by a personnel member at the counseling facility; or
      ii. Obtained from a behavioral health provider other than the counseling facility;
2. A behavioral health assessment, obtained from a behavioral health provider other than the counseling facility or available in a medical record or integrated medical record, was completed within 12 months before the date of the patient's current admission;
3. If a behavioral health assessment is obtained from a behavioral health provider other than the counseling facility or is available as stated in subsection (B)(1)(a), the information in the behavioral health assessment is reviewed and updated if additional information that affects the patient's behavioral health assessment is identified;
4. The review and update of the patient's assessment information in subsection (B)(3) is documented in the patient's medical record within 48 hours after the review is completed;
5. If a behavioral health assessment is conducted by a:
   a. Behavioral health technician or a registered nurse, within 72 hours after the behavioral health assessment is conducted, a behavioral health professional certified or licensed to provide the counseling needed by the patient reviews and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the counseling needed by the patient; or
   b. Behavioral health paraprofessional, a behavioral health professional certified or licensed to provide the counseling needed by the patient supervises the behavioral health paraprofessional during the completion of the behavioral health assessment and signs the behavioral health assessment to ensure that the assessment identifies the counseling needed by the patient;
6. A behavioral health assessment:
   a. Documents a patient's:
      i. Presenting issue;
      ii. Substance use history;
      iii. Co-morbidity;
      iv. Medical condition and history;
      v. Legal history, including:
         (1) Custody,
         (2) Guardianship, and
         (3) Pending litigation;
      vi. Criminal justice record;
      vii. Family history;
      viii. Behavioral health treatment history; and
      ix. Symptoms reported by the patient or the patient's representative and referrals needed by the patient, if any;
   b. Includes:
      i. Recommendations for further assessment or examination of the patient's needs;
      ii. A description of the counseling, including type, frequency, and number of hours, that will be provided to the patient; and
      iii. The signature and date signed of the personnel member conducting the behavioral health assessment; and
   c. Is documented in patient's medical record;
7. A patient is referred to a medical practitioner if a determination is made that the patient requires immediate physi-

cal health services or the patient's behavioral health issue may be related to the patient's medical condition;
8. A request for participation in a patient's behavioral health assessment is made to the patient or the patient's representative;
9. An opportunity for participation in the patient's behavioral health assessment is provided to the patient or the patient's representative;
10. Documentation of the request in subsection (B)(8) and the opportunity in subsection (B)(9) is in the patient's medical record;
11. A patient's behavioral health assessment information is documented in the medical record within 48 hours after completing the assessment;
12. If information in subsection (B)(6)(a) is obtained about a patient after the patient's behavioral health assessment is completed, an interval note, including the information, is documented in the patient's medical record within 48 hours after the information is obtained;
13. Counseling is:
    a. Offered as described in the counseling facility's scope of services;
    b. Provided according to the type, frequency, and number of hours identified in the patient's assessment; and
    c. Provided by a behavioral health professional or a behavioral health technician;
14. A personnel member providing counseling to address a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue; and
15. Each counseling session is documented in the patient's medical record to include:
    a. The date of the counseling session;
    b. The amount of time spent in the counseling session;
    c. Whether the counseling was individual counseling, family counseling, or group counseling;
    d. The treatment goals addressed in the counseling session; and
    e. The signature of the personnel member who provided the counseling and the date signed.

C. An administrator may provide any of the following, according to the applicable requirements in 9 A.A.C. 20, to individuals required to attend by a referring court, if approved by the Department to provide the services:
1. DUI screening,
2. DUI education,
3. DUI treatment, or
4. Misdemeanor domestic violence offender treatment.

D. An administrator of a counseling facility authorized to provide the services in subsection (C):
1. Shall comply with the requirements for the specific service in 9 A.A.C. 20, and
2. May have a behavioral health technician who has the appropriate skills and knowledge established in policies and procedures provide the services.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1910. Physical Plant, Environmental Services, and Safety Standards

A. An administrator shall ensure that a counseling facility has either:
1. Both of the following:
    a. A smoke detector installed in each hallway of the counseling facility that is:
        i. Maintained in an operable condition;
        ii. Either battery operated or, if hard-wired into the electrical system of the outpatient treatment center, has a back-up battery; and
        iii. Tested monthly; and
    b. A portable, operable fire extinguisher, labeled as rated at least 2A-10-BC by the Underwriters Laboratories, that:
        i. Is available at the counseling facility;
        ii. Is mounted in a fire extinguisher cabinet or placed on wall brackets so that the top handle of the fire extinguisher is not over five feet from the floor and the bottom of the fire extinguisher is at least four inches from the floor;
        iii. If a disposable fire extinguisher, is replaced when its indicator reaches the red zone; and
        iv. If a rechargeable fire extinguisher, is serviced at least once every 12 months and has a tag attached to the fire extinguisher that specifies the date of the last servicing and the name of the servicing person; or
2. Both of the following that are tested and serviced at least once every 12 months:
    a. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, that is in working order; and
    b. A sprinkler system installed according to the National Fire Protection Association 13: Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, that is in working order.

B. An administrator shall ensure that documentation of a test required in subsection (A) is maintained for at least 12 months after the date of the test.

C. An administrator shall ensure that on a counseling facility's premises:
1. Exit signs are illuminated, if the local fire jurisdiction requires illuminated exit signs;
2. Corridors and exits are kept clear of any obstructions;
3. A patient can exit through any exit during hours of clinical operation;
4. An extension cord is not used instead of permanent electrical wiring; and
5. Each electrical outlet and electrical switch has a cover plate that is in good repair.

D. An administrator shall:
1. Obtain a fire inspection conducted according to the timeframe established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the fire inspection report, and
3. Maintain documentation of a current fire inspection.

E. An administrator shall ensure that:
1. A counseling facility's premises are:

a. Sufficient to provide the counseling facility's scope of services;
b. Cleaned and disinfected to prevent, minimize, and control illness and infection; and
c. Free from a condition or situation that may cause an individual to suffer physical injury;

2. If a bathroom is on the premises, the bathroom contains:
a. A working sink with running water,
b. A working toilet that flushes and has a seat,
c. Toilet tissue,
d. Soap for hand washing,
e. Paper towels or a mechanical air hand dryer,
f. Lighting, and
g. A means of ventilation;

3. If a bathroom is not on the premises, a bathroom is:
a. Available for a patient's use,
b. Located in a building in contiguous proximity to the counseling facility, and
c. Free from a condition or situation that may cause an individual using the bathroom to suffer a physical injury; and

4. A tobacco smoke-free environment is maintained on the premises.

Historical Note
New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4).

R9-10-1911. Integrated Information

A. An administrator of an affiliated outpatient treatment center may maintain the following information, required in this Article for a counseling facility for which the affiliated outpatient treatment center provides administrative support, integrated with information required in 9 A.A.C. 10, Article 10 for the outpatient treatment center:
1. Quality management plan, documented incidents, and reports required in R9-10-1904;
2. Contracted services information in R9-10-1905;
3. Orientation plan, in-service education plan, and personnel records in R9-10-1906; and
4. Medical records in R9-10-1908.

B. An administrator of an affiliated counseling facility that shares administrative support with one or more other affiliated counseling facilities may maintain the information in subsections (A)(1) through (A)(4) integrated with information maintained by the other affiliated counseling facilities.

C. If an administrator of an affiliated outpatient treatment center or an affiliated counseling facility maintains integrated information according to subsection (A) or (B), the administrator shall develop, document, and implement a method to ensure that:
1. If the quality management plan is integrated, the incidents documented, concerns identified, and changes or actions taken are identified for each facility;
2. If a person provides contracted services at more than one facility, the types of services the person provides at each facility is identified in the contract information;
3. If an orientation plan is applicable to more than one facility, the orientation a personnel member is expected to obtain for each facility is identified in the orientation plan;
4. If an in-service education plan is applicable to more than one facility, the in-service education a personnel member is expected to obtain for each facility is identified in the in-service education plan;
5. If a personnel member provides counseling at more than one facility, the following is identified in the personnel member's record:
a. The days and hours the personnel member provides counseling for each facility;
b. If the personnel member's job description is different for each facility:
i. Each job description for the personnel member, and
ii. Verification of the skills and knowledge to provide counseling according to each of the personnel member's job descriptions; and
c. If a personnel member is a behavioral health technician, documentation of the clinical oversight provided to the personnel member, based on the number and acuity of the patients to whom the personnel member provided counseling at each facility; and
6. If a patient receives counseling at more than one facility, the counseling received and any information related to the counseling received at each facility is identified in the patient's medical record.

D. An administrator of a counseling facility receiving administrative support from an affiliated outpatient treatment center or an affiliated counseling facility shall ensure that if the counseling facility:
1. Has integrated information, the integrated information is provided to the Department for review within two hours after the Department's request:
a. In a written or electronic format at the counseling facility's premises; or
b. Electronically directly to the Department.
2. No longer receives or shares administrative support that includes integrating the information in subsection (A), the information for the counseling facility required in this Article is maintained by the counseling facility and provided to the Department according to the requirements in this Article.

Historical Note
New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4).

ARTICLE 20. PAIN MANAGEMENT CLINICS

R9-10-2001. Definitions

In addition to the definitions in R9-10-101, the following definitions apply in this Article, unless otherwise specified:
1. "Order" means to issue written, verbal, or electronic instructions for a specific dose of a specific medication in a specific quantity and route of administration to be obtained and administered to a patient in a health care institution.
2. "Physician" means an individual licensed as a physician according to A.R.S. Title 32, Chapter 13, 14, or 17.

Historical Note
New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

R9-10-2002. Application and Documentation Submission Requirements

A. An applicant shall submit an application for licensure that meets the requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1.

B. An applicant or licensee shall submit to the Department:
1. The applicable fees required in R9-10-106(C), and
2. The documentation required according to A.R.S. § 36-448.02(C).

Historical Note
New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4). For clarity, the citation to Arizona Revised Statutes in subsection (B)(2) has been corrected to include "A.R.S." and the § (section) symbol (Supp. 21-2). Amended by final rulemaking at 32 A.A.R. 504 (February 27, 2026, Issue 9), effective April 6, 2026 (Supp. 26-1).

R9-10-2003. Administration

A. A licensee is responsible for the organization and management of a pain management clinic.

B. A licensee shall:
1. Adopt policies and procedures for the administration and operation of a pain management clinic;
2. Designate a medical director who is licensed:
   a. As a physician according to A.R.S. Title 32, Chapter 13 or 17; or
   b. As a nurse practitioner according to A.R.S. Title 32, Chapter 15 with advanced pain management certification from a nationally recognized accreditation or certification entity;
3. Ensure that there are a sufficient number of personnel members and employees with the required knowledge and qualifications to:
   a. Meet the requirements of this Article,
   b. Ensure the health and safety of a patient, and
   c. Meet the needs of a patient based on the patient's medical evaluation; and
4. Ensure the following are conspicuously posted on the premises:
   a. The current pain management clinic license issued by the Department;
   b. The current telephone number and address of the unit in the Department responsible for licensing the pain management clinic;
   c. An evacuation map posted in all hallways; and
   d. A phone number for:
      i. An opioid assistance and referral hotline, and
      ii. A poison control hotline.

C. A medical director shall ensure that:
1. Pain management services are provided under the direction of:
   a. A physician, or
   b. A nurse practitioner licensed according to A.R.S. Title 32, Chapter 15 with advanced pain management certification from a nationally recognized accreditation or certification entity;
2. A record that includes cardiopulmonary resuscitation training is maintained for each personnel member, employee, volunteer, or student who is required by policies and procedures to obtain cardiopulmonary resuscitation training; and
3. A personnel member certified in cardiopulmonary resuscitation is available on the pain management clinic's premises while patients are present.

D. A medical director shall ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
1. Cover personnel member qualifications, duties, and responsibilities, including who may order, prescribe, or administer an opioid and the required knowledge and qualifications of those personnel members;
2. Cover cardiopulmonary resuscitation training, including:
   a. The method and content of cardiopulmonary resuscitation training, including a demonstration of an individual's ability to perform cardiopulmonary resuscitation;
   b. The qualifications required for an individual to provide cardiopulmonary resuscitation training;
   c. The time-frame for renewal of cardiopulmonary resuscitation training; and
   d. The documentation that verifies that an individual has received cardiopulmonary resuscitation training;
3. Cover the storage, accessibility, disposal, and documentation of a medication;
4. Cover the prescribing or ordering of an opioid:
   a. Including how, when, and by whom:
      i. A patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database is reviewed;
      ii. An assessment is conducted of a patient's substance use risk;
      iii. The potential risks, adverse outcomes, and complications, including death, associated with the use of opioids are explained to a patient or the patient's representative;
      iv. Alternatives to a prescribed or ordered opioid are explained to a patient or the patient's representative;
      v. Informed consent is obtained from a patient or the patient's representative;
      vi. A patient receiving an opioid is monitored; and
      vii. The actions taken according to subsections (D)(4)(a)(i) through (vi) are documented;
   b. Addressing conditions that may impose a higher risk to a patient when prescribing or ordering an opioid, including:
      i. Concurrent use of a benzodiazepine or other sedative-hypnotic medication,
      ii. History of substance use disorder,
      iii. Co-occurring behavioral health issue, or
      iv. Pregnancy;
   c. Addressing the criteria for co-prescribing a short-acting opioid antagonist for a patient;
   d. Including the frequency of the following for a patient prescribed an opioid for longer than a 30-calendar-day period:
      i. Face-to-face interactions with the patient,
      ii. Assessment of a patient's substance use risk,
      iii. Urine drug testing,
      iv. Renewal of an opioid prescription without a face-to-face interaction with the patient, and
      v. Monitoring the effectiveness of the treatment;

e. If applicable according to A.R.S. § 36-2608, including documenting a dispensed opioid in the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
f. Addressing the criteria and procedures for tapering opioid prescription or ordering;
g. Addressing the criteria and procedures for offering or referring a patient for treatment for substance use disorder; and
h. If opioids are administered at the pain management clinic, including how, when, and by whom:
i. A patient's need for opioid administration is assessed,
ii. A patient receiving an opioid is monitored, and
iii. The actions taken according to subsections (D)(4)(h)(i) and (ii) are documented;
5. Cover accessibility and security of medical records;
6. Cover infection control, including methods for sterilizing equipment and supplies and methods for identifying, storing, and disposing of biohazardous medical waste; and
7. Cover emergency treatment, including:
a. A list of the medications, supplies, and equipment kept on the premises to provide treatment in response to an emergency caused by a procedure or medication administered at the pain management clinic;
b. A requirement that a cart or a container is available for emergency treatment that contains the medications, supplies, and equipment specified in the policies and procedures according to subsection (D)(7)(a);
c. A method to verify and document that the contents of the cart or container are available for emergency treatment; and
d. A method for ensuring a patient is transferred to a hospital or other health care institution to receive treatment for a medical emergency that the pain management clinic is not authorized or not able to provide.

E. As applicable and except when contrary to medical judgment for a patient, a medical director shall ensure that the policies and procedures in subsection (D)(4) are consistent with the Arizona Opioid Prescribing Guidelines or national opioid-prescribing guidelines, such as guidelines developed by the:
1. Centers for Disease Control and Prevention, or
2. The U.S. Department of Veterans Affairs and the U.S. Department of Defense.

F. A medical director shall, except as prohibited by Title 42 Code of Federal Regulations, Chapter I, Subchapter A, Part 2, ensure that:
1. If an opioid may have contributed to a patient's death:
a. Written notification of the patient's death is provided to the Department in a Department-provided format if:
i. A personnel member of the pain management clinic prescribed, ordered, or administered the opioid that may have contributed to the patient's death, or
ii. The patient's death occurred while the patient was on the premises of the pain management clinic; and
b. The written notification required by subsection (F)(1)(a)(i) is provided within one working day:
i. After the patient's death, if an opioid administered as part of treatment may have contributed to the death; or
ii. After a personnel member of the pain management clinic learns of the patient's death, if a prescribed opioid may have contributed to the patient's death; and
c. The written notification required by subsection (F)(1)(a)(ii) is provided according to R9-4-602; and
2. Written notification of a suspected opioid overdose is provided to the Department according to R9-4-602.

G. If the Department requests a patient's medical record for review, the licensee:
1. May provide the patient medical record to the Department either in paper or in an electronic format that is acceptable to the Department, and
2. Shall ensure that documentation required by this Article is provided to the Department within two hours after a Department request.

H. The Department may take enforcement action as specified in R9-10-111 if a pain management clinic:
1. Is not in substantial compliance with applicable requirements in 9 A.A.C. 10, Article 1 or this Article; or
2. Is in substantial compliance, but refuses to carry out a plan of correction acceptable to the Department.

Historical Note
New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4). Amended by final rulemaking at 32 A.A.R. 504 (February 27, 2026, Issue 9), effective April 6, 2026 (Supp. 26-1).

R9-10-2004. Quality Management
A medical director shall ensure that:
1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
a. A method to identify, document, and evaluate opioid-related adverse reactions or other incidents;
b. A method to collect data on services provided to patients;
c. A method to use the data to identify concerns about the delivery of services related to patient care;
d. A method to make changes or take action in response to a concern identified according to subsection (1)(c); and
e. The frequency with which the documented report required in subsection (2) will be submitted to the licensee;
2. A documented report is submitted to the licensee that includes:
a. Each concern about the delivery of services related to patient care, and
b. Any changes made or actions taken in response to that concern; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the licensee.

Historical Note
New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

R9-10-2005. Patient Rights
A. The licensee shall ensure that:

1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that include:
   a. How and when a patient or the patient's representative is informed of patient rights in subsection (C); and
   b. Where patient rights are posted as required in subsection (A)(1).

B. A licensee shall ensure that:
1. A patient is treated with dignity, respect, and consideration;
2. A patient is not subjected to:
   a. Abuse;
   b. Neglect;
   c. Exploitation;
   d. Coercion;
   e. Manipulation;
   f. Sexual abuse;
   g. Sexual assault;
   h. Retaliation for submitting a complaint to the Department or another entity; or
   i. Misappropriation of personal and private property by a pain management clinic's personnel member, employee, volunteer, or student; and
3. A patient or the patient's representative:
   a. Except in an emergency, either consents to or refuses treatment;
   b. May refuse or withdraw consent for treatment before treatment is initiated;
   c. Is informed of the following:
      i. The pain management clinic's policy on health care directives, and
      ii. The patient complaint process;
   d. Consents to photographs of the patient before a patient is photographed, except that a patient may be photographed when admitted to a pain management clinic for identification and administrative purposes; and
   e. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
      i. Medical record, or
      ii. Financial records.

C. A patient has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
3. To receive privacy in treatment and care for personal needs;
4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
5. To receive a referral to another health care institution if the pain management clinic is not authorized or not able to provide rehabilitation services or counseling services needed by the patient;
6. To participate or have the patient's representative participate in the development of, or decisions concerning, treatment;
7. To participate or refuse to participate in research or experimental treatment; and
8. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

D. A medical director shall ensure that before an opioid is prescribed or ordered for a patient, a medical practitioner obtains informed consent from the patient or patient's representative that includes:
1. The patient's:
   a. Name,
   b. Date of birth or other patient identifier, and
   c. Condition for which an opioid is being prescribed or ordered;
2. That an opioid is being prescribed or ordered;
3. The potential risks, adverse reactions, complications, and medication interactions associated with the use of an opioid;
4. If applicable, the potential risks, adverse outcomes, and complications associated with the concurrent use of an opioid and a benzodiazepine or another sedative-hypnotic medication;
5. Alternatives to a prescribed or ordered opioid;
6. The name and signature of the individual explaining the use of an opioid to the patient; and
7. The signature of the patient or the patient's representative and the date signed.

Historical Note

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4). Section R9-10-2005 renumbered to R9-10-2007; new Section R9-10-2005 renumbered from R9-10-2007 and amended by final rulemaking at 32 A.A.R. 504 (February 27, 2026, Issue 9), effective April 6, 2026 (Supp. 26-1).

R9-10-2006. Medical Records

A. A medical director shall ensure that a medical record is established and maintained for a patient that contains:
1. Patient identification, including:
   a. The patient's name, address, and date of birth;
   b. The patient's representative, if applicable; and
   c. The name and telephone number of an individual to contact in an emergency;
2. The patient's medical history;
3. The patient's physical examination;
4. Laboratory test results;
5. The patient's diagnosis, including co-occurring disorders;
6. The patient's treatment plan;
7. If applicable:
   a. The effectiveness of the patient's current treatment,
   b. The duration of the current treatment,
   c. Alternative treatments tried by or planned for the patient, and
   d. The expected benefit of a new treatment compared with continuing the current treatment;
8. Each consent form signed by the patient or the patient's representative;
9. The patient's medication information, including:
   a. The patient's age and weight;

b. The medications and herbal supplements the patient is currently taking; and
c. Allergies or sensitivities to medications, antiseptic solutions, or latex;

10. Prescriptions ordered for the patient and, if an opioid is prescribed or ordered:
a. The nature and intensity of the patient's pain,
b. The specific opioid and the reason for the prescription or order,
c. The objectives used to determine whether the patient is being successfully treated, and
d. Other factors relevant to prescribing or ordering an opioid for the patient;
11. Medications administered to the patient and, if an opioid is administrated:
a. The patient's need for the opioid before the opioid was administered, and
b. The effect of the opioid administered; and
12. A record of services provided to the patient.

B. A licensee shall ensure that:
1. A medical record is accessible only to the Department or personnel members authorized by policies and procedures;
2. Medical record information is confidential and released only with the written informed consent of a patient or the patient's representative or as otherwise permitted by law; and
3. A medical record is protected from loss, damage, or unauthorized use and is retained according to A.R.S. § 12-2297.

C. A medical director shall ensure that:
1. Only personnel authorized by policies and procedures record or sign an entry in a medical record;
2. An entry in a medical record is dated and legible;
3. An entry is authenticated;
4. An entry is not changed after it has been recorded, but additional information related to an entry may be recorded in the medical record;
5. When a verbal or telephone order is entered in the medical record, the entry is authenticated according to policies and procedures by the individual who issued the order;
6. If a rubber-stamp signature or an electronic signature is used:
a. An individual's rubber-stamp or electronic signature is not used by another individual; and
b. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature; and
7. If a pain management clinic maintains medical records electronically, the date and time of an entry is recorded by the computer's internal clock.

Historical Note
New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4). Section R9-10-2006 renumbered to R9-10-2008; new Section R9-10-2006 renumbered from R9-10-2008 by final rulemaking at 32 A.A.R. 504 (February 27, 2026, Issue 9), effective April 6, 2026 (Supp. 26-1).

R9-10-2007. Medication Services
A medical director shall ensure that:
1. Medications are stored in a locked area on the premises;
2. Only personnel members designated by policies and procedures have access to the locked area containing medications;
3. Expired, mislabeled, or unusable medications are disposed of according to policies and procedures;
4. If an opioid is administered at a pain management clinic, an opioid antagonist is available on the premises;
5. A medication error or an adverse reaction, including any actions taken in response to the medication error or adverse reaction, is:
a. Immediately reported to the medical director and licensee,
b. Recorded in the patient's medical record; and
6. Medication information for a patient is maintained in the patient's medical record; and
7. If applicable, policies and procedures are established that comply with donated medicine according to A.R.S. § 32-1909.

Historical Note
New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4). Section R9-10-2007 renumbered to R9-10-2005; new Section R9-10-2007 renumbered from R9-10-2005 and amended by final rulemaking at 32 A.A.R. 504 (February 27, 2026, Issue 9), effective April 6, 2026 (Supp. 26-1).

R9-10-2008. Pain Management Services
A. A medical director shall ensure that a medical practitioner or nurse anesthetist remains on the premises until all patients who received a procedure at the pain management clinic are discharged.

B. A medical director shall ensure that, if a procedure other than the administration of an opioid is used to provide pain management services:
1. Before the procedure is initially used on a patient, the patient is evaluated by:
a. A medical practitioner or
b. A nurse anesthetist, according to A.R.S. § 32-1634.04;
2. The procedure is performed by a personnel member qualified according to policies and procedures to perform the procedure; and
3. The following information is included in the patient's medical record:
a. The evaluation of the patient required in subsection (B)(1),
b. A record of the procedure, and
c. Any adverse reaction to the procedure and any measures taken to address an adverse reaction.

C. Except as provided in subsection (E), a medical director shall ensure that a medical practitioner:
1. Before prescribing an opioid for a patient of the pain management clinic:
a. Conducts a physical examination of the patient;
b. Except as exempted by A.R.S. § 36-2606(G), reviews the patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
c. Conducts an assessment of the patient's substance use risk;
d. Explains to the patient or the patient's representative the risks and benefits associated with use of an opioid;

e. Explains alternatives to a prescribed opioid; and
f. Obtains informed consent from the patient or the patient's representative that meets the requirements in R9-10-2007(B), including the potential risks, adverse outcomes, and complications associated with the concurrent use of an opioid and a benzodiazepine or another sedative-hypnotic medication, if the patient:
i. Is also prescribed or ordered a sedative-hypnotic medication, or
ii. Has been prescribed a sedative-hypnotic medication by another medical practitioner;

2. Before ordering an opioid for a patient of the pain management clinic:
a. Conducts a physical examination of the patient;
b. Except as exempted by A.R.S. § 36-2606(G), reviews the patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
c. Conducts an assessment of the patient's substance use risk;
d. Explains to the patient or the patient's representative the risks and benefits associated with the use of opioids or ensures that the patient or the patient's representative understands the risks and benefits associated with the use of an opioid as explained to the patient or the patient's representative by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to explain to the patient or the patient's representative the risks and benefits associated with the use of an opioid;
e. If applicable, explains alternatives to an ordered opioid; and
f. Obtains informed consent from the patient or the patient's representative, according to R9-10-2007(B);

3. When administering or causing administration of an opioid to a patient;
a. Before administration, identifies the patient's need for the opioid; and
b. Monitors the patient's response to the opioid; and

4. Documents the pain management services provided in the patient's medical record according to R9-10-2006.

D. A medical practitioner is exempt from the requirements in subsection (C)(2), if:
1. An order for an opioid is part of treatment for a patient in an emergency;
2. The order is issued according to policies and procedures that include procedures for;
a. Providing treatment without obtaining the consent of a patient or the patient's representative,
b. Ordering and administering an opioid in an emergency situation, and
c. Complying with the requirements in subsection (C)(2) after the emergency is resolved; and
3. The emergency situation is documented in the patient's medical record.

E. The requirements in subsections (C)(1), (2), and (3), as applicable, do not apply when:
1. A personnel member of a pain management clinic prescribes, orders, or administers an opioid as part of treatment for a patient with an end-of-life condition or pain associated with an active malignancy; or
2. A prescription for an opioid changes only the type or dosage of an opioid previously prescribed to the patient according to subsection (C)(1):
a. Before a pharmacist dispenses the opioid for the patient; or
b. If changing the opioid because the patient experienced an adverse reaction to the opioid, within 72 hours after a pharmacist dispensed the opioid for the patient.

Historical Note

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4). Section R9-10-2008 renumbered to R9-10-2006; new Section R9-10-2008 renumbered from R9-10-2006 and amended by final rulemaking at 32 A.A.R. 504 (February 27, 2026, Issue 9), effective April 6, 2026 (Supp. 26-1).

R9-10-2009. Equipment and Safety Standards

A. A medical director shall ensure that:
1. The equipment is:
a. Sufficient to accommodate:
i. The services stated in the pain management clinic's scope of services, and
ii. An individual accepted as a patient by the pain management clinic;
b. Maintained in working order;
c. Tested and calibrated at least once every 12 months or according to the manufacturer's recommendations; and
d. Used according to the manufacturer's recommendations;
2. Documentation of each equipment test, calibration, and repair is maintained on the premises for at least 12 months after the date of the testing, calibration, or repair;
3. Equipment and supplies are clean and, if applicable, sterile before each use;
4. Personnel members wash hands after each direct patient contact and after handling soiled linen, soiled clothing, or biohazardous medical waste; and
5. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures.

B. A medical director shall establish an infection control program and ensure that:
1. The infection control program includes:
a. A method to identify and document infections that occur at the pain management clinic;
b. Analysis of the types, causes, and spread of infections and communicable diseases at the pain management clinic;
c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the pain management clinic; and
d. Documentation of infection control activities, including:
i. The collection and analysis of infection control data,
ii. The actions taken related to infections and communicable diseases, and
iii. Reports of communicable diseases; and
2. Infection control documentation is maintained for at least 12 months after the date of documentation.

C. A medical director shall ensure that soiled linen and clothing are kept:

1. In a covered container, and
2. Separate from clean linen and clothing.

D. A licensee shall:
1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal;
2. Make and document any repairs or corrections stated on the fire inspection report;
3. Maintain documentation of a current fire inspection;
4. Ensure that a written emergency plan is established, documented, and implemented that includes procedures for protecting the health and safety of patients and other individuals if circumstances arise in the pain management clinic that immediately threaten the life or health of patients and other individuals, such as a fire, natural disaster, loss of electrical power, or threat or incidence of violence; and
5. Ensure that an evacuation drill is conducted at least once every six months that includes all personnel members on the premises on the day of the evacuation drill.

E. A licensee shall ensure that a pain management clinic has either:
1. Both of the following that are tested and serviced at least once every 12 months:
   a. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, as specified in R9-10-104.01, that is in working order; and
   b. A sprinkler system installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, as specified in R9-10-104.01, that is in working order; or
2. Both of the following:
   a. A smoke detector installed in each hallway of the pain management clinic that is:
      i. Maintained in an operable condition;
      ii. Either battery operated or, if hard-wired into the electrical system of the pain management clinic, has a back-up battery; and
      iii. Tested monthly; and
   b. A portable, operable fire extinguisher, labeled as rated at least 2A-10-BC by the Underwriters Laboratories, that:
      i. Is available at the pain management clinic;
      ii. Is mounted in a fire extinguisher cabinet or placed on wall brackets so that the top handle of the fire extinguisher is not over five feet from the floor and the bottom of the fire extinguisher is at least four inches from the floor;
      iii. If a disposable fire extinguisher, is replaced when its indicator reaches the red zone; and
      iv. If a rechargeable fire extinguisher, is serviced at least once every 12 months and has a tag attached to the fire extinguisher that specifies the date of the last servicing and the name of the servicing person.

Historical Note
New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4). Amended by final rulemaking at 32 A.A.R. 504 (February 27, 2026, Issue 9), effective April 6, 2026 (Supp. 26-1).

R9-10-2010. Environmental and Physical Plant Standards

A. A licensee shall ensure that the premises:
1. Provide lighting and ventilation to ensure the health and safety of a patient;
2. Are maintained in a clean condition;
3. Are free from a condition or situation that may cause a patient to suffer physical injury;
4. Are maintained free from insects and vermin;
5. Are smoke-free; and
6. Are sufficient to accommodate:
   a. The services stated in the pain management center's scope of services, and
   b. An individual accepted as a patient by the pain management center.

B. A licensee shall ensure that if a pain management clinic collects urine specimens from a patient, the pain management clinic has at least one bathroom on the premises that:
1. Contains:
   a. A working sink with running water,
   b. A working toilet that flushes and has a seat,
   c. Toilet tissue,
   d. Soap for hand washing,
   e. Paper towels or a mechanical air hand dryer,
   f. Lighting, and
   g. A means of ventilation; and
2. Is for the exclusive use of the pain management clinic.

Historical Note
New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

ARTICLE 21. RECOVERY CARE CENTERS

R9-10-2101. Definitions

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article unless otherwise specified:

"Recovery care services" has the same meaning as in A.R.S. § 36-448.51.

Historical Note
New Section R9-10-2101 renumbered from R9-10-501 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2102. Administration

A. A governing authority shall:
1. Consist of one or more individuals responsible for the organization, operation, and administration of a recovery care center;
2. Establish in writing:
   a. A recovery care center's scope of services, and
   b. Qualifications for an administrator;
3. Designate an administrator, in writing, who has the qualifications established in subsection (A)(2)(b);
4. Grant, deny, suspend, or revoke the clinical privileges of a medical staff member according to medical staff bylaws;
5. Adopt a quality management program according to R9-10-2103;
6. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
7. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
   a. Expected not to be present on a recovery care center's premises for more than 30 calendar days, or
   b. Not present on a recovery care center's premises for more than 30 calendar days; and

8. Except as provided in subsection (A)(7), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.

B. An administrator:
1. Is directly accountable to the governing authority of a recovery care center for the daily operation of the recovery care center and all services provided by or at the recovery care center;
2. Has the authority and responsibility to manage a recovery care center; and
3. Except as provided in subsection (A)(7), designates, in writing, an individual who is present on the recovery care center's premises and accountable for the recovery care center when the administrator is not present on the recovery care center premises.

C. An administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
   a. Cover job descriptions, duties, and qualifications including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
   b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
   c. Include how a personnel member may submit a complaint relating to patient care;
   d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
   e. Cover cardiopulmonary resuscitation training required in R9-10-2105(G) including:
      i. The method and content of cardiopulmonary resuscitation training,
      ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
      iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
      iv. The documentation that verifies an individual has received cardiopulmonary resuscitation training;
   f. Cover first aid training;
   g. Include a method to identify a patient to ensure the patient receives services as ordered;
   h. Cover patient rights including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
   i. Cover specific steps for:
      i. A patient to file a complaint, and
      ii. The recovery care center to respond to a patient's complaint;
   j. Cover health care directives;
   k. Cover medical records, including electronic medical records;
   l. Cover a quality management program, including incident reports and supporting documentation;
   m. Cover contracted services;
   n. Cover tissue and organ procurement and transplant; and
   o. Cover when an individual may visit a patient in a recovery care center;
2. Policies and procedures for recovery care services are established, documented, and implemented to protect the health and safety of a patient that:
   a. Cover patient screening, admission, transfer, discharge planning, and discharge;
   b. Cover the provision of recovery care services;
   c. Include when general consent and informed consent are required;
   d. Cover prescribing a controlled substance to minimize substance abuse by a patient;
   e. Cover dispensing, administering, and disposing of medications;
   f. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
   g. Cover infection control; and
   h. Cover environmental services that affect patient care;
3. Policies and procedures are reviewed at least once every three years and updated as needed;
4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
5. Unless otherwise stated:
   a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
   b. When documentation or information is required by this Chapter to be submitted on behalf of a recovery care center, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the recovery care center.

Historical Note
New Section R9-10-2102 renumbered from R9-10-502 and amended by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2103. Quality Management
1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
   a. A method to identify, document, and evaluate incidents;
   b. A method to collect data to evaluate services provided to patients;
   c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
   d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
   e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
   a. An identification of each concern about the delivery of services related to patient care, and
   b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note
New Section R9-10-2103 renumbered from R9-10-503 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2104. Contracted Services
An administrator shall ensure that:
1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note
New Section R9-10-2104 renumbered from R9-10-504 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2105. Personnel
A. An administrator shall ensure that:
1. The qualifications, skills, and knowledge required for each type of personnel member:
   a. Are based on:
      i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
      ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
   b. Include:
      i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
      ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
      iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
   a. Before the personnel member provides physical health services or behavioral health services, and
   b. According to policies and procedures; and
3. Sufficient personnel members are present on a recovery care center's premises with the qualifications, skills, and knowledge necessary to:
   a. Provide the services in the recovery care center's scope of services,
   b. Meet the needs of a patient, and
   c. Ensure the health and safety of a patient.

B. An administrator shall ensure that an individual who is a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision as defined in 4 A.A.C. 6, Article 1.

C. An administrator shall ensure that a personnel member, or an employee or a volunteer who has or is expected to have direct interaction with a patient, provides evidence of freedom from infectious tuberculosis:
1. On or before the date the individual begins providing services at or on behalf of the recovery care center, and
2. As specified in R9-10-113.

D. An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:
1. The individual's name, date of birth, and contact telephone number;
2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
3. Documentation of:
   a. The individual's qualifications, including skills and knowledge applicable to the employee's job duties;
   b. The individual's education and experience applicable to the employee's job duties;
   c. The individual's completed orientation and in-service education as required by policies and procedures;
   d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
   e. The individual's compliance with the requirements in A.R.S. § 36-411;
   f. Cardiopulmonary resuscitation training, if required for the individual, according to R9-10-2102(C)(1)(e);
   g. First aid training, if the individual is required to have according to this Article and policies and procedures; and
   h. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (C).

E. An administrator shall ensure that personnel records are:
1. Maintained:
   a. Throughout the individual's period of providing services in or for the recovery care center, and
   b. For at least 24 months after the last date the individual provided services in or for the recovery care center; and
2. For a personnel member who has not provided physical health services or behavioral health services at or for the recovery care center during the previous 12 months, provided to the Department within 72 hours after the Department's request.

F. An administrator shall ensure that:
1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
2. A personnel member completes orientation before providing behavioral health services or physical health services;
3. An individual's orientation is documented, to include:
   a. The individual's name,
   b. The date of the orientation, and
   c. The subject or topics covered in the orientation;
4. A director of nursing develops, documents, and implements a plan to provide in-service education specific to the duties of a personnel member;
5. A personnel member's in-service education is documented, to include:

a. The personnel member's name,
b. The date of the training, and
c. The subject or topics covered in the training; and

6. A work schedule of each personnel member is developed and maintained at the recovery care center for at least 12 months from the date of the work schedule.

G. An administrator shall ensure that a nursing personnel member:
1. Is 18 years of age or older,
2. Is certified in cardiopulmonary resuscitation within the first month of employment,
3. Maintains current certification in cardiopulmonary resuscitation, and
4. Attends additional orientation that includes patient care and infection control policies and procedures.

Historical Note
New Section R9-10-2105 renumbered from R9-10-505 and amended by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2106. Medical Staff

A. A governing authority shall require that:
1. The organized medical staff is directly accountable to the governing authority for the quality of care provided by a medical staff member to a patient in a recovery care center;
2. The medical staff bylaws and medical staff regulations are approved according to the medical staff bylaws and governing authority requirements;
3. A medical staff member complies with medical staff bylaws and medical staff regulations;
4. The medical staff includes at least two physicians who have clinical privileges to admit patients to the recovery care center;
5. A medical staff member is available to direct patient care;
6. Medical staff bylaws or medical staff regulations are established, documented, and implemented for the process of:
   a. Conducting peer review according to A.R.S. Title 36, Chapter 4, Article 5;
   b. Appointing members to the medical staff, subject to approval by the governing authority;
   c. Establishing committees, including identifying the purpose and organization of each committee;
   d. Appointing one or more medical staff members to a committee;
   e. Requiring that each patient has a medical staff member who coordinates the patient's care;
   f. Defining the responsibilities of a medical staff member to provide medical services to the medical staff member's patient;
   g. Defining a medical staff member's responsibilities for the transfer of a patient;
   h. Specifying requirements for oral, telephone, and electronic orders, including which orders require identification of the time of the order;
   i. Establishing a time-frame for a medical staff member to complete a patient's medical record; and
   j. Establishing criteria for granting, denying, revoking, and suspending clinical privileges; and
7. The organized medical staff reviews the medical staff bylaws and the medical staff regulations at least once every three years and updates the bylaws and regulations as needed.

B. An administrator shall ensure that:
1. A medical staff member provides evidence of freedom from infectious tuberculosis as specified in R9-10-113 before providing services at the recovery care center and at least once every 12 months thereafter;
2. A record for each medical staff member is established and maintained that includes:
   a. A completed application for clinical privileges,
   b. The dates and lengths of appointment and reappointment of clinical privileges,
   c. The specific clinical privileges granted to the medical staff member including revision or revocation dates for each clinical privilege, and
   d. A verification of current Arizona health care professional active license according to A.R.S. Title 32; and
3. Except for documentation of peer review conducted according to A.R.S. § 36-445, a record under subsection (B)(2) is provided to the Department for review:
   a. For a current medical staff member, within 2 hours after the Department's request, or
   b. Within 72 hours after the time of the Department's request if the individual is no longer a current medical staff member.

Historical Note
New Section R9-10-2106 renumbered from R9-10-506 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2107. Admission

A. An administrator shall ensure that a physician only admits patients to the recovery care center who require recovery care services, as defined in A.R.S. § 36-448.51.

B. An administrator shall ensure that the following documents are in a patient's medical record at the time the patient is admitted to the recovery care center:
1. A medical history and physical examination performed or approved by a member of the recovery care center's medical staff within 30 calendar days before the patient's admission to the recovery care center,
2. A discharge summary from the referring health care institution or physician,
3. Physician orders, and
4. Documentation concerning health care directives.

Historical Note
New Section R9-10-2107 renumbered from R9-10-507 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2108. Discharge

A. For a patient, an administrator shall ensure that discharge planning:
1. Identifies the specific needs of the patient after discharge, if applicable;
2. If a discharge date has been determined, identifies the anticipated discharge date;
3. Includes the participation of the patient or the patient's representative;
4. Is completed before discharge occurs;
5. Provides the patient or the patient's representative with written information identifying classes or subclasses of health care institutions and the level of care that the health care institutions provide that may meet the

patient's assessed and anticipated needs after discharge, if applicable; and
6. Is documented in the patient's medical record.

B. For a patient discharge or a transfer of the patient, an administrator shall ensure that:
1. A discharge summary is developed that includes:
   a. A description of the patient's medical condition and the medical services provided to the patient, and
   b. The signature of the medical practitioner coordinating the patient's medical services;
2. A discharge order for the patient is received from a medical practitioner coordinating the patient's medical services before discharge, unless the patient leaves the recovery care center against a medical staff member's advice;
3. Discharge instructions are developed and documented; and
4. The patient or the patient's representative is provided with a copy of the discharge instructions.

Historical Note
New Section R9-10-2108 renumbered from R9-10-508 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2109. Transfer
Except for a transfer of a patient due to an emergency, an administrator shall ensure that:
1. A personnel member coordinates the transfer and the services provided to the patient;
2. According to policies and procedures:
   a. An evaluation of the patient is conducted before the transfer;
   b. Information from the patient's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
   c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
3. Documentation in the patient's medical record includes:
   a. Communication with an individual at a receiving health care institution;
   b. The date and time of the transfer;
   c. The mode of transportation; and
   d. If applicable, the name of the personnel member accompanying the patient during a transfer.

Historical Note
New Section R9-10-2109 renumbered from R9-10-509 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2110. Patient Rights

A. An administrator shall ensure:
1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
3. Policies and procedures include:
   a. How and when a patient or the patient's representative is informed of the patient rights in subsection (C), and
   b. Where patient rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:
1. A patient is treated with dignity, respect, and consideration;
2. A patient is not subjected to:
   a. Abuse;
   b. Neglect;
   c. Exploitation;
   d. Coercion;
   e. Manipulation;
   f. Sexual abuse;
   g. Sexual assault;
   h. Seclusion;
   i. Restraint;
   j. Retaliation for submitting a complaint to the Department or another entity; or
   k. Misappropriation of personal and private property by a recovery care center's medical staff, personnel members, employees, volunteers, or students; and
3. A patient or the patient's representative:
   a. Except in an emergency, either consents to or refuses treatment;
   b. May refuse or withdraw consent for treatment before treatment is initiated;
   c. Except in an emergency, is informed of proposed treatment alternatives, associated risks, and possible complications;
   d. Is informed of the following:
      i. The recovery care center's policy on health care directives, and
      ii. The patient complaint process;
   e. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a recovery care center for identification and administrative purposes; and
   f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
      i. Medical record, or
      ii. Financial records.

C. A patient has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
3. To receive privacy in treatment and care for personal needs;
4. To have access to a telephone;
5. To be advised of the recovery care center's policy regarding health care directives;
6. To associate and communicate privately with individuals of the patient's choice;
7. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
8. To receive a referral to another health care institution if the health care institution is not authorized or not able to provide physical health services or behavioral health services needed by the patient;

9. To participate or have the patient's representative participate in the development of, or decisions concerning treatment;
10. To participate or refuse to participate in research or experimental treatment; and
11. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

Historical Note
New Section R9-10-2110 renumbered from R9-10-510 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2111. Medical Records

A. An administrator shall ensure that:
1. A patient's medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
   a. Recorded only by an individual authorized by policies and procedures to make the entry;
   b. Dated, legible, and authenticated; and
   c. Not changed to make the initial entry illegible;
3. An order is:
   a. Dated when the order is entered in the patient's medical record and includes the time of the order;
   b. Authenticated by a medical staff according to policies and procedures; and
   c. If the order is a verbal order, authenticated by the medical staff issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A patient's medical record is available to an individual:
   a. Authorized according by policies and procedures to access the patient's medical record;
   b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
   c. As permitted by law;
6. Policies and procedures that include the maximum timeframe to retrieve an onsite or off-site patient's medical record at the request of a medical staff or authorized personnel member; and
7. A patient's medical record is protected from loss, damage, or unauthorized use.

B. If a recovery care center maintains patients' medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.

C. An administrator shall ensure that a patient's medical record contains:
1. Patient information that includes:
   a. The patient's name,
   b. The patient's address,
   c. The patient's date of birth, and
   d. Any known allergies;
2. The date of admission and, if applicable, the date of discharge;
3. The admitting diagnosis;
4. A discharge summary from the referring health care institution or physician;
5. If applicable, documented general consent and informed consent by the patient or the patient's representative;
6. The medical history and physical examination required in R9-10-2107(B)(1);
7. A copy of the patient's health care directive, if applicable;
8. The name and telephone number of the patient's medical practitioner;
9. If applicable, the name and contact information of the patient's representative and:
   a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
   b. If the patient's representative;
      i. Is a legal guardian, a copy of the court order establishing guardianship; or
      ii. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;
10. Orders;
11. Nursing assessment;
12. Treatment plans;
13. Progress notes;
14. Documentation of recovery care center services provided to a patient;
15. The disposition of the patient after discharge;
16. The discharge plan;
17. A discharge summary, if applicable;
18. Transfer documentation from the referring health care institution or physician;
19. If applicable:
   a. A laboratory report,
   b. A radiologic report,
   c. A diagnostic report, and
   d. A consultation report;
20. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
21. If applicable, documentation that evacuation from the recovery care center would cause harm to the patient; and
22. Documentation of a medication administered to the patient that includes:
   a. The date and time of administration;
   b. The name, strength, dosage, and route of administration;
   c. For a medication administered for pain on a PRN basis:
      i. An assessment of the patient's pain before administering the medication, and
      ii. The effect of the medication administered;
   d. For a psychotropic medication administered on a PRN basis:
      i. An assessment of the patient's behavior before administering the psychotropic medication, and
      ii. The effect of the psychotropic medication administered;
   e. The signature of the individual administering or observing the patient self-administer the medication; and
   f. Any adverse reaction a patient has to the medication.

D. An administrator shall ensure that a patient's medical record is completed within 30 calendar days after the patient's discharge.

Historical Note
New Section R9-10-2111 renumbered from R9-10-511 and amended by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2112. Nursing Services

A. An administrator shall appoint a registered nurse as the director of nursing who has the authority and responsibility to manage nursing services at a recovery care center.

B. A director of nursing shall:
1. Ensure that policies and procedures are developed, documented, and implemented to protect the health and safety of a patient that cover nursing assessments;
2. Designate, in writing, a registered nurse to manage nursing services when the director of nursing is not present on a recovery care center's premises;
3. Ensure that a recovery care center is staffed with nursing personnel according to the number of patients and their health care needs;
4. Ensure that a patient receives medical services, nursing services, and health-related services based on the patient's nursing assessment and the physician's orders; and
5. Ensure that medications are administered by a nurse licensed according to A.R.S. Title 32, Chapter 15 or as otherwise provided by law.

C. An administrator shall ensure that a registered nurse completes a nursing assessment of each patient, which addresses patient care needs, when the patient is admitted to the recovery care center.

D. An administrator shall ensure that a licensed nurse provides a patient with written discharge instructions, based on the patient's health care needs and physician's instructions, before the patient is discharged from the recovery care center.

Historical Note
New Section R9-10-2112 renumbered from R9-10-512 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2113. Medication Services

A. An administrator shall ensure that policies and procedures for medication services:
1. Include:
   a. A process for providing information to a patient about medication prescribed for the patient including:
      i. The prescribed medication's anticipated results,
      ii. The prescribed medication's potential adverse reactions,
      iii. The prescribed medication's potential side effects, and
      iv. Potential adverse reactions that could result from not taking the medication as prescribed;
   b. Procedures for preventing, responding to, and reporting:
      i. A medication error,
      ii. An adverse reaction to a medication, or
      iii. A medication overdose;
   c. Procedures for documenting medication administration; and
   d. Procedures to ensure that a patient's medication regimen and method of administration is reviewed by a medical practitioner to ensure the medication regimen meets the patient's needs; and
2. Specify a process for review through the quality management program of:
   a. A medication administration error, and
   b. An adverse reaction to a medication.

B. An administrator shall ensure that:
1. Policies and procedures for medication administration:
   a. Are reviewed and approved by a medical practitioner;
   b. Specify the individuals who may:
      i. Order medication, and
      ii. Administer medication;
   c. Ensure that medication is administered to a patient only as prescribed; and
   d. Cover the documentation of a patient's refusal to take prescribed medication is documented in the patient's medical record;
2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
3. A medication administered to a patient:
   a. Is administered in compliance with an order, and
   b. Is documented in the patient's medical record.

C. An administrator shall ensure that:
1. A current drug reference guide is available for use by personnel members;
2. A current toxicology reference guide is available for use by personnel members; and
3. If pharmaceutical services are provided on the premises:
   a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
      i. Develop a drug formulary,
      ii. Update the drug formulary at least every 12 months,
      iii. Develop medication usage and medication substitution policies and procedures, and
      iv. Specify which medications and medication classifications are required to be stopped automatically after a specific time period unless the ordering medical staff member specifically orders otherwise;
   b. The pharmaceutical services are provided under the direction of a pharmacist;
   c. The pharmaceutical services comply with ARS Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
   d. A copy of the pharmacy license is provided to the Department upon request.

D. When medication is stored at a recovery care center, an administrator shall ensure that:
1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
2. Medication is stored according to the instructions on the medication container; and
3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient for:
   a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;

b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
c. A medication recall and notification of patients who received recalled medication; and
d. Storing, inventorying, and dispensing controlled substances.

E. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the recovery care center's director of nursing.

Historical Note
New Section R9-10-2113 renumbered from R9-10-513 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2114. Ancillary Services
An administrator shall ensure that:
1. Laboratory services are provided on the premises, or are available through contract, with a laboratory that holds a certificate of accreditation or certificate of compliance issued by the U.S. Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967; and
2. Pharmaceutical services are provided on the premises, or are available through contract, by a pharmacy licensed according to A.R.S. Title 32, Chapter 18.

Historical Note
New Section R9-10-2114 renumbered from R9-10-514 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2115. Food Services
A. An administrator shall ensure that:
1. The recovery care center has a license or permit as a food establishment under 9 A.A.C. 8, Article 1;
2. A copy of the recovery care center's food establishment license or permit is maintained; and
3. If a recovery care center contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the recovery care center:
   a. A copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the recovery care center; and
   b. The recovery care center is able to store, refrigerate, and reheat food to meet the dietary needs of a patient.

B. An administrator shall:
1. Designate a food service manager who is responsible for food service in the recovery care center; and
2. Ensure that a current therapeutic diet reference manual is available to the food service manager.

C. A food service manager shall ensure that:
1. Food is prepared:
   a. Using methods that conserve nutritional value, flavor, and appearance; and
   b. In a form to meet the needs of a patient such as cut, chopped, ground, pureed, or thickened;
2. A food menu:
   a. Is prepared at least one week in advance,
   b. Includes the foods to be served each day,
   c. Is conspicuously posted at least one day before the first meal on the food menu will be served,
   d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
   e. Is maintained for at least 60 calendar days after the last day included in the food menu;
3. Meals and snacks provided by the recovery care center are served according to posted menus;
4. Meals and snacks for each day are planned using the applicable guidelines in http://www.health.gov/dietaryguidelines/2010.asp;
5. A patient is provided:
   a. A diet that meets the patient's nutritional needs and, if applicable, the orders of the patient's physician;
   b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (C)(5)(d);
   c. The option to have a daily evening snack identified in subsection (C)(5)(d)(ii) or other snack; and
   d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
      i. A patient agrees; and
      ii. The patient is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
6. A patient requiring assistance to eat is provided with assistance that recognizes the patient's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
7. Water is available and accessible to a patient.

Historical Note
New Section R9-10-2115 renumbered from R9-10-515 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2116. Emergency and Safety Standards
A. An administrator shall ensure that policies and procedures for providing emergency treatment are established, documented, and implemented that protect the health and safety of patients and include:
1. Basic life support procedures, including the administration of oxygen and cardiopulmonary resuscitation; and
2. Transfer arrangements for patients who require care not provided by the recovery care center.

B. An administrator shall ensure that emergency treatment is provided to a patient admitted to the recovery care center according to policies and procedures.

C. An administrator shall ensure that:
1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
   a. When, how, and where patients will be relocated, including:
      i. Instructions for the evacuation or transfer of patients,
      ii. Assigned responsibilities for each employee and personnel member, and
      iii. A plan for providing continuing services to meet patient's needs;
   b. How each patient's medical record will be available to individuals providing services to the patient during a disaster;

c. A plan to ensure each patient's medication will be available to administer to the patient during a disaster; and
d. A plan for obtaining food and water for individuals present in the recovery care center or the recovery care center's relocation site during a disaster;

2. The disaster plan required in subsection (C)(1) is reviewed at least once every 12 months;
3. Documentation of a disaster plan review required in subsection (C)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
   a. The date and time of the disaster plan review;
   b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
   c. A critique of the disaster plan review; and
   d. If applicable, recommendations for improvement;
4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
5. An evacuation drill for employees and patients:
   a. Is conducted at least once every six months;
   b. Includes all individuals on the premises except for;
      i. A patient whose medical record contains documentation that evacuation from the recovery care center would cause harm to the patient, and
      ii. Sufficient personnel members to ensure the health and safety of patients not evacuated according to subsection (C)(5)(b)(i);
6. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
   a. The date and time of the evacuation drill;
   b. The amount of time taken for employees and patients to evacuate to a designated area;
   c. If applicable:
      i. An identification of patients needing assistance for evacuation, and
      ii. An identification of patients who were not evacuated;
   d. Any problems encountered in conducting the evacuation drill; and
   e. Recommendations for improvement, if applicable; and
7. An evacuation path is conspicuously posted on each hallway of each floor of the recovery care center.

D. An administrator shall:
1. Obtain a fire inspection conducted according to the timeframe established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the inspection report, and
3. Maintain documentation of a current fire inspection.

Historical Note
New Section R9-10-2116 renumbered from R9-10-516 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2117. Environmental Standards

A. An administrator shall ensure the recovery care center's infection control policies and procedures include:
1. Development and implementation of a written plan for preventing, detecting, reporting, and controlling communicable diseases and infection;
2. Handling and disposal of biohazardous medical waste; and
3. Sterilization, disinfection, and storage of medical equipment and supplies.

B. An administrator shall ensure that:
1. A recovery care center's premises and equipment are:
   a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness or infection; and
   b. Free from a condition or situation that may cause a patient or an individual to suffer physical injury;
2. A pest control program is implemented and documented;
3. Equipment used to provide recovery care services is:
   a. Maintained in working order;
   b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
   c. Used according to the manufacturer's recommendations;
4. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
5. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
6. Soiled linen and clothing are:
   a. Collected in a manner to minimize or prevent contamination;
   b. Bagged at the site of use; and
   c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;
7. Garbage and refuse are:
   a. Stored in covered containers lined with plastic bags, and
   b. Removed from the premises at least once a week;
8. Heating and cooling systems maintain the recovery care center at a temperature between 70° F and 84° F;
9. Common areas:
   a. Are lighted to assure the safety of patients, and
   b. Have lighting sufficient to allow personnel members to monitor patient activity;
10. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article;
11. Oxygen containers are secured in an upright position;
12. Poisonous or toxic materials stored by the recovery care center are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to patients;
13. Combustible or flammable liquids and hazardous materials stored by the recovery care center are stored in the original labeled containers or safety containers in a locked area inaccessible to patients;
14. If pets or animals are allowed in the recovery care center, pets or animals are:
   a. Controlled to prevent endangering the patients and to maintain sanitation; and
   b. Licensed consistent with local ordinances;
15. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:

a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
b. If necessary, corrective action is taken to ensure the water is safe to drink; and
c. Documentation of testing is retained for at least 12 months after the date of the test; and

16. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to applicable state laws and rules.

C. An administrator shall ensure that:
1. Smoking tobacco products is not permitted within a recovery care center; and
2. Smoking tobacco products may be permitted outside a recovery care center if:
   a. Signs designating smoking areas are conspicuously posted, and
   b. Smoking is prohibited in areas where combustible materials are stored or in use.

Historical Note
New Section R9-10-2117 renumbered from R9-10-517 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2118. Physical Plant Standards

A. An administrator shall ensure that recovery care center's patient rooms and service areas comply with the applicable physical plant health and safety codes and standards, incorporated by reference in R9-10-104.01, in effect on the date the recovery care center submitted architectural plans and specifications to the Department for approval, according to R9-10-104.

B. An administrator shall ensure that the premises and equipment are sufficient to accommodate:
1. The services stated in the recovery care center's scope of services; and
2. An individual accepted as a patient by the recovery care center.

C. An administrator shall ensure that the recovery care center does not allow more than two beds per room.

Historical Note
New Section R9-10-2118 renumbered from R9-10-518 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

ARTICLE 22. NURSING-SUPPORTED GROUP HOMES

R9-10-2201. Definitions

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the definitions in A.R.S. § 36-551 apply in this Article unless otherwise specified.

Historical Note
New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2202. Supplementary Application Requirements and Documentation Submission Requirements

A. In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a nursing-supported group home shall include:
1. In a Department-provided format, whether the applicant is requesting authorization:
   a. To admit residents who:
      i. Are on a ventilator,
      ii. Have a tracheostomy tube, or
      iii. Receive total parenteral nutrition; or
   b. To provide:
      i. Services to individuals under 18 years of age, including the licensed capacity requested;
      ii. Restraint;
      iii. Clinical laboratory services; or
      iv. Respiratory care services; and
2. A copy of the applicant's service provider award letter with the Division.

B. A licensee shall submit to the Department, with the relevant fees required in R9-10-106(C) and in a Department-provided format:
1. The information required in subsection (A)(1), as applicable; and
2. Documentation of the licensee's service provider contract with the Division.

Historical Note
New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2203. Administration

A. A governing authority shall:
1. Consist of one or more individuals responsible for the organization, operation, and administration of a nursing-supported group home;
2. Establish, in writing, the nursing-supported group home's scope of services;
3. Designate, in writing, an administrator for the nursing-supported group home who:
   a. Is at least 21 years old; and
   b. Meets one of the following:
      i. Is a registered nurse,
      ii. Is a nursing care institution administrator, or
      iii. Has a minimum of three-years' experience working as an administrator or personnel member in a nursing-supported group home or other health care institution licensed under this Chapter;
4. Adopt a quality management program according to R9-10-2204;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting administrator who meets the requirements in subsection (A)(3), if the administrator is:
   a. Expected not to be present on the premises of the nursing-supported group home for more than 30 calendar days, or
   b. Not present on the premises of the nursing-supported group home for more than 30 calendar days; and
7. Except as permitted in subsection (A)(6), when there is a change of administrator:
   a. Notify the Department according to A.R.S. § 36-425(I), and
   b. Submit to the Department a copy of documentation demonstrating the new administrator's compliance with the requirements in subsection (A)(3).

B. An administrator:
1. Is directly accountable to the governing authority of a nursing-supported group home for the daily operation of the nursing-supported group home and all services provided by or at the nursing-supported group home;
2. Has the authority and responsibility to manage the nursing-supported group home;
3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the premises of the nursing-supported group home and accountable for the nursing-supported group home when the administrator is not present on the nursing-supported group home's premises; and
4. Ensures the nursing-supported group home's compliance with A.R.S. § 36-411 and, as applicable, A.R.S. § 8-804 or § 46-459.

C. An administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident that:
   a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
   b. Cover the process for checking on a personnel member through the adult protective services registry, established according to A.R.S. § 46-459, or the central registry, established according to A.R.S. § 8-804, as applicable;
   c. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
   d. Include methods to prevent abuse or neglect of a resident, including:
      i. Training of personnel members, at least annually, on how to recognize the signs and symptoms of abuse or neglect; and
      ii. Reporting of abuse or neglect of a resident;
   e. Include how a personnel member may submit a complaint relating to resident care;
   f. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
   g. Cover cardiopulmonary resuscitation training including:
      i. Which personnel members are required to obtain cardiopulmonary resuscitation training;
      ii. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the ability to perform cardiopulmonary resuscitation;
      iii. The qualifications for an individual to provide cardiopulmonary resuscitation training;
      iv. The time-frame for renewal of cardiopulmonary resuscitation training; and
      v. The documentation that verifies an individual has received cardiopulmonary resuscitation training;
   h. Cover first aid training;
   i. Include a method to identify a resident to ensure the resident receives physical health services, habilitation services, and behavioral care as ordered;
   j. Cover resident rights, including assisting a resident who does not speak English or who has a disability to become aware of resident rights;
   k. Cover specific steps for:
      i. A resident to file a complaint, and
      ii. The nursing-supported group home to respond to a resident's complaint;
   l. Cover health care directives;
   m. Cover medical records, including electronic medical records;
   n. Cover a quality management program, including incident reports and supporting documentation;
   o. Cover contracted services;
   p. Cover resident's personal accounts;
   q. Cover petty cash funds;
   r. If the nursing-supported group home may admit a resident who is not placed in the nursing-supported group home by the Division, cover:
      i. Fees and the process for receiving a fee for a resident,
      ii. The reasons and process for terminating residency, and
      iii. The process for refunding a fee for a resident;
   s. Cover smoking and the use of tobacco products on the premises;
   t. Cover the storage and use of alcoholic beverages on the premises; and
   u. Cover when an individual may visit a resident in a nursing-supported group home;
2. Policies and procedures for physical health services, habilitation services, and behavioral care are established, documented, and implemented to protect the health and safety of a resident that:
   a. Cover resident screening, admission, transport, transfer, discharge planning, and discharge;
   b. Cover the provision of physical health services, habilitation services, and behavioral care;
   c. Cover acuity, including a process for obtaining sufficient nursing personnel and other personnel members to meet the needs of residents;
   d. Include when general consent and informed consent are required;
   e. Cover storing, dispensing, administering, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
   f. Cover infection control;
   g. Cover interventions to address a resident's inappropriate behavior, including:
      i. The hierarchy for use;
      ii. Use of time-outs for inappropriate behavior; and
      iii. Except in an emergency, require positive techniques for behavior modification to be used before more restrictive methods are used;
   h. Cover restraints, both chemical restraints and physical restraints if applicable, that:
      i. Require an order, including the frequency of monitoring and assessing the restraint; and
      ii. Are necessary to prevent imminent harm to self or others, including how personnel members will respond to a resident's sudden, intense, or out-of-control behavior;
   i. Cover telehealth, if applicable;
   j. Cover environmental services that affect resident care;

k. Cover the security of a resident's possessions that are allowed on the premises;
l. Cover methods to encourage participation of a resident's family or friends or other individuals in activities planned according to R9-10-2210(B);
m. Include a method for obtaining an advocate for a resident, if necessary;
n. Cover resident outings;
o. Cover the process for obtaining resident preferences for social, recreational, or rehabilitative activities and meals and snacks; and
p. Cover whether pets and animals are allowed on the premises, including procedures to ensure that any pets or animals allowed on the premises do not endanger the health or safety of residents or the public;

3. Policies and procedures are reviewed at least once every three years and updated as needed;
4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
5. Unless otherwise stated:
a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
b. When documentation or information is required by this Chapter to be submitted on behalf of a nursing-supported group home, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the nursing-supported group home.

D. If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was admitted or while the resident is not on the premises and not receiving services from a nursing-supported group home's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the resident as follows:
1. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
2. For a resident under 18 years of age, according to A.R.S. § 13-3620.

E. If an administrator has a reasonable basis, according to A.R.S. §§ 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a resident is receiving services from a nursing-supported group home's employee or personnel member, an administrator shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
2. Report the suspected abuse, neglect, or exploitation of the resident as follows:
a. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
b. For a resident under 18 years of age, according to A.R.S. § 13-3620;
3. Document:
a. The suspected abuse, neglect, or exploitation;
b. Any action taken according to subsection (E)(1); and
c. The report in subsection (E)(2);
4. Maintain the documentation in subsection (E)(3) for at least 12 months after the date of the report in subsection (E)(2);
5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (E)(2):
a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
6. Maintain a copy of the documented information required in subsection (E)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.

F. An administrator shall:
1. Allow a resident advocate to assist a resident or the resident's representative with a request or recommendation, and document in writing any complaint submitted to the nursing-supported group home;
2. Ensure that a monthly schedule of recreational activities for residents is developed, documented, and implemented; and
3. Ensure that the following are conspicuously posted on the premises:
a. The current nursing-supported group home license issued by the Department;
b. The name, address, and telephone number of:
i. The Department's Bureau of Assisted Living Facilities Licensing;
ii. Adult Protective Services of the Department of Economic Security; and
iii. If applicable, Child Protective Services of the Department of Child Safety;
c. A notice that a resident may file a complaint with the Department concerning the nursing-supported group home;
d. The monthly schedule of recreational activities; and
e. One of the following:
i. A copy of the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect; or
ii. A notice that the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect are available for review upon request.

G. An administrator shall provide written notification to the Department of a resident's:
1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
2. Self-injury, within two working days after the resident inflicts a self-injury that requires immediate intervention by an emergency medical services provider.

H. An administrator shall:
1. Notify a resident's representative, family member, or other individual designated by the resident within one calendar day after:
a. The resident's death,

b. There is a significant change in the resident's medical condition, or
c. The resident has an illness or injury that requires immediate intervention by an emergency medical services provider or treatment by a health care provider; and

2. For an illness or injury in subsection (H)(1)(c), document the following:
a. The date and time of the illness or injury;
b. A description of the illness or injury;
c. If applicable, the names of individuals who observed the injury;
d. The actions taken by personnel members, according to policies and procedures;
e. The individuals notified by the personnel members; and
f. Any action taken to prevent the illness or injury from occurring in the future.

I. If an administrator administers a resident's personal account at the request of the resident or the resident's representative, the administrator shall:
1. Comply with policies and procedures established according to subsection (C)(1)(p);
2. Designate a personnel member who is responsible for the personal accounts;
3. Maintain a complete and separate accounting of each personal account;
4. Obtain written authorization from the resident or the resident's representative for a personal account transaction;
5. Document an account transaction and provide a copy of the documentation to the resident or the resident's representative upon request and at least every three months;
6. Transfer all money from the resident's personal account in excess of $50.00 to an interest-bearing account and credit the interest to the resident's personal account; and
7. Within 30 calendar days after the resident's death, transfer, or discharge, return all money in the resident's personal account and a final accounting to the resident, the resident's representative, or the probate jurisdiction administering the resident's estate.

J. If a petty cash fund is established for use by residents, the administrator shall ensure that:
1. The policies and procedures established according to subsection (C)(1)(q) include:
a. A prescribed cash limit of the petty cash fund, and
b. The hours of the day a resident may access the petty cash fund; and
2. A resident's written acknowledgment is obtained for a petty cash transaction.

K. An administrator shall ensure that an acuity plan is developed, documented, and implemented for the nursing-supported group home that:
1. Includes:
a. A method that establishes the types and numbers of personnel members that are required in the nursing-supported group home to ensure resident health and safety, and
b. A policy and procedure stating the steps the nursing-supported group home will take to obtain or assign the necessary personnel members to address resident acuity;
2. Is used when making assignments for resident treatment; and
3. Is reviewed and updated, as necessary, at least once every 12 months.

L. An administrator shall establish and document the criteria for determining when a resident's absence is unplanned, including the criteria for a resident who:
1. Is absent against medical advice,
2. Is under the age of 18, or
3. Does not return to the nursing-supported group home at the expected time after a planned absence.

M. An administrator shall ensure that documentation of the most recent monitoring of the nursing-supported group home, conducted by the Arizona Department of Economic Security under A.R.S. § 36-557(G)(2), is on the premises of the nursing-supported group home.

Historical Note
New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-2204. Quality Management
An administrator shall ensure that:
1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
a. A method to identify, document, and evaluate incidents;
b. A method to collect data to evaluate services provided to residents;
c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;
d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
a. An identification of each concern about the delivery of services related to resident care, and
b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note
New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2205. Contracted Services
An administrator shall ensure that:
1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note
New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2206. Personnel

A. An administrator shall ensure that:
1. A personnel member is:
   a. At least 21 years old, or
   b. At least 18 years old and is licensed or certified under A.R.S. Title 32 and providing services within the personnel member's scope of practice;
2. An employee is at least 18 years old;
3. A student is at least 18 years old; and
4. A volunteer is at least 21 years old.

B. An administrator shall ensure that:
1. The qualifications, skills, and knowledge required for each type of personnel member:
   a. Are based on:
      i. The type of physical health services, habilitation services, or behavioral care expected to be provided by the personnel member according to the established job description; and
      ii. The acuity of the residents receiving physical health services, habilitation services, or behavioral care from the personnel member according to the established job description; and
   b. Include:
      i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services, habilitation services, or behavioral care listed in the established job description;
      ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services, habilitation services, or behavioral care listed in the established job description; and
      iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services, habilitation services, or behavioral care listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
   a. Before the personnel member provides physical health services, habilitation services, or behavioral care; and
   b. According to policies and procedures; and
3. Sufficient personnel members are present on a nursing-supported group home's premises with the qualifications, skills, and knowledge necessary to:
   a. Provide the services in the nursing-supported group home's scope of services,
   b. Meet the needs of a resident, and
   c. Ensure the health and safety of a resident.

C. An administrator shall ensure that an organizational chart of the nursing-supported group home is established, updated as necessary, and maintained on the premises:
1. Outlining the roles, responsibilities, and relationships within the nursing-supported group home; and
2. Including the name and, if applicable, the license or certification credential of each individual shown on the organizational chart.

D. An administrator shall ensure that, if a personnel member provides services that require a license under A.R.S. Title 32 or 36, the personnel member is licensed under A.R.S. Title 32 or 36, as applicable.

E. An administrator shall ensure that an individual who is a licensed baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision as defined in 4 A.A.C. 6, Article 1.

F. An administrator shall ensure that a personnel member or an employee or volunteer who has or is expected to have direct interaction with a resident for more than eight hours a week provides evidence of freedom from infectious tuberculosis:
1. On or before the date the individual begins providing services at or on behalf of the nursing-supported group home, and
2. As specified in R9-10-113.

G. An administrator shall ensure that:
1. The types and numbers of nurses and other personnel members required according to the acuity plan in R9-10-2203(K) are present in the nursing-supported group home;
2. Documentation of the nurses and other personnel members present on the nursing-supported group home's premises each day is maintained and includes:
   a. The date;
   b. The number of residents;
   c. The name, license or certification credential if applicable, and assigned duties of each nurse or other personnel member who worked that day; and
   d. The actual number of hours each nurse or other personnel member worked that day; and
3. The documentation of nurses and other personnel members required in subsection (G)(2) is maintained for at least 12 months after the date of the documentation.

H. An administrator shall ensure that a personnel member is on duty, on the premises, awake, and able to respond, according to policies and procedures, to injuries, symptoms of illness, or fire or other emergencies on the premises.

I. An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:
1. The individual's name, date of birth, and contact telephone number;
2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
3. Documentation of:
   a. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
   b. The individual's education and experience applicable to the individual's job duties;
   c. The individual's compliance with the requirements in A.R.S. § 36-411;
   d. The nursing-supported group home's check on the individual in the adult protective services registry, established according to A.R.S. § 46-459, or the central registry, established according to A.R.S. § 8-804, as applicable;
   e. Orientation and in-service education as required by policies and procedures;

f. Training in preventing, recognizing, and reporting abuse or neglect, required according to R9-10-2203(C)(1)(d)(i);
g. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
h. If applicable, the individual's qualifications and ongoing training for each type of restraint used, as required in R9-10-2217;
i. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-2203(C)(1)(g);
j. First aid training, if required for the individual according to this Article or policies and procedures;
k. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (F); and
l. The individual's compliance with the requirements in A.R.S. § 36-420.01 regarding fall prevention and fall recovery training.

J. An administrator shall ensure that personnel records are:
1. Maintained:
   a. Throughout the individual's period of providing services in or for the nursing-supported group home, and
   b. For at least 24 months after the last date the individual provided services in or for the nursing-supported group home; and
2. For a personnel member who has not provided physical health services, habilitation services, or behavioral care at or for the nursing-supported group home during the previous 12 months, provided to the Department within 72 hours after the Department's request.

K. An administrator shall ensure that:
1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
2. A personnel member completes orientation before providing physical health services, habilitation services, or behavioral care;
3. An individual's orientation is documented, to include:
   a. The individual's name,
   b. The date of the orientation, and
   c. The subject or topics covered in the orientation;
4. A plan to provide in-service education specific to the duties of a personnel member is developed, documented, and implemented;
5. A personnel member's in-service education is documented, to include:
   a. The personnel member's name,
   b. The date of the training, and
   c. The subject or topics covered in the training; and
6. A work schedule of each personnel member is developed and maintained at the nursing-supported group home for at least 12 months after the date of the work schedule.

L. An administrator shall ensure that a fall prevention and fall recovery program that complies with requirements in A.R.S. § 36-420.01 is developed, documented, and implemented.

Historical Note

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-2207. Admissions

An administrator shall ensure that:
1. A resident is admitted only:
   a. On a physician's order or based on a placement evaluation by the Division;
   b. If the resident has or is at risk for having a developmental disability or cognitive disability;
   c. If the resident's placement evaluation indicates that the resident requires continuous nursing services;
   d. If the resident's placement evaluation indicates that the resident's needs can be met by the nursing-supported group home; and
   e. Except when the resident's placement evaluation states that the resident would benefit from being part of a group that includes residents of different ages or social needs, if the resident can be assigned to a room within the nursing-supported group home with other residents of similar ages or social needs;
2. The physician's admitting order or placement evaluation documentation in subsection (1)(a) includes the physical health services, habilitation services, and behavioral care required to meet the immediate needs of a resident, including medication and food services;
3. At the time of a resident's admission, a registered nurse conducts or coordinates an initial assessment on a resident to determine the resident's acuity and ensure the resident's immediate needs are met;
4. The resident's individual service and program plan, as required by A.A.C. R6-6-602, accompanies the resident;
5. A resident's needs do not exceed the medical services, rehabilitation services, and nursing services available at the nursing-supported group home as established in the nursing-supported group home's scope of services;
6. A resident is assigned to the nursing-supported group home based, as applicable, on the patient's:
   a. Documented diagnosis,
   b. Treatment needs,
   c. Developmental level,
   d. Social skills,
   e. Verbal skills, and
   f. Acuity;
7. A resident does not share any space, participate in any activity or treatment, or verbally or physically interact with any other resident that, based on the other resident's documented diagnosis, treatment needs, developmental level, social skills, verbal skills, and personal history, may present a threat to the resident's health and safety;
8. Within 30 calendar days before admission or 10 working days after admission, a medical history and physical examination is completed on a resident by:
   a. A medical practitioner designated for the resident, or
   b. A physician assistant or a registered nurse practitioner designated by the resident's designated medical practitioner;
9. Compliance with the requirements in subsection (8) is documented in the resident's medical record;
10. Except as specified in subsection (11), a resident provides evidence of freedom from infectious tuberculosis:
    a. Before or within seven calendar days after the resident's admission, and
    b. As specified in R9-10-113; and
11. A resident who transfers from a nursing care institution or another nursing-supported group home to the nursing-

supported group home is not required to be rescreened for tuberculosis as specified in R9-10-113 if:
a. Fewer than 12 months have passed since the resident was screened for tuberculosis, and
b. The documentation of freedom from infectious tuberculosis required in subsection (10) accompanies the resident at the time of transfer.

Historical Note
New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2208. Transfer; Discharge

A. An administrator, in coordination with the Division if applicable, shall ensure that:
1. A resident is transferred or discharged if:
   a. The nursing-supported group home is not authorized or not able to meet the needs of the resident,
   b. The resident no longer requires continuous nursing services, or
   c. The resident's behavior is a threat to the health or safety of the resident or other individuals at the nursing-supported group home; and
2. Documentation of a resident's transfer or discharge includes:
   a. The date of the transfer or discharge,
   b. The reason for the transfer or discharge,
   c. A notation by a physician or the physician's designee if the transfer or discharge is due to any of the reasons listed in subsection (A)(1), and
   d. If applicable, actions taken by a personnel member to protect the resident or other individuals if the resident's behavior is a threat to the health and safety of the resident or other individuals in the nursing-supported group home and beyond the nursing-supported group home's scope of services.

B. Except for a transfer of a resident due to an emergency, an administrator shall ensure that:
1. A registered nurse coordinates the transfer and the services provided to the resident;
2. According to policies and procedures:
   a. An evaluation of the resident is conducted before the transfer;
   b. Information from the resident's medical record, including the following, is provided to a receiving health care institution;
      i. Orders that are in effect at the time of the transfer; and
      ii. The resident's need for nursing services, rehabilitation services, or habilitation services at the time of transfer; and
   c. A personnel member explains risks and benefits of the transfer to the resident or the resident's representative; and
3. Documentation in the resident's medical record includes:
   a. Communication with an individual at a receiving health care institution;
   b. The date and time of the transfer;
   c. The mode of transportation; and
   d. If applicable, the name of the personnel member accompanying the resident during a transfer.

C. Except in an emergency, a registered nurse shall ensure that before a resident is discharged:
1. Written follow-up instructions are developed with the resident or the resident's representative that include:
   a. Information necessary to meet the resident's need for medical services and nursing services, including specific care instructions and whether the resident requires any durable medical equipment or supplies; and
   b. The state long-term care ombudsman's name, address, and telephone number;
2. A copy of the written follow-up instructions is provided to the resident or the resident's representative; and
3. A discharge summary:
   a. Is developed by a registered nurse;
   b. Authenticated by the resident's designated medical practitioner or designee; and
   c. Includes:
      i. The resident's need for nursing services, rehabilitation services, or habilitation services at the time of discharge;
      ii. The resident's need for medical services;
      iii. The resident's developmental, behavioral, social, and nutritional status;
      iv. The resident's medical and psychosocial history;
      v. The date of the discharge; and
      vi. The location of the resident after discharge.

Historical Note
New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2209. Transport

A. Except as provided in subsections (B) and (C), an administrator shall ensure that:
1. A personnel member authorized by policies and procedures coordinates the transport and the services provided to the resident;
2. According to policies and procedures:
   a. An evaluation of the resident is conducted before and after the transport,
   b. Information from the resident's medical record is provided to a receiving health care institution, and
   c. A personnel member explains risks and benefits of the transport to the resident or the resident's representative; and
3. Documentation in the resident's medical record includes:
   a. Communication with an individual at a receiving health care institution;
   b. The date and time of the transport;
   c. The mode of transportation; and
   d. If applicable, the name of the personnel member accompanying the resident during a transport.

B. If the transport of a resident is to provide the resident with rehabilitation services or habilitation services off the premises, an administrator shall ensure that:
1. The rehabilitation services or habilitation services are included in the resident's individual program plan,
2. A registered nurse coordinates the transport and the services provided to the resident, and
3. The resident is transported according to R9-10-2210(A).

C. Subsection (A) does not apply to:
1. Except as provided in subsection (B), transportation according to R9-10-2210 to a location other than a licensed health care institution;

2. Transportation provided for a resident by the resident or the resident's representative;
3. Transportation provided by an outside entity that was arranged for a resident by the resident or the resident's representative; or
4. A transport to another licensed health care institution in an emergency.

Historical Note
New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2210. Transportation; Resident Outings

A. An administrator of a nursing-supported group home that uses a vehicle owned or leased by the nursing-supported group home to provide transportation to a resident shall ensure that:
1. The vehicle:
   a. Is safe and in good repair,
   b. Contains a first aid kit,
   c. Contains drinking water sufficient to meet the needs of each resident present in the vehicle, and
   d. Contains a working heating and air conditioning system;
2. Documentation of current vehicle insurance and a record of maintenance performed or a repair of the vehicle is maintained;
3. A driver of the vehicle:
   a. Is 21 years of age or older;
   b. Has a valid driver license and no driving restriction on the driver's documentation of compliance with the requirements in A.R.S. § 36-411;
   c. Operates the vehicle in a manner that does not endanger a resident in the vehicle;
   d. Does not leave in the vehicle an unattended:
      i. Child;
      ii. Resident who may be a threat to the health, safety, or welfare of the resident or another individual; or
      iii. Resident who is incapable of independent exit from the vehicle; and
   e. Ensures the safe and hazard-free loading and unloading of residents; and
4. Transportation safety is maintained as follows:
   a. An individual in the vehicle is sitting in a seat, which may include the seat of a wheel chair, and wearing a working seat belt while the vehicle is in motion; and
   b. Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a resident's body.

B. An administrator shall ensure that an outing is consistent with the age, physical ability, medical condition, and treatment needs of each resident participating in the outing.

C. An administrator shall ensure that:
1. A sufficient number of personnel members are present on an outing to ensure the health and safety of a resident on the outing;
2. Each personnel member on the outing has documentation of current training in cardiopulmonary resuscitation according to R9-10-2203(C)(1)(g) and first aid training;
3. Documentation is developed before an outing that includes:
   a. The name of each resident participating in the outing;
   b. A description of the outing;
   c. The date of the outing;
   d. The anticipated departure and return times;
   e. The name, address, and, if available, telephone number of the outing destination; and
   f. If applicable, the license plate number of a vehicle used to provide transportation for the outing;
4. The documentation described in subsection (C)(3) is updated to include the actual departure and return times and is maintained for at least 12 months after the date of the outing; and
5. Emergency information for a resident participating in the outing is maintained by a personnel member participating in the outing or in the vehicle used to provide transportation for the outing and includes:
   a. The resident's name;
   b. Medication information, including the name, dosage, route of administration, and directions for each medication needed by the resident during the anticipated duration of the outing;
   c. The resident's allergies; and
   d. The name and telephone number of a designated individual, who is present on the nursing-supported group home's premises, to notify in case of an emergency.

Historical Note
New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2211. Resident Rights

A. An administrator shall ensure that:
1. The requirements in subsection (B) and the resident rights in subsection (C) are conspicuously posted on the premises;
2. At the time of admission, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (C); and
3. Policies and procedures include:
   a. How and when a resident or the resident's representative is informed of resident rights in subsection (C), and
   b. Where resident rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:
1. A resident has privacy in:
   a. Treatment,
   b. Bathing and toileting,
   c. Room accommodations, and
   d. Visiting or meeting with another resident or an individual;
2. A resident is treated with dignity, respect, and consideration;
3. A resident is not subjected to:
   a. Abuse;
   b. Neglect;
   c. Exploitation;
   d. Coercion;
   e. Manipulation;
   f. Sexual abuse;
   g. Sexual assault;
   h. Seclusion;
   i. Except as allowed in R9-10-2217, restraint;

j. Retaliation for submitting a complaint to the Department or another entity;
k. Misappropriation of personal and private property by a nursing-supported group home's personnel members, employees, volunteers, or students; or
l. Segregation solely on the basis of the resident's disability; and

4. A resident or the resident's representative:
a. Except in an emergency, either consents to or refuses treatment;
b. May refuse or withdraw consent for treatment before treatment is initiated;
c. Except in an emergency, is informed of proposed alternatives to psychotropic medication and the associated risks and possible complications of the psychotropic medication;
d. Is informed of the following:
i. The health care institution's policy on health care directives;
ii. If applicable, the policies in R9-10-2203(C)(1)(r); and
iii. The resident complaint process;
e. Consents to photographs of the resident before the resident is photographed, except that the resident may be photographed when admitted to a nursing-supported group home for identification and administrative purposes;
f. May manage the resident's financial affairs;
g. Has access to and may communicate with any individual, organization, or agency;
h. Except as provided in the resident's individual program plan, has privacy:
i. In interactions with other residents or visitors to the nursing-supported group home,
ii. In the resident's mail, and
iii. For telephone calls made by or to the resident;
i. May review the nursing-supported group home's current license survey report and, if applicable, plan of correction in effect;
j. May review the resident's financial records within two working days and medical record within one working day after the resident's or the resident's representative's request;
k. May obtain a copy of the resident's financial records and medical record within two working days after the resident's request and in compliance with A.R.S. § 12-2295;
l. Except as otherwise permitted by law, consents, in writing, to the release of information in the resident's:
i. Medical record, and
ii. Financial records;
m. May select a pharmacy of choice if the pharmacy complies with policies and procedures and does not pose a risk to the resident;
n. Is informed of the method for contacting the resident's designated medical practitioner;
o. Is informed of the resident's overall physical and psychosocial well-being, as determined by the resident's comprehensive assessment;
p. Is provided with a copy of those sections of the resident's medical record that are required for continuity of care free of charge, according to A.R.S. § 12-2295, if the resident is transferred or discharged; and
q. Except in the event of an emergency, is informed orally or in writing before the nursing-supported group home makes a change in a resident's room or roommate assignment and notification is documented in the resident's medical record.

C. In addition to the rights in A.R.S. § 36-551.01, a resident has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that supports and respects the resident's individuality, choices, strengths, and abilities;
3. To choose activities and schedules consistent with the resident's interests that do not interfere with other residents;
4. To participate in social, religious, political, and community activities that do not interfere with other residents;
5. To retain personal possessions including furnishings and clothing as space permits unless use of the personal possession infringes on the rights or health and safety of other residents;
6. To share a room with the resident's spouse if space is available and the spouse consents;
7. To receive a referral to another health care institution if the nursing-supported group home is not authorized or not able to provide physical health services, habilitation services, and behavioral care needed by the resident;
8. To participate or have the resident's representative participate in the development of the resident's individual program plan or decisions concerning treatment;
9. To participate or refuse to participate in research or experimental treatment; and
10. To receive assistance from a family member, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.

Historical Note
New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2212. Medical Records

A. An administrator shall ensure that:
1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a resident's medical record is:
a. Recorded only by an individual authorized by policies and procedures to make the entry;
b. Dated, legible, and authenticated; and
c. Not changed to make the initial entry illegible;
3. An order is:
a. Dated when the order is entered in the resident's medical record and includes the time of the order;
b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;

5. A resident's medical record is available to an individual:
   a. Authorized to access the resident's medial record according to policies and procedures;
   b. If the individual is not authorized to access the resident's medical record according to policies and procedures, with the written consent of the resident or the resident's representative; or
   c. As permitted by law; and
6. A resident's medical record is protected from loss, damage, or unauthorized use.

B. If a nursing-supported group home maintains residents' medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.

C. An administrator shall ensure that a resident's medical record contains:
1. Resident information that includes:
   a. The resident's name;
   b. The resident's date of birth; and
   c. Any known allergies, including medication allergies;
2. The admission date and, if applicable, the date of discharge;
3. The admitting diagnosis or presenting symptoms;
4. Documentation of the resident's placement evaluation;
5. Documentation of the resident's individual service and program plan, as required by A.A.C. R6-6-602;
6. Documentation of:
   a. The resident's last periodic evaluation, conducted according to A.A.C. R6-6-604, before the resident's admission; and
   b. Each periodic evaluation, conducted according to A.A.C. R6-6-604, while the resident was admitted to the nursing-supported group home;
7. Documentation of general consent and, if applicable, informed consent;
8. If applicable, the name and contact information of the resident's representative and:
   a. The document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
   b. If the resident's representative:
      i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      ii. Is a legal guardian, a copy of the court order establishing guardianship;
9. The name and contact information of an individual to be contacted under R9-10-2203(H)(1);
10. Documentation of the initial assessment required in R9-10-2207(3) to determine acuity;
11. The medical history and physical examination required in R9-10-2215(A)(2);
12. A copy of the resident's living will or other health care directive, if applicable;
13. The name and telephone number of the resident's designated medical practitioner;
14. Orders;
15. Documentation of the resident's comprehensive assessment;
16. Individual program plans, including nursing care plans or medical care plans, if applicable;
17. Documentation of physical health services, habilitation services, and behavioral care provided to the resident;
18. Progress notes, including data needed to evaluate the effectiveness of the methods, schedule, and strategies being used to accomplish the goals in the resident's individual program plan;
19. If applicable, documentation of restraint;
20. If applicable, documentation of any actions other than restraint taken to control or address the resident's behavior to prevent harm to the resident or another individual or to improve the resident's social interactions;
21. If applicable, documentation that evacuation from the nursing-supported group home would cause harm to the resident;
22. The disposition of the resident after discharge;
23. The discharge plan;
24. The discharge summary;
25. Transfer documentation;
26. If applicable:
   a. A laboratory report,
   b. A radiologic report,
   c. A diagnostic report, and
   d. A consultation report;
27. Documentation of freedom from infectious tuberculosis required in R9-10-2207(10);
28. Documentation of a medication administered to the resident that includes:
   a. The date and time of administration;
   b. The name, strength, dosage, and route of administration;
   c. The type of vaccine, if applicable;
   d. For a medication administered for pain on a PRN basis:
      i. An evaluation of the resident's pain before administering the medication, and
      ii. The effect of the medication administered;
   e. For a psychotropic medication administered on a PRN basis:
      i. An evaluation of the resident's symptoms before administering the psychotropic medication, and
      ii. The effect of the psychotropic medication administered;
   f. The identification, signature, and professional designation of the individual administering the medication; and
   g. Any adverse reaction a resident has to the medication; and
29. If applicable, a copy of written notices, including follow-up instructions, provided to the resident or the resident's representative.

Historical Note
New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2213. Nursing Services

A. An administrator shall ensure that:
1. Nursing services are provided 24 hours a day in a nursing-supported group home;
2. A director of nursing is appointed who:
   a. Is a registered nurse, and

b. Is responsible for the direction of nursing services;
3. The director of nursing or an individual designated by the administrator participates in the quality management program; and
4. If the director of nursing is responsible for nursing services for 30 or more residents, the director of nursing does not provide direct care to residents on a regular basis.

B. A director of nursing shall ensure that:
1. A method is established and documented that identifies the types and numbers of nursing personnel that are necessary to provide nursing services to residents based on the residents' comprehensive assessments; orders for physical health services, rehabilitation services, and behavioral care; and individual program plans and the nursing-supported group home's scope of services;
2. Sufficient nursing personnel, as determined by the method in subsection (B)(1), are assigned to be on the nursing-supported group home premises to meet the needs of a resident for nursing services;
3. At least one nurse is present on the nursing-supported group home's premises;
4. As soon as possible but not more than 24 hours after one of the following events occur, a nurse notifies a resident's designated medical practitioner and, if applicable, the resident's representative, if the resident:
   a. Is injured,
   b. Is involved in an incident that may require medical services, or
   c. Has a significant change in condition; and
5. Only a medication required by an order is administered to a resident.

Historical Note
New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2214. Individual Program Plan

A. An administrator shall ensure that:
1. A comprehensive assessment of a resident:
   a. Is conducted or coordinated by the director of nursing, in collaboration with an interdisciplinary team that includes:
      i. The resident's designated medical practitioner or designee;
      ii. A registered nurse;
      iii. If the resident is receiving medications as part of physical health services or behavioral care, a pharmacist; and
      iv. Personnel members qualified to provide each type of habilitation services or rehabilitation services identified in a placement evaluation in R9-10-2207(1)(a) or the initial assessment required in R9-10-2207(3);
   b. Is completed for the resident within 30 calendar days after the resident's admission to a nursing-supported group home;
   c. Is updated:
      i. No later than 12 months after the date of the resident's last comprehensive assessment, and
      ii. When the resident experiences a significant change;
   d. Includes the following information for the resident:
      i. Identifying information;
      ii. An evaluation of the resident's hearing, speech, and vision;
      iii. An evaluation of the resident's ability to understand and recall information;
      iv. An evaluation of the resident's mental status;
      v. Whether the resident demonstrates inappropriate behavior;
      vi. Preferences for customary routine and activities;
      vii. An evaluation of the resident's ability to perform activities of daily living;
      viii. Need for a mobility device;
      ix. An evaluation of the resident's ability to control the resident's bladder and bowels;
      x. Any diagnosis that impacts rehabilitation services or other physical health services or behavioral care that the resident may require;
      xi. Any medical conditions that impact the resident's functional status, quality of life, or need for nursing services;
      xii. An evaluation of the resident's ability to maintain adequate nutrition and hydration;
      xiii. An evaluation of the resident's oral and dental status;
      xiv. An evaluation of the condition of the resident's skin;
      xv. Identification of any medication or treatment administered to the resident during a seven-day calendar period that includes the time the comprehensive assessment was conducted;
      xvi. Identification of any treatment or medication ordered for the resident;
      xvii. Identification of interventions that may support the resident towards independence;
      xviii. Identification of any assistive devices needed by the resident;
      xix. Identification of the physical health services needed by the resident, including physical health services not provided by the nursing-supported group home;
      xx. Identification of measurable goals and behavioral objective for the physical health services, habilitation services, and behavioral care, in priority order, with time limits for attainment;
      xxi. Identification of the methods, schedule, and strategies to accomplish the goals in subsection (A)(1)(d)(xviii), including the personnel member responsible;
      xxii. Evaluation procedures for determining if the methods and strategies in subsection (A)(1)(d)(xix) are working, including the type of data required and frequency of collection;
      xxiii. Whether any restraints have been used for the resident during a seven-day calendar period that includes the time the comprehensive assessment was conducted;
      xxiv. If the resident demonstrates inappropriate behavior, as reported according to subsection (A)(1)(d)(v), identification of the methods, schedule, and strategies for replacement

of the inappropriate behavior with appropriate behavioral expressions, including the hierarchy for use;

xxv. If restraint is included in subsection (A)(1)(d)(xxiv), the specific restraints that may be used because of the resident's inappropriate behavior;

xxvi. A description of the resident or resident's representative's participation in the comprehensive assessment;

xxvii. The name and title of the interdisciplinary team members who participated in the resident's comprehensive assessment;

xxviii. Potential for rehabilitation, including the resident's strengths and specific developmental or behavioral health needs; and

xxix. Potential for discharge;

e. Is signed and dated by the director of nursing; and

f. Is used to determine or update the resident's acuity;

2. If any of the conditions in subsection (A)(1)(d)(v) are answered in the affirmative during the comprehensive assessment or review, a behavioral health professional reviews a resident's comprehensive assessment or review and individual program plan to ensure that the resident's needs for behavioral care are being met;

3. A new comprehensive assessment is not required for a resident who is hospitalized and readmitted to a nursing-supported group home unless a physician, an individual designated by the physician, or a registered nurse determines the resident has a significant change in condition; and

4. A resident's comprehensive assessment is reviewed at least once every three months after the date of the current comprehensive assessment and if there is a significant change in the resident's condition by:

a. The director of nursing;

b. A registered nurse providing nursing services to the resident; and

c. If there is a significant change in the resident's ability to maintain adequate nutrition and hydration, a registered dietitian.

B. An administrator shall ensure that an individual program plan for a resident:

1. Is developed, documented, and implemented for the resident within seven calendar days after completing the resident's comprehensive assessment required in subsection (A)(1);

2. Includes the acuity of the resident;

3. Is reviewed at least annually by the interdisciplinary team required in subsection (A)(1)(a) and revised based on any change to the resident's comprehensive assessment; and

4. Ensures that a resident is provided physical health services, rehabilitation services, habilitation services, and other services or behavioral care that:

a. Address any medical condition or behavioral care issue identified in the resident's comprehensive assessment, and

b. Assist the resident in maintaining the resident's highest practicable well-being according to the resident's comprehensive assessment.

Historical Note

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2215. Physical Health Services

A. An administrator shall ensure that:

1. A resident has a designated medical practitioner;

2. A physical examination is performed on a resident by the resident's designated medical practitioner or by a physician, physician assistant, or registered nurse practitioner designated by the resident's designated medical practitioner:

a. If indicated, based on the resident's placement evaluation or comprehensive assessment; and

b. At least once every 12 months after the date of admission, including an assessment of the acuity of the resident's medical condition;

3. The resident's designated medical practitioner, in conjunction with the director of nursing, develops a medical care plan of treatment for the resident, which is integrated into the resident's individual program plan; and

4. Vaccinations for influenza and pneumonia are available to each resident at least once every 12 months unless:

a. The resident's designated medical practitioner provides documentation that the vaccination is medically contraindicated;

b. The resident or the resident's representative refuses the vaccination or vaccinations and documentation is maintained in the resident's medical record that the resident or the resident's representative has been informed of the risks and benefits of a vaccination refused; or

c. The resident or the resident's representative provides documentation that the resident received a pneumonia vaccination within the last five years or the current recommendation from the U.S. Department of Health and Human Services, Center for Disease Control and Prevention.

B. A director of nursing shall ensure that:

1. A registered nurse participates in the development, review, and updating of a resident's nursing care plan or medical care plan;

2. Personnel members providing direct care to a resident with a nursing care plan or medical care plan receive direction from a nurse; and

3. Nursing personnel provide education and training to:

a. Residents on hygiene and other behaviors that promote health; and

b. Personnel members on:

i. Detecting signs of illness or injury or significant changes in condition,

ii. First aid, and

iii. Basic skills for caring for residents.

C. An administrator shall ensure that:

1. A resident's need for dental services is determined as part of the resident's initial assessment in R9-10-2207(3);

2. Unless a resident's eligibility for third-party payment for dental services is determined before the resident's initial comprehensive assessment in R9-10-2214(A)(1)(b) due to the resident's immediate need for dental services, the resident's eligibility for third-party payment for dental services is determined as part of the resident's comprehensive assessment;

3. Within one month after the initial comprehensive assessment in R9-10-2214(A)(1)(b), a personnel member coordinates for a resident the scheduling of a dental examination and, if needed, dental treatment:

a. If the resident is eligible for third-party payment for dental services, and
b. Unless the nursing-supported group home has documentation that the resident received a dental examination within 12 months before admission;

4. If a resident is eligible for third-party payment for dental services:
   a. A dental examination is scheduled for the resident according to guidelines by the entity providing third-party payment for dental services and at least once every 12 months, and
   b. Dental treatment is scheduled according to guidelines by the entity providing third-party payment for dental services and as needed;
5. Except as provided in subsection (C)(6), if a dental examination of a resident indicates a need for dental treatment, the resident's individual program plan includes the scheduling of dental treatment for the resident when the resident is eligible for third-party payment for dental services;
6. If needed, a resident is provided with emergency dental services;
7. A resident is provided with education and training in oral hygiene; and
8. A resident's medical record contains documentation of:
   a. Each dental examination of the resident,
   b. All dental treatment received by the resident, and
   c. The resident's education and training in oral hygiene.

D. An administrator shall ensure that:
1. A resident's vision and hearing are assessed as part of the resident's comprehensive assessment in R9-10-2214(A)(1)(b) and, if applicable, as part of the update of the comprehensive assessment in R9-10-2214(A)(1)(c); and
2. If an issue is identified with the resident's vision or hearing:
   a. The issue is included in the resident's individual program plan,
   b. A personnel member contacts and coordinates with applicable entities to determine any vision or hearing benefits for which the resident may be eligible, and
   c. The nursing-supported group home makes reasonable accommodations to address the issue in compliance with applicable federal and state disability laws.

Historical Note
New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2216. Behavioral Care

A. An administrator shall ensure that:
1. A resident who receives behavioral care from the nursing-supported group home is evaluated by a behavioral health professional or medical practitioner:
   a. Within 30 calendar days before the resident is admitted to the nursing-supported group home or before the resident begins receiving behavioral care, and
   b. At least once every six months throughout the duration of the resident's need for behavioral care;
2. A behavioral health professional or medical practitioner:
   a. Documents that the behavioral care needed by the resident is within the nursing-supported group home's scope of services, and
   b. Includes measurable objectives for the behavioral care and the methods for meeting the objectives in the resident's individual program plan; and
3. The documentation in subsection (A)(2) is included in the resident's medical record.

B. If a resident of a nursing-supported group home requires behavioral health services provided by a behavioral health professional on an intermittent basis as part of behavioral care, an administrator shall ensure that:
1. The behavioral health services are provided by a behavioral health professional licensed or certified to provide the type of behavioral health services required by the resident; and
2. Except for a psychotropic drug used as a chemical restraint or administered according to an order from a court of competent jurisdiction, informed consent is obtained from a resident or the resident's representative for a psychotropic drug and documented in the resident's medical record before the psychotropic drug is administered to the resident.

Historical Note
New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2217. Restraint

If a nursing-supported group home is authorized to provide restraint, an administrator shall ensure that:
1. Policies and procedures for providing restraint are established, documented, and implemented to protect the health and safety of a resident that:
   a. Establish the process for resident assessment, including identification of a resident's medical conditions and criteria for the on-going monitoring of any identified medical condition;
   b. Identify each type of restraint used and include for each type of restraint used:
      i. The qualifications of a personnel member who can:
         (1) Order the restraint,
         (2) Place a resident in the restraint,
         (3) Monitor a resident in the restraint,
         (4) Evaluate a resident's physical and psychological well-being after being placed in the restraint and when released from the restraint, or
         (5) Renew the order for restraint;
      ii. On-going training requirements for a personnel member who has direct resident contact while the resident is in a restraint; and
      iii. Criteria for monitoring and assessing a resident including:
         (1) Frequencies of monitoring and assessment based on a resident's medical condition and risks associated with the specific restraint;
         (2) For the renewal of an order for restraint, whether an assessment is required before the order is renewed and, if an assessment is required, who may conduct the assessment;

(3) Assessment content, which may include, depending on a resident's condition, the resident's vital signs, respiration, circulation, hydration needs, elimination needs, level of distress and agitation, mental status, cognitive functioning, neurological functioning, and skin integrity;
(4) If a mechanical restraint is used, how often the mechanical restraint is loosened; and
(5) A process for meeting a resident's nutritional needs and elimination needs;

c. Establish the criteria and procedures for renewing an order for restraint;
d. Establish procedures for internal review of the use of restraint; and
e. Establish medical record and personnel record documentation requirements for restraint, if applicable;

2. An order for restraint is:
a. Obtained from a physician or registered nurse practitioner, and
b. Not written as a standing order or on an as-needed basis;

3. Restraint is:
a. Not used as a means of coercion, discipline, convenience, or retaliation;
b. Only used when all of the following conditions are met:
i. Except as provided in subsection (4), after obtaining an order for the restraint;
ii. For the management of a resident's aggressive, violent, or self-destructive behavior;
iii. When less restrictive interventions have been determined to be ineffective; and
iv. To ensure the immediate physical safety of the resident, to prevent imminent harm to the resident or another individual, or to stop physical harm to another individual; and
c. Discontinued at the earliest possible time;

4. If as a result of a resident's aggressive, violent, or self-destructive behavior, harm to the resident or another individual is imminent or the resident or another individual is being physically harmed, a personnel member:
a. May initiate an emergency application of restraint for the resident before obtaining an order for the restraint, and
b. Obtains an order for the restraint of the resident during the emergency application of the restraint;

5. An order for restraint includes:
a. The name of the physician or registered nurse practitioner ordering the restraint;
b. The date and time that the restraint was ordered;
c. The specific restraint ordered;
d. If a drug is ordered as a chemical restraint, the drug's name, strength, dosage, and route of administration;
e. The specific criteria for release from restraint without an additional order; and
f. The maximum duration authorized for the restraint;

6. An order for restraint is limited to the duration of the emergency situation and does not exceed three continuous hours;

7. If an order for restraint of a resident is not provided by the resident's designated medical practitioner, the resident's designated medical practitioner is notified as soon as possible;

8. A medical practitioner or personnel member does not participate in restraint, assess or monitor a resident during restraint, or evaluate a resident after restraint, and a physician or registered nurse practitioner does not order restraint, until the medical practitioner or personnel member, completes education and training that:
a. Includes:
i. Techniques to identify medical practitioner, personnel member, and resident behaviors, events, and environmental factors that may trigger circumstances that require restraint;
ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods;
iii. Techniques for identifying the least restrictive intervention based on an assessment of the resident's medical or behavioral health condition;
iv. The safe use of restraint, including training in how to recognize and respond to signs of physical and psychological distress in a resident who is restrained or secluded;
v. Clinical identification of specific behavioral changes that indicate that the restraint is no longer necessary;
vi. Monitoring and assessing a resident while the resident is in restraint according to policies and procedures; and
vii. Except for the medical practitioner, training exercises in which the personnel member successfully demonstrates the techniques that the medical practitioner or personnel member has learned for managing emergency situations; and
b. Is provided by individuals qualified according to policies and procedures;

9. When a resident is placed in restraint:
a. The restraint is conducted according to policies and procedures;
b. The restraint is proportionate and appropriate to the severity of the resident's behavior and the resident's:
i. Chronological and developmental age;
ii. Size;
iii. Gender;
iv. Physical condition;
v. Medical condition;
vi. Psychiatric condition; and
vii. Personal history, including any history of physical or sexual abuse;
c. The physician or registered nurse practitioner who ordered the restraint is available for consultation throughout the duration of the restraint;
d. The resident is monitored and assessed according to policies and procedures;
e. A physician or registered nurse assesses the resident within one hour after the resident is placed in the restraint and determines:
i. The resident's current behavior,
ii. The resident's reaction to the restraint used,
iii. The resident's medical and behavioral condition, and
iv. Whether to continue or terminate the restraint;

f. The resident is given the opportunity:
   i. To eat during mealtime, and
   ii. To use the toilet; and
g. The restraint is discontinued at the earliest possible time, regardless of the length of time identified in the order;

10. A medical practitioner or personnel member documents the following information in a resident's medical record before the end of the shift in which the resident is placed in restraint or, if the resident's restraint does not end during the shift in which it began, during the shift in which the resident's restraint ends:
    a. The emergency situation that required the resident to be restrained,
    b. The times the resident's restraint actually began and ended,
    c. The monitoring required in subsection (9)(d),
    d. The time of the assessment required in subsection (9)(e),
    e. The names of the medical practitioners and personnel members with direct resident contact while the resident was in the restraint,
    f. The times the resident was given the opportunity to eat or use the toilet according to subsection (9)(f), and
    g. The resident evaluation required in subsection (12);
11. If an emergency situation continues beyond the time limit of an order for restraint, the order is renewed according to policies and procedures that include:
    a. The specific criteria for release from restraint without an additional order, and
    b. The maximum duration authorized for the restraint; and
12. A resident is evaluated after restraint is no longer being used for the resident.

Historical Note
New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2218. Rehabilitation Services
If rehabilitation services are provided on a nursing-supported group home's premises, an administrator shall ensure that:

1. Rehabilitation services are provided:
   a. Under the direction of an individual qualified according to policies and procedures,
   b. By an individual licensed to provide the rehabilitation services, and
   c. According to an order; and
2. The medical record of a resident receiving rehabilitation services includes:
   a. An order for rehabilitation services that includes the name of the ordering individual and a referring diagnosis,
   b. A documented individual program plan that is developed in coordination with the ordering individual and the individual providing the rehabilitation services,
   c. The rehabilitation services provided,
   d. The resident's response to the rehabilitation services, and
   e. The authentication of the individual providing the rehabilitation services.

Historical Note
New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2219. Clinical Laboratory Services
If clinical laboratory services are authorized to be provided on a nursing-supported group home's premises, an administrator shall ensure that:

1. Clinical laboratory services and pathology services are provided through a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
2. A copy of the certificate of accreditation, certificate of compliance, or certificate of waiver in subsection (1) is provided to the Department for review upon the Department's request;
3. The nursing-supported group home:
   a. Is able to provide the clinical laboratory services delineated in the nursing-supported group home's scope of services when needed by the residents,
   b. Obtains specimens for the clinical laboratory services delineated in the nursing-supported group home's scope of services without transporting the residents from the nursing-supported group home's premises, and
   c. Has the examination of the specimens performed by a clinical laboratory;
4. Clinical laboratory and pathology test results are:
   a. Available to the ordering physician:
      i. Within 24 hours after the test is complete with results if the test is performed at a laboratory on the nursing-supported group home's premises, or
      ii. Within 24 hours after the test result is received if the test is performed at a laboratory outside of the nursing-supported group home's premises; and
   b. Documented in a resident's medical record;
5. If a test result is obtained that indicates a resident may have an emergency medical condition, as established in policies and procedures, a personnel member notifies:
   a. The ordering physician,
   b. A registered nurse in the nursing-supported group home,
   c. The nursing-supported group home's administrator, or
   d. The director of nursing;
6. If a clinical laboratory report is completed on a resident, a copy of the report is included in the resident's medical record;
7. If the nursing-supported group home provides blood or blood products, policies and procedures are established, documented, and implemented for:
   a. Procuring, storing, transfusing, and disposing of blood or blood products;
   b. Blood typing, antibody detection, and blood compatibility testing; and
   c. Investigating transfusion adverse reactions that specify a process for review through the quality management program; and
8. Expired laboratory supplies are discarded according to policies and procedures.

Historical Note
New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2220. Respiratory Care Services
If respiratory care services are authorized to be provided on a nursing-supported group home's premises, an administrator shall ensure that:
1. Respiratory care services are provided under the direction of a resident's designated medical practitioner;
2. Respiratory care services are provided according to an order that includes:
   a. The resident's name;
   b. The name and signature of the ordering individual;
   c. The type, frequency, and, if applicable, duration of treatment;
   d. The type and dosage of medication and diluent; and
   e. The oxygen concentration or oxygen liter flow and method of administration;
3. Respiratory care services provided to a resident are documented in the resident's medical record and include:
   a. The date and time of administration;
   b. The type of respiratory care services provided;
   c. The effect of the respiratory care services;
   d. The resident's adverse reaction to the respiratory care services, if any; and
   e. The authentication of the individual providing the respiratory care services; and
4. Any area or unit that performs blood gases or clinical laboratory tests complies with the requirements in R9-10-2219.

Historical Note
New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2221. Medication Services
A. An administrator shall ensure that policies and procedures for medication services:
1. Include:
   a. A process for providing information to a resident or the resident's representative about medication prescribed for the resident including:
      i. The prescribed medication's anticipated results,
      ii. The prescribed medication's potential adverse reactions,
      iii. The prescribed medication's potential side effects, and
      iv. Potential adverse reactions that could result from not taking the medication as prescribed;
   b. Procedures for preventing, responding to, and reporting:
      i. A medication error,
      ii. An adverse response to a medication, or
      iii. A medication overdose;
   c. Procedures to ensure that a pharmacist reviews a resident's medications at least once every three months and provides documentation to the resident's designated medical practitioner and the director of nursing indicating potential medication problems such as incompatible or duplicative medications;
   d. Procedures for documenting medication services; and
   e. Procedures for assisting a resident in obtaining medication; and
2. Specify a process for review through the quality management program of:
   a. A medication administration error, and
   b. An adverse reaction to a medication.

B. An administrator shall ensure that:
1. Policies and procedures for medication administration:
   a. Are reviewed and approved by a pharmacist;
   b. Specify the individuals who may:
      i. Order medication, and
      ii. Administer medication;
   c. Ensure that medication is administered to a resident only as prescribed; and
   d. Cover the documentation of a resident's refusal to take prescribed medication in the resident's medical record;
2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
3. A medication administered to a resident:
   a. Is administered in compliance with an order, and
   b. Is documented in the resident's medical record; and
4. If a psychotropic medication is administered to a resident, the psychotropic medication:
   a. Is only administered to a resident for a diagnosed medical condition; and
   b. Unless clinically contraindicated or otherwise ordered by the resident's designated medical practitioner or the designated medical practitioner's designee, is gradually reduced in dosage while the resident is simultaneously provided with interventions such as behavior and environment modification in an effort to discontinue the psychotropic medication, unless a dose reduction is attempted and the resident displays behavior justifying the need for the psychotropic medication, and the designated medical practitioner documents the necessity for the continued use and dosage.

C. If a nursing-supported group home provides assistance in the self-administration of medication, an administrator shall ensure that:
1. A resident's medication is stored by the nursing-supported group home;
2. The following assistance is provided to a resident:
   a. A reminder when it is time to take the medication;
   b. Opening the medication container for the resident;
   c. Observing the resident while the resident removes the medication from the container;
   d. Verifying that the medication is taken as ordered by the resident's designated medical practitioner by confirming that:
      i. The resident taking the medication is the individual stated on the medication container label,
      ii. The resident is taking the dosage of the medication stated on the medication container label or according to an order from the resident's designated medical practitioner dated later than the date on the medication container label, and
      iii. The resident is taking the medication at the time stated on the medication container label or according to an order from the resident's designated medical practitioner dated later than the date on the medication container label; or

e. Observing the resident while the resident takes the medication;

3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by the resident's designated medical practitioner or a registered nurse;
4. Training for a personnel member, other than a physician, physician assistant, or registered nurse, in assistance in the self-administration of medication:
   a. Is provided by the resident's designated medical practitioner; another physician, physician assistant, or registered nurse; or an individual trained by a physician, physician assistant, or registered nurse; and
   b. Includes:
      i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
      ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
      iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
5. A personnel member, other than a physician, physician assistant, or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
6. Assistance in the self-administration of medication provided to a resident:
   a. Is in compliance with an order, and
   b. Is documented in the resident's medical record.

D. An administrator shall ensure that:
1. A current drug reference guide is available for use by personnel members; and
2. If pharmaceutical services are provided:
   a. The pharmaceutical services are provided under the direction of a pharmacist;
   b. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
   c. A copy of the pharmacy license is provided to the Department upon request.

E. When medication is stored at a nursing-supported group home, an administrator shall ensure that:
1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
2. Medication is stored according to the instructions on the medication container; and
3. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident for:
   a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
   b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
   c. A medication recall and notification of residents who received recalled medication; and
   d. Storing, inventorying, and dispensing controlled substances.
   e. If applicable, donated medicine according to A.R.S. § 32-1909.

F. An administrator shall ensure that a personnel member immediately reports a medication error or a resident's adverse reaction to a medication to the resident's designated medical practitioner or the physician who ordered the medication and the nursing-supported group home's director of nursing.

Historical Note

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-2222. Infection Control

An administrator shall ensure that:
1. An infection control program is established, under the direction of an individual qualified according to policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
   a. A method to identify and document infections occurring at the nursing-supported group home;
   b. Analysis of the types, causes, and spread of infections and communicable diseases at the nursing-supported group home;
   c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the nursing-supported group home; and
   d. Documentation of infection control activities including:
      i. The collection and analysis of infection control data,
      ii. The actions taken related to infections and communicable diseases, and
      iii. Reports of communicable diseases to the governing authority and state and county health departments;
2. Infection control documentation is maintained for at least 12 months after the date of the documentation;
3. Policies and procedures are established, documented, and implemented that cover:
   a. Handling and disposal of biohazardous medical waste;
   b. Sterilization, disinfection, and storage of medical equipment and supplies;
   c. Using personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;
   d. Cleaning of an individual's hands when the individual's hands are visibly soiled and before and after providing a service to a resident;
   e. Cleaning of a resident's bedroom, furniture, and bedding after the resident's discharge before the bedroom is reassigned to another resident;
   f. Training of personnel members, employees, and volunteers in infection control practices; and
   g. Work restrictions for a personnel member with a communicable disease or infected skin lesion;
4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
5. Soiled linen and clothing are:

a. Collected in a manner to minimize or prevent contamination;
b. Bagged at the site of use; and
c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;

6. A resident's personal laundry is washed separately from towels, sheets, and bedding; and
7. A personnel member, an employee, or a volunteer washes hands or uses a hand disinfection product after a resident contact and after handling soiled linen, soiled clothing, or potentially infectious material.

Historical Note
New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2223. Food Services

A. An administrator shall ensure that a registered nurse who is part of the interdisciplinary team for a resident requiring a modified or special diet:
1. Consults with a registered dietitian or the resident's designated medical practitioner, as needed, about the resident's modified or special diet;
2. Reviews a food menu before the food menu is used to ensure that the resident's nutritional needs are being met;
3. Documents the review of a food menu; and
4. Is available for consultation regarding the resident's nutritional needs.

B. An administrator shall ensure that:
1. Food is prepared:
   a. Using methods that conserve nutritional value, flavor, and appearance;
   b. Taking into consideration the food allergies and preferences of the residents;
   c. Including for a resident the modified or special diet for the resident; and
   d. In a form to meet the needs of a resident, such as cut, chopped, ground, pureed, or thickened;
2. A food menu:
   a. Is prepared at least one week in advance,
   b. Includes the foods to be served on each day,
   c. Is conspicuously posted at least one day before the first meal on the food menu will be served,
   d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
   e. Is maintained for at least 60 calendar days after the last day included in the food menu;
3. Meals and snacks for each day are planned and served using the applicable guidelines in http://www.health.gov/dietaryguidelines/2015.asp;
4. A resident is provided:
   a. A diet that meets the resident's nutritional needs as specified in the resident's comprehensive assessment and individual program plan;
   b. Food served in sufficient quantities to meet the resident's nutritional needs and at an appropriate temperature;
   c. Three meals a day with not more than 14 hours between the evening meal and breakfast; and
   d. The opportunity to have additional food between meals, unless a restrictive diet is specified in the resident's individual program plan;
5. A resident is provided with food substitutions of similar nutritional value if:
   a. The resident refuses to eat the food served, or
   b. The resident requests a substitution;
6. Recommendations and preferences are requested from a resident or the resident's representative for meal planning;
7. If food is used as a part of a program to manage a resident's inappropriate behavior:
   a. A special diet is included as part of the resident's individual program plan, and
   b. The special diet is reviewed and evaluated by a physician and a dietitian to ensure the special diet meets the resident's nutritional needs;
8. Meals are served to residents at tables in a dining area and in a manner that allows the resident to eat from an upright position, unless otherwise specified in the resident's individual program plan or by the resident's designated medical practitioner;
9. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils;
10. Personnel members supervise meals in dining areas to:
    a. Direct a resident's self-help dining procedures,
    b. Ensure a resident consumes enough food to meet the resident's nutritional needs, and
    c. Ensure that a resident eats in a manner consistent with the resident's developmental level;
11. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair; and
12. Water is available and accessible to residents.

Historical Note
New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2224. Emergency and Safety Standards

A. An administrator shall ensure that:
1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
   a. A floor plan of the facility showing emergency protection equipment, evacuation routes, and exits;
   b. When, how, and where residents will be relocated, including:
      i. Instructions for the evacuation or transfer of residents,
      ii. Assigned responsibilities for each employee and personnel member, and
      iii. A plan for continuing to provide services to meet a resident's needs;
   c. How a resident's medical record will be available to individuals providing services to the resident during a disaster;
   d. A plan for back-up power and water supply;
   e. A plan to ensure a resident's medications will be available to administer to the resident during a disaster;
   f. A plan to ensure a resident is provided nursing services, rehabilitation services, and other services required by the resident during a disaster; and
   g. A plan for obtaining food and water for individuals present in the nursing-supported group home or the

nursing-supported group home's relocation site during a disaster;

2. Personnel members receive training on the content and use of the disaster plan required in subsection (A)(1);
3. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
4. Documentation of a disaster plan review required in subsection (A)(3) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
   a. The date and time of the disaster plan review;
   b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
   c. A critique of the disaster plan review; and
   d. If applicable, recommendations for improvement;
5. A disaster drill for employees is conducted on each shift at least once every three months and documented;
6. An evacuation drill for employees is conducted on each shift at least once every three months and documented;
7. An evacuation drill for residents:
   a. Is conducted at least once each year on each shift and documented; and
   b. Includes all residents on the premises except for:
      i. A resident whose medical record contains documentation that evacuation from the nursing-supported group home would cause harm to the resident, and
      ii. Sufficient personnel members to ensure the health and safety of residents not evacuated according to subsection (A)(7)(b)(i);
8. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the drill, and includes:
   a. The date and time of the evacuation drill;
   b. The amount of time taken for employees and residents to evacuate to a designated area;
   c. If applicable:
      i. An identification of residents needing assistance for evacuation, and
      ii. An identification of residents who were not evacuated;
   d. Any problems encountered in conducting the evacuation drill; and
   e. Recommendations for improvement, if applicable; and
9. An evacuation path is conspicuously posted on each hallway of each floor of the nursing-supported group home.

B. An administrator shall ensure that a nursing-supported group home has either:

1. A fire alarm system and a sprinkler system meeting the following requirements installed and in working order:
   a. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01; and
   b. A sprinkler system installed according to the National Fire Protection Association 13: Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01; or
2. Both of the following:
   a. A fire extinguisher that is:
      i. Labeled as rated at least 2A-10-BC by the Underwriters Laboratories;
      ii. Accessible to personnel members and inaccessible to residents;
      iii. If a disposable fire extinguisher, replaced when its indicator reaches the red zone; and
      iv. If a rechargeable fire extinguisher, is serviced at least once every 12 months, as documented by a tag attached to the fire extinguisher that specifies the date of the last servicing and the identification of the person who serviced the fire extinguisher; and
   b. Smoke detectors that are:
      i. Installed in each bedroom, hallway that adjoins a bedroom, storage room, laundry room, attached garage, and room or hallway adjacent to the kitchen, and other places recommended by the manufacturer;
      ii. Either battery operated or, if hard-wired into the electrical system of the nursing-supported group home, have a back-up battery;
      iii. Capable of alerting all residents in the nursing-supported group home, including a resident with a mobility or sensory impairment;
      iv. In working order; and
      v. Tested at least once a month, with documentation of the test maintained for at least 12 months after the date of the test.

C. An administrator shall:

1. Obtain a fire inspection conducted according to the timeframe established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the fire inspection report, and
3. Maintain documentation of a current fire inspection.

D. An administrator shall ensure that, if applicable, a sign is placed at the entrance to a room or area indicating that oxygen is in use.

Historical Note

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2225. Environmental Standards

A. An administrator shall ensure that:

1. The premises and equipment are free from a condition or situation that may cause a resident or other individual to suffer physical injury;
2. The premises are free of accumulations of garbage or refuse;
3. Garbage and refuse in the facility are:
   a. Stored in cleanable containers or in sealable plastic bags and
   b. Removed from the facility at least once every seven days;
4. Cleaning compounds and toxic substances are maintained in labeled containers that:
   a. Are stored to prevent a hazard;
   b. Are appropriate to the contents of each container;
   c. If appropriate based on a resident's disability, are locked; and
   d. Are stored in a separate location from food or medicine;
5. Combustible or flammable materials are not stored within three feet of a furnace, heater, water heater, or usable fireplace;

6. Unused furniture, equipment, fabrics, or devices are removed from the facility or maintained in a covered area on the premises that is designated by the licensee for storage in a manner that does not create a hazard; and
7. There are no firearms or ammunition on the premises;

B. An administrator shall ensure that:
1. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
2. The premises and its structures and furnishings are:
   a. In a clean condition,
   b. Free of odors, such as urine or rotting food; and
   c. In sufficiently good repair that no object, equipment, or condition present constitutes a hazard; and
3. Standing water is not allowed to accumulate on the premises, except in an area or vessel the purpose of which is to hold standing water.

C. An administrator shall ensure that:
1. An unvented space heater or open-flame space heater is not used on the premises;
2. An electric portable heater or electric radiant heater is not used on the premises unless the electric portable heater or electric radiant heater:
   a. Has:
      i. Either a non-porous casing or a grill with a mesh small enough to prevent cloth or a child's finger from entering the casing,
      ii. A tilt switch that shuts off power to the electric portable heater if the electric portable heater tips over,
      iii. An automatic shutoff control to prevent overheating, and
      iv. A thermostat control; and
   b. Is plugged directly into a wall outlet; and
3. A vented space heater used on the premises is:
   a. Safety-approved;
   b. Professionally installed in accordance with the requirements of the local jurisdiction; and
   c. Mounted as a permanent fixture in a wall, floor, or ceiling.

Historical Note
New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2226. Physical Plant Standards

A. An administrator shall ensure that:
1. A nursing-supported group home is in compliance with applicable federal and state disability laws;
2. If a nursing-supported group home has a resident with a mobility, sensory, or other physical impairment, documentation is available for review at the nursing-supported group home that:
   a. Is provided by the Division; and
   b. Identifies modifications, if any, needed to the premises to ensure that the premises are:
      i. Accessible to and usable by the resident, and
      ii. Contribute to the resident's health and safety;
3. The premises have been modified as identified by the Division in subsection (A)(2)(b);
4. Ramps, stairs, or steps on the premises are secured firmly to the ground or a permanent structure and have slip-resistant surfaces; and
5. If handrails and grab bars are installed in a nursing-supported group home, handrails and grab bars are securely attached and stationary.

B. An administrator shall ensure that:
1. A method of heating and cooling maintains the nursing-supported group home between 65° F and 85° F in areas of the nursing-supported group home occupied by residents;
2. A usable fireplace is covered by a protective screen or covering at all times;
3. Ventilation is provided by an openable window, air conditioning, or other mechanical device;
4. Working, safe appliances for cooling and cooking food are provided in the nursing-supported group home that:
   a. Are safety-approved;
   b. If used to refrigerate food, maintain the food at a temperature of 40° F or below at all times; and
   c. If used to freeze food, maintain the food at a temperature of 0° F or below at all times;
5. Hot water temperatures in the nursing-supported group home are maintained between 95° F and 120° F; and
6. Bathtubs and showers contain slip-resistant strips, rubber bath mats, or slip-resistant surfaces.

C. An administrator shall ensure that:
1. Electrical lighting is contained in each room in the nursing-supported group home;
2. Electrical devices and equipment on the premises are safety-approved, safe, and in working order;
3. Electrical outlets on the premises are safe, covered with a faceplate, and installed in accordance with the requirements of the local jurisdiction;
4. Any electrical outlet located within 3 feet of a water source includes a ground fault circuit interrupt (GFCI);
5. An appliance, light, or other device with a frayed or spliced electrical cord is not used on the premises; and
6. An electrical cord, including an extension cord, on the premises is not:
   a. Used as a substitute for permanent wiring,
   b. Run under a rug or carpeting,
   c. Run over a nail, or
   d. Run from one room to another.

D. An administrator shall ensure that:
1. A nursing-supported group home contains a safe, working plumbing system;
2. If a nursing-supported group home's plumbing system is connected to a non-municipal sewage disposal system, the plumbing system and connective piping are free of visible leakage; and
3. The premises do not contain unfenced or uncovered wells, ditches, or holes into which an individual may step or fall.

Historical Note
New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

ARTICLE 23. SECURE BEHAVIORAL HEALTH RESIDENTIAL FACILITIES FOR RESIDENTS UNDER A.R.S. TITLE 36 COURT ORDERS

R9-10-2301. Definitions

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article and Article 24 of this Chapter:

1. "Medical director" means the same as "medical director of a mental health treatment agency," as defined in A.R.S. § 36-501.
2. "Mental health treatment agency" means the same as in A.R.S. § 36-501.
3. "Privacy room" means a room in licensed space in a health care institution that is:
   a. Designated for treatment, visitors, and voluntary time-outs; and
   b. Unlocked, lighted, and ensures resident confidentiality.
4. "Secure" has the same meaning as in A.R.S. § 36-425.06.
5. "Seriously mentally ill" has the same meaning as in A.R.S. § 36-550.

Historical Note
New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2302. Supplemental Application Requirements

A. In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a secure behavioral health residential facility, under this Article, shall include on the application:
1. That the applicant is planning to provide behavioral health to individuals who are:
   a. Seriously mentally ill,
   b. Chronically resistant to treatment for a mental disorder, and
   c. Placed in a secure behavioral health residential facility pursuant to a court order issued in accordance with A.R.S. Title 36, Chapter 5, Article 5 and A.R.S. § 36-550.09;
2. The requested licensed capacity; and
3. Whether the applicant is requesting authorization to provide personal care services to a resident according to R9-10-2314.

B. A secure behavioral health residential facility shall obtain a separate license for each single dwelling unit.

Historical Note
New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2303. Administration

A. A governing authority shall:
1. Consist of one or more individuals responsible for the organization, operation, and administration of a secure behavioral health residential facility;
2. Establish, in writing:
   a. A secure behavioral health residential facility's scope of services, including the specific types of treatment and services to be provided; and
   b. Qualifications for an administrator;
3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
4. Adopt a quality management program according to R9-10-2304;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b), if the administrator is:
   a. Expected not to be present on the secure behavioral health residential facility's premises for more than 30 calendar days, or
   b. Not present on the secure behavioral health residential facility's premises for more than 30 calendar days;
7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator;
8. Ensure the health, safety, and welfare of a resident is not placed at risk of harm; and
9. If not providing medical direction through a contracted medical director, designate, in writing:
   a. A medical director, as specified in A.R.S. § 36-501, who may be the same individual as the administrator, if the individual meets the qualifications in subsection (A)(2)(b) and A.R.S. § 36-501; and
   b. An acting medical director who has the qualifications in A.R.S. § 36-501, if the medical director is not or is expected not to be on the secure behavioral health residential facility's premises for more than 30 calendar days.

B. An administrator:
1. Is directly accountable to the governing authority of a secure behavioral health residential facility for the daily operation of the secure behavioral health residential facility and all services provided by or at the secure behavioral health residential facility;
2. Has the authority and responsibility to manage the secure behavioral health residential facility; and
3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the secure behavioral health residential facility's premises and accountable for the secure behavioral health residential facility when the administrator is not present on the secure behavioral health residential facility's premises.

C. An administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident that:
   a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members and employees;
   b. Cover orientation and in-service education for personnel members and employees;
   c. Include how a personnel member may submit a complaint relating to services provided to a resident;
   d. Include methods on how to prevent abuse, neglect, or exploitation of a resident, including annual training of personnel members on how to recognize the signs and symptoms of abuse or neglect, and how to report abuse or neglect;
   e. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
   f. Cover cardiopulmonary resuscitation training including:
      i. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation;
      ii. The qualifications for an individual to provide cardiopulmonary resuscitation training;

iii. The time-frame for renewal of cardiopulmonary resuscitation training; and
iv. The documentation that verifies that the individual has received cardiopulmonary resuscitation training;
g. Cover training in crisis intervention according to R9-10-2306(G);
h. Cover implementation of the fingerprinting requirements in A.R.S. § 36-411;
i. Cover first aid training;
j. Include a method to identify a resident to ensure the resident receives physical health services and behavioral health services as ordered;
k. Cover resident rights, including assisting a resident who does not speak English or who has a physical or other disability to become aware of resident rights;
l. Cover specific steps for:
i. A resident to file a complaint, and
ii. The secure behavioral health residential facility to respond to a resident complaint, including a time-frame for responding;
m. Cover health care directives;
n. Cover medical records, including electronic medical records;
o. Cover a quality management program, including incident reports and supporting documentation;
p. Cover contracted services;
q. Cover visitation, telephone usage, sending or receiving mail, computer usage, and other recreational activities;
r. Establish the process for warning an identified or identifiable individual, as described in A.R.S. § 36-517.02 (B) and (C), if a resident communicates to a personnel member a threat of imminent serious physical harm or death to the identified or identifiable individual and the resident has the apparent intent and ability to carry out the threat;
s. Include security measures for the facility, residents and their possessions, personnel members, and visitors at the secure behavioral health residential facility; and
t. Include the establishment of, disbursing from, and recordkeeping for a resident's personal funds account;

2. Policies and procedures for behavioral health services and physical health services are established, documented, and implemented to protect the health and safety of a resident that:
a. Cover resident screening, admission, assessment, treatment plan, transport, transfer, discharge planning, and discharge;
b. Cover the provision or coordination of behavioral health services and, if needed, physical health services, including as applicable:
i. Services provided by the secure behavioral health residential facility;
ii. Telehealth services;
iii. Services provided by a home health agency, outpatient treatment center, or other health care institution to a resident on-site and in-person; or
iv. Services provided to a resident by a health care institution off the premises of the secure behavioral health residential facility;
c. Include when informed consent is required;
d. Cover a resident's personal funds account;
e. Cover dispensing medication, administering medication, assistance in the self-administration of medication, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
f. Cover prescribing a controlled substance to minimize substance abuse by a resident;
g. Cover infection control;
h. Cover environmental services that affect resident care;
i. Cover whether pets and other animals are allowed on the premises, including procedures to ensure that any pets or other animals allowed on the premises do not endanger the health or safety of residents or the public;
j. If animals are allowed on the premises, cover:
i. Inoculation/vaccination requirements, and
ii. Methods to minimize risks to a resident's or animal's health and safety;
k. If applicable, cover the process for receiving a fee from a resident and refunding a fee to a resident;
l. Cover the process for obtaining resident preferences for social, recreational, or rehabilitative activities and meals and snacks;
m. Cover the security of a resident's possessions that are allowed on the premises;
n. Cover smoking and the use of tobacco products on the premises; and
o. Cover how the secure behavioral health residential facility will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual, including, as applicable;
i. Resident time-outs, and
ii. Emergency safety responses;
p. Cover religious visitation by a clergy member in compliance with A.R.S. § 36-407.02; and
q. Cover the provision of naloxone nasal spray, including requirements for:
i. Informing the administrator, personnel members, employees, and residents of the availability and location of the naloxone nasal spray on the premises of the secure behavioral health residential facility;
ii. Providing training to the administrator, personnel members, and employees on the correct use of naloxone nasal spray; and
iii. Ensuring the naloxone nasal spray is used in accordance with the manufacture's recommendations;

3. Policies and procedures are reviewed at least once every three years and updated as needed;
4. Policies and procedures are available to personnel members and employees; and
5. Unless otherwise stated:
a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
b. When documentation or information is required by this Chapter to be submitted on behalf of a secure behavioral health residential facility, the documentation or information is provided to the unit in the

Department that is responsible for licensing and monitoring the secure behavioral health residential facility.

D. An administrator shall:
1. Ensure that the medical director, who may be under contract to the secure behavioral health residential facility, supervises and administers a resident's treatment program, pursuant to A.R.S. § 36-540(E)(1); and
2. Designate a registered nurse to provide direction for nursing services and, if applicable, personal care services provided by or at the secure behavioral health residential facility.

E. An administrator shall provide written notification to the Department of a resident's:
1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
2. Self-injury, within two working days after the resident inflicts a self-injury or has an accident that requires immediate intervention by an emergency medical services provider.

F. If abuse, neglect, exploitation, or a reportable offense of a resident is alleged or suspected to have occurred before the resident was admitted or while the resident is not on the premises and not receiving services from a secure behavioral health residential facility's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, exploitation, or reportable offense of the resident according to A.R.S. § 46-454.

G. If an administrator has a reasonable basis, according to A.R.S. § 46-454, to believe abuse, neglect, exploitation, or a reportable offense has occurred on the premises or while a resident is receiving services from a secure behavioral health residential facility's employee or personnel member, the administrator shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, exploitation, or reportable offense;
2. Report the suspected abuse, neglect, exploitation, or reportable offense of the resident according to A.R.S. § 46-454;
3. Document:
   a. The suspected abuse, neglect, exploitation, or reportable offense;
   b. Any action taken according to subsection (G)(1); and
   c. The report in subsection (G)(2);
4. Maintain the documentation in subsection (G)(3) for at least 12 months after the date of the report in subsection (G)(2);
5. Initiate an investigation of the suspected abuse, neglect, exploitation, or reportable offense and document the following information within five working days after the report required in (G)(2):
   a. The dates, times, and description of the suspected abuse, neglect, exploitation, or reportable offense;
   b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
   c. The names of witnesses to the suspected abuse, neglect, exploitation, or reportable offense; and
   d. The actions taken by the administrator to prevent the suspected abuse, neglect, exploitation, or reportable offense from occurring in the future; and
6. Maintain a copy of the documented information required in subsection (G)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.

H. An administrator shall:
1. Establish, document, and implement requirements for the security of the premises and safety of residents and staff, consistent with R9-10-2321(C);
2. Establish, document, and implement requirements regarding residents, personnel members, employees, and other individuals entering and exiting the premises;
3. Establish, document, and implement a process for:
   a. When possible, providing telehealth services;
   b. When possible, arranging for in-person physical health services or behavioral health services to be received by a resident on the premises according to policies and procedures in subsection (C)(2)(b)(iii); and
   c. Ensuring that telehealth services and in-person physical health services or behavioral health services take place in a privacy room;
4. Establish, document, and implement a process for responding to a resident's need for immediate and unscheduled physical health services, behavioral health services, or personal care services;
5. Establish, document, and implement the criteria for determining when a resident's absence is unauthorized;
6. If a resident's absence is unauthorized, as determined according to the criteria in subsection (H)(5), within an hour after determining that the resident's absence is unauthorized, notify:
   a. The resident's representative or other individual designated by the resident;
   b. Except as specified in subsection (H)(6)(c), the court that issued the order in accordance with A.R.S. § 36-550.09; and
   c. If court-ordered treatment is being provided to the resident through contracted services, the person responsible for providing treatment under the court order;
7. Maintain a written log of unauthorized absences for at least 12 months after the date of a resident's absence that includes the:
   a. Name of a resident absent without authorization,
   b. Name of the individual to whom the notification required in subsection (H)(6) was submitted, and
   c. Date of the notification; and
8. Evaluate and take action related to unauthorized absences under the quality management program in R9-10-2404.

I. If a resident is receiving services from a home health agency, outpatient treatment center, or other health care institution according to policies and procedures in subsection (C)(2)(b)(iii), an administrator shall ensure that:
1. The resident's medical record contains:
   a. The name, address, and contact individual, including contact information, of the home health agency, outpatient treatment center, or other health care institution;
   b. Any information provided by the home health agency, outpatient treatment center, or other health care institution; and
   c. A copy of resident follow-up instructions provided by the home health agency, outpatient treatment center, or other health care institution; and

2. Any care instructions for a resident provided to the secure behavioral health residential facility by the home health agency, outpatient treatment center, or other health care institution are:
   a. Within the secure behavioral health residential facility's scope of services,
   b. Communicated to a personnel member, and
   c. Documented in the resident's treatment plan.

J. An administrator shall ensure that the following information or documents are conspicuously posted on the premises and are available upon request to a personnel member, employee, resident, or a resident's representative:
1. The secure behavioral health residential facility's current license,
2. The location at which inspection reports required in R9-10-2319(C)(3) are available for review or can be made available for review, and
3. The calendar days and times when a resident may accept visitors or make telephone calls.

K. An administrator shall ensure that:
1. Labor performed by a resident for the secure behavioral health residential facility is consistent with A.R.S. § 36-510; and
2. A resident, who is an incapacitated person according to A.R.S. § 14-5101 or who is gravely disabled, is assisted in obtaining a resident's representative to act on the resident's behalf.

L. If an administrator determines that a resident is incapable of handling the resident's financial affairs, the administrator shall:
1. Not act as a resident's representative and not allow an employee or a family member of an employee to act as a resident's representative for a resident who is not a family member of the employee,
2. Notify the resident's representative or contact a public fiduciary or a trust officer to take responsibility of the resident's financial affairs, and
3. Maintain documentation of the notification required in subsection (L)(2) in the resident's medical record for at least 12 months after the date of the notification.

M. If an administrator manages a resident's money through a personal funds account, the administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented for:
   a. Using resident's funds in a personal funds account,
   b. Protecting resident's funds in a personal funds account,
   c. Investigating a complaint about the use of resident's funds in a personal funds account and ensuring that the complaint is investigated by an individual who does not manage the personal funds account,
   d. Processing each deposit into and withdrawal from a personal funds account, and
   e. Maintaining a record for each deposit into and withdrawal from a personal funds account; and
2. The personal funds account is only initiated after receiving a written request that:
   a. Is provided:
      i. Voluntarily by the resident,
      ii. By the resident's representative, or
      iii. By a court of competent jurisdiction;
   b. May be withdrawn at any time; and
   c. Is maintained in the resident's record.

Historical Note
New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2304. Quality Management
An administrator shall ensure that:
1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
   a. A method to identify, document, and evaluate incidents;
   b. A method to collect data to evaluate services provided to residents;
   c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;
   d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
   e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
   a. An identification of each concern about the delivery of services related to resident care, and
   b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note
New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2305. Contracted Services

A. An administrator shall ensure that:
1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

B. If a secure behavioral health residential facility is providing behavioral health services and other services, required under 9 A.A.C. 21 and a court order issued under A.R.S. § 36-550.09, to a resident under a contract, an administrator shall ensure that the contract:
1. Addresses communication and coordination between the secure behavioral health residential facility and the person providing the behavioral health services or other services; and
2. Includes responsibilities for:
   a. Development and implementation of the treatment plan required in R9-10-2308,
   b. Required changes to the resident's treatment plan due to changes in the resident's condition or other events or behaviors,
   c. Transportation to and from the facility of the person providing the behavioral health services for treatment of the resident,
   d. Communications with the court issuing the court order, and

e. Transition of care after discharge from the secure behavioral health residential facility.

Historical Note
New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2306. Personnel

A. An administrator shall ensure that a personnel member:
1. Is at least 18 years old; and
2. Either:
   a. Holds a valid fingerprint clearance card issued under A.R.S. Title 41, Chapter 12, Article 3.1; or
   b. Submits, to the administrator, a copy of a fingerprint clearance card application showing that the personnel member submitted the application to the fingerprint division of the Department of Public Safety under A.R.S. § 41-1758.02, within seven working days after becoming a personnel member.

B. An administrator shall ensure that each personnel member submits to the administrator a copy of the personnel member's valid fingerprint clearance card:
1. Except as provided in subsection (A)(2)(b), before the personnel member's starting date of employment; and
2. Each time the fingerprint clearance card is issued or renewed.

C. If a personnel member holds a fingerprint clearance card that was issued before the individual became a personnel member, an administrator shall:
1. Contact the Department of Public Safety within seven working days after the individual becomes a personnel member to determine whether the fingerprint clearance card is valid; and
2. Make a record of the determination in subsection (C)(1), including the name of the personnel member, the date of the contact with the Department of Public Safety, and whether the fingerprint clearance card is valid.

D. An administrator shall ensure that:
1. The qualifications, skills, and knowledge required for each type of personnel member:
   a. Are based on:
      i. The type of behavioral health services or personal care services expected to be provided by the personnel member according to the established job description, and
      ii. The acuity of the residents receiving behavioral health services or personal care services from the personnel member according to the established job description; and
   b. Include:
      i. The specific skills and knowledge necessary for the personnel member to provide the expected behavioral health services or personal care services listed in the established job description;
      ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or personal care services listed in the established job description; and
      iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or personal care services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
   a. Before the personnel member provides behavioral health services or personal care services, and
   b. According to policies and procedures; and
3. Sufficient personnel members are present on a secure behavioral health residential facility's premises with the qualifications, experience, skills, and knowledge necessary to:
   a. Provide the services in the secure behavioral health residential facility's scope of services,
   b. Meet the needs of a resident, and
   c. Ensure the health and safety of a resident.

E. An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in R9-10-115.

F. An administrator shall ensure that an individual who is licensed under A.R.S. Title 32, Chapter 33, as a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision, as defined in A.A.C. R4-6-101.

G. An administrator shall ensure that:
1. Before providing behavioral health services, a personnel member:
   a. Completes training in crisis intervention that includes:
      i. Techniques to identify personnel member and resident behaviors, events, and environmental factors that may trigger the need for the use of an emergency safety response;
      ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods; and
      iii. The safe use of an emergency safety response including the ability to recognize and respond to signs of physical distress in a client who is receiving an emergency safety response; and
   b. Completes in-service education covering the topics in subsection (G)(1)(a) at least once every 12 months after the date the personnel member completed the initial training;
2. Documentation of the completed training in subsection (G)(1)(a) and in-service education according to subsection (G)(1)(b) includes:
   a. The name and credentials of the individual providing the training,
   b. Date of the training, and
   c. Verification of a personnel member's ability to use the training; and
3. The materials used to provide the completed training in crisis intervention, including handbooks, electronic presentations, and skills verification worksheets, are maintained for at least 12 months after each personnel member who received training using the materials no longer provides services at the behavioral health residential facility.

H. An administrator shall ensure that a personnel member complies with one of the following before providing personal care services:
1. Has a Certified Nursing Assistant (CNA) Certificate according to A.R.S. Title 32, Chapter 15; or

2. Provides documentation of the completion of a caregiver training program approved by the Department or the Board of Examiners for Nursing Care Institution Administrators and Assisted Living Facility Managers.

I. An administrator shall ensure that:
1. A plan to provide orientation, specific to the duties of a personnel member or an employee, is developed, documented, and implemented;
2. Each personnel member completes orientation before providing behavioral health services or personal care services;
3. An individual's orientation is documented, to include:
   a. The individual's name,
   b. The date of the orientation, and
   c. The subject or topics covered in the orientation;
4. A plan to provide in-service education, specific to the duties of a personnel member or an employee, is developed, documented, and implemented; and
5. A personnel member's or an employee's in-service education is documented, to include:
   a. The individual's name,
   b. The date of the training, and
   c. The subject or topics covered in the training.

J. An administrator shall ensure that an employee who has or is expected to have more than eight hours of direct interaction per week with residents or a personnel member provides evidence of freedom from infectious tuberculosis:
1. On or before the date the individual begins providing services at or on behalf of the secure behavioral health residential facility, and
2. As specified in R9-10-113.

K. An administrator shall ensure that a personnel record is maintained for each personnel member or employee that includes:
1. The individual's name, date of birth, and contact telephone number;
2. The individual's starting date of employment and, if applicable, the ending date; and
3. Documentation of:
   a. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
   b. The individual's education and experience applicable to the individual's job duties;
   c. Compliance with the requirements in subsection (A)(2) related to fingerprint clearance cards;
   d. If required for the individual according to subsection (G), training in crisis intervention;
   e. If applicable, compliance with requirements in subsection (H);
   f. The individual's completed orientation and in-service education, as required by policies and procedures;
   g. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
   h. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
   i. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-2303(C)(1)(f);
   k. First aid training, if required for the individual according to this Article or policies and procedures; and
   l. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (J).

L. An administrator shall ensure that personnel records are:
1. Maintained:
   a. Throughout an individual's period of providing services at or for the secure behavioral health residential facility, and
   b. For at least 24 months after the last date the individual provided services at or for the secure behavioral health residential facility; and
2. For a personnel member who has not provided behavioral health services or personal care services at or for the secure behavioral health residential facility during the previous 12 months, provided to the Department within 72 hours after the Department's request.

M. An administrator shall ensure that the following personnel members have first-aid and cardiopulmonary resuscitation training specific to the populations served by the secure behavioral health residential facility:
1. At least one personnel member who is present at the secure behavioral health residential facility during hours of operation of the secure behavioral health residential facility, and
2. Each personnel member participating in an outing.

N. An administrator shall ensure that:
1. At least one personnel member is present and awake at the secure behavioral health residential facility when a resident is on the premises;
2. In addition to the personnel member in subsection (N)(1), at least one personnel member is on-call and available to come to the secure behavioral health residential facility if needed;
3. A medical director is present on the secure behavioral health residential facility's premises or on-call; and
4. A registered nurse is present on the secure behavioral health residential facility's premises or on-call.

O. An administrator shall ensure that a secure behavioral health residential facility has a daily staffing schedule that:
1. Indicates the date, scheduled work hours, and name of each employee assigned to work, including on-call personnel members;
2. Includes documentation of the employees who work each calendar day and the hours worked by each employee; and
3. Is maintained for at least 12 months after the last date on the daily staffing schedule.

P. If a secure behavioral health residential facility has a medical director on-call to comply with subsection (N)(3) or a registered nurse on-call to comply with subsection (N)(4), an administrator shall ensure that:
1. The on-call schedule is documented;
2. Personnel members are aware of:
   a. The location at which the on-call schedule is available to personnel members of the secure behavioral health residential facility,
   b. The process through which the on-call medical director or on-call registered nurse is contacted,
   c. The circumstances that would require the on-call medical director or on-call registered nurse to come to the secure behavioral health residential facility, and
   d. The process through which a request is made for the on-call medical director or on-call registered nurse to come to the secure behavioral health residential facility;

3. A request for the on-call medical director or on-call registered nurse to come to the secure behavioral health residential facility is documented, including:
   a. The time that a request for the on-call medical director or on-call registered nurse to come to the secure behavioral health residential facility is made,
   b. The name of the individual making the request,
   c. The reason for the request,
   d. The name of the medical director or registered nurse contacted and requested to come to the secure behavioral health residential facility, and
   e. The time the on-call medical director or on-call registered nurse arrives at the secure behavioral health residential facility in response to a request;
4. The on-call medical director or on-call registered nurse arrives at the secure behavioral health residential facility within 30 minutes after a request;
5. The documentation in subsections (P)(1) and (3) is maintained for at least 12 months after the last date on the documentation; and
6. Documentation related to the request is included in the medical record of the applicable resident.

Historical Note
New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2307. Admission; Assessment

A. An administrator shall ensure that, before a resident is admitted to the secure behavioral health residential facility, a court of competent jurisdiction has ordered the resident to be placed at the secure behavioral health residential facility, pursuant to A.R.S. § 36-550.09.

B. An administrator shall ensure that:
1. A resident is not admitted unless:
   a. The resident's primary condition for which the resident being admitted to the behavioral health residential facility is a behavioral health issue, and
   b. The resident's behavioral health issue and treatment needs are within the behavioral health residential facility's scope of services; and
2. At the time a resident is admitted to the secure behavioral health residential facility:
   a. The administrator receives a copy of the court order for the resident to be admitted to the secure behavioral health residential facility, and
   b. The resident or resident's representative is provided with a written list and verbal explanation of the resident's rights and responsibilities.

C. An administrator shall ensure that:
1. Within 30 calendar days before admission of a resident to the secure behavioral health residential facility who is transferred from an inpatient behavioral health facility that is licensed under Article 3 of this Chapter or within 72 hours after a resident is admitted:
   a. A medical history is taken from and a physical examination is performed on the resident by a medical practitioner, and
   b. The medical history and physical examination are documented in the resident's medical record;
2. If a medical practitioner performs a medical history and physical examination on a resident before admission, a medical practitioner enters an interval note in the resident's medical record within seven calendar days after admission;
3. Except as specified in subsection (C)(4), a resident provides evidence of freedom from infectious tuberculosis, as required in R9-10-113;
4. A resident is not required to be rescreened for tuberculosis as specified in R9-10-113 if:
   a. Fewer than 12 months have passed since the resident was last screened for tuberculosis, and
   b. The documentation of freedom from infectious tuberculosis required in subsection (C)(3) accompanies the resident at the time of the resident's admission to the secure behavioral health residential facility;
5. A behavioral health assessment for the resident is completed by a behavioral health professional, within 24 hours after admission and before treatment for the resident is initiated and includes:
   a. Documentation of the resident's:
      i. Presenting issue, including the acuity of the resident's presenting issue;
      ii. Substance abuse history;
      iii. Co-occurring disorder;
      iv. Legal history, including:
         (1) Custody,
         (2) Guardianship, and
         (3) Pending litigation;
      v. Court-ordered evaluation;
      vi. Court-ordered treatment;
      vii. Criminal justice record;
      viii. Family history;
      ix. Behavioral health treatment history;
      x. Symptoms reported by the resident or resident's representative, if applicable; and
      xi. Referrals needed by the resident, if any;
   b. Recommendations for further assessment or examination of the resident's needs;
   c. Recommendations for the behavioral health services, physical health services, or ancillary services that will be provided to the resident until the resident's treatment plan is completed;
   d. Recommendations for staffing levels or personnel member qualifications related to the resident's treatment to ensure resident health and safety; and
   e. The signature and date signed of the personnel member conducting the behavioral health assessment; and
6. A resident's behavioral health assessment information is documented in the resident's medical record within 48 hours after completing the behavioral health assessment.

D. An administrator shall ensure that, if a resident requires services that the secure behavioral health residential facility is not authorized or not able to provide, a personnel member arranges for the transport or transfer of the resident to a hospital or another health care institution where the needed services can be provided.

Historical Note
New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2308. Treatment Plan

A. An administrator shall ensure that a treatment plan is developed, implemented, and maintained for each resident, and may

ensure that the development and review of the treatment plan is conducted in collaboration with the contracted outpatient treatment center, as applicable, that:

1. Is based on the medical history and physical examination required in R9-10-2307(C)(1) and the behavioral health assessment required in R9-10-2307(C)(5) and on-going changes to the behavioral health assessment of the resident;
2. Is completed by a behavioral health professional within 48 hours after the behavioral health assessment required in R9-10-2307(C)(5) is completed and within seven calendar days after the resident's admission;
3. Is documented in the resident's medical record within 48 hours after the resident first receives behavioral health services or personal care services;
4. If applicable, includes the requirements for judicial review pursuant to A.R.S. § 36-546;
5. Includes:
   a. The resident's presenting issue, including an indication of the acuity of the resident's presenting issue;
   b. The behavioral health services and personal care services to be provided to the resident, including frequency of occurrence;
   c. How the resident's egress from the secure behavioral health residential facility will be controlled, as specified in A.R.S. § 36-425.06(C);
   d. The signature of the resident or the resident's representative and date signed, or documentation of the refusal to sign;
   e. The date when the resident's treatment plan will be reviewed;
   f. If a discharge date has been determined, the treatment needed after discharge;
   g. The signature of the personnel member who developed the treatment plan and the date signed; and
   h. The signature of the medical director and the date signed; and
6. Is reviewed and updated at least every 90 days:
   a. According to the review date specified in the treatment plan,
   b. When a treatment goal is accomplished or changed,
   c. When additional information that affects the resident's behavioral health assessment is identified, and
   d. When a resident has a significant change in condition or experiences an event that affects treatment.

B. An administrator shall ensure that:

1. A request for participation in developing a resident's treatment plan is made to the resident, the resident's representative, or, if applicable, the resident's outpatient treatment center;
2. An opportunity for participation in developing the resident's treatment plan is provided to the resident, the resident's representative, or, if applicable, the resident's outpatient treatment center; and
3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the resident's medical record.

Historical Note

New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2309. Discharge or Conditional Release to a Less Restrictive Alternative

A. An administrator shall ensure that a resident is discharged from a secure behavioral health residential facility according to the following, whichever is earlier:

1. At the expiration of the court-ordered treatment, according to A.R.S. § 36-542;
2. Upon release from court-ordered treatment according to A.R.S. § 36-546; or
3. When the resident's treatment needs are not consistent with the services that the secure behavioral health residential facility is authorized and able to provide.

B. An administrator shall ensure that a resident is discharged according to A.R.S. § 36-540.01, 36-542, or 36-546, as applicable.

C. An administrator shall ensure that a resident who is admitted to the secure behavioral health residential facility provided with transportation to a hearing to determine the resident's continued admission at the secure behavioral health residential facility, according to A.R.S. Title 36, Chapter 5, Article 5.

D. An administrator shall ensure that a resident is not discharged or conditionally released, according to ARS § 36-540.01, to a less restrictive alternative before the secure behavioral health residential facility receives documentation from a court of competent jurisdiction of the resident's:

1. Conditional release, according to ARS § 36-540.01, to a less restrictive alternative; or
2. Discharge, including the disposition of the resident upon discharge.

E. An administrator shall ensure that a discharge plan for a resident is:

1. Developed that:
   a. Identifies any specific needs of the resident after discharge,
   b. Is completed before discharge occurs, and
   c. Includes a description of the level of care that may meet the resident's assessed and anticipated needs after discharge;
2. Documented in the resident's medical record within 48 hours after the discharge plan is completed; and
3. Provided to the resident or the resident's representative and, if applicable, according to subsection (G)(3) before the discharge occurs.

F. An administrator shall ensure that:

1. A request for participation in developing a resident's discharge plan is made to the resident or the resident's representative,
2. An opportunity for participation in developing the resident's discharge plan is provided to the resident or the resident's representative, and
3. The request in subsection (F)(1) and the opportunity in subsection (F)(2) are documented in the resident's medical record.

G. A medical director shall ensure that, before a resident is discharged or conditionally released to a less restrictive alternative, according to ARS § 36-540.01:

1. There is a documented discharge order by the medical director;
2. The medical director or the medical director's designee, as specified in the secure behavioral health residential facility's discharge policies and procedures, receives the name of the health care provider or behavioral health professional that will be providing ongoing care to the resident;

3. The health care provider or behavioral health professional specified according to subsection (G)(2) receives a copy of the discharge summary in subsection (H); and
4. The resident receives written discharge instructions, including as applicable to the resident:
   a. A description of ongoing behavioral health issues and personal care conditions;
   b. A list of the resident's medications and, for each medication, directions for taking the medication, possible side-effects, and possible results of not taking the medication; and
   c. Counseling goals.

H. An administrator shall ensure that a discharge summary for a resident:
1. Is entered into the resident's medical record within 10 working days after a resident's discharge; and
2. Includes:
   a. The following information authenticated by a medical practitioner or behavioral health professional:
      i. The resident's presenting issue and other physical health and behavioral health issues identified in the resident's treatment plan;
      ii. A summary of the treatment provided to the resident;
      iii. The resident's progress in meeting treatment goals, including treatment goals that were and were not achieved; and
      iv. The name, dosage, and frequency of each medication ordered for the resident by a medical practitioner at the secure behavioral health residential facility at the time of the resident's discharge; and
   b. A description of the disposition of the resident's possessions, funds, or medications brought to the secure behavioral health residential facility by the resident.

Historical Note

New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2310. Transportation; Transport; Transfer; Outings

A. An administrator shall ensure that:
1. A personnel member of the secure behavioral health residential facility:
   a. Coordinates the transportation of a resident to a hearing conducted under A.R.S. Title 36, Chapter 5, Article 5;
   b. If applicable, according to the resident's treatment plan, ensures that a personnel member accompanies the resident during transportation; and
   c. Documents the transportation, including the name of the personnel member accompanying the resident, if applicable, in the resident's medical record; and
2. If the secure behavioral health residential facility provides transportation to a resident:
   a. A vehicle used for transportation:
      i. Is safe and in good repair,
      ii. Contains a locked first aid kit,
      iii. Contains a working heating and air conditioning system, and
      iv. Contains drinking water sufficient to meet the needs of each resident present in the vehicle;
   b. Documentation of current vehicle insurance and a record of maintenance performed or a repair of the vehicle is maintained;
   c. A driver of the vehicle:
      i. Is 21 years of age or older,
      ii. Has a valid driver's license,
      iii. Operates the vehicle in a manner that does not endanger a resident in the vehicle,
      iv. Does not leave a resident in the vehicle unattended, and
      v. Ensures the safe and hazard-free loading and unloading of residents; and
   d. Transportation safety is maintained as follows:
      i. Each individual in the vehicle is sitting in a seat and wearing a working seat belt while the vehicle is in motion, and
      ii. Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a resident's body; and
   e. The resident is seated in a location in the vehicle that has a means to deter the resident from leaving the vehicle during transportation, consistent with the resident's treatment plan.

B. Except as provided in subsection (D), an administrator shall ensure that:
1. A personnel member coordinates the transport of a resident and the services provided to the resident during the transport;
2. According to policies and procedures:
   a. An evaluation of the resident is conducted before and after the transport, and
   b. If applicable, information from the resident's medical record is provided to a receiving health care institution;
3. The requirements in subsection (A) are met if the secure behavioral health residential facility is providing transportation for the transport; and
4. Documentation in the resident's medical record includes:
   a. Communication with an individual at a receiving health care institution;
   b. The date and time of the transport;
   c. The mode of transportation; and
   d. If applicable, the name of the personnel member accompanying the resident during a transport.

C. Except as provided in subsection (D), an administrator shall ensure that:
1. A personnel member coordinates the transfer of a resident who requires services that the secure behavioral health residential facility is not authorized or not able to provide and the services provided to the resident during the transfer;
2. According to policies and procedures:
   a. An evaluation of the resident is conducted before and after the transfer; and
   b. If applicable, information from the resident's medical record is provided to a receiving health care institution;
3. The requirements in subsection (A) are met if the secure behavioral health residential facility is providing transportation for the transfer; and
4. Documentation in the resident's medical record includes:
   a. Communication with an individual at a receiving health care institution;
   b. The date and time of the transfer;

c. The mode of transportation; and
d. If applicable, the name of the personnel member accompanying the resident during a transfer.

D. Subsection (B) or (C), as applicable, does not apply to a transport or transfer to another licensed health care institution in an emergency.

E. An administrator shall ensure that:
1. At least two personnel members are present on an outing;
2. In addition to the personnel members required in subsection (D)(1), a sufficient number of personnel members are present on an outing to ensure the health and safety of a resident on the outing;
3. Each personnel member on the outing has documentation of current training in cardiopulmonary resuscitation according to R9-10-2303(C)(1)(f) and first aid training;
4. Documentation is developed before an outing that includes:
   a. The name of each resident participating in the outing;
   b. A description of the outing;
   c. The date of the outing;
   d. The anticipated departure and return times;
   e. The name, address, and, if available, telephone number of the outing destination;
   f. If applicable, the license plate number of a vehicle used to provide transportation for the outing; and
   g. A written emergency plan that includes procedures for responding to a medical emergency, a behavioral health crisis, a missing resident, or another emergency that may occur during an outing;
5. The documentation described in subsection (D)(4) is updated to include the actual departure and return times and is maintained for at least 12 months after the date of the outing; and
6. Emergency information for a resident participating in the outing is maintained by a personnel member participating in the outing or in the vehicle used to provide transportation for the outing and includes:
   a. The resident's name;
   b. Medication information, including the name, dosage, route of administration, and directions for each medication needed by the resident during the anticipated duration of the outing;
   c. The resident's allergies; and
   d. The name and telephone number of a designated individual, to notify in case of an emergency, who is present on the secure behavioral health residential facility's premises.

Historical Note

New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2311. Resident Rights

A. An administrator shall ensure that:
1. The requirements in subsection (B) and the resident rights in subsection (E) are conspicuously posted on the premises;
2. At the time of admission, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (D); and
3. Policies and procedures include:
   a. How and when a resident or the resident's representative is informed of the resident rights in subsection (D), and
   b. Where resident rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:
1. A resident:
   a. Has privacy in treatment and personal care needs;
   b. Has the opportunity for and privacy in correspondence, communications, and visitation unless:
      i. Restricted by court order; or
      ii. Contraindicated on the basis of clinical judgment of the medical director, as documented in the resident's medical record;
   c. Is given the opportunity to seek, speak privately to, and be assisted by legal counsel:
      i. Whom the court assigns to the resident, or
      ii. Whom the resident or resident's representative obtains at the resident's or resident's representative's own expense;
   d. Is treated with dignity, respect, and consideration; and
   e. Is not subjected to:
      i. Abuse,
      ii. Neglect,
      iii. Exploitation,
      iv. Coercion,
      v. Manipulation,
      vi. Seclusion,
      vii. Restraint,
      viii. Sexual abuse according to A.R.S. § 13-1404;
      ix. Sexual assault according to A.R.S. § 13-1406;
      x. Retaliation for submitting a complaint to the Department or another entity;
      xi. Misappropriation of personal and private property by the secure behavioral health residential facility's personnel members, employees, volunteers, or students;
      xii. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the resident's treatment needs; or
      xiii. Treatment that involves the denial of:
         (1) Food, except if otherwise specified in the resident's treatment plan;
         (2) The opportunity to sleep; or
         (3) The opportunity to use the toilet;
2. A resident or the resident's representative:
   a. Is provided with the opportunity to participate in the development of the resident's treatment plan and in treatment decisions before the treatment is initiated, except in a medical emergency;
   b. Is provided with information about proposed treatments, alternatives to treatments, associated risks, and possible complications;
   c. Is allowed to control the resident's finances and have access to the resident's personal funds account according to the secure behavioral health facility's policies and procedures specified in R9-10-2303(C)(1)(t);
   d. Has an opportunity to review the medical record for the resident according to the secure behavioral health facility's policies and procedures; and
   e. Receives information about the secure behavioral health facility's policies and procedures for:

i. Health care directives;
ii. Filing complaints, including the telephone number of an individual at the secure behavioral health facility to contact about a complaint, and the Department's telephone number; and
iii. Petitioning a court for a resident's discharge or conditional release to a less restrictive alternative, according to ARS § 36-540.01;

3. Except as provided in subsection (C), and unless restricted by the resident's representative, a resident is allowed to:
   a. Associate with individuals of the resident's choice, receive visitors, and make telephone calls during the hours established by the secure behavioral health residential facility;
   b. Have privacy in correspondence, communication, visitation, financial affairs, and personal hygiene; and
   c. Unless restricted by a court order, send and receive uncensored and unopened mail; and
4. A resident or the resident's representative:
   a. Except in an emergency, is informed of proposed treatment alternatives, associated risks, and possible complications;
   b. Is informed of the following:
      i. The behavioral health residential facility's policy on health care directives, and
      ii. The resident complaint process; and
   c. Except as otherwise permitted by law, provides written consent to the release of information in the resident's:
      i. Medical record, or
      ii. Financial records.

C. For a secure behavioral health residential facility, if the medical director determines that a resident's treatment requires the secure behavioral health residential facility to restrict the resident's ability to participate in the activities in subsection (B)(3), the medical director shall:
1. Document a specific treatment purpose in the resident's medical record that justifies restricting the resident from the activity,
2. Inform the resident or resident's representative of the reason why the activity is being restricted, and
3. Inform the resident or resident's representative of the resident's right to file a complaint and the procedure for filing a complaint.

D. A resident has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that supports and respects the resident's individuality, choices, strengths, and abilities, consistent with the resident's treatment plan;
3. To receive privacy in treatment and care for personal needs, including the right not to be fingerprinted, photographed, or recorded without consent, except:
   a. A resident may be photographed when admitted to a secure behavioral health residential facility for identification and administrative purposes; or
   b. For video recordings used for security purposes that are maintained only on a temporary basis;
4. Not to be prevented or impeded from exercising the resident's civil rights unless the resident has been adjudicated incompetent or a court of competent jurisdiction has found that the resident is not able to exercise a specific right or category of rights;
5. To review, upon written request, the resident's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
6. To be provided a secure storage space for the resident's belongings that are inaccessible to other residents;
7. To have opportunities for social contact and daily social, recreational, or rehabilitative activities;
8. To be informed of the requirements necessary for the resident's discharge or transfer to a less restrictive physical environment;
9. To participate or have the resident's representative participate in the development of a treatment plan or decisions concerning treatment;
10. To participate or refuse to participate in research or experimental treatment; and
11. To receive assistance from a family member, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.

Historical Note
New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2312. Medical Records

A. An administrator shall ensure that:
1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a resident's medical record is:
   a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
   b. Dated, legible, and authenticated; and
   c. Not changed to make the initial entry illegible;
3. An order is:
   a. Dated when the order is entered in the resident's medical record and includes the time of the order;
   b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
   c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A resident's medical record is available to an individual:
   a. Authorized according to policies and procedures to access the resident's medical record;
   b. If the individual is not authorized according to policies and procedures, with the written consent of the resident or the resident's representative; or
   c. As permitted by law;
6. Policies and procedures include the maximum time-frame to retrieve a resident's medical record at the request of a medical practitioner, behavioral health professional, or authorized personnel member; and
7. A resident's medical record is protected from loss, damage, or unauthorized use.

B. If a secure behavioral health residential facility maintains resident's medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.

C. An administrator shall ensure that a resident's medical record contains:
1. Resident information that includes:
   a. The resident's name;
   b. The resident's address;
   c. The resident's date of birth; and
   d. Any known allergies, including medication allergies;
2. The name of the medical director who is responsible for the resident's court-ordered treatment;
3. An admitting diagnosis or presenting behavioral health issues;
4. The date of admission and, if applicable, date of discharge;
5. If applicable, the name and contact information of the resident's representative and:
   a. If the resident is 18 years of age or older or an emancipated minor, the document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
   b. If the resident's representative:
      i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      ii. Is a legal guardian, a copy of the court order establishing guardianship;
6. If applicable, documented informed consent for treatment by the resident or the resident's representative;
7. Documentation of medical history and results of a physical examination;
8. A copy of resident's health care directive, if applicable;
9. Orders;
10. Documentation that treatment was ordered by a court according to A.R.S. Title 36, Chapter 5, Article 5, including a copy of the court order;
11. Assessment;
12. Treatment plans;
13. Interval notes;
14. Progress notes;
15. Documentation of behavioral health services and personal care services provided to the resident, including, if applicable, the information and documentation required in R9-10-2303(I) if the resident receives any behavioral health services or personal care services from a health care institution other than the secure behavioral health residential facility;
16. If applicable, documentation of the use of an emergency safety response;
17. If applicable, documentation of time-out required in R9-10-2316(6);
18. Documentation of freedom from infectious tuberculosis required in R9-10-2307(C)(3);
19. The disposition of the resident after discharge;
20. The discharge plan;
21. The discharge summary, if applicable;
22. If applicable:
   a. Laboratory reports,
   b. Radiologic reports,
   c. Diagnostic reports, and
   d. Consultation reports; and
23. Documentation of medication administered or assistance in the self-administration of medication to the resident that includes:
   a. Whether the medication is required under the court order;
   b. The date and time of administration;
   c. The name, strength, dosage, and route of administration;
   d. For a medication administered for pain, when administered initially or on a PRN basis:
      i. An assessment of the resident's pain before administering the medication, and
      ii. The effect of the medication administered;
   e. For a psychotropic medication, when administered initially or on a PRN basis:
      i. An assessment of the resident's behavior before administering the psychotropic medication, and
      ii. The effect of the psychotropic medication administered;
   f. The identification, signature, and professional designation of the individual administering or providing assistance in the self-administration of the medication; and
   g. Any adverse reaction a resident has to the medication.

Historical Note
New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2313. Personal Care Services
An administrator of a secure behavioral health residential facility shall ensure that:
1. A medical practitioner has determined that a resident's needs for personal care services can be and are being met by the secure behavioral health residential facility within the secure behavioral health residential facility's scope of services; and
2. Personal care services for a resident:
   a. May include, as required by the resident:
      i. Assistance with activities of daily living;
      ii. Skin maintenance to prevent and treat bruises, injuries, pressure sores, and infections;
      iii. Offering sufficient fluids to maintain hydration; and
      iv. If applicable, incontinence care that ensures that a resident maintains the highest practicable level of independence when toileting; and
   b. Are provided by:
      i. A registered nurse, or
      ii. A personnel member who meets the requirements in R9-10-2306(H)(1) or (2).

Historical Note
New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2314. Behavioral Health Services
A. An administrator shall ensure that:

1. Court-ordered treatment is provided in compliance with the requirements in A.R.S. Title 36, Chapter 5, Article 5;
2. A resident admitted to the secure behavioral health residential facility receives behavioral health services, personal care services, and continuous protective oversight, as indicated in the resident's treatment plan;
3. Behavioral health services are provided to meet the needs of a resident and are consistent with a secure behavioral health residential facility's scope of services;
4. Behavioral health services listed in the secure behavioral health residential facility's scope of services are provided on the premises;
5. Before a resident participates in behavioral health services provided in a setting or activity with more than one resident participating, the diagnoses, treatment needs, developmental levels, social skills, verbal skills, and personal histories, including any history of physical or sexual abuse, of the residents participating are reviewed to ensure that the:
   a. Health and safety of each resident is protected, and
   b. Treatment needs of each resident participating are being met;
6. A resident does not:
   a. Use or have access to any materials, furnishings, or equipment, or participate in any activity or treatment that may present a threat to the resident's health or safety based on the resident's documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, or personal history; or
   b. Share any space, participate in any activity or treatment, or verbally or physically interact with any other resident that may present a threat to the resident's health or safety, based on the other resident's documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, and personal history;
7. Counseling is:
   a. Offered as described in the secure behavioral health residential facility's scope of services,
   b. Provided according to the frequency and number of hours identified in the resident's treatment plan, and
   c. Except as provided in subsection (B), provided by a behavioral health professional;
8. A personnel member providing counseling that addresses a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue; and
9. Each counseling session is documented in a resident's medical record to include:
   a. The date of the counseling session;
   b. The amount of time spent in the counseling session;
   c. Whether the counseling was individual counseling, family counseling, or group counseling;
   d. The treatment goals addressed in the counseling session; and
   e. The signature of the personnel member who provided the counseling and the date signed.

B. An administrator may allow a group counseling session that does not include psychotherapy to be provided by a behavioral health technician.

C. An administrator shall ensure that:
1. An emergency safety response is:
   a. Only used:
      i. By a personnel member trained to use an emergency safety response,
      ii. For the management of a resident's violent or self-destructive behavior, and
      iii. When less restrictive interventions, including de-escalation, as described in R9-10-2306(G)(1)(a)(ii), have been determined to be ineffective; and
   b. Discontinued at the earliest possible time, but no longer than five minutes after the emergency safety response is initiated;
2. Within 24 hours after an emergency safety response is used for a resident, the following information is entered into the resident medical record:
   a. The date and time the emergency safety response was used;
   b. The name of each personnel member who used an emergency safety response;
   c. The specific emergency safety response used;
   d. The personnel member or resident behavior, event, or environmental factor that caused the need for the emergency safety response; and
   e. Any injury that resulted from the use of the emergency safety response;
3. Within two working days after an emergency safety response is used for a resident, the administrator or medical director reviews the information in subsection (C)(2); and
4. After the review required in subsection (C)(3), the following information is entered, according to policies and procedures, into the resident's medical record:
   a. Actions taken or planned actions to prevent the need for the use of an emergency safety response for the resident,
   b. A determination of whether the resident is appropriately placed at the secure behavioral health residential facility, and
   c. Whether the resident's treatment plan was reviewed or needs to be reviewed and updated to ensure that the resident's treatment plan is meeting the resident's treatment needs.

Historical Note
New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2315. Resident Time-Outs

An administrator shall ensure that a time-out:
1. Is provided to a resident who voluntarily decides to go in a time-out;
2. Takes place in an area that is unlocked, lighted, quiet, and private;
3. Is time-limited and does not exceed the amount of time as determined by the resident;
4. Does not result in a resident missing a meal if the resident is in time-out at mealtime;
5. Includes monitoring of the resident by a personnel member at least once every 15 minutes to ensure the resident's health and safety and to discuss with the resident if the resident is ready to leave time-out; and
6. Is documented in the resident's medical record, to include:
   a. The date of the time-out,
   b. The reason for the time-out,

c. The duration of the time-out, and
d. The action planned and taken by the administrator to prevent the use of time-out in the future.

Historical Note
New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2316. Medication Services

A. An administrator shall ensure that policies and procedures for medication services:
1. Include:
   a. A process for providing information to a resident about medication prescribed for the resident, including:
      i. Whether the prescribed medication is required as part of the resident's court order,
      ii. The prescribed medication's anticipated results,
      iii. The prescribed medication's potential adverse reactions,
      iv. The prescribed medication's potential side effects, and
      v. Potential adverse consequences that could result from not taking the medication as prescribed;
   b. Procedures for preventing, responding to, and reporting:
      i. A medication error,
      ii. An adverse response to a medication, or
      iii. A medication overdose;
   c. Procedures to ensure that a resident's medication regimen is reviewed by the medical director to ensure the medication regimen meets the resident's needs;
   d. Procedures for documenting medication administration and assistance in the self-administration of medication; and
   e. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
2. Specify a process for review through the quality management program of:
   a. A medication administration error, and
   b. An adverse reaction to a medication.

B. An administrator shall ensure that:
1. Policies and procedures for medication administration:
   a. Are reviewed and approved by the medical director;
   b. Specify the individuals who may:
      i. Order medication, and
      ii. Administer medication;
   c. Ensure that medication is administered to a resident only as prescribed; and
   d. Cover a resident's refusal to take prescribed medication, including:
      i. Documentation of the refusal in the resident's medical record, and
      ii. The individuals to notify of the refusal;
2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
3. A medication administered to a resident:
   a. Is administered in compliance with an order,
   b. Is administered by an individual who is licensed or certified to administer medication, and
   c. Is documented in the resident's medical record;
4. If pain medication is administered to a resident on a PRN basis, documentation in the resident's medical record includes:
   a. An identification of the resident's pain before administering the medication, and
   b. The effect of the pain medication administered; and
5. If a psychotropic medication is administered to a resident on a PRN basis, documentation in the resident's medical record includes:
   a. An assessment of the patient's behavior before administering the psychotropic medication, and
   b. The effect of the psychotropic medication administered.

C. If a secure behavioral health residential facility provides assistance in the self-administration of medication, an administrator shall ensure that:
1. A resident's medication is stored by the secure behavioral health residential facility;
2. A personnel member verifies that the resident's medication is being taken as prescribed by the resident's medical practitioner by confirming that:
   a. The resident taking the medication is the individual stated on the medication container label,
   b. The resident is taking the dosage stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label, and
   c. The medication is being taken by the resident at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label;
3. The following assistance is provided to a resident:
   a. A reminder when it is time to take the medication,
   b. Opening the medication container for the resident,
   c. Observing the resident while the resident removes the medication from the container, and
   d. Observing the resident while the resident takes the medication and verifying that the medication is consumed;
4. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by the medical practitioner;
5. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
   a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
   b. Includes:
      i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
      ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
      iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
6. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (C)(5) before the personnel member provides assistance in the self-administration of medication; and

7. Assistance in the self-administration of medication provided to a resident:
   a. Is in compliance with an order, and
   b. Is documented in the resident's medical record.

D. An administrator shall ensure that:
1. A current drug reference guide is available for use by personnel members;
2. A current toxicology reference guide is available for use by personnel members; and
3. If pharmaceutical services are provided:
   a. The pharmaceutical services are provided under the direction of a pharmacist;
   b. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
   c. A copy of the pharmacy license is provided to the Department upon request.

E. When medication is stored at a secure behavioral health residential facility, an administrator shall ensure that:
1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication;
2. Medication is stored according to the instructions on the medication container; and
3. Policies and procedures are established, documented, and implemented for:
   a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;
   b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
   c. A medication recall and notification of residents who received recalled medication;
   d. Storing, inventorying, and dispensing controlled substances; and
   e. Documenting the maintenance of a medication requiring refrigeration.

F. An administrator shall ensure that a personnel member immediately reports a medication error or a resident's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the secure behavioral health residential facility's medical director.

Historical Note

New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2317. Food Services

A. An administrator shall ensure that:
1. For a secure behavioral health residential facility that has a licensed capacity of more than 10 residents:
   a. The secure behavioral health residential facility obtains a license or permit as a food establishment under 9 A.A.C. 8, Article 1; and
   b. A copy of the secure behavioral health residential facility's food establishment license or permit is maintained;
2. If a secure behavioral health residential facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the secure behavioral health residential facility, a copy of the food establishment's license or permit under 9 A.A.C. 8, Article 1, is maintained by the secure behavioral health residential facility;
3. Food is stored, refrigerated, and reheated to meet the dietary needs of a resident;
4. A registered dietitian is employed full-time, part-time, or as a consultant; and
5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the residents.

B. A registered dietitian or director of food services shall ensure that:
1. Food is prepared:
   a. Using methods that conserve nutritional value, flavor, and appearance; and
   b. In a form to meet the needs of a resident, such as cut, chopped, ground, pureed, or thickened;
2. A food menu:
   a. Is prepared at least one week in advance,
   b. Includes the foods to be served each day,
   c. Is conspicuously posted at least one calendar day before the first meal on the food menu will be served,
   d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
   e. Is maintained for at least 60 calendar days after the last day included in the food menu;
3. Meals and snacks provided by the secure behavioral health residential facility are served according to posted menus;
4. Meals and snacks for each day are planned using the applicable guidelines in the most recent dietary guidelines according to the U.S. Department of Health and Human Services and U.S. Department of Agriculture;
5. A resident is provided:
   a. A diet that meets the resident's nutritional needs as specified in the resident's assessment or treatment plan;
   b. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(5)(d);
   c. The option to have a daily evening snack identified in subsection (B)(5)(d)(ii) or other snack; and
   d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
      i. The resident agrees; and
      ii. The resident is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
6. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
7. Water is available and accessible to residents unless otherwise stated in a resident's treatment plan.

C. An administrator shall ensure that food is obtained, prepared, served, and stored as follows:
1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
2. Food is protected from potential contamination;
3. Potentially hazardous food is maintained as follows:

a. Foods requiring refrigeration are maintained at 41° F or below; and
b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155 °F;
v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
vi. Leftovers are reheated to a temperature of at least 165° F;
4. A refrigerator contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
5. Frozen foods are stored at a temperature of 0° F or below; and
6. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

Historical Note
New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2318. Emergency and Safety Standards

A. An administrator shall ensure that a secure behavioral health residential facility has:
1. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, and a sprinkler system installed according to the National Fire Protection Association 13: Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, that are in working order; or
2. An alternative method to ensure resident's safety that is documented and approved by the local jurisdiction.

B. A secure behavioral health residential facility, an administrator shall ensure that:
1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
a. When, how, and where residents will be relocated, while ensuring that the residents are in a secure environment;
b. How each resident's medical record will be available to individuals providing services to the resident during a disaster;
c. A plan to ensure each resident's medication will be available to administer to the resident during a disaster; and
d. A plan for obtaining food and water for individuals present in the secure behavioral health residential facility, under the care and supervision of personnel members, or in the secure behavioral health residential facility's relocation site during a disaster;
2. The disaster plan required in subsection (B)(1) is reviewed at least once every 12 months;
3. Documentation of a disaster plan review required in subsection (B)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
a. The date and time of the disaster plan review;
b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
c. A critique of the disaster plan review; and
d. If applicable, recommendations for improvement;
4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
5. An evacuation drill for employees and residents:
a. Is conducted at least once every six months on each shift;
b. Includes all individuals on the premises except for:
i. A resident whose medical record contains documentation that evacuation from the secure behavioral health residential facility would cause harm to the resident, and
ii. Sufficient personnel members to ensure the health and safety of residents not evacuated according to subsection (B)(5)(b)(i);
6. Documentation of each evacuation drill is created, is maintained for 12 months after the date of the evacuation drill, and includes:
a. The date and time of the evacuation drill;
b. The amount of time taken for all employees and residents to evacuate the secure behavioral health residential facility;
c. Names of employees participating in the evacuation drill;
d. An identification of residents needing assistance for evacuation;
e. Any problems encountered in conducting the evacuation drill; and
f. Recommendations for improvement, if applicable; and
7. An evacuation path is conspicuously posted on each hallway of each floor of the secure behavioral health residential facility.

C. An administrator shall:
1. Obtain a fire inspection conducted according to the timeframe established by the local fire department or the State Fire Marshal;
2. Make any repairs or corrections stated on the fire inspection report;
3. Maintain documentation of a current fire inspection;
4. Ensure that an alternative method under subsection (A)(2) includes:
a. A smoke detector that is:
i. Installed in each bedroom, hallway that adjoins a bedroom, storage room, laundry room, attached garage, and room or hallway adjacent to the kitchen, and other places recommended by the manufacturer;
ii. Either battery operated or, if hard-wired into the electrical system of the secure behavioral health residential facility, has a back-up battery;
iii. In working order; and
iv. Tested at least once a month; and
b. If the secure behavioral health residential facility has a gas line entering the premises, a carbon monoxide

detector located within 20 feet of the end of the gas line; and

5. Ensure that the documentation of the test required in subsection (F)(4)(a)(iv) is maintained for at least 12 months after the date of the test.

Historical Note

New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2319. Environmental Standards

A. An administrator shall ensure that:

1. The premises and equipment are:
   a. Maintained in a condition that allows the premises and equipment to be used for the original purpose of the premises and equipment;
   b. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and
   c. Free from a condition or situation that may cause a resident or other individual to suffer physical injury;
2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
3. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14, and policies and procedures;
4. Equipment used at the secure behavioral health residential facility is:
   a. Maintained in working order;
   b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
   c. Used according to the manufacturer's recommendations;
5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
6. Garbage and refuse are:
   a. Stored in covered containers lined with plastic bags, and
   b. Removed from the premises at least once a week;
7. Heating and cooling systems maintain the secure behavioral health residential facility at a temperature between 70° F and 84° F;
8. A space heater is not used;
9. Common areas:
   a. Are lighted to assure the safety of residents, and
   b. Have lighting sufficient to allow personnel members to monitor resident activity;
10. Hot water temperatures are maintained between 95° F and 120° F in the areas of the secure behavioral health residential facility used by residents;
11. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
12. Soiled linen and soiled clothing stored by the secure behavioral health residential facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
13. Oxygen containers are secured in an upright position;
14. Poisonous or toxic materials stored by the secure behavioral health residential facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas;
15. Medications, other than naloxone, are inaccessible to residents;
16. Combustible or flammable liquids and hazardous materials stored by a secure behavioral health residential facility are stored in the original labeled containers or safety containers in a locked area inaccessible to residents;
17. If pets or animals are allowed in the secure behavioral health residential facility, pets or animals are:
   a. Controlled to prevent endangering the residents and to maintain sanitation;
   b. Licensed consistent with local ordinances; and
   c. For a dog or cat, vaccinated against rabies;
18. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
   a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or E. coli bacteria;
   b. If necessary, corrective action is taken to ensure the water is safe to drink; and
   c. Documentation of testing is retained for at least 12 months after the date of the test; and
19. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.

B. An administrator shall ensure that:

1. Smoking tobacco products is not permitted within a secure behavioral health residential facility; and
2. Smoking tobacco products may be permitted on the premises outside a secure behavioral health residential facility if:
   a. Signs designating smoking areas are conspicuously posted, and
   b. Smoking is prohibited in areas where combustible materials are stored or in use.

C. If a swimming pool is located on the premises, an administrator shall ensure that:

1. On each day that a resident uses the swimming pool, an employee:
   a. Tests the swimming pool's water quality at least once for compliance with one of the following chemical disinfection standards:
      i. A free chlorine residual between 1.0 and 3.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test;
      ii. A free bromine residual between 2.0 and 4.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test; or
      iii. An oxidation-reduction potential equal to or greater than 650 millivolts; and
   b. Records the results of the water quality tests in a log that includes each testing date and test result;
2. Documentation of the water quality test is maintained for at least 12 months after the date of the test;
3. A swimming pool is not used by a resident if a water quality test shows that the swimming pool water does not comply with subsection (C)(1)(a);
4. At least one personnel member, with cardiopulmonary resuscitation training that meets the requirements in R9-10-2303(C)(1)(f), is present in the pool area when a resident is in the pool area; and

5. At least two personnel members are present in the pool area if two or more residents are in the pool area, consistent with treatment plans for the residents in the pool area.

Historical Note

New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2320. Physical Plant Standards

A. An administrator shall ensure that the premises and equipment are sufficient to accommodate:
1. The services in the secure behavioral health residential facility's scope of services, and
2. An individual admitted as a resident by the secure behavioral health residential facility.

B. An administrator shall ensure that:
1. A secure behavioral health residential facility has:
   a. A privacy room for visitation, individual and group therapy, and, if applicable, telehealth or in-person physical health services or behavioral health service;
   b. An area for community dining; and
   c. Sufficient space in one or more common areas for individual and group activities;
2. An indoor common area that is not used as a sleeping area and that has:
   a. A working telephone that allows a resident to make a private telephone call;
   b. A distortion-free mirror;
   c. A current calendar and an accurate clock;
   d. A variety of books, current magazines and newspapers, and arts and crafts supplies appropriate to the age, educational, cultural, and recreational needs of residents; and
   e. A working television and access to a radio;
3. At least one bathroom is accessible from a common area that:
   a. May be used by residents and visitors;
   b. Provides privacy when in use; and
   c. Contains the following:
      i. At least one working sink with running water,
      ii. At least one working toilet that flushes and has a seat,
      iii. Toilet tissue for each toilet,
      iv. Soap in a dispenser accessible from each sink,
      v. Paper towels in a dispenser or a mechanical air hand dryer,
      vi. Lighting, and
      vii. A window that opens or another means of ventilation;
4. For every six residents at the secure behavioral health residential facility, there is at least one bathroom that meets the requirements in subsection (B)(3)(c);
5. For every eight residents at the secure behavioral health residential facility, there is at least one working bathtub or shower;
6. A resident bathroom complies with the following:
   a. Provides privacy when in use; and
   b. Contains:
      i. A shatterproof mirror, unless the resident's treatment plan requires otherwise;
      ii. A window that opens or another means of ventilation; and
      iii. Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers.
7. If a resident bathroom door locks from the inside, an employee has a key and access to the bathroom;
8. Each resident is provided a sleeping area that is in a bedroom; and
9. A resident bedroom complies with the following:
   a. Is not used as a common area;
   b. Is not used as a passageway to another bedroom or bathroom unless the bathroom is for the exclusive use of an individual occupying the bedroom;
   c. Contains a door that opens into a hallway, common area, or outdoors;
   d. Is constructed and furnished to provide unimpeded access to the door;
   e. Has window or door covers that provide resident privacy;
   f. Has floor to ceiling walls;
   g. Is a:
      i. Bedroom for one resident that contains at least 60 square feet of floor space, not including the closet; or
      ii. Shared bedroom that:
         (1) Is shared by no more than two residents;
         (2) Contains at least 60 square feet of floor space, not including a closet, for each individual occupying the shared bedroom; and
         (3) Provides at least three feet of floor space between beds;
   h. Contains for each resident occupying the bedroom:
      i. A bed, that is not a bunk bed, and is at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress, and linens; and
      ii. Individual storage space for personal effects and clothing, such as shelves, a dresser, or a chest of drawers;
   i. Has clean linen for each bed, including sheets large enough to tuck under the mattress, pillows, pillow cases, bedspread, waterproof mattress covers, and blankets to ensure warmth and comfort for each resident;
   j. Has sufficient lighting for a resident occupying the bedroom to read; and
   k. Has a clothing rod or hook in the bedroom designed to minimize the opportunity for a resident to cause self-injury;
10. For a door located in an area of the secure behavioral health residential facility that is accessible to residents:
   a. A door closing device, if used on a resident's bedroom door, is mounted on the public side of the door; and
   b. A bedroom door does not lock; and
11. An outdoor area has a shaded and an unshaded area.

C. An administrator shall ensure that:
1. The premises of a secure behavioral health residential facility are secure, as defined in A.R.S. § 36-425.06; and
2. There is a means of exiting the facility for a resident who does not have special knowledge for egress that:
   a. Provides access to an outside area on the premises of the secure behavioral health residential facility that allows the resident to be at least 30 feet away from the facility,

b. Controls and alerts employees of the egress of a resident from the facility, and
c. Uses a mechanism that meets the Special Egress-Control Devices provisions in the Uniform Building Code incorporated by reference in R9-10-104.01.

D. If a swimming pool is located on the premises, an administrator shall ensure that:
1. The swimming pool is equipped with the following:
   a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and includes at least:
      i. A removable strainer,
      ii. Two swimming pool inlets located on opposite sides of the swimming pool, and
      iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools; and
   b. An operational vacuum cleaning system;
2. The swimming pool is enclosed by a wall or fence that:
   a. Is at least five feet in height as measured on the exterior of the wall or fence;
   b. Has no vertical openings greater than four inches across;
   c. Has no horizontal openings, except as described in subsection (D)(2)(e);
   d. Is not chain-link;
   e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
   f. Has a self-closing, self-latching gate that:
      i. Opens away from the swimming pool,
      ii. Has a latch located at least 54 inches from the ground, and
      iii. Is locked when the swimming pool is not in use; and
3. A life preserver or shepherd's crook is available and accessible in the pool area.

E. An administrator shall ensure that a spa that is not enclosed by a wall or fence, as described in subsection (D)(2), is covered and locked when not in use.

Historical Note
New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

ARTICLE 24. SECURE BEHAVIORAL HEALTH RESIDENTIAL FACILITIES FOR RESIDENTS UNDER A.R.S. TITLE 13 COURT ORDERS

R9-10-2401. Supplemental Application Requirements

A. In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a secure behavioral health residential facility, under this Article, shall include on the application:
1. That the applicant is planning to provide behavioral health to individuals who are placed in a secure behavioral health residential facility pursuant to a court order issued in accordance with A.R.S. § 13-4521,
2. The requested licensed capacity, and
3. Whether the applicant is requesting authorization to provide personal care services to a resident according to R9-10-2413.

B. A secure behavioral health residential facility shall obtain a separate license for each single dwelling unit.

Historical Note
New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2402. Administration

A. A governing authority shall:
1. Consist of one or more individuals responsible for the organization, operation, and administration of a secure behavioral health residential facility;
2. Establish, in writing:
   a. A secure behavioral health residential facility's scope of services, including the specific types of treatment and services to be provided; and
   b. Qualifications for an administrator;
3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
4. Adopt a quality management program according to R9-10-2403;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b), if the administrator is:
   a. Expected not to be present on the secure behavioral health residential facility's premises for more than 30 calendar days, or
   b. Not present on the secure behavioral health residential facility's premises for more than 30 calendar days;
7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator;
8. Ensure the health, safety, and welfare of a resident is not placed at risk of harm; and
9. If not providing medical direction through a contracted medical director, designate, in writing:
   a. A medical director, as specified in A.R.S. § 36-501, who may be the same individual as the administrator, if the individual meets the qualifications in subsection (A)(2)(b) and A.R.S. § 36-501; and
   b. An acting medical director who has the qualifications in A.R.S. § 36-501, if the medical director is not or is expected not to be on the secure behavioral health residential facility's premises for more than 30 calendar days.

B. An administrator:
1. Is directly accountable to the governing authority of a secure behavioral health residential facility for the daily operation of the secure behavioral health residential facility and all services provided by or at the secure behavioral health residential facility;
2. Has the authority and responsibility to manage the secure behavioral health residential facility; and
3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the secure behavioral health residential facility's premises and accountable for the secure behavioral health residential facility when the administrator is not present on the secure behavioral health residential facility's premises.

C. An administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident that:

a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members and employees;
b. Cover orientation and in-service education for personnel members and employees;
c. Include how a personnel member may submit a complaint relating to services provided to a resident;
d. Include methods on how to prevent abuse, neglect, or exploitation of a resident, including annual training of personnel members on how to recognize the signs and symptoms of abuse, neglect, or exploitation, and how to report abuse, neglect, or exploitation;
e. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
f. Cover cardiopulmonary resuscitation training including:
    i. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation;
    ii. The qualifications for an individual to provide cardiopulmonary resuscitation training;
    iii. The time-frame for renewal of cardiopulmonary resuscitation training; and
    iv. The documentation that verifies that the individual has received cardiopulmonary resuscitation training;
g. Cover training in crisis intervention according to R9-10-2405(G);
h. Cover implementation of the fingerprinting requirements in A.R.S. § 36-411;
i. Cover first aid training;
j. Include a method to identify a resident to ensure the resident receives physical health services and behavioral health services as ordered;
k. Cover resident rights, including assisting a resident who does not speak English or who has a physical or other disability to become aware of resident rights;
l. Cover specific steps for:
    i. A resident to file a complaint, and
    ii. The secure behavioral health residential facility to respond to a resident complaint, including a time-frame for responding;
m. Cover health care directives;
n. Cover medical records, including electronic medical records;
o. Cover a quality management program, including incident reports and supporting documentation;
p. Cover contracted services;
q. Cover visitation, telephone usage, sending or receiving mail, computer usage, and other recreational activities;
r. Establish the process for warning an identified or identifiable individual, as described in A.R.S. § 36-517.02 (B) and (C), if a resident communicates to a personnel member a threat of imminent serious physical harm or death to the identified or identifiable individual and the resident has the apparent intent and ability to carry out the threat;
s. Include security measures for the facility, residents and their possessions, personnel members, and visitors at the secure behavioral health residential facility;
t. Include the methods the secure behavioral health residential facility plans to use, based on the acuity of a resident, to deter unauthorized exiting from a vehicle during transportation; and
u. Include the establishment of, disbursing from, and recordkeeping for a resident's personal funds account;

2. Policies and procedures for behavioral health services and physical health services are established, documented, and implemented to protect the health and safety of a resident that:
    a. Cover resident screening, admission, assessment, treatment plan, transport, transfer, discharge planning, and discharge;
    b. Cover the provision or coordination of behavioral health services and, if needed, physical health services, including as applicable:
        i. Services provided by the secure behavioral health residential facility;
        ii. Telehealth services;
        iii. Services provided by a home health agency, outpatient treatment center, or other health care institution to a resident on-site and in-person; or
        iv. Services provided to a resident by a health care institution off the premises of the secure behavioral health residential facility;
    c. Include when informed consent is required;
    d. Cover a resident's personal funds account;
    e. Cover dispensing medication, administering medication, assistance in the self-administration of medication, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
    f. Cover prescribing a controlled substance to minimize substance abuse by a resident;
    g. Cover infection control;
    h. Cover environmental services that affect resident care;
    i. Cover the process for obtaining resident preferences for social, recreational, or rehabilitative activities and meals and snacks;
    j. Cover the security of a resident's possessions that are allowed on the premises;
    k. Cover smoking and the use of tobacco products on the premises;
    l. Cover how the secure behavioral health residential facility will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual, including, as applicable:
        i. Resident time-out, and
        ii. Emergency safety responses;
    m. Cover religious visitation by a clergy member in compliance with A.R.S. § 36-407.02; and
    n. Cover the provision of naloxone nasal spray, including requirements for:
        i. Informing the administrator, personnel members, employees, and residents of the availability and location of the naloxone nasal spray on the premises of the secure behavioral health residential facility;

ii. Providing training to the administrator, personnel members, and employees on the correct use of naloxone nasal spray; and
iii. Ensuring the naloxone nasal spray is used in accordance with the manufacture's recommendations;
3. Policies and procedures are reviewed at least once every three years and updated as needed;
4. Policies and procedures are available to personnel members and employees; and
5. Unless otherwise stated:
a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
b. When documentation or information is required by this Chapter to be submitted on behalf of a secure behavioral health residential facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the secure behavioral health residential facility.

D. An administrator shall:
1. Ensure that the medical director, who may be under contract to the secure behavioral health residential facility, supervises and administers a resident's treatment program, pursuant to A.R.S. § 36-501; and
2. Designate a registered nurse to provide direction for nursing services and, if applicable, personal care services provided by or at the secure behavioral health residential facility.

E. An administrator shall provide written notification to the Department of a resident's:
1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
2. Self-injury, within two working days after the resident inflicts a self-injury or has an accident that requires immediate intervention by an emergency medical services provider.

F. If abuse, neglect, exploitation, or a reportable offense of a resident is alleged or suspected to have occurred before the resident was admitted or while the resident is not on the premises and not receiving services from a secure behavioral health residential facility's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, exploitation, or reportable offense of the resident according to A.R.S. § 46-454.

G. If an administrator has a reasonable basis, according to A.R.S. § 46-454, to believe abuse, neglect, exploitation, or a reportable offense has occurred on the premises or while a resident is receiving services from a secure behavioral health residential facility's employee or personnel member, the administrator shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, exploitation, or reportable offense;
2. Report the suspected abuse, neglect, exploitation, or reportable offense of the resident according to A.R.S. § 46-454;
3. Document:
a. The suspected abuse, neglect, exploitation, or reportable offense;
b. Any action taken according to subsection (G)(1); and
c. The report in subsection (G)(2);
4. Maintain the documentation in subsection (G)(3) for at least 12 months after the date of the report in subsection (G)(2);
5. Initiate an investigation of the suspected abuse, neglect, exploitation, or reportable offense and document the following information within five working days after the report required in (G)(2):
a. The dates, times, and description of the suspected abuse, neglect, exploitation, or reportable offense;
b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
c. The names of witnesses to the suspected abuse, neglect, exploitation, or reportable offense; and
d. The actions taken by the administrator to prevent the suspected abuse, neglect, exploitation, or reportable offense from occurring in the future; and
6. Maintain a copy of the documented information required in subsection (G)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.

H. An administrator shall:
1. Establish, document, and implement requirements for the security of the premises and safety of residents and staff, consistent with R9-10-2420(C);
2. Establish, document, and implement requirements regarding residents, personnel members, employees, and other individuals entering and exiting the premises;
3. Establish, document, and implement a process for:
a. Providing telehealth services for a resident unless not feasible;
b. When in-person physical health services or behavioral health services are required for a resident, arranging for the physical health services or behavioral health services to be provided to a resident on the premises according to policies and procedures in subsection (C)(2)(b)(iii), unless not feasible; and
c. Ensuring that telehealth services and in-person physical health services or behavioral health services take place in a privacy room;
4. Establish, document, and implement a process for responding to a resident's need for immediate and unscheduled physical health services, behavioral health services, or personal care services;
5. Establish, document, and implement the criteria for determining when a resident's absence is unauthorized;
6. If a resident's absence is unauthorized, as determined according to the criteria in subsection (H)(5):
a. Within an hour after determining that the resident's absence is unauthorized, notify:
i. The resident's representative or other individual designated by the resident;
ii. Except as specified in subsection (H)(6)(c), the court that issued the order in accordance with A.R.S. § 13-4521; and
iii. If court-ordered treatment is being provided to the resident through contracted services, the person responsible for providing treatment under the court order; and
b. Within 24 hours after determining that the resident's absence is unauthorized, notify the Department in writing of the absence;

7. Maintain a written log of unauthorized absences for at least 12 months after the date of a resident's absence that includes the:
   a. Name of a resident absent without authorization,
   b. Name of the individual to whom the notification required in subsection (H)(6) was submitted, and
   c. Date of the notification; and
8. Evaluate and take action related to unauthorized absences under the quality management program in R9-10-2404.

I. If a resident is receiving services from a home health agency, outpatient treatment center, or other health care institution according to policies and procedures in subsection (C)(2)(b)(iii), an administrator shall ensure that:
1. The resident's medical record contains:
   a. The name, address, and contact individual, including contact information, of the home health agency, outpatient treatment center, or other health care institution;
   b. Any information provided by the home health agency, outpatient treatment center, or other health care institution; and
   c. A copy of resident follow-up instructions provided by the home health agency, outpatient treatment center, or other health care institution; and
2. Any care instructions for a resident provided to the secure behavioral health residential facility by the home health agency, outpatient treatment center, or other health care institution are:
   a. Within the secure behavioral health residential facility's scope of services,
   b. Communicated to a personnel member, and
   c. Documented in the resident's treatment plan.

J. An administrator shall ensure that the following information or documents are conspicuously posted on the premises and are available upon request to a personnel member, employee, resident, or a resident's representative:
1. The secure behavioral health residential facility's current license,
2. The location at which inspection reports required in R9-10-2418(C)(3) are available for review or can be made available for review, and
3. The calendar days and times when a resident may accept visitors or make telephone calls.

K. An administrator shall ensure that:
1. Labor performed by a resident for the secure behavioral health residential facility is consistent with A.R.S. § 36-510; and
2. A resident, who is an incapacitated person according to A.R.S. § 14-5101 or who is gravely disabled, is assisted in obtaining a resident's representative to act on the resident's behalf.

L. If an administrator determines that a resident is incapable of handling the resident's financial affairs, the administrator shall:
1. Not act as a resident's representative and not allow an employee or a family member of an employee to act as a resident's representative for a resident who is not a family member of the employee,
2. Notify the resident's representative or contact a public fiduciary or a trust officer to take responsibility of the resident's financial affairs, and
3. Maintain documentation of the notification required in subsection (L)(2) in the resident's medical record for at least 12 months after the date of the notification.

M. If an administrator manages a resident's money through a personal funds account, the administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented for:
   a. Using resident's funds in a personal funds account,
   b. Protecting resident's funds in a personal funds account,
   c. Investigating a complaint about the use of resident's funds in a personal funds account and ensuring that the complaint is investigated by an individual who does not manage the personal funds account,
   d. Processing each deposit into and withdrawal from a personal funds account, and
   e. Maintaining a record for each deposit into and withdrawal from a personal funds account; and
2. The personal funds account is only initiated after receiving a written request that:
   a. Is provided:
      i. Voluntarily by the resident,
      ii. By the resident's representative, or
      iii. By a court of competent jurisdiction;
   b. May be withdrawn at any time; and
   c. Is maintained in the resident's record.

Historical Note
New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2403. Quality Management
An administrator shall ensure that:
1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
   a. A method to identify, document, and evaluate incidents;
   b. A method to collect data to evaluate services provided to residents;
   c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;
   d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
   e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
   a. An identification of each concern about the delivery of services related to resident care, and
   b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note
New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2404. Contracted Services
A. An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

B. If a secure behavioral health residential facility is providing behavioral health services and other services, required under a court order issued under A.R.S. § 13-4521, to a resident under a contract, an administrator shall ensure that the contract:
1. Addresses communication and coordination between the secure behavioral health residential facility and the person providing the behavioral health services or other services; and
2. Includes responsibilities for:
   a. Development and implementation of the treatment plan required in R9-10-2407,
   b. Required changes to the resident's treatment plan due to changes in the resident's condition or other events or behaviors,
   c. Transportation to and from the facility of the person providing the behavioral health services for treatment of the resident,
   d. Communications with the court issuing the court order, and
   e. Transition of care after discharge from the secure behavioral health residential facility.

Historical Note
New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2405. Personnel

A. An administrator shall ensure that a personnel member:
1. Is at least 18 years old; and
2. Either:
   a. Holds a valid fingerprint clearance card issued under A.R.S. Title 41, Chapter 12, Article 3.1; or
   b. Submits, to the administrator, a copy of a fingerprint clearance card application showing that the personnel member submitted the application to the fingerprint division of the Department of Public Safety under A.R.S. § 41-1758.02, within seven working days after becoming a personnel member.

B. An administrator shall ensure that each personnel member submits to the administrator a copy of the personnel member's valid fingerprint clearance card:
1. Except as provided in subsection (A)(2)(b), before the personnel member's starting date of employment; and
2. Each time the fingerprint clearance card is issued or renewed.

C. If a personnel member holds a fingerprint clearance card that was issued before the individual became a personnel member, an administrator shall:
1. Contact the Department of Public Safety within seven working days after the individual becomes a personnel member to determine whether the fingerprint clearance card is valid; and
2. Make a record of the determination in subsection (C)(1), including the name of the personnel member, the date of the contact with the Department of Public Safety, and whether the fingerprint clearance card is valid.

D. An administrator shall ensure that:
1. The qualifications, skills, and knowledge required for each type of personnel member:
   a. Are based on:
      i. The type of behavioral health services or personal care services expected to be provided by the personnel member according to the established job description, and
      ii. The acuity of the residents receiving behavioral health services or personal care services from the personnel member according to the established job description; and
   b. Include:
      i. The specific skills and knowledge necessary for the personnel member to provide the expected behavioral health services or personal care services listed in the established job description,
      ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or personal care services listed in the established job description, and
      iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or personal care services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
   a. Before the personnel member provides behavioral health services or personal care services, and
   b. According to policies and procedures; and
3. Sufficient personnel members are present on a secure behavioral health residential facility's premises with the qualifications, experience, skills, and knowledge necessary to:
   a. Provide the services in the secure behavioral health residential facility's scope of services,
   b. Meet the needs of a resident, and
   c. Ensure the health and safety of a resident.

E. An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in R9-10-115.

F. An administrator shall ensure that an individual who is licensed under A.R.S. Title 32, Chapter 33, as a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision, as defined in A.A.C. R4-6-101.

G. An administrator shall ensure that:
1. Before providing behavioral health services, a personnel member:
   a. Completes training in crisis intervention that includes:
      i. Techniques to identify personnel member and resident behaviors, events, and environmental factors that may trigger the need for the use of an emergency safety response;
      ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods;
      iii. Other interventions that may be necessary, based on the acuity, history of violence, or other factors for any individual accepted as a

resident by the secure behavioral health residential facility;
iv. The safe use of an emergency safety response, including the ability to recognize and respond to signs of physical distress in a resident who is receiving an emergency safety response; and
v. If necessary to protect the health and safety of personnel members and employees, based on the acuity, history of violence, or other factors for any individual accepted as a resident by the secure behavioral health residential facility, self-defense training; and
b. Completes in-service education covering the topics in subsection (G)(1)(a) at least once every 12 months after the date the personnel member completed the initial training;
2. Documentation of the completed training in subsection (G)(1)(a) and in-service education according to subsection (G)(1)(b) includes:
a. The name and credentials of the individual providing the training,
b. Date of the training, and
c. Verification of a personnel member's ability to use the training; and
3. The materials used to provide the completed training in crisis intervention, including handbooks, electronic presentations, and skills verification worksheets, are maintained for at least 12 months after each personnel member who received training using the materials no longer provides services at the behavioral health residential facility.

H. An administrator shall ensure that a personnel member complies with one of the following before providing personal care services:
1. Has a Certified Nursing Assistant (CNA) Certificate according to A.R.S. Title 32, Chapter 15, or
2. Provides documentation of the completion of a caregiver training program approved by the Department or the Board of Examiners for Nursing Care Institution Administrators and Assisted Living Facility Managers.

I. An administrator shall ensure that:
1. A plan to provide orientation, specific to the duties of a personnel member or an employee, is developed, documented, and implemented;
2. Each personnel member completes orientation before providing behavioral health services or personal care services;
3. An individual's orientation is documented, to include:
a. The individual's name,
b. The date of the orientation, and
c. The subject or topics covered in the orientation;
4. A plan to provide in-service education, specific to the duties of a personnel member or an employee, is developed, documented, and implemented; and
5. A personnel member's or an employee's in-service education is documented, to include:
a. The individual's name,
b. The date of the training, and
c. The subject or topics covered in the training.

J. An administrator shall ensure that an employee who has or is expected to have more than eight hours of direct interaction per week with residents or a personnel member provides evidence of freedom from infectious tuberculosis:
1. On or before the date the individual begins providing services at or on behalf of the secure behavioral health residential facility, and
2. As specified in R9-10-113.

K. An administrator shall ensure that a personnel record is maintained for each personnel member or employee that includes:
1. The individual's name, date of birth, and contact telephone number;
2. The individual's starting date of employment and, if applicable, the ending date; and
3. Documentation of:
a. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
b. The individual's education and experience applicable to the individual's job duties;
c. Compliance with the requirements in subsection (A)(2) related to fingerprint clearance cards;
d. If required for the individual according to subsection (G), training in crisis intervention;
e. If applicable, compliance with requirements in subsection (I);
f. The individual's completed orientation and in-service education, as required by policies and procedures;
g. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
h. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
i. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-2402(C)(1)(f);
j. First aid training, if required for the individual according to this Article or policies and procedures; and
k. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (K).

L. An administrator shall ensure that personnel records are:
1. Maintained:
a. Throughout an individual's period of providing services at or for the secure behavioral health residential facility, and
b. For at least 24 months after the last date the individual provided services at or for the secure behavioral health residential facility; and
2. For a personnel member who has not provided behavioral health services or personal care services at or for the secure behavioral health residential facility during the previous 12 months, provided to the Department within 72 hours after the Department's request.

M. An administrator shall ensure that the following personnel members have first-aid and cardiopulmonary resuscitation training specific to the populations served by the secure behavioral health residential facility:
1. At least one personnel member who is present at the secure behavioral health residential facility during hours of operation of the secure behavioral health residential facility, and
2. Each personnel member participating in an outing.

N. An administrator shall ensure that:
1. In addition to the personnel members in subsection (O)(1), at least one personnel member is on-call and available to come to the secure behavioral health residential facility if needed;

2. A medical director is present on the secure behavioral health residential facility's premises or on-call;
3. A registered nurse is present on the secure behavioral health residential facility's premises, when a resident is on the premises; and
4. A registered nurse who provides direction for the nursing services provided at the secure behavioral health residential facility is present at the secure behavioral health residential facility at least 40 hours every week.

O. An administrator shall ensure that a secure behavioral health residential facility has a daily staffing schedule that:
1. Indicates the date, scheduled work hours, and name of each employee assigned to work, including on-call personnel members;
2. Includes documentation of the employees who work each calendar day and the hours worked by each employee; and
3. Is maintained for at least 12 months after the last date on the daily staffing schedule.

P. If a secure behavioral health residential facility has a medical director on-call to comply with subsection (O)(3), an administrator shall ensure that:
1. The on-call schedule is documented;
2. Personnel members are aware of:
   a. The location at which the on-call schedule is available to personnel members of the secure behavioral health residential facility,
   b. The process through which the on-call medical director is contacted,
   c. The circumstances that would require the on-call medical director to come to the secure behavioral health residential facility, and
   d. The process through which a request is made for the on-call medical director to come to the secure behavioral health residential facility;
3. A request for the on-call medical director to come to the secure behavioral health residential facility is documented, including:
   a. The time that a request for the on-call medical director to come to the secure behavioral health residential facility is made,
   b. The name of the individual making the request,
   c. The reason for the request,
   d. The name of the medical director contacted and requested to come to the secure behavioral health residential facility, and
   e. The time the on-call medical director arrives at the secure behavioral health residential facility in response to a request;
4. The on-call medical director arrives at the secure behavioral health residential facility within 30 minutes after a request;
5. The documentation in subsections (Q)(1) and (3) is maintained for at least 12 months after the last date on the documentation; and
6. Documentation related to the request is included in the medical record of the applicable resident.

Historical Note
New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2406. Admission; Assessment

A. An administrator shall ensure that, before a resident is admitted to the secure behavioral health residential facility, a court of competent jurisdiction has ordered the resident to be placed at the secure behavioral health residential facility, pursuant to A.R.S. § 13-4521.

B. An administrator shall ensure that:
1. A resident is not admitted unless:
   a. The resident's primary condition for which the resident being admitted to the behavioral health residential facility is a behavioral health issue, and
   b. The resident's behavioral health issue and treatment needs are within the behavioral health residential facility's scope of services; and
2. At the time a resident is admitted to the secure behavioral health residential facility:
   a. The administrator receives a copy of the court order for the resident to be admitted to the secure behavioral health residential facility, and
   b. The resident or resident's representative is provided with a written list and verbal explanation of the resident's rights and responsibilities.

C. A medical director shall ensure that:
1. Within three calendar days before admission or within 24 hours after a resident is admitted to the secure behavioral health residential facility:
   a. A medical history is taken from and a physical examination is performed on the resident by a medical practitioner, and
   b. The medical history and physical examination are documented in the resident's medical record;
2. If a medical practitioner performs a medical history and physical examination on a resident before admission, a medical practitioner enters an interval note in the resident's medical record within seven calendar days after admission;
3. Except as specified in subsection (C)(4), a resident provides evidence of freedom from infectious tuberculosis, as required in R9-10-113;
4. A resident is not required to be rescreened for tuberculosis as specified in R9-10-113 if:
   a. Fewer than 12 months have passed since the resident was last screened for tuberculosis, and
   b. The documentation of freedom from infectious tuberculosis required in subsection (C)(3) accompanies the resident at the time of the resident's admission to the secure behavioral health residential facility;
5. A behavioral health assessment for the resident is completed by a behavioral health professional, within 24 hours after admission and before treatment for the resident is initiated and includes:
   a. Documentation of the resident's:
      i. Presenting issue, including the acuity of the resident's presenting issue;
      ii. Substance abuse history;
      iii. Co-occurring disorder;
      iv. Legal history, including:
         (1) Custody,
         (2) Guardianship, and
         (3) Pending litigation;
      v. Court-ordered evaluation;
      vi. Court-ordered treatment;
      vii. Criminal justice record;
      viii. Family history;

ix. Behavioral health treatment history;
x. Symptoms reported by the resident or resident's representative, if applicable; and
xi. Referrals needed by the resident, if any;
b. Recommendations for further assessment or examination of the resident's needs;
c. Recommendations for the behavioral health services, physical health services, or ancillary services that will be provided to the resident until the resident's treatment plan is completed;
d. Recommendations for staffing levels or personnel member qualifications related to the resident's treatment to ensure resident and staff health and safety;
e. An assessment to ensure resident health and safety of whether or not the resident may share a bedroom;
f. Recommendations related to resident and staff health and safety during transportation of a resident, including as applicable:
i. The number and qualifications of personnel members accompanying the resident during transportation, and
ii. The type of restraints that may be used for the resident during transportation to deter unauthorized exiting from the vehicle; and
g. The signature and date signed of the personnel member conducting the behavioral health assessment; and

6. A resident's behavioral health assessment information is documented in the resident's medical record within 48 hours after completing the behavioral health assessment.

D. An administrator shall ensure that if a resident requires services that the secure behavioral health residential facility is not authorized or not able to provide, a personnel member arranges for the transport or transfer of the resident to a hospital or another health care institution where the needed services can be provided.

Historical Note
New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2407. Treatment Plan

A. An administrator shall ensure that a treatment plan is developed, implemented, and maintained for each resident, in compliance with the resident's court order, that:
1. Is based on the medical history and physical examination required in R9-10-2406(C)(1) and the behavioral health assessment required in R9-10-2406(C)(5) and on-going changes to the behavioral health assessment of the resident;
2. Is completed by a behavioral health professional within 48 hours after the behavioral health assessment required in R9-10-2406(C)(5) is completed and within seven calendar days after the resident's admission;
3. Is documented in the resident's medical record within 48 hours after the resident first receives behavioral health services or personal care services;
4. If applicable, includes the requirements for judicial review pursuant to A.R.S. § 36-4002;
5. Includes:
a. The resident's presenting issue, including an indication of the acuity of the resident's presenting issue;
b. The behavioral health services and personal care services to be provided to the resident, including frequency of occurrence;
c. How the resident's egress from the secure behavioral health residential facility will be controlled, as specified in A.R.S. § 36-425.06(C);
d. The signature of the resident or the resident's representative and date signed, or documentation of the refusal to sign;
e. The date when the resident's treatment plan will be reviewed;
f. If a discharge date has been determined, the treatment needed after discharge;
g. The signature of the personnel member who developed the treatment plan and the date signed; and
h. The signature of the medical director and the date signed; and

6. Is reviewed and updated at least every 90 days:
a. According to the review date specified in the treatment plan,
b. When a treatment goal is accomplished or changed,
c. When additional information that affects the resident's behavioral health assessment is identified, and
d. When a resident has a significant change in condition or experiences an event that affects treatment.

B. An administrator shall ensure that:
1. A request for participation in developing a resident's treatment plan is made to the resident or the resident's representative,
2. An opportunity for participation in developing the resident's treatment plan is provided to the resident or the resident's representative, and
3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the resident's medical record.

Historical Note
New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2408. Discharge or Conditional Release to a Less Restrictive Alternative

A. An administrator shall ensure that a resident is discharged from a secure behavioral health residential facility according to the following, whichever is earlier:
1. At the expiration of the court-ordered treatment,
2. Upon release from court-ordered treatment according to A.R.S. § 36-4009, or
3. When the resident's treatment needs are not consistent with the services that the secure behavioral health residential facility is authorized and able to provide.

B. An administrator shall ensure that a resident is discharged according to A.R.S. § 36-4009.

C. An administrator shall ensure that a resident who is admitted to the secure behavioral health residential facility is provided transportation to a hearing to determine the resident's continued admission at the secure behavioral health residential facility, according to A.R.S. Title 36-4010.

D. An administrator shall ensure that a resident is not discharged or conditionally released to a less restrictive alternative, according to ARS § 36-4006, before the secure behavioral health residential facility receives documentation from a court of competent jurisdiction of the resident's:

1. Conditional release to a less restrictive alternative; or
2. Discharge, including the disposition of the resident upon discharge.

E. An administrator shall ensure that a discharge plan for a resident is:
1. Developed that:
   a. Identifies any specific needs of the resident after discharge,
   b. Is completed before discharge occurs, and
   c. Includes a description of the level of care that may meet the resident's assessed and anticipated needs after discharge;
2. Documented in the resident's medical record within 48 hours after the discharge plan is completed; and
3. Provided to the resident or the resident's representative and, if applicable, according to subsection (G)(3) before the discharge occurs.

F. An administrator shall ensure that:
1. A request for participation in developing a resident's discharge plan is made to the resident or the resident's representative,
2. An opportunity for participation in developing the resident's discharge plan is provided to the resident or the resident's representative, and
3. The request in subsection (F)(1) and the opportunity in subsection (F)(2) are documented in the resident's medical record.

G. A medical director shall ensure that, before a resident is discharged or conditionally released, according to ARS § 13-3994:
1. There is a documented discharge order by the medical director;
2. The medical director or the medical director's designee, as specified in the secure behavioral health residential facility's discharge policies and procedures, receives the name of the health care provider or behavioral health professional that will be providing ongoing care to the resident;
3. The health care provider or behavioral health professional specified according to subsection (G)(2) receives a copy of the discharge summary in subsection (H); and
4. The resident receives written discharge instructions, including as applicable to the resident:
   a. A description of ongoing behavioral health issues and personal care conditions;
   b. A list of the resident's medications and, for each medication, directions for taking the medication, possible side-effects, and possible results of not taking the medication; and
   c. Counseling goals;

H. An administrator shall ensure that a discharge summary for a resident:
1. Is entered into the resident's medical record within 10 working days after a resident's discharge; and
2. Includes:
   a. The following information authenticated by a medical practitioner or behavioral health professional:
      i. The resident's presenting issue and other physical health and behavioral health issues identified in the resident's treatment plan;
      ii. A summary of the treatment provided to the resident;
      iii. The resident's progress in meeting treatment goals, including treatment goals that were and were not achieved; and
      iv. The name, dosage, and frequency of each medication ordered for the resident by a medical practitioner at the secure behavioral health residential facility at the time of the resident's discharge; and
   b. A description of the disposition of the resident's possessions, funds, or medications brought to the secure behavioral health residential facility by the resident.

Historical Note

New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2409. Transportation; Transport; Transfer

A. An administrator shall ensure that:
1. A personnel member of the secure behavioral health residential facility:
   a. Coordinates the transportation of a resident, according to A.R.S. § 36-4010, to a hearing conducted under A.R.S. § 36-4002, 36-4005, or 36-4009, as applicable;
   b. Arranges for one or more personnel members to accompany the resident during transportation, according to the resident's treatment plan; and
   c. Documents the transportation, including the name of each personnel member accompanying the resident in the resident's medical record; and
2. If the secure behavioral health residential facility provides transportation to a resident:
   a. A vehicle used for transportation:
      i. Is safe and in good repair,
      ii. Contains a locked first aid kit,
      iii. Contains a working heating and air conditioning system, and
      iv. Contains drinking water sufficient to meet the needs of each resident present in the vehicle;
   b. Documentation of current vehicle insurance and a record of maintenance performed or a repair of the vehicle is maintained;
   c. A driver of the vehicle:
      i. Is 21 years of age or older,
      ii. Has a valid driver's license,
      iii. Operates the vehicle in a manner that does not endanger a resident in the vehicle,
      iv. Does not leave a resident in the vehicle unattended, and
      v. Ensures the safe and hazard-free loading and unloading of residents;
   d. Transportation safety is maintained as follows:
      i. Each individual in the vehicle is sitting in a seat and wearing a working seat belt while the vehicle is in motion, and
      ii. Each seat in the vehicle is securely fastened to the vehicle and provides and sufficient space for a resident's body; and
   e. Resident security is maintained, according to policies and procedures, to deter the resident from leaving the vehicle during transportation;

B. Except as provided in subsection (C), an administrator shall ensure that:

1. A personnel member coordinates the transport of a resident and the services provided to the resident during the transport;
2. According to policies and procedures:
   a. An evaluation of the resident is conducted before and after the transport; and
   b. If applicable, information from the resident's medical record is provided to a receiving health care institution;
3. The requirements in subsection (A) are met if the secure behavioral health residential facility is providing transportation for the transport; and
4. Documentation in the resident's medical record includes:
   a. Communication with an individual at a receiving health care institution;
   b. The date and time of the transport;
   c. The mode of transportation; and
   d. If applicable, the name of the personnel member accompanying the resident during a transport.

C. Except as provided in subsection (D), an administrator shall ensure that:
1. A personnel member coordinates the transfer of a resident who requires services that the secure behavioral health residential facility is not authorized or not able to provide and the services provided to the resident during the transfer;
2. According to policies and procedures:
   a. An evaluation of the resident is conducted before the transfer, and
   b. If applicable, information from the resident's medical record is provided to a receiving health care institution;
3. The requirements in subsection (A) are met if the secure behavioral health residential facility is providing transportation for the transfer; and
4. Documentation in the resident's medical record includes:
   a. Communication with an individual at a receiving health care institution;
   b. The date and time of the transfer;
   c. The mode of transportation; and
   d. If applicable, the name of the personnel member accompanying the resident during a transfer.

D. Subsections (B) and (C) do not apply to a transport or transfer to another licensed health care institution in an emergency.

Historical Note
New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2410. Resident Rights

A. An administrator shall ensure that:
1. The requirements in subsection (B) and the resident rights in subsection (E) are conspicuously posted on the premises;
2. At the time of admission, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (D); and
3. Policies and procedures include:
   a. How and when a resident or the resident's representative is informed of the resident rights in subsection (D), and
   b. Where resident rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:
1. A resident:
   a. Has privacy in treatment and personal care needs;
   b. Has the opportunity for and privacy in correspondence, communications, and visitation unless:
      i. Restricted by court order; or
      ii. Contraindicated on the basis of clinical judgment, as documented in the resident's medical record;
   c. Is given the opportunity to seek, speak privately to, and be assisted by legal counsel:
      i. Whom the court assigns to the resident, or
      ii. Whom the resident or resident's representative obtains at the resident's or resident's representative's own expense;
   d. Is treated with dignity, respect, and consideration; and
   e. Is not subjected to:
      i. Abuse;
      ii. Neglect;
      iii. Exploitation;
      iv. Coercion;
      v. Manipulation;
      vi. Seclusion;
      vii. Restraint;
      viii. Sexual abuse according to A.R.S. § 13-1404;
      ix. Sexual assault according to A.R.S. § 13-1406;
      x. Retaliation for submitting a complaint to the Department or another entity;
      xi. Misappropriation of personal and private property by the secure behavioral health residential facility's personnel members, employees, volunteers, or students;
      xii. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the resident's treatment needs; or
      xiii. Treatment that involves the denial of:
         (1) Food, except if otherwise specified in the resident's treatment plan;
         (2) The opportunity to sleep; or
         (3) The opportunity to use the toilet;
2. A resident or the resident's representative:
   a. Is provided with the opportunity to participate in the development of the resident's treatment plan and in treatment decisions before the treatment is initiated, except in a medical emergency;
   b. Is provided with information about proposed treatments, alternatives to treatments, associated risks, and possible complications;
   c. Is allowed to control the resident's finances and have access to the resident's personal funds account according to the secure behavioral health facility's policies and procedures specified in R9-10-2402(C)(1)(u);
   d. Has an opportunity to review the medical record for the resident according to the secure behavioral health facility's policies and procedures; and
   e. Receives information about the secure behavioral health facility's policies and procedures for:
      i. Health care directives;
      ii. Filing complaints, including the telephone number of an individual at the secure behavioral health facility to contact about a com-

plaint, and the Department's telephone number; and
iii. Petitioning a court for a resident's discharge or conditional release to a less restrictive alternative.
3. Except as provided in subsection (C), and unless restricted by the resident's representative, a resident is allowed to:
a. Associate with individuals of the resident's choice, receive visitors, and make telephone calls during the hours established by the secure behavioral health residential facility;
b. Have privacy in correspondence, communication, visitation, financial affairs, and personal hygiene; and
c. Unless restricted by a court order, send and receive uncensored and unopened mail; and
4. A resident or the resident's representative:
a. Except in an emergency, is informed of proposed treatment alternatives, associated risks, and possible complications;
b. Is informed of the following:
i. The behavioral health residential facility's policy on health care directives, and
ii. The resident complaint process; and
c. Except as otherwise permitted by law, provides written consent to the release of information in the resident's:
i. Medical record, or
ii. Financial records.

C. For a secure behavioral health residential facility, if the medical director determines that a resident's treatment requires the secure behavioral health residential facility to restrict the resident's ability to participate in the activities in subsection (B)(3), the medical director shall:
1. Document the specific treatment purpose in the resident's medical record that justifies restricting the resident from the activity,
2. Inform the resident or resident's representative of the reason why the activity is being restricted, and
3. Inform the resident or resident's representative of the resident's right to file a complaint and the procedure for filing a complaint.

D. A resident has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that supports and respects the resident's individuality, choices, strengths, and abilities, consistent with the resident's treatment plan;
3. To receive privacy in treatment and care for personal needs, including the right not to be fingerprinted, photographed, or recorded without consent, except:
a. A resident may be photographed when admitted to a secure behavioral health residential facility for identification and administrative purposes; or
b. For video recordings used for security purposes that are maintained only on a temporary basis;
4. To review, upon written request, the resident's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
5. To be provided a secure storage space for the resident's belongings that are inaccessible to other residents;
6. To have opportunities for social contact and daily social, recreational, or rehabilitative activities;
7. To participate or have the resident's representative participate in the development of a treatment plan or decisions concerning treatment;
8. To participate or refuse to participate in research or experimental treatment; and
9. To receive assistance from a family member, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.

Historical Note
New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2411. Medical Records

A. An administrator shall ensure that:
1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a resident's medical record is:
a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
b. Dated, legible, and authenticated; and
c. Not changed to make the initial entry illegible;
3. An order is:
a. Dated when the order is entered in the resident's medical record and includes the time of the order;
b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A resident's medical record is available to an individual:
a. Authorized according to policies and procedures to access the resident's medical record;
b. If the individual is not authorized according to policies and procedures, with the written consent of the resident or the resident's representative; or
c. As permitted by law;
6. Policies and procedures include the maximum time-frame to retrieve a resident's medical record at the request of a medical practitioner, behavioral health professional, or authorized personnel member; and
7. A resident's medical record is protected from loss, damage, or unauthorized use.

B. If a secure behavioral health residential facility maintains resident medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.

C. An administrator shall ensure that a resident's medical record contains:
1. Resident information that includes:
a. The resident's name;
b. The resident's address;
c. The resident's date of birth; and

d. Any known allergies, including medication allergies;
2. The name of the medical director;
3. An admitting diagnosis or presenting behavioral health issues;
4. The date of admission and, if applicable, date of discharge;
5. If applicable, the name and contact information of the resident's representative and:
   a. If the resident is 18 years of age or older or an emancipated minor, the document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
   b. If the resident's representative:
      i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      ii. Is a legal guardian, a copy of the court order establishing guardianship;
6. If applicable, documented informed consent for treatment by the resident or the resident's representative;
7. Documentation of medical history and results of a physical examination;
8. A copy of resident's health care directive, if applicable;
9. Orders;
10. Documentation that treatment was ordered by a court according to A.R.S. § 13-4521, including a copy of the court order;
11. Assessment;
12. Treatment plans;
13. Interval notes;
14. Progress notes;
15. Documentation of behavioral health services and personal care services provided to the resident, including, if applicable, the information and documentation required in R9-10-2402(I) if the resident receives any behavioral health services or personal care services from a health care institution other than the secure behavioral health residential facility;
16. If applicable, documentation of the use of an emergency safety response;
17. If applicable, documentation of time-out required in R9-10-2415(6);
18. Documentation of freedom from infectious tuberculosis required in R9-10-2307(C)(3);
19. The disposition of the resident after discharge;
20. The discharge plan;
21. The discharge summary, if applicable;
22. If applicable:
   a. Laboratory reports,
   b. Radiologic reports,
   c. Diagnostic reports, and
   d. Consultation reports; and
23. Documentation of medication administered or assistance in the self-administration of medication to the resident that includes:
   a. Whether the medication is required under the court order;
   b. The date and time of administration;
   c. The name, strength, dosage, and route of administration;
   d. For a medication administered for pain, when administered initially or on a PRN basis:
      i. An assessment of the resident's pain before administering the medication, and
      ii. The effect of the medication administered;
   e. For a psychotropic medication, when administered initially or on a PRN basis:
      i. An assessment of the resident's behavior before administering the psychotropic medication, and
      ii. The effect of the psychotropic medication administered;
   f. The identification, signature, and professional designation of the individual administering or providing assistance in the self-administration of the medication; and
   g. Any adverse reaction a resident has to the medication.

Historical Note
New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2412. Personal Care Services
An administrator of a secure behavioral health residential facility shall ensure that:
1. A medical practitioner has determined that a resident's needs for personal care services can be and are being met by the secure behavioral health residential facility within the secure behavioral health residential facility's scope of services; and
2. Personal care services for a resident:
   a. May include, as required by the resident:
      i. Assistance with activities of daily living;
      ii. Skin maintenance to prevent and treat bruises, injuries, pressure sores, and infections;
      iii. Offering sufficient fluids to maintain hydration; and
      iv. If applicable, incontinence care that ensures that a resident maintains the highest practicable level of independence when toileting; and
   b. Are provided by:
      i. A registered nurse, or
      ii. A personnel member who meets the requirements in R9-10-2405(H)(1) or (2).

Historical Note
New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2413. Behavioral Health Services
A. An administrator shall ensure that:
1. Court-ordered treatment is provided in compliance with the requirements in A.R.S. § 36-4007;
2. A resident admitted to the secure behavioral health residential facility receives:
   a. Behavioral health services and personal care services as indicated in the resident's treatment plan, and
   b. Continuous protective oversight;
3. Behavioral health services are provided to meet the needs of a resident and are consistent with a secure behavioral health residential facility's scope of services;

4. Behavioral health services listed in the secure behavioral health residential facility's scope of services are provided on the premises;
5. Before a resident participates in behavioral health services provided in a setting or activity with more than one resident participating, the diagnoses, treatment needs, developmental levels, social skills, verbal skills, and personal histories, including any history of physical or sexual abuse, of the residents participating are reviewed to ensure that the:
   a. Health and safety of each resident is protected, and
   b. Treatment needs of each resident participating are being met;
6. A resident does not:
   a. Use or have access to any materials, furnishings, or equipment, or participate in any activity or treatment that may present a threat to the resident's health or safety based on the resident's documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, or personal history; or
   b. Share any space, participate in any activity or treatment, or verbally or physically interact with any other resident that may present a threat to the resident's health or safety, based on the other resident's documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, and personal history;
7. Counseling is:
   a. Offered as described in the secure behavioral health residential facility's scope of services;
   b. Provided according to the frequency and number of hours identified in the resident's treatment plan; and
   c. Except as provided in subsection (B), provided by a behavioral health professional;
8. A personnel member providing counseling that addresses a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue; and
9. Each counseling session is documented in a resident's medical record to include:
   a. The date of the counseling session;
   b. The amount of time spent in the counseling session;
   c. Whether the counseling was individual counseling, family counseling, or group counseling;
   d. The treatment goals addressed in the counseling session; and
   e. The signature of the personnel member who provided the counseling and the date signed.

B. An administrator may allow a group counseling session that does not include psychotherapy to be provided by a behavioral health technician.

C. An administrator shall ensure that:
1. An emergency safety response is:
   a. Only used:
      i. By a personnel member trained to use an emergency safety response,
      ii. For the management of a resident's violent or self-destructive behavior, and
      iii. When less restrictive interventions have been determined to be ineffective; and
   b. Discontinued at the earliest possible time, but no longer than five minutes after the emergency safety response is initiated;
2. Within 24 hours after an emergency safety response is used for a resident, the following information is entered into the resident medical record:
   a. The date and time the emergency safety response was used;
   b. The name of each personnel member who used an emergency safety response;
   c. The specific emergency safety response used;
   d. The personnel member or resident behavior, event, or environmental factor that caused the need for the emergency safety response; and
   e. Any injury that resulted from the use of the emergency safety response;
3. Within two working days after an emergency safety response is used for a resident, the administrator or medical director reviews the information in subsection (C)(2); and
4. After the review required in subsection (C)(3), the following information is entered, according to policies and procedures, into the resident's medical record:
   a. Actions taken or planned actions to prevent the need for the use of an emergency safety response for the resident,
   b. A determination of whether the resident is appropriately placed at the secure behavioral health residential facility, and
   c. Whether the resident's treatment plan was reviewed or needs to be reviewed and updated to ensure that the resident's treatment plan is meeting the resident's treatment needs.

Historical Note
New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2414. Resident Time-Outs

An administrator shall ensure that a time-out:
1. Is provided to a resident who voluntarily decides to go in a time-out;
2. Takes place in an area that is unlocked, lighted, quiet, and private;
3. Is time-limited and does not exceed the amount of time as determined by the resident;
4. Does not result in a resident missing a meal if the resident is in time-out at mealtime;
5. Includes monitoring of the resident by a personnel member at least once every 15 minutes to ensure the resident's health and safety and to discuss with the resident if the resident is ready to leave time-out; and
6. Is documented in the resident's medical record, to include:
   a. The date of the time-out,
   b. The reason for the time-out,
   c. The duration of the time-out, and
   d. The action planned and taken by the administrator to prevent the use of time-out in the future.

Historical Note
New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2415. Medication Services

A. An administrator shall ensure that policies and procedures for medication services:

1. Include:
   a. A process for providing information to a resident about medication prescribed for the resident, including:
      i. Whether the prescribed medication is required as part of the resident's court order,
      ii. The prescribed medication's anticipated results,
      iii. The prescribed medication's potential adverse reactions,
      iv. The prescribed medication's potential side effects, and
      v. Potential adverse consequences that could result from not taking the medication as prescribed;
   b. Procedures for preventing, responding to, and reporting:
      i. A medication error,
      ii. An adverse response to a medication, or
      iii. A medication overdose;
   c. Procedures to ensure that a resident's medication regimen is reviewed by the medical director to ensure the medication regimen meets the resident's needs;
   d. Procedures for documenting medication administration and assistance in the self-administration of medication; and
   e. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
2. Specify a process for review through the quality management program of:
   a. A medication administration error, and
   b. An adverse reaction to a medication.

B. A medical director shall ensure that:
1. Policies and procedures for medication administration:
   a. Are reviewed and approved by the medical director;
   b. Specify the individuals who may:
      i. Order medication, and
      ii. Administer medication;
   c. Ensure that medication is administered to a resident only as prescribed; and
   d. Cover a resident's refusal to take prescribed medication, including:
      i. Documentation of the refusal in the resident's medical record, and
      ii. The individuals to notify of the refusal;
2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
3. A medication administered to a resident:
   a. Is administered in compliance with an order,
   b. Is administered by an individual who is licensed or certified to administer medication, and
   c. Is documented in the resident's medical record;
4. If pain medication is administered to a resident on a PRN basis, documentation in the resident's medical record includes:
   a. An identification of the resident's pain before administering the medication, and
   b. The effect of the pain medication administered; and
5. If a psychotropic medication is administered to a resident on a PRN basis, documentation in the resident's medical record includes:
   a. An assessment of the patient's behavior before administering the psychotropic medication, and
   b. The effect of the psychotropic medication administered.

C. If a secure behavioral health residential facility provides assistance in the self-administration of medication, a medical director shall ensure that:
1. A resident's medication is stored by the secure behavioral health residential facility;
2. A personnel member verifies that the resident's medication is being taken as prescribed by the resident's medical practitioner by confirming that:
   a. The resident taking the medication is the individual stated on the medication container label,
   b. The resident is taking the dosage stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label, and
   c. The medication is being taken by the resident at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label;
3. The following assistance is provided to a resident:
   a. A reminder when it is time to take the medication,
   b. Opening the medication container for the resident,
   c. Observing the resident while the resident removes the medication from the container, and
   d. Observing the resident while the resident takes the medication and verifying that the medication is consumed;
4. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by the medical director;
5. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
   a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
   b. Includes:
      i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
      ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
      iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
6. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (C)(5) before the personnel member provides assistance in the self-administration of medication; and
7. Assistance in the self-administration of medication provided to a resident:
   a. Is in compliance with an order, and
   b. Is documented in the resident's medical record.

D. An administrator shall ensure that:
1. A current drug reference guide is available for use by personnel members;
2. A current toxicology reference guide is available for use by personnel members; and
3. If pharmaceutical services are provided:

a. The pharmaceutical services are provided under the direction of a pharmacist;
b. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
c. A copy of the pharmacy license is provided to the Department upon request.

E. When medication is stored at a secure behavioral health residential facility, an administrator shall ensure that:
1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication;
2. Medication is stored according to the instructions on the medication container; and
3. Policies and procedures are established, documented, and implemented for:
a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;
b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
c. A medication recall and notification of residents who received recalled medication;
d. Storing, inventorying, and dispensing controlled substances; and
e. Documenting the maintenance of a medication requiring refrigeration.

F. An administrator shall ensure that a personnel member immediately reports a medication error or a resident's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the secure behavioral health residential facility's medical director.

Historical Note
New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2416. Food Services

A. An administrator shall ensure that:
1. For a secure behavioral health residential facility that has a licensed capacity of more than 10 residents:
a. The secure behavioral health residential facility obtains a license or permit as a food establishment under 9 A.A.C. 8, Article 1; and
b. A copy of the secure behavioral health residential facility's food establishment license or permit is maintained;
2. If a secure behavioral health residential facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the secure behavioral health residential facility, a copy of the food establishment's license or permit under 9 A.A.C. 8, Article 1, is maintained by the secure behavioral health residential facility;
3. Food is stored, refrigerated, and reheated to meet the dietary needs of a resident;
4. A registered dietitian is employed full-time, part-time, or as a consultant; and
5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the residents.

B. A registered dietitian or director of food services shall ensure that:
1. Food is prepared:
a. Using methods that conserve nutritional value, flavor, and appearance; and
b. In a form to meet the needs of a resident, such as cut, chopped, ground, pureed, or thickened;
2. A food menu:
a. Is prepared at least one week in advance,
b. Includes the foods to be served each day,
c. Is conspicuously posted at least one calendar day before the first meal on the food menu will be served,
d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
e. Is maintained for at least 60 calendar days after the last day included in the food menu;
3. Meals and snacks provided by the secure behavioral health residential facility are served according to posted menus;
4. Meals and snacks for each day are planned using the applicable guidelines in the most recent dietary guidelines according to the U.S. Department of Health and Human Services and U.S. Department of Agriculture;
5. A resident is provided:
a. A diet that meets the resident's nutritional needs as specified in the resident's assessment or treatment plan;
b. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(5)(d);
c. The option to have a daily evening snack identified in subsection (B)(5)(d)(ii) or other snack; and
d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
i. The resident agrees; and
ii. The resident is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
6. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
7. Water is available and accessible to residents unless otherwise stated in a resident's treatment plan.

C. An administrator shall ensure that food is obtained, prepared, served, and stored as follows:
1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
2. Food is protected from potential contamination;
3. Potentially hazardous food is maintained as follows:
a. Foods requiring refrigeration are maintained at 41° F or below; and
b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;

iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155 °F;
v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
vi. Leftovers are reheated to a temperature of at least 165° F;

4. A refrigerator contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
5. Frozen foods are stored at a temperature of 0° F or below; and
6. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

Historical Note

New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2417. Emergency and Safety Standards

A. An administrator shall ensure that a secure behavioral health residential facility has:
1. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, and a sprinkler system installed according to the National Fire Protection Association 13: Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, that are in working order; or
2. An alternative method to ensure resident's safety that is documented and approved by the local jurisdiction.

B. A secure behavioral health residential facility, an administrator shall ensure that:
1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
   a. When, how, and where residents will be relocated, while ensuring that the residents are in a secure environment;
   b. How each resident's medical record will be available to individuals providing services to the resident during a disaster;
   c. A plan to ensure each resident's medication will be available to administer to the resident during a disaster; and
   d. A plan for obtaining food and water for individuals present in the secure behavioral health residential facility, under the care and supervision of personnel members, or in the secure behavioral health residential facility's relocation site during a disaster;
2. The disaster plan required in subsection (B)(1) is reviewed at least once every 12 months;
3. Documentation of a disaster plan review required in subsection (B)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
   a. The date and time of the disaster plan review;
   b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
   c. A critique of the disaster plan review; and
   d. If applicable, recommendations for improvement;
4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
5. An evacuation drill for employees and residents:
   a. Is conducted at least once every six months on each shift;
   b. Includes all individuals on the premises except for:
      i. A resident whose medical record contains documentation that evacuation from the secure behavioral health residential facility would cause harm to the resident, and
      ii. Sufficient personnel members to ensure the health and safety of residents not evacuated according to subsection (B)(5)(b)(i);
6. Documentation of each evacuation drill is created, is maintained for 12 months after the date of the evacuation drill, and includes:
   a. The date and time of the evacuation drill;
   b. The amount of time taken for all employees and residents to evacuate the secure behavioral health residential facility;
   c. Names of employees participating in the evacuation drill;
   d. An identification of residents needing assistance for evacuation;
   e. Any problems encountered in conducting the evacuation drill; and
   f. Recommendations for improvement, if applicable; and
7. An evacuation path is conspicuously posted on each hallway of each floor of the secure behavioral health residential facility.

C. An administrator shall:
1. Obtain a fire inspection conducted according to the timeframe established by the local fire department or the State Fire Marshal;
2. Make any repairs or corrections stated on the fire inspection report;
3. Maintain documentation of a current fire inspection;
4. Ensure that an alternative method under subsection (A)(2) includes:
   a. A smoke detector that is:
      i. Installed in each bedroom, hallway that adjoins a bedroom, storage room, laundry room, attached garage, and room or hallway adjacent to the kitchen, and other places recommended by the manufacturer;
      ii. Either battery operated or, if hard-wired into the electrical system of the secure behavioral health residential facility, has a back-up battery;
      iii. In working order; and
      iv. Tested at least once a month; and
   b. If the secure behavioral health residential facility has a gas line entering the premises, a carbon monoxide detector located within 20 feet of the end of the gas line; and
5. Ensure that the documentation of the test required in subsection (F)(4)(a)(iv) is maintained for at least 12 months after the date of the test.

Historical Note
New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2418. Environmental Standards

A. An administrator shall ensure that:
1. The premises and equipment are:
   a. Maintained in a condition that allows the premises and equipment to be used for the original purpose of the premises and equipment;
   b. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and
   c. Free from a condition or situation that may cause a resident or other individual to suffer physical injury;
2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
3. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14, and policies and procedures;
4. Equipment used at the secure behavioral health residential facility is:
   a. Maintained in working order;
   b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
   c. Used according to the manufacturer's recommendations;
5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
6. Garbage and refuse are:
   a. Stored in covered containers lined with plastic bags, and
   b. Removed from the premises at least once a week;
7. Heating and cooling systems maintain the secure behavioral health residential facility at a temperature between 70° F and 84° F;
8. A space heater is not used;
9. Common areas:
   a. Are lighted to assure the safety of residents, and
   b. Have lighting sufficient to allow personnel members to monitor resident activity;
10. Hot water temperatures are maintained between 95° F and 120° F in the areas of the secure behavioral health residential facility used by residents;
11. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
12. Soiled linen and soiled clothing stored by the secure behavioral health residential facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
13. Oxygen containers are secured in an upright position;
14. Poisonous or toxic materials stored by the secure behavioral health residential facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas;
15. Medications, other than naloxone, are inaccessible to residents;
16. Combustible or flammable liquids and hazardous materials stored by a secure behavioral health residential facility are stored in the original labeled containers or safety containers in a locked area inaccessible to residents;
17. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
   a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or E. coli bacteria;
   b. If necessary, corrective action is taken to ensure the water is safe to drink; and
   c. Documentation of testing is retained for at least 12 months after the date of the test; and
18. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.

B. An administrator shall ensure that:
1. Smoking tobacco products is not permitted within a secure behavioral health residential facility; and
2. Smoking tobacco products may be permitted on the premises outside a secure behavioral health residential facility if:
   a. Signs designating smoking areas are conspicuously posted, and
   b. Smoking is prohibited in areas where combustible materials are stored or in use.

C. If a swimming pool is located on the premises, an administrator shall ensure that:
1. On each day that a resident uses the swimming pool, an employee:
   a. Tests the swimming pool's water quality at least once for compliance with one of the following chemical disinfection standards:
      i. A free chlorine residual between 1.0 and 3.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test;
      ii. A free bromine residual between 2.0 and 4.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test; or
      iii. An oxidation-reduction potential equal to or greater than 650 millivolts; and
   b. Records the results of the water quality tests in a log that includes each testing date and test result;
2. Documentation of the water quality test is maintained for at least 12 months after the date of the test;
3. A swimming pool is not used by a resident if a water quality test shows that the swimming pool water does not comply with subsection (C)(1)(a);
4. At least two personnel members, with cardiopulmonary resuscitation training that meets the requirements in R9-10-2402(C)(1)(f), are present in the pool area when a resident is in the pool area; and
5. A sufficient number of personnel members, based on the treatment plan for each resident in the pool area, and at least three personnel members, are present in the pool area if two or more residents are in the pool area.

Historical Note
New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R9-10-2419. Physical Plant Standards

A. An administrator shall ensure that the premises and equipment are sufficient to accommodate:

1. The services in the secure behavioral health residential facility's scope of services, and
2. An individual admitted as a resident by the secure behavioral health residential facility.

B. An administrator shall ensure that:

1. A secure behavioral health residential facility has:
   a. A privacy room for visitation, individual and group therapy, and, if applicable, telehealth or in-person physical health services or behavioral health service;
   b. An area for community dining; and
   c. Sufficient space in one or more common areas for individual and group activities;
2. An indoor common area that is not used as a sleeping area and that has:
   a. A working telephone that allows a resident to make a private telephone call;
   b. A distortion-free mirror;
   c. A current calendar and an accurate clock;
   d. A variety of books, current magazines and newspapers, and arts and crafts supplies appropriate to the age, educational, cultural, and recreational needs of residents; and
   e. A working television and access to a radio;
3. At least one bathroom is accessible from a common area that:
   a. May be used by residents and visitors;
   b. Provides privacy when in use; and
   c. Contains the following:
      i. At least one working sink with running water,
      ii. At least one working toilet that flushes and has a seat,
      iii. Toilet tissue for each toilet,
      iv. Soap in a dispenser accessible from each sink,
      v. Paper towels in a dispenser or a mechanical air hand dryer,
      vi. Lighting, and
      vii. A window that opens or another means of ventilation;
4. For every six residents at the secure behavioral health residential facility, there is at least one bathroom that meets the requirements in subsection (B)(3)(c);
5. For every eight residents at the secure behavioral health residential facility, there is at least one working bathtub or shower;
6. A resident bathroom complies with the following:
   a. Provides privacy when in use;
   b. Contains:
      i. A shatterproof mirror, unless the resident's treatment plan requires otherwise;
      ii. A window that opens or another means of ventilation; and
      iii. Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers;
   c. Has plumbing, piping, ductwork, or other potentially hazardous elements concealed above a ceiling;
   d. If the bathroom or shower area has a door, the door swings outward to allow for staff emergency access;
   e. If grab bars for the toilet and tub or shower or other assistive devices are identified in the resident's treatment plan, has grab bars or other assistive devices to provide for resident safety;
   f. If a grab bar is provided, has the space between the grab bar and the wall filled to prevent a cord being tied around the grab bar;
   g. Does not contain a towel bar, a shower curtain rod, or a lever handle that is not a specifically designed anti-ligature lever handle;
   h. Has tamper-resistant lighting fixtures, sprinkler heads, and electrical outlets; and
   i. For a bathroom with a sprinkler head where a resident is not supervised while the resident is in the bathroom, has a sprinkler head that is recessed or designed to minimize resident access;
7. If a resident bathroom door locks from the inside, an employee has a key and access to the bathroom;
8. Each resident is provided a sleeping area that is in a bedroom; and
9. A resident bedroom complies with the following:
   a. Is not used as a common area;
   b. Is not used as a passageway to another bedroom or bathroom unless the bathroom is for the exclusive use of an individual occupying the bedroom;
   c. Contains a door that opens into a hallway, common area, or outdoors;
   d. Is constructed and furnished to provide unimpeded access to the door;
   e. Has window or door covers that provide resident privacy;
   f. Has floor to ceiling walls;
   g. Is a:
      i. Bedroom for one resident that contains at least 60 square feet of floor space, not including the closet; or
      ii. Shared bedroom that:
         (1) Is shared by no more than two residents;
         (2) Contains at least 60 square feet of floor space, not including a closet, for each individual occupying the shared bedroom; and
         (3) Provides at least three feet of floor space between beds;
   h. Contains for each resident occupying the bedroom:
      i. A bed, that is not a bunk bed, and is at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress, and linens; and
      ii. Individual storage space for personal effects and clothing, such as shelves, a dresser, or a chest of drawers;
   i. Has clean linen for each bed, sheets large enough to tuck under the mattress, pillows, pillow cases, bedspread, waterproof mattress covers, and blankets to ensure warmth and comfort for each resident;
   j. Has sufficient lighting for a resident occupying the bedroom to read; and
   k. Has a clothing rod or hook in the bedroom designed to minimize the opportunity for a resident to cause self-injury;
10. For a door located in an area of the secure behavioral health residential facility that is accessible to residents:
    a. A door closing device, if used on a resident's bedroom door, is mounted on the public side of the door; and
    b. A bedroom door does not lock;
11. A window located in an area of the secure behavioral health residential facility that is accessible to residents is fabricated with laminated safety glass or protected by polycarbonate, laminate, or safety screens; and
12. An outdoor area has a shaded and an unshaded area.

C. An administrator shall ensure that:
1. The premises of a secure behavioral health residential facility are secure, as defined in A.R.S. § 36-425.06; and
2. There is a means of exiting the facility for a resident who does not have special knowledge for egress that:
   a. Provides access to an outside area on the premises of the secure behavioral health residential facility that allows the resident to be at least 30 feet away from the facility,
   b. Controls and alerts employees of the egress of a resident from the facility, and
   c. Uses a mechanism that meets the Special Egress-Control Devices provisions in the Uniform Building Code incorporated by reference in R9-10-104.01.

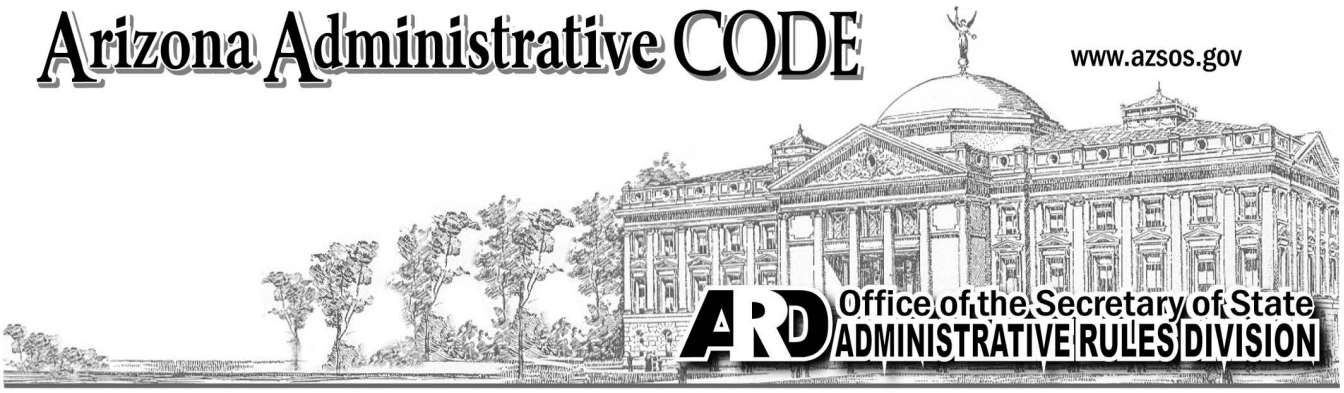
D. If a swimming pool is located on the premises, an administrator shall ensure that:
1. The swimming pool is equipped with the following:
   a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and includes at least:
      i. A removable strainer,
      ii. Two swimming pool inlets located on opposite sides of the swimming pool, and
      iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools; and
   b. An operational vacuum cleaning system;
2. The swimming pool is enclosed by a wall or fence that:
   a. Is at least five feet in height as measured on the exterior of the wall or fence;
   b. Has no vertical openings greater than four inches across;
   c. Has no horizontal openings, except as described in subsection (D)(2)(e);
   d. Is not chain-link;
   e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
   f. Has a self-closing, self-latching gate that:
      i. Opens away from the swimming pool,
      ii. Has a latch located at least 54 inches from the ground, and
      iii. Is locked when the swimming pool is not in use; and
3. A life preserver or shepherd's crook is available and accessible in the pool area.

E. An administrator shall ensure that a spa that is not enclosed by a wall or fence, as described in subsection (D)(2), is covered and locked when not in use.

Historical Note

New Section made by final rulemaking at 32 A.A.R. 1920 (August 28, 2026, Issue 35), with an immediate effective date of August 5, 2026 (Supp. 26-3).

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ARIZONA ADMINISTRATIVE CODE

TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION

CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

14 A.A.C. 2

Supplement Information
Supp. 26-3

Rules filed between July 1, 2026 through September 30, 2026 are codified in this Chapter.

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The release of this Chapter in Supp. 26-3 replaces Supp. 26-2, 1-218 pages. Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained and archived for future reference.

Preface

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

Rules

The definition for a rule is provided for under A.R.S. § 41-1001. "'*Rule' means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.*"

The *Arizona Administrative Code*

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then a Section number with a heading. The "R" at the beginning of the Section number stands for "rule." The rule itself includes sequential letters and numbers in an outline. Each lettered or numbered Section is called a subsection of the rule.

Rules are codified quarterly in the *Code*. For example:

Rules codified in the first quarter are filed between January 1 through March 31.

Rules codified in the second quarter are filed between April 1 through June 30.

Rules codified in the third quarter are filed between July 1 through September 30.

Rules codified in the fourth quarter are filed between October 1 through December 31.

Supplement release dates are included in the footers of each Chapter. The first supplement for the first quarter of 2026 is cited as Supp. 26-1. Supplements are released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

How to Use the *Code*

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Register* for recent updates to rule Sections.

Authentication of PDF *Code* Chapters

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document's content has been compromised.

Rule History

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Arizona Administrative Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

Arizona Revised Statutes References

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature's website, www.azleg.gov. An agency's authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

Session Law References

Arizona Session Law references in a Chapter can be found at the Secretary of State's website, www.azsos.gov under Services-> Legislative Filings.

Exemptions to the APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency's exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor's notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

Personal and Commercial Use of the Chapter

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Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.

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TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION

CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

Authority: Article XV, § 3, Constitution of Arizona and A.R.S. § 40-202 et seq.

Supp. 26-2

Editor's Note: Under A.R.S. § 41-1011(C) Section headings were updated to title case for uniformity in Chapter style and format. These updates did not alter the sense, meaning or effect of any rule in this Chapter (Supp. 22-1).

Editor's Note: The Office of the Secretary of State publishes all Code Chapters on white paper (Supp. 02-1).

Editor's Note: The Corporation Commission has determined that rules in this Chapter are exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)). This exemption means that the rule was not certified by the Attorney General. Because this Chapter was filed under a rulemaking exemption, as determined by the Corporation Commission, other than a statutory exemption, the Chapter is printed on green paper.

Editor's Note: Chapter 2, consisting of Sections R14-2-104, R14-2-105, R14-2-201 through R14-2-213, R14-2-301 through R14-2-313, R14-2-401 through R14-2-411, R14-2-501 through R14-2-510, and R14-2-601 through R14-2-610, adopted effective March 2, 1982.

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Editor's Note: The following Article had rules made, amended and renumbered by final rulemaking before the expiration of the emergency as noted in Supp. 17-1. The rules have an immediate effective date of September 20, 2017. Section numbers in some rules were updated to reflect the renumbering scheme in Part A (Supp. 17-3).

Editor's Note: The following Article was amended by emergency rulemaking effective March 29, 2017, for 180 days (Supp. 17-1).

ARTICLE 12. ARIZONA UNIVERSAL SERVICE FUND

Article 12, consisting of Sections R14-2-1201 through R14-2-1217, adopted effective April 26, 1996, pursuant to an exemption from the regular rulemaking process as determined by the Arizona Corporation Commission (Supp. 96-2).

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ARTICLE 14. EMERGENCY EXPIRED

Article 14, consisting of Sections R14-2-1401 through R14-2-1409, emergency expired (Supp. 97-1).

Article 14, consisting of Sections R14-2-1401 through R14-2-1409, adopted December 22, 1995, effective for a maximum of 180 days, pursuant to an exemption from the regular rulemaking process as determined by the Arizona Corporation Commission (Supp. 95-4).

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ARTICLE 15. ARBITRATION AND MEDIATION

Article 15, consisting of Sections R14-2-1501 through R14-2-1507, emergency expired; new Article 15, consisting of Sections R14-2-1501 through R14-2-1509, adopted effective August 27, 1997, pursuant to an exemption as determined by the Arizona Corporation Commission (Supp. 97-3).

Article 15, consisting of Sections R14-2-1501 through R14-2-1507, adopted January 17, 1997, effective for a maximum of 180 days, pursuant to an exemption from the regular rulemaking process as determined by the Arizona Corporation Commission (Supp. 97-1).

Article 15, consisting of Sections R14-2-1501 through R14-2-1507, adopted July 23, 1996, effective for a maximum of 180 days, pursuant to an exemption from the regular rulemaking process as determined by the Arizona Corporation Commission; filed with the Office of the Secretary of State July 15, 1996 (Supp. 96-3). Emergency expired.

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Article 18, consisting of Sections R14-2-1801 through R14-2-1816 and Appendix A, made by final rulemaking at 13 A.A.R. 2389, effective August 14, 2007 (Supp. 07-2).

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Article 24, consisting of Sections R14-2-2401 through R14-2-2419, made by final rulemaking at 16 A.A.R. 2254, effective January 1, 2011 (Supp. 10-4).

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ARTICLE 25. REPEALED

Article 25, consisting of Sections R14-2-2501 through R14-2-2520, repealed by final rulemaking at 32 A.A.R. 1335 (June 12, 2026, Issue 24), effective July 28, 2026 (Supp. 26-2).

Article 25, consisting of Sections R14-2-2501 through R14-2-2520, made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1).

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ARTICLE 1. GENERAL PROVISIONS

R14-2-101. Accident Reports

A. Where not otherwise specifically prescribed by rule with respect to particular classes of public service corporations, all public service corporations shall report in writing by the end of the next working day to the Commission all accidents in which such public service corporations are involved, which result in death, personal injury to any person necessitating off-site medical attention, or property damage exceeding $5,000.00. For purposes of this rule, off-site medical attention includes any medical treatment provided by medical professionals which requires transportation of the patient by ambulance, or treatment of the patient in an emergency room, or in-patient hospitalization. For those accidents in which it is not readily determinable if the property damage exceeds $5,000.00, the public service corporation will have an additional two working days in which to submit its report. Any associated personal injuries requiring off-site medical attention would still have to be reported within the initial business day.

B. This report shall state, as accurately as possible, the dollar amount of the damage. If this amount is not known immediately, or if investigation discloses a 15% or greater variation from the amount in this report, a follow-up report shall be submitted.

C. If such accidents result in death or injury likely to result in death, a report shall also be made within 24 hours by telegraph or telephone stating the essential facts.

Historical Note

Former Section R14-2-101 repealed, former Section R14-2-103 renumbered as Section R14-2-101 without change effective March 2, 1982 (Supp. 82-2). Amended effective February 3, 1989 (Supp. 89-1). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

R14-2-102. Treatment of Depreciation

A. The following definitions shall apply in this Section unless the context otherwise requires:

1. "Accumulated depreciation" means the summation of the annual provision for depreciation from the time that the asset is first devoted to public service.
2. "Cost of removal" means the cost of demolishing, dismantling, removing, tearing down, or abandoning of physical assets, including the cost of transportation and handling incidental thereto.
3. "Depreciation" means an accounting process which will permit the recovery of the original cost of an asset less its net salvage over the service life.
4. "Depreciation rate" means the percentage rate applied to the original cost of an asset to yield the annual provision for depreciation.
5. "Net salvage" means the salvage value of property retired less the cost of removal.
6. "Original cost" means the cost of property at the time it was first devoted to public service.
7. "Property retired" means assets which have been removed, sold, abandoned, destroyed, or which for any cause have been withdrawn from service and books of account.
8. "Salvage value" means the amount received for assets retired, less any expenses incurred in selling or preparing the assets for sale; or if retained, the amount at which the material recoverable is chargeable to materials and supplies, or other appropriate accounts.
9. "Service life" means the period between the date an asset is first devoted to public service and the date of its retirement from service.

B. All public service corporations shall maintain adequate accounts and records related to depreciation practices, subject to the following:

1. Annual depreciation accruals shall be recorded.
2. A separate reserve for each account or functional account shall be maintained.
3. The cost of depreciable plant adjusted for net salvage shall be distributed in a rational and systemic manner over the estimated service life of such plant.
4. Public service corporations having less than $250,000 in annual revenue shall not be required to maintain depreciation records by separate accounts but shall make annual composite accruals to accumulated depreciation for total depreciable plant.

C. Requests for depreciation rate changes and methods for estimating depreciation rates shall be as follows:

1. If a public service corporation seeks a change in its depreciation rates, it shall submit a request for such as part of a rate application in accordance with the requirements of R14-2-103.
2. A public service corporation may propose any reasonable method for estimating service lives, salvage values, and cost of removal. The method shall be fully described in a request to change depreciation rates.
3. Data and analyses supporting the change shall be submitted, including engineering data and assessment of the impact and appropriateness of the change for ratemaking purposes.
4. Changed depreciation rates shall not become effective until the Commission authorizes such changes.

D. Upon the motion of any party or upon its own motion, the Commission may determine that good cause exists for granting a waiver from one or more of the requirements of this Section.

Historical Note

Former Section R14-2-102 repealed, former Section R14-2-127 renumbered as Section R14-2-102 without change effective March 2, 1982 (Supp. 82-2). Forward to the rule corrected as filed April 13, 1973 (Supp. 89-1). Section R14-2-102 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

R14-2-103. Defining Filing Requirements in Support of a Request by a Public Service Corporation Doing Business in Arizona for a Determination of the Value of Property of the Corporation and of the Rate of Return Thereon, or in Support of Proposed Increased Rates or Charges

A. Purpose and definitions

1. Purpose: The purpose of this General Order is to define the specific financial and statistical information required to be filed with a request by a public service corporation doing business in Arizona for a determination of the value of the property of the corporation and of the rate of return to be earned thereon, with regard to proposed increased rates or charges. This General Order does not apply to the implementation of previously approved adjustment or escalation clauses.
2. Applicability of rules: These rules shall apply to all electric, gas, telephone, telegraph, water and private fire pro-

tection public service corporations under the jurisdiction of the Commission. These rules are applicable both to all filings made after the effective date of this General Order and to any rate proceeding pending on the effective date of this General Order in which the Commission has issued no final decision. These rules are not intended to prohibit utilities from filing additional schedules, exhibits and other documents in which the Commission has issued no final decision. These rules are not intended to prohibit utilities from filing additional schedules, exhibits and other documents which may be material to the rate proceeding, nor are they intended to prohibit the Commission from considering such schedules, exhibits or other documents in making its determination. In pending proceedings, to the extent that the information required by this General Order is not included in the public service corporation's exhibits or is not otherwise in the record, such information shall be supplied as soon as possible unless a waiver is requested and granted pursuant to subsection (B)(5).

3. Definitions: Terminology used in this General Order is defined as follows:
   a. "Accounting method" -- the accounting method prescribed or recognized by the Commission.
   b. "Commission" -- The Arizona Corporation Commission.
   c. "Cost of service" -- The total cost of providing service to a defined segment of customers, as determined by the application of logical and generally accepted cost analysis and allocation techniques.
   d. "Department" -- A responsibility center within a combination utility where revenues and costs are accumulated by commodity or service rendered.
   e. "Depreciated original cost" -- The cost of property to the person first devoting it to public service, less the depreciation reserve, which shall include accrued depreciation and amortization calculated in accordance with General Order R14-2-102. Depreciated original cost shall not include any goodwill or going concern value, nor shall it include certificate value in excess of payment made or costs incurred in the initial acquisition thereof.
   f. "Exhibit" -- One or more schedules which support a rate filing or testimony in a rate proceeding.
   g. "Filing" -- An application and required schedules, exhibits or other documents filed by a public service corporation to initiate any rate proceeding under this Section. For all Class A and B utilities and for Class C electric and gas utilities, the filing shall include direct testimony in support of the application. For Class C water, sewer, and telephone utilities and for all Class D and E utilities, the filing shall include a written description of the components of the application. Nothing in this Section shall be construed to prohibit a public service corporation, prior to making a filing, from giving the Commission informal pre-filing notice of its intent to make a filing. Such pre-filing notice would permit the Commission, on a tentative basis, to assign a hearing date and would permit agreement on an appropriate test year.
   h. "Original cost rate base" -- An amount consisting of the depreciated original cost, prudently invested, of the property (exclusive of contributions and/or advances in aid of construction) at the end of the test year, used or useful, plus a proper allowance for working capital and including all applicable pro forma adjustments.
   i. "Pro forma adjustments" -- Adjustments to actual test year results and balances to obtain a normal or more realistic relationship between revenues, expenses and rate base.
   j. "Projected year" -- The year immediately following the test year.
   k. "Projections" -- Estimate of future results of operations based upon known facts or logical assumptions concerning future events.
   l. "Prudently invested" -- Investments which under ordinary circumstances would be deemed reasonable and not dishonest or obviously wasteful. All investments shall be presumed to have been prudently made, and such presumptions may be set aside only by clear and convincing evidence that such investments were imprudent, when viewed in the light of all relevant conditions known or which in the exercise of reasonable judgment should have been known, at the time such investments were made.
   m. "Rate schedule" -- A schedule of rates and conditions for a specific classification of customer or for other specific services.
   n. "Reconstructed Cost New (RCND) Rate Base" -- An amount consisting of the depreciated reconstruction cost new of the property (exclusive of contributions and/or advances in aid of construction) at the end of the test year, used and useful, plus a proper allowance for working capital and including all applicable pro forma adjustments. Contributions and advances in aid of construction, if recorded in the accounts of the public service corporation, shall be increased to a reconstruction new basis.
   o. "Staff" -- The staff of the Commission or its designated representatives.
   p. "Test year" -- The one-year historical period used in determining rate base, operating income and rate of return. The end of the test year shall be the most recent practical date available prior to the filing.
   q. "Utilities" -- For purposes of the Section, utilities are electric, gas, telephone, water, sewer or any other that may be supplying service and/or commodities which in the future may be adjudged a public service corporation and under the jurisdiction of this Commission, are classified as follows:

Annual Operating Revenue					
	Class A	B	C	D	E
Electric & Gas	Exceeding 10,000,000	3,000,000 to 10,000,000	1,000,000 to 2,999,999	250,000 to 999,999	Less than 250,000
Water & Sewer	Exceeding 10,000,000	3,000,000 to 10,000,000	1,000,000 to 2,999,999	250,000 to 999,999	Less than 250,000

(Continued)

	Annual Operating Revenue				
	Class A	B	C	D	E
Telephone	Exceeding 10,000,000	3,000,000 to 10,000,000	1,000,000 to 2,999,999	250,000 to 999,999	Less than 250,000

Annual operating revenues are those gross utility operating revenues derived from jurisdictional operations, including the requested rate relief. A combination utility is a utility which provides more than one of the commodities or services enumerated in this subsection. For combination utilities, the annual operating revenue, including the requested rate relief, for the specific subsidiary, department, or operating division requesting the rate change shall be used for classification purposes.

r. "Working capital" -- A proper allowance for cash, materials and supplies and prepayments.

B. Filing requirements:

1. Information required from Class A, B, C and D Utilities: The information required to be prepared and submitted by Class A, B, C and D Utilities in conjunction with a filing is presented below. Corresponding schedule formats are contained in the Appendix of this General Order and denoted. These formats are not applicable to Class E utilities. The Appendix schedule formats A-1 through A-5 are a part of this General Order, and the Applicant's schedules should conform to these formats. All other Appendix schedule formats and descriptions are illustrative and the applicant's specific formats may vary from that suggested in the Appendix. The substantive information requested, both on the Appendix schedule and in the body of this General Order, however, must be contained on the applicant's schedules together with the titles and schedule numbers provided in the Appendix. Specific information items requested on the Appendix schedules may be omitted without formal waiver, from the filing where it is evident that said items are not applicable to the applicant's business. The instructions and notes contained on the Appendix schedules shall be followed where applicable. Reconstruction Cost New Depreciated information not filed by the applicant shall be deemed waived.

Information	Filing Required by	Appendix Schedule Reference(s)
A. Summary Information:		
1. A summary of the increase in revenue requirements and the spread of the revenue increase by customer classification.	All classes	A-1
2. A summary of the results of operations for the test year and for the test year and the 2 fiscal years ended prior to the end of the test year, compared with the projected year.	All classes	A-2
3 A summary of the capital structure for the test year and the 2 fiscal years ended prior to the end of the test year, compared with the projected year.	Classes A & B	A-3
4. Construction expenditures and gross utility plant in service for the test year and the 2 fiscal years ended prior to the end of the test year, compared with the projected year.	All classes	A-4
5. A summary of changes in financial position for the test year and the 2 fiscal years ended prior to the end of the test year, compared with the projected year.	Classes A & B	A-5
B. Rate Base Information:		
1. A schedule showing the elements of original cost and RCND rate bases.	All classes	B-1
2. A schedule listing pro forma adjustments to gross plant in service and accumulated depreciation for the original cost rate base.	All classes	B-2
3. A schedule showing pro forma adjustments to gross plant in service and accumulated depreciation for the RCND rate base.	All classes	B-3
4. A schedule demonstrating the determination of reproduction cost new less depreciation at the end of the test period.	All classes	B-4
5. A schedule showing the computation of working capital allowance.	All classes	B-5
C. Test Year Income Statements:		
1. A test year income statement, with pro form adjustments.	All classes	C-1
2. A schedule showing the detail of all pro forma adjustments.	All classes	C-2
3. A schedule showing the incremental taxes and other expenses on gross revenues and the computation of an incremental gross revenue conversion factor.	All classes	C-3
D. Cost of Capital Information:		
1. A schedule summarizing the elements in the capital structure at the end of the test year and the projected year, their related costs and the computation of the total cost of capital.	All classes	D-1
2. A schedule showing the detail of long-term and short-term debt at the end of the test year and the projected year and their total cost.	Classes A & B	D-2
3. A schedule showing the detail of preferred stock at the end of the test year and the projected year, and their total cost.	Classes A & B	D-3

(Continued)

Information	Filing Required by	Appendix Schedule Reference(s)
4. A schedule summarizing conclusions of the required return on the common equity as of the end of the test year and the projected year.	Classes A & B	D-4
E. Financial Statements and Statistical Data:		
1. Comparative balance sheets for the end of the test year and the 2 fiscal years ended prior to the end of the test year.	All classes	E-1
2. Comparative income statements for the test year and the 2 fiscal years ended prior to the end of the test year.	All classes	E-2
3. Comparative statements of changes in financial position for the test year and the 2 fiscal years ended prior to the end of the test year.	Classes A & B	E-3
4. Statements of changes in stockholder's equity for the test year and the 2 fiscal years ended prior to the end of the test year.	Classes A & B	E-4
5. A comparative schedule showing by detail account number, utility plant balances at the end of the test year and the end of prior fiscal year.	All classes	E-5
6. Comparative departmental statements of operating income for the test year and the 2 fiscal years ended prior to the end of the test year.	All classes of combination utilities	E-6
7. Comparative operating statistics on customers, consumption, revenues, and expenses for the test year and the 2 fiscal years ended prior to the end of the test year.	All classes	E-7
8. A comparative schedule of all significant taxes charged to operations for the test year and the 2 fiscal years ended prior to the end of the test year.	All classes except Class D	E-8
9. Audited financial statements, if available, for the test year and the 2 fiscal years ended prior to the end of the test year. If the financial statements have not been audited, notes to the financial statements should be provided to indicate accounting method, depreciation lives and methods, income tax treatment and other important disclosures.	All classes	E-9
F. Projections and Forecasts:		
1. A projected income statement for the projected year compared with actual test year results, at present rates and proposed rates.	All classes	F-1
2. Projected changes in financial position for the projected year compared with the test year, at present rates and proposed rates.	Classes A & B	F-1
3. Projected annual construction requirements, by property classification, for 1 to 3 years subsequent to the test year, compared with the test year.	Classes A & B 3 years Classes C & D 1 year	F-3
4. Important assumptions used in preparing forecasts and projections.	All classes	F-4
G. Cost of Service Information		
A utility shall submit cost of service analyses and studies if all of the following conditions prevail:		
1. The utility is in a segment of the utility industry that recognizes cost of service studies as important tools for rate design.		
2. Costs incurred by the utility are likely to vary significantly from 1 defined segment of customers to another.		
A historical accounting period other than the test year may be used for cost of service purposes provided that customer mix in the historical period used is representative of the test year. When a cost of service analysis is required, the following information shall be submitted:		
1. Schedule showing rates of return by customer classification at present and proposed rates.	Classes A, B and C if applicable	G-1 G-2
2. Schedules showing the approach used in allocating or assigning plant and expenses to classes of service and defined functions.	Classes A, B and C if applicable	G-3 G-4 G-5 G-6
3. Schedules showing the development of all allocation factors used in the all allocation factors used in the cost of service study.	Classes A, B and C if applicable	G-7
H. Effect of Proposed Rate Schedules:		
1. A comparison of revenues by customer classification or other classification of revenues for the test year, at present and proposed rates.	All classes	H-1
2. A comparison of revenues by class of service and by rate schedule for the test year, at present and proposed rates.	Classes A & B	H-2

(Continued)

Information	Filing Required by	Appendix Schedule Reference(s)
3. A comparison of present and proposed rate schedules or representative rate schedules.	Class A representative schedules; Classes B, C and D - all schedules	H-3
4. Typical bill analysis	All classes	H-4
5. Bill count	All classes	H-5

2. Information required from Class E Utilities: The information required to be prepared and submitted by a Class E Utility in support of a filing is as follows:
   a. A statement of income for the test year similar in format to Schedule C-1 or E-2.
   b. A balance sheet as of the end of the test year similar in format to Schedule E-1.
   c. Utility plant account balances at the end of the test year similar in format to Schedule E-5.
   d. An estimate of new investment in utility plant to be added in the projected year.
   e. A schedule of current rates and proposed rates and the additional revenues to be derived from the proposed rates.

   The appendix schedules shall be used as guides in presenting the information specified in this subsection.
3. A cooperative, as defined in R14-2-107, may initiate a rate proceeding by preparing and submitting a filing under this Section or, if eligible, by following the requirements of R14-2-107.
4. Separation of nonjurisdictional properties, revenues and expenses associated with the rendition of utility service not subject to the jurisdiction of the Commission must be identified and properly separated in a recognized manner when appropriate. In addition, all nonutility properties, revenues and expenses shall likewise be segregated. If nonutility operations are significant, appropriate allocations of capital should be made.
5. Additional information: The Commission may request that supplementary information in addition to that specifically required in subsections (B)(1) and (2) of this General Order be submitted by a utility either prior to or after a filing.
6. Waiver of requirements: Either prior to the filing or within 15 days from the date thereof, the Commission, after determining the existence of reasonable cause, by order may waive compliance with any or all of the requirements of this General Order. Such Waiver will be granted only upon written petition to the Commission. In said petition, the utility must demonstrate that the requirements sought to be waived are either not applicable to the rate matter which is the subject of the filing or that compliance therewith would place an undue burden on the utility.
7. Notice of sufficiency of a utility's filing: The staff will review each filing to ascertain whether it is in compliance with the provisions of this Section, including the instructions contained in subsection (B)(9) or in forms prescribed by the Commission. Within 30 days after receipt of the utility's filing, the staff shall file with Docket Control and serve on the utility a notice that the filing either is in compliance with the Commission's requirements or is deficient. A notice of deficiency must include an explanation of the defect found. If the staff fails to file any notice within the 30-day period, the utility's filing shall be deemed accepted as of the 31st day.
8. Production of out-of-state books and records: A utility shall produce or deliver in this state all or any of its formal accounting records and related documents requested by the Commission. It may, at its option, provide verified copies of original records and documents.
9. General filing instructions: In preparing the information specified in subsections (B)(1) and (2) of this General Order, the following instructions are applicable:
   a. All schedules shall be mathematically correct and properly cross-referenced. The applicant shall ascertain that adequate detail has been provided to explain and support all significant items and amounts.
   b. Amounts may be rounded, where appropriate, to the nearest thousand dollars for Class A utilities, to the nearest hundred dollars for Class B and C utilities and to the nearest dollar for Class D and E utilities.
   c. Except for Class E utilities, all schedules shall be numbered as provided in the Appendix. Schedules prepared by all classes of utilities shall contain a date -- generally the preparation date or the filing date.
   d. Headings on schedules shall clearly indicate the nature and intent of the schedule and the dates or time periods covered.

   At the date of filing, a minimum of 10 complete sets of the applicant's schedules and exhibits shall be provided to the Commission.
10. Staff assistance in preparing a filing: The staff will, consistent with other workload requirements, be available to provide assistance to an applicant in preparing a filing.
11. Timing of Commission action on a filing:
    a. For all Class A and B utilities and for Class C electric and gas utilities, the Hearing Officer shall issue a procedural schedule in the rate case within 30 days from the date that a filing is accepted pursuant to subsection (B)(7).
    b. Unless otherwise ordered by the Commission, the staff shall file its Staff Report and/or testimony within the following number of days from the date that a filing is accepted pursuant to subsection (B)(7):
       i. For Class A utilities, within 180 days.
       ii. For Class B utilities, within 180 days.
       iii. For Class C utilities, within 135 days.
       iv. For Class D utilities, within 75 days.
       v. For Class E utilities, within 60 days.
    c. For all Class A utilities, the Hearing Officer shall issue a recommended order in the rate case at least 20 days prior to the last regularly scheduled open meeting in the time period calculated pursuant to subsection (B)(11)(d). For all other utilities, the

Hearing Officer shall issue a recommended order at least 10 days prior to the last regularly scheduled open meeting in the time period calculated pursuant to subsection (B)(11)(d).

d. The Commission shall issue a final order that disposes of all issues involved in all parts or phases of the proceeding within the following number of days from the date that a filing is accepted pursuant to subsection (B)(7):
   i. For Class A utilities, within 360 days.
   ii. For Class B utilities, within 360 days.
   iii. For Class C utilities, within 270 days.
   iv. For Class D utilities, within 180 days.
   v. For Class E utilities, within 120 days.

e. Upon motion of any party to the matter or on its own motion, the Commission or the Hearing Officer may determine that the time periods prescribed by subsection (B)(11)(d) should be extended or begin again due to:
   i. Any amendment to a filing which changes the amount sought by the utility or substantially alters the facts used as a basis for the requested change in rates or charges; or
   ii. An extraordinary event, not otherwise provided for by this subsection.

f. If a hearing is conducted to evaluate a filing, the time periods prescribed by subsection (B)(11)(a) shall be extended three days for each one day of actual hearing on the merits of the filing.

g. The time periods prescribed by subsection (B)(11)(a) shall not be applicable to any filing submitted by a utility which has more than one rate application before the Commission at the same time.

h. In the event no final order has been issued within the time periods specified in this subsection, the utility may request any time thereafter that the Commission schedule a hearing to consider putting new rates or charges into effect, on an interim basis subject to refund, for all consumption thereafter. To put such rates or charges into effect, the utility would be required to file a bond to be approved by the Commission payable to the state of Arizona in such amount and with sufficient security to insure prompt payment of any refunds to the persons entitled thereto, including an interest rate as determined by the Commission not to exceed the maximum interest otherwise allowable by law, if the rates or charges so put into effect are finally determined by the Commission to be excessive. The utility may substitute for the bond other arrangements satisfactory to the Commission for the protection of the parties involved. The Commission shall issue a final order on a request for interim rates within 60 days plus the number of interim hearing days from the filing date of the request.

Appendix. Index of Schedules

ARIZONA CORPORATION COMMISSION
REGULATION R14-2-103
INDEX OF SCHEDULES
APPENDIX

Schedule No.	Title	Filing Required By
A. Summary Schedules		
A-1	Computation of Increase in Gross Revenue Requirements	All classes
A-2	Summary Results of Operations	All classes
A-3	Summary of Capital Structure	Classes A & B
A-4	Construction Expenditures and Gross Utility Plant in Service	All classes
A-5	Summary Changes in Financial Position	Classes A & B
B. Rate Base Schedules		
B-1	Summary of Original Cost and RCND Rate Base Elements	All classes
B-2	Original Cost Rate Base Pro forma Adjustments	All classes
B-3	RCND Rate Base Pro forma Adjustments	All classes
B-4	RCND by Major Plant Accounts	All classes
B-5	Computation of Working Capital	All classes
C. Test Year Income Statements		
C-1	Adjusted Test Year Income Statement	All classes
C-2	Income Statement Pro forma Adjustments	All classes
C-3	Computation of Gross Revenue Conversion Factor	All classes
D. Cost of Capital		
D-1	Summary Cost of Capital	All classes

Appendix. Index of Schedules (Continued)

ARIZONA CORPORATION COMMISSION
REGULATION R14-2-103
INDEX OF SCHEDULES
APPENDIX

Schedule No.	Title	Filing Required By
D-2	Cost of Long Term and Short Term Debt	Classes A & B
D-3	Cost of Preferred Stock	Classes A & B
D-4	Cost of Common Equity	Classes A & B
E. Financial Statements and Statistical Schedules		
E-1	Comparative Balance Sheets	All classes
E-2	Comparative Income Statements	All classes
E-3	Comparative Statement of Changes in Financial Position	Classes A & B
E-4	Statement of Changes in Stockholders' Equity	Classes A & B
E-5	Detail of Utility Plant	Classes A & B
E-6	Comparative Departmental Operating Income Statements	All classes of combination utilities
E-7	Operating Statistics	All classes
E-8	Taxes Charged to Operations	Classes, A, B & C
E-9	Notes to Financial Statements	All classes
F. Projections and Forecasts		
F-1	Projected Income Statements - Present and Proposed Rates	All classes
F-2	Projected Charges in Financial Position - Present and Proposed Rates	Classes A & B
F-3	Projected Construction Requirements	Classes A & B - (3 years) Classes C & D - (1 year)
F-4	Assumptions Used in Developing Projections	All classes
G. Cost of Service Analyses		
G-1	Cost of Service Summary - Present Rates	Special requirement
G-2	Cost of Service Summary - Proposed Rates	Special requirement
G-3	Rate Base Allocation to Classes of Service	Special requirement
G-4	Expense Allocation to Classes of Service	Special requirement
G-5	Distribution of Rate Base by Function	Special requirement
G-6	Distribution of Expenses by Function	Special requirement
G-7	Development of Allocation Factors	Special requirement
H. Effect of Proposed Tariff Schedules		
H-1	Summary of Revenues by Customer Classification - Present and Proposed Rates	All classes
H-2	Analysis of Revenues by Detailed Class of Service - Present and Proposed Rates Classes	Classes A & B
H-3	Changes in Representative Rate Schedules	Class A, representative schedules; Classes B, C, & D all schedules
H-4	Typical Bill Analysis	All classes
H-5	Bill Count	All classes

Appendix A. Summary Schedules

Schedule A-1. Computation of Increase in Gross Revenue Requirements

ARIZONA CORPORATION COMMISSION
REGULATION R14-2-103

APPENDIX A.
SUMMARY SCHEDULES

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: A-1 Title: Computation of Increase in Gross Revenue Requirements.
Explanation: Schedule showing computation of increase in gross revenue requirements and spread of revenue increase by customer classification.	Required For: All Utilities [x] Special Reqmt. [ ] Class A [ ] Class B [ ] Class C [ ] Class D [ ]

		Original Cost RCND	
1.	Adjusted Rate Base	$ _____ (a)	$ _____ (a)
2.	Adjusted Operating Income	$ _____ (b)	$ _____ (b)
3.	Current Rate of Return	_____ %	_____ %
4.	Required Operating Income	$ _____	$ _____
5.	Required Rate of Return	_____ %	_____ %

6.	Operating Income Deficiency (4 - 2)	$_____
7.	Gross Revenue Conversion Factor	_____(c)
8.	Increase in Gross Revenue Requirements (6 x 7)	$_____

Customer Classification	Projected Revenue Increase Due to Rates	% Dollar Increase
Residential	$	% (d)
	_____	_____
	$_____	_____ %

Note: For combination utilities, the above information should be presented in total and by department.

Supporting Schedules:
(a) B-1 (c) C-3
(b) C-1 (d) H-1

Schedule A-2. Summary Results of Operations

ARIZONA CORPORATION COMMISSION
REGULATION R14-2-103
APPENDIX
ILLUSTRATIVE SCHEDULE FORMAT

Schedule: A-2

Title: Summary Results of Operations

Explanation:
Schedule showing comparative operating results for the test year and the 2 fiscal years ended prior to the end of the test year, compared with the projected year.

Required For:

All Utilities	[x]	Special Reqmt.	[ ]
Class A	[ ]		
Class B	[ ]		
Class C	[ ]		
Class D	[ ]		

	Prior Years	Test Year				Projected Year	
		Y/E __	Y/E __	Actual	Adjusted	Present Rates	Proposed Rates
	Description	(a)	(a)	(a)	(b)	(c)	(c)
1.	Gross Revenues						
2.	Revenue Deductions & Operating Expenses						
3.	Operating Income	$	$	$	$	$	$
4.	Other Income and Deductions						
5.	Interest Expense						
6.	Net Income	$	$	$	$	$	$
7.	Earned Per Average Common Share*						
8.	Dividends Per Common Share*						
9.	Payout Ratio*						
10.	Return on Average Invested Capital						
11.	Return on Year End Capital						
12.	Return on Average Common Equity						
13.	Return on Year End Common Equity						
14.	Times Bond Interest Earned - Before Income Taxes						
15.	Times Total Interest and Preferred Dividends Earned - After Income Taxes						

Supporting Schedules:
(a) E-2
(b) C-1
(c) F-1

*Optional for projected year

Schedule A-3. Summary of Capital Structure

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: A-3 Title: Summary of Capital Structure
Explanation: Schedule showing comparative capital structures for the last 3 historical years, including the test year, and the projected year.	Required For: All Utilities ☐ Special Reqmt. ☐ Class A ☒ Class B ☒ Class C ☐ Class D ☐

Description	Prior Years At ____(a)	Prior Years At ____(a)	Test Year At ____(a)	Test Year At ____(c)	Projected Year
1. Short-Term Debt					
2. Long-Term Debt					
3. TOTAL DEBT	$_____	$_____			$_____
4. Preferred Stock					
5. Common Equity	_____	_____	_____		_____
6. Total Capital	$_____	$_____	$_____		$_____
Capitalization Ratios:					
7. Short-Term Debt					
8. Long-Term Debt					
9. TOTAL DEBT	_____%	_____%	_____%		_____%
10. Preferred Stock					
11. Common Equity	_____ 100%	_____ 100%	_____ 100%		_____ 100%
12. Weighted Cost of Short-Term Debt	_____%	_____%	_____%		_____%
13. Weighted Cost of long-Term Debt	_____%	_____%	_____%		_____%
14. Weighted Cost of Senior Capitol	_____%	_____%	_____%		_____%

Supporting Schedules:
(a) E-1
(b) D-1

Schedule A-4. Construction Expenditures and Gross Utility Plant in Service

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: A-4 Title: Construction Expenditures and Gross Utility Plant in Service
Explanation: Schedule showing construction expenditures, plant placed in service and gross utility plant in service for the test year and the 2 fiscal years ended prior to the end of the test year, compared with the projected year.	Required For: All Utilities [x] Special Reqmt. [ ] Class A [ ] Class B [ ] Class C [ ] Class D [ ]

Year	Construction Expenditures (a)	Net Plant Placed In Service (b)	Gross Utility Plant In Service
1. 19 ____	$	$	$
2. 19 ____			
3. Test Year			
4. Projected Year			
5. Projected _____ *			
6. Projected _____*			

* Required only for Class A and B Utilities

NOTE: For combination utilities, above information should be presented in total and by department.

Supporting Schedules:
(a) F-3
(b) E-5

Schedule A-5. Summary Changes In Financial Position

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: A-5 Title: Summary Changes In Financial Position
Explanation: Schedule showing sources and application of funds in summary format.	Required For: All Utilities ☐ Special Reqmt ☐ Class A ☒ Class B ☒ Class C ☐ Class D ☐

	Description	Prior Years (a) Y/E _____	Y/E _____	Test Year (a) Y/E _____	Projected Present Rates (b)	Projected Proposed Rates (b)
	Sources of Funds:					
1.	Operations	$	$	$	$	$
2.	Outside Financing					
3.	Total Funds Provided	$	$	$	$	$
	Application of Funds:					
4.	Construction Expenditures	$	$	$	$	$
5.	Other					
6.	Total Funds Applied	$	$	$	$	$

Supporting Schedules:
(a) E-3
(b) F-2

Appendix B. Rate Base Schedules

Schedule B-1. Summary of Original Cost and RCND Base Elements

ARIZONA CORPORATION COMMISSION
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APPENDIX B
RATE BASE SCHEDULES

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: B-1 Title: Summary of Original Cost and RCND Base Elements
Explanation: Schedule showing elements of adjusted original cost and RCND rate bases.	Required For: All Utilities [x] Special Reqmt. [ ] Class A [ ] Class B [ ] Class C [ ] Class D [ ]

		Original Cost Rate Base*		RCND Rate Base*	
1.	Gross Utility Plant in Service	$		$	
2.	Less: Accumulated Depreciation				
3.	Net Utility Plant in Service	$	(a)	$	(b)
	Less:				
4.	Customers' Advances for Construction		(c)		(c)
5.	Contributions in Aid of Construction		(c)		(c)
	Add:				
6.	Allowance for Working Capital		(d)		(d)
7.	Total Rate Base	$	(e)	$	(e)

* Including pro forma adjustments

Note: For combination utilities, above information should be presented in total and by department.

Supporting Schedules:
(a) B-2
(b) B-3
(c) E-1
(d) B-5

Recap Schedules:
(e) A-1

Schedule B-2. Original Cost Rate Base Pro forma Adjustments

ARIZONA CORPORATION COMMISSION
REGULATION R14-2-103
APPENDIX
ILLUSTRATIVE SCHEDULE FORMAT

Schedule: B-2

Title: Original Cost Rate Base Pro forma Adjustments

Explanation:
Schedule showing pro forma adjustments to gross plant in service and accumulated depreciation for the original cost rate base.

Required For:

All Utilities	[x]	Special Reqmt.	[ ]
Class A	[ ]		
Class B	[ ]		
Class C	[ ]		
Class D	[ ]		

		Actual at End of Test Year (a)	Pro forma Adjustments A	B	Z	Adjusted at End of Test Year (b)
1.	Gross Utility Plant in Service	$	$	$	$	$
2.	Less: Accumulated Depreciation					
3.	Net Utility Plant in Service	$	$	$	$	$

All pro forma adjustments should be adequately explained on this schedule or on attachments hereto.

Note: For combination utilities, above information should be presented in total and by department.

Supporting Schedules:
(a) E-1

Recap Schedules:
(b) B-1

Schedule B-3. RCND Rate Base Pro forma Adjustments

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: B-3 Title: RCND Rate Base Pro forma Adjustments
Explanation: Schedule showing pro forma adjustments to gross plant in service and accumulated depreciation for the RCN rate base.	Required For: All Utilities [x] Special Reqmt. [ ] Class A [ ] Class B [ ] Class C [ ] Class D [ ]

		Actual at End of Test Year (a)	Pro forma Adjustments A	B	Z	Adjusted at End of Test Year (b)
1.	Gross Utility Plant in Service	$	$	$	$	$
2.	Less: Accumulated Depreciation					
3.	Net Utility Plant in Service	$	$	$	$	$

All pro forma adjustments should be adequately explained on this schedule or on attachments hereto.

Note: For combination utilities, above information should be presented in total and by department.

Supporting Schedules:
(a) B-4

Recap Schedules:
(b) B-1

Schedule B-4. RCND by Major Plant Accounts

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: B-4 Title: RCND by Major Plant Accounts
Explanation: Schedule showing the determination of Reproduction Cost New Less Depreciation at end of Test Period.	Required For: All Utilities [x] Special Reqmt. [ ] Class A [ ] Class B [ ] Class C [ ] Class D [ ]

Plant Account	Description	RCN	Condition Percent	RCND
Total (a)				

Note: For combination utilities, above information should be presented in total and by department.

Supporting Schedules:
RCND Study

Recap Schedules:
a) B-3

Schedule B-5. Computation of Working Capital

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: B-5 Title: Computation of Working Capital
Explanation: Schedule showing computation of working capital allowance.	Required For: All Utilities [x] Special Reqmt. [ ] Class A [ ] Class B [ ] Class C [ ] Class D [ ]

		Amount
1.	Cash working capital	$
2.	Materials and Supplies Inventories	(a)
3.	Prepayments	_____(a)
4.	Total Working Capital Allowance	$ _____(b)

NOTES:

1. Adequate detail should be provided to determine the bases for the above computations.
2. Adjusted test year operating expenses should be used in computing cash working capital requirements.
3. Combination utilities should compute working capital allowances for each department.

Supporting Schedules:
(a) E-1

Recap Schedules:
b) B-1

Appendix C. Test Year Income Statements

Schedule C-1. Adjusted Test Year Income Statement

ARIZONA CORPORATION COMMISSION
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APPENDIX C.
TEST YEAR INCOME STATEMENTS

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: C-1 Title: Adjusted Test Year Income Statement
Explanation: Schedule showing statement of income for the test year, including pro forma adjustments.	Required For: All Utilities [x] Special Reqmt. [ ] Class A [ ] Class B [ ] Class C [ ] Class D [ ]

Description	(a) Actual For The Test Year Ended	Pro forma Adjustments	Test Year Results After Pro forma Adjustments
Revenues:	$	$	$
Expenses:			
Operating Income	$ _____	$ _____	$ _____ (c)
Net Income	$ _____	$ _____	$ _____

Note: For combination utilities, above information should be presented in total and by department.

Supporting Schedules:
(a) E-2
(b) C-2

Recap Schedules:
(c) A-1

Schedule C-2. Income Statement Pro forma Adjustments

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: C-2 Title: Income Statement Pro forma Adjustments
Explanation: Schedule itemizing pro forma adjustments to the test year income statement.	Required For: All Utilities [x] Special Reqmt. [ ] Class A [ ] Class B [ ] Class C [ ] Class D [ ]

Description	A	B	Z	Total (a) Adjustments
Revenues:	$	$	$	$
Expenses:				
Operating Income				
Net Income				

Note: All pro forma adjustments should be adequately explained on this schedule or on attachments thereto.

Supporting Schedules:

Recap Schedules:
(a) C-1

Schedule C-3. Computation of Gross Revenue Conversion Factor

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: C-3 Title: Computation of Gross Revenue Conversion Factor
Explanation: Schedule showing incremental taxes on gross revenues and the development of a gross revenue conversion factor.	Required For: All Utilities [x] Special Reqmt. [ ] Class A [ ] Class B [ ] Class C [ ] Class D [ ]

Description	Percentage of Incremental Gross Revenues
Federal Income Taxes	%
State Income Taxes	
Other Taxes and Expenses: (Specify):	
Total Tax Percentage	%

Operating Income % = 100% - Tax Percentage

$$\frac{1}{\text{Operating Income \%}} = \text{Gross Revenue Conversion Factor}$$

Note: All tax percentages shall include the effect of other taxes upon the incremental rate. The applicant may use other formulas in developing the conversion factor.

Supporting Schedules:

Recap Schedules:
A-1

Appendix D. Cost of Capital

Schedule D-1. Summary Cost of Capital

ARIZONA CORPORATION COMMISSION
REGULATION R14-2-103

APPENDIX D.
COST OF CAPITAL

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: D-1 Title: Summary Cost of Capital
Explanation: Schedule showing elements of capital structure and the related cost.	Required For: All Utilities [x] Special Reqmt. [ ] Class A [ ] Class B [ ] Class C [ ] Class D [ ]

	End of Test Year				End of Projected Year			
Invested Capital	Amount	%	Cost Rate (e)	Com-posite Cost	Amount	%	Cost Rate (e)	Com-posite Cost
Long-Term Debt (a)	$		%	%	$		%	%
Preferred Stock (b)								
Common Equity (c)								
Short Term Debt (a)								
Deferrals (d)			-0-				-0-	
	$	100%	%	%	$	100%	%	%

Supporting Schedules:
(a) D-2
(b) D-3
(c) D-4
(d) E-1

Recap Schedules:
(e) A-3

Schedule D-2. Cost of Long-Term and Short-Term Debt

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: D-2 Title: Cost of Long-Term and Short-Term Debt
Explanation: Schedule showing computation of cost of long and short term debt.	Required For: All Utilities ☐ Special Reqmt: ☐ Class A ☒ Class B ☒ Class C ☐ Class D ☐

	End of Test Year		End of Projected Year	
Description of Debt	Outstanding	Annual Interest	Outstanding	Annual Interest*
Long-Term:	$	$	$	$
≀				
	_____	_____	_____	_____
Total Long-Term (a)	$_____ (b)	$_____	$_____	$_____
Cost Rate (a)	_____ %		_____ %	
Short Term:	$	$	$	$
≀				
	_____	_____	_____	_____
Total Short-Term (a)	$_____ (b)	$_____	$_____	$_____
Cost Rate (a)	_____ %		_____ %	

* Including amortization of discount, premium and expense.

Supporting Schedules:
(b) E-1

Recap Schedules:
(a) D-1

Schedule D-3. Cost of Preferred Stock

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: D-3 Title: Cost of Preferred Stock
Explanation: Schedule showing computation of cost of preferred stock.	Required For: All Utilities ☐ Special Reqmt: ☐ Class A ☒ Class B ☒ Class C ☐ Class D ☐

	End of Test Year			End of Projected Year		
Description of Issue	Shares Outstanding	Amount $	Dividend Requirement $	Shares Outstanding	Amount $	Dividend Requirement $
	_____	_____	_____	_____	_____	_____
Total (a)	_____	$ _____ (b)	$ _____		$ _____	$ _____
Cost Rate (a)		_____ %			_____ %	

Supporting Schedules:
(b) E-1

Recap Schedules:
(a) D-1

Schedule D-4. Cost of Common Equity

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: D-4 Title: Cost of Common Equity
Explanation: Schedule summarizing conclusions on the required rate of return on common equity as of the end of the test year and the projected year or exhibits in support thereof.	Required For: All Utilities ☐ Special Reqmt. ☐ Class A ☒ Class B ☒ Class C ☐ Class D ☐

Supporting Schedules:
Special Studies

Recap Schedules:
(D-1)

Appendix E. Financial and Statistical Schedules

Schedule E-1. Comparative Balance Sheet

ARIZONA CORPORATION COMMISSION
REGULATION R14-2-103

APPENDIX E.
FINANCIAL STATEMENTS AND STATISTICAL SCHEDULES

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: E-1 Title: Comparative Balance Sheet
Explanation: Schedule showing comparative balance sheets at the end of the test year and the 2 fiscal years ended prior to the test year.	Required For: All Utilities [x] Special Reqmt. [ ] Class A [ ] Class B [ ] Class C [ ] Class D [ ]

ASSETS		Test Year At _____	Prior Year At _____	Prior Year At _____
Property, plant & equipment:	(a)	$	$	$
Current Assets:				
		$ _____	$ _____	$ _____
LIABILITIES and STOCKHOLDERS' EQUITY				
Capitalization:	(b)	$	$	$
Current Liabilities:				
		$ _____	$ _____	$ _____

Supporting Schedules:
(a) E-5

Recap Schedules:
(b) A-3

Schedule E-2. Comparative Income Statements

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: E-2 Title: Comparative Income Statements
Explanation: Schedule showing comparative income statements for the test year and the 2 fiscal years ended prior to the test year.	Required For: All Utilities [x] Special Reqmt. [ ] Class A [ ] Class B [ ] Class C [ ] Class D [ ]

	Test Year Ended	Test Year Ended	Test Year Ended
Revenues: (a)	$	$	$
Operating Expenses: (a)			
Current Assets:			
Operating Income (a)	$	$	$
Other income and deductions:			
Interest			
Net Income	$	$	$
Preferred Dividends			
Earnings Available for Common Stock			
Earnings Per Share of Average Common Stock Outstanding			

Supporting Schedules:
(a) E-6

Recap Schedules:
A-2

Schedule E-3. Comparative Statement of Changes in Financial Position

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: E-3 Title: Comparative Statement of Changes in Financial Position
Explanation: Schedule showing comparative changes in financial position for the test year and the 2 years ended prior to the test year.	Required For: All Utilities ☐ Special Reqmt. ☐ Class A ☒ Class B ☒ Class C ☐ Class D ☐

	Test Year Ended	Test Year Ended	Test Year Ended
Source of Funds	$	$	$
From Operations:			
Financing:			
Total Funds Provided	$	$	$
Application of Funds:	$	$	$
Construction Expenditures			
Dividends			
Other Items:			
	$	$	$

Supporting Schedules:

Recap Schedules:
A-5

Schedule E-4. Statement of Change in Stockholders' Equity

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: E-4 Title: Statement of Change in Stockholders' Equity
Explanation: Schedule showing changes in stockholders' equity for the test year and the 2 years ended prior to the test year.	Required For: All Utilities ☐ Special Reqmt. ☐ Class A ☒ Class B ☒ Class C ☐ Class D ☐

	Preferred Shares	Stock Amount	Common Shares	Stock Amount	Additional Paid-In Capital	Retained Earnings
Balance, Jan. 1, 19 ___		$		$	$	$
Net Earnings						
Cash Dividends-Preferred						
Cash Dividends-Common						
Preferred Stock Issued:						
Common Stock Issued:	_____	_____ $	_____	_____ $	_____ $	_____ $
Balance, Dec. 31, 19 ___	_____	$ _____	_____	$ _____	$ _____	$ _____
≀						
Balance, Dec. 31, 19 ___	_____	$ _____	_____	$ _____	$ _____	$ _____
≀						
Balance, Dec. 31, 19 ___ (End of Test Year)	_____	$ _____	_____	$ _____	$ _____	$ _____

Supporting Schedules: Recap Schedules:

Schedule E-5. Detail of Utility Plant

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: E-5 Title: Detail of Utility Plant
Explanation: Schedule showing utility plant balance, by detailed account number, at the end of the test year and the end of the prior fiscal year.	Required For: All Utilities [x] Special Reqmt. [ ] Class A [ ] Class B [ ] Class C [ ] Class D [ ]

Account Number	Description	End of Test Year At	Net Additions	End of Prior Year At
	Production Plant-Steam:			
XXX	Land & Land Rights	$	$	$
XXX	Structures and Improvements			
	Total Plant in Service	$		
	Accumulated Depreciation	$	$	$
	Net Plant in Service	$	$	$
	Construction Work In Progress			
	Total Net Plant	$	$	$

Note: For combination utilities, the above information should be presented by department.

Supporting Schedules:

Recap Schedules:
E-1
A-4

Schedule E-6. Comparative Departmental Operating Income Statements

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: E-6 Title: Comparative Departmental Operating Income Statements
Explanation: Schedule showing comparative departmental statements of operating income for the test year and the 2 fiscal years ended prior to the test year.	Required For: All Utilities ☐ Special Reqmt. ☐ x ☐ All Class A ☐ classes of Class B ☐ Combinatic Class C ☐ nUtilities

Department _____

	Test Year Ended _____	Prior Year Ended _____	Prior Year Ended _____
Revenues:	$	$	$
Residential			
≀			
Total Revenues	$	$	$
Operating Expenses*:			
≀			
Total Operating Expenses	$	$	$
Operating Income	$	$	$

* Including allocation of general and administrative expenses.

Supporting Schedules:

Recap Schedules:
E-2

Schedule E-7. Operating Statistics

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: E-7 Title: Operating Statistics
Explanation: Schedule showing key operating statistics in comparative format, for the test year and the 2 fiscal years ended prior to the test year.	Required For: All Utilities [x] Special Reqmt. [ ] Class A [ ] Class B [ ] Class C [ ] Class D [ ]

Electric Statistics	Test Year Ended	Prior Year Ended	Prior Year Ended
KWH Sales-By Class of Service			
Avg. No. of Customers-By Class of Service			
Avg. KWH Use-By Class of Service			
Avg. Annual Revenue Per Residential Customer			
KWH Production Expense			
KWH Trans. Expense			
Gas Statistics:			
MCF or Therm Sales-By Class of Service			
Avg. No. of Customers-By Class of Service			
Avg. MCF or Therm Use-By Class of Service			
Avg. Annual Revenue Per Residential Customer			
Production Expense Per MCF or Therm			
Storage and Trans. Expense Per MCF or Therm			
Water Statistics:			
Gallons Sold-By Class of Service			
Avg. No. of Customers-By Class of Service			
Avg. Annual Gallons Per Residential Customer			
Avg. Annual Revenue Per Residential Customer			
Pumping Cost Per 1,000 Gallons			
Telephone Statistics:			
Main Telephones			
Company Telephones			
Revenue Per Main Telephone			
Messages			
Net Plant in Service Per Telephone			

Schedule E-8. Taxes Charged to Operations

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: E-8 Title: Taxes Charged to Operations
Explanation: A schedule showing all significant taxes charged to operations for the test year and the 2 fiscal years ended prior to the test year.	Required For: All Utilities ☐ Special Reqmt: ☐ Class A ☒ Class B ☒ Class C ☒ Class D ☐

Description	Test Year Ended _____	Prior Year Ended _____	Prior Year Ended _____
Federal Taxes:	$	$	$
≈			
	$	$	$
State Taxes	$	$	$
≈			
	$	$	$
Local Taxes:	$	$	$
≈			
	$	$	$
Total Taxes	$	$	$

NOTE: For combination utilities, the above should be presented in total and by department.

Supporting Schedules: Recap Schedules:

Schedule E-9. Notes to Financial Statements

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: E-9 Title: Notes to Financial Statements
Explanation: Disclosure of important facts pertaining to the understanding of the financial statements.	Required For: All Utilities [x] Special Reqmt. [ ] Class A [ ] Class B [ ] Class C [ ] Class D [ ]

Disclosures should include, but not be limited to the following:

1. Accounting method.
2. Depreciation lives and methods employed by major classifications of utility property.
3. Income tax treatment - normalization or flow through.
4. Interest rate used to charge interest during construction, if applicable.

Supporting Schedules: Recap Schedules:

Appendix F. Projections and Forecasts

Schedule F-1. Projected Income Statements - Present and Proposed Rate

ARIZONA CORPORATION COMMISSION
REGULATION R14-2-103

APPENDIX F.
PROJECTIONS AND FORECASTS

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: F-1 Title: Projected Income Statements - Present and Proposed Rate
Explanation: Schedule showing an income statement for the projected year, compared with actual test year results, at present rates proposed rates.	Required For: All Utilities [x] Special Reqmt. [ ] Class A [ ] Class B [ ] Class C [ ] Class D [ ]

		Projected Year	
	Actual Test Year Ended _____(a)	At Present Rates Year Ended _____ (b)	At Proposed Rates Year Ended _____ (b)
Revenues:	$	$	$
Operating Expenses:			
Operating Income	$	$	$
Other Income & Deductions:			
Interest			
Net Income	$	$	$
Earnings per share of average Common Stock Outstanding	$	$ Optional	$ Optional
% Return on Common Equity	%	%	%

Supporting Schedules:
(a) E-2

Recap Schedules:
(b) A-2

Schedule F-2. Projected Changes In Financial Present and Proposed Rates

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: F-2 Title: Projected Changes In Financial Present and Proposed Rates
Explanation: Schedule showing projected changes in financial position for projected year compared with the test year, at present and proposed rates.	Required For: All Utilities ☐ Special Reqmt: ☐ Class A ☒ Class B ☒ Class C ☐ Class D ☐

		Projected Year	
	Test Year Ended (a)	At Present Rates Year Ended (b)	At Proposed Rates Year Ended (b)
Source of Funds:	$	$	$
Total Funds Provided	$	$	$
Application of Funds:			
Total Funds Provided	$	$	$

Details of Financing:

Changes in Short-term Debt:

Changes in Long-term Debt:

Changes in Preferred Stock:

Changes in Common Equity:

Supporting Schedules:
(a) E-3
(c) F-3

Recap Schedules:
(b) A-5

Schedule F-3. Projected Construction Requirements

ARIZONA CORPORATION COMMISSION
REGULATION R14-2-103
APPENDIX
ILLUSTRATIVE SCHEDULE FORMAT

Schedule: F-3

Title: Projected Construction Requirements

Explanation:
Schedule showing projected annual construction requirements, by property classification, for 1 to 3 years subsequent to the test year compared with the test year.

Required For:

All Utilities	☐	Special Reqmt. ☐
Class A	☒	3 yrs. projected
Class B	☒	
Class C	☒	1 yrs. projected
Class D	☒	

Property Classification	Actual Test Year Ended _____	Projected Test Year Ended____	Test Year Ended____	Test Year Ended_____
Production Plant	$	$	$	$
Transmission Plant				
Total Plant (a)	$ _____	$ _____	$ _____	

NOTE: For combination utilities, the above should be presented by department.

Supporting Schedules:

Recap Schedules:
(a) F-2 & A-4

Schedule F-4. Assumptions Used in Developing Projection

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: F-4 Title: Assumptions Used in Developing Projection
Explanation: Documentation of important assumptions used in preparing forecasts and projections.	Required For: All Utilities [x] Special Reqmt. [ ] Class A [ ] Class B [ ] Class C [ ] Class D [ ]

Important assumptions used in preparing projections should be explained.

Areas covered should include:

1. Customer growth
2. Growth in consumption and customer demand
3. Changes in expenses
4. Construction requirements, including production reserves and changes in plant capacity
5. Capital structure changes
6. Financing costs, interest rates

Supporting Schedules:

Recap Schedules:

Appendix G. Cost of Service Analyses

Schedule G-1. Cost of Service Summary-Present Rates

ARIZONA CORPORATION COMMISSION
REGULATION R14-2-103

APPENDIX G
COST OF SERVICE ANALYSES

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: G-1 Title: Cost of Service Summary-Present Rates
Explanation: Schedule showing rates of return by customer classification at present rates.	Required For: All Utilities ☐ Special Reqmt. ☒ Class A ☐ Class B ☐ Class C ☐ Class D ☐

	Customer Classification			
	Total	A	B	Z
Revenues (a)	$	$	$	$
Expenses (b)				
Operating Income before Income Taxes				
Income Taxes				
Net Operating Income	$	$	$	$
Rate Base (c)	$	$	$	$
Rate of Return	%	%	%	%

Supporting Schedules:
(a) H-1 (c) G-3
(b) G-4

Recap Schedules:

Schedule G-2. Cost of Service Summary-Proposed Rates

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: G-2 Title: Cost of Service Summary-Proposed Rates
Explanation: Schedule showing rates of return by customer classification at proposed rates.	Required For: All Utilities ☐ Special Reqmt. ☒ Class A ☐ Class B ☐ Class C ☐ Class D ☐

	Customer Classification			
	Total	A	B	Z
Revenues (a)	$	$	$	$
Expenses (b)				
Operating Income before Income Taxes				
Income Taxes				
Net Operating Income	$	$	$	$
Rate Base (c)	$	$	$	$
Rate of Return	%	%	%	%

Supporting Schedules:
(a) H-1 (c) G-3
(b) G-4

Recap Schedules:

Schedule G-3. Rate Base Allocation to Classes of Service

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: G-3 Title: Rate Base Allocation to Classes of Service
Explanation: Schedule showing allocation of plant at original cost less depreciation to class of service.	Required For: All Utilities ☐ Special Reqmt. ☒ x Class A ☐ Class B ☐ Class C ☐ Class D ☐

Class of Service	Total (a) $	Total (a) %	Demand Plant Function 1 $(b)	Demand Plant Function 1 %(c)	Demand Plant Function 2	Demand Plant Function 3	Demand Plant Function etc.	Commodity Plant Function 1	Commodity Plant Function 2	Commodity Plant Function 3	Commodity Plant Function etc.	Customer Gen.	Customer Specific
A													
B													
≀													
Z	$												
TOTAL	$	%	$(b)	(c) %									

Supporting Schedules:
(b) G-5
(c) G-7

Recap Schedules:
(a) G-1 & G-2

Schedule G-4. Expense Allocation to Classes of Service

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: G-4 Title: Expense Allocation to Classes of Service
Explanation: Schedule showing allocation of operating expenses to class of service.	Required For: All Utilities ☐ Special Reqmt. ☒ x Class A ☐ Class B ☐ Class C ☐ Class D ☐

Class of Service	Total (a) $	Total (a) %	Demand Plant Function 1 $(b)	Demand Plant Function 2	Demand Plant Function 3	Demand Plant Function 4	Commodity Plant Function 1	Commodity Plant Function 2	Commodity Plant Function 3	Commodity Plant Function etc.	Customer Gen.	Customer Specific	Other
			%(c)										
A													
B													
⋮													
Z	$												
TOTAL	$	%	$(b)	(c) %									

Supporting Schedules:
(b) G-5
(c) G-7

Recap Schedules:
(a) G-1 & G-2

Schedule G-5. Distribution of Rate Base by Function

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: G-5 Title: Distribution of Rate Base by Function
Explanation: Schedule showing allocation of plant at original cost less depreciation to defined functions.	Required For: All Utilities ☐ Special Reqmt. ☒ x Class A ☐ Class B ☐ Class C ☐ Class D ☐

		Function*						
		Demand					Customer*	
Plant Classification	Total $ %	1*	2*	3*	4*	Commodity*	Gen.	Specific
Production								
Transmission								
$	%							

* Production or transmission, primary, secondary, etc.

Supporting Schedules:

Recap Schedules:
(a) G-3

Schedule G-6. Distribution of Expenses by Function

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: G-6 Title: Distribution of Expenses by Function
Explanation: Schedule showing allocation of operating expenses to defined functions.	Required For: All Utilities ☐ Special Reqmt. ☒ Class A ☐ Class B ☐ Class C ☐ Class D ☐

		Function*							
		Demand					Customer		
Expense Classification	Total	1*	2*	3*	4*	Commodity	Gen.	Specific	Other
	$ %	$ %							
Production:									
Transmission:									
Sales:									
Administrative:									
Total Operating Expenses (a)	$ %	$ %							

* Production Transmission, primary, secondary, etc.

Supporting Schedules:

Recap Schedules:
(a) G-4

Schedule G-7. Development of Allocation Factors

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: G-7 Title: Development of Allocation Factors
Explanation: Schedule(s) showing development of all allocation factors used in the cost of service study.	Required For: All Utilities ☐ Special Reqmt. ☒ Class A ☐ Class B ☐ Class C ☐ Class D ☐

Schedules should be provided to indicate how demand, commodity and customer allocation factors were developed. Demand method employed, e.g., peak, average and excess, non-coincident peak, should be disclosed supported with adequate detail.

Supporting Schedules:

Recap Schedules:
G-4
G-3

Appendix H. Effect of Proposed Tariff Schedules

Schedule H-1. Summary of Revenues by Customer Classification-Present and Proposed Rates

ARIZONA CORPORATION COMMISSION
REGULATION R14-2-103

APPENDIX H.
EFFECT OF PROPOSED TARIFF SCHEDULES

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: H-1 Title: Summary of Revenues by Customer Classification-Present and Proposed Rates
Explanation: Schedule comparing revenues by customer classification for the test year, at present and proposed rates.	Required For: All Utilities x ☐ Special ☐ Reqmt. Class A ☐ Class B ☐ Class C ☐ Class D ☐

	Revenues in the Test Year (a)		Proposed Increase (b)	
Customer Classification	Present Rates	Proposed Rates	Amount	%
Residential	$	$	$	
Industrial				
Total Revenues	$ _____	$ _____	$ _____	$ _____

Note: For combination utilities, above information should be presented in total and by department.

Supporting Schedules:
(a) H-2

Recap Schedules:
(b) A-1

Schedule H-2. Analysis of Revenue by Detailed Class

ARIZONA CORPORATION COMMISSION
REGULATION R14-2-103
APPENDIX
ILLUSTRATIVE SCHEDULE FORMAT

Schedule: H-2

Title: Analysis of Revenue by Detailed Class

Explanation:
Schedule comparing revenues by detailed class of service, for the test year, at present and proposed rates.

Required For:

All Utilities	☐	Special Reqmt.	☐
Class A	☒		
Class B	☒		
Class C	☐		
Class D	☐		

Class of Service	Average Number of Customers	Average Consumption	Revenues Present Rates	Revenues Proposed Rates	Proposed Increase Amount	Proposed Increase %
Residential:			$	$	$	
General						
Limited Service						
Total Residential			$ (a)	$ (a)	$ (a)	$ (a) %
Industrial:						
General service						
Optional service						
Total Company			$	$	$	%

Note: For combination utilities, above information should be presented by department.

Supporting Schedules:

Recap Schedules:
(a) H-1

Schedule H-3. Changes In Representative Rate Schedules

ARIZONA CORPORATION COMMISSION
REGULATION R14-2-103
APPENDIX
ILLUSTRATIVE SCHEDULE FORMAT

Schedule: H-3

Title: Changes In Representative Rate Schedules

Explanation:
Schedule(s) comparing present rate schedules with proposed rate schedule.

Required For:

All Utilities	☐	Special Reqmt. ☐
Class A	☒	} Representative Schedules
Class B	☒	
Class C	☒	} All Schedules
Class D	☒	

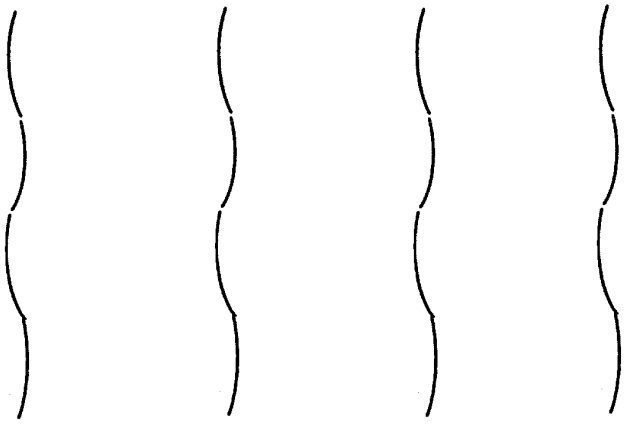
Rate Schedule	Description	Block	Present Rate	Proposed Rate	Change
1	Residential-Gen. Service	First 1,000 gal.	$1.00	$1.25	$ .25
		Next 1,000 gal.	$ .08/100	$ .10/100	$ .02/100
12	Industrial-Gen. Service				

Supporting Schedules:

Schedule H-4. Typical Bill Analysis

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: H-4 Title: Typical Bill Analysis
Explanation: Schedule(s) comparing typical customer bills at varying consumption levels at present and proposed rates.	Required For: All Utilities [x] Special Reqmt. [ ] Class A [ ] Class B [ ] Class C [ ] Class D [ ]

Rate Schedule	Description	Monthly Consumption	Present Bill	Proposed Bill	% Increase
1	Residential-Gen. Service	1,000 gal. or less	$1.00	$1.25	25.0%
		5,000 gal.	$3.30	$ 3.80	15.2%



Supporting Schedules:

Schedule H-5. Bill Count

ARIZONA CORPORATION COMMISSION REGULATION R14-2-103 APPENDIX ILLUSTRATIVE SCHEDULE FORMAT	Schedule: H-5 Title: Bill Count
Explanation: Schedule(s) showing billing activity by block for each rate schedule.	Required For: All Utilities [x] Special Reqmt. [ ] Class A [ ] Class B [ ] Class C [ ] Class D [ ]

Rate Schedule:_____

Description:_____

Block	Number of Bills by Block	Consumption By Blocks	Cumulative Bills No.	Cumulative Bills % of Total	Cumulative Consumption Amount	Cumulative Consumption % of Total

Average Number of Customers _____

Average Consumption _____

Median Consumption _____

Supporting Schedules:

Recap Schedules:

Historical Note

Former Section R14-2-103 renumbered as Section R14-2-101, former Section R14-2-128 renumbered as Section R14-2-103 without change effective March 2, 1982 (Supp. 82-2). Amended subsection (B) effective June 18, 1987 (Supp. 87-2). Amended effective August 31, 1992 (Supp. 92-3). Amended by final rulemaking at 19 A.A.R. 397, effective April 9, 2013 (Supp. 13-1). Amended by final rulemaking at 20 A.A.R. 3439, effective January 16, 2015 (Supp. 14-4).

R14-2-104. Inspection of annual reports

Pursuant to A.R.S. § 40-204(C), all utility annual reports and attachments thereto required to be filed pursuant to this Chapter shall be open to public inspection without further or special order of the Arizona Corporation Commission.

Historical Note

Former Section R14-2-104 repealed, new Section R14-2-104 adopted effective March 2, 1982 (Supp. 82-2).

R14-2-105. Notice of rate hearings

A. Every public service corporation shall give notice to customers affected of any hearing at which the fair value of that corporation's property is to be determined and just and reasonable rates and charges are to be established.

B. The form and manner of such notice shall be as the Commission may direct by procedural order.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2).

R14-2-106. Commission Color Code to Identify Location of Underground Facilities

A. If the location of an underground facility is marked with stakes, paint, or in some customary manner pursuant to A.R.S. § 40-360.21(13), the facility owner will use the following color code:

Facility Type	Specific Color
Electric Power Distribution and Transmission	Safety Red
Gas Distribution and Transmission; Oil Product Distribution and Transmission; Dangerous Materials, Product Lines	High Visibility Safety Yellow
Telephone and Telegraph System; Cable Television	Safety Alert Orange
Fiber Optics Communication Lines	The Letter "F" in Safety Alert Orange
Water Systems; Slurry Pipelines	Safety Precaution Blue
Reclaimed Water Systems	Purple
Sanitary Sewer Systems	Safety Green

UNACCEPTABLE FACILITY LOCATION COLORS:

Fluorescent Pink - This shall be considered a land surveyor marking.
White - This shall be reserved for excavator markings.

B. Excavators and Underground Facility Owners shall consider use of the color fluorescent pink to be indicative of land survey markings and not location markings for any underground facility. Surveyors may place aerial photogrammetric markings (targets) using the color white; such marking shall have a fluorescent pink dot not less than two inches in diameter placed within one foot of any edge of the aerial marking. Fluorescent pink shall not be used by excavators or Underground Facility Owners.

C. Excavators making markings pursuant to A.R.S. § 40-360.22(C) are required to use the color white.

D. Colors similar to those listed in R14-2-106(A) through R14-2-106(C) shall not be used for other than their listed purpose.

Historical Note

Adopted effective September 5, 1986 (Supp. 86-5). Amended effective June 4, 1993, under an exemption from the Attorney General certification requirements of the Arizona Administrative Procedure Act (Supp. 93-2). Amended effective August 16, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 971, effective February 19, 2002 (Supp. 02-1).

R14-2-107. Electric, Natural Gas, or Affiliated Water Cooperative Streamlined Rate Application Filing Requirements and Process

A. Definitions. In this Section, unless otherwise specified:

1. "Affiliated entity" means an "entity" as defined in A.A.C. R14-2-801 that, in relation to a cooperative, meets the definition of an "affiliate" in A.A.C. R14-2-801.
2. "Base revenue" means the revenue generated by permanent rates and charges, excluding:
   a. Revenue generated through adjustor mechanisms, and
   b. Revenue generated through miscellaneous service charges.
3. "CFC" means the National Rural Utilities Cooperative Finance Corporation.
4. "Commission" means the Arizona Corporation Commission.
5. "Cooperative" means a legal entity that is:
   a. A domestic corporation or a foreign corporation authorized to transact business in this state;
   b. Operated as a not-for-profit or non-profit;
   c. Owned and controlled by its members; and
   d. Operating as a public service corporation in this state by providing electric utility services, natural gas utility services, or water utility services from an affiliated entity.
6. "Customer" means anyone who receives utility service from the cooperative.
7. "Docket Control" means the organizational unit within the Commission's Hearing Division that accepts, records, and maintains filings.
8. "FERC" means the Federal Energy Regulatory Commission.
9. "File" means to submit to Docket Control, with the required number of copies and in an acceptable format, for recording under an appropriate docket number.
10. "Full permanent rate case decision" means a Commission decision:
    a. Issued on an application filed under R14-2-103 and not under this Section,
    b. In which the Commission ascertained the fair value of a public service corporation's property within Arizona and established a schedule of rates and charges for the public service corporation's provision of utility services within Arizona, and
    c. Not issued under A.R.S. § 40-252.
11. "Non-price tariff change" means modification of one or more tariff provisions, either through altering existing tariff language or adding new tariff language, in a manner that substantively alters a requirement other than a rate or charge.
12. "Rate schedule" means a schedule of rates and conditions for a specific classification of customer or for other specific services.
13. "Rate structure change" means any of the following:
    a. Introduction of a new rate schedule;

b. Elimination of an existing rate schedule;
c. A change in base revenue generated by the residential rate class greater than 150% of the overall base revenue increase;
d. A change greater than 35% in the customer charge within a rate schedule for residential customers; or
e. A change in the rate blocks or the percentage relationship of the prices among rate blocks.

14. "RUS" means United States Department of Agriculture, Rural Utilities Service.
15. "Staff" has the same meaning as in R14-2-103.
16. "Test year" means the one-year historical period used in determining rate base, operating income, and rate of return, which shall have an ending date within 12 months before the filing date for a rate application under this Section and shall include at least six months during which a cooperative's current rates and charges were in effect.
17. "Timely" means in the manner and before the deadlines prescribed in this Section.

B. Eligibility Requirements. Except as provided in subsection (C), a cooperative may file and pursue a rate application under this Section rather than R14-2-103 only if the following eligibility requirements are met:

1. A full permanent rate case decision for the cooperative has been issued within the 20-year period immediately preceding the filing of the cooperative's rate application;
2. The cooperative has not filed a rate application under this Section within the 12 months immediately preceding the filing of the cooperative's rate application;
3. The cooperative is required by law or contract to make a certified annual financial and statistical report to a federal agency, such as RUS or FERC, or an established national non-profit lender that specializes in the utility industry, such as CFC or CoBank;
4. The test year used in the cooperative's rate application complies with the definition of a test year in subsection (A);
5. The cooperative's rate application includes the most recent audited financials for the cooperative;
6. The cooperative's rate application does not propose an increase in total base revenue amounting to more than 6% of the actual test year total base revenue;
7. The cooperative's rate application uses its original cost rate base as its fair value rate base;
8. The cooperative's rate application proposes changes in rates and charges and non-price tariff language consistent with subsection (D) and does not propose adoption of a new hook-up fee or another new type of fee;
9. The cooperative's rate application does not propose a rate structure change except for the elimination of a rate schedule if the rate schedule has had no customer participation within the one year prior to the test year through and including the test year;
10. The cooperative's rate application does not request financing approval and does not request consolidation with another docket;
11. The customer notice provided by the cooperative conformed to the requirements of subsection (F) and was approved by Staff;
12. For a distribution cooperative, the objections timely submitted by the cooperative's customers represent no more than 5% of all customer accounts or no more than 1,000 customer accounts, whichever is fewer; and
13. For a generation or transmission cooperative, no member distribution cooperative has filed a timely objection to the application, and the objections timely submitted by retail customers served by member distribution cooperatives represent no more than 3,000 customer accounts.

C. A multi-jurisdictional cooperative with less than 30% of its customers within Arizona that seeks only to implement rates for Arizona customers that are already effective in the jurisdiction where the majority of the cooperative's customers are located may pursue a rate application under this Section without meeting the eligibility requirements of subsections (B)(1) through (10).

D. A cooperative may propose any of the following in its rate application filed under this Section:

1. Changes to an existing adjustor rate;
2. Changes to an existing surcharge rate;
3. Changes to an existing hook-up fee or other fee;
4. Adoption of a new adjustor mechanism or surcharge mechanism, if the mechanism has been previously approved by the Commission;
5. Adjustment to the base cost of power;
6. Changes to non-price tariff language, including language that freezes participation in a tariff to existing customers;
7. Changes to depreciation rates, if supported by a depreciation study approved by Staff engineers; and
8. Waiver of one or more of the eligibility requirements in subsections (B)(1) through (B)(10), except (B)(3).

E. Pre-Filing Requirements. Before filing a rate application under this Section, a cooperative shall:

1. Analyze the cooperative's eligibility under subsection (B);
2. Submit to Staff, in both hard copy and electronic (with formulae intact) formats, a Request for Pre-Filing Eligibility Review, which shall include a draft application including the items and information described in subsections (G)(1) through (6), and a copy of the Proposed Form of Notice to be sent to the cooperative's customers;
3. No sooner than 30 days after the date Staff receives the Request for Pre-Filing Eligibility Review, meet with Staff to discuss the cooperative's eligibility under subsection (B) and any Staff modifications to the Proposed Form of Notice; and
4. After meeting with Staff, if the cooperative decides to pursue a rate application under this Section, file a Request for Docket Number and Proposed Form of Notice for Staff approval.

F. Notice Requirements.

1. A cooperative shall ensure that the Proposed Form of Notice submitted to Staff for approval includes, at a minimum, all of the following:
   a. The cooperative's name and contact information;
   b. The docket number assigned to the cooperative's rate application proceeding;
   c. A summary of the rate relief requested by the cooperative in its rate application;
   d. For a distribution cooperative, the monthly bill impact to a residential customer with average usage if the requested rate relief were granted by the Commission;
   e. For a generation or transmission cooperative, the estimated rate and revenue impact to each member distribution cooperative served if the requested rate relief were granted by the Commission;

f. Instructions for viewing or obtaining filed documents;
g. Information regarding the Commission's process under this Section;
h. The deadline to file intervention requests and objections, which shall be a date no earlier than 30 days after the date Notice is mailed to customers;
i. Instructions for requesting intervention and submitting objections; and
j. Information regarding disability accommodations;

2. After receiving Staff approval for a form of Notice, a cooperative shall provide notice of its application as follows:
a. If a distribution cooperative, by sending the Notice, by First Class Mail, to each of the cooperative's customers; and
b. If a generation or transmission cooperative, by publishing the Notice in at least one newspaper of general circulation in the service territory of each member distribution cooperative served and by sending the Notice, by First Class Mail, to each member distribution cooperative served.

G. Filing Requirements. Within twenty days after completing the provision of Notice as required by subsection (F)(2), a cooperative shall file in the assigned docket a rate application under this Section, which shall include the following:
1. The legal name of the cooperative and identification of the test year;
2. A waiver of the use of reconstruction cost new rate base to determine the cooperative's fair value rate base;
3. A copy of the most recent certified annual financial and statistical report submitted by the cooperative to a federal agency, such as RUS or FERC, or an established national non-profit lender that specializes in the utility industry, such as CFC or CoBank;
4. A copy of the most recent audited financials for the cooperative;
5. The information listed in the table in R14-2-103(B)(1) for Schedule A-1, which shall be submitted in the format provided in Appendix Schedule A-1;
6. The information listed in the table in R14-2-103(B)(1) for Schedules B-2, C-1, C-2 (if applicable), E-5, E-7, E-9, and H-1 through H-5, which:
a. Shall be included on schedules labeled consistently with and containing the substantive information corresponding to the Appendix Schedules,
b. Shall conform to the instructions and notes contained on the corresponding Appendix Schedules,
c. May be submitted in the format provided in the Appendix Schedules or formatted in an alternate manner, and
d. May omit information that is not applicable to the cooperative's operations;
7. The information listed in the table in R14-2-103(B)(1) for Schedules B-3 and B-4, if requesting a change in depreciation rates in accordance with subsection (D)(7);
8. A copy of the Notice sent and, if applicable, published, as required under subsection (F)(2); and
9. Proof that the Notice was sent and, if applicable, published, as required under subsection (F)(2).

H. Pre-Eligibility-Review Objections and Requests. Any person desiring to object to the cooperative's rate application or to request intervention in the cooperative's rate case shall file an objection or request no later than the date specified in the Notice provided pursuant to subsection (F)(2).

I. Late Objections. In determining the cooperative's eligibility to proceed with its rate application under this Section, Staff shall not consider any objection that is filed after the deadline in the Notice provided pursuant to subsection (F)(2).

J. Eligibility and Sufficiency Review. Within seven days after the deadline for objections and intervention requests specified in the Notice provided pursuant to subsection (F)(2), Staff shall:
1. Review the cooperative's rate application, along with any objections timely filed under subsection (H), to determine whether the cooperative is eligible, under subsection (B), to pursue its rate application under this Section;
2. File either a Notice of Eligibility or a Notice of Ineligibility;
3. If the cooperative is eligible, complete the following:
a. Conduct a sufficiency review of the cooperative's rate application;
b. Determine whether the rate application complies with the requirements of subsection (G); and
c. File either a Notice of Sufficiency that classifies the cooperative as provided in R14-2-103(A)(3)(q) or a Notice of Deficiency that lists and explains each defect in the rate application that must be corrected to make the rate application sufficient.

K. Eligibility and Sufficiency Determinations. Staff's determinations of eligibility, ineligibility, sufficiency, and deficiency are not Commission decisions or Commission orders under A.R.S. §§ 40-252 or 40-253. A cooperative or intervenor that disagrees with Staff's determination of eligibility, ineligibility, sufficiency, or deficiency may petition the Commission to review Staff's determination by filing a petition in the docket. A Commissioner may include a petition for review as an agenda item to be considered by the Commission at an Open Meeting. If a petition for review is not included in an Open Meeting agenda within 30 days after the date it is filed in the docket, the petition for review shall be deemed denied.

L. Request for Processing under R14-2-103. Within 75 days after a Notice of Ineligibility is filed, a cooperative may file a Request for Processing under R14-2-103. If a cooperative files a Request for Processing under R14-2-103, all further activity under this Section shall cease, and the cooperative's rate application shall be deemed a new rate application, filed under R14-2-103, on the date the Request for Processing under R14-2-103 is filed.

M. Docket Closure. If a Request for Processing under R14-2-103 is not filed within 75 days after a Notice of Ineligibility is filed, the Hearing Division shall issue a procedural order administratively closing the docket.

N. Action on Notice of Deficiency. After Staff files a Notice of Deficiency:
1. The cooperative shall promptly address each defect listed in the Notice of Deficiency and file all necessary corrections and information to bring the rate application to sufficiency; and
2. Within 10 days after receiving the cooperative's corrections and information, Staff shall again take the actions described in subsection (J)(3).

O. Substantive Review and Staff Report. After Staff files a Notice of Sufficiency, Staff shall:
1. Conduct a substantive review of the rate application;

2. Prepare a Staff Report that shall include Staff's recommendations and may include a Request for Hearing that complies with subsection (Q); and
3. File the Staff Report (and a Recommended Order if no Request for Hearing) within:
   a. 150 days after the Notice of Sufficiency is filed, for a rate application requesting adjustment to the base cost of power;
   b. 120 days after the Notice of Sufficiency is filed, for a rate application requesting a new adjustor mechanism; and
   c. 60 days after the Notice of Sufficiency is filed, for any other rate application.

P. Responses to Staff Report. Within 10 days after Staff files a Staff Report:
1. The cooperative shall file a Response to the Staff Report, which may include a Request for Hearing that complies with subsection (Q) or a Request for Withdrawal; and
2. Each intervenor shall file a Response to the Staff Report, which may include a Request for Hearing that complies with subsection (Q).

Q. Request for Hearing. A Request for Hearing shall include, at a minimum, an explanation of the requesting party's reasons for believing that an evidentiary hearing should be held; a summary of each issue on which the party believes evidence should be provided; and a recitation of the witnesses and documentary evidence that the requesting party believes could be produced to provide evidence on each issue.

R. Responses to and Action on Request for Hearing.
1. A party shall file any response to a Request for Hearing within five business days after the Request for Hearing is filed.
2. The Hearing Division shall rule on each Request for Hearing within 10 business days after it is filed and may require oral argument or other proceedings at its discretion in considering a Request for Hearing.
3. The Hearing Division may extend the party response deadline or Hearing Division's ruling deadline for good cause.
4. If a hearing is granted, the Hearing Division shall preside over all further proceedings in the case.

S. Action on Request for Withdrawal. The Hearing Division shall rule on each Request for Withdrawal and may require party responses, including oral argument, or other proceedings at its discretion in considering a Request for Withdrawal. If withdrawal is granted, the Hearing Division shall issue a procedural order administratively closing the docket.

T. Requirement for Service. A party that files a document under this Section shall also serve a copy of the document on each other party to the case, in accordance with the Commission's rules or as otherwise authorized by the Commission.

U. Revenue Increase Cap. No Commission decision issued under this Section shall increase a cooperative's base revenue by more than 6% of the cooperative's actual test year total base revenue, unless the cooperative meets the requirements of subsection (C). In calculating the 6% base revenue increase cap, the Commission shall not include the revenue derived from a change to the base cost of power, an existing adjustor rate, an existing surcharge rate, an existing hook-up fee, or another existing fee or the addition of a new adjustor mechanism or surcharge mechanism.

V. The Commission may, at any stage in the processing of a cooperative's rate application under this Section, determine that the rate application shall instead proceed under R14-2-103.

W. Recommended Opinion and Order. The Hearing Division shall issue a Recommended Opinion and Order within 90 days after the last day of a hearing held under this Section.

X. The Commission may, for good cause, waive an eligibility requirement of subsection (B).

Historical Note

New Section made by final rulemaking at 19 A.A.R. 397, effective April 9, 2013 (Supp. 13-1). Amended by final rulemaking at 24 A.A.R. 2750, effective November 20, 2018 (Supp. 18-3).

R14-2-108. Electric, Natural Gas, or Affiliated Water Cooperative Streamlined Financing Application Filing Requirements and Process

A. Definitions. The definitions contained in R14-2-107 shall apply to this Section.

B. New Financing or Refinancing Requests.
1. Thirty days before filing an application to request new financing, a cooperative shall meet with Staff to discuss the financing application.
2. A cooperative shall ensure that its filed financing application includes, at a minimum:
   a. The information provided to lenders by the cooperative,
   b. The most recent audited financials for the cooperative, and
   c. A capital budget or work plan showing how the cooperative proposes to use the funds obtained through the requested financing.
3. A cooperative shall post a notice regarding its financing application, in a form approved by Staff, or a link to such a notice, on the main page of the cooperative's website.
4. Staff shall issue a Staff report and proposed order regarding a cooperative's financing application within 75 days after the filing of the financing application.

C. Refinancing Requests.
1. Fourteen days before filing an application for refinancing, a cooperative shall meet with Staff to discuss the refinancing application.
2. A cooperative shall ensure that its filed refinancing application includes, at a minimum, the information required under subsection (B)(2).
3. A cooperative shall post a notice regarding its refinancing application, in a form approved by Staff, or a link to such a notice, on the main page of the cooperative's website.
4. Staff shall issue a Staff report and proposed order regarding a cooperative's refinancing application within 45 days after the filing of the refinancing application.

D. Joint Requests
1. A cooperative may file an application requesting approval of both new financing and refinancing.
2. An application requesting approval of both new financing and refinancing shall be processed under subsection (B).

Historical Note

New Section made by final rulemaking at 24 A.A.R. 2750, effective November 20, 2018 (Supp. 18-3).

ARTICLE 2. ELECTRIC UTILITIES

Editor's Note: The following Section was amended under the regular rulemaking process and approved by the Arizona Attorney General's Office (Supp. 22-1).

Editor's Note: The following Section was amended under an exemption from the Attorney General approval provisions of the Arizona Administrative Procedure Act (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)), as determined by the Corporation Commission. This exemption means that the rules as amended were not approved by the Attorney General (Supp. 99-3 and Supp. 00-4).

R14-2-201. Definitions

In this Article, unless the context otherwise requires, the following definitions shall apply. In addition, the definitions contained in Article 16, Retail Electric Competition, shall apply in this Article unless the context otherwise requires.

1. "Advance in aid of construction." Funds provided to the utility by the applicant under the terms of a line extension agreement the value of which may be refundable.
2. "Applicant." A person requesting the utility to supply electric service.
3. "Application." A request to the utility for electric service, as distinguished from an inquiry as to the availability or charges for such service.
4. "Arizona Corporation Commission." The regulatory authority of the state of Arizona having jurisdiction over public service corporations operating in Arizona.
5. "Billing month." The period between any two regular readings of the utility's meters at approximately 30 day intervals.
6. "Billing period." The time interval between two consecutive meter readings that are taken for billing purposes.
7. "Contributions in aid of construction." Funds provided to the utility by the applicant under the terms of a line extension agreement or service connection tariff the value of which is not refundable.
8. "Curtailment priority." The order in which electric service is to be curtailed to various classifications of customers, as set forth in the utility's filed tariffs.
9. "Customer." The person or entity in whose name service is rendered, as evidenced by the signature on the application or contract for that service, or by the receipt and/or payment of bills regularly issued in his name regardless of the identity of the actual user of the service.
10. "Customer charge." The amount the customers must pay the utility for the availability of electric service, excluding any electricity used, as specified in the utility's tariffs.
11. "Customer hours" means the product of the duration of the utility outage and the number of customers affected by said outage.
12. "Day." Calendar day.
13. "Demand." The rate at which power is delivered during any specified period of time. Demand may be expressed in kilowatts, kilovolt-amperes, or other suitable units.
14. "Distribution lines." The utility lines operated at distribution voltage which are constructed along public roadways or other bona fide rights-of-way, including easements on customer's property.
15. "Electric Service Provider" or "ESP" means an entity supplying, marketing, or brokering at retail any competitive services pursuant to a Certificate of Convenience and Necessity.
16. "Energy." Electric energy, expressed in kilowatt-hours.
17. "Federal poverty level" means the U.S. federal poverty guideline for the pertinent household size published annually in the Federal Register by the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, and available at https://aspe.hhs.gov/poverty-guidelines.
18. "Heat-vulnerable populations" means persons who are more vulnerable to hot weather mortality and morbidity.
19. "Inability to pay" means a circumstance under which a residential customer either:
    a. Cannot pay the full balance of the customer's monthly bill and has attested to and, if requested, has provided documentation issued by an Arizona or U.S. governmental agency or a licensed medical practitioner verifying that the customer meets one of the following:
        i. Is at least 62 years of age;
        ii. Has a physical or mental condition that substantially limits the customer's ability to manage resources, carry out activities of daily living, or secure protection from neglect or hazardous situations without assistance from others; or
        iii. Has a medical condition that makes termination of electric service especially dangerous to the customer's health; or
    b. Cannot pay the full balance of the customer's monthly bill and meets one of the following as attested to by the residential customer:
        i. Is not gainfully employed;
        ii. Qualifies for monetary government welfare assistance but has not yet begun to receive assistance; or
        iii. Has an annual income at or below 200 percent of the federal poverty level.
20. "Interrupt" or "Interruption" means to cease or the cessation of electric service to a customer at the point of delivery.
21. "Kilowatt (kw)." A unit of power equal to 1,000 watts.
22. "Kilowatt-hour (kwh)." Electric energy equivalent to the amount of electric energy delivered in one hour when delivery is at a constant rate of 1 kilowatt.
23. "Licensed medical practitioner" means one of the following types of health care providers, actively licensed to practice in Arizona:
    a. An allopathic or osteopathic physician,
    b. A registered nurse practitioner, or
    c. A physician assistant.
24. "Limited income" means:
    a. A residential customer with annual household income at or below 250 percent of the federal poverty level; or
    b. A residential customer with annual household income at or below a percentage of the federal poverty level higher than 250 percent, as established by an electric utility in a Commission-approved tariff.
25. "Line extension." The lines and equipment necessary to extend the electric distribution system of the utility to provide service to additional customers.
26. "Low Income Home Energy Assistance Program" or "LIHEAP" means the federally funded program that provides low-income residential customers energy bill assistance.
27. "Master meter." A meter for measuring or recording the flow of electricity that has passed through it at a single location where said electricity is distributed to tenants or occupants for their individual usage.

28. "Megawatt (Mw)." A unit of power equal to 1,000,000 watts.
29. "Meter." The instrument for measuring and indicating or recording the flow of electricity that has passed through it.
30. "Meter tampering." A situation where a meter has been illegally altered. Common examples are meter bypassing, use of magnets to slow the meter recording, and broken meter seals.
31. "Minimum charge." The amount the customer must pay for the availability of electric service, including an amount of usage, as specified in the utility's tariffs.
32. "Permanent customer." A customer who is a tenant or owner of a service location who applies for and receives permanent electric service.
33. "Permanent service." Service which, in the opinion of the utility, is of a permanent and established character. The use of electricity may be continuous, intermittent, or seasonal in nature.
34. "Person." Any individual, partnership, corporation, governmental agency, or other organization operating as a single entity.
35. "Point of delivery." The point where facilities owned, leased, or under license by a customer connects to the utility's facilities.
36. "Power." The rate of generating, transferring, or using electric energy, usually expressed in kilowatts.
37. "Preferred method of communication" means the communication method that complies with R14-2-212(K).
38. "Premises." All of the real property and apparatus employed in a single enterprise on an integral parcel of land undivided by public streets, alleys or railways.
39. "Residential subdivision development." Any tract of land which has been divided into four or more contiguous lots with an average size of one acre or less for use for the construction of residential buildings or permanent mobile homes for either single or multiple occupancy.
40. "Residential use." Service to customers using electricity for domestic purposes such as space heating, air conditioning, water heating, cooking, clothes drying, and other residential uses and includes use in apartment buildings, mobile home parks, and other multiunit residential buildings.
41. "Service address" means the physical location at which a utility provides service to a customer.
42. "Service area." The territory in which the utility has been granted a Certificate of Convenience and Necessity and is authorized by the Commission to provide electric service.
43. "Service establishment charge." The charge as specified in the utility's tariffs which covers the cost of establishing a new account.
44. "Service line." The line extending from a distribution line or transformer to the customer's premises or point of delivery.
45. "Service reconnect charge" means the charge specified in a utility's tariffs that must be paid by a customer prior to restarting electric service each time the customer's electric service is terminated for nonpayment or for failure to comply with the utility's tariffs.
46. "Service reestablishment charge" means the charge specified in a utility's tariffs that must be paid to reinitiate service at the same location where the same customer ordered a service termination within the preceding 12-month period.
47. "Single family dwelling." A house, an apartment, a mobile home permanently affixed to a lot, or any other permanent residential unit which is used as a permanent home.
48. "Tariffs." The documents filed with the Commission which list the services and products offered by the utility and which set forth the terms and conditions and a schedule of the rates and charges, for those services and products.
49. "Temporary service." Service to premises or enterprises which are temporary in character, or where it is known in advance that the service will be of limited duration. Service which, in the opinion of the utility, is for operations of a speculative character is also considered temporary service.
50. "Terminate" or "Termination" means to discontinue or a discontinuance of electric service to a customer's service address, by intentional action of the utility, and is synonymous with "disconnect" or "disconnection" as used in this Article.
51. "Third party" means an entity or a person authorized by a customer and willing to receive notification of the customer's pending termination of service and to communicate with the utility on behalf of the customer for the purpose of making arrangements to prevent termination of the customer's electric service.
52. "Utility." The public service corporation providing electric service to the public in compliance with state law, except in those instances set forth in R14-2-1612(A) and (B).
53. "Utility Distribution Company" or "UDC" means the utility that operates, constructs, and maintains the distribution system for the delivery of power to a point of delivery on the distribution system.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2). Amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000 (Supp. 00-4). Amended by final rulemaking at 28 A.A.R. 564 (March 11, 2022), effective April 18, 2022 (Supp. 22-1).

Editor's Note: The following Section was amended under an exemption from the Attorney General approval provisions of the Arizona Administrative Procedure Act (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)), as determined by the Corporation Commission. This exemption means that the rules as amended were not approved by the Attorney General.

R14-2-202. Certificate of Convenience and Necessity for Electric Utilities

A. Application for new Certificate of Convenience and Necessity. Six copies of each application for a new Certificate of Convenience and Necessity shall be submitted to the Commission, through Docket Control, in a form prescribed by the Commission and shall include, at a minimum, the following information:

1. The proper name and correct address of the proposed utility company and its owner, if a sole proprietorship, each partner, if a partnership, or the President and Secretary if a corporation.
2. The rates proposed to be charged for the service that will be rendered.

3. A financial statement setting forth the financial condition of the applicant.
4. Maps of the proposed service area or a description of the area proposed to be served.
5. Appropriate city, county and/or state agency approvals, where appropriate.
6. The actual number of customers within the service area as of the time of filing and the estimated number of customers to be served for each of the first five years of operation.
7. Such other information as the Commission by order or the staff of the Utilities Division by written directive may request.

B. Application for discontinuance or abandonment of utility service
1. Any utility proposing to discontinue or abandon utility service currently in use by the public shall prior to such action obtain authority therefor from the Commission.
2. The utility shall include in the application, studies of past, present and prospective customer use of the subject service, plant, or facility as is necessary to support the application.
3. An application shall not be required to remove individual facilities where a customer has requested service discontinuance.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2). Amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000 (Supp. 00-4).

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R14-2-203. Establishment of Service

A. Information from new applicants
1. A utility may obtain the following minimum information from each new applicant for service:
   a. Name or names of applicant or applicants.
   b. Service address or location and telephone number.
   c. Billing address/telephone number, if different than service address.
   d. Address where service was provided previously.
   e. Date applicant will be ready for service.
   f. Indication of whether premises have been supplied with utility service previously.
   g. Purpose for which service is to be used.
   h. Indication of whether applicant is owner or tenant of or agent for the premises.
   i. Information concerning the energy and demand requirements of the customer.
   j. Type and kind of life-support equipment, if any, used by the customer.
2. Customer-specific information shall not be released without specific prior written customer authorization unless the information is requested by a law enforcement or other public agency, or is requested by the Commission or its staff, or is reasonably required for legitimate account collection activities, or is necessary to provide safe and reliable service to the customer.
3. A utility may require a new applicant for service to appear at the utility's designated place of business to produce proof of identity and sign the utility's application form.
4. Where service is requested by two or more individuals the utility shall have the right to collect the full amount owed to the utility from any one of the applicants.

B. Deposits
1. A utility shall not require a deposit from a new applicant for residential service if the applicant is able to meet any of the following requirements:
   a. The applicant has had service of a comparable nature with the utility within the past two years and was not delinquent in payment more than twice during the last 12 consecutive months or disconnected for nonpayment.
   b. The applicant can produce a letter regarding credit or verification from an electric utility where service of a comparable nature was last received which states applicant had a timely payment history at time of service discontinuance.
   c. In lieu of a deposit, a new applicant may provide a Letter of Guarantee from a governmental or nonprofit entity or a surety bond as security for the utility.
2. The utility may issue a nonnegotiable receipt to the applicant for the deposit. The inability of the customer to produce such a receipt shall in no way impair his or her right to receive a refund of the deposit which is reflected on the utility's records.
3. Deposits shall be interest bearing; the interest rate and method of calculation shall be filed with and approved by the Commission in a tariff proceeding.
4. Each utility shall file a deposit refund procedure with the Commission, through Docket Control, subject to Commission review and approval during a tariff proceeding. However, each utility's refund policy shall include provisions for residential deposits and accrued interest to be refunded or letters of guarantee or surety bonds to expire after 12 months of service if the customer has not been delinquent more than twice in the payment of utility bills.
5. A utility may require a residential customer to establish or reestablish a deposit if the customer becomes delinquent in the payment of two bills within a 12-consecutive- month period or has been disconnected for service during the last 12 months.
6. The amount of a deposit required by the utility shall be determined according to the following terms:
   a. Residential customer deposits shall not exceed two times that customer's estimated average monthly bill.
   b. Nonresidential customer deposits shall not exceed 2 1/2 times that customer's estimated maximum monthly bill.
7. The utility may review the customer's usage after service has been connected and adjust the deposit amount based upon the customer's actual usage.
8. A separate deposit may be required for each meter installed.
9. If a utility Distribution Company's customer with an established deposit elects to take competitive services from an Electric Service Provider, and is not currently

delinquent in payments to the Utility Distribution Company, the Utility Distribution Company will refund a portion of the customer's deposit in proportion to the expected decrease in monthly billing. A customer returning to Standard Offer Service may be required to increase an established deposit in proportion to the expected increase in monthly billing.

C. Grounds for refusal of service. A utility may refuse to establish service if any of the following conditions exist:
1. The applicant has an outstanding amount due for the same class of utility service with the utility, and the applicant is unwilling to make arrangements with the utility for payment.
2. A condition exists which in the utility's judgment is unsafe or hazardous to the applicant, the general population, or the utility's personnel or facilities.
3. Refusal by the applicant to provide the utility with a deposit when the customer has failed to meet the credit criteria for waiver of deposit requirements.
4. Customer is known to be in violation of the utility's tariffs filed with the Commission.
5. Failure of the customer to furnish such funds, service, equipment, or rights-of-way necessary to serve the customer and which have been specified by the utility as a condition for providing service.
6. Applicant falsifies his or her identity for the purpose of obtaining service.

D. Service establishments, re-establishments or reconnection charge
1. Each utility may make a charge as approved by the Commission for the establishment, reestablishment, or reconnection of utility services, including transfers between Electric Service Providers.
2. Should service be established during a period other than regular working hours at the customer's request, the customer may be required to pay an after-hour charge for the service connection. Where the utility scheduling will not permit service establishment on the same day requested, the customer can elect to pay the after-hour charge for establishment that day or the customer's service will be established on the next available normal working day.
3. For the purpose of this rule, the definition of service establishments are where the customer's facilities are ready and acceptable to the utility and the utility needs only to install a meter, read a meter, or turn the service on.
4. Service establishments with an Electric Service Provider will be scheduled for the next regular meter read date if the direct access service request is provided 15 calendar days prior to that date and appropriate metering equipment is in place. If a direct access service request is made in less than 15 days prior to the next regular read date, service will be established at the next regular meter read date thereafter. The utility may offer after-hours or earlier service for a fee. This Section shall not apply to the establishment of new service but is limited to a change of providers of existing electric service.

E. Temporary service
1. Applicants for temporary service may be required to pay the utility, in advance of service establishment, the estimated cost of installing and removing the facilities necessary for furnishing the desired service.
2. Where the duration of service is to be less than one month, the applicant may also be required to advance a sum of money equal to the estimated bill for service.
3. Where the duration of service is to exceed one month, the applicant may also be required to meet the deposit requirements of the utility.
4. If at any time during the term of the agreement for services the character of a temporary customer's operations changes so that in the opinion of the utility the customer is classified as permanent, the terms of the utility's line extension rules shall apply.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2). Amended by an emergency action effective August 10, 1998, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 98-3). Emergency amendment replaced by exempt permanent amendment effective December 31, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000 (Supp. 00-4).

Editor's Note: The following Section was amended under an exemption from the Attorney General approval provisions of the Arizona Administrative Procedure Act (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)), as determined by the Corporation Commission. This exemption means that the rules as amended were not approved by the Attorney General.

R14-2-204. Minimum Customer Information Requirements

A. Information for residential customers
1. A utility shall make available upon customer request not later than 15 days from the date of request a concise summary of the rate schedule applied for by such customer. The summary shall include the following:
   a. The monthly minimum or customer charge, identifying the amount of the charge and the specific amount of usage included in the minimum charge, where applicable.
   b. Rate blocks, where applicable.
   c. Any adjustment factor and method of calculation.
2. The utility shall to the extent practical identify its tariff that is most advantageous to the customer and notify the customer of such prior to service commencement.
3. In addition, a utility shall make available upon customer request, not later than 60 days from date of service commencement, a concise summary of the utility's tariffs or the Commission's rules and regulations concerning:
   a. Deposits
   b. Termination of service
   c. Billing and collection
   d. Complaint handling.
4. Each utility upon request of a customer shall transmit a written statement of actual consumption by such customer for each billing period during the prior 12 months unless such data is not reasonably ascertainable.
5. Each utility shall inform all new customers of their right to obtain the information specified above.

B. Information required due to changes in tariffs
1. Each utility shall transmit to affected customers a concise summary of any change in the utility's tariffs affecting those customers.
2. This information shall be transmitted to the affected customer within 60 days of the effective date of the change.

Historical Note
Adopted effective March 2, 1982 (Supp. 82-2). Amended by an emergency action effective August 10, 1998, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 98-3). Emergency amendment replaced by exempt permanent amendment effective December 31, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3).

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R14-2-205. Master Metering

A. Mobile home parks -- new construction/expansion
1. A utility shall refuse service to all new construction or expansion of existing permanent residential mobile home parks unless the construction or expansion is individually metered by the utility. Line extensions and service connections to serve such expansion shall be governed by the line extension and service connection tariff of the appropriate utility.
2. Permanent residential mobile home parks for the purpose of this rule shall mean mobile home parks where, in the opinion of the utility, the average length of stay for an occupant is a minimum of six months.
3. For the purpose of this rule, expansion means the acquisition of additional real property for permanent residential spaces in excess of that existing at the effective date of this rule.

B. Residential apartment complexes, condominiums, and other multiunit residential buildings
1. Master metering shall not be allowed for new construction of apartment complexes and condominiums unless the building or buildings will be served by a centralized heating, ventilation or air conditioning system and the contractor can provide to the utility an analysis demonstrating that the central unit will result in a favorable cost/benefit relationship.
2. At a minimum, the cost/benefit analysis should consider the following elements for a central unit as compared to individual units:
   a. Equipment and labor costs,
   b. Financing costs,
   c. Maintenance costs,
   d. Estimated kwh usage,
   e. Estimated kw demand on a coincident demand and noncoincident demand basis (for individual units),
   f. Cost of meters and installation, and
   g. Customer accounting cost (one account vs. several accounts).

Historical Note
Adopted effective March 2, 1982 (Supp. 82-2). Amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3).

Editor's Note: The following Section was amended under an exemption from the Attorney General approval provisions of the Arizona Administrative Procedure Act (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)), as determined by the Corporation Commission. This exemption means that the rules as amended were not approved by the Attorney General.

R14-2-206. Service Lines and Establishments

A. Priority and timing of service establishments
1. After an applicant has complied with the utility's application and deposit requirements and has been accepted for service by the utility, the utility shall schedule that customer for service establishment.
2. Service establishments shall be scheduled for completion within five working days of the date the customer has been accepted for service, except in those instances when the customer requests service establishment beyond the five working day limitation.
3. When a utility has made arrangements to meet with a customer for service establishment purposes and the utility or the customer cannot make the appointment during the prearranged time, the utility shall reschedule the service establishment to the satisfaction of both parties.
4. A utility shall schedule service establishment appointments within a maximum range of four hours during normal working hours, unless another time-frame is mutually acceptable to the utility and the customer.
5. Service establishments shall be made only by qualified utility service personnel.
6. For the purposes of this rule, service establishments are where the customer's facilities are ready and acceptable to the utility and the utility needs only to install or read a meter or turn the service on.

B. Service lines
1. Customer provided facilities
   a. Each applicant for services shall be responsible for all inside wiring including the service entrance and meter socket.
   b. Meters and service switches in conjunction with the meter shall be installed in a location where the meters will be readily and safely accessible for reading, testing and inspection and where such activities will cause the least interference and inconvenience to the customer. However, the meter locations shall not be on the front exterior wall of the home; or in the carport or garage, unless mutually agreed to between the home builder or customer and the utility. The customer shall provide, without cost to the utility, at a suitable and easily accessible location, sufficient and proper space for installation of meters.
   c. Where the meter or service line location on the customer's premises is changed at the request of the customer or due to alterations on the customer's premises, the customer shall provide and have installed at his expense all wiring and equipment necessary for relocating the meter and service line connection and the utility may make a charge for moving the meter or service line.
2. Company provided facilities
   a. Each utility shall file, in Docket Control, for Commission approval, a service line tariff which defines the maximum footage or equipment allowance to be provided by the utility at no charge. The maximum footage or equipment allowance may be differentiated by customer class.
   b. The cost of any service line in excess of that allowed at no charge shall be paid for by the customer as a contribution in aid of construction.

c. A customer requesting an underground service line in an area served by overhead facilities shall pay for the difference between an overhead service connection and the actual cost of the underground connection as a nonrefundable contribution.

C. Easements and rights-of-way
1. Each customer shall grant adequate easement and right-of-way satisfactory to the utility to ensure that customer's proper service connection. Failure on the part of the customer to grant adequate easement and right-of-way shall be grounds for the utility to refuse service.
2. When a utility discovers that a customer or customer's agent is performing work or has constructed facilities adjacent to or within an easement or right-of-way and such work, construction or facility poses a hazard or is in violation of federal, state or local laws, ordinances, statutes, rules or regulations, or significantly interferes with the utility's access to equipment, the utility shall notify the customer or customer's agent and shall take whatever actions are necessary to eliminate the hazard, obstruction, or violation at the customer's expense.

Historical Note
Adopted effective March 2, 1982 (Supp. 82-2). Amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000 (Supp. 00-4).

Editor's Note: The following Section was amended under the regular rulemaking process and approved by the Arizona Attorney General's Office (Supp. 09-4).

Editor's Note: The following Section was amended under an exemption from the Attorney General certification provisions of the Arizona Administrative Procedure Act (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)), as determined by the Corporation Commission. This exemption means that the rules as amended were not certified by the Attorney General.

R14-2-207. Line Extensions

A. General requirements
1. Each utility shall file, in Docket Control, for Commission approval, a line extension tariff which incorporates the provisions of this rule and specifically defines the conditions governing line extensions.
2. Upon request by an applicant for a line extension, the utility shall prepare, without charge, a preliminary sketch and rough estimate of the cost of installation to be paid by said applicant.
3. Any applicant for a line extension requesting the utility to prepare detailed plans, specifications, or cost estimates may be required to deposit with the utility an amount equal to the estimated cost of preparation. The utility shall, upon request, make available within 90 days after receipt of the deposit referred to above, such plans, specifications, or cost estimates of the proposed line extension. Where the applicant authorizes the utility to proceed with construction of the extension, the deposit shall be credited to the cost of construction; otherwise the deposit shall be nonrefundable. If the extension is to include oversizing of facilities to be done at the utility's expense, appropriate details shall be set forth in the plans, specifications and cost estimates. Subdivisions providing the utility with approved plats shall be provided with plans, specifications, or cost estimates within 45 days after receipt of the deposit referred to above.
4. Where the utility requires an applicant to advance funds for a line extension, the utility shall furnish the applicant with a copy of the line extension tariff of the appropriate utility prior to the applicant's acceptance of the utility's extension agreement.
5. All line extension agreements requiring payment by the applicant shall be in writing and signed by each party.
6. The provisions of this rule apply only to those applicants who in the utility's judgment will be permanent customers of the utility. Applications for temporary service shall be governed by the Commission's rules concerning temporary service applications.

B. Minimum written agreement requirements
1. Each line extension agreement shall, at a minimum, include the following information:
   a. Name and address of applicant or applicants;
   b. Proposed service address or location;
   c. Description of requested service;
   d. Description and sketch of the requested line extension;
   e. A cost estimate to include materials, labor, and other costs as necessary;
   f. Payment terms;
   g. A concise explanation of any refunding provisions, if applicable;
   h. The utility's estimated start date and completion date for construction of the line extension; and
   i. A summary of the results of the economic feasibility analysis performed by the utility to determine the amount of advance required from the applicant for the proposed line extension.
2. Each applicant shall be provided with a copy of the written line extension agreement.

C. Line extension requirements. Each line extension tariff shall include the following provisions:
1. A maximum footage or equipment allowance to be provided by the utility at no charge. The maximum footage or equipment allowance may be differentiated by customer class.
2. An economic feasibility analysis for those extensions which exceed the maximum footage or equipment allowance. Such economic feasibility analysis shall consider the incremental revenues and costs associated with the line extension. In those instances where the requested line extension does not meet the economic feasibility criteria established by the utility, the utility may require the customer to provide funds to the utility, which will make the line extension economically feasible. The methodology employed by the utility in determining economic feasibility shall be applied uniformly and consistently to each applicant requiring a line extension.
3. The timing and methodology by which the utility will refund any advances in aid of construction as additional customers are served off the line extension. The customer may request an annual survey to determine if additional customers have been connected to and are using service from the extension. In no case shall the amount of the refund exceed the amount originally advanced.
4. All advances in aid of construction shall be noninterest bearing.
5. If after five years from the utility's receipt of the advance, the advance has not been totally refunded, the advance

shall be considered a contribution in aid of construction and shall no longer be refundable.

D. Residential subdivision development and permanent mobile home parks. Each utility shall submit as a part of its line extension tariff separate provisions for residential subdivision developments and permanent mobile home parks.

E. Single phase underground extensions in subdivision developments

1. Extensions of single phase electric lines necessary to furnish permanent electric service to new residential buildings or mobile homes within a subdivision, in which facilities for electric service have not been constructed, for which applications are made by a developer shall be installed underground in accordance with the provisions set forth in this rule except where it is not feasible from an engineering, operational, or economic standpoint.
2. Rights-of-way easements
   a. The utility shall construct or cause to be constructed and shall own, operate, and maintain all underground electric distribution and service lines along public streets, roads, and highways and on public lands and private property which the utility has the legal right to occupy.
   b. Rights-of-way and easements suitable to the utility must be furnished by the developer at no cost to the utility and in reasonable time to meet service requirements. No underground electric facilities shall be installed by a utility until the final grades have been established and furnished to the utility. In addition, the easement strips, alleys and streets must be graded to within six inches of final grade by the developer before the utility will commence construction. Such clearance and grading must be maintained by the developer during construction by the utility.
   c. If, subsequent to construction, the clearance or grade is changed in such a way as to require relocation of the underground facilities or results in damage to such facilities, the cost of such relocation or resulting repairs shall be borne by the developer.
3. Installation of single phase underground electric lines within a subdivision
   a. The developer shall provide the trenching, backfill (including any imported backfill required), compaction, repaving, and any earthwork for pull boxes and transformer pad sites required to install the underground electric system all in accordance with the specifications and schedules of the utility.
   b. Each utility shall inspect the trenching provided by the developer within 24 hours after a mutually agreed upon trench opening date, and allow for phased inspection of trenching as mutually agreed upon by the developer and utility. In all cases, the utility shall make every effort to expedite the inspection of developer provided trenching. The utility shall assume responsibility for the trench within three working days after the utility has inspected and approved the trenching.
   c. The utility shall install or cause to be installed underground electric lines and related equipment with sufficient capacity and suitable materials that ensure adequate and reasonable electric service in the foreseeable future and in accordance with the applicable provisions of Institute of Electrical and Electronic Engineers, Inc., Pub. No. C2-2007, The National Electrical Safety Code (2007), including no future editions or amendments, which is incorporated by reference, on file with the Commission, and published by and available from the Institute of Electrical and Electronic Engineers, Inc., 3 Park Avenue, 17th Floor, New York, New York 10016, and through http://ieeexplore.ieee.org.
   d. Underground service lines from underground residential distribution systems shall be owned, operated and maintained by the utility, and shall be installed pursuant to its effective underground line extension and service connection tariffs on file with the Commission.
4. Special conditions
   a. When the application of any of the provisions of subsection (E) appears to either party not to be feasible from an engineering, operational, or economic standpoint, the utility or the developer may refer the matter to the Commission for a determination as to whether an exception to the underground policy expressed within the provisions of this rule is warranted. Interested third parties may present their views to the Commission in conjunction with such referrals.
   b. Notwithstanding any provision of this regulation to the contrary, no utility shall construct overhead single phase electric lines in any new subdivision to which this rule is applicable and which is contiguous to another subdivision in which electric service is furnished underground without the approval of the Commission.
   c. Underground service lines installed pursuant to subsection (E) and accepted by the utility shall not be replaced with an overhead distribution pole line except upon a verified application of the utility, as stated in subsection (E)(4)(a).
5. Nonapplicability
   a. Any underground electric distribution system requiring more than single phase service is not covered by this regulation and shall be constructed pursuant to the effective line extension rules and regulations or policies of the affected utility on file with the Commission.
   b. If there are one or more existing distribution pole lines or lines on or across a recorded subdivision at the time of the application for electrical service for the subdivision and the line will be utilized in the subdivision. (This would not apply if the pole line were serving a building or groups of buildings or any other type of service which would be removed before construction is finished.)
   c. A distribution pole line that parallels a boundary of a subdivision and this line can serve lots within the subdivision.
   d. Subdivisions recorded prior to the effective date of this rule shall be governed by the terms and conditions of subsection (E).

F. Ownership of facilities. Any facilities installed hereunder shall be the sole property of the utility.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2). Amended subsection (E)(3)(c) effective April 1, 1986 (Supp. 86-2). Amended effective August 6, 1991 (Supp. 91-3).

Amended effective August 16, 1996 (Supp. 96-3). Amended by exempt rulemaking at 5 A.A.R. 2054, effective June 4, 1999 (Supp. 99-2). Amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3). Amended to correct subsection numbering (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000 (Supp. 00-4). Amended by final rulemaking at 15 A.A.R. 1933, effective December 27, 2009 (Supp. 09-4).

Editor's Note: The following Section was amended under the regular rulemaking process and approved by the Arizona Attorney General's Office (Supp. 22-1).

Editor's Note: The following Section was amended under an exemption from the Attorney General approval provisions of the Arizona Administrative Procedure Act (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)), as determined by the Corporation Commission. This exemption means that the rules as amended were not approved by the Attorney General (Supp. 99-3 and Supp. 00-4).

R14-2-208. Provision of Service

A. Utility responsibility
1. Each utility shall be responsible for the safe transmission and distribution of electricity until it passes the point of delivery to the customer.
2. The entity having control of the meter shall be responsible for maintaining in safe operating condition all meters, equipment, and fixtures installed on the customer's premises by the entity for the purposes of delivering electric service to the customer.
3. The Utility Distribution Company may, at its option, refuse service until the customer has obtained all required permits and inspections indicating that the customer's facilities comply with local construction and safety standards.

B. Customer responsibility
1. Each customer shall be responsible for maintaining all customer facilities on the customer's side of the point of delivery in safe operating condition.
2. Each customer shall be responsible for safeguarding all utility property installed in or on the customer's premises for the purpose of supplying utility service to that customer.
3. Each customer shall exercise all reasonable care to prevent loss or damage to utility property, excluding ordinary wear and tear. The customer shall be responsible for loss of or damage to utility property on the customer's premises arising from neglect, carelessness, or misuse and shall reimburse the utility for the cost of necessary repairs or replacements.
4. Each customer shall be responsible for payment for any equipment damage and estimated unmetered usage resulting from unauthorized breaking of seals, interfering, tampering, or bypassing the utility meter.
5. Each customer shall be responsible for notifying the utility of any equipment failure identified in the utility's equipment.

C. Continuity of service. Each utility shall make reasonable efforts to supply a satisfactory and continuous level of service. However, no utility shall be responsible for any damage or claim of damage attributable to any interruption or discontinuation of service resulting from:
1. Any cause against which the utility could not have reasonably foreseen or made provision for, that is, force majeure.
2. Intentional service interruptions to make repairs or perform routine maintenance.
3. Curtailment.

D. Service interruptions
1. Each utility shall make reasonable efforts to reestablish service within the shortest possible time when service interruptions occur.
2. Each utility shall make reasonable provisions to meet emergencies resulting from failure of service, and each utility shall issue instructions to its employees covering procedures to be followed in the event of emergency in order to prevent or mitigate interruption or impairment of service.
3. In the event of a national emergency or local disaster resulting in disruption of normal service, the utility may, in the public interest, interrupt service to other customers to provide necessary service to civil defense or other emergency service agencies on a temporary basis until normal service to these agencies can be restored.
4. When a utility plans to interrupt service for more than four hours to perform necessary repairs or maintenance, the utility shall attempt to inform affected customers and the Commission's Consumer Services Section, at least 48 hours in advance, of the scheduled date and time and of the estimated duration of the service interruption. A utility shall complete repairs in the shortest possible time to minimize the inconvenience to the customers of the utility.
5. A utility shall notify the Commission's Consumer Services Section of any interruption in service affecting a significant portion of a utility's system, as follows:
   a. By telephone or by submitting a Service Interruption Report Form through the Commission's website, as soon as practicable after a representative of the utility becomes aware of the interruption; and
   b. If the initial notice is made by telephone, by submitting a follow-up written report to the Commission's Consumer Services Section within 24 hours after the initial notice.
6. A utility's notification made under subsection (D)(5) shall include at least the following:
   a. The names of the utility and of the utility representative making the report,
   b. The telephone number of the utility representative,
   c. The locations and number of customer connections affected by the service interruption,
   d. The substations and feeders involved in the service interruption,
   e. The date and start and end times of the service interruption,
   f. The cause of the service interruption.
7. For purposes of subsection (D)(5), an "interruption in service affecting a significant portion of a utility's system" means:
   a. A service interruption of 1,000 customer hours or more for a utility with more than 1,000,000 customer connections,
   b. A service interruption of 500 customer hours or more for a utility with 400,000 to 1,000,000 customer connections, and

c. A service interruption of 100 customer hours or more for a utility with fewer than 400,000 customer connections.

E. Curtailment. Each utility shall file with the Commission, through Docket Control, as a part of its general tariffs a procedural plan for handling severe supply shortages or service curtailments. The plan shall provide for equitable treatment of individual customer classes in the most reasonable and effective manner given the existing circumstances. When the availability of service is so restricted that the reduction of service on a proportionate basis to all customer classes will not maintain the integrity of the total system, the utility shall develop procedures to curtail service giving service priority to those customers and customer classes where health, safety and welfare would be adversely affected.

F. Construction standard and safety

1. Each utility shall construct all facilities in accordance with the provisions of Institute of Electrical and Electronic Engineers, Inc., Pub. No. C2-2007, The National Electrical Safety Code (2007), which is incorporated by reference in R14-2-207(E)(3)(c), and American Society of Mechanical Engineers, Pub. No. ANSI/ASME B31.1-2007, Power Piping (2007), including no future editions or amendments, which is incorporated by reference, on file with the Commission, and published by and available from the American Society of Mechanical Engineers, 3 Park Avenue, New York, New York 10016, and through http://catalog.asme.org.
2. Each utility shall adopt a standard alternating nominal voltage or standard alternating nominal voltages (as may be required by its distribution system) for its entire service area or for each of the several districts into which the system may be divided, which standard voltage or voltages shall be stated in the rules and regulations of each utility and shall be measured at the customer's service entrance. Each utility shall, under normal operating conditions, maintain its standard voltage or voltages within the limits of National Electrical Manufacturers Association, Pub. No. ANSI C84.1-2006, American National Standard for Electric Power Systems and Equipment-Voltage Ratings (60 Hertz) (2006), including no future editions or amendments, which is incorporated by reference, on file with the Commission, and published by and available from the National Electrical Manufacturers Association, 1300 North 17th Street, Suite 1752, Rosslyn, Virginia 22209, and through http://www.nema.org.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2). Amended subsections (D)(5) and (F)(1) and (2) effective April 1, 1986 (Supp. 86-2). Amended effective February 8, 1991 (Supp. 91-1). Amended effective August 16, 1996 (Supp. 96-3). Amended by an emergency action effective August 10, 1998, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 98-3). Emergency amendment replaced by exempt permanent amendment effective December 31, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 2054, effective June 4, 1999 (Supp. 99-2). Amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3). Amended to correct subsection numbering (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000 (Supp. 00-4). Amended by final rulemaking at 15 A.A.R. 1933, effective December 27, 2009 (Supp. 09-4). Amended by final rulemaking at 28 A.A.R. 564 (March 11, 2022), effective April 18, 2022 (Supp. 22-1).

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R14-2-209. Meter Reading

A. Company or customer meter reading

1. Each utility, billing entity, or Meter Reading Service Provider may at its discretion allow for customer reading of meters.
2. It shall be the responsibility of the utility or Meter Reading Service Provider to inform the customer how to properly read his meter.
3. Where a customer reads his own meter, the utility or Meter Reading Service Provider will read the customer's meter at least once every six months.
4. The utility, billing entity, or Meter Reading Service Provider shall provide the customer with postage-paid cards or other methods to report the monthly reading.
5. Each utility or Meter Reading Service Provider shall specify the timing requirements for the customer to submit his or her monthly meter reading to conform with the utility's billing cycle.
6. Where the Electric Service Provider is responsible for meter reading, reads will be available for the Utility Distribution Company's or billing entity's billing cycle for that customer, or as otherwise agreed upon by the Electric Service Provider and the Utility Distribution Company or billing entity.
7. In the event the customer fails to submit the reading on time, the utility or billing entity may issue the customer an estimated bill.
8. In the event the Electric Service Provider responsible for meter reading fails to deliver reads to the Meter Reading Service Provider server within three days of the scheduled cycle read date, the Affected Utility may estimate the reads. In the event the Affected Utility responsible for meter reading fails to deliver reads to the Meter Reader Service Provider server within three days of the scheduled cycle read date, the Electric Service Provider may estimate the reads.
9. Meters shall be read monthly on as close to the same day as practical.

B. Measuring of service

1. All energy sold to customers and all energy consumed by the utility, except that sold according to fixed charge schedules, shall be measured by commercially acceptable measuring devices, except where it is impractical to install meters, such as street lighting or security lighting, or where otherwise authorized by the Commission.
2. When there is more than one meter at a location, the metering equipment shall be so tagged or plainly marked as to indicate the circuit metered or metering equipment.
3. Meters which are not direct reading shall have the multiplier plainly marked on the meter.

4. All charts taken from recording meters shall be marked with the date of the record, the meter number, customer, and chart multiplier.
5. Metering equipment shall not be set "fast" or "slow" to compensate for supply transformer or line losses.

C. Meter rereads
1. Each utility or Meter Reading Service Provider shall at the request of a customer, or the customer's Electric Service Provider, Utility Distribution Company (as defined in R14-2-1601), or billing entity reread that customer's meter within 10 working days after such a request.
2. Any reread may be charged to the customer, or the customer's Electric Service Provider, Utility Distribution Company (as defined in R14-2-1601), or billing entity making the request at a rate on file and approved by the Commission, provided that the original reading was not in error.
3. When a reading is found to be in error, the reread shall be at no charge to the customer, or the customer's Electric Service Provider, Utility Distribution Company (as defined in R14-2-1601), or billing entity.

D. Access to customer premises. Each utility shall have the right of safe ingress to and egress from the customer's premises at all reasonable hours for any purpose reasonably connected with property used in furnishing service and the exercise of any and all rights secured to it by law or these rules.

E. Meter testing and maintenance program.
1. Each utility shall file with the Commission, through the Compliance Section, a plan for the routine maintenance and replacement of meters that meets the requirements of National Electrical Manufacturers Association, Pub. No. ANSI C12.1-2008, American National Standard for Electric Meters: Code for Electricity Metering (2008), including no future editions or amendments, which is incorporated by reference, on file with the Commission, and published by and available from the National Electrical Manufacturers Association, 1300 North 17th Street, Suite 1752, Rosslyn, Virginia 22209, and through www.nema.org.
2. Each utility shall file an annual report with the Commission, through Docket Control, summarizing the results of the meter maintenance and testing program for that year. At a minimum, the report should include the following data:
   a. Total number of meters tested, at company initiative or upon customer request.
   b. Number of meters tested that were outside the acceptable error allowance of +3%.

F. Request for meter tests. A utility or Meter Service Provider shall test a meter upon the request of the customer, or the customer's Electric Service Provider, Utility Distribution Company (as defined in R14-2-1601), or billing entity, and each utility or billing entity shall be authorized to charge the customer, or the customer's Electric Service Provider, Utility Distribution Company (as defined in R14-2-1601), or billing entity for such meter test according to the tariff on file and approved by the Commission. However, if the meter is found to be in error by more than 3%, no meter testing fee will be charged to the customer, or the customer's Electric Service Provider, Utility Distribution Company, or billing entity.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2). Amended subsection (E)(1) effective April 1, 1986 (Supp. 86-2). Amended effective February 8, 1991 (Supp. 91-1). Amended effective August 16, 1996 (Supp. 96-3). Amended by an emergency action effective August 10, 1998, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 98-3). Emergency amendment replaced by exempt permanent amendment effective December 31, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000 (Supp. 00-4). Amended by final rulemaking at 15 A.A.R. 1933, effective December 27, 2009 (Supp. 09-4).

Editor's Note: The following Section was amended under an exemption from the Attorney General approval provisions of the Arizona Administrative Procedure Act (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)), as determined by the Corporation Commission. This exemption means that the rules as amended were not approved by the Attorney General.

R14-2-210. Billing and Collection

A. Frequency and estimated bills
1. Unless otherwise approved by the Commission, the utility or billing entity shall render a bill for each billing period to every customer in accordance with its applicable rate schedule and may offer billing options for the services rendered. Meter readings shall be scheduled for periods of not less than 25 days or more than 35 days without customer authorization. If the utility or Meter Reading Service Provider changes a meter reading route or schedule resulting in a significant alteration of billing cycles, notice shall be given to the affected customers.
2. Each billing statement rendered by the utility or billing entity shall be computed on the actual usage during the billing period. If the utility or Meter Reading Service Provider is unable to obtain an actual reading, the utility or billing entity may estimate the consumption for the billing period giving consideration the following factors where applicable:
   a. The customer's usage during the same month of the previous year,
   b. The amount of usage during the preceding month.
3. Estimated bills will be issued only under the following conditions unless otherwise approved by the Commission:
   a. When extreme weather conditions, emergencies, or work stoppages prevent actual meter readings.
   b. Failure of a customer who reads his own meter to deliver his meter reading to the utility or Meter Reading Service Provider in accordance with the requirements of the utility or Meter Reading Service Provider billing cycle.
   c. When the utility or Meter Reading Service Provider is unable to obtain access to the customer's premises for the purpose of reading the meter, or in situations where the customer makes it unnecessarily difficult to gain access to the meter, that is, locked gates, blocked meters, vicious or dangerous animals. If the utility or Meter Reading Service Provider is unable to obtain an actual reading for these reasons, it shall undertake reasonable alternatives to obtain a customer reading of the meter.
   d. Due to customer equipment failure, a one-month estimation will be allowed. Failure to remedy the customer equipment condition will result in penal-

ties for Meter Service Providers as imposed by the Commission.
e. To facilitate timely billing for customers using load profiles.

4. After the third consecutive month of estimating the customer's bill due to lack of meter access, the utility or Meter Reading Service Provider will attempt to secure an accurate reading of the meter. Failure on the part of the customer to comply with a reasonable request for meter access may lead to discontinuance of service.
5. A utility or billing entity may not render a bill based on estimated usage if:
   a. The estimating procedures employed by the utility or billing entity have not been approved by the Commission.
   b. The billing would be the customer's first or final bill for service.
   c. The customer is a direct-access customer requiring load data.
   d. The utility can obtain customer-supplied meter readings to determine usage.
6. When a utility or billing entity renders an estimated bill in accordance with these rules, it shall:
   a. Maintain accurate records of the reasons therefor and efforts made to secure an actual reading;
   b. Clearly and conspicuously indicate that it is an estimated bill and note the reason for its estimation.

B. Combining meters, minimum bill information

1. Each meter at a customer's premise will be considered separately for billing purposes, and the readings of two or more meters will not be combined unless otherwise provided for in the utility's tariffs. This provision does not apply in the case of aggregation of competitive services as described in R14-2-1601.
2. Each bill for residential service will contain the following minimum information:
   a. The beginning and ending meter readings of the billing period, the dates thereof, and the number of days in the billing period;
   b. The date when the bill will be considered due and the date when it will be delinquent, if not the same;
   c. Billing usage, demand (if measured), basic monthly service charge, and total amount due;
   d. Rate schedule number or service offer;
   e. Customer's name and service account number;
   f. Any previous balance;
   g. Fuel adjustment cost, where applicable;
   h. License, occupation, gross receipts, franchise, and sales taxes;
   i. The address and telephone numbers of the Electric Service Provider, and/or the Utility Distribution Company, designating where the customer may initiate an inquiry or complaint concerning the bill or services rendered;
   j. The Arizona Corporation Commission address and toll-free telephone numbers;
   k. Other unbundled rates and charges.

C. Billing terms

1. All bills for utility services are due and payable no later than 15 days from the date of the bill. Any payment not received within this time-frame shall be considered delinquent and could incur a late payment charge.
2. For purposes of this rule, the date a bill is rendered may be evidenced by:
   a. The postmark date;
   b. The mailing date;
   c. The billing date shown on the bill (however, the billing date shall not differ from the postmark or mailing date by more than two days); and
   d. The transmission date for electronic bills.
3. All delinquent bills shall be subject to the provisions of the utility's termination procedures.
4. All payments shall be made at or mailed to the office of the utility or to the utility's authorized payment agency or the office of the billing entity. The date on which the utility actually receives the customer's remittance is considered the payment date.

D. Applicable tariffs, prepayment, failure to receive, commencement date, taxes

1. Each customer shall be billed under the applicable tariff indicated in the customer's application for service.
2. Each utility or billing entity shall make provisions for advance payment of utility services.
3. Failure to receive bills or notices which have been properly placed in the United States mail shall not prevent such bills from becoming delinquent nor relieve the customer of his obligations therein.
4. Charges for electric service commence when the service is actually installed and connection made, whether used or not. A minimum one-month billing period is established on the date the service is installed (excluding landlord/utility special agreements).
5. Charges for services disconnected after one month shall be prorated back to the customer of record.

E. Meter error corrections

1. If a tested meter is found to be more than 3% in error, either fast or slow, the correction of previous bills will be made under the following terms allowing the utility or billing entity to recover or refund the difference:
   a. If the date of the meter error can be definitely fixed, the utility or billing entity shall adjust the customer's billings back to that date. If the customer has been underbilled, the utility or billing entity will allow the customer to repay this difference over an equal length of time that the underbillings occurred. The customer may be allowed to pay the backbill without late payment penalties, unless there is evidence of meter tampering or energy diversion.
   b. If it is determined that the customer has been overbilled and there is no evidence of meter tampering or energy diversion, the utility or billing entity will make prompt refunds in the difference between the original billing and the corrected billing within the next billing cycle.
2. No adjustment shall be made by the utility except to the customer last served by the meter tested.
3. Any underbilling resulting from a stopped or slow meter, utility or Meter Reading Service Provider meter reading error, or a billing calculation shall be limited to three months for residential customers and six months for nonresidential customers. However, if an underbilling by the utility occurs due to inaccurate, false, or estimated information from a third party, then that utility will have a right to backbill that third party to the point in time that may be definitely fixed, or 12 months. No such limitation will apply to overbillings.

F. Insufficient funds (NSF) or returned checks

1. A utility or billing entity shall be allowed to recover a fee, as approved by the Commission in a tariff proceeding, for each instance where a customer tenders payment for electric service with a check or other financial instrument which is returned by the customer's bank or other financial institution.
2. When the utility or billing entity is notified by the customer's bank or other financial institution that the check or financial instrument tendered for utility service will not clear, the utility or billing entity may require the customer to make payment in cash, by money order, certified check, or other means to guarantee the customer's payment.
3. A customer who tenders such a check or financial instrument shall in no way be relieved of the obligation to render payment to the utility or billing entity under the original terms of the bill nor defer the utility's provision of termination of service for nonpayment of bills.

G. Levelized billing plan
1. Each utility may, at its option, offer its customers a levelized billing plan.
2. Each utility offering a levelized billing plan shall develop, upon customer request, an estimate of the customer's levelized billing for a 12-month period based upon:
   a. Customer's actual consumption history, which may be adjusted for abnormal conditions such as weather variations.
   b. For new customers, the utility will estimate consumption based on the customer's anticipated load requirements.
   c. The utility's tariff schedules approved by the Commission applicable to that customer's class of service.
3. The utility shall provide the customer a concise explanation of how the levelized billing estimate was developed, the impact of levelized billing on a customer's monthly utility bill, and the utility's right to adjust the customer's billing for any variation between the utility's estimated billing and actual billing.
4. For those customers being billed under a levelized billing plan, the utility shall show, at a minimum, the following information on their monthly bill:
   a. Actual consumption,
   b. Dollar amount due for actual consumption,
   c. Levelized billing amount due, and
   d. Accumulated variation in actual-versus-levelized billing amount.
5. The utility may adjust the customer's levelized billing in the event the utility's estimate of the customer's usage or cost should vary significantly from the customer's actual usage or cost; such review to adjust the amount of the levelized billing may be initiated by the utility or upon customer request.

H. Deferred payment plan
1. Each utility may, prior to termination, offer to qualifying residential customers a deferred payment plan for the customer to retire unpaid bills for utility service.
2. Each deferred payment agreement entered into by the utility and the customer shall provide that service will not be discontinued if:
   a. Customer agrees to pay a reasonable amount of the outstanding bill at the time the parties enter into the deferred payment agreement.
   b. Customer agrees to pay all future bills for utility service in accordance with the billing and collection tariffs of the utility.
   c. Customer agrees to pay a reasonable portion of the remaining outstanding balance in installments over a period not to exceed six months.
3. For the purposes of determining a reasonable installment payment schedule under these rules, the utility and the customer shall give consideration to the following conditions:
   a. Size of the delinquent account,
   b. Customer's ability to pay,
   c. Customer's payment history,
   d. Length of time that the debt has been outstanding,
   e. Circumstances which resulted in the debt being outstanding, and
   f. Any other relevant factors related to the circumstances of the customer.
4. Any customer who desires to enter into a deferred payment agreement shall establish such agreement prior to the utility's scheduled termination date for nonpayment of bills. The customer's failure to execute such an agreement prior to the termination date will not prevent the utility from disconnecting service for nonpayment.
5. Deferred payment agreements may be in writing and may be signed by the customer and an authorized utility representative.
6. A deferred payment agreement may include a finance charge as approved by the Commission in a tariff proceeding.
7. If a customer has not fulfilled the terms of a deferred payment agreement, the utility shall have the right to disconnect service pursuant to the utility's termination of service rules. Under such circumstances, it shall not be required to offer subsequent negotiation of a deferred payment agreement prior to disconnection.

I. Change of occupancy
1. To order service discontinued or to change occupancy, the customer must give the utility at least three working days advance notice in person, in writing, or by telephone.
2. The outgoing customer shall be responsible for all utility services provided or consumed up to the scheduled turn-off date.
3. The outgoing customer is responsible for providing access to the meter so that the utility may obtain a final meter reading.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2). Amended by an emergency action effective August 10, 1998, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 98-3). Emergency amendment replaced by exempt permanent amendment effective December 31, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3).

Editor's Note: The following Section was amended under the regular rulemaking process and approved by the Arizona Attorney General's Office (Supp. 22-1).

Editor's Note: The following Section was amended under an exemption from the Attorney General approval provisions of the Arizona Administrative Procedure Act (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)), as determined by the Corporation Commission. This exemption means that the rules as amended were not approved by

the Attorney General (Supp. 99-3 and Supp. 00-4).

R14-2-211. Termination of Service

A. Restrictions on termination of service; recordkeeping and repayment requirements

1. A utility shall not terminate service to a customer due to delinquency in payment for services rendered to a prior customer at the service address where service is being provided, unless the prior customer continues to reside at the service address.
2. A utility shall not terminate service to a customer due to the customer's failure to pay for services or equipment that are not regulated by the Commission.
3. A utility shall not terminate service to a customer due to the customer's nonpayment of a bill related to another class of service.
4. A utility shall not terminate service to a customer due to the customer's failure to pay the portion of a bill imposed to correct a previous underbilling due to an inaccurate meter or meter failure, provided that the customer agrees to pay the portion of the bill attributable to correction of underbilling in full over a period of months agreed to by the customer and the utility. A utility shall comply with R14-2-209(C)(3) and R14-2-210(E)(3) when calculating the underbilling amount to be paid.
5. A utility shall not terminate residential service to a customer who has an inability to pay if the customer establishes, on an annual basis, through documentation from a licensed medical practitioner:
   a. That, in the opinion of the licensed medical practitioner, termination would be especially dangerous to the health of the customer or a permanent resident residing at the customer's service address, or
   b. That there is medically necessary equipment used in the home that is dependent on utility service for operation.
6. A utility shall not terminate residential service to a customer who has an inability to pay until the utility has complied with subsection (D) and completed all of the following:
   a. The utility has informed the customer of the availability of funds from various government and social assistance agencies and provided the customer the contact information for those agencies;
   b. If a third party has been previously designated by the customer to receive delinquency and termination information, the utility has notified the third party that the customer's bill is delinquent and allowed the third party at least five business days to communicate with the utility and to make arrangements for payment of the delinquent utility bill;
   c. At least 48 hours before the date upon which termination is scheduled to occur, the utility has:
      i. Provided at least two written notices of the termination, using the customer's preferred method of communication, to the customer and, if applicable, the customer's designated third party; and
      ii. Telephoned the customer and, if applicable, the customer's designated third party to provide notice of the termination by attempting to speak to the customer, the customer's designated third party, or an adult resident of the customer's service address; or by attempting to leave a voice message.
   d. A utility may partner with local stakeholders; nonprofits; public health agencies at the state, county, and local level; and local community service agencies to provide in-person notice of termination;
   e. A utility shall keep pace with technological advancements in communication and augment the requirements of this subsection to utilize the most effective means of informing the customer of delinquency and termination; and
   f. Beginning on April 15, 2022, and on each April 15 thereafter, each regulated Class A, B, and C electric utility that provides residential electric service shall file a report containing the utility's policy for compliance with subsection (A)(6).
7. If a customer, the customer's designated third party, or an adult resident of the customer's service address threatens the utility or a utility employee, the utility shall document the threatening occurrence. A utility shall maintain documentation of all threatening occurrences related to a customer's account for the entire period during which the customer continues to be a customer and for at least one year after the customer ceases to be a customer.
8. A utility shall retain the records demonstrating its compliance with subsection (A)(6) for at least three years.
9. A utility may require a customer whose service is not terminated due to subsections (A)(4) or (A)(5) to enter into a deferred payment agreement with the utility within seven business days after the date on which service otherwise would have been terminated. A utility shall allow at least a single missed payment or a single partial payment in a 12-month period at the request of the customer without any consequence. If there is more than one missed or partial payment, the payment plan agreement will be considered as breached. If the payment plan is in breach, the current payment plan may be amended, or a new payment plan may be created. Both the utility and the customer have a duty to act in good faith in negotiating a payment plan.
10. A utility shall not terminate service due to a customer's failure to pay the disputed portion of a bill if the customer has complied with R14-2-212(B).
11. A utility shall adopt only one of the following conditions under which it shall not terminate residential service:
    a. During any period of time for which the local weather forecast, as predicted by the National Weather Service, indicates that the weather in the area of the customer's service address:
       i. Will include temperatures that do not exceed 32° F;
       ii. Will include temperatures that exceed 95° F; or
       iii. Will include other weather conditions that the Commission has determined, by order, are especially dangerous to health; or
    b. During the calendar days of June 1 through October 15 of each year, which shall be specified as non-termination dates in a utility's tariffs.
12. A utility shall specify, in its tariffs, the provision of subsection (A)(11) that the utility has chosen to comply with and shall comply with the provision.
13. If a utility is prohibited from terminating a customer's service under subsection (A)(11)(b) as adopted in its tariff, the utility shall:

a. Notify the customer, using the customer's preferred method of communication, and, if applicable, the customer's designated third party, of:
   i. The reason the utility is not permitted to disconnect service,
   ii. The expected date on which termination of service will be permissible, and
   iii. The customer's responsibilities under subsection (H);
b. Not charge the customer any late fees or assess any interest on any past due amounts that accrue during a period when subsection (A)(11)(b) applies; and
c. After subsection (A)(11)(b) no longer applies, bill the customer for the past due amounts through installments over a period of months agreed to by the customer and the utility.

14. A utility shall not terminate residential service to a customer unless the utility's call center and office or business facilities are open and available to the public on the day of termination and the day following the day of termination.
15. A utility shall not terminate residential service to a customer if the customer has paid at least half of the customer's delinquent bill balance within the last 25 days or if the customer's delinquent bill balance is less than or equal to $300.00.
16. If a customer has a deposit with the utility, the utility shall use the deposit to pay any delinquent amount on the customer's account before terminating service and shall allow the customer time to reestablish the deposit in installments over a period of at least six months.
17. Beginning on April 15, 2022, and on each April 15 thereafter, each regulated Class A, B, and C electric utility that provides residential electric service shall file a report containing the utility's payment plan policy for residential customers.

B. Termination of service without advance written notice; recordkeeping requirement
1. Notwithstanding subsection (A), a utility may terminate service to a customer's service address without advance written notice if:
   a. Failure to terminate service would result in an obvious hazard to the safety or health of the customer, the general population, or the utility's personnel or facilities;
   b. The utility has evidence of meter tampering or fraud related to the customer or the customer's service address; or
   c. The customer has failed to comply with the curtailment procedures imposed by the utility during supply shortages.
2. A utility that has terminated service under subsection (B)(1) shall not be required to restore service until the situation that resulted in the termination has been corrected to the satisfaction of the utility.
3. A utility shall maintain a record of each termination of service made under subsection (B)(1) for at least one year and shall make the record available for inspection by the Commission upon request.

C. Termination of service with notice
1. Except as provided in subsection (A), a utility may terminate service to a customer's service address for any of the following reasons, provided that the utility has complied with the requirements of subsection (D):
   a. Customer violation of any of the utility's tariffs or of the Commission's rules,
   b. Failure of the customer to pay a delinquent bill for utility service,
   c. Failure of the customer to meet or maintain the utility's deposit requirements,
   d. Failure of the customer to provide the utility reasonable access to the utility's equipment or property,
   e. Customer breach of a written contract for service between the utility and customer,
   f. When necessary for the utility to comply with an order of any governmental agency having jurisdiction, or
   g. Unauthorized resale of utility equipment or service by the customer.
2. A utility shall maintain a record of each termination of service made under subsection (C)(1) for at least one year and shall make the record available for Commission inspection upon request.

D. Termination notice requirements
1. At least 10 days before a utility terminates service to a customer's service address under subsection (C), the utility shall provide the customer and, if applicable, the customer's designated third party, advance notice of the utility's intent to terminate service.
2. The utility shall provide the advance notice required by subsection (D)(1) by providing a copy of the advance notice to the customer and, if applicable, the customer's designated third party, using the customer's preferred method of communication, or U.S. mail, as provided in R14-2-212(K).
3. A utility shall include at least the following information in an advance notice required under subsection (D)(1):
   a. The name of the customer whose service is to be terminated and the service address where service is to be terminated;
   b. If service is to be terminated because the customer has violated a utility tariff or Commission rule, the name of the utility tariff or Commission rule violated and an explanation of the violation;
   c. If service is to be terminated because the customer has failed to pay a delinquent bill for utility service, the amount of the delinquent bill and the date payment was due;
   d. If service is to be terminated because the customer has failed to meet or maintain the utility's deposit requirements, the amount the customer has on deposit and the amount the customer is required to have on deposit;
   e. If service is to be terminated because the customer has failed to provide the utility reasonable access to the utility's equipment or property, a description of the access required and a description, including dates, of the customer's failure to provide access;
   f. If service is to be terminated because the customer has breached a written contract for service between the customer and the utility, identification of the contract provision breached and a description of the circumstances constituting a breach;
   g. If service is to be terminated because the termination is necessary for the utility to comply with an order of any governmental agency having jurisdiction, a description and, if possible, a copy of the order;

h. If service is to be terminated because the customer has engaged in unauthorized resale of the utility's equipment or service, a description of the circumstances, including dates, constituting such resale;
i. The date on or after which service is to be terminated;
j. A statement advising the customer to contact the utility at a specific address or phone number to receive information regarding any deferred payment program or other procedures the utility may offer, or to reach a mutually agreeable solution to avoid termination of the customer's service; and
k. A description of the requirements of subsection (F), along with the specific address for the customer to contact or the phone number for the customer to call to raise a dispute.

4. If a customer has designated a third party for the customer's account, a utility shall ensure that the third party is concurrently provided each notice, whether written or telephonic, that is provided to the customer as required by this Section.

E. Timing of terminations with notice

1. If the period of time allowed by the advance notice has elapsed, and the customer has not remedied the cause for termination to the utility's satisfaction, the utility shall provide the customer and, if applicable, the customer's designated third party, a final notice, two days before the termination date specified, using the customer's preferred method of communication. If the customer has not remedied the cause for termination after the two days have passed, and subsection (A) does not apply, the utility may then terminate service on or after the day specified in the final notice without giving further notice.
2. Notwithstanding subsection (E)(1), if a customer's preferred method of communication is U.S. mail, the utility shall allow ten days before terminating service without giving further notice.
3. A utility shall comply with subsection (A)(6), if applicable, before it may terminate service.
4. A utility shall have the right but not the obligation to remove any or all of its equipment or other property installed at a customer's service address upon the termination of service.

F. Termination notice requirements: disputes. A utility shall ensure that a customer is afforded the right to dispute the utility's stated reason for termination, in accordance with the following:

1. A utility shall maintain a specific address or phone number for customers to use to raise a dispute with the utility.
2. A utility shall notify each customer, subject to termination, and the customer's designated third party, that to dispute the utility's reason for termination, the customer or the customer's designated third party shall contact the utility at the specific address or phone number, before the scheduled date of termination, to advise the utility of the dispute and to discuss the cause for termination with a representative of the utility.
3. If a customer raises a dispute, a utility shall ensure that a representative of the utility, who is empowered to resolve the customer's dispute, discusses the cause for termination with the customer before the scheduled termination date.
4. If a utility determines after discussion with a disputing customer that the reason for termination is just, the utility may terminate service to the customer, unless prohibited by subsection (A).
5. If a utility decides to terminate service to a disputing customer as permitted in subsection (F)(4), the utility shall inform the customer of the termination and of his the customer's right to file a complaint with the Commission.
6. The utility shall not terminate service if the customer has a pending complaint before the Commission.

G. Landlord/tenant rule. If the service address for a customer is different from the mailing address for the customer's bill, or the utility knows that a landlord/tenant relationship exists for the service address and that the landlord is the customer of the utility, the utility shall comply with subsections (D) and (E) as well as the following if the customer account becomes subject to termination of service under subsection (C):

1. If it is feasible to provide service to the service address in the occupant's name, the utility shall offer the occupant the opportunity to obtain service in the occupant's name;
2. If the occupant declines to subscribe to service in the occupant's name, the utility may terminate service as permitted under subsections (C) through (E); and
3. The utility shall not require or attempt to require the occupant to pay any outstanding bills or other charges due on the account of the landlord.

H. Customer responsibilities

1. A customer shall be responsible for managing energy use when a utility is not permitted to terminate service to the customer under subsection (A).
2. A customer shall be financially responsible for any charges accrued for service during a period when a utility is not permitted to terminate service to the customer under subsection (A).
3. A customer shall, after the provision of subsection (A)(11) included in a utility's tariff no longer precludes termination:
   a. Pay the past due amounts in full; or
   b. Pay the past due amounts through installments as billed by the utility, with no penalty for prepayment.
4. A customer desiring to dispute a utility's reason for termination shall, before the scheduled date of termination, contact the utility at the specific address or phone number provided in the notice pursuant to subsection (D)(3)(k) to notify the utility of the dispute and discuss the reason for termination with a representative of the utility.

I. In a competitive marketplace, if a customer's account with an Electric Service Provider becomes delinquent, the Electric Service Provider may not order a disconnect for nonpayment or terminate service to the customer but may only send a notice of contract cancellation to the customer and the Utility Distribution Company.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2). Amended by an emergency action effective August 10, 1998, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 98-3). Emergency amendment replaced by exempt permanent amendment effective December 31, 1998 (Supp. 98-4). Amended to correct subsection numbering (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000 (Supp. 00-4). Amended by emergency rulemaking as determined by the Commission at 25 A.A.R. 1798, effective immediately June 21, 2019 (Supp. 19-2). Amended by final rulemaking at 28 A.A.R. 564 (March 11, 2022), effective April 18, 2022 (Supp. 22-1).

Editor's Note: The following Section was amended under the regular rulemaking process and approved by the Arizona Attorney General's Office (Supp. 22-1).

Editor's Note: The following Section was amended under an exemption from the Attorney General approval provisions of the Arizona Administrative Procedure Act (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)), as determined by the Corporation Commission. This exemption means that the rules as amended were not approved by the Attorney General.

R14-2-212. Administrative and Hearing Requirements

A. Customer service complaints
1. Each utility shall make a full and prompt investigation of each service complaint made by one of its customers, whether made directly or through the Commission.
2. Within five business days after a complaint is made, the utility shall respond to the complainant and, if applicable, to the Commission representative regarding the status of the utility's investigation of the complaint.
3. The utility shall notify the complainant and, if applicable, the Commission representative of the final disposition of each complaint. Upon request of the complainant or the Commission representative, the utility shall report the findings of its investigation in writing.
4. The utility shall inform the customer of the right to file an informal complaint with the Commission, under subsection (C)(1), if the customer is dissatisfied with the results of the utility's investigation or the final disposition of the complaint.
5. Each utility shall:
   a. Create a record of each service complaint received including, at a minimum, the following data:
      i. Name and address of the customer;
      ii. Service address at issue, if different from the customer's address;
      iii. Date and nature of the complaint;
      iv. Disposition of the complaint; and
      v. A copy of any correspondence between the utility, the customer, and a Commission representative; and
   b. Maintain each service complaint record for at least one year after final disposition of the complaint and make the record available for inspection by the Commission upon request.

B. Customer bill disputes
1. A utility customer who disputes a portion of a bill rendered for utility service shall, prior to the due date for the bill, pay the undisputed portion of the bill and notify a representative of the utility that the unpaid amount is in dispute.
2. Upon receipt of the customer's notice of dispute, the utility shall:
   a. Within five business days after receiving notice of the dispute, provide the customer confirmation that the dispute has been received;
   b. Initiate a prompt investigation of the source of the dispute;
   c. Withhold termination of service until the investigation is completed and the customer has been informed of the results of the investigation;
   d. Notify the customer of the results of the investigation and final disposition of the bill dispute, in writing if requested by the customer; and
   e. Inform the customer of the right to file an informal complaint with the Commission, under subsection (C)(1), if dissatisfied with the results of the utility's investigation or final disposition.
3. Once the customer has received the results of the utility's investigation and the utility's final disposition, the customer shall, within five business days, submit payment to the utility for any disputed amounts. Failure to make full payment within five business days shall be grounds for termination of service under R14-2-211(C)(1)(b).

C. Commission resolution of service and bill disputes
1. If a customer is dissatisfied with the outcome of a utility's investigation or final disposition of a service or bill dispute, the customer may file with the Commission a written statement of dissatisfaction, which shall be deemed an informal complaint against the utility.
2. Within 30 days after receiving an informal complaint against a utility, a Commission representative shall attempt to resolve the dispute through communications with the utility and the customer (written or telephonic or both). If resolution of the dispute is not achieved within 20 days of the Commission representative's initial effort, the Commission shall hold a mediation regarding the dispute, in accordance with the following:
   a. A Commission representative shall preside over the mediation, and the participants shall be the customer and the utility.
   b. Each participant may be represented by legal counsel, at the participant's own expense, if desired.
   c. The mediation may be recorded or held in the presence of a stenographer.
   d. Each participant shall have the opportunity to present written or oral material to support the participant's position.
   e. Each participant shall have the opportunity to cross-examine the other participant, and the Commission representative shall have the opportunity to examine each participant.
   f. The Commission representative shall render a written decision to the participants within five business days after conclusion of the mediation. The written decision of the Commission representative shall not be binding on the participants, who shall retain the right to make a formal complaint to the Commission.
3. The utility may implement normal termination procedures, under R14-2-211(C)(1)(b), if the customer fails to pay all undisputed bills rendered during the resolution of the dispute by the Commission.
4. Each utility shall maintain a record of written statements of dissatisfaction and their resolution for at least one year and shall make such records available for Commission inspection upon request.

D. Notice by utility of responsible officer or agent
1. Each utility shall file with the Commission a written statement containing the name, address (business and mailing), email, and telephone number (business) of at least one officer, agent, or employee responsible for the general management of its operations as a utility in Arizona.
2. Each utility shall give notice, by filing a written statement with the Commission of any change in the information required herein within five business days from the date of any such change.

E. Time-frames for processing applications for Certificates of Convenience and Necessity
1. This subsection prescribes time-frames for the Commission's processing of any application for a Certificate of Convenience and Necessity filed pursuant to this Article.
2. Within 120 calendar days after receipt of an application for a new Certificate of Convenience and Necessity, or to amend or change the status of any existing Certificate of Convenience and Necessity, staff shall notify the applicant, in writing, that the application is either administratively complete or deficient. If the application is deficient, the notice shall specify all deficiencies.
3. Staff may cease its review of an application if the applicant does not remedy all deficiencies within 60 calendar days of the notice of deficiency.
4. After receipt of a corrected application, staff shall notify the applicant within 90 calendar days that the corrected application is either administratively complete or deficient. If the corrected application is deficient, the notice shall specify all deficiencies.
5. The time-frame for administrative completeness review shall be suspended from the time a notice of deficiency is issued until staff determines that the application is complete.
6. Within 150 days after an application is determined to be administratively complete, the Commission shall approve or reject the application.
7. For purposes of A.R.S. § 41-1072 through A.R.S. § 41-1079, the Commission has established the following time-frames:
   a. Administrative completeness review time-frame: 120 calendar days.
   b. Substantive review time-frame: 150 calendar days.
   c. Overall time-frame: 270 calendar days.
8. If an applicant requests, and is granted, an extension or continuance, the appropriate time-frames shall be tolled from the date of the request and for the duration of the extension or continuance.
9. During the substantive review time-frame, the Commission may, for good cause, upon its own motion or that of any interested party to the proceeding, suspend the time-frame rules.

F. Filing and availability of tariffs
1. Each utility shall file with the Commission, within 120 days after the effective date of new rules or requirements adopted by the Commission, or within a shorter period ordered by the Commission, tariffs that comply with the new rules or requirements adopted by the Commission.
2. Each utility shall file with the Commission any proposed changes to the utility's tariffs on file with the Commission, along with a statement of justification supporting the proposed changes.
3. A utility's proposed change to the utility's tariffs on file with the Commission shall not become effective until reviewed and approved by the Commission, except as provided by law.
4. Each utility shall make its applicable tariffs available on its website and, upon request, either in paper form or in a readily accessible electronic format such as Adobe PDF.

G. Accounts and records
1. Each utility shall keep general and auxiliary accounting records reflecting the cost of its properties, operating income and expense, assets and liabilities, and all other accounting and statistical data necessary to give complete and authentic information as to its properties and operations.
2. Each utility shall maintain its books and records in conformity with the Uniform Systems of Accounts for Class A, B, C, and D Electric Utilities as adopted and amended by the Federal Energy Regulatory Commission or, for electric cooperatives, as promulgated by the Rural Utilities Service.
3. Each utility shall produce or deliver in this state any or all of its formal accounting records and related documents requested by the Commission. A utility may, at its option, provide verified copies of original records and documents rather than produce the originals.
4. Each utility shall submit an annual report to the Commission, through the Utilities Division, on a form prescribed by the Utilities Division. The annual report shall be filed on or before the 15th day of April for the preceding calendar year. If the utility has received a report on the utility prepared by a certified or licensed public accountant, the utility shall include a copy of the report with its annual report submission.
5. Each utility shall submit to the Commission, through the Utilities Division, a copy of all reports the utility is required to file with the Securities and Exchange Commission.
6. Each utility shall submit to the Commission, through the Utilities Division, a copy of all annual reports the utility is required to file with the Federal Energy Regulatory Commission and, in addition, for electric cooperatives, each annual report the utility is required to file with the Rural Utilities Service.

H. Maps. Each utility shall file with the Commission a map or maps clearly setting forth the location and extent of the area or areas included within the utility's approved certificates of convenience and necessity, in accordance with the Cadastral (Rectangular) Survey of the United States Bureau of Land Management, or by metes and bounds with a starting point determined by the aforesaid Cadastral Survey.

I. Variations, exemptions of Commission rules. The Commission may, by order, approve variations or exemptions from any of the rules in this Article either upon application of an affected party establishing that the public interest requires such variation or exemption or upon determining, on its own initiative, that such variation or exemption is necessary to serve the public interest. In case of conflict between these rules and an approved tariff or order of the Commission, the provisions of the approved tariff or order shall apply.

J. Prior agreements. The adoption of these rules by the Commission shall not affect any agreements entered into between the utility and customers or other parties who, pursuant to such contracts, arranged for the extension of facilities in a provision of service prior to the effective date of these rules.

K. A utility shall obtain and maintain for each customer the customer's preferred method of communication, which may be email, U.S. mail, voice telephone call, text message, or other communication method acceptable to the utility and the customer. Except as otherwise specified in this Article, a utility shall communicate with a customer and the customer's designated third party using the customer's preferred method of communication. If a utility does not yet have a customer's preferred method of communication on file, the utility may use the U.S. mail.

Historical Note
Adopted effective March 2, 1982 (Supp. 82-2). Amended effective December 31, 1998, under an exemption as determined by the Arizona Corporation Commission (Supp. 98-4). Amended by final rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3). Amended to correct subsection numbering (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000 (Supp. 00-4). Amended by final rulemaking at 28 A.A.R. 564 (March 11, 2022), effective April 18, 2022 (Supp. 22-1).

Editor's Note: The following Section was amended under an exemption from the Attorney General approval provisions of the Arizona Administrative Procedure Act (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)), as determined by the Corporation Commission. This exemption means that the rules as amended were not approved by the Attorney General (Supp. 00-4).

R14-2-213. Conservation

Energy conservation plan

1. The Arizona Corporation Commission recognizes the need for conservation of energy resources in order to maintain an adequate and continuous supply of safe, dependable, and affordable energy. Therefore, in order to promote the state's economic development and the health and welfare of its citizenry, each class A and B electric utility shall file an energy conservation plan which encompasses at a minimum the following considerations:
   a. Development of consumer education and assistance programs to aid the populace in reducing energy consumption and cost.
   b. Participation in various energy conservation programs sponsored by other municipal, state or federal government entities having such jurisdiction.
2. Each utility shall file an energy conservation plan with the Commission, through the Compliance Section, Utilities Division, within one year of the effective date of these rules and annual updates thereafter when changes require such.

Historical Note
Adopted effective March 2, 1982 (Supp. 82-2). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000 (Supp. 00-4).

R14-2-214. Compliance by Electric Cooperatives

A. The terms and conditions for termination of service, including customer notice, in an electric cooperative's tariff approved by the Commission prior to the effective date of this Section shall substitute for the provisions of R14-2-211.

B. Notwithstanding R14-2-212(F), an electric cooperative that proposes to revise the terms and conditions for termination of service included in its Commission-approved tariff shall file the proposed revisions with the Commission, in a new docket, pursuant to R14-2-212(I). If the Commission fails to approve, disapprove, or suspend for further consideration the proposed revisions within 60 days following the cooperative's filing, the revisions shall be deemed approved and become effective on the 61st day following the filing.

Historical Note
New Section made by final rulemaking at 28 A.A.R. 564 (March 11, 2022), effective April 18, 2022 (Supp. 22-1).

R14-2-215. Termination of Service Reporting Requirements

Beginning on April 15, 2022, and on each July 15, October 15, January 15, and April 15 thereafter, each regulated Class A, B, and C electric utility that provides residential electric service shall file a quarterly report providing the following information for each month of the previous quarter:

1. The number of residential customers whose electric service was terminated by zip code, and, if termination of service was prohibited under R14-2-211(A)(11) and the utility's tariffs, the number of residential accounts that would have been subject to termination if not for the prohibition;
2. The number of residential customers by zip code who have payment arrearages;
3. The total dollar amount of arrearages, by zip code;
4. The average dollar amount in arrearages per residential customer, by residential customer rate plan;
5. The number of commercial customers by zip code whose electric service was terminated;
6. The number of commercial customers by zip code who have payment arrearages;
7. The average amount in arrearages per commercial customer, by commercial class;
8. The number of residential accounts enrolled in a deferred payment arrangement and the number of those residential accounts in compliance with the deferred payment arrangement;
9. The number of active and delinquent residential accounts with an arrearage of $100 or more, disaggregated into "limited-income" accounts, "accounts with documentation from a licensed medical practitioner," and "other residential accounts";
10. The percentage of limited-income customers in arrears who have received customer assistance due to inability to pay in the most recent quarter;
11. The number of active and delinquent residential accounts with an arrearage of $100 or more, disaggregated into "limited-income" accounts, "accounts with documentation from a licensed medical practitioner," and "other residential accounts," and further disaggregated to show the duration of the arrearages (up to 30 days, 30 to 60 days, and 60 to 90 days);
12. A brief narrative discussing the information contained in the report; and
13. A description of how the utility is assisting customers who indicate they may have an inability to pay, including details regarding the specific steps taken to direct the customers to appropriate resources, and including the following metrics:
    a. Number of calls received from residential customers asking for bill assistance during the most recent quarter;
    b. Number of customers notified about tariffs for limited-income customers, or other available tariffs, as of the most recent quarter;
    c. Cumulative number of customers enrolled in limited-income tariffs, or other available tariffs, as of that most recent quarter;
    d. Cumulative number of customers receiving assistance through the Low-Income Home Energy Assistance Program of that most recent quarter; and
    e. Number of customers notified of energy efficiency and weatherization options during that most recent quarter.

Historical Note
New Section made by final rulemaking at 28 A.A.R. 564 (March 11, 2022), effective April 18, 2022 (Supp. 22-1).

R14-2-216. Relief for Heat-Vulnerable Residential Customers

A. Each utility shall participate and collaborate in good faith with stakeholders; nonprofits; public health agencies at the state, county, and local level; and local community service agencies to address issues facing heat-vulnerable populations.

B. Each utility shall propose and implement one or more programs targeting heat-vulnerable populations to address heat-related safety concerns.

C. Each utility shall communicate with public health agencies at the state, county, and local level; and local community service agencies to obtain the information needed to comply with subsection (B) and to coordinate on the creation and potentially the administration of the program or programs required by subsection (B).

D. If a utility provides funding to support one or more programs targeting heat-vulnerable populations to address heat-related safety concerns, the utility may, in its next rate case or demand-side management tariff, request recovery of those costs. Recovery of the costs requested by a utility shall be allowed only if the Commission determines that the costs are prudent.

Historical Note
New Section made by final rulemaking at 28 A.A.R. 564 (March 11, 2022), effective April 18, 2022 (Supp. 22-1).

ARTICLE 3. GAS UTILITIES

R14-2-301. Definitions

In this Article, unless the context otherwise requires, the following definitions shall apply:

1. "Advance in aid of construction." Funds provided to the utility by the applicant under the terms of a main extension agreement the value of which may be refundable.
2. "Applicant." A person requesting the utility to supply gas service.
3. "Application." A request to the utility for gas service, as distinguished from an inquiry as to the availability or charges for such service.
4. "Arizona Corporation Commission." The regulatory authority of the state of Arizona having jurisdiction over public service corporations operating in Arizona.
5. "Billing month." The period between any two regular readings of the utility's meters at approximately 30 day intervals.
6. "Billing period." The time interval between two consecutive meter readings that are taken for billing purposes.
7. "British Thermal Unit." The amount of heat required to raise the temperature of one pound of water one degree Fahrenheit (1° F) at standard conditions.
8. "Btu." British thermal unit.
9. "Commodity charge." The unit of cost per billed usage, as set forth in the utility's tariffs.
10. "Contributions in aid of construction." Funds provided to the utility by the applicant under the terms of a main extension agreement and/or service connection tariff the value of which are not refundable.
11. "Cubic foot"
    a. In cases where gas is supplied and metered to customers at the standard delivery pressure, a cubic foot of gas is the volume of gas which, at the temperature and pressure existing in the meter, occupies one cubic foot.
    b. Regardless of the pressure supplied to the customer, the volume of gas metered will be converted to the volume which the gas would occupy at standard conditions of 14.73 pounds per square inch absolute at 60° F.
    c. The standard cubic foot of gas for testing the gas itself for heating value shall be that volume of gas which, when saturated with water vapor and at a temperature of 60° F and under a pressure equivalent to that of 30 inches of mercury (mercury at 32° F and under standard gravity), occupies one cubic foot.
12. "Ccf." 100 cubic feet.
13. "Curtailment priority." The order in which gas service is to be curtailed to various classifications of customers, as set forth in the utility's tariffs.
14. "Customer." The person or entity in whose name service is rendered, as evidenced by the signature on the application or contract for that service, or by the receipt and/or payment of bills regularly issued in his name regardless of the identity of the actual user of the service.
15. "Customer charge." The amount the customer must pay the utility for the availability of gas service, excluding any gas used, as specified in the utility's tariffs.
16. "Day." Calendar day.
17. "Distribution main." A gas line of the utility from which service lines may be extended to customers.
18. "Federal poverty level" means the U.S. federal poverty guideline for the pertinent household size published annually in the Federal Register by the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, and available at https://aspe.hhs.gov/poverty-guidelines.
19. "Inability to pay" means a circumstance under which a residential customer either:
    a. Cannot pay the full balance of the customer's monthly bill and has attested to and, if requested, has provided documentation issued by an Arizona or U.S. governmental agency or a licensed medical practitioner verifying that the customer meets one of the following:
        i. Is at least 62 years of age;
        ii. Has a physical or mental condition that substantially limits the customer's ability to manage resources, carry out activities of daily living, or secure protection from neglect or hazardous situations without assistance from others; or
        iii. Has a medical condition that makes termination of gas service especially dangerous to the customer's health; or
    b. Cannot pay the full balance of the customer's monthly bill and meets one of the following as attested to by the residential customer:
        i. Is not gainfully employed;
        ii. Qualifies for monetary government welfare assistance but has not yet begun to receive assistance; or
        iii. Has an annual income at or below 200 percent of the federal poverty level.
20. "Interrupt" or "Interruption" means to cease or the cessation of gas service to a customer at the point of delivery.

21. "Licensed medical practitioner" means one of the following types of health care providers, actively licensed to practice in Arizona:
    a. An allopathic or osteopathic physician,
    b. A registered nurse practitioner, or
    c. A physician assistant.
22. "Limited income" means:
    a. A residential customer with annual household income at or below 250 percent of the federal poverty level; or
    b. A residential customer with annual household income at or below a percentage of the federal poverty level higher than 250 percent, as established by a gas utility in a Commission-approved tariff.
23. "Low Income Home Energy Assistance Program" or "LIHEAP" means the federally funded program that provides low-income residential customers energy bill assistance.
24. "Main extension." The lines and equipment necessary to extend the existing gas distribution system to provide service to additional customers.
25. "Master meter." An instrument for measuring or recording the flow of gas at a single location where said gas is transported through an underground piping system to tenants or occupants for their individual consumption.
26. "Mcf." 1,000 cubic feet.
27. "Meter." The instrument for measuring and indicating or recording the volume of gas or flow that has passed through it.
28. "Meter tampering." A situation where a meter has been illegally altered. Common examples are meter bypassing and other unauthorized connections.
29. "Minimum charge." The amount the customer must pay for the availability of gas service, including an amount of usage, as specified in the utility's tariffs.
30. "Permanent customer." A customer who is a tenant or owner of a service location who applies for and receives gas service.
31. "Permanent service." Service which, in the opinion of the utility, is of a permanent and established character. The use of gas may be continuous, intermittent, or seasonal in nature.
32. "Person." Any individual, partnership, corporation, governmental agency, or other organization operating as a single entity.
33. "Point of delivery." The point where pipes owned, leased, or under license by a customer connect to the utility's pipes or at the outlet side of the meter.
34. "Preferred method of communication" means the communication method that complies with R14-2-312(K).
35. "Premises." All of the real property and apparatus employed in a single enterprise on an integral parcel of land undivided by public streets, alleys or railways.
36. "Residential subdivision." Any tract of land which has been divided into four or more contiguous lots for use for the construction of residential buildings or permanent mobile homes for either single or multiple occupancy.
37. "Residential use." Service to customers using gas for domestic purposes such as space heating, air conditioning, water heating, cooking, clothes drying, and other residential uses and includes use in apartment buildings, mobile home parks, and other multiunit residential buildings.
38. "Restricted apparatus." Apparatus prohibited by the Commission or other governmental agency.
39. "Service address" means the physical location at which a utility provides service to a customer.
40. "Service area." The territory in which the utility has been granted a Certificate of Convenience and Necessity and is authorized by the Commission to provide gas service.
41. "Service establishment charge." A charge as specified in the utility's tariffs which covers the cost of establishing a new account.
42. "Service line." A gas pipe that transports gas from a common source of supply (normally a distribution main) to the customer's point of delivery.
43. "Service reconnect charge" means the charge specified in a utility's tariffs that must be paid by a customer prior to restarting gas service each time the customer's gas service is terminated for nonpayment or for failure to comply with the utility's tariffs.
44. "Service reestablishment charge" means the charge specified in a utility's tariffs that must be paid to reinitiate service at the same location where the same customer ordered a service termination within the preceding 12-month period.
45. "Single family dwelling." A house, an apartment, a mobile home permanently affixed to a lot, or any other permanent residential unit which is used as a permanent home.
46. "Standard delivery pressure." 0.25 pounds per square inch gauge at the meter or point of delivery.
47. "Tariffs." The documents filed with the Commission which list the services and products offered by the gas company and which set forth the terms and conditions and a schedule of the rates and charges for those services and products.
48. "Temporary service." Service to premises or enterprises which are temporary in character, or where it is known in advance that the service will be of limited duration. Service which, in the opinion of the utility, is for operations of a speculative character is also considered temporary service.
49. "Terminate" or "Termination" means to discontinue or a discontinuance of gas service to a customer's service address, by intentional action of the utility, and is synonymous with "disconnect" or "disconnection" as used in this Article.
50. "Therm." A unit of heating value, equivalent to 100,000 British thermal units (Btu's).
51. "Third party" means an entity or a person authorized by a customer and willing to receive notification of the customer's pending termination of service and to communicate with the utility on behalf of the customer for the purpose of making arrangements to prevent termination of gas service.
52. "Utility." The public service corporation providing gas service to the public in compliance with state law.

Historical Note
Adopted effective March 2, 1982 (Supp. 82-2). Amended by final rulemaking at 28 A.A.R. 564 (March 11, 2022), effective April 18, 2022 (Supp. 22-1).

R14-2-302. Certificate of Convenience and Necessity for gas utilities; additions/extensions; abandonments

A. Application for new Certificate of Convenience and Necessity. Six copies of each application for a new Certificate of Conve-

nience and Necessity shall be submitted in a form prescribed by the Commission and shall include, at a minimum, the following information:

1. The proper name and correct address of the proposed utility company and its owner, if a sole proprietorship, each partner if a partnership, or the President and Secretary if a corporation.
2. The rates proposed to be charged for the service that will be rendered.
3. A financial statement setting forth the financial condition of the applicant.
4. Maps of the proposed service area and/or a description of the area proposed to be served.
5. Appropriate city, county and/or state agency approvals, where appropriate.
6. The actual number of customers within the service area as of the time of filing and the estimated number of customers to be served for each of the first five years of operation.
7. Such other information as the Commission by order or the staff of the Utilities Division by written directive may request.

B. Application for discontinuance or abandonment of utility service

1. Any utility proposing to discontinue or abandon utility service currently in use by the public shall prior to such action obtain authority therefor from the Commission.
2. The utility shall include in the application, studies of past, present and prospective customer use of the subject service, plant or facility as is necessary to support the application.
3. An application shall not be required to remove individual facilities where a customer has requested service discontinuance.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2). Amended to correct subsection numbering (Supp. 99-4).

R14-2-303. Establishment of Service

A. Information from new applicants

1. A utility may obtain the following minimum information from each new applicant for service:
   a. Name or names of applicant(s).
   b. Service address or location and telephone number.
   c. Billing address or location and telephone number, if different than service address.
   d. Address where service was provided previously.
   e. Date applicant will be ready for service.
   f. Indication of whether premises have been supplied with utility service previously.
   g. Purpose for which service is to be used.
   h. Indication of whether applicant is owner or tenant of or agent for the premises.
   i. Information concerning the gas usage and demand requirements of the customers.
   j. Type and kind of life-support equipment, if any, used by the customer.
2. Each utility may require a new applicant for service to appear at the utility's designated place of business to produce proof of identity and sign the utility's application form.
3. Where service is requested by two or more individuals the utility shall have the right to collect the full amount owed to the utility from any one of the applicants.

B. Deposits

1. A utility shall not require a deposit from a new applicant for residential service if the applicant is able to meet any of the following requirements:
   a. The applicant has had service of a comparable nature with the utility at another service location within the past two years and was not delinquent in payment more than twice during the last 12 consecutive months or disconnected for nonpayment.
   b. The applicant can produce a letter regarding credit or verification from a gas utility where service of a comparable nature was last received which states that the applicant has had service of a comparable nature with the utility at another service location within the past two years and was not delinquent in payment more than twice during the last 12 consecutive months or disconnected for nonpayment.
   c. In lieu of a deposit, a new applicant may provide a Letter of Guarantee from an existing customer with service who is acceptable to the utility or a surety bond as security for the utility.
2. The utility shall issue a nonnegotiable receipt to the applicant for the deposit. The inability of the customer to produce such a receipt shall in no way impair his right to receive a refund of the deposit which is reflected on the utility's records.
3. Deposits shall be interest bearing; the interest rate and method of calculation shall be filed with and approved by the Commission in a tariff proceeding.
4. Each utility shall file a deposit refund procedure with the Commission, subject to Commission review and approval during a tariff proceeding. However, each utility's refund policy shall include provisions for residential deposits and accrued interest to be refunded or Letter of Guarantee or surety bond to expire after 12 months of service if the customer has not been delinquent more than twice in the payment of utility bills.
5. A utility may require a residential customer to establish or reestablish a deposit if the customer becomes delinquent in the payment of three or more bills within a 12-consecutive-month period or has been disconnected for service during the last 12 months.
6. The amount of a deposit required by the utility shall be determined according to the following terms:
   a. Residential customer deposits shall not exceed two times that customer's estimated average monthly bill.
   b. Nonresidential customer deposits shall not exceed 2 1/2 times that customer's estimated maximum monthly bill.
7. The utility may review the customer's usage after service has been connected and adjust the deposit amount based upon the customer's actual usage.
8. A separate deposit may be required for each meter installed.

C. Grounds for refusal of service. A utility may refuse to establish service if any of the following conditions exist:

1. The applicant has an outstanding amount due for the same class of utility service with the utility and the applicant is unwilling to make arrangements with the utility for payment.
2. A condition exists which in the utility's judgment is unsafe or hazardous to the applicant, the general population, or the utility's personnel or facilities.

3. Refusal by the applicant to provide the utility with a deposit when the customer has failed to meet the credit criteria for waiver of deposit requirements.
4. Customer is known to be in violation of the utility's tariffs filed with the Commission.
5. Failure of the customer to furnish such funds, service, equipment, and/or rights-of-way necessary to serve the customer and which have been specified by the utility as a condition for providing service.
6. Applicant falsifies his or her identity for the purpose of obtaining service.

D. Service establishments, reestablishment or reconnection charge
1. A utility may make a charge as approved by the Commission for the establishment, reestablishment, or reconnection of utility services.
2. Should service be established during a period other than regular working hours at the customer's request, the customer may be required to pay an after-hour charge for the service connection. Where the utility scheduling will not permit service establishment on the same day requested, the customer can elect to pay the after-hour charge for establishment that day or his service will be established on the next available normal working day.
3. For the purpose of this rule, the definition of service establishments are where the customer's facilities are ready and acceptable to the utility and the utility needs only to install a meter, read a meter, or turn the service on.

E. Temporary service
1. Applicants for temporary service may be required to pay the utility, in advance of service establishment, the estimated cost of installing and removing the facilities necessary for furnishing the desired service.
2. Where the duration of service is to be less than one month, the applicant may also be required to advance a sum of money equal to the estimated bill for service.
3. Where the duration of service is to exceed one month, the applicant may also be required to meet the deposit requirements of the utility.
4. If at any time during the term of the agreement for service the character of a temporary customer's operations changes so that in the opinion of the utility the customer is classified as permanent, the terms of the utility's main extension rules shall apply.

Historical Note
Adopted effective March 2, 1982 (Supp. 82-2). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

R14-2-304. Minimum Customer Information Requirements

A. Information for residential customers
1. Each utility shall make available upon customer request not later than 60 days from the date of request a concise summary of the rate schedule applied for by such customer. The summary shall include the following:
   a. Monthly minimum or customer charge, identifying the amount of the charge and the specific amount of usage included in the minimum charge, where applicable.
   b. Rate blocks, where appropriate.
   c. Any adjustment factor(s) and method of calculation.
2. The utility shall to the extent practical identify the tariff most advantageous to the customer and notify the customer of such prior to service commencement.
3. In addition, a utility shall make available upon customer request not later than 60 days from the date of request a copy of the Commission's rules and regulations concerning:
   a. Deposits
   b. Terminations of service
   c. Billing and collection
   d. Complaint handling.
4. Each utility upon request of a customer shall transmit a written statement of actual consumption by such customer for each billing period during the prior 12 months unless such data is not reasonably ascertainable.
5. Each utility shall inform all new customers of their rights to obtain the information specified above.

B. Information required due to changes in tariffs
1. Each utility shall transmit to affected customers a concise summary of any change in the utility's tariffs affecting those customers.
2. This information shall be transmitted to the affected customer within 60 days of the effective date of the change.

Historical Note
Adopted effective March 2, 1982 (Supp. 82-2). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

R14-2-305. Master Metering

Mobile home parks -- new construction/expansion
1. A utility shall refuse service to all new construction and/or expansion of existing permanent residential mobile home parks unless the construction and/or expansion is individually metered by the utility. Main extensions and service line connections to serve such new construction or expansion shall be governed by the main extension and/or service line connection tariff of the appropriate utility.
2. Permanent residential mobile home parks for the purpose of this rule shall mean mobile home parks where, in the opinion of the utility, the average length of stay for an occupant is a minimum of six months.
3. For the purposes of this rule, expansion means construction which has been started for additional permanent residential spaces after the effective date of this rule.

Historical Note
Adopted effective March 2, 1982 (Supp. 82-2). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

R14-2-306. Service Lines and Establishments

A. Priority and timing of service establishments
1. After an applicant has complied with the utility's application and deposit requirements and has been accepted for service by the utility, the utility shall schedule that customer for service establishment.
2. Service establishments shall be scheduled for completion within five working days of the date the customer has been accepted for service, except in those instances when the customer requests service establishment beyond the five working day limitation.
3. When the utility has made arrangements to meet with a customer for service establishment purposes and the utility or the customer cannot make the appointment during

the prearranged time, the utility shall reschedule the establishment to the satisfaction of both parties.

4. Each utility shall schedule service establishment appointments within a maximum range of four hours during normal working hours, unless another time-frame is mutually acceptable to the utility and the customer.
5. Service establishments shall be made only by qualified utility service personnel.
6. For the purposes of this rule, service establishments are where the customer's facilities are ready and acceptable to the utility and the utility needs only to install or read a meter or turn the service on.

B. Service lines

1. Customer provided facilities
   a. An applicant for services shall be responsible for the safety and maintenance of all customer piping from the point of delivery.
   b. Meters shall be installed in a location suitable to the utility where the meters will be safe from street traffic, readily and safely accessible for reading, testing and inspection, and where such activities will cause the least interference and inconvenience to the customer. The customer shall provide, without cost to the utility, at a suitable and easily accessible location, sufficient and proper space for the installation of meters.
   c. Where the meter or service line location on the customer's premises is changed at the request of the customer or due to alterations on the customer's premises, the customer shall provide and have installed at his expense all customer piping necessary for relocating the meter and the utility may make a charge for moving the meter and/or service line.
2. Company provided facilities
   a. Each utility shall file for Commission approval, a service line tariff which defines the maximum footage and/or equipment allowance to be provided by the utility at no charge; the maximum footage and/or equipment allowance may be differentiated by customer class.
   b. Any service line in excess of that allowed at no charge shall be paid by the customer as a contribution in aid of construction.
3. Easements and rights-of-way
   a. Each customer shall grant adequate easement and right-of-way satisfactory to the utility to ensure proper service connection. Failure on the part of the customer to grant adequate easement and right-of-way shall be grounds for the utility to refuse service.
   b. When a utility discovers that a customer or his agent is performing work or has constructed facilities adjacent to or within an easement or right-of-way and such work, construction or facility poses a hazard or is in violation of federal, state or local laws, ordinances, statutes, rules or regulations, or significantly interferes with the utility's access to equipment, the utility shall notify the customer or his agent and shall take whatever actions are necessary to eliminate the hazard, obstruction or violation at the customer's expense.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

R14-2-307. Main Extensions

A. General requirements

1. Each utility shall file for Commission approval a main extension tariff which incorporates the provisions of this rule and specifically defines the conditions governing main extensions.
2. Upon request by an applicant for a main extension, the utility shall prepare, without charge, a preliminary sketch and rough estimates of the cost of installation to be paid by said applicant.
3. Any applicant for a main extension requesting the utility to prepare detailed plans, specifications, or cost estimates may be required to deposit with the utility an amount equal to the estimated cost of preparation. The utility shall upon request, make available within 90 days after receipt of the deposit referred to above, such plans, specifications, or cost estimates of the proposed main extension. Where the applicant authorizes the utility to proceed with construction of the extension, the deposit shall be credited to the cost of construction; otherwise the deposit shall be nonrefundable. If the extension is to include oversizing of facilities to be done at the utility's expense, appropriate details shall be set forth in the plans, specifications and cost estimate. Subdividers providing the utility with approved plats shall be provided with plans, specifications or cost estimates within 45 days after receipt of the deposit referred to above.
4. Where the utility requires an applicant to advance funds for a main extension, the utility shall furnish the applicant with a copy of the main extension tariff of the appropriate utility prior to the applicant's acceptance of the utility's extension agreement.
5. All main extension agreements requiring payment by the applicant shall be in writing and signed by each party.
6. The provisions of this rule apply only to those applicants who in the utility's judgment will be permanent customers of the utility. Applications for temporary service shall be governed by the Commission's rules concerning temporary service applications.

B. Minimum written agreement requirements

1. Each main extension agreement shall, at a minimum, include the following information:
   a. Name and address of applicant(s)
   b. Proposed service address or location
   c. Description of requested service
   d. Description and sketch of the requested main extension
   e. A cost estimate to include materials, labor, and other costs as necessary
   f. Payment terms
   g. A concise explanation of any refunding provisions, if applicable
   h. The utility's estimated start date and completion date for construction of the main extension
   i. A summary of the results of the economic feasibility analysis performed by the utility to determine the amount of advance required from the applicant for the proposed main extension.
2. Each applicant shall be provided with a copy of the written main extension agreement.

C. Main extension requirements.Each main extension tariff shall include the following provisions:
1. A maximum footage and/or equipment allowance to be provided by the utility at no charge. The maximum footage and/or equipment allowance may be differentiated by customer class.
2. An economic feasibility analysis for those extensions which exceed the maximum footage and/or equipment allowance. Such economic feasibility analysis shall consider the incremental revenues and costs associated with the main extension. In those instances where the requested main extension does not meet the economic feasibility criteria established by the utility, the utility may require the customer to provide funds to the utility, which will make the main extension economically feasible. The methodology employed by the utility in determining economic feasibility shall be applied uniformly and consistently to each applicant requiring a main extension.
3. The timing and methodology by which the utility will refund any advances in aid of construction as additional customers are served off the main extension. The customer may request an annual survey to determine if additional customers have been connected to and are using service from the extension. In no case shall the amount of the refund exceed the amount originally advanced.
4. All advances in aid of construction shall be noninterest bearing.
5. If after five years from the utility's receipt of the advance, the advance has not been totally refunded, the advance shall be considered a contribution in aid of construction and shall no longer be refundable.

D. Residential subdivision development and permanent mobile home parks. Each utility shall submit as a part of its main extension tariff separate provisions for residential subdivision developments and permanent mobile home parks.

E. Ownership of facilities. Any facilities installed hereunder shall be the sole property of the utility.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

R14-2-308. Provision of Service

A. Utility responsibility
1. Each utility shall be responsible for the safe transmission and distribution of gas until it passes the point of delivery to the customer.
2. Each utility shall be responsible for maintaining in safe operating condition all meters, regulators, service pipe or other fixtures installed on the customer's premises by the utility for the purpose of delivering gas to the customer.
3. Each utility may, at its option, refuse service until the customer's pipes and appliances have been tested and found to be safe, free from leaks, and in good operating condition. Proof of such testing shall be in the form of a certificate executed by a licensed plumber or local inspector, certifying that the customer's facilities have been tested and are in safe operating condition.
4. Each utility shall be required to test the customer's piping for leaks when the gas is turned on. If such tests indicate leakage in the customer's piping, the utility shall refuse to provide service until such time as the customer has had the leakage corrected.

B. Customer responsibility
1. Each customer shall be responsible for maintaining all customer piping, fixtures and appliances on the customer's side of the point of delivery in safe operating condition.
2. Each customer shall be responsible for safeguarding all utility property installed in or on the customer's premises for the purpose of supplying utility service.
3. Each customer shall exercise all reasonable care to prevent loss or damage to utility property, excluding ordinary wear and tear. The customer shall be responsible for loss of or damage to utility property on the customer's premises arising from neglect, carelessness, or misuse and shall reimburse the utility for the cost of necessary repairs or replacements.
4. Each customer shall be responsible for payment for any equipment damage and/or estimated unmetered usage resulting from unauthorized breaking of seals, interfering, tampering or bypassing the utility meter.
5. Each customer shall be responsible for notifying the utility of any gas leakage identified in the customer's or the utility's equipment.

C. Continuity of service. Each utility shall make reasonable efforts to supply a satisfactory and continuous level of service. However, no utility shall be responsible for any damage or claim of damage attributable to any interruption or discontinuation of service resulting from:
1. Any cause that the utility could not have reasonably foreseen or made provision for, such as force majeure;
2. Intentional service interruptions to make repairs or perform routine maintenance; or
3. Curtailment.

D. Change in character of service. When a change is made by the utility in the type of service rendered which would adversely affect the efficiency of operation or require the adjustment of the equipment of customers, all customers who may be affected shall be notified by the utility at least 30 days in advance of the change or, if such notice is not possible, as early as feasible. Where adjustments or replacements of the utility's standard equipment must be made to permit use under such changed conditions, adjustments shall be made by the utility without charge to the customers.

E. Service interruptions
1. Each utility shall make reasonable efforts to reestablish service within the shortest possible time when service interruptions occur.
2. Each utility shall make reasonable provisions to meet emergencies resulting from failure of service, and each utility shall issue instructions to its employees covering procedures to be followed in the event of emergency in order to prevent or mitigate interruption or impairment of service.
3. In the event of a national emergency or local disaster resulting in disruption of normal service, the utility may, in the public interest, interrupt service to other customers to provide necessary service to civil defense or other emergency service agencies on a temporary basis until normal service to these agencies can be restored.
4. When a utility plans to interrupt service for more than four hours to perform necessary repairs or maintenance, the utility shall attempt to inform affected customers and the Commission's Consumer Services Section, at least 48

hours in advance, of the scheduled date and time and of the estimated duration of the service interruption. A utility shall complete repairs in the shortest possible time to minimize the inconvenience to the customers of the utility.

F. Heat value standard for natural gas. Each gas utility operating under the jurisdiction of the Commission shall supply gas to its customers with an average total heating value of not less than 900 Btu's per cubic foot. The number of Btu's per cubic foot actually delivered through the customer's meter will vary according to the altitude/elevation of the location where the customer is being provided service.

G. Standard delivery pressure
1. Each utility shall maintain a standard delivery pressure at the outlet of the customer's meter of approximately 0.25 pounds per square inch gauge subject to variation under load conditions.
2. In cases where a customer desires service at greater than standard delivery pressure, the utility may supply at its option such greater pressure if and only as long as the furnishing of gas to such customer at higher than standard delivery pressure will not be detrimental to the service of other customers of the utility. The utility reserves the right to lower said delivery pressure or discontinue the delivery of gas at higher pressure at any time upon reasonable notice to the customer. Where service is provided at such higher pressure, the meter volumes shall be corrected to that higher pressure.

H. Curtailment. Each utility shall file with the Commission as a part of its general tariffs a procedural plan for handling severe supply shortages or service curtailments. The plan shall provide for equitable treatment of individual customer classes in the most reasonable and effective manner given the existing circumstances. When the availability of service is so restricted that the reduction of service on a proportionate basis to all customer classes will not maintain the integrity of the total system, the utility shall develop procedures to curtail service giving service priority to those customers and/or customer classes where health, safety and welfare would be adversely affected.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2). Amended by deleting subsection (I) effective October 23, 1987 (Supp. 87-4). Amended to correct subsection numbering (Supp. 99-4). Amended by final rulemaking at 28 A.A.R. 564 (March 11, 2022), effective April 18, 2022 (Supp. 22-1).

R14-2-309. Meter Reading

A. Company or customer meter reading
1. Each utility may at its discretion allow for customer reading of meters.
2. It shall be the responsibility of the utility to inform the customer how to properly read his or her meter.
3. Where a customer reads his or her own meter, the utility will read the customer's meter at least once every six months.
4. The utility shall provide the customer with postage-paid cards or other methods to report the monthly reading to the utility.
5. Each utility shall specify the timing requirements for the customer to submit his or her monthly meter reading to conform with the utility's billing cycle.
6. In the event the customer fails to submit the reading on time, the utility may issue the customer an estimated bill.
7. Meters shall be read monthly on as close to the same day as practical.

B. Measuring of service
1. All gas sold by a utility shall be metered except in the case of gas sold according to a fixed charge schedule or when otherwise authorized by the Commission.
2. When there is more than one meter at a location, the metering equipment shall be so tagged or plainly marked as to indicate the facilities being metered.

C. Customer requested retreads
1. Each utility shall at the request of a customer reread the customer's meter within 10 working days after such request by the customer.
2. Any rereads may be charged to the customer at a rate on file and approved by the Commission, provided that the original reading was not in error.
3. When a reading is found to be in error, the reread shall be at no charge to the customer.

D. Access to customer premises. Each utility shall at all times have the right of safe ingress to and egress from the customer's premises at all reasonable hours for any purpose reasonably connected with the furnishing of service and the exercise of any and all rights secured to it by law or these rules.

E. Meter testing and maintenance program
1. Each utility shall file with the Commission subject to review and approval a plan for routine maintenance and replacement of meters.
2. Each utility shall file an annual report with the Commission summarizing the results of the meter maintenance and testing program for that year. At a minimum the report should include the following data:
   a. Total number of meters tested, at company initiative or upon customer request.
   b. Number of meters tested which were outside the acceptable error allowance ± 3%.

F. Customer requested meter tests. A utility shall test a meter upon customer request, and each utility shall be authorized to charge the customer for such meter test according to the tariff on file and approved by the Commission. However, if the meter is found to be in error by more than 3%, no meter testing fee will be charged to the customer.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

R14-2-310. Billing and Collection

A. Frequency and estimated bills
1. Each utility shall bill monthly for services rendered. Meter readings shall be scheduled for periods of not less than 25 days or more than 35 days.
2. If the utility is unable to read the meter on the scheduled meter read date, the utility will estimate the consumption for the billing period giving consideration to the following factors where applicable:
   a. The customer's usage during the same month of the previous year
   b. The amount of usage during the preceding month.
3. After the second consecutive month of estimating the customer's bill for reasons other than severe weather, the

utility will attempt to secure an accurate reading of the meter.

4. Failure on the part of the customer to comply with a reasonable request by the utility for access to its meter may lead to the discontinuance of service.
5. Estimated bills will be issued only under the following conditions:
   a. Failure of a customer who read his own meter to deliver his meter reading card to the utility in accordance with the requirements of the utility billing cycle.
   b. Severe weather conditions which prevent the utility from reading the meter.
   c. Circumstances that make it impossible to read the meter, i.e., locked gates, blocked meters, vicious or dangerous animals, etc.
6. Each bill based on estimated usage will indicate that it is an estimated bill.

B. Combining meters, minimum bill information

1. Each meter at a customer's premises will be considered separately for billing purposes, and the readings of two or more meters will not be combined except those approved by the utility.
2. Each bill for residential service will contain the following minimum information:
   a. Date and meter reading at the start of billing period or number of days in the billing period
   b. Date and meter reading at the end of the billing period
   c. Billed usage
   d. Rate schedule number
   e. Utility telephone number
   f. Customer's name
   g. Service account number
   h. Amount due and due date
   i. Past due amount
   j. Adjustment factor, where applicable
   k. Taxes
   l. The Arizona Corporation Commission and address, thereof.

C. Billing terms

1. All bills for utility services are due and payable no later than 10 days from the date the bill is rendered. Any payment not received within this time-frame shall be considered past due.
2. For purposes of this rule, the date a bill is rendered may be evidenced by:
   a. The postmark date
   b. The mailing date
   c. The billing date shown on the bill (however, the billing date shall not differ from the postmark or mailing date by more than two days).
3. All past due bills for utility services are due and payable within 15 days. Any payment not received within this time-frame shall be considered delinquent.
4. All delinquent bills for which payment has not been received within five days shall be subject to the provisions of the utility's termination procedures.
5. All payments shall be made at or mailed to the office of the utility or to the utility's duly authorized representative.

D. Applicable tariffs, prepayment, failure to receive, commencement date, taxes

1. Each customer shall be billed under the applicable tariff indicated in the customer's application for service.
2. Each utility shall make provisions for advance payment of utility services.
3. Failure to receive bills or notices which have been properly placed in the United States mail shall not prevent such bills from becoming delinquent nor relieve the customer of his obligations therein.
4. Charges for service commence when the service is installed and connection made, whether used or not.

E. Meter error corrections

1. If any meter after testing is found to be more than 3% in error, either fast or slow, proper correction between 3% and the amount of the error shall be made of previous readings and adjusted bills shall be rendered according to the following terms:
   a. For the period of three months immediately preceding the removal of such meter from service for test or from the time the meter was in service since last tested, but not exceeding three months since the meter shall have been shown to be in error by such test.
   b. From the date the error occurred, if the date of the cause can be definitely fixed.
2. No adjustment shall be made by the utility except to the customer last served by the meter tested.

F. Insufficient funds (NSF) checks

1. A utility shall be allowed to recover a fee, as approved by the Commission in a tariff proceeding, for each instance where a customer tenders payment for utility service with an insufficient funds check.
2. When the utility is notified by the customer's bank that there are insufficient funds to cover the check tendered for utility service, the utility may require the customer to make payment in cash, by money order, certified check, or other means which guarantee the customer's payment to the utility.
3. A customer who tenders an insufficient check shall in no way be relieved of the obligation to render payment to the utility under the original terms of the bill nor defer the utility's provision for termination of service for nonpayment of bills.

G. Levelized billing plan

1. Each utility may, at its option, offer its residential customers a levelized billing plan.
2. Each utility offering a levelized billing plan shall develop upon customer request an estimate of the customer's levelized billing for a 12-month period based upon:
   a. Customer's actual consumption history, which may be adjusted for abnormal conditions such as weather variations.
   b. For new customers, the utility will estimate consumption based on the customer's anticipated load requirements.
   c. The utility's tariff schedules approved by the Commission applicable to that customer's class of service.
3. The utility shall provide the customer a concise explanation of how the levelized billing estimate was developed, the impact of levelized billing on a customer's monthly utility bill, and the utility's right to adjust the customer's billing for any variation between the utility's estimated billing and actual billing.

4. For those customers being billed under a levelized billing plan, the utility shall show, at a minimum, the following information on the customer's monthly bill:
   a. Actual consumption
   b. Amount due for actual consumption
   c. Levelized billing amount due
   d. Accumulated variation in actual versus levelized billing amount.
5. The utility may adjust the customer's levelized billing in the event the utility's estimate of the customer's usage and/or cost should vary significantly from the customer's actual usage and/or cost; such review to adjust the amount of the levelized billing may be initiated by the utility or upon customer request.

H. Elevation/pressure adjustment. Each gas utility shall, as a part of a general rate proceeding, file an adjustment factor to be applied to customer meter recordings to adjust for differences in pressure due to elevation.

I. Deferred payment plan
1. Each utility may, prior to termination, offer to qualifying residential customers a deferred payment plan for the customer to retire unpaid bills for utility service.
2. Each deferred payment agreement entered into by the utility and the customer due to the customer's inability to pay an outstanding bill in full shall provide that service will not be discontinued if:
   a. Customer agrees to pay a reasonable amount of the outstanding bill at the time the parties enter into the deferred payment agreement.
   b. Customer agrees to pay all future bills for utility service in accordance with the billing and collection tariffs of the utility.
   c. Customer agrees to pay a reasonable portion of the remaining outstanding balance in installments over a period not to exceed six months.
3. For the purposes of determining a reasonable installment payment schedule under these rules, the utility and the customer shall give consideration to the following conditions:
   a. Size of the delinquent account.
   b. Customer's ability to pay.
   c. Customer's payment history.
   d. Length of time that the debt has been outstanding.
   e. Circumstances which resulted in the debt being outstanding.
   f. Any other relevant factors related to the circumstances of the customer.
4. Any customer who desires to enter into a deferred payment agreement shall establish such agreement prior to the utility's scheduled termination date for nonpayment of bills; customer failure to execute a deferred payment agreement prior to the scheduled termination date shall not prevent the utility from discontinuing service for nonpayment.
5. Deferred payment agreements may be in writing and may be signed by the customer and an authorized utility representative.
6. A deferred payment agreement may include a finance charge as approved by the Commission in a tariff proceeding.
7. If a customer has not fulfilled the terms of a deferred payment agreement, the utility shall have the right to disconnect service pursuant to the utility's termination of service rules and, under such circumstances, it shall not be required to offer subsequent negotiation of a deferred payment agreement prior to disconnection.

J. Change of occupancy
1. Not less than three working days advance notice must be given in person, in writing, or by telephone at the utility's office to discontinue service or to change occupancy.
2. The outgoing party shall be responsible for all utility services provided and/or consumed up to the scheduled turn-off date.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

R14-2-311. Termination of Service

A. Restrictions on termination of service; recordkeeping and repayment
1. A utility shall not terminate service to a customer due to delinquency in payment for services rendered to a prior customer at the service address where service is being provided, unless the prior customer continues to reside at the service address.
2. A utility shall not terminate service to a customer due to the customer's failure to pay for services or equipment that are not regulated by the Commission.
3. A utility shall not terminate service to a customer due to the customer's nonpayment of a bill related to another class of service.
4. A utility shall not terminate service to a customer due to the customer's failure to pay the portion of a bill imposed to correct a previous underbilling due to an inaccurate meter or meter failure, provided that the customer agrees to pay the portion of the bill attributable to correction of underbilling in full over a period of months agreed to by the customer and the utility. A utility shall comply with R14-2-309(C)(3) and R14-2-310(E) when calculating the underbilling amount to be paid.
5. A utility shall not terminate residential service to a customer who has an inability to pay if the customer establishes, on an annual basis, through documentation from a licensed medical practitioner:
   a. That, in the opinion of the licensed medical practitioner, termination would be especially dangerous to the health of a customer or a permanent resident residing at the customer's service address, or
   b. That there is medically necessary equipment used in the home that is dependent on utility service for operation.
6. A utility shall not terminate residential service to a customer who has an inability to pay until the utility has complied with subsection (D) and completed all of the following:
   a. The utility has informed the customer of the availability of funds from various government and social assistance agencies;
   b. If a third party, has been previously designated by the customer to receive delinquency and termination information, the utility has notified the third party that the customer's bill is delinquent and allowed the third party at least five business days to communicate with the utility and to make arrangements for payment of the delinquent utility bill;

c. At least 48 hours before the date upon which termination is scheduled to occur, the utility has:
   i. Provided at least two written notices of the termination, using the customer's preferred method of communication, to the customer and, if applicable, the customer's designated third party; and
   ii. Telephoned the customer and, if applicable, the customer's designated third party to provide notice of the termination by attempting to speak to the customer, the customer's designated third party, or an adult resident of the customer's service address; or by attempting to leave a voice message.
d. A utility may partner with local stakeholders; nonprofits; public health agencies at the state, county, and local level; and local community service agencies to provide in-person notice of termination;
e. A utility shall keep pace with technological advancements in communication and augment the requirements of this subsection to utilize the most effective means of informing the customer of delinquency and termination; and
f. Beginning on April 15, 2022, and on each April 15 thereafter, each regulated Class A, B, and C gas utility that provides residential gas service shall file a report containing the utility's policy for compliance with subsection (A)(6).

7. If a customer, the customer's designated third party, or an adult resident of the customer's service address threatens the utility or a utility employee, the utility shall document the threatening occurrence. A utility shall maintain documentation of all threatening occurrences related to a customer's account for the entire period during which the customer continues to be a customer and for at least one year after the customer ceases to be a customer.
8. A utility shall retain the records demonstrating its compliance with subsection (A)(6) for at least three years.
9. A utility may require a customer whose service is not terminated under subsections (A)(4) or (A)(5) to enter into a deferred payment agreement with the utility within 10 days after the date on which service otherwise would have been terminated. A utility shall allow at least a single missed payment or a single partial payment in a 12-month period at the request of the customer without any consequence. If there is more than one missed or partial payment, the payment plan agreement will be considered as breached. If the payment plan is in breach, the current payment plan may be amended, or a new payment plan may be created. Both the utility and the customer have a duty to act in good faith in negotiating a payment plan.
10. A utility shall not terminate service to a customer's service address due to the customer's failure to pay the bill of another customer as guarantor thereof.
11. A utility shall not terminate service due to a customer's failure to pay the disputed portion of a bill if the customer has complied with R14-2-312(B).
12. A utility shall adopt only one of the following conditions under which it shall not terminate residential service:
    a. During any period of time for which the National Weather Service has issued a winter weather advisory in the area of the customer's service address; or
    b. During any period of time for which the local weather forecast, as predicted by the National Weather Service, indicates that the weather in the area of the customer's service address:
       i. Will include temperatures that do not exceed 32˚ F; or
       ii. Will include other weather conditions that the Commission has determined, by order, are especially dangerous to health;
13. A utility shall specify, in its tariffs, the provision of subsection (A)(12) that the utility has chosen to comply with, and shall comply with the provision.
14. A utility shall not terminate residential service to a customer unless the utility's call center and office or business facilities are open and available to the public on the day of termination and the day following the day of termination.
15. A utility shall not terminate residential service to a customer if the customer has paid at least half of the customer's delinquent bill balance within the last 25 days or if the customer's delinquent bill balance is less than or equal to $100.00.
16. If a customer has a deposit with a utility, the utility shall use the deposit to pay any delinquent amount on the customer's account before terminating service and shall allow the customer time to reestablish the deposit in installments over a period of at least four months.
17. Beginning on April 15, 2022, and on each April 15 thereafter, each regulated Class A, B, and C gas utility that provides residential gas service shall file a report containing the utility's payment plan policy for residential customers.

B. Termination of service without advance written notice; recordkeeping requirement
1. Notwithstanding subsection (A), a utility may terminate service to a customer's service address without advance written notice if:
   a. Failure to terminate service would result in an obvious hazard to the safety or health of the customer, the general population, or the utility's personnel or facilities;
   b. The utility has evidence of meter tampering or fraud related to the customer or the customer's service address; or
   c. The customer has failed to comply with the curtailment procedures imposed by the utility during supply shortages.
2. A utility that has terminated service under subsection (B)(1) shall not be required to restore service until the situation that resulted in the termination has been corrected to the satisfaction of the utility.
3. A utility shall maintain a record of each termination of service made under subsection (B)(1) for at least one year and shall make the record available for inspection by the Commission upon request.

C. Termination of service with notice
1. Except as provided in subsection (A), a utility may terminate service to a customer's service address for any of the following reasons, provided that the utility has complied with the requirements of subsection (D):
   a. Customer violation of any of the utility's tariffs or of the Commission's rules,
   b. Failure of the customer to pay a delinquent bill for utility service,
   c. Failure of the customer to meet or maintain the utility's deposit requirements,

d. Failure of the customer to provide the utility reasonable access to the utility's equipment or property,
e. Customer breach of a written contract for service between the utility and customer,
f. When necessary for the utility to comply with an order of any governmental agency having jurisdiction, or
g. Unauthorized resale of utility equipment or service by the customer.

2. A utility shall maintain a record of each termination of service made under subsection (C)(1) for at least one year and shall make the record available for Commission inspection upon request.

D. Termination notice requirements

1. At least 10 days before a utility terminates service to a customer's service address under subsection (C), the utility shall provide the customer advance notice of the utility's intent to terminate service.
2. The utility shall provide the advance notice required by this subsection (D)(1) by providing a copy of the advance notice to the customer and, if applicable, the customer's designated third party, using the customer's preferred method of communication, or U.S. mail, as provided in R14-2-312(K).
3. A utility shall include at least the following information in an advance notice required under subsection (D)(1):
   a. The name of the customer whose service is to be terminated and the service address where service is to be terminated;
   b. If service is to be terminated because the customer has violated a utility tariff or Commission rule, the name of the utility tariff or Commission rule violated and an explanation of the violation;
   c. If service is to be terminated because the customer has failed to pay a delinquent bill for utility service, the amount of the delinquent bill and the date payment was due;
   d. If service is to be terminated because the customer has failed to meet or maintain the utility's deposit requirements, the amount the customer has on deposit and the amount the customer is required to have on deposit;
   e. If service is to be terminated because the customer has failed to provide the utility reasonable access to the utility's equipment or property, a description of the access required and a description, including dates, of the customer's failure to provide access;
   f. If service is to be terminated because the customer has breached a written contract for service between the customer and the utility, identification of the contract provision breached and a description of the circumstances constituting a breach;
   g. If service is to be terminated because the termination is necessary for the utility to comply with an order of any governmental agency having jurisdiction, a description and, if possible, a copy of the order;
   h. If service is to be terminated because the customer has engaged in unauthorized resale of the utility's equipment or service, a description of the circumstances, including dates, constituting such resale;
   i. The date on or after which service is to be terminated;
   j. A statement advising the customer to contact the utility at a specific address or phone number to receive information regarding any deferred payment program or other procedures the utility may offer, or to reach a mutually agreeable solution to avoid termination of the customer's service; and
   k. A description of the requirements of subsection (F), along with the specific address for the customer to contact or the phone number for the customer to call to raise a dispute.
4. If a customer has designated a third party for the customer's account, a utility shall ensure that the third party is concurrently provided each notice, whether written or telephonic, that is provided to the customer as required by this Section.

E. Timing of terminations with notice

1. If the period of time allowed by the advance notice has elapsed, and the customer has not remedied the cause for termination to the utility's satisfaction, the utility shall provide the customer and, if applicable, the customer's designated third party, a final notice, two days before the termination date specified, using the customer's preferred method of communication. If the customer has not remedied the cause for termination after the two days have passed, and subsection (A) does not apply, the utility may then terminate service on or after the day specified in the final notice without giving further notice.
2. Notwithstanding subsection (E)(1), if a customer's preferred method of communication is U.S. mail, the utility shall allow ten days before terminating service without giving further notice.
3. A utility shall comply with subsection (A)(6), if applicable, before it may terminate service.
4. A utility shall have the right but not the obligation to remove any or all of its equipment or other property installed at a customer's service address upon the termination of service.

F. Termination notice requirements: disputes. A utility shall ensure that a customer is afforded the right to dispute the utility's stated reason for termination, in accordance with the following:

1. A utility shall maintain a specific address or phone number for customers to use to raise a dispute with the utility.
2. A utility shall notify each customer subject to termination, and the customer's designated third party, that to dispute the utility's reason for termination, the customer or the customer's designated third party shall contact the utility at the specific address or phone number, before the scheduled date of termination, to advise the utility of the dispute and to discuss the cause for termination with a representative of the utility.
3. If a customer raises a dispute, a utility shall ensure that a representative of the utility, who is empowered to resolve the customer's dispute, discusses the cause for termination with the customer before the scheduled termination date.
4. If a utility determines after discussion with a disputing customer that the reason for termination is just, the utility may terminate service to the customer, unless prohibited by subsection (A).
5. If a utility decides to terminate service to a disputing customer as permitted in subsection (F)(4), the utility shall inform the customer of the termination and of the customer's right to file a complaint with the Commission.
6. The utility shall not terminate service if the customer has a pending complaint before the Commission.

G. Landlord/tenant rule. If the service address for a customer is different from the mailing address for the customer's bill, or the utility knows that a landlord/tenant relationship exists for the service address and that the landlord is the customer of the utility, the utility shall comply with subsections (D) and (E) as well as the following if the customer account becomes subject to termination of service under subsection (C):
1. If it is feasible to provide service to the service address in the occupant's name, the utility shall offer the occupant the opportunity to obtain service in the occupant's name;
2. If the occupant declines to subscribe to service in the occupant's name, the utility may terminate service as permitted under subsections (C) through (E); and
3. The utility shall not require or attempt to require the occupant to pay any outstanding bills or other charges due on the account of the landlord.

H. Customer responsibilities
1. A customer shall be responsible for managing therm use when a utility is not permitted to terminate service to the customer under subsection (A).
2. A customer shall be financially responsible for any charges accrued for service during a period when a utility is not permitted to terminate service to the customer under subsection (A).
3. A customer shall, after the provision of subsection (A)(12) included in a utility's tariff no longer precludes termination:
   a. Pay the past due amounts in full; or
   b. Pay the past due amounts through installments as billed by the utility, with no penalty for prepayment.
4. A customer desiring to dispute a utility's reason for termination shall, before the scheduled date of termination, contact the utility at the specific address or phone number provided in the notice pursuant to subsection (D)(3)(k) to notify the utility of the dispute and discuss the reason for termination with a representative of the utility.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2). Amended to correct subsection numbering (Supp. 99-4). Amended by final rulemaking at 28 A.A.R. 564 (March 11, 2022), effective April 18, 2022 (Supp. 22-1).

Editor's Note: The following Section was amended under the regular rulemaking process and approved by the Arizona Attorney General's Office (Supp. 22-1).

Editor's Note: The following Section was amended under an exemption from the Attorney General approval provisions of the Arizona Administrative Procedure Act (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)), as determined by the Corporation Commission. This exemption means that the rules as amended were not approved by the Attorney General.

R14-2-312. Administrative and Hearing Requirements

A. Customer service complaints
1. Each utility shall make a full and prompt investigation of each service complaint made by one of its customers, whether made directly or through the Commission.
2. Within five business days after a complaint is made, the utility shall respond to the complainant and, if applicable, to the Commission representative regarding the status of the utility's investigation of the complaint.
3. The utility shall notify the complainant and, if applicable, the Commission representative of the final disposition of each complaint. Upon request of the complainant or the Commission representative, the utility shall report the findings of its investigation in writing.
4. The utility shall inform the customer of the right to file an informal complaint with the Commission, under subsection (C)(1), if the customer is dissatisfied with the results of the utility's investigation or the final disposition of the complaint.
5. Each utility shall:
   a. Create a record of each service complaint received including, at a minimum, the following data:
      i. Name and address of the customer;
      ii. Service address at issue, if different from the customer's address;
      iii. Date and nature of the complaint;
      iv. Disposition of the complaint; and
      v. A copy of any correspondence between the utility, the customer, and a Commission representative; and
   b. Maintain each service complaint record for at least one year after final disposition of the complaint and make the record available for inspection by the Commission upon request.

B. Customer bill disputes
1. A utility customer who disputes a portion of a bill rendered for utility service shall, prior to the due date for the bill, pay the undisputed portion of the bill and notify a representative of the utility that the unpaid amount is in dispute.
2. Upon receipt of the customer notice of dispute, the utility shall:
   a. Within five business days after receiving notice of the dispute, provide the customer confirmation that the dispute has been received;
   b. Initiate a prompt investigation of the source of the dispute;
   c. Withhold termination of service until the investigation is completed and the customer has been informed of the results of the investigation;
   d. Notify the customer of the results of the investigation and final disposition of the bill dispute, in writing if requested by the customer; and
   e. Inform the customer of the right to file an informal complaint with the Commission, under subsection (C)(1), if dissatisfied with the results of the utility's investigation or final disposition.
3. Once the customer has received the results of the utility's investigation, the customer shall, within five business days, submit payment to the utility for any disputed amounts. Failure to make full payment within five business days shall be grounds for termination of service under R14-2-311(C)(1)(b).

C. Commission resolution of service and bill disputes
1. If a customer is dissatisfied with the outcome of a utility's investigation or final disposition of a service or bill dispute, the customer may file with the Commission a written statement of dissatisfaction, which shall be deemed an informal complaint against the utility.
2. Within 30 days after receiving an informal complaint against the utility, a Commission representative shall attempt to resolve the dispute through communications with the utility and the customer (written or telephonic or both). If resolution of the dispute is not achieved within 20 days of the Commission representative's initial effort,

the Commission shall hold a mediation regarding the dispute, in accordance with the following:

a. A Commission representative shall preside over the mediation, and the participants shall be the customer and the utility.
b. Each participant may be represented by legal counsel, at the participant's own expense, if desired.
c. The mediation may be recorded or held in the presence of a stenographer.
d. Each participant shall have the opportunity to present written or oral material to support the participant's position.
e. Each participant shall have the opportunity to cross-examine the other participant, and the Commission representative shall have the opportunity to examine each participant.
f. The Commission's representative shall render a written decision to all parties within five business days after the date of the informal hearing. The written decision of the Commission's representative is not binding on any of the parties, and the parties shall retain the right to make a formal complaint to the Commission.

3. The utility may implement normal termination procedures, under R14-2-311(C)(1)(b), if the customer fails to pay all undisputed bills rendered during the resolution of the dispute by the Commission.
4. Each utility shall maintain a record of written statements of dissatisfaction and their resolution for at least one year and shall make such records available for Commission inspection upon request.

D. Notice by utility of responsible officer or agent

1. Each utility shall file with the Commission a written statement containing the name, address (business and mailing), email, and telephone number (business) of at least one officer, agent, or employee responsible for the general management of its operations as a utility in Arizona.
2. Each utility shall give notice, by filing a written statement with the Commission, of any change in the information required herein within five business days from the date of any such change.

E. Time-frames for processing applications for Certificates of Convenience and Necessity

1. This rule prescribes time-frames for the Commission's processing of any application for a Certificate of Convenience and Necessity filed pursuant to this Article.
2. Each utility shall give notice, by filing a written statement with the Commission, of any change in the information required herein within five business days from the date of any such change.
3. Staff may cease its review of an application if the applicant does not remedy all deficiencies within 60 calendar days of the notice of deficiency.
4. After receipt of a corrected application, staff shall notify the applicant within 30 calendar days that the corrected application is either administratively complete or deficient. If the corrected application is deficient, the notice shall specify all deficiencies.
5. The time-frame for administrative completeness review shall be suspended from the time a notice of deficiency is issued until staff determines that the application is complete.
6. Within 150 days after an application is determined to be administratively complete, the Commission shall approve or reject the application.
7. For purposes of A.R.S. § 41-1072 through A.R.S. § 41-1079, the Commission has established the following time-frames:
   a. Administrative completeness review time-frame: 120 calendar days.
   b. Substantive review time-frame: 150 calendar days.
   c. Overall time-frame: 270 calendar days.
8. If an applicant requests, and is granted, an extension or continuance, the appropriate time-frames shall be tolled from the date of the request and for the duration of the extension or continuance.
9. During the substantive review time-frame, the Commission may, for good cause, upon its own motion or that of any interested party to the proceeding, suspend the time-frame rules.

F. Filing and availability of tariffs

1. Each utility shall file with the Commission, within 120 days after the effective date of new rules or requirements adopted by the Commission, or within a shorter period ordered by the Commission, tariffs that comply with the new rules or requirements adopted by the Commission.
2. Each utility shall file with the Commission any proposed changes to the utility's tariffs on file with the Commission, along with a statement of justification supporting the proposed changes.
3. A utility's proposed change to the utility's tariffs on file with the Commission shall not become effective until reviewed and approved by the Commission, except as provided by law.
4. Each utility shall make its applicable tariffs available on its website and, upon request, either in paper form or in a readily accessible electronic format such as Adobe PDF.

G. Accounts and records

1. Each utility shall keep general and auxiliary accounting records reflecting the cost of its properties, operating income and expense, assets and liabilities, and all other accounting and statistical data necessary to give complete and authentic information as to its properties and operations.
2. Each utility shall maintain its books and records in conformity with the Uniform Systems of Accounts for Class A, B, C, and D Gas Utilities as adopted and amended by the Federal Energy Regulatory Commission.
3. Each utility shall produce or deliver in this state any or all of its formal accounting records and related documents requested by the Commission. A utility may, at its option, provide verified copies of original records and documents rather than produce the originals.
4. Each utility shall submit an annual report to the Commission, through the Utilities Division, on a form prescribed by the Utilities Division. The annual report shall be filed on or before the 15th day of April for the preceding calendar year. If the utility has received a report on the utility prepared by a certified or licensed public accountant, the utility shall include a copy of the report with its annual report submission.
5. Each utility shall submit to the Commission, through the Utilities Division, a copy of all reports the utility is required to file with the Securities and Exchange Commission.

6. Each utility shall submit to the Commission, through the Utilities Division, a copy of all annual reports the utility is required to file with the Federal Energy Regulatory Commission.

H. Maps. Each utility shall file with the Commission a map or maps clearly setting forth the location and extent of the area or areas included within the utility's approved certificates of convenience and necessity, in accordance with the Cadastral (Rectangular) Survey of the United States Bureau of Land Management, or by metes and bounds with a starting point determined by the aforesaid Cadastral Survey.

I. Variations, exemptions of Commission rules. The Commission may, by order, approve variations or exemptions from any of the rules in this Article either upon application of an affected party establishing that the public interest requires such variation or exemption or upon determining, on its own initiative, that such variation or exemption is necessary to serve the public interest. In case of conflict between these rules and an approved tariff or order of the Commission, the provisions of the approved tariff or order shall apply.

J. Prior agreements. The adoption of these rules by the Commission shall not affect any agreements entered into between the utility and customers or other parties who, pursuant to such contracts, arranged for the extension of facilities in a provision of service prior to the effective date of these rules.

K. A utility shall obtain and maintain for each customer the customer's preferred method of communication, which may be email, U.S. mail, voice telephone call, text message, or other communication method acceptable to the utility and the customer. Except as otherwise specified in this Article, a utility shall communicate with a customer and the customer's designated third party using the customer's preferred method of communication. If a utility does not yet have a customer's preferred method of communication on file, the utility may use the U.S. mail.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2). Amended effective December 31, 1998, under an exemption from the Attorney General certification requirements of the Arizona Administrative Procedure Act (Supp. 98-4). Amended effective December 31, 1998, under an exemption as determined by the Arizona Corporation Commission (Supp. 98-4). Amended to correct subsection numbering (Supp. 99-4). Amended by final rulemaking at 28 A.A.R. 564 (March 11, 2022), effective April 18, 2022 (Supp. 22-1).

R14-2-313. Conservation

Energy conservation plan

1. The Arizona Corporation Commission recognizes the need for conservation of energy resources in order to maintain an adequate and continuous supply of safe, dependable, and affordable energy. Therefore, in order to promote the state's economic development and the health and welfare of its citizenry, each class A and B gas utility shall file an energy conservation plan which encompasses at a minimum the following considerations:
   a. Development of consumer education and assistance programs to aid the populace in reducing energy consumption and cost.
   b. Participation in various energy conservation programs sponsored by other municipal, state or federal government entities having such jurisdiction.
2. Each utility shall file an energy conservation plan with the Commission within one year of the effective date of these rules and annual updates thereafter when changes require such.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2).

R14-2-314. Intermittent Gas Ignition

A. Application and scope. The provisions of this rule are applicable to the following types of gas appliances:
1. All residential gas-fired space heating equipment requiring electrical supply for operation,
2. All residential gas-fired clothes dryers,
3. All residential gas-fired household cooking appliances having an electrical supply cord or electrical junction box,
4. All residential gas-fired air conditioners,
5. All residential decorative gas lots which are automatically ignited and require electrical supply for operation,
6. All residential vented decorative gas appliances which are automatically lighted and require electrical supply for operation.

B. Prohibition of distribution, sales and installation
1. No person shall cause to be distributed, sold or installed in this state a newly produced gas appliance subject to this rule which has not been certified by the Commission. This prohibition shall not take effect for any particular type of gas appliance until 24 months after at least one model of that type of appliance has been certified by the Commission.
2. All gas appliances certified by the Commission shall have the statement, "This appliance is equipped with an intermittent type ignition device" or "Equipped with IID" or "IID Equipped" on the rating plate.

C. Definitions. For the purpose of this rule, and unless otherwise indicated, the following definitions shall apply in addition to those definitions shown in Title 40, Section 1, Chapter 7, Article 1, Paragraph 40-1201, of the A.R.S.:
1. "Certified by the Commission" means that the Commission has acknowledged receipt of one of the following for an appliance equipped with an intermittent type ignition device; a photostatic copy of the A.G.A. Appliance Certificate or the UL Listing Certificate; a listing of the appliance in the A.G.A. "Directory of Certified Appliances and Accessories" or the UL "Gas and Oil Equipment List"; or a certified test report from a recognized independent testing laboratory acceptable to the Commission stating that the appliance has been tested and conforms to the applicable American National Standards as mentioned below.
2. "Newly produced" means not previously used for the purpose for which designed or any other related purpose and constructed entirely of new unused parts and materials.
3. "Rating plate" means a plate, or combination of adjacent plates located so as to be easily read when the appliance is in a normally installed position.

D. Gas-fired space heating equipment.
1. Except as otherwise provided, all intermittent type ignition devices used on gas-fired space heating equipment shall be certified by the Commission if they comply with the standards approved by the American National Standards Institute, Inc., known as: ANSI Z21.20-1975, Automatic Gas Ignition Systems and Components.

2. Except as otherwise provided, gas-fired space heating equipment shall be certified by the Commission if it complies with one of the standards approved by the American National Standards Institute, Inc., known as:
   a. ANSI Z21.47-1973-Gas-Fired Gravity and Forced Air Central Furnaces, addenda Z21.47a-1974, and addenda Z21.47b-1975.
   b. ANSI Z21-11.1-1974-Vented Room Heaters, addenda Z21.11.1a-1975 and addenda Z21.11.1b-1976.
   c. ANSI Z21.13-1974-Gas-Fired Low-Pressure Steam and Hot Water Boilers, and addenda Z21.13a-1976.
   d. ANSI Z21.44-1977-Gas-Fired Gravity and Fan Type Sealed Combustion System Wall Furnaces.
   e. ANSI Z21.49-1975-Gas-Fired Gravity and Fan Type Vented Wall Furnaces and addenda Z21.49a-1977.
   f. ANSI Z21.48-1973-Gravity and Fan Type Floor Furnaces and addenda Z21.48a-1974 and addenda Z21.48b-1975.

E. Gas clothes dryers.
1. Except as otherwise provided, all intermittent type ignition devices used on gas clothes dryers shall be certified by the Commission if they comply with the standards approved by the American National Standards Institute, Inc., known as: ANSI Z21.20-1975-Automatic Gas Ignition Systems and Components.
2. Except as otherwise provided, gas clothes dryers shall be certified by the Commission, if they comply with the standards approved by the American National Standards Institute, Inc., known as ANSI Z21.5.1-1975-Type 1 Clothes Dryers.

F. Household cooking gas appliances.
1. Except as otherwise provided, all intermittent type ignition devices used on a household cooking gas appliance shall be certified by the Commission if they comply with the standards approved by the American National Standards Institute, Inc., known as: ANSI Z21.20-1975-Automatic Gas Ignition Systems and Component.
2. Except as otherwise provided, household cooking gas appliances shall be certified by the Commission if they comply with the standards approved by the American National Standards Institute, Inc., known as: ANSI Z21.1-1974-Household Cooking Appliances, addenda Z21.1a-1974, and addenda Z21.1b-1976.

G. Gas-fired air conditioners.
1. Except as otherwise provided, all intermittent type ignition devices used on a gas-fired air conditioner shall be certified by the Commission if they comply with the standards approved by the American National Standards Institute, Inc., known as: ANSI Z21.20-1975-Automatic Gas Ignition Systems and Components.
2. Except as otherwise provided, gas-fired air conditioners shall be certified by the Commission, if they comply with the standards approved by the American National Standards Institute, Inc., known as: ANSI Z21.40.1-1973-Gas-Fired Absorption Summer Air Conditioning Appliances, and addenda Z21.40.1a-1974.

H. Decorative gas logs.
1. Shall be certified by the Commission if they comply with the standards approved by the American National Standards Institute, Inc., known as: ANSI Z21.20-1975-Automatic Gas Ignition Systems and Components.
2. Except as otherwise provided, gas-fired decorative gas logs shall be certified by the Commission if they comply with the standards approved by the American National Standards Institute, Inc., known as: ANSI Z21.60-1975-Decorative Gas Appliances for Installation in Vented Fireplaces and addenda Z21.60a-1976.

I. Vented decorative gas appliances.
1. Shall be certified by the Commission if they comply with the standards approved by the American National Standards Institute, Inc., known as: ANSI Z21.20-1975-Automatic Gas Ignition Systems and Components.
2. Except as otherwise provided, gas-fired vented decorative appliances shall be certified by the Commission if they comply with the standards approved by the American National Standards Institute, Inc., known as: ANSI Z21.50-1973-Vented Decorative Gas Appliances, addenda Z21.50a-1974 and addenda Z21.50b-1974.

J. The statement mentioned in subsection (B)(2) which is required on the rating plate will be the Seal of Certification for Arizona. The rating plate will be furnished and applied and distributed by the manufacturer.

K. The Utilities Division of this Commission is charged with the duty of maintaining the records necessary for the control of the Certification Program and will notify manufacturers in accordance with paragraph 40-1204, Article 1, Chapter 7, Title 40 of the Arizona Revised Statutes.

L. Variance. Variation from the terms and conditions of this rule shall be permitted only upon the verified application of an affected party to the Commission, setting forth the circumstances whereby the public interest requires such variation, and upon the issuance of a special Order of the Commission. The Commission may require an application for such variation to be presented in a public hearing.

Historical Note
Former Section R14-2-135 renumbered as Section R14-2-314 without change effective March 2, 1982 (Supp. 82-2). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

R14-2-315. Compliance by Gas Cooperatives

A. The terms and conditions for termination of service, including customer notice, in a gas cooperative's tariff approved by the Commission prior to the effective date of this Section shall substitute for the provisions of R14-2-311.

B. Notwithstanding R14-2-312(F), a gas cooperative that proposes to revise the terms and conditions for termination of service included in its Commission-approved tariff shall file the proposed revisions with the Commission, in a new docket, pursuant to R14-2-312(I). If the Commission fails to approve, disapprove, or suspend for further consideration the proposed revisions within 60 days following the cooperative's filing, the revisions shall be deemed approved and become effective on the 61st day following the filing.

Historical Note
New Section made by final rulemaking at 28 A.A.R. 564 (March 11, 2022), effective April 18, 2022 (Supp. 22-1).

R14-2-316. Termination of Service Reporting Requirements

Beginning on April 15, 2022, and on each July 15, October 15, January 15, and April 15 thereafter, each regulated Class A, B, and C gas utility that provides residential gas service shall file a quarterly report providing the following information for each month of the previous quarter:

1. The number of residential customers whose gas service was terminated by zip code, and, if termination of service was prohibited under R14-2-311(A)(12) and the utility's tariffs, the number of residential accounts that would have been subject to termination if not for the prohibition;
2. The number of residential customers by zip code that have payment arrearages;
3. The total dollar amount of arrearages, by zip code;
4. The average dollar amount in arrearages per residential customer, by residential customer rate plan;
5. The number of commercial customers by zip code whose gas service was terminated;
6. The number of commercial customers by zip code that have payment arrearages;
7. The average amount in arrearages per commercial customer, by commercial class;
8. The number of residential accounts enrolled in a deferred payment arrangement and the number of those residential accounts in compliance with the deferred payment arrangement;
9. The number of active and delinquent residential accounts with an arrearage of $100 or more, disaggregated into "limited-income" accounts, "accounts with documentation from a licensed medical practitioner," and "other residential accounts;"
10. The percentage of limited-income customers in arrears who have received customer assistance due to inability to pay in the most recent quarter;
11. The number of active and delinquent residential accounts with an arrearage of $100 or more, disaggregated into "limited-income" accounts, "accounts with documentation from a licensed medical practitioner," and "other residential accounts," and further disaggregated to show the duration of the arrearages (up to 30 days, 30 to 60 days, and 60 to 90 days);
12. A brief narrative discussing the information contained in the report; and
13. A description of how the utility is assisting customers who indicate they may have an inability to pay, including details regarding the specific steps taken to direct the customers to appropriate resources, and including the following metrics:
    a. Number of calls received from residential customers asking for bill assistance during the most recent quarter;
    b. Number of customers notified about tariffs for limited-income customers, or other available tariffs, as of the most recent quarter;
    c. Cumulative number of customers enrolled in limited-income tariffs, or other available tariffs, as of that most recent quarter;
    d. Cumulative number of customers receiving assistance through the Low-Income Home Energy Assistance Program as of that most recent quarter; and
    e. Number of customers notified of energy efficiency and weatherization options during that most recent quarter.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 564 (March 11, 2022), effective April 18, 2022 (Supp. 22-1).

ARTICLE 4. WATER UTILITIES

R14-2-401. Definitions

In this Article, unless the context otherwise requires, the following definitions shall apply:

1. "Advance in aid of construction." Funds provided to the utility by the applicant under the terms of a main extension agreement the value of which may be refundable.
2. "Applicant." A person requesting the utility to supply water service.
3. "Application." A request to the utility for water service, as distinguished from an inquiry as to the availability or charges for such service.
4. "Arizona Corporation Commission." The regulatory authority of the state of Arizona having jurisdiction over public service corporations operating in Arizona.
5. "Billing month." The period between any two regular readings of the utility's meters at approximately 30 day intervals.
6. "Billing period." The time interval between two consecutive meter readings that are taken for billing purposes.
7. "Commodity charge." The unit of cost per billed usage, as set forth in the utility's tariffs.
8. "Contributions in aid of construction." Funds provided to the utility by the applicant under the terms of a main extension agreement and/or service connection tariff the value of which are not refundable.
9. "Customer." The person or entity in whose name service is rendered, as evidenced by the signature on the application or contract for that service, or by the receipt and/or payment of bills regularly issued in his name regardless of the identity of the actual user of the service.
10. "Customer charge." The amount the customers must pay the utility for the availability of water service, excluding any water used, as specified in the utility's tariffs.
11. "Day." Calendar day.
12. "Distribution main." A water main of the utility from which service connections may be extended to customers.
13. "Interruptible water service." Water service that is subject to interruption or curtailment.
14. "Main extension." The mains and ancillary equipment necessary to extend the existing water distribution system to provide service to additional customers.
15. "Master meter." A meter for measuring or recording the flow of water at a single location where said water is transported through an underground piping system to tenants or occupants for their individual consumption.
16. "Meter." The instrument for measuring and indicating or recording the volume of water that has passed through it.
17. "Meter tampering." A situation where a meter has been illegally altered. Common examples are meter bypassing, use of magnets to slow the meter recording, and broken meter seals.
18. "Minimum charge." The amount the customer must pay for the availability of water service, including an amount of usage, as specified in the utility's tariffs.
19. "Minimum delivery pressure." 20 pounds per square inch gauge at the meter or point of delivery.
20. "Permanent customer." A customer who is a tenant or owner of a service location who applies for and receives water service.
21. "Permanent service." Service which, in the opinion of the utility, is of a permanent and established character. The use of water may be continuous, intermittent, or seasonal in nature.

22. "Person." Any individual, partnership, corporation, governmental agency, or other organization operating as a single entity.
23. "Point of delivery." The point where facilities owned, leased, or under license by a customer connect to the utility's pipes or at the outlet side of the meter.
24. "Premises." All of the real property and apparatus employed in a single enterprise on an integral parcel of land undivided by public streets, alleys or railways.
25. "Residential subdivision development." Any tract of land which has been divided into four or more contiguous lots for use for the construction of residential buildings or permanent mobile homes for either single or multiple occupancy.
26. "Residential use." Service to customers using water for domestic purposes such as personal consumption, water heating, cooking, and other residential uses and includes use in apartment buildings, mobile home parks, and other multiunit residential buildings.
27. "Rules." The regulations set forth in the tariffs which apply to the provision of water service.
28. "Service area." The territory in which the utility has been granted a Certificate of Convenience and Necessity and is authorized by the Commission to provide water service.
29. "Service establishment charge." The charge as specified in the utility's tariffs which covers the cost of establishing a new account.
30. "Service line." A water line that transports water from a common source (normally a distribution main) of supply to the customer's point of delivery.
31. "Service reconnect charge." The charge as specified in the utility's tariffs which must be paid by the customer prior to reestablishment of water service each time the water is disconnected for nonpayment or whenever service is discontinued for failure otherwise to comply with the utility's fixed rules.
32. "Service reestablishment charge." A charge as specified in the utility's tariffs for service at the same location where the same customer had ordered a service disconnection within the preceding 12-month period.
33. "Single family dwelling." A house, an apartment, a mobile home permanently affixed to a lot, or any other permanent residential unit which is used as a permanent home.
34. "Tariffs." The documents filed with the Commission which list the services and products offered by the water company and which set forth the terms and conditions and a schedule of the rates and charges for those services and products.
35. "Temporary service." Service to premises or enterprises which are temporary in character, or where it is known in advance that the service will be of limited duration. Service which, in the opinion of the utility, is for operations of a speculative character is also considered temporary service.
36. "Utility." The public service corporation providing water service to the public in compliance with state law.

Historical Note
Adopted effective March 2, 1982 (Supp. 82-2).

R14-2-402. Certificates of Convenience and Necessity for Water Utilities; Extensions of Certificates of Convenience and Necessity for Water Utilities; Abandonment, Sale, Lease, Transfer, or Disposal of a Water Utility; Discontinuance or Abandonment of Water Utility Service

A. In this Section, unless otherwise specified:
1. "Applicant" means a person who submits an application to obtain a Certificate of Convenience and Necessity to construct water utility facilities or operate as a water utility or to extend the service area under an existing Certificate of Convenience and Necessity held by the person.
2. "CC&N" means Certificate of Convenience and Necessity.
3. "Commission" means the Arizona Corporation Commission.
4. "Contiguous" means in actual contact, touching, such as by sharing a common border.
5. "Extension area" means the geographic area that an applicant is requesting to have added to the applicant's existing CC&N service area.

B. Application for a new CC&N or extension of a CC&N
1. Any person who desires to construct water utility facilities or to operate as a water utility shall, prior to commencing construction of utility facilities or operations, file with the Commission an application for a CC&N and obtain Commission approval.
2. Any utility that desires to extend its CC&N service area shall file with the Commission an application for a CC&N extension.
3. Before filing an application for a CC&N or a CC&N extension, a person shall provide written notice of the person's intention to file the application to each person who owns land within the proposed service area or extension area and who has not requested service. Each written notice to a landowner shall include, at a minimum:
   a. The legal name, physical address, mailing address (if different), and telephone number of the intended applicant;
   b. The approximate date by which the application will be filed;
   c. The type of services to be provided if the application is approved;
   d. The physical addresses and toll-free telephone numbers, in Phoenix and Tucson, for the Consumer Services Section of the Commission; and
   e. The following information:
      i. That the recipient is a property owner within the proposed service area or extension area;
      ii. That if the application is granted, the intended applicant will be the exclusive provider of the specific services to the proposed service area or extension area and will be required by the Commission to provide those services under rates and charges and terms and conditions established by the Commission;
      iii. That a CC&N does not prohibit persons from providing services only to themselves using their own facilities on their own property, although other applicable laws may restrict such activity;
      iv. That the application is available for inspection during regular business hours at the offices of the Commission and at the offices of the intended applicant;
      v. That the Commission will hold a hearing on the application;
      vi. That the landowner may have the right to intervene in the proceeding and may appear at the

hearing and make a statement on his or her own behalf even if the landowner does not intervene;
vii. That the landowner may contact the Commission for the date and time of the hearing and for information on intervention;
viii. That the landowner may not receive any further notice of the application proceeding unless requested; and
ix. That the landowner may contact the intended applicant or the Consumer Services Section of the Commission if the landowner has any questions or concerns about the application, has any objections to approval of the application, or wishes to make a statement in support of the application.

4. Within 10 days after filing an application for a CC&N or a CC&N extension, an applicant shall provide written notice of the application to the municipal manager or administrator of each municipality with corporate limits that overlap with or are within five miles of the proposed service area or extension area. Each written notice shall include, at a minimum:
   a. The applicant's legal name, mailing address, and telephone number;
   b. The date the application was filed;
   c. The type of services to be provided if the application is approved;
   d. A description of the requested service area or extension area, expressed in terms of cadastral (quarter section) or metes and bound survey;
   e. The Commission docket number assigned to the application; and
   f. Instructions on how to obtain a copy of the application.
5. Each application for a new CC&N or CC&N extension shall be submitted in a form and number prescribed by the Commission and shall include, at a minimum, the following information:
   a. The applicant's legal name, mailing address, and telephone number;
   b. If the applicant will or does operate the utility under a different business name, the name under which the applicant will be doing business;
   c. The full name, mailing address, and telephone number of a management contact for the applicant;
   d. The full name, mailing address, and telephone number of the attorney for the applicant, if any;
   e. The full name, mailing address, and telephone number of the operator certified by the Arizona Department of Environmental Quality who is or will be working for the applicant;
   f. The full name, mailing address, and telephone number of the onsite manager for the applicant;
   g. Whether the applicant is a corporation, a partnership, a limited liability company, a sole proprietor, or another specified type of legal entity;
   h. If the applicant is a corporation, the following:
      i. Whether the applicant is a "C" corporation, an "S" corporation, or a non-profit corporation and whether the corporation is domestic or foreign;
      ii. A list of the full names, titles, and mailing addresses of each of the applicant's officers and directors;
      iii. A copy of the applicant's certificate of good standing issued by the Commission's Corporations Division;
      iv. Unless the applicant is applying for a CC&N extension, a certified copy of the applicant's articles of incorporation and by-laws; and
      v. If the applicant is a for-profit corporation, the number of shares of stock authorized for issue and, if any stock has been issued, the number of shares issued and date of issuance;
   i. If the applicant is a partnership, the following:
      i. Whether the applicant is a limited partnership or a general partnership and whether the partnership is domestic or foreign;
      ii. The full names and mailing addresses of the applicant's general partners;
      iii. The full names, mailing addresses, and telephone numbers of the applicant's managing partners;
      iv. Unless the applicant is applying for a CC&N extension, a copy of the applicant's articles of partnership; and
      v. If the applicant is a foreign limited partnership, a copy of the applicant's certificate of registration filed with the Arizona Secretary of State;
   j. If the applicant is a limited liability company, the following:
      i. The full names and mailing addresses of the applicant's managers or, if management is reserved to the members, the applicant's members;
      ii. Unless the applicant is applying for a CC&N extension, a copy of the applicant's articles of organization;
   k. The legal name and mailing address of each other utility in which the applicant has an ownership interest;
   l. A description of the requested service area or extension area, expressed in terms of cadastral (quarter section) or metes and bound survey;
   m. The name of each county in which the requested service area or extension area is located and a description of the area's location in relation to the closest municipality, which shall be named;
   n. A complete description of the facilities proposed to be constructed, including a preliminary engineering report with specifications in sufficient detail to describe each water system and the principal components of each water system (e.g., source, storage, transmission lines, distribution lines, etc.) to allow verification of the estimated costs provided under subsection (B)(5)(o) and verification that the requirements of the Commission and the Arizona Department of Environmental Quality can be met;
   o. The estimated total construction cost of the proposed offsite and onsite facilities, including documentation to support the estimates, and an explanation of how the construction will be financed, such as through debt, equity, advances in aid of construction, contributions in aid of construction, or a combination thereof;

p. Documentation establishing the applicant's financial condition, including at least the applicant's current assets and liabilities, an income statement, the applicant's estimated revenue and expenses for the first five years following approval of the application, and the estimated value of the applicant's utility plant in service for the first five years following approval of the application;
q. The rates proposed to be charged for services rendered, shown in the form of a proposed tariff that complies with Commission standards;
r. The estimated annual operating revenues and expenses for the first five years of operation for the requested service area or extension area, expressed separately for residential, commercial, industrial, and irrigation services, and including a description of each assumption made to derive the estimates;
s. A detailed description of the proposed construction timeline for facilities, with estimated starting and completion dates and, if construction is to be phased, a description of each separate phase of construction;
t. A copy of any requests for service from persons who own land within the proposed service area or extension area, which shall identify the applicant by name;
u. Maps of the proposed service area or extension area identifying:
    i. The boundaries of the area, with the total acreage noted;
    ii. The land ownership boundaries within the area, with the acreage of each separately owned parcel within the area noted;
    iii. The owner of each parcel within the area;
    iv. Any municipality corporate limits that overlap with or are within five miles of the area;
    v. The service area of any public service corporation, municipality, or district currently providing water or wastewater service within one mile of the area, with identification of the entity providing service and each type of service being provided;
    vi. The location within the area of any known water service connections that are already being provided service by the applicant;
    vii. The location of all proposed developments within the area;
    viii. The proposed location of each water system and the principal components described in subsection (B)(5)(n); and
    ix. The location of all parcels for which a copy of a request for service has been submitted per subsection (B)(5)(t);
v. A copy of each notice to be sent, as required under subsection (B)(4), to a municipal manager or administrator;
w. A copy of each notice sent, as required under subsection (B)(3), to a landowner not requesting service;
x. For each landowner not requesting service, either the written response received from the landowner or, if no written response was received, a description of the actions taken by the applicant to obtain a written response;
y. A copy of each city, county, or state agency approval required by law to construct the proposed facilities or operate the utility within the proposed service area or extension area or, for any approval not yet obtained, the status of the applicant's application for the approval;
z. The estimated number of customers to be served for each of the first five years of operation, expressed separately for residential, commercial, industrial, and irrigation customers and including documentation to support the estimates;
aa. A description of how wastewater service is to be provided in the proposed service area or extension area and the name of each wastewater service provider for the area, if any;
bb. A letter from each wastewater service provider identified under subsection (B)(5)(aa), confirming the provision of wastewater service for the proposed service area or extension area;
cc. Plans for or a description of water conservation measures to be implemented in the proposed service area or extension area, including, at a minimum:
    i. A description of the information about water conservation or water saving measures that the utility will provide to the public and its customers;
    ii. A description of how the applicant will work with each wastewater service provider identified under subsection (B)(5)(aa) to encourage water conservation;
    iii. A description of the sources of water that will be used to supply parks, recreation areas, golf courses, greenbelts, ornamental lakes, and other aesthetic water features;
    iv. A description of any plans for the use of reclaimed water;
    v. A description of any plans for the use of recharge facilities;
    vi. A description of any plans for the use of surface water; and
    vii. A description of any other plans or programs to promote water conservation;
dd. A backflow prevention tariff that complies with Commission standards, if not already on file;
ee. A curtailment tariff that complies with Commission standards, if not already on file;
ff. A copy of a Physical Availability Determination, Analysis of Adequate Water Supply, or Analysis of Assured Water Supply issued by the Arizona Department of Water Resources for the proposed service area or extension area or, if not yet obtained, the status of the application for such approval;
gg. If the applicant is requesting a CC&N extension:
    i. A current compliance status report from the Arizona Department of Environmental Quality, dated no more than 30 days before the date the CC&N extension application is filed, for each water system operated by the applicant, as identified by a separate Arizona Department of Environmental Quality Public Water System Identification Number; and
    ii. A water use data sheet for the water system being extended by the applicant; and
hh. The notarized signature of the applicant.

6. Upon receiving an application under subsection (B)(5), Utilities Division staff shall review and process the application in accordance with the requirements of R14-2-411.
7. Once Utilities Division staff determines that an application submitted under subsection (B)(5) is administratively complete, the Commission shall, as expeditiously as practicable, schedule a hearing to consider the application.

C. Application for discontinuance or abandonment of utility service
1. A utility shall not discontinue or abandon any service currently in use by the public without first obtaining authority therefor from the Commission.
2. A utility desiring to discontinue or abandon a service shall file with the Commission an application identifying the utility; including data regarding past, present and estimated future customer use of the service; describing any plant or facility that would no longer be in use if the application were approved; and explaining why the utility desires to discontinue or abandon the service.
3. A utility is not required to apply for Commission approval to remove individual facilities where a customer has requested service discontinuance.

D. Application for authority to abandon, sell, lease, transfer, or otherwise dispose of a utility
1. A utility shall not abandon, sell, lease, transfer, or otherwise dispose of its facilities or operation without first obtaining authority therefor from the Commission.
2. A utility desiring to abandon, sell, lease, transfer, or otherwise dispose of its facilities or operation shall file with the Commission an application that includes, at a minimum:
   a. The legal name, physical address, mailing address (if different), and telephone number of the utility;
   b. A description of the utility property proposed to be abandoned, sold, leased, transferred, or otherwise disposed of;
   c. Documentation establishing the utility's financial condition, including at least the utility's current assets and liabilities, an income statement, the utility's revenue and expenses for the most recently completed 12-month accounting period, and the value of the utility's utility plant in service;
   d. The legal name, physical address, mailing address (if different), and telephone number of any proposed purchaser, lessee, transferee, or assignee;
   e. The terms and conditions of the proposed abandonment, sale, lease, transfer, or assignment and copies of any agreement that has been or will be executed concerning the transaction;
   f. A description of the effect that the proposed transaction will have upon the utility's services;
   g. The method by which the proposed transaction is to be financed;
   h. A description of the effect that the proposed transaction will have upon any other utility;
   i. The number of customers to be affected by the proposed transaction; and
   j. A description of the effect that the proposed transaction will have upon customers.

E. Additions or extensions of service contiguous to existing CC&N service areas
1. Except in the case of an emergency, a utility that proposes to extend service to a parcel located in a non-certificated area contiguous to its CC&N service area shall notify the Commission before the service extension occurs.
2. Each notification required under subsection (E)(1) shall be in writing, shall be verified, and shall set forth, at a minimum:
   a. The legal name, mailing address, and telephone number of the utility;
   b. The number of persons to be served in the contiguous parcel;
   c. The legal description of the contiguous parcel and the location of the structures to be served therein, in relation to the utility's CC&N service area; and
   d. A statement that service will be extended only to a non-certificated parcel contiguous to the utility's CC&N service area.
3. When emergency service is required to be provided to a person in a non-certificated area contiguous to a utility's CC&N service area, the utility shall notify the Commission of the service extension as soon as possible after the service extension occurs by providing written notice that includes the information required under subsection (E)(2) and describes the nature and extent of the emergency.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2). Amended by adding subsection (C) effective September 28, 1982 (Supp. 82-5). Amended by final rulemaking at 15 A.A.R. 2066, effective January 22, 2010 (Supp. 09-4).

R14-2-403. Establishment of Service

A. Information from new applicants
1. A utility may obtain the following minimum information from each new applicant for service:
   a. Name or names of applicant(s).
   b. Service address or location and telephone number
   c. Billing address/telephone number, if different than service address.
   d. Address where service was provided previously.
   e. Date applicant will be ready for service.
   f. Indication of whether premises have been supplied with utility service previously.
   g. Purpose for which service is to be used.
   h. Indication of whether applicant is owner or tenant of or agent for the premises.
2. Each utility may require a new applicant for service to appear at the utility's designated place of business to produce proof of identity and sign the utility's application form.
3. Where service is requested by two or more individuals the utility shall have the right to collect the full amount owed to the utility from any one of the applicants.

B. Deposits
1. A utility may require a deposit from any new applicant for service.
2. The utility shall issue a nonnegotiable receipt to the applicant for the deposit. The inability of the customer to produce such a receipt shall in no way impair his right to receive a refund of the deposit which is reflected on the utility's records.
3. Interest on deposits shall be calculated annually at an interest rate filed by the utility and approved by the Commission in a tariff proceeding. In the absence of such, the interest rate shall be 6%.
4. Interest shall be credited to the customer's bill annually.

5. Residential deposits shall be refunded within 30 days after:
   a. 12 consecutive months of service without being delinquent in the payment of utility bills provided the utility may reestablish the deposit if the customer becomes delinquent in the payment of bills two or more times within a 12-consecutive-month period.
   b. Upon discontinuance of service when the customer has paid all outstanding amounts due the utility.
6. A separate deposit may be required for each meter installed.
7. The amount of a deposit required by the utility shall be determined according to the following terms:
   a. Residential customer deposits shall not exceed two times the average residential class bill as evidenced by the utility's most recent annual report filed with the Commission.
   b. Nonresidential customer deposits shall not exceed 2 1/2 times that customer's estimated maximum monthly bill.
   c. The utility may review the customer's usage after service has been connected and adjust the deposit amount based upon the customer's actual usage.
8. Upon discontinuance of service, the deposit may be applied by the utility toward settlement of the customer's bill.

C. Grounds for refusal of service. A utility may refuse to establish service if any of the following conditions exist:
1. The applicant has an outstanding amount due for the same class of utility service with the utility and the applicant is unwilling to make arrangements with the utility for payment.
2. A condition exists which in the utility's judgment is unsafe or hazardous to the applicant, the general population, or the utility's personnel or facilities.
3. Refusal by the applicant to provide the utility with a deposit.
4. Customer is known to be in violation of the utility's tariffs filed with the Commission or of the Commission's rules and regulations.
5. Failure of the customer to furnish such funds, service, equipment, and/or rights-of-way necessary to serve the customer and which have been specified by the utility as a condition for providing service.
6. Applicant falsifies his or her identity for the purpose of obtaining service.

D. Service establishments, re-establishments or reconnection charge
1. A utility may make a charge as approved by the Commission for the establishment, reestablishment, or reconnection of utility services.
2. Should service be established during a period other than regular working hours at the customer's request, the customer may be required to pay an after-hour charge for the service connection. Where the utility scheduling will not permit service establishment on the same day requested, the customer can elect to pay the after-hour charge for establishment that day.
3. For the purpose of this rule, service establishments are where the customer's facilities are ready and acceptable to the utility and the utility needs only to install a meter, read a meter, or turn the service on.

E. Temporary service
1. Applicants for temporary service may be required to pay the utility, in advance of service establishment, the estimated cost of installing and removing the facilities necessary for furnishing the desired service.
2. Where the duration of service is to be less than one month, the applicant may also be required to advance a sum of money equal to the estimated bill for service.
3. Where the duration of service is to exceed one month, the applicant may also be required to meet the deposit requirements of the utility.
4. If at any time during the term of the agreement for service the character of a temporary customer's operations changes so that in the opinion of the utility the customer is classified as permanent, the terms of the utility's main extension rules shall apply.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2). Amended subsections (B) and (D) effective September 28, 1982 (Supp. 82-5). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

R14-2-404. Minimum Customer Information Requirements

A. Information for residential customers
1. Each utility shall make available upon customer request not later than 60 days from the date of request a concise summary of the rate schedule applied for by such customer. The summary shall include the following:
   a. Monthly minimum or customer charge, identifying the amount of the charge and the specific amount of usage included in the minimum charge, where applicable.
   b. Rate blocks, where applicable.
   c. Any adjustment factor(s) and method of calculation.
2. The utility shall to the extent practical identify the tariff most advantageous to the customer and notify the customer of such prior to service commencement.
3. In addition, a utility shall make available upon customer request not later than 60 days from the date of request a copy of the Commission's rules and regulations governing:
   a. Deposits
   b. Terminations of service
   c. Billing and collection
   d. Complaint handling.
4. Each utility upon written request of a customer shall transmit a concise statement of actual consumption by such customer for each billing period during the prior 12 months unless such data is not reasonably ascertainable.
5. Each utility shall inform all new customers of their rights to obtain the information specified above.

B. Information required due to changes in tariffs
1. Each utility shall transmit to affected customers by the most economic means available a concise summary of any change in the utility's tariffs affecting those customers.
2. This information shall be transmitted to the affected customer within 60 days of the effective date of the change.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

R14-2-405. Service Connections and Establishments

A. Priority and timing of service establishments
1. After an applicant has complied with the utility's application and deposit requirements and has been accepted for service by the utility, the utility shall schedule that customer for service connection and/or establishment.
2. Service establishments shall be scheduled for completion within five working days of the date the customer has been accepted for service, except in those instances when the customer requests service establishment beyond the five working day limitation.
3. When the utility has made arrangements to meet with a customer for service establishment purposes and the utility or the customer cannot make the appointment during the prearranged time, the utility shall reschedule the service establishment to the satisfaction of both parties.
4. Each utility shall schedule service establishment appointments within a maximum range of four hours during normal working hours, unless another time-frame is mutually acceptable to the utility and the customer.
5. Service establishments shall be made only by qualified utility service personnel.
6. For the purposes of this rule, service establishments are where the customer's facilities are ready and acceptable to the utility and the utility needs only to install or read a meter or turn the service on.

B. Service lines
1. An applicant for service shall be responsible for the cost of installing all customer piping up to the meter.
2. An applicant for service shall pay to the utility as a refundable advance in aid of construction the sum as set forth in the utility's tariff for each size service and meter. Except where the refundable advances in aid of construction for meters and service lines have been included in refundable advances in aid of construction for line extensions and thus are refundable pursuant to main extension contracts approved by the Commission, each advance in aid of construction for a service line or meter shall be repaid by the utility by an annual credit of 1/10 of the amount received, said credit to be applied upon the water bill rendered in November of each year until fully paid, for each service and meter for which the advance was made, and said credit to commence the month of November for all such advances received during the preceding calendar year.
3. Where service is being provided for the first time, the customer shall provide and maintain a private cutoff valve within 18 inches of the meter on the customer's side of the meter, and the utility shall provide a like valve on the utility's side of such meter.
4. The Company may install its meter at the property line or, at the Company's option, on the customer's property in a location mutually agreed upon.
5. Where the meter or service line location on the customer's premises is changed at the request of the customer or due to alterations on the customer's premises, the customer shall provide and have installed at his expense all piping necessary for relocating the meter and the utility may make a charge for moving the meter and/or service line.
6. The customer's lines or piping must be installed in such a manner as to prevent cross-connection or backflow.
7. Each utility shall file a tariff for service and meter installations for Commission review and approval.

C. Easements and rights-of-way
1. Each customer shall grant adequate easement and right-of-way satisfactory to the utility to ensure that customer's proper service connection. Failure on the part of the customer to grant adequate easement and right-of-way shall be grounds for the utility to refuse service.
2. When a utility discovers that a customer or his agent is performing work or has constructed facilities adjacent to or within an easement or right-of-way and such work, construction or facility poses a hazard or is in violation of federal, state or local laws, ordinances, statutes, rules or regulations, or significantly interferes with the utility's access to equipment, the utility shall notify the customer or his agent and shall take whatever actions are necessary to eliminate the hazard, obstruction or violation at the customer's expense.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2). Amended subsection (B) effective September 28, 1982 (Supp. 82-5). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

R14-2-406. Main Extension Agreements

A. Each utility entering into a main extension agreement shall comply with the provisions of this rule which specifically defines the conditions governing main extensions.

B. An applicant for the extension of mains may be required to pay to the Company, as a refundable advance in aid of construction, before construction is commenced, the estimated reasonable cost of all mains, including all valves and fittings.
1. In the event that additional facilities are required to provide pressure, storage or water supply, exclusively for the new service or services requested, and the cost of the additional facilities is disproportionate to anticipated revenues to be derived from future consumers using these facilities, the estimated reasonable cost of such additional facilities may be included in refundable advances in aid of construction to be paid to the Company.
2. Upon request by a potential applicant for a main extension, the utility shall prepare, without charge, a preliminary sketch and rough estimate of the cost of installation to be paid by said applicant. Any applicant for a main extension requesting the utility to prepare detailed plans, specifications, or cost estimates may be required to deposit with the utility an amount equal to the estimated cost of preparation. The utility shall, upon request, make available within 45 days after receipt of the deposit referred to above, such plans, specifications, or cost estimates of the proposed main extension. Where the applicant accepts utility construction of the extension, the deposit shall be credited to the cost of construction; otherwise the deposit shall be nonrefundable. If the extension is to include oversizing of facilities to be done at the utility's expense, appropriate details shall be set forth in the plans, specifications and cost estimates.
3. Where the utility requires an applicant to advance funds for a main extension, the utility shall furnish the applicant with a copy of the Commission rules on main extension agreements prior to the applicant's acceptance of the utility's extension agreement.
4. In the event the utility's actual cost of construction is less than the amount advanced by the customer, the utility shall make a refund to the applicant within 30 days after

the completion of the construction or utility's receipt of invoices related to that construction.

5. The provisions of this rule apply only to those applicants who in the utility's judgment will be permanent customers of the utility. Applications for temporary service shall be governed by the Commission's rules concerning temporary service applications.

C. Minimum written agreement requirements

1. Each main extension agreement shall include the following information:
   a. Name and address of applicant(s)
   b. Proposed service address
   c. Description of requested service
   d. Description and map of the requested line extension
   e. Itemized cost estimate to include materials, labor, and other costs as necessary
   f. Payment terms
   g. A clear and concise explanation of any refunding provisions, if applicable
   h. Utility's estimated start date and completion date for construction of the main extension
2. Each applicant shall be provided with a copy of the written main extension agreement.

D. Refunds of advances made pursuant to this rule shall be made in accord with the following method: the Company shall each year pay to the party making an advance under a main extension agreement, or that party's assignees or other successors in interest where the Company has received notice and evidence of such assignment or succession, a minimum amount equal to 10% of the total gross annual revenue from water sales to each bona fide consumer whose service line is connected to main lines covered by the main extension agreement, for a period of not less than 10 years. Refunds shall be made by the Company on or before the 31st day of August of each year, covering any refunds owing from water revenues received during the preceding July 1st to June 30th period. A balance remaining at the end of the ten-year period set out shall become non-refundable, in which case the balance not refunded shall be entered as a contribution in aid of construction in the accounts of the Company, however, agreements under this general order may provide that any balance of the amount advanced thereunder remaining at the end of the 10 year period set out, shall thereafter remain payable in whole or in part and in such manner as is set forth in the agreement. The aggregate refunds under this rule shall in no event exceed the total of the refundable advances in aid of construction. No interest shall be paid by the utility on any amounts advanced. The Company shall make no refunds from any revenue received from any lines, other than customer service lines, leading up to or taking off from the particular main extension covered by the agreement.

E. Amounts advanced in aid of construction of main extensions shall be refunded in accord with the rules of this Commission in force and effect on the date the agreement therefor was executed. All costs under main extension agreements entered into after the adoption of this rule shall be refunded as provided herein.

F. The Commission will not approve the transfer of any Certificate of Public Convenience and Necessity where the transferor has entered into a main extension agreement, unless it is demonstrated to the Commission that the transferor has agreed to satisfy the refund agreement, or that the transferee has assumed and has agreed to pay the transferor's obligations under such agreement.

G. All agreements entered into under this rule shall be evidenced by a written statement, and signed by the Company and the parties advancing the funds for advances in aid under this rule or the duly authorized agents of each.

H. The size, design, type and quality of materials of the system, installed under this rule location in the ground and the manner of installation, shall be specified by the Company, and shall be in accord with the requirements of the Commission or other public agencies having authority therein. The Company may install main extensions of any diameter meeting the requirements of the Commission or any other public agencies having authority over the construction and operation of the water system and mains, except individual main extensions, shall comply with and conform to the following minimum specifications:

1. 150 p.s.i. working pressure rating and
2. 6" standard diameter.

However, single residential customer advances in aid of construction shall not exceed the reasonable cost of construction of the 6-inch diameter main extension.

I. All pipelines, valves, fittings, wells, tanks or other facilities installed under this rule shall be the sole property of the Company, and parties making advances in aid of construction under this rule shall have no right, title or interest in any such facilities.

J. The Company shall schedule all new requests for main extension agreements, and for service under main extension agreements, promptly and in the order received.

K. An applicant for service seeking to enter into a main extension agreement may request that the utility include on a list of contractors from whom bids will be solicited, the name(s) of any bonded contractor(s), provided that all bids shall be submitted by the bid date stipulated by the utility. If a lower bid is thus obtained or if a bid is obtained at an equal price and with a more appropriate time of performance, and if such bid contemplates conformity with the Company's requirements and specifications, the Company shall be required to meet the terms and conditions of the bid proffered, or to enter into a construction contract with the contractor proffering such bid. Performance bond in the total amount of the contract may be required by the utility from the contractor prior to construction.

L. Any discounts obtained by the utility from contracts terminated under this rule shall be accounted for by credits to the appropriate account dominated as Contributions in Aid of Construction.

M. All agreements under this rule shall be filed with and approved by the Utilities Division of the Commission. No agreement shall be approved unless accompanied by a Certificate of Approval to Construct as issued by the Arizona Department of Health Services. Where agreements for main extensions are not filed and approved by the Utilities Division, the refundable advance shall be immediately due and payable to the person making the advance.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2). Amended subsections (D) and (K) effective September 28, 1982 (Supp. 82-5). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

R14-2-407. Provision of Service

A. Utility responsibility. Each utility shall be responsible for providing potable water to the customer's point of delivery.

B. Customer responsibility
1. Each customer shall be responsible for maintaining all facilities on the customer's side of the point of delivery in a safe and efficient manner and in accordance with the rules of the state Department of Health.
2. Each customer shall be responsible for safeguarding all utility property installed in or on the customer's premises for the purpose of supplying water to that customer.
3. Each customer shall exercise all reasonable care to prevent loss or damage to utility property, excluding ordinary wear and tear. The customer shall be responsible for loss of or damage to utility property on the customer's premises arising from neglect, carelessness, or misuse and shall reimburse the utility for the cost of necessary repairs or replacements.
4. Each customer shall be responsible for payment for any equipment damage resulting from unauthorized breaking of seals, interfering, tampering or bypassing the utility meter.
5. Each customer shall be responsible for notifying the utility of any failure identified in the utility's equipment.
6. Water furnished by the utility shall be used only on the customer's premises and shall not be resold to any other person. During critical water conditions, as determined by the Commission, the customer shall use water only for those purposes specified by the Commission. Disregard for this rule shall be sufficient cause for refusal or discontinuance of service.

C. Continuity of service. Each utility shall make reasonable efforts to supply a satisfactory and continuous level of service. However, no utility shall be responsible for any damage or claim of damage attributable to any interruption or discontinuation of service resulting from:
1. Any cause against which the utility could not have reasonably foreseen or made provision for, i.e., force majeure
2. Intentional service interruptions to make repairs or perform routine maintenance
3. Curtailment.

D. Service interruptions
1. Each utility shall make reasonable efforts to reestablish service within the shortest possible time when service interruptions occur.
2. Each utility shall make reasonable provisions to meet emergencies resulting from failure of service, and each utility shall issue instructions to its employees covering procedures to be followed in the event of emergency in order to prevent or mitigate interruption or impairment of service.
3. In the event of a national emergency or local disaster resulting in disruption of normal service, the utility may, in the public interest, interrupt service to other customers to provide necessary service to civil defense or other emergency service agencies on a temporary basis until normal service to these agencies can be restored.
4. When a utility plans to interrupt service for more than four hours to perform necessary repairs or maintenance, the utility shall attempt to inform affected customers at least 24 hours in advance of the scheduled date and estimated duration of the service interruption. Such repairs shall be completed in the shortest possible time to minimize the inconvenience to the customers of the utility.
5. The Commission shall be notified of interruptions in service affecting the entire system or any major division thereof. The interruption of service and cause shall be reported within four hours after the responsible representative of the utility becomes aware of said interruption by telephone to the Commission and followed by a written report to the Commission.

E. Minimum delivery pressure. Each utility shall maintain a minimum standard delivery pressure of 20 pounds per square inch gauge (PSIG) at the customer's meter or point of delivery.

F. Construction standards. Each utility shall construct all facilities in accordance with the guidelines established by the state Department of Health Services.

Historical Note
Adopted effective March 2, 1982 (Supp. 82-2). Amended subsection (F) effective September 28, 1982 (Supp. 82-5). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

R14-2-408. Meter Reading

A. Frequency. Each meter shall be read monthly on as close to the same day as practical.

B. Measuring of service
1. All water delivered by the utility shall be billed upon the basis of metered volume sales except that the utility may, at its option, provide a fixed charge schedule for the following:
   a. Temporary service where the water use can be readily estimated
   b. Public and private fire protection service
   c. Water used for street sprinkling and sewer flushing, when provided for by contract between the utility and the municipality or other local governmental authority
   d. Other fixed charge schedules as shall be submitted to and approved by the Commission.
2. When there is more than one meter at a location, the metering equipment shall be so tagged or plainly marked as to indicate the facilities being metered.

C. Customer requested retreads
1. Each utility shall at the request of a customer reread the customer's meter within 10 working days after such request by the customer.
2. Any rereads shall be charged to the customer at a rate on file and approved by the Commission, provided that the original reading was not in error.
3. When a reading is found to be in error, the reread shall be at no charge to the customer.

D. Access to customer premises. Each utility shall have the right of safe ingress to and egress from the customer's premises at all reasonable hours for any purpose reasonably connected with the utility's property used in furnishing service and the exercise of any and all rights secured to it by law or these rules.

E. Meter testing and maintenance program. Each utility shall establish a regular program of meter testing taking into account the following factors:
1. Size of meter
2. Age of meter
3. Consumption
4. Characteristics of water.

F. Customer requested meter tests. A utility shall test a meter upon customer request and each utility shall be authorized to charge the customer for such meter test according to the tariff

on file and approved by the Commission. However, if the meter is found to be in error by more than 3%, no meter testing fee will be charged to the customer.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

R14-2-409. Billing and Collection

A. Frequency and estimated bills
1. Each utility shall bill monthly for services rendered. Meter readings shall be scheduled for periods of not less than 25 days or more than 35 days.
2. If the utility is unable to read the meter on the scheduled meter read date, the utility will estimate the consumption for the billing period giving consideration to the following factors where applicable:
   a. The customer's usage during the same month of the previous year
   b. The amount of usage during the preceding month.
3. After the second consecutive month of estimating the customer's bill for reasons other than severe weather, the utility will attempt to secure an accurate reading of the meter.
4. Failure on the part of the customer to comply with a reasonable request by the utility for access to its meter may lead to the discontinuance of service.
5. Estimated bills will be issued only under the following conditions:
   a. Failure of a customer who read his own meter to deliver his meter reading card to the utility in accordance with the requirements of the utility billing cycle.
   b. Severe weather conditions which prevent the utility from reading the meter.
   c. Circumstances that make it dangerous or impossible to read the meter, i.e., locked gates, blocked meters, vicious or dangerous animals, etc.
6. Each bill based on estimated usage will indicate that it is an estimated bill.

B. Combining meters, minimum bill information
1. Each meter at a customer's premises will be considered separately for billing purposes, and the readings of two or more meters will not be combined.
2. Each bill for residential service will contain the following minimum information:
   a. Date and meter reading at the start of billing period
   b. Previous month's meter reading
   c. Billed usage
   d. Utility telephone number
   e. Customer's name
   f. Service account number (if available)
   g. Amount due and due date
   h. Past due amount (where appropriate)
   i. Adjustment factor, where applicable
   j. Other approved tariff charges.

C. Billing terms
1. All bills for utility services are due and payable when rendered. Any payment not received within 15 days from the date the bill was rendered shall be considered delinquent.
2. For purposes of this rule, the date a bill is rendered may be evidenced by:
   a. The postmark date
   b. The mailing date:
      i. Certified mail
      ii. Certificate of mailing.
3. All delinquent bills shall be subject to the provisions of the utility's termination procedures as set forth in R14-2-410.
4. All payments shall be made at or mailed to the office of the utility or to the utility's duly authorized representative.

D. Applicable tariffs, prepayment, failure to receive, commencement date, taxes
1. Each customer shall be billed under the applicable tariff indicated in the customer's application for service.
2. Each utility shall make provisions for advance payment for utility services.
3. Failure to receive bills or notices which have been properly placed in the United States mail shall not prevent such bills from becoming delinquent nor relieve the customer of his obligations therein.
4. Charges for service commence when the service is installed and connection made, whether used or not.
5. In addition to the collection of regular rates, each utility may collect from its customers a proportionate share of any privilege, sales or use tax.

E. Meter error corrections
1. If any meter after testing is found to be more than 3% in error, either fast or slow, proper correction between 3% and the amount of the error shall be made of previous readings and adjusted bills shall be rendered according to the following terms:
   a. For the period of three months immediately preceding the removal of such meter from service for test or from the time the meter was in service since last tested, but not exceeding three months since the meter shall have been shown to be in error by such test, or
   b. From the date the error occurred, if the date of the cause can be definitely fixed.
2. No adjustment shall be made by the utility except to the customer last served by the meter tested.

F. Insufficient funds (NSF) checks
1. A utility shall be allowed to recover a fee, as approved by the Commission for each instance where a customer tenders payment for utility service with an insufficient funds check.
2. When the utility is notified by the customer's bank that there are insufficient funds to cover the check tendered for utility service, the utility may require the customer to make payment in cash, by money order, certified check, or other means which guarantee the customer's payment to the utility.
3. A customer who tenders an insufficient check shall in no way be relieved of the obligation to render payment to the utility under the original terms of the bill nor defer the utility's provision for termination of service for nonpayment of bills.

G. Deferred payment plan
1. Each utility may, prior to termination, offer to qualifying residential customers a deferred payment plan for the customer to retire unpaid bills for utility service.
2. Each deferred payment agreement entered into by the utility and the customer due to the customer's inability to pay an outstanding bill in full shall provide that service will not be discontinued if:

a. Customer agrees to pay a reasonable amount of the outstanding bill at the time the parties enter into the deferred payment agreement.
b. Customer agrees to pay all future bills for utility service in accordance with the billing and collection tariffs of the utility.
c. Customer agrees to pay a reasonable portion of the remaining outstanding balance in installments over a period not to exceed six months.

3. For the purposes of determining a reasonable installment payment schedule under these rules, the utility and the customer shall give consideration to the following conditions:
a. Size of the delinquent account
b. Customer's ability to pay
c. Customer's payment history
d. Length of time that the debt has been outstanding
e. Circumstances which resulted in the debt being outstanding
f. Any other relevant factors related to the circumstances of the customer.

4. Any customer who desires to enter into a deferred payment agreement shall establish such agreement prior to the utility's scheduled termination date for nonpayment of bills; customer failure to execute a deferred payment agreement prior to the scheduled termination date shall not prevent the utility from discontinuing service for nonpayment.
5. Deferred payment agreements may be in writing and may be signed by the customer and an authorized utility representative.
6. A deferred payment agreement may include a finance charge as approved by the Commission in a tariff proceeding.
7. If a customer has not fulfilled the terms of a deferred payment agreement, the utility shall have the right to disconnect service pursuant to the utility's termination of service rules and, under such circumstances, it shall not be required to offer subsequent negotiation of a deferred payment agreement prior to disconnection.

H. Change of occupancy
1. Not less than three working days advance notice must be given in person, in writing, or by telephone at the utility's office to discontinue service or to change occupancy.
2. The outgoing party shall be responsible for all utility services provided and/or consumed up to the scheduled turnoff date.

Historical Note
Adopted effective March 2, 1982 (Supp. 82-2). Amended subsection (C) effective September 28, 1982 (Supp. 82-5). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

R14-2-410. Termination of Service

A. Nonpermissible reasons to disconnect service. A utility may not disconnect service for any of the reasons stated below:
1. Delinquency in payment for services rendered to a prior customer at the premises where service is being provided, except in the instance where the prior customer continues to reside on the premises.
2. Failure of the customer to pay for services or equipment which are not regulated by the Commission.
3. Nonpayment of a bill related to another class of service.
4. Failure to pay for a bill to correct a previous underbilling due to an inaccurate meter or meter failure if the customer agrees to pay over a reasonable period of time.

B. Termination of service without notice
1. Utility service may be disconnected without advance written notice under the following conditions:
a. The existence of an obvious hazard to the safety or health of the consumer or the general population.
b. The utility has evidence of meter tampering or fraud.
c. Unauthorized resale or use of utility services.
d. Failure of a customer to comply with the curtailment procedures imposed by a utility during supply shortages.
2. The utility shall not be required to restore service until the conditions which resulted in the termination have been corrected to the satisfaction of the utility.
3. Each utility shall maintain a record of all terminations of service without notice. This record shall be maintained for a minimum of one year and shall be available for inspection by the Commission.

C. Termination of service with notice
1. A utility may disconnect service to any customer for any reason stated below provided the utility has met the notice requirements established by the Commission:
a. Customer violation of any of the utility's tariffs filed with the Commission and/or violation of the Commission's rules and regulations.
b. Failure of the customer to pay a delinquent bill for utility service.
c. Failure to meet or maintain the utility's credit and deposit requirements.
d. Failure of the customer to provide the utility reasonable access to its equipment and property.
e. Customer breach of a written contract for service between the utility and customer.
f. When necessary for the utility to comply with an order of any governmental agency having such jurisdiction.
2. Each utility shall maintain a record of all terminations of service with notice. This record shall be maintained for one year and be available for Commission inspection.

D. Termination notice requirements
1. No utility shall terminate service to any of its customers without providing advance written notice to the customer of the utility's intent to disconnect service, except under those conditions specified where advance written notice is not required.
2. Such advance written notice shall contain, at a minimum, the following information:
a. The name of the person whose service is to be terminated and the address where service is being rendered.
b. The Commission rule or regulation that was violated and explanation thereof or the amount of the bill which the customer has failed to pay in accordance with the payment policy of the utility, if applicable.
c. The date on or after which service may be terminated.
d. A statement advising the customer to contact the utility at a specific address or phone number for information regarding any deferred payment or other procedures which the utility may offer or to work out some other mutually agreeable solution to avoid termination of the customer's service.

e. A statement advising the customer that the utility's stated reason for the termination of services may be disputed by contacting the utility at a specific address or phone number, advising the utility of the dispute and making arrangements to discuss the cause for termination with a responsible employee of the utility in advance of the scheduled date of termination. The responsible employee shall be empowered to resolve the dispute and the utility shall retain the option to terminate service.

E. Timing of terminations with notice
1. Each utility shall be required to give at least 10 days advance written notice prior to the termination date.
2. Such notice shall be considered to be given to the customer when a copy thereof is left with the customer or posted first class in the United States mail, addressed to the customer's last known address.
3. If after the period of time allowed by the notice has elapsed and the delinquent account has not been paid nor arrangements made with the utility for the payment thereof or in the case of a violation of the utility's rules the customer has not satisfied the utility that such violation has ceased, the utility may then terminate service on or after the day specified in the notice without giving further notice.
4. Service may only be disconnected in conjunction with a personal visit to the premises by an authorized representative of the utility.
5. The utility shall have the right (but not the obligation) to remove any or all of its property installed on the customer's premises upon the termination of service.

F. Landlord/tenant rule. In situations where service is rendered at an address different from the mailing address of the bill or where the utility knows that a landlord/tenant relationship exists and that the landlord is the customer of the utility, and where the landlord as a customer would otherwise be subject to disconnection of service, the utility may not disconnect service until the following actions have been taken:
1. Where it is feasible to so provide service, the utility, after providing notice as required in these rules, shall offer the occupant the opportunity to subscribe for service in his or her own name. If the occupant then declines to so subscribe, the utility may disconnect service pursuant to the rules.
2. A utility shall not attempt to recover from a tenant or condition service to a tenant with the payment of any outstanding bills or other charges due upon the outstanding account of the landlord.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2). Amended subsection (E) effective September 28, 1982 (Supp. 82-5). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

Editor's Note: The following Section was amended under an exemption from the Attorney General approval provisions of the Arizona Administrative Procedure Act (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)), as determined by the Corporation Commission. This exemption means that the rules as amended were not approved by the Attorney General.

R14-2-411. Administrative and Hearing Requirements

A. Customer service complaints
1. Each utility shall make a full and prompt investigation of all service complaints made by its customers, either directly or through the Commission.
2. The utility shall respond to the complainant and/or the Commission representative within five working days as to the status of the utility investigation of the complaint.
3. The utility shall notify the complainant and/or the Commission representative of the final disposition of each complaint. Upon request of the complainant or the Commission representative, the utility shall report the findings of its investigation in writing.
4. The utility shall inform the customer of his right of appeal to the Commission.
5. Each utility shall keep a record of all written service complaints received which shall contain, at a minimum, the following data:
   a. Name and address of the complainant
   b. Date and nature of the complaint
   c. Disposition of the complaint
   d. A copy of any correspondence between the utility, the customer, and/or the Commission.

   This record shall be maintained for a minimum period of one year and shall be available for inspection by the Commission.

B. Notice by utility of responsible officer or agent
1. Each utility shall file with the Commission a written statement containing the name, address (business, residence and post office) and telephone numbers (business and residence) of the onsite manager of its operations.
2. Each utility shall give notice, by filing a written statement with the Commission, of any change in the information required herein within five days from the date of any such change.

C. Time-frames for processing applications for Certificates of Convenience and Necessity
1. This rule prescribes time-frames for the processing of any application for a Certificate of Convenience and Necessity issued by the Arizona Corporation Commission pursuant to this Article. These time-frames shall apply to applications filed on or after the effective date of this rule.
2. Within 30 calendar days after receipt of an application for a new Certificate of Convenience and Necessity, or to amend or change the status of any existing Certificate of Convenience and Necessity, staff shall notify the applicant, in writing, that the application is either administratively complete or deficient. If the application is deficient, the notice shall specify all deficiencies.
3. Staff may terminate an application if the applicant does not remedy all deficiencies within 60 calendar days of the notice of deficiency.
4. After receipt of a corrected application, staff shall notify the applicant within 30 calendar days if the corrected application is either administratively complete or deficient. The time-frame for administrative completeness review shall be suspended from the time the notice of deficiency is issued until staff determines that the application is complete.
5. Within 150 days after an application is deemed administratively complete, the Commission shall approve or reject the application.
6. For purposes of A.R.S. § 41-1072 et seq., the Commission has established the following time-frames:

a. Administrative completeness review time-frame: 30 calendar days,
b. Substantive review time-frame: 150 calendar days,
c. Overall time-time: 180 calendar days.

7. If an applicant requests, and is granted, an extension or continuance, the appropriate time-frames shall be tolled from the date of the request during the duration of the extension or continuance.
8. During the substantive review time-frame, the Commission may, upon its own motion or that of any interested party to the proceeding, request a suspension of the time-frame rules.

D. Accounts and records

1. Each utility shall keep general and auxiliary accounting records reflecting the cost of its properties, operating income and expense, assets and liabilities, and all other accounting and statistical data necessary to give complete and authentic information as to its properties and operations.
2. Each utility shall maintain its books and records in conformity with the NARUC Uniform Systems of Accounts for Class A, B, C and D Water Utilities.
3. A utility shall produce or deliver in this state any or all of its formal accounting records and related documents requested by the Commission. It may, at its option, provide verified copies of original records and documents.
4. All utilities shall submit an annual report to the Commission on a form prescribed by it. The annual report shall be filed on or before the 15th day of April for the preceding calendar year.
5. All utilities shall file with the Commission a copy of all reports required by the Securities and Exchange Commission.
6. All utilities shall file with the Commission a copy of all annual reports required by the Federal Energy Regulatory Commission.

E. Maps. All utilities shall file with the Commission a map or maps clearly setting forth the location and extent of the area or areas they hold under approved certificates of convenience and necessity, in accordance with the Cadastral (Rectangular) Survey of the United States Bureau of Land Management, or by metes and bounds with a starting point determined by the aforesaid Cadastral Survey.

F. Variations, exemptions of Commission rules and regulations. Variations or exemptions from the terms and requirements of any of the rules included herein (Title 14, Chapter 2, Article 4) shall be considered upon the verified application of an affected party to the Commission setting forth the circumstances whereby the public interest requires such variation or exemption from the Commission rules and regulations. Such application will be subject to the review of the Commission, and any variation or exemption granted shall require an order of the Commission. In case of conflict between these rules and regulations and an approved tariff or order of the Commission, the provisions of the tariff or order shall apply.

G. Prior agreements. The adoption of these rules by the Commission shall not affect any agreements entered into between the utility and customers or other parties who, pursuant to such contracts, arranged for the extension of facilities in a provision of service prior to the effective date of these rules.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2). Amended subsection (D) effective September 28, 1982 (Supp. 82-5). Amended effective December 31, 1998, under an exemption as determined by the Arizona Corporation Commission (Supp. 98-4). Amended to correct subsection numbering (Supp. 99-4).

ARTICLE 5. TELEPHONE UTILITIES

R14-2-501. Definitions

In this Article, unless the context otherwise requires, the following definitions shall apply:

1. "Advance in aid of construction." Funds provided to the utility by the applicant under the terms of a construction agreement, which may be refundable.
2. "Applicant." A person or agency requesting the utility to supply telephone service.
3. "Application." A request to the utility for telephone service, as distinguished from an inquiry as to the availability or charges for such service.
4. "Arizona Corporation Commission." The regulatory authority of the state of Arizona having jurisdiction over public service corporations operating in Arizona.
5. "Basic exchange service." Service provided to business or residential customers at a flat or measured rate which affords access to the telecommunications network.
6. "Billing period." The time interval between the issuance of two consecutive bills for utility service.
7. "Central office." The switching equipment and operating arrangements which provide exchange and long distance service to the public and interconnection of customer telecommunication services.
8. "Contribution in aid of construction." Funds provided to the utility by the applicant under the terms of a construction agreement or construction tariff which are not refundable.
9. "Customer." The person or entity in whose name service is rendered, as evidenced by the signature on the application or contract for that service, or by the receipt and/or payment of bills regularly issued in his name regardless of the identity of the actual user of the service.
10. "Day." Calendar day.
11. "Line extension." The lines and equipment necessary to provide service to additional customers.
12. "Person." Any individual, partnership, corporation, governmental agency, or other organization operating as a single entity.
13. "Service access point." A demarcation point where facilities owned, leased, or under license by a customer connect to the utility provided access line.
14. "Premises." All of the real property and apparatus employed in a single enterprise on an integral parcel of land undivided by public streets, alleys or railways.
15. "Residential subdivision development." Any tract of land which has been divided into four or more contiguous lots with an average size of one acre or less for use for the construction of residential buildings or permanent mobile homes for either single or multiple occupancy.
16. "Rules." The regulations set forth in the tariffs which apply to the provision of telephone service.
17. "Service area." The territory in which the utility has been granted a Certificate of Convenience and Necessity and is authorized by the Commission to provide telephone service.
18. "Service charge." The charge as specified in the utility's tariffs which covers the cost of establishing moving, changing or reconnecting service or equipment.

19. "Access line." A communications facility that connects service from a common distribution source to the service access point.
20. "Tariffs." The documents filed with the Commission which list the utility services and products offered by the utility and which set forth the terms and conditions and a schedule of the rates and charges for those services and products.
21. "Terminal equipment." The equipment through which communication services are furnished.
22. "Temporary service." Service to premises or enterprises which are temporary in character, or where it is known in advance that the service will be of limited duration. Service which, in the opinion of the utility, is for operations of a speculative character is also considered temporary service.
23. "Toll service." Service between stations in different exchange areas for which a long distance charge is applicable.
24. "Utility." The company providing telephone service to the public in compliance with state law.

Historical Note
Adopted effective March 2, 1982 (Supp. 82-2).

R14-2-502. Certificate of Convenience and Necessity for Telephone Utilities; Additions/Extensions; Abandonments

A. Application for new Certificate of Convenience and Necessity
1. Six copies of each application for a new Certificate of Convenience and Necessity shall be submitted in a form prescribed by the Commission and shall include, at a minimum, the following information:
   a. The proper name and correct address of the proposed utility company and its owner if a sole proprietorship, each partner if a partnership, or the President and Secretary if a corporation.
   b. A copy of the Articles of Partnership or Articles of Incorporation for the applicant and/or Bylaws if the utility is a non-profit organization, or association.
   c. The rates proposed to be charged for the service that will be rendered.
   d. A financial statement setting forth the financial condition of the applicant.
   e. Maps of the proposed service area and/or a description of the area proposed to be served.
   f. Appropriate city, county and/or state agency approvals, where appropriate.
   g. The actual number of customers within the service area as of the time of filing and the estimated number of customers to be served for each of the first five years of operation.
   h. Such other information as the Commission by order or the staff of the Utilities Division by written directive may request.
2. Once the applicant has satisfied the information requirements of this regulation, as well as any additional information required by the staff of the Commission's Utilities Division, the Commission shall, as expeditiously reasonably practicable, schedule hearings to consider such application.

B. Additions/extensions to existing Certificates of Convenience and Necessity. Each utility which extends utility service to a person not located within its certificated service area, but located in a non-certificated area contiguous to its certificated service area, shall, notify the Commission of such service extension.

Historical Note
Adopted effective March 2, 1982 (Supp. 82-2). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

R14-2-503. Establishment of Service

A. Information from new applicants
1. A utility may obtain the following minimum information from each new applicant for service:
   a. Name or names of applicant(s).
   b. Service address or location and telephone number
   c. Billing address, if different than service address.
   d. Address and telephone number where service was provided previously.
   e. Date applicant will be ready for service.
   f. Indication of whether premises have been supplied with telephone utility service previously.
   g. Class of service to be provided.
   h. Indication of whether applicant is owner or tenant of or agent for the premises.
2. A utility may require a new applicant for service to appear at the utility's designated place of business to produce proof of identity and sign the utility's application form.
3. Where service is requested by two or more individuals the utility shall have the right to collect the full amount owed to the utility from any one of the applicants.

B. Deposits
1. A utility shall not require a deposit from a new applicant for residential service if the applicant is able to meet any of the following requirements:
   a. The applicant has had continuous telephone service of a comparable nature with the utility at another service location within the past two years and was not delinquent in payment more than once during the last 12 consecutive months or disconnected for nonpayment.
   b. The applicant can produce a letter regarding credit or verification from a telephone utility where service of a comparable nature was last received which states:
      i. Applicant had a timely payment history at time of service discontinuation.
      ii. Applicant has no outstanding liability from prior service.
   c. In lieu of a deposit, a new applicant may provide a Letter of Guarantee from an existing customer with service who is acceptable to the utility or a surety bond as security for the utility. The utility shall review and release an existing customer as a guarantor for the new applicant after 12 consecutive months if no obligations are delinquent and has maintained a timely payment history.
2. The utility shall issue a nonnegotiable receipt to the applicant for the deposit. The inability of the customer to produce such a receipt shall in no way impair his right to receive a refund of the deposit which is reflected on the utility's records.
3. Deposits shall be interest bearing; the interest rate and method of calculation shall be filed with and approved by the Commission in a tariff proceeding.

4. Each utility shall file a deposit refund policy with the Commission, subject to Commission review and approval during a tariff proceeding. However, each utility's refund policy shall include provisions for residential deposits and accrued interest to be refunded after 12 months of service if the customer has not been delinquent in the payment of utility bills or applied to the closing bill upon discontinuance of service.
5. A utility may require a residential customer to establish a deposit if the customer becomes delinquent in the payment of two or more bills within a 12-consecutive-month period or has been disconnected for service during the last 12 months.
6. The amount of a deposit required by the utility shall be determined according to the following terms:
   a. Residential customer deposits shall not exceed two times that customer's estimated average monthly bill or the average monthly bill for the customer class for that customer which ever is greater.
   b. Nonresidential customer deposits shall not exceed 2 1/2 times that customer's estimated maximum monthly bill.
7. The utility may review the customer's usage after service has been connected and adjust the deposit amount based upon the customer's actual usage.

C. Grounds for refusal of service. A utility may refuse to establish service if any of the following conditions exist:
1. The applicant has an outstanding amount due for similar utility services and the applicant is unwilling to make acceptable arrangements with the utility for payment.
2. A condition exists which in the utility's judgment is unsafe or hazardous to the applicant, the general population, or the utility's personnel or facilities.
3. Refusal by the applicant to provide the utility with a deposit when the customer has failed to meet the credit criteria for waiver of deposit requirements.
4. Customer is known to be in violation of the utility's tariffs filed with the Commission.
5. Failure of the customer to furnish such funds, suitable facilities, and/or rights-of-way necessary to serve the customer and which have been specified by the utility as a condition for providing service.
6. Applicant falsifies his or her identity for the purpose of obtaining service.

D. Service establishments, re-establishments or reconnection charge
1. Each utility may make a charge as approved by the Commission for the establishment, reestablishment, or reconnection of utility services.
2. Should service be established during a period other than regular working hours at the customer's request, the customer may be required to pay an after-hour charge for the service connection.
3. For the purpose of this rule, service establishments are where the customer's and utility's facilities are ready and acceptable.

E. Temporary service
1. Applicants for temporary service may be required to pay the utility, in advance of service establishment, the funds provided under the terms of a construction agreement or the cost of installing and removing the facilities necessary for furnishing the desired service.
2. Where the duration of service is to be less than one month, the applicant may also be required to advance a sum of money equal to the estimated bill for service.
3. If at any time the character of a temporary customer's operations changes so that in the opinion of the utility the customer is classified as permanent, the terms of the utility's construction agreement or tariff shall apply.

Historical Note
Adopted effective March 2, 1982 (Supp. 82-2). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

R14-2-504. Minimum Customer Information Requirements

A. Information for residential customers
1. Each utility shall make available upon customer request not later than 60 days from the date of request a concise summary of the rate schedule applied for by such customer. The summary shall include the following:
   a. The charges for basic service and incremental ancillary services requested by the applicant.
2. In addition, a utility shall make available upon customer request not later than 60 days from date of service commencement a concise summary of the utility's tariffs or the Commission's rules and regulations concerning:
   a. Deposits
   b. Terminations of service
   c. Billing and collection
   d. Complaint handling.

B. Information required due to changes in tariffs
1. Each utility shall transmit to affected customers by the most economic means available a concise summary of any change in the utility's tariffs affecting those customers.
2. This information shall be transmitted to the affected customer within 60 days of the effective date of the change.

Historical Note
Adopted effective March 2, 1982 (Supp. 82-2). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

R14-2-505. Service Connections and Establishments

A. Priority and timing of service establishments
1. After an applicant has complied with the utility's application, construction agreement, or tariff, deposit requirements and has been accepted for service by the utility, the utility shall schedule that customer for service connection and/or establishment.
2. Service establishments shall be scheduled for completion within 10 working days of the date the customer has been accepted for service, except in those instances when the customer requests service establishment beyond the 10 working day limitation.
3. The maximum interval of 10 working days applies to single line residence and business installations only. Multiline services and any special equipment configurations shall be installed within a reasonable time-frame based on availability of necessary equipment.
4. When a utility has made arrangements to meet with a customer for service establishment purposes and the utility or the customer cannot make the appointment during the prearranged time, the utility shall reschedule the establishment to the satisfaction of both parties.

5. Unless another time-frame is mutually acceptable to the utility and the customer, each utility shall schedule service establishment appointments within a maximum range of four hours during normal working hours.
6. For the purposes of this rule, service establishments are where the utility's and customer's facilities are available and the utility needs only to connect the service.

B. Access line connection
1. Provision of services beyond service access point
   a. Facilities beyond the service access point may be provided by either the utility or the customer. Where the facilities are provided by the customer the installation shall be in accordance with the utility's specifications.
   b. The cost of all new construction of inside customer premise wiring shall be the responsibility of the customer.
2. Company provided facilities
   a. The utility shall provide all facilities up to the service access point.
   b. A customer requesting an underground service connection in an area served by overhead facilities shall pay for the difference between the cost of an overhead service connection and the actual cost of the underground connection as a nonrefundable contribution. The customer may elect to provide the underground trenching on private property as an offsetting portion of the additional cost of the underground facilities.
   c. In those instances where the utility is supplying the customer's terminal equipment, the utility may provide any inside wiring beyond the point of access in accordance with approved tariffs filed with the Commission.
3. Easements and rights-of-way
   a. Each customer shall grant adequate easement and right-of-way satisfactory to the utility to ensure that customer's proper service connection. Failure on the part of the customer to grant adequate easement and right-of-way shall be grounds for the utility to refuse service.
   b. When a utility discovers that a customer or his agent is performing work or has constructed facilities adjacent to or within an easement or right-of-way and such work, construction or facility poses a hazard or is in violation of federal, state or local laws, ordinances, statutes, rules or regulations, or significantly interferes with the utility's access to equipment, the utility shall notify the customer or his agent and shall take whatever actions are necessary to eliminate the hazard, obstruction or violation at the customer's expense.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

R14-2-506. Construction Agreements

A. General requirements
1. Each utility shall file for Commission approval a tariff which incorporates the provisions of this rule and specifically defines the conditions governing construction agreements. Subsections (A), (B), (C), and (D) of this Section do not apply to tariffs providing for construction charges fixed by zone.
2. Upon request by an applicant for service, the utility shall provide, without charge, a preliminary sketch and rough estimates of the cost of installation to be paid by said applicant.
3. Any applicant for service requesting the utility to prepare detailed plans, specifications, or cost estimates may be required to deposit with the utility an amount equal to the estimated cost of preparation. The utility shall, upon request, make available within 90 days after receipt of the deposit referred to above, such plans, specifications, or cost estimates of the proposed construction. Where the applicant authorizes the utility to proceed with construction of the extension, the deposit shall be credited to the cost; otherwise the deposit shall be nonrefundable. If the extension is to include oversizing of facilities to be done at the utility's expense, appropriate details shall be set forth in the plans, specifications and cost estimates.
4. Where the utility requires an applicant to advance funds for construction, the utility shall furnish the applicant with a copy of the agreement or tariff of the appropriate utility prior to the applicant's acceptance.
5. All construction agreements requiring payment by the applicant shall be signed by each party.
6. In the event the utility's actual cost of construction is less than the amount advanced by the customer under a construction agreement, the utility shall make a refund to the applicant within 120 days of service commencement.
7. The provisions of this rule apply only to those applicants who in the utility's judgment will be permanent customers of the utility. Applications for temporary service shall be governed by the Commission's rules concerning temporary service applications.

B. Minimum written agreement requirements
1. Each construction agreement shall, at a minimum, include the following information:
   a. Name and address of applicant or applicants;
   b. Proposed service address or location;
   c. Description of requested service;
   d. Description and sketch of the requested construction
   e. A cost estimate to include materials, labor, and other costs as necessary;
   f. Payment terms;
   g. A concise explanation of any refunding provisions, if applicable;
   h. Utility's estimated start date and completion date for construction;
   i. A summary of the results of the economic feasibility analysis performed by the utility to determine the amount of advance required from the applicant for the proposed construction.
2. Each applicant shall be provided with a copy of the construction agreement.

C. Construction requirements. Each construction tariff shall include the following provisions:
1. A maximum footage and/or equipment allowance to be provided by the utility at no charge. The maximum footage and/or equipment allowance may be differentiated by customer class.
2. An economic feasibility analysis for construction which exceed the maximum footage and/or equipment allowance. Such economic feasibility analysis shall consider the incremental revenues and costs associated with the

construction. In those instances where the requested construction does not meet the economic feasibility criteria established by the utility, the utility may require the customer to provide funds to the utility, which will make the construction economically feasible. The methodology employed by the utility in determining economic feasibility shall be applied uniformly and consistently to each applicant requiring a construction.

3. The timing and methodology by which the utility will refund any advances in aid of construction as additional customers are served off the construction project. The customer may request an annual survey to determine if additional customers have been connected to and are using service from the project. In no case shall the amount of the refund exceed the amount originally advanced.
4. All advances in aid of construction shall be noninterest bearing.
5. If after five years from the utility's receipt of the advance, the advance has not been totally refunded, the advance shall be considered a contribution in aid of construction and shall no longer be refundable.

D. Residential subdivision development and permanent mobile home parks. Each utility shall submit as a part of its construction tariff provisions for residential subdivision developments and permanent mobile home parks.

E. Underground extension of communication lines

1. Extension of communication lines necessary to furnish permanent communication service to new residential buildings or mobile homes within a new or undeveloped subdivision and to residential development in which facilities for communication service have not been constructed for which applications are made by a developer shall be installed underground in accordance with the provisions set forth in this regulation and in accordance with applicable tariffs on file with this Commission except where it is not feasible from an engineering, operational or economic standpoint.
2. Rights-of-way and easements
   a. The utility shall construct or cause to be constructed and shall own, operate and maintain all underground communication feeder, distribution and service lines along public streets, roads and highways and on public lands and private property which the utility has the legal right to occupy.
   b. Rights-of-way and easements suitable to the utility must be furnished by the developer at no cost to the utility and in reasonable time to meet service requirements. No underground communication facilities shall be installed by a utility until the final grades have been established and furnished to the utility. In addition, the easement strips, alleys and streets must be graded to within six inches of final grade by the developer before the utility will commence construction. Such clearance and grading must be maintained by the developer during construction by the utility.
   c. If, subsequent to construction, the clearance or grade is changed in such a way as to require relocation of the underground facilities, the cost of such relocation shall be borne by the developer or subsequent owners.
3. Installation of underground communication lines within subdivision and multiple occupancy residential developments:
   a. The developer shall provide the trenching backfill (including any imported backfill required), compaction, repaving, and any earthwork required to install the underground communication system all in accordance with the reasonable specifications and schedules of other utilities in the same area when feasible. At its option, if the utility's cost therefore is equal to or less than that which the developer would otherwise have to bear, the utility may elect at the developer's expense to perform the activities necessary to fulfill the developer's responsibility hereunder.
   b. Each utility shall promptly inspect the trenching provided by the developer and allow for phased inspection of trenching. In all cases, the utility shall make every effort to expedite the inspection of developer provided trenching.
   c. The utility shall install or cause to be installed underground communication lines and related equipment with sufficient capacity and suitable materials that ensure adequate and reasonable communication service in the foreseeable future and in accordance with the applicable provisions of Institute of Electrical and Electronic Engineers, Inc., Pub. No. C2-2007, The National Electrical Safety Code (2007), which is incorporated by reference in R14-2-207(E)(3)(c).
   d. When developer is required to provide a trench for other underground utilities and services, the utility shall use such common trench as long as the utility's design layout, easement specification, routing and scheduling requirements can be met, unless otherwise agreed upon by utility and developer in writing or as otherwise established by the Commission.
4. Special conditions
   a. When the application of any of the provisions of the regulation appears to either party not to be feasible from an engineering, operational or economic standpoint, the utility or the developer may refer the matter to the Commission for a determination as to whether an exception to the underground policy expressed within the provisions of this regulation is warranted. Interested third parties may present their views to the Commission in conjunction with such referrals.
   b. Notwithstanding any provision of this regulation to the contrary, no utility shall construct overhead communication lines in any new subdivision or new multiple occupancy residential development to which this regulation is applicable and which is contiguous to another subdivision or multiple occupancy residential development in which service is furnished underground without the approval of the Commission after a public hearing.

F. Nonapplicability. Any underground communication distribution system requiring more than normal communication service is not covered by this regulation and shall be constructed pursuant to the effective rules and regulations of the affected utility as approved by the Commission.

G. Ownership of facilities. Any facilities installed hereunder shall be the sole property of the utility.

Historical Note
Adopted effective March 2, 1982 (Supp. 82-2). Amended by exempt rulemaking at 5 A.A.R. 2054, effective June 4, 1999 (Supp. 99-2). Amended to correct subsection numbering (Supp. 99-4). Amended by final rulemaking at 15 A.A.R. 1933, effective December 27, 2009 (Supp. 09-4).

Editor's Note: The following Section was amended under the regular rulemaking process and approved by the Arizona Attorney General's Office (Supp. 09-4).

Editor's Note: The following Section was amended under an exemption from the Attorney General certification provisions of the Arizona Administrative Procedure Act (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)), as determined by the Corporation Commission. This exemption means that the rules as amended were not certified by the Attorney General.

R14-2-507. Provision of Service

A. Utility responsibility. Each utility shall be responsible for maintaining in safe operating condition all equipment and fixtures used in providing utility service to the customer that are owned by and under the exclusive control of the utility.

B. Customer responsibility
1. Each customer shall be responsible for safeguarding all utility property installed in or on the customer's premises for the purpose of supplying utility service to that customer.
2. Each customer shall be responsible for maintaining in safe operating condition all customer provided equipment and fixtures.
3. Each customer shall exercise all reasonable care to prevent loss or damage to utility property, excluding ordinary wear and tear. The customer shall be responsible for loss of or damage to utility property on the customer's premises arising from neglect, theft, carelessness, or misuse and shall reimburse the utility for the cost of necessary repairs or replacements.
4. Each customer shall be responsible for payment for any equipment damage and/or use resulting from unauthorized use, interfering or tampering of the utility's equipment on the customer's premises.
5. Each customer shall notify the utility of any equipment failure identified in the utility's equipment.

C. Continuity of service. Each utility shall make reasonable efforts to supply a satisfactory and continuous level of service. However, no utility shall be responsible for any damage or claim of damage attributable to any interruption or discontinuation of service resulting from but not limited to:
1. Any cause against which the utility could not have reasonably foreseen or made provision for, that is, force majeure.
2. Intentional service interruptions to make repairs or perform routine maintenance of services constituting excusable negligence.

D. Service interruptions
1. Each utility shall make reasonable efforts to reestablish service within the shortest possible time when service interruptions occur.
2. Each utility shall make reasonable provisions to meet emergencies resulting from failure of service, and each utility shall issue instructions to its employees covering procedures to be followed in the event of emergency in order to prevent or mitigate interruption or impairment of service.
3. In the event of a national emergency or local disaster resulting in disruption of normal service, the utility may, in the public interest, interrupt service to other customers to provide necessary service to civil defense or other emergency service agencies on a temporary basis until normal service to these agencies can be restored.
4. When a utility plans to interrupt service for more than four hours to perform necessary repairs or maintenance, the utility shall attempt to inform affected customers at least 24 hours in advance of the scheduled date and estimated duration of the service interruption. Such repairs shall be completed in the shortest possible time to minimize the inconvenience to the customers of the utility.
5. The Commission shall be notified of major interruptions in service affecting the entire system or any major division.

E. Construction standards. Each utility shall construct all facilities in accordance with the provisions of Institute of Electrical and Electronic Engineers, Inc., Pub. No. C2-2007, The National Electrical Safety Code (2007), which is incorporated by reference in R14-2-207(E)(3)(c).

Historical Note
Adopted effective March 2, 1982 (Supp. 82-2). Amended effective August 16, 1996 (Supp. 96-3). Amended by exempt rulemaking at 5 A.A.R. 2054, effective June 4, 1999 (Supp. 99-2). Amended to correct subsection numbering (Supp. 99-4). Amended by final rulemaking at 15 A.A.R. 1933, effective December 27, 2009 (Supp. 09-4).

R14-2-508. Billing and Collection

A. Frequency. Each utility shall bill monthly for services rendered.

B. Minimum bill information. Each utility shall provide the following minimum information on customer bills:
1. Monthly charge for basic exchange service including delineation of the following:
   a. Total charge for customer requested services and/or equipment.
   b. Installation costs or other service fees, where applicable.
   c. Reconnect fee, where applicable.
2. Toll charges broken down to include the following details by toll call:
   a. Date of call
   b. Time of call
   c. Location called
   d. Phone number called
   e. Duration of call
   f. Indication of any rate class applied.
3. Miscellaneous charges and credits shall be shown separately.
4. Any taxes included in the customer's billing.
5. Total amount due and due date.
6. Past due amount.
7. Utility telephone number.
8. Customer's name.
9. Service account number.

C. Billing terms: Each utility shall file a tariff which incorporates the following billing procedures:
1. The billing date shall be printed on the bill and the date rendered shall be the mailing date.
2. Bills for telephone services may be considered delinquent 15 days after the date the bill is rendered.

3. Delinquent accounts for which payment has not been received may be terminated 22 days after the date the bill is rendered.
4. All payments shall be made at or mailed to the office of the utility or to the utility's duly authorized representative.

D. Applicable tariffs, prepayment, failure to receive, commencement date, taxes
1. Each customer shall be billed under the applicable tariff.
2. Each utility shall make provisions for advance payment for utility services.
3. Failure to receive bills or notices which have been properly placed in the United States mail shall not prevent such bills from becoming delinquent nor relieve the customer of his obligations therein.
4. Charges for service commence when the service is installed and connection made, whether used or not.
5. In addition to the collection of regular rates, each utility may collect from the customer a proportionate share of any privilege, sales or use tax, or other imposition based on the gross revenues received by the utility.

E. Insufficient funds (NSF) checks
1. A utility shall be allowed to recover a fee, as approved by the Commission in a tariff proceeding, for each instance where a customer tenders payment for utility service with an insufficient funds check.
2. When the utility is notified by the customer's bank that there are insufficient funds to cover the check tendered for utility service, the utility may require the customer to make payment in cash, by money order, certified check, or other means which guarantee the customer's payment to the utility.
3. A customer who tenders an insufficient check shall in no way be relieved of the obligation to render payment to the utility under the original terms of the bill nor defer the utility's provision for termination of service for nonpayment of bills.

F. Deferred payment plan
1. Each utility may, prior to termination, offer to qualifying residential customers a deferred payment plan for the customer to retire unpaid bills for utility service.
2. Each deferred payment agreement entered into by the utility and the customer due to the customer's inability to pay an outstanding bill in full shall provide that service will not be discontinued if:
   a. Customer agrees to pay a reasonable amount of the outstanding bill at the time the parties enter into the deferred payment agreement.
   b. Customer agrees to pay all future bills for utility service in accordance with the billing and collection tariffs of the utility.
   c. Customer agrees to pay a reasonable portion of the remaining outstanding balance in installments over a period not to exceed six months.
3. For the purposes of determining a reasonable installment payment schedule under these rules, the utility and the customer shall give consideration to the following conditions:
   a. Size of the delinquent account
   b. Customer's ability to pay
   c. Customer's payment history
   d. Length of time that the debt has been outstanding
   e. Circumstances which resulted in the debt being outstanding
   f. Any other relevant factors related to the circumstances of the customer.
4. Any customer who desires to enter into a deferred payment agreement shall establish such agreement prior to the utility's scheduled termination date for nonpayment of bills; customer failure to execute a deferred payment agreement prior to the scheduled termination date shall not prevent the utility from discontinuing service for nonpayment.
5. Deferred payment agreements may be in writing and may be signed by the customer and an authorized utility representative.
6. A deferred payment agreement may include a finance charge as approved by the Commission in a tariff proceeding.
7. If a customer has not fulfilled the terms of a deferred payment agreement, the utility shall have the right to disconnect service pursuant to the utility's termination of service rules and, under such circumstances, it shall not be required to offer subsequent negotiation of a deferred payment agreement prior to disconnection.

G. Late payment penalty
1. Each utility may include in its tariffs a late payment penalty which may be applied to delinquent bills.
2. The amount of the late payment penalty shall be indicated upon the customer's bill when rendered by the utility.
3. In the absence of an approved tariff, the amount of the late payment penalty shall not exceed 1-1/2% of the delinquent bill.

H. Change of responsibility or occupancy
1. Not less than three working days advance notice must be given in person, in writing, or by telephone at the utility's office to discontinue service, to change occupancy or to change account responsibility.
2. The customer in whose name service is being rendered shall be responsible for all utility services provided and/or consumed up to the scheduled date of service discontinuation.
3. Existing business service may be continued for a new subscriber only if the former subscriber consents and an agreement acceptable to the utility is made to pay all outstanding charges against the service.
4. Change of responsibility on a residence account shall occur only in those cases where both parties previously shared telephone service.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

R14-2-509. Termination of Service

A. Nonpermissible reasons to disconnect service. A utility may not disconnect service for any of the reasons stated below:
1. Delinquency in payment for services rendered to a prior customer at the premises where service is being provided, except in the instance where the prior customer continues to reside on the premises.
2. Failure of the customer to pay for services or equipment which are not regulated by the Commission.
3. Residential service may not be disconnected due to nonpayment of a bill related to another class of service.
4. Failure to pay for a bill to correct a billing error if the customer agrees to pay over a reasonable period of time.

5. Failure to pay the bill of another customer as guarantor thereof unless guarantor does not make acceptable payment arrangements.
6. Disputed bills where the customer has complied with the Commission's rules on complaints.

B. Termination of service without notice
1. Utility service may be disconnected without advance written notice under the following conditions:
   a. The existence of an obvious hazard to the safety or health of the consumer or the general population or the utility's personnel or facilities.
   b. The utility has evidence of tampering or evidence of fraud.
2. The utility shall not be required to restore service until the conditions which resulted in the termination have been corrected to the satisfaction of the utility.
3. Each utility shall maintain a record of all terminations of service without notice. This record shall be maintained for a minimum of one year and shall be available for inspection by the Commission.

C. Termination of service with notice
1. A utility may disconnect service to any customer for any reason stated below provided the utility has met the notice requirements established by the Commission:
   a. Customer violation of any of the utility's tariffs filed with the Commission and/or violation of the Commission's rules and regulations.
   b. Failure of the customer to pay a bill for utility service.
   c. Failure to meet or maintain the utility's credit and deposit requirements.
   d. Failure of the customer to provide the utility reasonable access to its equipment and property.
   e. Customer breach of contract for service between the utility and customer.
   f. When necessary for the utility to comply with an order of any governmental agency having such jurisdiction.
   g. Unauthorized resale of equipment or service.
2. Each utility shall maintain a record of all terminations of service with notice. This record shall be maintained for one year and be available for Commission inspection.

D. Termination notice requirements
1. No utility shall terminate service to any of its customers without providing advance written notice to the customer of the utility's intent to disconnect service, except under those conditions specified where advance written notice is not required.
2. Such advance written notice shall contain, at a minimum, the following information:
   a. The name of the person whose service is to be terminated and the telephone number where service is being rendered.
   b. The utility rules or regulation that was violated and explanation thereof or the amount of the bill which the customer has failed to pay in accordance with the payment policy of the utility, if applicable.
   c. The date on or after which service may be terminated.
   d. A statement advising the customer to contact the utility at a specific phone number for information regarding any deferred billing or other procedures which the utility may offer or to work out some other mutually agreeable solution to avoid termination of the customer's service.

E. Timing of terminations with notice
1. Each utility shall be required to give at least five days advance written notice prior to the termination date.
2. Such notice shall be considered to be given to the customer when a copy thereof is left with the customer or posted first class in the United States mail, addressed to the customer's last known address.
3. If after the period of time allowed by the notice has elapsed and the delinquent account has not been paid nor arrangements made with the utility for the payment thereof or in the case of a violation of the utility's rules the customer has not satisfied the utility that such violation has ceased, the utility may then terminate service on or after the day specified in the notice without giving further notice.
4. The utility may terminate service on a temporary basis by discontinuing the customer's line access at the central office.
5. The utility shall have the right (but not the obligation) to remove any or all of its property installed on the customer's premises upon the termination of service.
6. The terms and conditions of these rules shall apply in all circumstances except those superseded by the provisions of the high toll usage notification procedures.

F. High toll usage monitoring/notification procedures
1. Each telephone utility may establish a high toll usage monitoring/notification system to identify unexplained or excessive increases in customer toll usage during interim periods between the issuance of bills in accordance with the utility's established billing cycle. The intent of such a monitoring/notification system is to enable telephone utilities to identify situations where it is unlikely that the customer will be able to pay for toll services already provided as well as to prevent the accrual of additional billings when the risk of loss is increasingly evident.
2. Each utility which establishes a high toll monitoring/notification system shall develop and operate such system and be governed by the following provisions and procedures:
   a. Each utility shall establish a "normal" amount of toll usage by customer class and length of service. The normal amount of toll usage shall be based upon the actual average usage by the customer class.
   b. Increases in toll usage shall not be considered unexplained or excessive until the amount of toll usage incurred between billing periods is at least two times the normal amount of monthly toll usage for that customer or customer class.
   c. When this situation occurs, the utility shall review:
      i. The individual customer's billing history to determine if the volume of toll usage should be considered excessive for that particular customer
      ii. Prior payment history
      iii. Amount of customer deposit held, if any
      iv. Length of customer service to assess the ability of the customer to pay such toll charges according to the payment terms of the utility when a normal billing is rendered.
   d. If the review of the customer's previous billing and payment history indicates it is unlikely that the customer shall be able to pay such bill, the utility may

contact the customer to make inquiries concerning the abnormal usage. If the explanation is not satisfactory, the utility may require security and/or payment of charges on the account to continue service.

e. The utility may terminate service provided the customer is given 48 hours advance notice and the customer makes no further attempt to secure and or pay the account in order to continue service.

f. The 48-hour notification rule shall be waived and service may be terminated immediately in those situations where intentional customer abuse of toll usage is evident.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

Editor's Note: The following Section was amended under an exemption from the Attorney General approval provisions of the Arizona Administrative Procedure Act (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)), as determined by the Corporation Commission. This exemption means that the rules as amended were not approved by the Attorney General.

R14-2-510. Administrative and Hearing Requirements

A. Customer service complaints

1. Each utility shall make a full and prompt investigation of all service complaints made by its customers, either directly or through the Commission.
2. The utility shall respond to the complainant and/or the Commission representative within five working days as to the status of the utility investigation of the complaint.
3. The utility shall notify the complainant and/or the Commission representative of the final disposition of each. Upon request of the complainant or the Commission representative, the utility shall report the findings of its investigation in writing.
4. Each utility shall keep a record of all written service complaints received which shall contain, at a minimum, the following data:
   a. Name and address of complainant
   b. Date and nature of the complaint
   c. Disposition of the complaint
   d. A copy of any correspondence between the utility, the customer, and/or the Commission.
5. This record shall be maintained for a minimum period of one year and shall be available for inspection by the Commission.

B. Customer bill disputes

1. Any utility customer who disputes a portion of a bill rendered for utility service shall pay the undisputed portion of the bill and notify the utility's designated representative that such unpaid amount is in dispute prior to the delinquent date of the bill.
2. Upon receipt of the customer notice of dispute, the utility shall:
   a. Notify the customer within five working days of the receipt of a written dispute notice.
   b. Initiate a prompt investigation as to the source of the dispute.
   c. Withhold disconnection of service until the investigation is completed and the customer is informed of the results.
3. Once the customer has received the results of the utility's investigation, the customer shall submit payment within five working days to the utility for any disputed amounts. Failure to make full payment shall be grounds for termination of service. Prior to termination inform the customer of his right of appeal to the Commission.

C. Commission resolution of service and/or bill disputes

1. In the event a customer and utility cannot resolve a service and/or bill dispute, the customer shall file a written statement of dissatisfaction with the Commission; by submitting such notice to the Commission, the customer shall be deemed to have filed an informal complaint against the utility.
2. Within 30 days of the receipt of a written statement of customer dissatisfaction related to a service or bill dispute, a designated representative of the Commission shall endeavor to resolve the dispute by correspondence and/or telephone with the utility and the customer. If resolution of the dispute is not achieved within 20 days of the Commission representative's initial effort, the Commission shall hold an informal hearing to arbitrate the resolution of the dispute. The informal hearing shall be governed by the following rules:
   a. Each party may be represented by legal counsel, if desired.
   b. All such informal hearings may be recorded or held in the presence of a stenographer.
   c. All parties will have the opportunity to present written or oral evidentiary material to support the positions of the individual parties.
   d. All parties and the Commission's representative shall be given the opportunity for cross-examination of the various parties.
   e. The Commission's representative will render a written decision to all parties within five working days after the date of the informal hearing. Such written decision of the arbitrator is not binding on any of the parties and the parties will still have the right to make a formal complaint to the Commission.
3. The utility may implement normal termination procedures if the customer fails to pay all bills rendered during the resolution of the dispute by the Commission.

D. Notice by utility of responsible officer or agent

1. Each utility shall file with the Commission a written statement containing the name, address (business, residence and post office) and telephone numbers (business and residence) of at least one officer, agent or employee responsible for the general management of its operations as a utility in Arizona.
2. Each utility shall give notice, by filing a written statement with the Commission, of any change in the information required herein within five days from the date of any such change.

E. Time-frames for processing applications for Certificates of Convenience and Necessity

1. This rule prescribes time-frames for the processing of any application for a Certificate of Convenience and Necessity issued by the Arizona Corporation Commission pursuant to this Article. These time-frames shall apply to applications filed on or after the effective date of this rule.
2. Within 30 calendar days after receipt of an application for a new Certificate of Convenience and Necessity, or to amend or change the status of any existing Certificate of Convenience and Necessity, staff shall notify the appli-

cant, in writing, that the application is either administratively complete or deficient. If the application is deficient, the notice shall specify all deficiencies.

3. Staff may terminate an application if the applicant does not remedy all deficiencies within 60 calendar days of the notice of deficiency.
4. After receipt of a corrected application, staff shall notify the applicant within 30 calendar days if the corrected application is either administratively complete or deficient. The time-frame for administrative completeness review shall be suspended from the time the notice of deficiency is issued until staff determines that the application is complete.
5. Within 150 days after an application is deemed administratively complete, the Commission shall approve or reject the application.
6. For purposes of A.R.S. § 41-1072 et seq., the Commission has established the following time-frames:
   a. Administrative completeness review time-frame: 30 calendar days,
   b. Substantive review time-frame: 150 calendar days,
   c. Overall time-frame: 180 calendar days.
7. If an applicant requests, and is granted, an extension or continuance, the appropriate time-frames shall be tolled from the date of the request during the duration of the extension or continuance.
8. During the substantive review time-frame, the Commission may, upon its own motion or that of any interested party to the proceeding, request a suspension of the time-frame rules.

F. Filing of rules and regulations

1. Each utility shall file with the Commission tariffs which are in compliance with the rules and regulations promulgated by the Arizona Corporation Commission within 120 days of the adoption of such rules by the Commission.
2. Any proposed changes to the tariffs on file with the Commission shall be accompanied by a statement of justification supporting the proposed change in tariff.
3. Any proposed change to the tariffs on file with the Commission shall not be effective until reviewed and approved by the Commission, except as provided for by law.

G. Accounts and records

1. Each utility shall keep general and auxiliary accounting records reflecting the cost of its properties, operating income and expense, assets and liabilities, and all other accounting and statistical data necessary to give complete and authentic information as to its properties and operations.
2. Each utility shall maintain its books and records in conformity with the Uniform Systems of Accounts for Class A, B, C and D Telephone Utilities as adopted and amended by the Federal Communications Commission or, for telephone cooperatives, as promulgated by the Rural Electrification Administration.
3. A utility shall produce or deliver in this state any or all of its formal accounting records and related documents requested by the Commission. It may, at its option, provide verified copies of original records and documents.
4. All utilities shall submit an annual report to the Commission on a form prescribed by it. The annual report shall be filed on or before the 15th day of April for the preceding calendar year. Reports prepared by a certified or licensed public accountant on the utility, if any, shall accompany the annual report.
5. All utilities shall file with the Commission a copy of all reports required by the Securities and Exchange Commission.
6. All utilities shall file with the Commission a copy of all annual reports required by the Federal Communications Commission and in addition, for telephone cooperatives, annual reports required by the Rural Electrification Administration.

H. Maps. All utilities shall file with the Commission a map or maps clearly setting forth the location and extent of the area or areas they hold under approved certificates of convenience and necessity, in accordance with the Cadastral (Rectangular) Survey of the United States Bureau of Land Management, or by metes and bounds with a starting point determined by the aforesaid Cadastral Survey.

I. Variations, exemptions of Commission rules and regulations. Variations or exemptions from the terms and requirements of any of the rules included herein (Title 14, Chapter 2, Article 5) shall be considered upon the verified application of an affected party to the Commission setting forth the circumstances whereby the public interest requires such variation or exemption from the Commission rules and regulations. Such application will be subject to the review of the Commission, and any variation or exemption granted shall require an order of the Commission. In case of conflict between these rules and regulations and an approved tariff or order of the Commission, the provisions of the tariff or order shall apply.

J. Prior agreements. The adoption of these rules by the Commission shall not affect any agreements entered into between the utility and customers or other parties who, pursuant to such contracts, arranged for the extension of facilities in a provision of service prior to the effective date of these rules.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2). Amended effective December 31, 1998, under an exemption as determined by the Arizona Corporation Commission (Supp. 98-4). Amended to correct subsection numbering (Supp. 99-4).

ARTICLE 6. SEWER UTILITIES

R14-2-601. Definitions

In this Article, unless the context otherwise requires, the following definitions shall apply:

1. "Advance in aid of construction." Funds provided to the utility by the applicant under the terms of a collection main extension agreement the value of which may be refundable.
2. "Applicant." A person requesting the utility to supply sewer service.
3. "Application." A request to the utility for sewer service, as distinguished from an inquiry as to the availability or charges for such service.
4. "Arizona Corporation Commission." The regulatory authority of the state of Arizona having jurisdiction over public service corporations operating in Arizona.
5. "Billing month." The period between any two regular billings -- approximately 30 day interval.
6. "Billing period." The time interval between two consecutive billings.
7. "Collection main." A sewer main of the utility from which service collection lines are extended to customers.

8. "Commodity charge." The unit of cost per billed discharge as set forth in the utility's tariffs.
9. "Contributions in aid of construction." Funds provided to the utility by the applicant under the terms of a collection main extension agreement and/or service connection tariff the value of which are not refundable.
10. "Customer." The person or entity in whose name service is rendered, as evidenced by the signature on the application or contract for that service, or by the receipt and/or payment of bills regularly issued in his name regardless of the identity of the actual user of the service.
11. "Customer charge." The amount the customer must pay the utility for the availability of sewer service, excluding any amount of discharged, as specified in the utility's tariffs.
12. "Day." Calendar day.
13. "Minimum charge." The amount the customer must pay for the availability of sewer service, including an amount of discharge, as specified in the utility's tariffs.
14. "Permanent customer." A customer who is a tenant or owner of a service location who applies for and receives sewer service.
15. "Permanent service." Service which, in the opinion of the utility, is of a permanent and established character. The use of sewer service may be continuous, intermittent, or seasonal in nature.
16. "Person." Any individual, partnership, corporation, governmental agency, or other organization operating as a single entity.
17. "Point of collection." The point where pipes owned, leased, or under license by a customer connect to the utility's collection system.
18. "Premises." All of the real property and apparatus employed in a single enterprise on an integral parcel of land undivided by public streets, alleys or railways.
19. "Residential subdivision development." Any tract of land which has been divided into four or more contiguous lots for use for the construction of residential buildings or permanent mobile homes for either single or multiple occupancy.
20. "Residential use." Service to customers discharging sewage for domestic purposes.
21. "Rules." The regulations set forth in the tariffs which apply to the provision of sewage service.
22. "Service area." The territory in which the utility has been granted a Certificate of Convenience and Necessity and is authorized by the Commission to provide sewer service.
23. "Service establishment charge." The charge as specified in the utility's Schedule of Rates which covers the cost of establishing a new account.
24. "Service line." A sewer line that transports sewage from a customer's point of collection to a common source (normally a collection main) of collection of the utility's.
25. "Service reconnect charge." The charge as specified in the utility's tariffs which must be paid by the customer prior to reconnection of sewer service each time the sewer service is disconnected for nonpayment or whenever service is discontinued for failure otherwise to comply with the utility's fixed rules.
26. "Service reestablishment charge." A charge as specified in the utility's tariffs for service at the same location where the same customer had ordered a service disconnection within the preceding 12-month period.
27. "Sewage." Ground garbage, human or animal excretions, and other domestic, commercial or industrial waste normally disposed of through a sanitary sewer system.
28. "Single family dwelling." A house, an apartment, a mobile home permanently affixed to a lot, or any other permanent residential unit which is used as a permanent home.
29. "Tariffs." The documents filed with the Commission which list the services and products offered by the sewer company and which set forth the terms and conditions and a schedule of the rates and charges for those services and products.
30. "Temporary service." Service to premises or enterprises which are temporary in character, or where it is known in advance that the service will be of limited duration. Service which, in the opinion of the utility, is for operations of a speculative character is also considered temporary service.
31. "Utility." The public service corporation providing sewer service to the public in compliance with state law.

Historical Note
Adopted effective March 2, 1982 (Supp. 82-2).

R14-2-602. Certificates of Convenience and Necessity for Sewer Utilities; Extensions of Certificates of Convenience and Necessity for Sewer Utilities; Abandonment, Sale, Lease, Transfer, or Disposal of a Sewer Utility; Discontinuance or Abandonment of Sewer Utility Service

A. In this Section, unless otherwise specified:
1. "Applicant" means a person who submits an application to obtain a Certificate of Convenience and Necessity to construct sewer utility facilities or operate as a sewer utility or to extend the service area under an existing Certificate of Convenience and Necessity held by the person.
2. "CC&N" means Certificate of Convenience and Necessity.
3. "Commission" means the Arizona Corporation Commission.
4. "Contiguous" means in actual contact, touching, such as by sharing a common border.
5. "Extension area" means the geographic area that an applicant is requesting to have added to the applicant's existing CC&N service area.

B. Application for a new CC&N or extension of a CC&N
1. Any person who desires to construct sewer utility facilities or to operate as a sewer utility shall, prior to commencing construction of utility facilities or operations, file with the Commission an application for a CC&N and obtain Commission approval.
2. Any utility that desires to extend its CC&N service area shall file with the Commission an application for a CC&N extension.
3. Before filing an application for a CC&N or a CC&N extension, a person shall provide written notice of the person's intention to file the application to each person who owns land within the proposed service area or extension area and who has not requested service. Each written notice to a landowner shall include, at a minimum:
   a. The legal name, physical address, mailing address (if different), and telephone number of the intended applicant;
   b. The approximate date by which the application will be filed;

c. The type of services to be provided if the application is approved;
d. The physical addresses and toll-free telephone numbers, in Phoenix and Tucson, for the Consumer Services Section of the Commission; and
e. The following information:
i. That the recipient is a property owner within the proposed service area or extension area;
ii. That if the application is granted, the intended applicant will be the exclusive provider of the specific services to the proposed service area or extension area and will be required by the Commission to provide those services under rates and charges and terms and conditions established by the Commission;
iii. That a CC&N does not prohibit persons from providing services only to themselves using their own facilities on their own property although other applicable laws may restrict such activity;
iv. That the application is available for inspection during regular business hours at the offices of the Commission and at the offices of the intended applicant;
v. That the Commission will hold a hearing on the application;
vi. That the landowner may have the right to intervene in the proceeding and may appear at the hearing and make a statement on the his or her own behalf even if the landowner does not intervene;
vii. That the landowner may contact the Commission for the date and time of the hearing and for information on intervention;
viii. That the landowner may not receive any further notice of the application proceeding unless requested; and
ix. That the landowner may contact the intended applicant or the Consumer Services Section of the Commission if the landowner has any questions or concerns about the application, has any objections to approval of the application, or wishes to make a statement in support of the application.

4. Within 10 days after filing an application for a CC&N or a CC&N extension, an applicant shall provide written notice of the application to the municipal manager or administrator of each municipality with corporate limits that overlap with or are within five miles of the proposed service area or extension area. Each written notice shall include, at a minimum:
a. The applicant's legal name, mailing address, and telephone number;
b. The date the application was filed;
c. The type of services to be provided if the application is approved;
d. A description of the requested service area or extension area, expressed in terms of cadastral (quarter section) or metes and bound survey;
e. The Commission docket number assigned to the application; and
f. Instructions on how to obtain a copy of the application.

5. Each application for a new CC&N or CC&N extension shall be submitted in a form and number prescribed by the Commission and shall include, at a minimum, the following information:
a. The applicant's legal name, mailing address, and telephone number;
b. If the applicant will or does operate the utility under a different business name, the name under which the applicant will be doing business;
c. The full name, mailing address, and telephone number of a management contact for the applicant;
d. The full name, mailing address, and telephone number of the attorney for the applicant, if any;
e. The full name, mailing address, and telephone number of the operator certified by the Arizona Department of Environmental Quality who is or will be working for the applicant;
f. The full name, mailing address, and telephone number of the onsite manager for the applicant;
g. Whether the applicant is a corporation, a partnership, a limited liability company, a sole proprietor, or another specified type of legal entity;
h. If the applicant is a corporation, the following:
i. Whether the applicant is a "C" corporation, an "S" corporation, or a non-profit corporation and whether the corporation is domestic or foreign;
ii. A list of the full names, titles, and mailing addresses of each of the applicant's officers and directors;
iii. A copy of the applicant's certificate of good standing issued by the Commission's Corporations Division;
iv. Unless the applicant is applying for a CC&N extension, a certified copy of the applicant's articles of incorporation and by-laws; and
v. If the applicant is a for-profit corporation, the number of shares of stock authorized for issue and, if any stock has been issued, the number of shares issued and date of issuance;
i. If the applicant is a partnership, the following:
i. Whether the applicant is a limited partnership or a general partnership and whether the partnership is domestic or foreign;
ii. The full names and mailing addresses of the applicant's general partners;
iii. The full names, mailing addresses, and telephone numbers of the applicant's managing partners;
iv. Unless the applicant is applying for a CC&N extension, a copy of the applicant's articles of partnership; and
v. If the applicant is a foreign limited partnership, a copy of the applicant's certificate of registration filed with the Arizona Secretary of State;
j. If the applicant is a limited liability company, the following:
i. The full names and mailing addresses of the applicant's managers or, if management is reserved to the members, the applicant's members;
ii. Unless the applicant is applying for a CC&N extension, a copy of the applicant's articles of organization;

k. The legal name and mailing address of each other utility in which the applicant has an ownership interest;
l. A description of the requested service area or extension area, expressed in terms of cadastral (quarter section) or metes and bound survey;
m. The name of each county in which the requested service area or extension area is located and a description of the area's location in relation to the closest municipality, which shall be named;
n. A complete description of the facilities proposed to be constructed, including a preliminary engineering report with specifications in sufficient detail to describe each sewer system and the principal components of each sewer system (e.g., collection mains, trunk lines, lift stations, treatment plants, effluent disposal areas, etc.) to allow verification of the estimated costs provided under subsection (B)(5)(p) and verification that the requirements of the Commission and the Arizona Department of Environmental Quality can be met;
o. A copy of the Aquifer Protection Permit issued by the Arizona Department of Environmental Quality for the proposed service area or extension area or, if not yet obtained, the status of the application for the Aquifer Protection Permit;
p. The estimated total construction cost of the proposed offsite and onsite facilities, including documentation to support the estimates, and an explanation of how the construction will be financed, such as through debt, equity, advances in aid of construction, contributions in aid of construction, or a combination thereof;
q. Documentation establishing the applicant's financial condition, including at least the applicant's current assets and liabilities, an income statement, the applicant's estimated revenue and expenses for the first five years following approval of the application, and the estimated value of the applicant's utility plant in service for the first five years following approval of the application;
r. The rates proposed to be charged for services rendered, shown in the form of a proposed tariff that complies with Commission standards;
s. The estimated annual operating revenues and expenses for the first five years of operation for the requested service area or extension area, expressed separately for residential, commercial, industrial, and irrigation services, and including a description of each assumption made to derive the estimates;
t. A detailed description of the proposed construction timeline for facilities, with estimated starting and completion dates and, if construction is to be phased, a description of each separate phase of construction;
u. A copy of any requests for service from persons who own land within the proposed service area or extension area, which shall identify the applicant by name;
v. Maps of the proposed service area or extension area identifying:
    i. The boundaries of the area, with the total acreage noted;
    ii. The land ownership boundaries within the area, with the acreage of each separately owned parcel within the area noted;
    iii. The owner of each parcel within the area;
    iv. Any municipality corporate limits that overlap with or are within five miles of the area;
    v. The service area of any public service corporation, municipality, or district currently providing water or wastewater service within one mile of the area, with identification of the entity providing service and each type of service being provided;
    vi. The location within the area of any known sewer service connections that are already being provided service by the applicant;
    vii. The location of all proposed developments within the area;
    viii. The proposed location of each sewer system and the principal components described in subsection (B)(5)(n); and
    ix. The location of all parcels for which a copy of a request for service has been submitted per subsection (B)(5)(u);
w. A copy of each notice to be sent, as required under subsection (B)(4), to a municipal manager or administrator;
x. A copy of each notice sent, as required under subsection (B)(3), to a landowner not requesting service;
y. For each landowner not requesting service, either the written response received from the landowner or, if no written response was received, a description of the actions taken by the applicant to obtain a written response;
z. A copy of each city, county, or state agency approval required by law to construct the proposed facilities or operate the utility within the proposed service area or extension area or, for any approval not yet obtained, the status of the applicant's application for the approval;
aa. The estimated number of customers to be served for each of the first five years of operation, expressed separately for residential, commercial, industrial, and irrigation customers and including documentation to support the estimates;
bb. A description of how water service is to be provided in the proposed service area or extension area and the name of each water service provider for the area, if any;
cc. A description of how effluent from the area will be reused or, if not reused, disposed of;
dd. If the applicant is requesting a CC&N extension:
    i. A current compliance status report from the Arizona Department of Environmental Quality, dated no more than 30 days before the date the CC&N extension application is filed, for each wastewater system operated by the applicant, as identified by a separate Arizona Department of Environmental Quality Identification Number; and
    ii. A wastewater flow data sheet for the wastewater system being extended by the applicant; and
ee. The notarized signature of the applicant.

6. Upon receiving an application under subsection (B)(5), Utilities Division staff shall review and process the application in accordance with the requirements of R14-2-610.
7. Once Utilities Division staff determines that an application submitted under subsection (B)(5) is administratively complete, the Commission shall, as expeditiously as practicable, schedule a hearing to consider the application.

C. Additions or extensions of service contiguous to existing CC&N service areas
1. Except in the case of an emergency, a utility that proposes to extend service to a parcel located in a non-certificated area contiguous to its CC&N service area shall notify the Commission before the service extension occurs.
2. Each notification required under subsection (C)(1) shall be in writing, shall be verified, and shall set forth, at a minimum:
   a. The legal name, mailing address, and telephone number of the utility;
   b. The number of persons to be served in the contiguous parcel;
   c. The legal description of the contiguous parcel and the location of the structures to be served therein, in relation to the utility's CC&N service area; and
   d. A statement that service will be extended only to a non-certificated parcel contiguous to the utility's CC&N service area.
3. When emergency service is required to be provided to a person in a non-certificated area contiguous to a utility's CC&N service area, the utility shall notify the Commission of the service extension as soon as possible after the service extension occurs by providing written notice that includes the information required under subsection (C)(2) and describes the nature and extent of the emergency.

D. Application for authority to abandon, sell, lease, transfer, or otherwise dispose of a utility
1. A utility shall not abandon, sell, lease, transfer, or otherwise dispose of its facilities or operation without first obtaining authority therefor from the Commission.
2. A utility desiring to abandon, sell, lease, transfer, or otherwise dispose of its facilities or operation shall file with the Commission an application that includes, at a minimum:
   a. The legal name, physical address, mailing address (if different), and telephone number of the utility;
   b. A description of the utility property proposed to be abandoned, sold, leased, transferred or otherwise disposed of;
   c. Documentation establishing the utility's financial condition, including at least the utility's current assets and liabilities, an income statement, the utility's revenue and expenses for the most recently completed 12-month accounting period, and the value of the utility's utility plant in service;
   d. The legal name, physical address, mailing address (if different), and telephone number of any proposed purchaser, lessee, transferee, or assignee;
   e. The terms and conditions of the proposed abandonment, sale, lease, transfer, or assignment and copies of any agreement that has been or will be executed concerning the transaction;
   f. A description of the effect that the proposed transaction will have upon the utility's services;
   g. The method by which the proposed transaction is to be financed;
   h. A description of the effect that the proposed transaction will have upon any other utility;
   i. The number of customers to be affected by the proposed transaction; and
   j. A description of the effect that the proposed transaction will have upon customers.

E. Application for discontinuance or abandonment of utility service
1. A utility shall not discontinue or abandon any service currently in use by the public without first obtaining authority therefor from the Commission.
2. A utility desiring to discontinue or abandon a service shall file with the Commission an application identifying the utility; including data regarding past, present and estimated future customer use of the service; describing any plant or facility that would no longer be in use if the application were approved; and explaining why the utility desires to discontinue or abandon the service.
3. A utility is not required to apply for Commission approval to remove individual facilities where a customer has requested service discontinuance.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2). Amended to correct subsection numbering (Supp. 99-4). Amended by final rulemaking at 15 A.A.R. 2066, effective January 22, 2010 (Supp. 09-4).

R14-2-603. Establishment of Service

A. Information from new applicants
1. A utility may obtain the following minimum information from each new applicant for service:
   a. Name or names of applicant(s).
   b. Service address or location and telephone number.
   c. Billing address or location and telephone number, if different than service address.
   d. Address where service was provided previously.
   e. Date applicant will be ready for service.
   f. Indication of whether premises have been supplied with utility service previously.
   g. Purpose for which service is to be used.
   h. Indication of whether applicant is owner or tenant of or agent for the premises.
2. Each utility may require a new applicant for service to appear at the utility's designated place of business to produce proof of identity and sign the utility's application form.
3. Where service is requested by two or more individuals the utility shall have the right to collect the full amount owed to the utility from any one of the applicants.

B. Deposits
1. A utility may require a deposit from any new applicant for service.
2. The utility shall issue a nonnegotiable receipt to the applicant for the deposit. The inability of the customer to produce such a receipt shall in no way impair his right to receive a refund of the deposit which is reflected on the utility's records.
3. Interest on deposits shall be calculated annually at an interest rate filed by the utility and approved by the Commission in a tariff proceeding. In the absence of such, the interest rate shall be 6%.
4. Interest shall be credited to the customer's bill annually.
5. Residential deposits shall be refunded within 30 days after:

a. 12 consecutive months of service without being delinquent in the payment of utility bills provided the utility may reestablish the deposit if the customer becomes delinquent in the payment of bills three or more times within a 12 consecutive month period.
b. Upon discontinuance of service when the customer has paid all outstanding amounts due the utility.

6. A separate deposit may be required for each service installed.
7. The amount of a deposit required by the utility shall be determined according to the following terms:
   a. Residential customer deposits shall not exceed two times the average residential class bill as evidenced by the utility's most recent annual report filed with the Commission.
   b. Nonresidential customer deposits shall not exceed 2 1/2 times that customer's estimated maximum monthly bill.
8. The utility may review the customer's discharge after service has been established and adjust the deposit amount based upon the customer's actual discharge.
9. Upon discontinuance of service, the deposit may be applied by the utility toward settlement of the customer's bill.

C. Grounds for refusal of service. A utility may refuse to establish service if any of the following conditions exist:
1. The applicant has an outstanding amount due for the same class of utilities services with the utility, and the applicant is unwilling to make arrangements with the utility for payment.
2. A condition exists which in the utility's judgment is unsafe or hazardous to the applicant, the general population, or the utility's personnel or facilities.
3. Refusal by the applicant to provide the utility with a deposit.
4. Customer is known to be in violation of the utility's tariffs filed with the Commission or of the Commission's rules and regulations.
5. Failure of the customer to furnish such funds, service, equipment, and/or rights-of-way necessary to serve the customer and which have been specified by the utility as a condition for providing service.

D. Service establishments, re-establishments or reconnect charge
1. A utility may make a charge as approved by the Commission for the establishment, reestablishment, or reconnection of utility service.
2. For the purpose of this rule, service establishments are where the customer's facilities are ready and acceptable to the utility and do not require construction on the part of the utility.

E. Temporary service
1. Applicants for temporary service may be required to pay the utility, in advance of service establishment, the estimated cost of installing and removing the facilities necessary for furnishing sewer service.
2. Where the duration of service is to be less than one month, the applicant may also be required to advance a sum of money equal to the estimated bill for service.
3. Where the duration of service is to exceed one month, the applicant may also be required to meet the deposit requirements of the utility.
4. If at any time during the term of the agreement for service the character of a temporary customer's operations changes so that in the opinion of the utility the customer is classified as permanent, the terms of the utility's main extension rules shall apply.

Historical Note
Adopted effective March 2, 1982 (Supp. 82-2). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

R14-2-604. Minimum Customer Information Requirements

A. Information for residential customers
1. Each utility shall make available upon customer request not later than 60 days from the date of request a concise summary of the rate schedule applied for by such customer. The summary shall include the following:
   a. Monthly minimum or customer charge, identifying the amount of the charge and the specific amount of minimum discharge included in the minimum charge, where applicable.
   b. Rate calculation, including where applicable, computations based upon seasonal or annual water usages.
2. The utility shall to the extent practical identify the tariff most advantageous to the customer and notify the customer of such prior to service commencement.
3. In addition, a utility shall make available upon customer request not later than 60 days from the date of request a copy of the Commission's rules and regulations governing:
   a. Deposits
   b. Terminations of service
   c. Billing and collection
   d. Complaint handling.
4. Each utility shall inform all new customers of their rights to obtain the information specified above.

B. Information required due to changes in tariffs
1. Each utility shall transmit to affected customers by the most economic means available a concise summary of any change in the utility's tariffs affecting those customers.
2. This information shall be transmitted to the affected customer within 60 days of the effective date of the change.

Historical Note
Adopted effective March 2, 1982 (Supp. 82-2). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

R14-2-605. Service Connections

A. Priority and timing
1. After an applicant has complied with the utility's application and deposit requirements and has been accepted for service by the utility, the utility shall schedule that customer for service connection.
2. Service connections shall be scheduled for completion within five working days of the date the customer has been accepted for service, except in those instances when the customer requests service connection beyond the five working day limitation.
3. When the utility has made arrangements to meet with a customer for service establishment purposes and the utility or the customer cannot make the appointment during the prearranged time, the utility shall reschedule the connection to the satisfaction of both parties.

4. For the purposes of this rule, establishment of service takes place only when the customer's facilities are ready and acceptable to the utility.

B. Customer provided facilities
1. An applicant for service shall be responsible for the installation of all plumbing up to the applicant's property line. In addition, the applicant is responsible for the proper grade or leveling of the sewer connection so that it conforms with the collection system of the utility.
2. Funds collected for service connections may be nonrefundable contributions to the utility.

C. Customer provided equipment safety and operation. Each customer shall be responsible for maintaining all equipment and facilities using or used for utility services located on his side of the point of collection in safe operating condition.

D. Easements and rights-of-way
1. Each customer shall grant adequate easement and right-of-way satisfactory to the utility to ensure that customer's proper service connection. Failure on the part of the customer to grant adequate easement and right-of-way shall be grounds for the utility to refuse service.
2. When a utility discovers that a customer or his agent is performing work or has constructed facilities adjacent to or within an easement or right-of-way and such work, construction or facility poses a hazard or is in violation of federal, state or local laws, ordinances, statutes, rules or regulations, or significantly interferes with the utility's access to equipment, the utility shall notify the customer or his agent and shall take whatever actions are necessary to eliminate the hazard, obstruction or violation at the customer's expense.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

R14-2-606. Collection Main Extension Agreements

A. General requirements
1. Each utility entering into a main extension agreement shall comply with the provisions of this rule, which specifically defines the conditions governing collection main extensions.
2. Upon request by a potential applicant for a collection main extension, the utility shall prepare, without charge, a preliminary sketch and rough estimate of the cost of installation to be paid by said applicant.
3. Any applicant for a collection main extension requesting the utility to prepare detailed plans, specifications, or cost estimates may be required to deposit with the utility an amount equal to the estimated cost of preparation. The utility shall, upon request, make available within 90 days after receipt of the deposit referred to above, such plans, specifications, or cost estimates of the proposed collection main extension. Where the applicant accepts the plans and the utility proceeds with construction of the extension, the deposit shall be credited to the cost of construction; otherwise the deposit shall be nonrefundable. If the extension is to include oversizing of facilities to be done at the utility's expense, appropriate details shall be set forth in the plans, specifications and cost estimates.
4. Where the utility requires an applicant to advance funds for a collection main extension, the utility shall furnish the applicant with a copy of the extension tariff of the appropriate utility prior to the applicant's acceptance of the utility's extension agreement.
5. All collection main extension agreements requiring payment by the applicant shall be in writing and signed by each party before the utility commences construction.
6. In the event the utility's actual cost of construction is different from the amount advanced by the customer, the utility shall make a refund to or collect additional funds from, the applicant within 120 days after the completion of the construction.
7. The provisions of this rule apply only to those applicants who in the utility's judgment will be permanent customers of the utility. Applications for temporary service shall be governed by the Commission's rules concerning temporary service applications.

B. Minimum written agreement requirements
1. Each collection main extension agreement shall, at a minimum, include the following information:
   a. Name and address of applicant(s)
   b. Proposed service address or location
   c. Description of requested service
   d. Description and sketch of the requested main extension
   e. A cost estimate to include materials, labor, and other costs as necessary
   f. Payment terms
   g. A clear and concise explanation of any refunding provisions, if appropriate
   h. The utility's estimated start date and completion date for construction of the collection main extension
2. Each applicant shall be provided with a copy of the written collection main extension agreement.

C. Main extension requirements. Each main extension tariff shall include the following provisions:
1. A maximum footage and/or equipment allowance to be provided by the utility at no charge. The maximum footage and/or equipment allowance may be differentiated by customer class.
2. An economic feasibility analysis for those main extensions which exceed the maximum footage and/or equipment allowance. Such economic feasibility analysis shall consider the incremental revenues and cost associated with the main extension. In those instances where the requested main extension does not meet the economic feasibility criteria established by the utility, the utility may require the customer to provide funds to the utility, which will make the main extension economically feasible. The methodology employed by the utility in determining economic feasibility shall be applied uniformly and consistently to each applicant requiring a main extension.
3. The timing and methodology by which the utility will refund any advances in aid of construction as additional customers are served off the main extension. The customer may request an annual survey to determine if additional customers have been connected to and are using service from the main extension. In no case shall the amount of the refund exceed the amount originally advanced.
4. All advances in aid of construction shall be noninterest bearing.
5. If after five years from the utility's receipt of the advance, the advance has not been totally refunded, the advance

shall be considered a contribution in aid of construction and shall no longer be refundable.

D. Residential subdivision development and permanent mobile home parks. Each utility shall submit as a part of its main extension tariff separate provisions for residential subdivision developments and permanent mobile home parks.

E. Ownership of facilities. Any facilities installed hereunder shall be the sole property of the utility.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

R14-2-607. Provision of Service

A. Utility responsibility
1. Each utility shall be responsible for the safe conduct and handling of the sewage from the customer's point of collection.
2. The utility may, at its option, refuse service until the customer has obtained all required permits and/or inspections indicating that the customer's facilities comply with local construction and safety standards.

B. Customer responsibility
1. Each customer shall be responsible for maintaining all facilities on the customer's premises in safe operating condition and in accordance with the rules of the state Department of Health.
2. Each customer shall be responsible for safeguarding all utility property installed in or on the customer's premises for the purpose of supplying utility service to that customer.

C. Continuity of service. Each utility shall make reasonable efforts to supply a satisfactory and continuous level of service. However, no utility shall be responsible for any damage or claim of damage attributable to any interruption or discontinuation of service resulting from:
1. Any cause against which the utility could not have reasonably foreseen or made provision for, i.e., force majeure
2. Intentional service interruptions to make repairs or perform routine maintenance
3. Any temporary overloading of the utility's collection or treatment facilities.

D. Service interruption
1. Each utility shall make reasonable efforts to reestablish service within the shortest possible time when service interruptions occur.
2. Each utility shall make reasonable provisions to meet emergencies resulting from failure of service, and each utility shall issue instructions to its employees covering procedures to be followed in the event of emergency in order to prevent or mitigate interruption or impairment of service.
3. In the event of a national emergency or local disaster resulting in disruption of normal service, the utility may, in the public interest, interrupt service to other customers to provide necessary service to civil defense or other emergency service agencies on a temporary basis until normal service to these agencies can be restored.
4. When a utility plans to interrupt service for more than four hours to perform necessary repairs or maintenance, the utility shall attempt to inform affected customers at least 24 hours in advance of the scheduled date and estimated duration of the service interruption. Such repairs shall be completed in the shortest possible time to minimize the inconvenience to the customers of the utility.
5. The Commission shall be notified of interruptions in service affecting the entire system or any major division thereof. The interruption of service and cause shall be reported within four hours after the responsible representative of the utility becomes aware of said interruption by telephone to the Commission and followed by a written report to the Commission.

E. Construction standards. The design, construction and operation of all sewer plants shall conform to the requirements of the Arizona Department of Health Services or its successors and any other governmental agency having jurisdiction thereof. Phase construction is acceptable.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

R14-2-608. Billing and Collection

A. Frequency. Each utility shall bill monthly for services rendered.

B. Minimum bill information. Each bill for residential service will contain the following minimum information:
1. Billed discharge, where applicable
2. Utility telephone number
3. Amount due and due date
4. Customer's name
5. Service account number, if available
6. Past due amount, where appropriate
7. Adjustment factor, where applicable
8. Other approved tariff charges.

C. Billing terms
1. All bills for utility services are due and payable no later than 10 days from the date the bill is rendered. Any payment not received within this time-frame shall be considered past due.
2. For purposes of this rule, the date a bill is rendered may be evidenced by:
   a. The postmark date
   b. The mailing date.
3. All past due bills for utility services are due and payable within 10 days. Any payment not received within this time-frame shall be considered delinquent.
4. All delinquent bills for which payment has not been received within five days shall be subject to the provisions of the utility's termination procedures.
5. All payments shall be made at or mailed to the office of the utility or to the utility's duly authorized representative.

D. Applicable tariffs, prepayment, failure to receive, commencement date, taxes
1. Each customer shall be billed under the applicable tariff indicated in the customer's application for service.
2. Each utility shall make provisions for advance payment for sewer services.
3. Failure to receive bills or notices which have been properly placed in the United States mail shall not prevent such bills from becoming delinquent nor relieve the customer of his obligations therein.
4. Charges for service commence when the service is installed and connection made, whether used or not.

5. In addition to the collection of regular rates, each utility may collect from its customers a proportionate share of any privilege, sales or use tax, or other imposition based on the gross revenues received by the utility.

E. Insufficient funds (NSF) checks
1. A utility shall be allowed to recover a fee, as approved by the Commission for each instance where a customer tenders payment for utility service with an insufficient funds check.
2. When the utility is notified by the customer's bank that there are insufficient funds to cover the check tendered for utility service, the utility may require the customer to make payment in cash, by money order, certified check, or other means which guarantee the customer's payment to the utility.
3. A customer who tenders an insufficient check shall in no way be relieved of the obligation to render payment to the utility under the original terms of the bill nor defer the utility's provision for termination of service for nonpayment of bills.

F. Late payment penalty
1. Each utility may include in its tariffs a late payment penalty tariff which may be applied to delinquent bills.
2. The amount of the late payment penalty shall be indicated upon the customer's bill when rendered by the utility.
3. In the absence of an approved tariff, the amount of the late payment penalty shall not exceed 1-1/2% of the delinquent bill.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

R14-2-609. Termination of Service

A. Nonpermissible reasons to disconnect service. A utility may not disconnect service for any of the reasons stated below:
1. Delinquency in payment for services rendered to a prior customer at the premises where service is being provided, except in the instance where the prior customer continues to reside on the premises.
2. Failure of the customer to pay for services or equipment which are not regulated by the Commission.
3. Nonpayment of a bill related to another class of service.
4. Failure to pay for a bill to correct a previous underbilling due to a billing error if the customer agrees to pay over a reasonable period of time.
5. Disputed bills where the customer has complied with the Commission's rules and regulations.

B. Termination of service without notice
1. Utility service may be disconnected without advance written notice under the following conditions:
   a. The existence of an obvious hazard to the safety or health of the consumer or the general population.
   b. The utility has evidence of fraud.
2. The utility shall not be required to restore service until the conditions which resulted in the termination have been corrected to the satisfaction of the utility.
3. Each utility shall maintain a record of all terminations of service without notice. This record shall be maintained for a minimum of one year and shall be available for inspection by the Commission.

C. Termination of service with notice
1. A utility may disconnect service to any customer for any reason stated below provided the utility has met the notice requirements established by the Commission:
   a. Customer violation of any of the Commission's rules.
   b. Failure of the customer to pay a delinquent bill for utility service.
   c. Failure to meet or maintain the utility's credit and deposit requirements.
   d. Failure of the customer to provide the utility reasonable access to its equipment and property.
   e. Customer breach of a written contract for service between the utility and customer.
   f. When necessary for the utility to comply with an order of any governmental agency having such jurisdiction.
2. Each utility shall maintain a record of all terminations of service with notice. This record shall be maintained for one year and be available for Commission inspection.

D. Termination notice requirements
1. No utility shall terminate service to any of its customers without providing advance written notice to the customer of the utility's intent to disconnect service, except under those conditions specified where advance written notice is not required.
2. Such advance written notice shall contain, at a minimum, the following information:
   a. The name of the person whose service is to be terminated and the address where service is being rendered.
   b. The Commission rule or regulation that was violated and explanation thereof or the amount of the bill which the customer has failed to pay in accordance with the payment policy of the utility, if applicable.
   c. The date on or after which service may be terminated.
   d. A statement advising the customer that the utility's stated reason for the termination of services may be disputed by contacting the utility at a specific address of phone number, advising the utility of the dispute and making arrangements to discuss the cause for termination with a responsible employee of the utility in advance of the scheduled date of termination. The responsible employee shall be empowered to resolve the dispute and the utility shall retain the option to terminate service after affording this opportunity for a meeting and concluding that the reason for termination is just and advising the customer of his right to file a complaint with the Commission.

E. Timing of terminations with notice
1. Each utility shall be required to give at least five days' advance written notice prior to the termination date.
2. Such notice shall be considered to be given to the customer when a copy thereof is left with the customer or posted first class in the United States mail, addressed to the customer's last known address.
3. If after the period of time allowed by the notice has elapsed and the delinquent account has not been paid nor arrangements made with the utility for the payment thereof or in the case of a violation of the utility's rules the customer has not satisfied the utility that such violation has ceased, the utility may then terminate service on

or after the day specified in the notice without giving further notice.

F. Landlord/tenant rule. In situations where service is rendered at an address different from the mailing address of the bill or where the utility knows that a landlord/tenant relationship exists and that the landlord is the customer of the utility, and where the landlord as a customer would otherwise be subject to disconnection of service, the utility may not disconnect service until the following actions have been taken:

1. Where it is feasible to so provide service, the utility, after providing notice as required in these rules, shall offer the occupant the opportunity to subscribe for service in his or her own name. If the occupant then declines to so subscribe, the utility may disconnect service pursuant to the rules.
2. A utility shall not attempt to recover from a tenant or condition service to a tenant with the payment of any outstanding bills or other charges due upon the outstanding account of the landlord.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2). Amended to correct subsection numbering (Supp. 99-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 22-1).

Editor's Note: The following Section was amended under an exemption from the Attorney General approval provisions of the Arizona Administrative Procedure Act (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)), as determined by the Corporation Commission. This exemption means that the rules as amended were not approved by the Attorney General.

R14-2-610. Administrative and Hearing Requirements

A. Customer service complaints

1. Each utility shall make a full and prompt investigation of all service complaints made by its customers, either directly or through the Commission.
2. The utility shall respond to the complainant and/or the Commission representative within five working days as to the status of the utility investigation of the complaint.
3. The utility shall notify the complainant and/or the Commission representative of the final disposition of each complaint. Upon request of the complainant or the Commission representative, the utility shall report the findings of its investigation in writing.
4. The utility shall inform the customer of his right of appeal to the Commission should the results of the utility's investigation prove unsatisfactory to the customer.
5. Each utility shall keep a record of all written service complaints received which shall contain, at a minimum, the following data:
   a. Name and address of the complainant
   b. Date and nature of the complaint
   c. Disposition of the complaint
   d. A copy of any correspondence between the utility, the customer, and/or the Commission.

   This record shall be maintained for a minimum period of one year and shall be available for inspection by the Commission.

B. Notice by utility of responsible officer or agent

1. Each utility shall file with the Commission a written statement containing the name, address (business, residence and post office) and telephone numbers (business and residence) of at least one officer, agent or employee responsible for the general management of its operations as a utility in Arizona.
2. Each utility shall give notice, by filing a written statement with the Commission, of any change in the information required herein within five days from the date of any such change.

C. Time-frames for processing applications for Certificates of Convenience and Necessity

1. This rule prescribes time-frames for the processing of any Application for a Certificate of Convenience and Necessity issued by the Arizona Corporation Commission pursuant to this Article. These time-frames shall apply to applications filed on or after the effective date of this rule.
2. Within 30 calendar days after receipt of an application for a new Certificate of Convenience and Necessity, or to amend or change the status of any existing Certificate of Convenience and Necessity, staff shall notify the applicant, in writing, that the application is either administratively complete or deficient. If the application is deficient, the notice shall specify all deficiencies.
3. Staff may terminate an application if the applicant does not remedy all deficiencies within 60 calendar days of the notice of deficiency.
4. After receipt of a corrected application, staff shall notify the applicant within 30 calendar days if the corrected application is either administratively complete or deficient. The time-frame for administrative completeness review shall be suspended from the time the notice of deficiency is issued until staff determines that the application is complete.
5. Within 150 days after an application is deemed administratively complete, the Commission shall approve or reject the application.
6. For purposes of A.R.S. § 41-1072 et seq., the Commission has established the following time-frames:
   a. Administrative completeness review time-frame: 30 calendar days,
   b. Substantive review time-frame: 150 calendar days,
   c. Overall time-frame: 180 calendar days.
7. If an applicant requests, and is granted, an extension or continuance, the appropriate time-frames shall be tolled from the date of the request during the duration of the extension or continuance.
8. During the substantive review time-frame, the Commission may, upon its own motion or that of any interested party to the proceeding, request a suspension of the time-frame rules.

D. Accounts and records

1. Each utility shall keep general and auxiliary accounting records reflecting the cost of its properties, operating income and expense, assets and liabilities, and all other accounting and statistical data necessary to give complete and authentic information as to its properties and operations.
2. Each utility shall maintain its books and records in conformity with the NARUC Uniform Systems of Accounts for Class A, B, C and D Sewer Utilities.
3. A utility shall produce or deliver in this state any or all of its formal accounting records and related documents requested by the Commission. It may, at its option, provide verified copies of original records and documents.
4. All utilities shall submit an annual report to the Commission on a form prescribed by it. The annual report shall be filed on or before the 15th day of April for the preceding

calendar year. Reports prepared by a certified or licensed public accountant on the utility, if any, shall accompany the annual report.

5. All utilities shall file with the Commission a copy of all reports required by the Securities and Exchange Commission.

E. Maps. All utilities shall file with the Commission a map or maps clearly setting forth the location and extent of the area or areas they hold under approved certificates of convenience and necessity, in accordance with the Cadastral (Rectangular) Survey of the United States Bureau of Land Management, or by metes and bounds with a starting point determined by the aforesaid Cadastral Survey.

F. Variations, exemptions of Commission rules and regulations. Variations or exemptions from the terms and requirements of any of the rules included herein (Title 14, Chapter 2, Article 6) shall be considered upon the verified application of an affected party to the Commission setting forth the circumstances whereby the public interest requires such variation or exemption from the Commission rules and regulations. Such application will be subject to the review of the Commission, and any variation or exemption granted shall require an order of the Commission. In case of conflict between these rules and regulations and an approved tariff or order of the Commission, the provisions of the tariff or order shall apply.

G. Prior agreements. The adoption of these rules by the Commission shall not affect any agreements entered into between the utility and customers or other parties who, pursuant to such contracts, arranged for the extension of facilities in a provision of service prior to the effective date of these rules.

Historical Note

Adopted effective March 2, 1982 (Supp. 82-2). Amended effective December 31, 1998, under an exemption as determined by the Arizona Corporation Commission (Supp. 98-4). Amended to correct subsection numbering (Supp. 99-4).

ARTICLE 7. RESOURCE PLANNING AND PROCUREMENT

R14-2-701. Definitions

In this Article, unless otherwise specified:

1. "Acknowledgment" means a Commission determination, under R14-2-704, that a plan meets the basic requirements of this Article.
2. "Affiliated" means related through ownership of voting securities, through contract, or otherwise in such a manner that one entity directly or indirectly controls another, is directly or indirectly controlled by another, or is under direct or indirect common control with another entity.
3. "Benchmark" means to calibrate against a known set of values or standards.
4. "Book life" means the expected time period over which a power supply source will be available for use by a load-serving entity.
5. "Btu" means British thermal unit.
6. "Capacity" means the amount of electric power, measured in megawatts, that a power source is rated to provide.
7. "Capital costs" means the construction and installation cost of facilities, including land, land rights, structures, and equipment.
8. "Coincident peak" means the maximum of the sum of two or more demands that occur in the same demand interval, which demand interval may be established on an annual, monthly, or hourly basis.
9. "Customer class" means a subset of customers categorized according to similar characteristics, such as amount of energy consumed; amount of demand placed on the energy supply system at the system peak; hourly, daily, or seasonal load pattern; primary type of activity engaged in by the customer, including residential, commercial, industrial, agricultural, and governmental; and location.
10. "Decommissioning" means the process of safely and economically removing a generating unit from service.
11. "Demand management" means beneficial reduction in the total cost of meeting electric energy service needs by reducing or shifting in time electricity usage.
12. "Derating" means a reduction in a generating unit's capacity.
13. "Discount rate" means the interest rate used to calculate the present value of a cost or other economic variable.
14. "Docket Control" means the office of the Commission that receives all official filings for entry into the Commission's public electronic docketing system.
15. "Emergency" means an unforeseen and unforeseeable condition that:
    a. Does not arise from the load-serving entity's failure to engage in good utility practices,
    b. Is temporary in nature, and
    c. Threatens reliability or poses another significant risk to the system.
16. "End use" means the final application of electric energy, for activities such as, but not limited to, heating, cooling, running an appliance or motor, an industrial process, or lighting.
17. "Energy losses" means the quantity of electric energy generated or purchased that is not available for sale to end users, for resale, or for use by the load-serving entity.
18. "Escalation" means the change in costs due to inflation, changes in manufacturing processes, changes in availability of labor or materials, or other factors.
19. "Generating unit" means a specific device or set of devices that converts one form of energy (such as heat or solar energy) into electric energy, such as a turbine and generator or a set of photovoltaic cells.
20. "Heat rate" means a measure of generating station thermal efficiency expressed in Btus per net kilowatt-hour and computed by dividing the total Btu content of fuel used for electric generation by the kilowatt-hours of electricity generated.
21. "Independent monitor" means a company or consultant that is not affiliated with a load-serving entity and that is selected to oversee the conduct of a competitive procurement process under R14-2-706.
22. "Integration" means methods by which energy produced by intermittent resources can be incorporated into the electric grid.
23. "Intermittent resources" means electric power generation for which the energy production varies in response to naturally occurring processes like wind or solar intensity.
24. "Interruptible power" means power made available under an agreement that permits curtailment or cessation of delivery by the supplier.
25. "In-service date" means the date a power supply source becomes available for use by a load-serving entity.
26. "Load-serving entity" means a public service corporation that provides electricity generation service and operates

or owns, in whole or in part, a generating facility or facilities with capacity of at least 50 megawatts combined.

27. "Long-term" means having a duration of three or more years.
28. "Maintenance" means the repair of generation, transmission, distribution, administrative, and general facilities; replacement of minor items; and installation of materials to preserve the efficiency and working condition of facilities.
29. "Mothballing" means the temporary removal of a generating unit from active service and accompanying storage activities.
30. "Operate" means to manage or otherwise be responsible for the production of electricity by a generating facility, whether that facility is owned by the operator, in whole or in part, or by another entity.
31. "Participation rate" means the proportion of customers who take part in a specific program.
32. "Probabilistic analysis" means a systematic evaluation of the effect, on costs, reliability, or other measures of performance, of possible events affecting factors that influence performance, considering the likelihood that the events will occur.
33. "Production cost" means the variable operating costs and maintenance costs of producing electricity through generation, including fuel cost, plus the cost of purchases of power sufficient to meet demand.
34. "Refurbish" means to make major changes, more extensive than maintenance or repair, in the power production, transmission, or distribution characteristics of a component of the power supply system, such as by changing the fuels that can be used in a generating unit or changing the capacity of a generating unit.
35. "Reliability" means a measure of the ability of a load-serving entity's generation, transmission, or distribution system to provide power without failures, measured to reflect the portion of time that a system is unable to meet demand or the kilowatt-hours of demand that could not be supplied.
36. "Renewable energy resource" means an energy resource that is replaced rapidly by a natural, ongoing process and that is not nuclear or fossil fuel.
37. "Reserve requirements" means the capacity that a load-serving entity must maintain in excess of its peak load to provide for scheduled maintenance, forced outages, unforeseen loads, emergencies, system operating requirements, and reserve sharing arrangements.
38. "Reserve sharing arrangement" means an agreement between two or more load-serving entities to provide backup capacity.
39. "Resource planning" means integrated supply and demand analyses completed as described in this Article.
40. "RFP" means request for proposals.
41. "Self generation" means the production of electricity by an end user.
42. "Sensitivity analysis" means a systematic assessment of the degree of response of costs, reliability, or other measures of performance to changes in assumptions about factors that influence performance.
43. "Short-term" means having a duration of less than three years.
44. "Spinning reserve" means the capacity a load-serving entity must maintain connected to the system and ready to deliver power promptly in the event of an unexpected loss of generation source, expressed as a percentage of peak load, a percentage of the largest generating unit, or in fixed megawatts.
45. "Staff" means individuals working for the Commission's Utilities Division, whether as employees or through contract.
46. "Third-party independent energy broker" means an entity, such as Prebon Energy or Tradition Financial Services, that facilitates an energy transaction between separate parties without taking title to the transaction.
47. "Third-party online trading system" means a computer-based marketplace for commodity exchanges provided by an entity that is not affiliated with the load-serving entity, such as the Intercontinental Exchange, California Independent System Operator, or New York Mercantile Exchange.
48. "Total cost" means all capital, operating, maintenance, fuel, and decommissioning costs, plus the costs associated with mitigating any adverse environmental effects, incurred by end users, load-serving entities, or others, in the provision or conservation of electric energy services.

Historical Note

Adopted effective February 3, 1989 (Supp. 89-1). Amended by final rulemaking at 16 A.A.R. 2150, effective December 20, 2010 (Supp. 10-4).

R14-2-702. Applicability

A. This Article applies to each load-serving entity, whether the power generated is for sale to end users or is for resale.

B. An electricity public service corporation that becomes a load-serving entity by increasing its generating capacity to at least 50 megawatts combined shall provide written notice to the Commission within 30 days after the increase and shall comply with the filing requirements in this Article within two years after the notice is filed.

C. The Commission may, by Order, exempt a load-serving entity from complying with any provision in this Article, or the Article as a whole, upon determining that:
1. The burden of compliance with the provision, or the Article as a whole, exceeds the potential benefits to customers in the form of cost savings, service reliability, risk reductions, or reduced environmental impacts that would result from the load-serving entity's compliance with the provision or Article; and
2. The public interest will be served by the exemption.

D. A load-serving entity that desires an exemption shall submit to Docket Control an application that includes, at a minimum:
1. The reasons why the burden of complying with the Article, or the specific provision in the Article for which exemption is requested, exceeds the potential benefits to customers that would result from the load-serving entity's compliance with the provision or Article;
2. Data supporting the load-serving entity's assertions as to the burden of compliance and the potential benefits to customers that would result from compliance; and
3. The reasons why the public interest would be served by the requested exemption.

E. A load-serving entity shall file with Docket Control, within 120 days after the effective date of these rules, the documents that would have been due on April 1, 2010, under R14-2-703(C), (D), (E), (F), and (H) had the revisions to those subsections been effective at that time.

Historical Note
Adopted effective February 3, 1989 (Supp. 89-1).
Amended by final rulemaking at 16 A.A.R. 2150, effective December 20, 2010 (Supp. 10-4).

R14-2-703. Load-serving Entity Reporting Requirements

A. A load-serving entity shall, by April 1 of each year, file with Docket Control a compilation of the following items of demand-side data, including for each item for which no record is maintained the load-serving entity's best estimate and a full description of how the estimate was made:
1. Hourly demand for the previous calendar year, disaggregated by:
   a. Sales to end users;
   b. Sales for resale;
   c. Energy losses; and
   d. Other disposition of energy, such as energy furnished without charge and energy used by the load-serving entity;
2. Coincident peak demand (megawatts) and energy consumption (megawatt-hours) by month for the previous 10 years, disaggregated by customer class;
3. Number of customers by customer class for each of the previous 10 years; and
4. Reduction in load (kilowatt and kilowatt-hours) in the previous calendar year due to existing demand management measures, by type of demand management measure.

B. A load-serving entity shall, by April 1 of each year, file with Docket Control a compilation of the following items of supply-side data, including for each item for which no record is maintained the load-serving entity's best estimate and a full description of how the estimate was made:
1. For each generating unit and purchased power contract for the previous calendar year:
   a. In-service date and book life or contract period;
   b. Type of generating unit or contract;
   c. The load-serving entity's share of the generating unit's capacity, or of capacity under the contract, in megawatts;
   d. Maximum generating unit or contract capacity, by hour, day, or month, if such capacity varies during the year;
   e. Annual capacity factor (generating units only);
   f. Average heat rate of generating units and, if available, heat rates at selected output levels;
   g. Average fuel cost for generating units, in dollars per million Btu for each type of fuel;
   h. Other variable operating and maintenance costs for generating units, in dollars per megawatt hour;
   i. Purchased power energy costs for long-term contracts, in dollars per megawatt-hour;
   j. Fixed operating and maintenance costs of generating units, in dollars per megawatt;
   k. Demand charges for purchased power;
   l. Fuel type for each generating unit;
   m. Minimum capacity at which the generating unit would be run or power must be purchased;
   n. Whether, under standard operating procedures, the generating unit must be run if it is available to run;
   o. Description of each generating unit as base load, intermediate, or peaking;
   p. Environmental impacts, including air emission quantities (in metric tons or pounds) and rates (in quantities per megawatt-hour) for carbon dioxide, nitrogen oxides, sulfur dioxide, mercury, particulates, and other air emissions subject to current or expected future environmental regulation;
   q. Water consumption quantities and rates; and
   r. Tons of coal ash produced per generating unit;
2. For the power supply system for the previous calendar year:
   a. A description of generating unit commitment procedures;
   b. Production cost;
   c. Reserve requirements;
   d. Spinning reserve;
   e. Reliability of generating, transmission, and distribution systems;
   f. Purchase and sale prices, averaged by month, for the aggregate of all purchases and sales related to short-term contracts; and
   g. Energy losses;
3. The level of self generation in the load-serving entity's service area for the previous calendar year; and
4. An explanation of any resource procurement processes used by the load-serving entity during the previous calendar year that did not include use of an RFP, including the exception under which the process was used.

C. A load-serving entity shall, by April 1 of each even year, file with Docket Control a compilation of the following items of load data and analyses, which may include a reference to the last filing made under this subsection for each item for which there has been no change in forecast since the last filing:
1. Fifteen-year forecast of system coincident peak load (megawatts) and energy consumption (megawatt-hours) by month and year, expressed separately for residential, commercial, industrial, and other customer classes; for interruptible power; for resale; and for energy losses;
2. Disaggregation of the load forecast of subsection (C)(1) into a component in which no additional demand management measures are assumed, and a component assuming the change in load due to additional forecasted demand management measures; and
3. Documentation of all sources of data, analyses, methods, and assumptions used in making the load forecasts, including a description of how the forecasts were benchmarked and justifications for selecting the methods and assumptions used.

D. A load-serving entity shall, by April 1 of each even year, file with Docket Control the following prospective analyses and plans, which shall compare a wide range of resource options and take into consideration expected duty cycles, cost projections, other analyses required under this Section, environmental impacts, and water consumption and may include a reference to the last filing made under this subsection for each item for which there has been no change since the last filing:
1. A 15-year resource plan, providing for each year:
   a. Projected data for each of the items listed in subsection (B)(1), for each generating unit and purchased power source, including each generating unit that is expected to be new or refurbished during the period, which shall be designated as new or refurbished, as applicable, for the year of purchase or the period of refurbishment;
   b. Projected data for each of the items listed in subsection (B)(2), for the power supply system;

c. The capital cost, construction time, and construction spending schedule for each generating unit expected to be new or refurbished during the period;
d. The escalation levels assumed for each component of cost, such as, but not limited to, operating and maintenance, environmental compliance, system integration, backup capacity, and transmission delivery, for each generating unit and purchased power source;
e. If discontinuation, decommissioning, or mothballing of any power source or permanent derating of any generating facility is expected:
i. Identification of each power source or generating unit involved;
ii. The costs and spending schedule for each discontinuation, decommissioning, mothballing, or derating; and
iii. The reasons for each discontinuation, decommissioning, mothballing, or derating;
f. The capital costs and operating and maintenance costs of all new or refurbished transmission and distribution facilities expected during the 15-year period;
g. An explanation of the need for and purpose of all expected new or refurbished transmission and distribution facilities, which explanation shall incorporate the load-serving entity's most recent transmission plan filed under A.R.S. § 40-360.02(A) and any relevant provisions of the Commission's most recent Biennial Transmission Assessment decision regarding the adequacy of transmission facilities in Arizona; and
h. Cost analyses and cost projections, including the cost of compliance with existing and expected environmental regulations;

2. Documentation of the data, assumptions, and methods or models used to forecast production costs and power production for the 15-year resource plan, including the method by which the forecast was benchmarked;
3. A description of:
a. Each potential power source that was rejected;
b. The capital costs, operating costs, and maintenance costs of each rejected source; and
c. The reasons for rejecting each source;
4. A 15-year forecast of self generation by customers of the load-serving entity, in terms of annual peak production (megawatts) and annual energy production (megawatt-hours);
5. Disaggregation of the forecast of subsection (D)(4) into two components, one reflecting the self generation projected if no additional efforts are made to encourage self generation, and one reflecting the self generation projected to result from the load-serving entity's institution of additional forecasted self generation measures;
6. A 15-year forecast of the annual capital costs and operating and maintenance costs of the self generation identified under subsections (D)(4) and (5);
7. Documentation of the analysis of the self generation under subsections (D)(4) through (6);
8. A plan that considers using a wide range of resources and promotes fuel and technology diversity within its portfolio;
9. A calculation of the benefits of generation using renewable energy resources;
10. A plan that factors in the delivered cost of all resource options, including costs associated with environmental compliance, system integration, backup capacity, and transmission delivery;
11. Analysis of integration costs for intermittent resources;
12. A plan to increase the efficiency of the load-serving entity's generation using fossil fuel;
13. Data to support technology choices for supply-side resources;
14. A description of the demand management programs or measures included in the 15-year resource plan, including for each demand management program or measure:
a. How and when the program or measure will be implemented;
b. The projected participation level by customer class for the program or measure;
c. The expected change in peak demand and energy consumption resulting from the program or measure;
d. The expected reductions in environmental impacts, including air emissions, solid waste, and water consumption, attributable to the program or measure;
e. The expected societal benefits, societal costs, and cost-effectiveness of the program or measure;
f. The expected life of the measure; and
g. The capital costs, operating costs, and maintenance costs of the measure, and the program costs;
15. For each demand management measure that was considered but rejected:
a. A description of the measure;
b. The estimated change in peak demand and energy consumption from the measure;
c. The estimated cost-effectiveness of the measure;
d. The capital costs, operating costs, and maintenance costs of the measure, and the program costs; and
e. The reasons for rejecting the measure;
16. Analysis of future fuel supplies that are part of the resource plan; and
17. A plan for reducing environmental impacts related to air emissions, solid waste, and other environmental factors, and for reducing water consumption.

E. A load-serving entity shall, by April 1 of each even year, file with Docket Control a compilation of the following analyses and plan:
1. Analyses to identify and assess errors, risks, and uncertainties in the following, completed using methods such as sensitivity analysis and probabilistic analysis:
a. Demand forecasts;
b. The costs of demand management measures and power supply;
c. The availability of sources of power;
d. The costs of compliance with existing and expected environmental regulations;
e. Any analysis by the load-serving entity in anticipation of potential new or enhanced environmental regulations;
f. Changes in fuel prices and availability;
g. Construction costs, capital costs, and operating costs; and
h. Other factors the load-serving entity wishes to consider;
2. A description and analysis of available means for managing the errors, risks, and uncertainties identified and analyzed in subsection (E)(1), such as obtaining additional information, limiting risk exposure, using incentives, cre-

ating additional options, incorporating flexibility, and participating in regional generation and transmission projects; and

3. A plan to manage the errors, risks, and uncertainties identified and analyzed in subsection (E)(1).

F. A load-serving entity shall, by April 1 of each even year, file with Docket Control a 15-year resource plan that:

1. Selects a portfolio of resources based upon comprehensive consideration of a wide range of supply- and demand-side options;
2. Will result in the load-serving entity's reliably serving the demand for electric energy services;
3. Will address the adverse environmental impacts of power production;
4. Will include renewable energy resources to meet or exceed the greater of the Annual Renewable Energy Requirement in R14-2-1804 or the following annual percentages of retail kWh sold by the load-serving entity:

Calendar Year	Percentage of Retail kWh Sold During Calendar Year
2010	2.5%
2011	3.0%
2012	3.5%
2013	4.0%
2014	4.5%
2015	5.0%
2016	6.0%
2017	7.0%
2018	8.0%
2019	9.0%
2020	10.0%
2021	11.0%
2022	12.0%
2023	13.0%
2024	14.0%
after 2024	15.0%

5. Will include distributed generation energy resources to meet or exceed the greater of the Distributed Renewable Energy Requirement in R14-2-1805 or the following annual percentages as applied to the load-serving entity's Annual Renewable Energy Requirement:

2007	5%
2008	10%
2009	15%
2010	20%
2011	25%
After 2011	30%

6. Will address energy efficiency so as to meet any requirements set in rule by the Commission or in an order of the Commission;
7. Will effectively manage the uncertainty and risks associated with costs, environmental impacts, load forecasts, and other factors;
8. Will achieve a reasonable long-term total cost, taking into consideration the objectives set forth in subsections (F)(2) through (7) and the uncertainty of future costs; and
9. Contains all of the following:
   a. A complete description and documentation of the plan, including supply and demand conditions, availability of transmission, costs, and discount rates utilized;
   b. A comprehensive, self-explanatory load and resources table summarizing the plan;
   c. A brief executive summary;
   d. An index to indicate where the responses to each filing requirement of these rules can be found; and
   e. Definitions of the terms used in the plan.

G. A load-serving entity shall, by April 1 of each odd year, file with Docket Control a work plan that includes:

1. An outline of the contents of the resource plan the load-serving entity is developing to be filed the following year as required under subsection (F);
2. The load-serving entity's method for assessing potential resources;
3. The sources of the load-serving entity's current assumptions; and
4. An outline of the timing and extent of public participation and advisory group meetings the load-serving entity intends to hold before completing and filing the resource plan.

H. With its resource plan, a load-serving entity shall include an action plan, based on the results of the resource planning process, that:

1. Includes a summary of actions to be taken on future resource acquisitions;
2. Includes details on resource types, resources capacity, and resource timing; and
3. Covers the three-year period following the Commission's acknowledgment of the resource plan.

I. A load-serving entity or interested party may provide, for the Commission's consideration, analyses and supporting data pertaining to environmental impacts associated with the generation or delivery of electricity, which may include monetized estimates of environmental impacts that are not included as costs for compliance. Values or factors for compliance costs, environmental impacts, or monetization of environmental impacts may be developed and reviewed by the Commission in other proceedings or stakeholder workshops.

J. If a load-serving entity's submission does not contain sufficient information to allow Staff to analyze the submission fully for compliance with this Article, Staff shall request additional information from the load-serving entity, including the data used in the load-serving entity's analyses.

K. Staff may request that a load-serving entity complete additional analyses to improve specified components of the load-serving entity's submissions.

L. If a load-serving entity believes that a data-reporting requirement may result in disclosure of confidential business data or confidential electricity infrastructure information, the load-serving entity may submit to Staff a request that the data be submitted to Staff under a confidentiality agreement, which request shall include an explanation justifying the confidential treatment of the data.

M. Data protected by a confidentiality agreement shall not be submitted to Docket Control and will not be open to public inspection or otherwise made public except upon an order of the Commission entered after written notice to the load-serving entity.

Historical Note
Adopted effective February 3, 1989 (Supp. 89-1).
Amended by final rulemaking at 16 A.A.R. 2150, effective December 20, 2010 (Supp. 10-4).

R14-2-704. Commission Review of Load-serving Entity Resource Plans

A. By October 1 of each even year, Staff shall file a report that contains its analysis and conclusions regarding its statewide review and assessments of the load-serving entities' filings made under R14-2-703(C), (D), (E), (F), and (H).

B. By February 1 of each odd year, the Commission shall issue an order acknowledging a load-serving entity's resource plan or issue an order stating the reasons for not acknowledging the resource plan. The Commission shall order an acknowledgment of a load-serving entity's resource plan, with or without amendment, if the Commission determines that the resource plan, as amended if applicable, complies with the requirements of this Article and that the load-serving entity's resource plan is reasonable and in the public interest, based on the information available to the Commission at the time and considering the following factors:
1. The total cost of electric energy services;
2. The degree to which the factors that affect demand, including demand management, have been taken into account;
3. The degree to which supply alternatives, such as self generation, have been taken into account;
4. Uncertainty in demand and supply analyses, forecasts, and plans, and whether plans are sufficiently flexible to enable the load-serving entity to respond to unforeseen changes in supply and demand factors;
5. The reliability of power supplies, including fuel diversity and non-cost considerations;
6. The reliability of the transmission grid;
7. The environmental impacts of resource choices and alternatives;
8. The degree to which the load-serving entity considered all relevant resources, risks, and uncertainties;
9. The degree to which the load-serving entity's plan for future resources is in the best interest of its customers;
10. The best combination of expected costs and associated risks for the load-serving entity and its customers; and
11. The degree to which the load-serving entity's resource plan allows for coordinated efforts with other load-serving entities.

C. The Commission may hold a hearing or workshop regarding a load-serving entity's resource plan. If the Commission holds such a hearing or workshop, the Commission may extend the February 1 deadline for the Commission to issue an order regarding acknowledgment under subsection (B).

D. While no particular future ratemaking treatment is implied by or shall be inferred from the Commission's acknowledgment, the Commission shall consider a load-serving entity's filings made under R14-2-703 when the Commission evaluates the performance of the load-serving entity in subsequent rate cases and other proceedings.

E. A load-serving entity may seek Commission approval of specific resource planning actions.

F. A load-serving entity may file an amendment to an acknowledged resource plan if changes in conditions or assumptions necessitate a material change in the load-serving entity's plan before the next resource plan is due to be filed.

Historical Note
Adopted effective February 3, 1989 (Supp. 89-1).
Amended by final rulemaking at 16 A.A.R. 2150, effective December 20, 2010 (Supp. 10-4).

R14-2-705. Procurement

A. Except as provided in subsection (B), a load-serving entity may use the following procurement methods for the wholesale acquisition of energy, capacity, and physical power hedge transactions:
1. Purchase through a third-party online trading system;
2. Purchase from a third-party independent energy broker;
3. Purchase from a non-affiliated entity through auction or an RFP process;
4. Bilateral contract with a non-affiliated entity;
5. Bilateral contract with an affiliated entity, provided that non-affiliated entities were provided notice and an opportunity to compete against the affiliated entity's proposal before the transaction was executed; and
6. Any other competitive procurement process approved by the Commission.

B. A load-serving entity shall use an RFP process as its primary acquisition process for the wholesale acquisition of energy and capacity, unless one of the following exceptions applies:
1. The load-serving entity is experiencing an emergency;
2. The load-serving entity needs to make a short-term acquisition to maintain system reliability;
3. The load-serving entity needs to acquire other components of energy procurement, such as fuel, fuel transportation, and transmission projects;
4. The load-serving entity's planning horizon is two years or less;
5. The transaction presents the load-serving entity a genuine, unanticipated opportunity to acquire a power supply resource at a clear and significant discount, compared to the cost of acquiring new generating facilities, and will provide unique value to the load-serving entity's customers;
6. The transaction is necessary for the load-serving entity to satisfy an obligation under the Renewable Energy Standard rules; or
7. The transaction is necessary for the load-serving entity's demand-side management or demand response programs.

C. A load-serving entity shall engage an independent monitor to oversee all RFP processes for procurement of new resources.

Historical Note
New Section made by final rulemaking at 16 A.A.R. 2150, effective December 20, 2010 (Supp. 10-4).

R14-2-706. Independent Monitor Selection and Responsibilities

A. When a load-serving entity contemplates engaging in an RFP process, the load-serving entity shall consult with Staff regarding the identity of companies or consultants that could serve as independent monitor for the RFP process.

B. After consulting with Staff, a load-serving entity shall create a vendor list of three to five candidates to serve as independent monitor and shall file the vendor list with Docket Control to allow interested persons time to review and file objections to the vendor list.

C. An interested person shall file with Docket Control, within 30 days after a vendor list is filed with Docket Control, any objection that the interested person may have to a candidate's inclusion on a vendor list.

D. Within 60 days after a vendor list is filed with Docket Control, Staff shall issue a notice identifying each candidate on the vendor list that Staff has determined to be qualified to serve as independent monitor for the contemplated RFP process. In making its determination, Staff shall consider the experience of the candidates, the professional reputation of the candidates, and any objections filed by interested persons.

E. A load-serving entity that has completed the actions required by subsections (A) and (B) to comply with a particular Commission Decision is deemed to have complied with subsections (A) and (B) and is not required to repeat those actions.

F. A load-serving entity may retain as independent monitor for the contemplated RFP process and for its future RFP processes any of the candidates identified in Staff's notice.

G. A load-serving entity shall file with Docket Control a written notice of its retention of an independent monitor.

H. A load-serving entity is responsible for paying the independent monitor for its services and may charge a reasonable bidder's fee to each bidder in the RFP process to help offset the cost of the independent monitor's services. A load-serving entity may request recovery of the cost of the independent monitor's services, to the extent that the cost is not offset by bidder's fees, in a subsequent rate case. The Commission shall use its discretion in determining whether to allow the cost to be recovered through customer rates.

I. One week prior to the deadline for submitting bids, a load-serving entity shall provide the independent monitor a copy of any bid proposal prepared by the load-serving entity or entity affiliated with the load-serving entity and of any benchmark or reference cost the load-serving entity has developed for use in evaluating bids. The independent monitor shall take steps to secure the load-serving entity's bid proposal and any benchmark or reference cost so that they are inaccessible to any bidder, the load-serving entity, and any entity affiliated with the load-serving entity.

J. Upon Staff's request, the independent monitor shall provide status reports to Staff throughout the RFP process.

Historical Note
New Section made by final rulemaking at 16 A.A.R. 2150, effective December 20, 2010 (Supp. 10-4).

ARTICLE 8. PUBLIC UTILITY HOLDING COMPANIES AND AFFILIATED INTERESTS

R14-2-801. Definitions

In this Article, unless the context otherwise requires:

1. "Affiliate," with respect to the public utility, shall mean any other entity directly or indirectly controlling or controlled by, or under direct or indirect common control with, the public utility. For purposes of this definition, the term "control" (including the correlative meanings of the terms "controlled by" and "under common control with"), as used with respect to any entity, shall mean the power to direct the management policies of such entity, whether through ownership of voting securities, or by contract, or otherwise.
2. "Commission." The Arizona Corporation Commission.
3. "Entity." A corporation, partnership, limited partnership, joint venture, trust, estate, or natural person.
4. "Holding Company" or "Public Utility Holding Company." Any affiliate that controls a public utility.
5. "Reorganize" or "Reorganization." The acquisition or divestiture of a financial interest in an affiliate or a utility, or reconfiguration of an existing affiliate or utility's position in the corporate structure or the merger or consolidation of an affiliate or a utility.
6. "Subsidiary." Any affiliate controlled by a utility.
7. "System of Accounts. The accounting system or systems prescribed for utilities by the Commission.
8. "Utility" or "Public Utility. Any Class A investor-owned public service corporation subject to the jurisdiction of the Arizona Corporation Commission.

Historical Note
Adopted effective July 30, 1992 (Supp. 92-3).

R14-2-802. Applicability

A. These rules are applicable to all Class A investor-owned utilities under the jurisdiction of the Commission and are applicable to all transactions entered into after the effective date of these rules.

B. Notwithstanding subsection (A), these rules shall not apply to a telecommunications utility whose retail telecommunications services have been classified as competitive pursuant to 14 A.A.C. 2, Article 11, except as may otherwise be determined by a future Commission order.

C. Information furnished to the Commission in compliance with these rules will not be open to public inspection, or made public, except on order of the Commission, or by the Commission, or a Commissioner in the course of a hearing or proceeding.

Historical Note
Adopted effective July 30, 1992 (Supp. 92-3). Amended by final rulemaking at 22 A.A.R. 1949, effective July 14, 2016 (Supp. 16-3).

R14-2-803. Organization of Public Utility Holding Companies

A. Any utility or affiliate intending to organize a public utility holding company or reorganize an existing public utility holding company will notify the Commission's Utilities Division in writing at least 120 days prior thereto. The notice of intent will include the following information:

1. The names and business addresses of the proposed officers and directors of the holding company;
2. The business purposes for establishing or reorganizing the holding company;
3. The proposed method of financing the holding company and the resultant capital structure;
4. The resultant effect on the capital structure of the public utility;
5. An organization chart of the holding company that identifies all affiliates and their relationships within the holding company;
6. The proposed method for allocating federal and state income taxes to the subsidiaries of the holding company;
7. The anticipated changes in the utility's cost of service and the cost of capital attributable to the reorganization;
8. A description of diversification plans of affiliates of the holding company; and
9. Copies of all relevant documents and filings with the United States Securities and Exchange Commission and other federal or state agencies.
10. The contemplated annual and cumulative investment in each affiliate for the next five years, in dollars and as a percentage of projected net utility plant, and an explanation of the reasons supporting the level of investment and the reasons this level will not increase the risks of investment in the public utility.

11. An explanation of the manner in which the utility can assure that adequate capital will be available for the construction of necessary new utility plant and for improvements in existing utility plant at no greater cost than if the utility or its affiliate did not organize or reorganize a public utility holding company.

B. The Commission staff will, within 30 days after receipt of the notice of intent, notify the Applicant of any questions which it has concerning the notice or supporting information. The Commission will, within 60 days from the receipt of the notice of intent, determine whether to hold a hearing on the matter or approve the organization or reorganization without a hearing.

C. At the conclusion of any hearing on the organization or reorganization of a utility holding company, the Commission may reject the proposal if it determines that it would impair the financial status of the public utility, otherwise prevent it from attracting capital at fair and reasonable terms, or impair the ability of the public utility to provide safe, reasonable and adequate service.

D. A notice of intent under this Section is not required when the reorganization of an existing Arizona water or wastewater public utility holding company is due to the purchase of the shares of (or merger with) a Class D or E water or wastewater utility.

Historical Note
Adopted effective July 30, 1992 (Supp. 92-3). Amended by final rulemaking at 24 A.A.R. 2468, Effective October 16, 2018 (Supp. 18-3).

R14-2-804. Commission Review of Transactions Between Public Utilities and Affiliates

A. A utility will not transact business with an affiliate unless the affiliate agrees to provide the Commission access to the books and records of the affiliate to the degree required to fully audit, examine or otherwise investigate transactions between the public utility and the affiliate. In connection therewith, the Commission may require production of books, records, accounts, memoranda and other documents related to these transactions.

B. A utility will not consummate the following transactions without prior approval by the Commission:
1. Obtain a financial interest in any affiliate not regulated by the Commission, or guarantee, or assume the liabilities of such affiliate;
2. Lend to any affiliate not regulated by the Commission, with the exception of short-term loans for a period less than 12 months in an amount less than $100,000; or
3. Use utility funds to form a subsidiary or divest itself of any established subsidiary.

C. The Commission will review the transactions set forth in subsection (B) above to determine if the transactions would impair the financial status of the public utility, otherwise prevent it from attracting capital at fair and reasonable terms, or impair the ability of the public utility to provide safe, reasonable and adequate service.

D. Every transaction in violation of subsection (A) or (B) above is void, and the transaction shall not be made on the books of any public service corporation.

E. The system of accounts used by the public utility will include the necessary accounting records needed to record and compile transactions with each affiliate.

Historical Note
Adopted effective July 30, 1992 (Supp. 92-3).

R14-2-805. Annual Filing Requirements of Diversification Activities and Plans

A. On or before April 15th of each calendar year, all public utilities meeting the requirements of R14-2-802 and public utility holding companies will provide the Commission with a description of diversification plans for the current calendar year that have been approved by the Boards of Directors. As part of these filings, each public utility meeting the requirements of R14-2-802 will provide the Commission the following information:
1. The name, home office location and description of the public utility's affiliates with whom transactions occur, their relationship to each other and the public utility, and the general nature of their business;
2. A brief description of the business activities conducted by the utility's affiliates with whom transactions occurred during the prior year, including any new activities not previously reported;
3. A description of plans for the utility's subsidiaries to modify or change business activities, enter into new business ventures or to acquire, merge or otherwise establish a new business entity;
4. Copies of the most recent financial statements for each of the utility's subsidiaries;
5. An assessment of the effect of current and planned affiliated activities on the public utility's capital structure and the public utility's ability to attract capital at fair and reasonable rates;
6. The bases upon which the public utility holding company allocates plant, revenue and expenses to affiliates and the amounts involved; an explanation of the derivation of the factors; the reasons supporting that methodology and the reasons supporting the allocation;
7. An explanation of the manner in which the utility's capital structure, cost of capital and ability to raise capital at reasonable rates have been affected by the organization or reorganization of the public utility holding company;
8. The dollar amount transferred between the utility and each affiliate during the annual period, and the purpose of each transfer;
9. Contracts or agreements to receive, or provide management, engineering, accounting, legal, financial or other similar services between a public utility and an affiliate;
10. Contracts or agreements to purchase or sell goods or real property between a public utility and an affiliate; and
11. Contracts or agreements to lease goods or real property between a public utility and an affiliate.

B. After reviewing the diversification plans, the Commission may, within 90 days after plans have been provided, request additional information, or order a hearing, or both, should it conclude after its review that the business activities would impair the financial status of the public utility, otherwise prevent it from attracting capital at fair and reasonable terms, or impair the ability of the public utility to provide safe, reasonable and adequate service.

Historical Note
Adopted effective July 30, 1992 (Supp. 92-3).

R14-2-806. Waiver from the Provisions of this Article

A. The Commission may waive compliance with any of the provisions of this Article upon a finding that such waiver is in the public interest.

B. Any affected entity may petition the Commission for a waiver by filing a verified application for waiver setting forth with

specificity the circumstances whereby the public interest justifies noncompliance with all or part of the provisions of this Article.

C. If the Commission fails to approve, disapprove, or suspend for further consideration an application for waiver within 30 days following filing of a verified application for waiver, the waiver shall become effective on the 31st day following filing of the application.

Historical Note
Adopted effective July 30, 1992 (Supp. 92-3).

ARTICLE 9. REPEALED

R14-2-901. Repealed

Historical Note
Adopted effective September 16, 1992 (Supp. 92-3). Repealed by final rulemaking at 32 A.A.R. 215 (January 16, 2025), effective February 28, 2026 (Supp. 25-4).

R14-2-902. Repealed

Historical Note
Adopted effective September 16, 1992 (Supp. 92-3). Amended effective December 31, 1998, under an exemption as determined by the Arizona Corporation Commission (Supp. 98-4). Repealed by final rulemaking at 32 A.A.R. 215 (January 16, 2025), effective February 28, 2026 (Supp. 25-4).

R14-2-903. Repealed

Historical Note
Adopted effective September 16, 1992 (Supp. 92-3). Repealed by final rulemaking at 32 A.A.R. 215 (January 16, 2025), effective February 28, 2026 (Supp. 25-4).

R14-2-904. Repealed

Historical Note
Adopted effective September 16, 1992 (Supp. 92-3). Repealed by final rulemaking at 32 A.A.R. 215 (January 16, 2025), effective February 28, 2026 (Supp. 25-4).

R14-2-905. Repealed

Historical Note
Adopted effective September 16, 1992 (Supp. 92-3). Repealed by final rulemaking at 32 A.A.R. 215 (January 16, 2025), effective February 28, 2026 (Supp. 25-4).

R14-2-906. Repealed

Historical Note
Adopted effective September 16, 1992 (Supp. 92-3). Repealed by final rulemaking at 32 A.A.R. 215 (January 16, 2025), effective February 28, 2026 (Supp. 25-4).

R14-2-907. Repealed

Historical Note
Adopted effective September 16, 1992 (Supp. 92-3). Repealed by final rulemaking at 32 A.A.R. 215 (January 16, 2025), effective February 28, 2026 (Supp. 25-4).

R14-2-908. Repealed

Historical Note
Adopted effective September 16, 1992 (Supp. 92-3). Repealed by final rulemaking at 32 A.A.R. 215 (January 16, 2025), effective February 28, 2026 (Supp. 25-4).

R14-2-909. Repealed

Historical Note
Adopted effective September 16, 1992 (Supp. 92-3). Repealed by final rulemaking at 32 A.A.R. 215 (January 16, 2025), effective February 28, 2026 (Supp. 25-4).

ARTICLE 10. ALTERNATIVE OPERATOR SERVICES

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1001. Definitions

In this Article, unless the context otherwise requires:

1. "Access code" means a sequence of numbers that, when dialed, connects a caller to the provider of operator services associated with that sequence of numbers.
2. "Affiliate" means any other entity directly or indirectly controlling or controlled by, or under direct or indirect common control with, the entity making alternative operator services available to the public. For purposes of this definition, the term "control" (including the correlative meanings of the terms "controlled by" and "under common control with"), as used with respect to any entity, means the power to direct the management policies of such entity, whether through the ownership of voting securities, by contract, or otherwise.
3. "Aggregator" or "Traffic Aggregator" means any person or entity that, in the ordinary course of its operations and using a provider of operator services, makes telephones available to the public or to transient users of its premises, for intrastate telephone calls. Each entity that exercises control over telephone equipment, whether through ownership of the equipment, control of access to the equipment, or some other means, will be responsible as an aggregator.
4. "Alternative Operator Services" or "AOS" means provision by an entity, other than a local exchange carrier or a certificated interexchange carrier with authorized operator service tariffs, of any telecommunications service initiated from an aggregator location where automated and/or live assistance is provided to a consumer in order to arrange for billing or completion of an intrastate telephone call. Store and forward payphones are not included within this definition.
5. "AOS Provider" means any public service corporation that provides alternative operator services.
6. "Billing Agency" means any third party authorized by the AOS provider to submit bills to end users and to handle billing disputes.
7. "Blocking" means the process of screening the calls dialed from the presubscribed telephone in order to prevent the completion of calls that would allow the caller to reach a preferred interexchange carrier.
8. "Call splashing" means the transfer of a telephone call from one provider of operator services to another such provider in such a manner that the subsequent provider is unable or unwilling to determine the originating location of the call and consequently bills the call without properly reflecting the originating and terminating points of the telephone call.

9. "Consumer," "Caller," or "End User" means a person initiating any intrastate telephone call by means of alternative operator services.
10. "Entity" means a corporation, partnership, limited partnership, joint venture, trust, estate, or natural person.
11. "Interexchange carriers" or "IXCs" means any long-distance telephone carriers authorized by the Commission to provide long distance, interLATA telecommunications service, but not local exchange services, within the state borders.
12. "IntraLATA long-distance service" means all long-distance service originating and terminating in the same LATA, as defined by the F.C.C.
13. "LATA" means one of the geographic local access and transport areas established as a result of the AT&T divestiture.
14. "Local exchange carriers" or "LECs" means telephone companies currently certified to provide local telephone service in designated areas of the state.
15. "Operator Service Charges" or "charges" means all tariffed charges, other than rate usage charges, and surcharges authorized by the Commission and charged to the end user for live or automated operator-assisted calls.
16. "Rate" means any usage charges, as approved by this Commission.
17. "Surcharge" or "Location-specific Surcharge" means a charge imposed by an aggregator upon an end user and paid in addition to the usage rates and operator service charges of the alternative operator services provider.
18. "Waiver" refers to the Commission's ability to dispense with a requirement under these rules.
19. "Zero-minus call" means a call that is made by dialing a single zero.

Historical Note
Adopted effective November 2, 1993, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 93-4).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1002. Application for Certificate of Convenience and Necessity

A. Upon the effective date of this Article, all LECs shall provide written notification of the requirements of this Article to all AOS providers for which they provide billing service. Such notification shall be in a form acceptable to the Commission and shall explain that all AOS providers are required to file an application for a certificate of convenience and necessity (CC&N) pursuant to this Section.

B. Any AOS provider requesting billing services subsequent to the effective date of this Article shall provide to the LEC proof that it has made application for or has received a CC&N granted pursuant to this Section.

C. All AOS providers shall submit to the Commission an original and the number of copies required by the Commission of an application for a CC&N.

D. Each AOS applicant shall submit an application which includes all of the following information:
1. The name and address of the AOS provider, including a contact person responsible for maintenance and complaint handling. If the AOS provider is other than an individual, a listing of the officers, directors, or partners and a copy of the articles of incorporation, partnership agreement, or other organizational document shall be provided.
2. An organizational chart which shows all affiliated relationships of the AOS provider.
3. The addresses and descriptions of locations to be served, including the name of the serving LEC. Applicant may apply for a partial waiver of this rule pursuant to R14-2-1014 requesting that all or part of this information be held confidential by the Commission.
4. A description of the equipment being used to provide service, including the Federal Communications Commission registration number.
5. A list of services provided and the proposed rates, operator service charges, and surcharges.
6. A description of how information posting and complaint-handling requirements will be met.
7. Relevant financial data, including current financial statements, the method of financing operations, and projected annual operating expense.
8. Any other requirements that the Commission may require.

E. Time-frames for processing applications for Certificates of Convenience and Necessity
1. This rule prescribes time-frames for the processing of any Application for a Certificate of Convenience and Necessity issued by the Arizona Corporation Commission pursuant to this Article. These time-frames shall apply to applications filed on or after the effective date of this rule.
2. Within 365 calendar days after receipt of an application for a new Certificate of Convenience and Necessity, or to amend or change the status of any existing Certificate of Convenience and Necessity, staff shall notify the applicant, in writing, that the application is either administratively complete or deficient. If the application is deficient, the notice shall specify all deficiencies.
3. Staff may terminate an application if the applicant does not remedy all deficiencies within 60 calendar days of the notice of deficiency.
4. After receipt of a corrected application, staff shall notify the applicant within 30 calendar days if the corrected application is either administratively complete or deficient. The time-frame for administrative completeness review shall be suspended from the time the notice of deficiency is issued until staff determines that the application is complete.
5. Within 365 calendar days after an application is deemed administratively complete, the Commission shall approve or reject the application.
6. For purposes of A.R.S. § 41-1072 et seq., the Commission has established the following time-frames:
   a. Administrative completeness review time-frame: 365 calendar days,
   b. Substantive review time-frame: 365 calendar days,
   c. Overall time-frame: 730 calendar days.
7. If an applicant requests, and is granted, an extension or continuance, the appropriate time-frames shall be tolled from the date of the request during the duration of the extension or continuance.
8. During the substantive review time-frame, the Commission may, upon its own motion or that of any interested party to the proceeding, request a suspension of the time-frame rules.

Historical Note
Adopted effective November 2, 1993, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 93-4). Amended effective December 31, 1998, under an exemption as determined by the Arizona Corporation Commission (Supp. 98-4).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1003. Grant of Certificate of Convenience and Necessity

A. The Commission shall analyze an application for a certificate of convenience and necessity ("CC&N") to determine if it is complete and correct. If necessary, the Commission may request additional information from the CC&N applicant.

B. The Commission shall hold a hearing to determine whether it is in the public interest to grant a CC&N to the applicant.

C. The Commission shall notify in writing the CC&N applicant and the appropriate LECs of the Commission's determination made pursuant to this Section. A CC&N granted under this Section shall be issued in the name of the AOS provider.

D. All CC&Ns granted under this Section shall include both of the following:
1. An obligation to serve all end-users and subscribers in a nondiscriminatory manner, and
2. An obligation to comply with all Commission requirements relevant to the provision of telecommunications service.

Historical Note
Adopted effective November 2, 1993, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 93-4).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1004. Rates, Operator Service Charges, and Surcharges

The rates, operator service charges, and surcharges assessed by AOS providers to their end-users of AOS service shall be limited to those specified in Commission-approved tariffs. All rates, operator service charges, and surcharges shall be stated in the tariffs. Location-specific surcharges imposed by the aggregator may only be charged once, either on the AOS bill or at the aggregator location, but under no circumstances shall a location-specific surcharge be imposed both on the bill and at the aggregator location.

Historical Note
Adopted effective November 2, 1993, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 93-4).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1005. End-user Notification and Choice Requirements

A. Each AOS provider shall:
1. Identify itself with a live or automated message at the outpulse of the terminating number which informs the end-user that a named AOS provider has been reached and that such provider's rates, operator service charges, and surcharges apply to the call. This message shall be provided before the end-user incurs any charge for the call, including a usage rate, operator service charge, and surcharge.
2. Disclose immediately to the consumer, upon request and at no charge to the consumer, any of the following information:
   a. A quotation of tariffed rates, operator service charges, and location-specific surcharges;
   b. The methods by which such rates, operator service charges, and surcharges will be collected;
   c. The methods by which complaints concerning such rates, operator service charges, and surcharges or collection practices will be resolved; and
   d. That the end-user's preferred carrier can be reached by an access code or toll-free customer service number.

B. The contents and methods of posting shall be described in each AOS provider's tariff. At a minimum, each aggregator shall post all of the following information, through the use of tent cards or stickers on or near the telephone instrument, in plain view of the end-user:
1. The name, address, and toll-free telephone number of the AOS provider;
2. A written disclosure that the rates, operator service charges, and location-specific surcharges of the AOS provider apply for all operator-assisted calls;
3. A statement that interLATA calls made with calling cards, including IXC cards, may be carried by the AOS provider;
4. Dialing instructions;
5. A toll-free number for billing inquiries;
6. A description of complaint procedures; and
7. That end-users have a right to obtain access to the inter-exchange carrier of their choice.

C. Each AOS provider shall ensure, by contract or tariff, that each aggregator using the AOS provider's services is in compliance with the requirements of subsection (B) of this Section.

D. Neither the AOS provider nor the subscriber shall require or participate in blocking any end-user's access to a preferred carrier. AOS providers and their affiliates shall be required to withhold on a location-specific basis, the payment of any compensation, including commissions, to an aggregator that is blocking end-users' access to preferred carriers.

E. Waivers from the blocking ban will be considered only if accompanied by a detailed cost/benefit analysis and will be granted by the Commission only if the evidence compels a finding that without blocking the risk of fraud and revenue erosion to the AOS provider would be significant.

Historical Note
Adopted effective November 2, 1993, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 93-4).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative

Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1006. Public Safety Requirements

A. AOS providers shall route all zero-minus calls immediately to the originating LEC.

B. The Commission may, upon application of the AOS provider, issue a waiver to subsection (A) of this Section if the AOS provider has clearly and convincingly demonstrated that it has the capability to process such calls with equal quickness and accuracy as provided by the LEC

Historical Note

Adopted effective November 2, 1993, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 93-4).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1007. Billing and Collection

A. Each AOS provider shall bill monthly for services rendered.

B. Bills issued for the intrastate interLATA AOS service provided by AOS providers shall include the minimum information required by R14-2-508(B) and identify the AOS provider to the extent that the LEC has the capability to do so. In the absence of that capability, the identification of the billing agent or clearinghouse and its toll-free customer service number shall be required.

C. The LEC will not process billing for any intraLATA calls carried by the AOS provider, whether intentional or incidental, where the required compensation has not been paid to the LEC.

D. Each AOS applicant shall comply with all of the following billing procedures:

1. The billing date shall be printed on the bill and shall be the date the bill was issued;
2. The AOS provider shall provide a full refund of any charge levied for an uncompleted call; and
3. AOS providers or their billing agents shall be prohibited from billing for calls which occur more than 60 days prior to the billing date.
4. AOS providers or their agents are prohibited from billing for any intraLATA calls carried by the AOS provider, whether intentional or incidental, where the required compensation has not been paid to the LEC.

E. The disconnection of local service for the nonpayment of intrastate interLATA AOS usage charges, operator service charges, and surcharges by end-users shall be permitted only in accordance with the detailed procedures set forth in R14-2-509.

Historical Note

Adopted effective November 2, 1993, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 93-4).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1008. Call Splashing Requirements

A. AOS providers' tariffs shall require the transfer of calls to other carriers at no charge so that rating and billing properly reflect the originating and terminating points of the telephone call.

B. When transfers, as described in subsection (A) of this Section are not possible, the tariffs shall require the provider to inform the end-user that the call cannot be completed and that the preferred carrier may be reached by an access code or toll-free customer service number.

Historical Note

Adopted effective November 2, 1993, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 93-4).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1009. Complaint Processing

A. AOS applicants for certificates of convenience and necessity shall submit to the Commission a tariff or schedule containing a detailed description of complaint processing procedures.

B. The name, address, and telephone number of a representative for complaint matters shall be submitted with these procedures.

Historical Note

Adopted effective November 2, 1993, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 93-4).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1010. Quality of Service

AOS providers applying for certificates of convenience and necessity shall develop quality of service standards for operator response time and call processing time and submit those standards to the Commission for review and approval.

Historical Note

Adopted effective November 2, 1993, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 93-4).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1011. Reports

A. AOS providers holding certificates of convenience and necessities shall submit Utility Division annual reports to the Commission pursuant to A.R.S. § 40-204.

B. AOS providers holding certificates of convenience and necessity shall submit annual reports to the Commission comparing

the company's actual monthly performance with the standards in R14-2-1010.

C. AOS providers that have been certificated shall annually submit to the Commission a list of subscribers and locations served.

Historical Note
Adopted effective November 2, 1993, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 93-4).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1012. Violations

A. The Commission may order an LEC to immediately terminate service to AOS providers which:
1. Fail to make application for or obtain a CC&N to provide service pursuant to R14-2-1002, or
2. Violate any applicable quality of service standards as described in this Article.

B. An LEC shall not offer service to an AOS provider unless the AOS provider has made application for or received a CC&N from the Commission.

C. An LEC in violation of subsection (B) of this Section shall be subject to the penalty provisions contained in A.R.S. §§ 40-421 through 40-433.

D. Any AOS provider found by the Commission to be in violation of subsection (A)(2) of this Section shall have its CC&N subject to revocation.

Historical Note
Adopted effective November 2, 1993, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 93-4).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1013. IntraLATA Long-distance Service is Prohibited

AOS providers may not carry intraLATA toll calls where the required compensation has not been paid to the LEC. All intraLATA calls where arrangements have not been made for compensation to the LEC by the IXC must be switched to the authorized LEC of the aggregator.

Historical Note
Adopted effective November 2, 1993, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 93-4).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1014. Variations or Exemptions from the Commission's Rules

Variations or exemptions from the terms and requirements of any of the rules included in this Article shall be considered upon the verified application of an affected party to the Commission setting forth the circumstances whereby the public interest requires such variation or exemption from the Commission's rules. Such application will be subject to the review of the Commission and any variation or exemption granted shall require an order of the Commission. In case of conflict between these rules and an approved tariff or order of the Commission, the provisions of the tariff or order shall apply.

Historical Note
Adopted effective November 2, 1993, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 93-4).

ARTICLE 11. COMPETITIVE TELECOMMUNICATIONS SERVICES

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1101. Application of Rules

These rules shall govern the provision of competitive, intrastate telecommunications services to the public by telecommunications companies subject to the jurisdiction of the Arizona Corporation Commission. Unless otherwise ordered by the Commission, these rules shall not govern the provision of service by independently or local exchange carrier-owned pay telephones (COPTs) and alternative operator service (AOS) providers, which shall instead be governed by Articles 9 and Article 10 of this Chapter, respectively. The provision of local exchange service also shall be governed by Article 5 of this Chapter, to the extent that Article is not inconsistent with these rules.

Historical Note
Adopted effective June 27, 1995, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-2).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1102. Definitions

Article, unless the context otherwise requires, the following definitions shall apply:
1. "Arizona Corporation Commission" or "Commission." The regulatory agency of the state of Arizona having jurisdiction over public service corporations operating in Arizona.
2. "Bona Fide Request." A written request submitted by a telecommunications company to a local exchange carrier for intraLATA equal access service or for interconnection arrangements.
3. "Central Office." A facility within a telecommunications system where calls are switched and which contains all the necessary equipment, operating arrangements, and interface points for terminating and interconnecting facilities such as subscribers' line and interoffice trunks.
4. "Competitive Telecommunications Service." Any telecommunications service where customers of the service

within the relevant market have or are likely to have reasonably available alternatives.

5. "Docket Control Center." The Commission section responsible for the acceptance and processing of all applications and other filings, and for official record maintenance.
6. "Equal Access." An arrangement where a local exchange company provides all telecommunications companies operating in an equal access central office with dialing arrangements and other service characteristics that are equivalent in type and quality to what the local exchange carrier utilizes in the provision of its service.
7. "Local Exchange Carrier." A telecommunications company that provides local exchange service as one of the telecommunications services it offers to the public.
8. "Local Exchange Service." The telecommunications service that provides a local dial tone, access line, and local usage within an exchange or local calling area.
9. "Monopoly Service." A monopoly service is any telecommunications service provided by a telecommunications company that is not subject to competition in the relevant market.
10. "Primary Interexchange Company" or "PIC." The telecommunications company with whom a customer may presubscribe to provide 1+/0+ toll service, without the use of access codes, following equal access implementation.
11. "Rate." Within the context of this Article, this term refers to the maximum tariffed rate approved by the Commission, from which the competitive telecommunications service provided may be discounted down to the total service long-run incremental cost of providing the service.
12. "Relevant Market." Where buyers and sellers of a specific service or product, or a group of services or products, come together to engage in transactions. For telecommunications services, the relevant market may be identified on a service-by-service basis, a group basis, and/or by geographic location.
13. "Staff." The staff of the Arizona Corporation Commission or its designated representative or representatives.
14. "Tariffs." The documents filed with the Commission which list the services and products offered by a telecommunications company and which set forth the terms and conditions and a schedule of the rates and charges for those services and products.
15. "Telecommunications Company." A public service corporation, as defined in the Arizona Constitution, Article 15, § 2, that provides telecommunications services within the state of Arizona and over which the Commission has jurisdiction.
16. "Telecommunications Service." Any transmission of interactive switched and non-switched signs, signals, writing, images, sounds, messages, data, or other information of any nature by wire, radio, lightwave, or any other electromagnetic means (including access services), which originate and terminate in this state and are offered to or for the public, or some portion thereof, for compensation.
17. "Total Service Long Run Incremental Cost." The total additional cost incurred by a telecommunications company to produce the entire quantity of a service, given that the telecommunications company already provides all of its other services. Total Service Long-run Incremental Cost is based on the least cost, most efficient technology that is capable of being implemented at the time the decision to provide the service is made.
18. "2-PIC Toll Equal Access." The equal access option that affords customers the opportunity to select one telecommunications company for all interLATA 1+/0+ toll calls and, at the customer's option, to select another telecommunications company for all intraLATA 1+/0+ toll calls.
19. "Unbundled." Disaggregation of the local exchange carrier network services.

Historical Note
Adopted effective June 27, 1995, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-2). Section heading corrected to "Definitions" as filed June 27, 1995 (Supp. 09-4).

R14-2-1103. Certificates of Convenience and Necessity Required

All telecommunications companies providing intrastate telecommunications services shall obtain a Certificate of Convenience and Necessity from the Commission, either under this Article, if competitive services are to be provided or, under Article 5. If the Commission determines that the services identified in an Application filed under this Article are not competitive, the Commission may nevertheless grant a Certificate of Convenience and authorize provision of the services on a noncompetitive basis pursuant to Article 5.

Historical Note
Adopted effective June 27, 1995, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-2). Amended effective December 31, 1998, under an exemption as determined by the Arizona Corporation Commission (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 4789, effective December 15, 2002 (Supp. 02-4).

R14-2-1104. Expanded Certificates of Convenience and Necessity for Telecommunications Companies with Existing Certificates; Initial Tariffs

A. Effective July 1, 1995, every telecommunications company, except a local exchange carrier, that has received a Certificate of Convenience and Necessity under Article 5, and that provides or intends to provide competitive, intraLATA telecommunications service shall file with the Docket Control Center 10 copies of an Application to expand its existing Certificate of Convenience and Necessity to provide competitive, intraLATA telecommunications service. In support of the request for an expanded Certificate of Convenience and Necessity, the Application shall, at a minimum, include the following information:

1. A description of the telecommunications company and of the telecommunications services it offers or intends to offer.
2. The proper name and correct intrastate address of the telecommunications company and:
   a. The full name of its owner if a sole proprietorship,
   b. The full name of each partner if a partnership,
   c. A full list of the officers and directors if a corporation, or
   d. A full list of the members if a limited liability company.
3. A tariff for each service to be provided that states the maximum rate as well as the initial price to be charged, and that also states other terms and conditions that will apply to provision of the service by the telecommunica-

tions company. The telecommunications company shall provide economic justification or cost support data if required by the Commission or by Staff.
4. A detailed description of the geographic market to be served and maps depicting the area.
5. Appropriate city, county and/or state agency approvals, where appropriate.
6. Such other information as the Commission or the Staff may request.

B. As part of the Application for an expanded Certificate of Convenience and Necessity, the telecommunications company shall also petition the Commission for a determination that the intraLATA service being provided or to be provided is competitive, pursuant to the requirements of R14-2-1108.

C. The Commission shall review the initial tariffs submitted by the telecommunications company and shall determine whether the rates, terms, and conditions for the proposed services are reasonable.

D. If it appears, based upon Staff review or upon comments filed with Commission Docket Control Center, that a rate, term, or condition of service stated in a tariff may be unjust or unreasonable, or that a service to be offered by the applicant may not be competitive, the Commission or Staff may require further information and/or changes to the application or to the tariff.

E. When the Application is submitted to the Docket Control Center, it will not be filed until it is found to be in proper form. The telecommunications company shall, no later than 20 days after the Application is filed publish legal notice of the Application in all counties where services will be provided. The notice shall describe with particularity the contents of the Application on file with the Commission. Interested persons shall have 20 days from the publication of legal notice to file objections to the Application and to submit a motion to intervene in the proceeding.

Historical Note
Adopted effective June 27, 1995, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 4789, effective December 15, 2002 (Supp. 02-4).

R14-2-1105. Certificates of Convenience and Necessity for Telecommunications Companies Offering Competitive Services; Initial Tariff

A. Effective July 1, 1995, every other telecommunications company, except a local exchange carrier, that has not previously received a Certificate of Convenience and Necessity, and that provides or intends to provide intrastate competitive telecommunications services shall file with the Docket Control Center 10 copies of an Application for a Certificate of Convenience and Necessity to provide competitive telecommunications services. In support of the request for a Certificate of Convenience and Necessity, the Application shall, at a minimum, include all the information required in R14-2-1104(A) and shall also include the following information:
1. A description of the telecommunications company's technical capability to provide the proposed services and a description of its facilities.
2. Information describing the financial resources of the telecommunications company, including:
   a. A current intrastate balance sheet,
   b. A current income statement (if applicable),
   c. A pro forma income statement, and
   d. Comparable financial information evidencing sufficient financial resources.
3. A copy of the Partnership Agreement, Articles of Incorporation, Articles of Organization, Joint Venture Agreement, or any other contract, agreement, or document that evidences the formation of the telecommunications company.

B. An Application filed under subsection (A) of this Section shall also petition the Commission for a determination that the service being provided or to be provided is competitive under the requirements of R14-2-1108.

C. An Application filed under subsection (A) of this Section shall be subject to the provisions of subsections R14-2-1104(D) and (E).

D. In appropriate circumstances, the Commission may require, as a precondition to certification, the procurement of a performance bond sufficient to cover any advances or deposits the telecommunications company may collect from its customers, or order that such advances or deposits be held in escrow or trust.

Historical Note
Adopted effective June 27, 1995, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 4789, effective December 15, 2002 (Supp. 02-4).

R14-2-1106. Grant of Certificate of Convenience and Necessity

A. The Commission, after notice and hearing, may deny certification to any telecommunications company which:
1. Does not provide the information required by this Article;
2. Is not offering competitive services, as defined in this Article;
3. Does not possess adequate financial resources to provide the proposed services;
4. Does not possess adequate technical competency to provide the proposed services; or
5. Fails to provide a performance bond, if required.

B. Every telecommunications company obtaining a Certificate of Convenience and Necessity under this Article shall obtain certification subject to the following conditions:
1. The telecommunications company shall comply with all Commission rules, orders, and other requirements relevant to the provision of intrastate telecommunications service.
2. The telecommunications company shall maintain its accounts and records as required by the Commission.
3. The telecommunications company shall file with the Commission all financial and other reports that the Commission may require, and in a form and at such times as the Commission may designate.
4. The telecommunications company shall maintain on file with the Commission all current tariffs and rates, and any service standards that the Commission may require.
5. The telecommunications company shall cooperate with Commission investigations of customer complaints.
6. The telecommunications company shall participate in and contribute to a universal service fund, as required by the Commission.
7. Failure by a telecommunications company to comply with any of the above conditions may result in rescission of its Certificate of Convenience and Necessity.

Historical Note
Adopted effective June 27, 1995, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 4789, effective December 15, 2002 (Supp. 02-4).

Editor's Note: The following Section was amended under the regular rulemaking process and approved by the Arizona Attorney General's Office (Supp. 04-1).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1107. Application to Discontinue or Abandon Local Exchange or Interexchange Services

A. Any telecommunications company providing competitive local exchange or interexchange service on a resold or facilities-based basis that intends to discontinue service or to abandon all or a portion of its service area shall file an application for authorization with the Commission setting forth the following:
1. Any reasons for the proposed discontinuance of service or abandonment of service area;
2. Verification that all affected customers have been notified of the proposed discontinuance or abandonment, and that all affected customers will have access to an alternative local exchange service provider or interexchange service provider;
3. Where applicable, a plan for the refund of deposits collected pursuant to subsection R14-2-503(B);
4. A list of all alternative utilities providing the same or similar service within the affected geographic area.

B. When the application is submitted to the Docket Control Center, it will not be filed until it is found to be in proper form. No later than 20 days after the application is filed, the telecommunications company shall publish legal notice of the application in all counties affected by the application. The legal notice shall describe with particularity the substance of the application. Interested persons shall have 30 days from the publication of legal notice to file objections to the application, to request a hearing, and to submit a motion to intervene in the proceeding.

C. Once proper notice is effected and if no objection is filed, the Commission may grant the application without a hearing.

Historical Note
Adopted effective June 27, 1995, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-2). Amended by final rulemaking at 10 A.A.R. 1030, effective April 26, 2004 (Supp. 04-1).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1108. Determination of a Competitive Telecommunications Service

A. A telecommunications company may petition the Commission to classify as competitive any service or group of services provided by the company. The telecommunications company shall file with the Docket Control Center 10 copies of its petition. The telecommunications company also shall provide notice of its application to each of its customers, if any, and to each regulated telecommunications company that serves the same geographic area or provides the same service or group of services, or a service or group of services similar to the service or group of services for which the competitive classification is requested.

B. The petition for competitive classification shall set forth the conditions within the relevant market that demonstrate that the telecommunications service is competitive, providing, at a minimum, the following information:
1. A description of the general economic conditions that exist which make the relevant market for the service one that is competitive;
2. The number of alternative providers of the service;
3. The estimated market share held by each alternative provider of the service;
4. The names and addresses of any alternative providers of the service that are also affiliates of the telecommunications company, as defined in R14-2-801;
5. The ability of alternative providers to make functionally equivalent or substitute services readily available at competitive rates, terms, and conditions; and
6. Other indicators of market power, which may include growth and shifts in market share, ease of entry and exit, and any affiliation between and among alternative providers of the services.

C. Alternatively, where the Commission has already classified a specific service within the relevant market as competitive, the petition shall provide the date and decision number of the Commission order.

D. In any competitive classification proceeding, the telecommunications company filing the petition, and any telecommunications company supporting the petition, shall have the burden of demonstrating that the service at issue is competitive. Classification of the petitioners' service as competitive does not constitute classification of any service provided by another telecommunications company as competitive, unless expressly ordered by the Commission.

E. The Commission may initiate classification proceedings on its own motion and may require all regulated telecommunications companies potentially affected by the classification proceeding to participate in the proceeding. In an Order classifying a service as competitive, the Commission will specify whether the classification applies to the service provided by a specific company or companies or to that service provided by all telecommunications companies.

F. If the Commission finds that a telecommunications company's service is competitive, the telecommunications company providing the service may obtain a rate change for the service by applying for streamlined rate treatment pursuant to R14-2-1110.

G. Any finding by the Commission, pursuant to the provisions of this Section, that a telecommunications service is competitive so as to qualify for streamlined rate treatment shall not constitute a finding that the service is deregulated.

H. Any telecommunications service classified by the Commission as competitive may subsequently be reclassified as noncompetitive if the Commission determines that reclassification would protect the public interest. Notice and hearing would be required prior to any reclassification. The burden of proof would be on the party seeking reclassification.

Historical Note
Adopted effective June 27, 1995, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-2).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1109. Pricing of Competitive Telecommunications Services

A. Pricing of Competitive Services. A telecommunications company governed by this Article may price a competitive telecommunications service at any level at or below the maximum rate stated in the company's tariff on file with the Commission, provided that the price for the service is not less than the company's total service long-run incremental cost of providing the service.

B. Changing a Price. A telecommunications company governed by this Article may effect a price change for a competitive service so long as two conditions are met:
1. The changed price comports with the limitations stated in subsection (A); and
2. The Commission is provided with concurrent, written notice of the price change.

C. No Cross-subsidization. A competitive telecommunications service shall not be subsidized by any rate or charge for any noncompetitive telecommunications services. To ensure that no cross-subsidization exists, each competitive telecommunications service must provide revenues that equal or exceed the company's total service long-run incremental cost of providing the service.

Historical Note
Adopted effective June 27, 1995, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-2).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1110. Competitive Telecommunications Services -- Procedures for Rate Change

A. Telecommunications companies governed by this Article may apply to the Commission for an increase in any rate for a competitive service using the procedures set forth below. All applications and supporting information shall be submitted with 10 copies and filed with Docket Control Center.

B. In order to increase the maximum tariffed rate for a competitive telecommunications service, the applicant shall submit an application to the Commission containing the following information:
1. A statement setting forth the reasons for which a rate increase is required;
2. A schedule of current rates and proposed rates and the additional revenues to be derived from the proposed rates;
3. An affidavit verifying that appropriate notice of the proposed rate increase has been provided to customers of the service;
4. The Commission or staff may request any additional information in support of the application.

C. The Commission may, at its discretion, act on the requested rate increase with or without an evidentiary hearing; in an expeditious manner.

Historical Note
Adopted effective June 27, 1995, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-2).

R14-2-1111. Requirement for IntraLATA Equal Access

A. Each local exchange carrier shall provide 2-PIC toll equal access where technically and economically feasible, and in accordance with any procedures the Commission may order.

B. The sequence for implementation of intraLATA equal access shall occur in the following manner:
1. In response to a bona fide request for intraLATA equal access, a local exchange carrier shall complete implementation of intraLATA equal access within nine months of receiving the request. A person making such a bona fide request shall also provide a copy to the Arizona Corporation Commission.
2. The local exchange carrier may implement intraLATA equal access in any central office on its own initiative but, in any event, shall make intraLATA equal access available in all its central offices no later than July 1, 1996, unless otherwise ordered by the Commission

C. A local exchange carrier may petition the Commission for a waiver of the requirement in subsection (B)(1) on the grounds that compliance is not technically or economically feasible. A local exchange carrier may also petition the Commission for an extension of the requirement in subsection (B)(2) on the grounds that intraLATA equal access cannot reasonably or economically be provided within any specific exchanges within the required time-frame. The Commission may grant either of these waivers with or without a hearing. The local exchange carrier filing the waiver petition shall bear the burden of proof.

Historical Note
Adopted effective June 27, 1995, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 4789, effective December 15, 2002 (Supp. 02-4).

R14-2-1112. Interconnection Requirements

All local exchange carriers must provide appropriate interconnection arrangements with other telecommunications companies at reasonable prices and under reasonable terms and conditions that do not discriminate against or in favor of any provider, including the local exchange carrier. Appropriate interconnection arrangements shall provide access on an unbundled, nondiscriminatory basis to physical, administrative, and database network components. Local exchange carriers shall provide appropriate interconnection arrangements within six months of receiving a bona fide request for interconnection. The interconnection arrangements must be in the form of a tariff and shall be filed with the Commission for its approval before becoming effective.

Historical Note
Adopted effective June 27, 1995, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 4789, effective December 15, 2002 (Supp. 02-4).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1113. Establishment of Universal Service Fund

The Commission shall establish an intrastate universal service fund which shall assure the continued availability of basic telephone service at reasonable rates. The universal service fund shall be structured and administered as required by the Commission.

Historical Note

Adopted effective June 27, 1995, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-2).

R14-2-1114. Service Quality Requirements for the Provision of Competitive Services

A. General Requirement. Telecommunications companies governed by this Article shall provide quality service in accordance with this rule and with any other service quality requirements established by the Commission.

B. Telecommunications Company Responsibility. Each telecommunications company governed by this Article:

1. Shall be responsible for maintaining in safe operating condition all equipment and fixtures owned by and under the exclusive control of the telecommunications company that are used in providing telecommunications services to the customer.
2. Shall make known to applicants for its service and to its subscribers any information necessary to assist the subscriber or customer in obtaining adequate, efficient, and reasonably priced service.

C. Continuity of Service. Each telecommunications company providing competitive telecommunications services pursuant to this Article shall make reasonable efforts to supply a satisfactory and continuous level of service.

D. Billing and Collection

1. Each telecommunications company governed by this Article shall bill monthly for any competitive services rendered. The following minimum information must be provided on all customer bills:
   a. A description of the service provided;
   b. The monthly charge for each service provided;
   c. The company's toll-free number for billing inquiries;
   d. The amount or percentage rate of any privilege, sales, use or other taxes that are passed on to the customer as part of the charge for the service provided;
   e. Any access or other charges that are imposed by order of or at the direction of the Federal Communications Commission; and
   f. The date on which the bill becomes delinquent.
2. If the telecommunications company does not provide direct billing to its customers, it shall make arrangements for monthly bills to be rendered to all its customers. However, a local exchange carrier shall not provide billing and collection services for intrastate telecommunications services to any telecommunications company that does not have a Certificate of Convenience and Necessity from the Commission, and that does not have a certification application pending before the Commission.

E. Insufficient Funds (NSF) Checks. A telecommunications company governed by this Article may include in its tariffs a fee for each instance where a customer tenders payment for the competitive telecommunications service with an insufficient funds check. When a customer tenders an insufficient check, the telecommunications company may require the customer to make payment in cash, by money order, certified check, or other means which guarantees the customer's payment to the telecommunications company.

F. Deferred Payment Plan.

1. Each telecommunications company may, in lieu of terminating service, offer any customer a deferred payment plan to retire unpaid bills for telecommunications company service. If a deferred payment arrangement is made, current service shall not be discontinued if the customer agrees to pay a reasonable portion of the outstanding balance in installments over a period not to exceed six months and agrees to pay all future bills in accordance with the billing and collection tariffs of the telecommunications company.
2. If a customer does not fulfill the terms of a deferred payment agreement, the telecommunications company shall have the right to disconnect service pursuant to the Commission's termination of service rule, R14-2-509.

G. Late Payment Penalty. A telecommunications company governed by this Article may include in its tariffs a late payment penalty which may be applied to delinquent bills. The amount of the late payment penalty shall be stated on a customer's bill when rendered by the telecommunications company or its agent.

H. Service Interruptions.

1. Each telecommunications company shall make reasonable efforts to reestablish service within the shortest possible time when service interruptions occur. The telecommunications company shall issue instructions to its employees covering procedures to be followed in the event of any emergency, including national emergencies or local disasters, in order to prevent or mitigate interruption or impairment of service. The Commission shall be notified of major interruptions in service affecting the entire system or any major division.
2. When a telecommunications company plans to interrupt service to perform necessary repairs or maintenance, the telecommunications company shall attempt to inform affected customers at least 24 hours in advance of the scheduled date and estimated duration of the service interruption. Such repairs shall be completed in the shortest possible time to minimize the inconvenience to the customers of the telecommunications company.

I. Nonpermissible Termination of Service. A telecommunications company governed by this Article may not disconnect service for:

1. The failure of a customer to pay for services or equipment which are not regulated by the Commission, or
2. For disputed bills where the customer has complied with the Commission's rules on complaints.

J. Permissible Termination of Service. Termination of service without notice may occur in accordance with the provisions of subsection R14-2-509(B). Termination of service with notice shall occur in accordance with provisions of R14-2-509(C) through (E). All local exchange carriers are prohibited from discontinuing local service for alleged delinquency of non-local bills.

K. Notice of Responsible Officer or Agent. Each telecommunications company governed by this Article shall file a written statement with the Commission which provides the name,

address (business, residence, and post office) and telephone numbers (business and residence) of at least one officer, agent, or one employee responsible for the general management of its operations as a telecommunications company in Arizona. Each telecommunications company shall give notice of any change in this information by filing a written statement with the Commission within five days from the date of any such change.

L. Competitive Local Exchange Service. Any telecommunications company providing competitive local exchange service shall comply with the Commission's rules for establishment of service set forth in R14-2-503.

M. Denial of Service/Noncertificated Utilities. A local exchange carrier shall deny service to a noncertificated telecommunications company that intends to use the service requested to provide telecommunications service for hire, sale, or resale to the general public within the state of Arizona. Service shall not be denied if the telecommunications company has an Application for a Certificate of Convenience and Necessity pending before the Commission.

Historical Note

Adopted effective June 27, 1995, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 4789, effective December 15, 2002 (Supp. 02-4).

R14-2-1115. Administrative Requirements

A. Customer Service Complaints. All customer service complaints concerning competitive telecommunications services shall be governed by the provisions of subsection R14-2-510(A).

B. Customer Bill Disputes. All customer bill disputes concerning competitive telecommunications services shall be governed by the provisions of R14-2-510(B) and (C).

C. Filing of Tariffs, Price Levels, and Contracts. Each telecommunications company governed by this Article shall file with the Commission current tariffs, price levels, and contracts that comply with the provisions of this Article and with all Commission rules, orders, and all other requirements imposed by the laws of the state of Arizona.

1. Current tariffs for competitive services shall be maintained on file with the Commission pursuant to the requirements of A.R.S. § 40-365.
2. Current price levels for competitive services shall be filed with the Commission pursuant to the requirements of R14-2-1109(B).
3. Contracts of telecommunications companies governed by this Article shall be filed with the Commission not later than five business days after execution. If the contract includes both competitive and noncompetitive services, it must be filed at least five business days prior to the effective date of the contract and must separately state the tariffed rate for the noncompetitive services and the price for the competitive services.
4. Contracts filed pursuant to this Article shall not be open to public inspection or made public except on order of the Commission, or by the Commission or a Commissioner in the course of a hearing or proceeding.

D. Accounts and Records.

1. Each telecommunications company shall keep general and subsidiary accounting books and records reflecting the cost of its intrastate properties, assets and liabilities, operating income and expenses, and all other accounting and statistical data which reflect complete, authentic, and accurate information regarding to its properties and operations. These accounting records shall be organized and maintained in such a way as to provide an audit trail through all segments of the telecommunications company's accounting system.
2. With the exception of local exchange companies, each telecommunications company providing competitive telecommunications services shall maintain its books and records in accordance with Generally Accepted Accounting Principles as promulgated by the Financial Accounting Standards Board and its successors, as amended by any subsequent modification or official pronouncement thereto, which directly relates to regulated industries.

E. Production of Accounts, Records, and Documents.

1. All telecommunications companies governed by this Article shall immediately make available, at the time and place the Commission may designate, any accounting records that the Commission may request. Accounting records shall include all or any portion of a telecommunications company's formal and informal accounting books and records along with any underlying and/or supporting documents regardless of the physical location of such books, records, and documents. Accounting records shall also include all books, records or documents which specifically identify, support, analyze, or otherwise explain the reasonableness and accuracy of affiliated interest transactions.
2. The Commission, at its sole discretion, may inspect any telecommunications company's formal and/or informal accounting books, records, and documents at the company's business premises or at its authorized representative's business premises which may be outside the state of Arizona. If inspection of the telecommunications company's accounting records does take place outside the state of Arizona, the telecommunications company will, to the extent legally permissible, assume all reasonable costs of travel, lodging, per diem, and all other miscellaneous costs incurred by participating personnel employed by the Commission or personnel contracted to represent the Commission in any manner.

F. Annual Reports to the Commission. All telecommunications companies providing competitive telecommunications services pursuant to this Article shall submit an annual report to the Commission which shall be filed on or before the 15th day of April for the preceding calendar year.

1. The annual report shall be in a form prescribed by the Commission and, at a minimum, shall contain the following information:
   a. A statement of income for the reporting year similar in format to R14-2-103, Schedule (C)(1) or (E)(2). The income statement shall be Arizona-specific and reflect operating results in Arizona.
   b. A balance sheet as of the end of the reporting year similar in format to R14-2-103, Schedule (E)(1). The balance sheet shall be Arizona-specific.
2. Annual reports filed pursuant to this Article shall not be open to public inspection or made public except on order of the Commission, or by the Commission or a Commissioner in the course of a hearing or proceeding.

G. Reports to the Securities and Exchange Commission. All telecommunications companies shall file with the Commission a copy of all reports required by the Securities and Exchange Commission.

H. Other Reports. All telecommunications companies shall file with the Commission a copy of all annual reports required by the Federal Communications Commission and, where applicable, annual reports required by the Rural Electrification Administration or any other agency of the United States.

I. Variations, Exemptions of Commission Rules. The Commission may consider variations or exemptions from the terms or requirements of any of the rules included herein (14 A.A.C. 2, Article 11) upon the verified application of an affected party. The application must set forth the reasons why the public interest will be served by the variation or exemption from the Commission rules and regulations. Any variation or exemption granted shall require an order of the Commission. Where a conflict exists between these rules and an approved tariff or order of the Commission, the provisions of the approved tariff or order of the Commission shall apply.

Historical Note
Adopted effective June 27, 1995, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-2). Amended by final rulemaking at 8 A.A.R. 4789, effective December 15, 2002 (Supp. 02-4).

Editor's Note: The following Article had Sections renumbered and amended by final rulemaking effective September 20, 2017 (Supp. 17-3).

Editor's Note: The following Article was amended by emergency rulemaking effective March 29, 2017, for 180 days (Supp. 17-1).

Editor's Note: The Arizona Corporation Commission has determined that the following Article is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

ARTICLE 12. ARIZONA UNIVERSAL SERVICE FUND

R14-2-1201. Renumbered

Historical Note
Adopted effective April 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-2). R14-2-1201 renumbered to R14-2-A1201 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-1201 permanently renumbered to R14-2-A1201 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

R14-2-1202. Renumbered

Historical Note
Adopted effective April 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-2). R14-2-1202 renumbered to R14-2-A1202 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-1202 permanently renumbered to R14-2-A1202 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

R14-2-1203. Renumbered

Historical Note
Adopted effective April 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-2). R14-2-1203 renumbered to R14-2-A1203 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-1203 permanently renumbered to R14-2-A1203 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

R14-2-1204. Renumbered

Historical Note
Adopted effective April 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-2). R14-2-1204 renumbered to R14-2-A1204 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-1204 permanently renumbered to R14-2-A1204 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

R14-2-1205. Renumbered

Historical Note
Adopted effective April 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-2). R14-2-1205 renumbered to R14-2-A1205 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-1205 permanently renumbered to R14-2-A1205 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

R14-2-1206. Renumbered

Historical Note
Adopted effective April 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-2). R14-2-1206 renumbered to R14-2-A1206 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-1206 permanently renumbered to R14-2-A1206 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

R14-2-1207. Renumbered

Historical Note
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R14-2-1208. Renumbered

Historical Note
Adopted effective April 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-2). R14-2-1208 renumbered to R14-2-A1208 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-1208 permanently renumbered to R14-2-A1208 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

R14-2-1209. Renumbered

Historical Note
Adopted effective April 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-2). R14-2-1209 renumbered to R14-2-A1209 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-1209 permanently renumbered to R14-2-A1209 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

R14-2-1210. Renumbered

Historical Note
Adopted effective April 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-2). R14-2-1210 renumbered to R14-2-A1210 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-1210 permanently renumbered to R14-2-A1210 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

R14-2-1211. Renumbered

Historical Note
Adopted effective April 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-2). R14-2-1211 renumbered to R14-2-A1211 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-1211 permanently renumbered to R14-2-A1211 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

R14-2-1212. Renumbered

Historical Note
Adopted effective April 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-2). R14-2-1212 renumbered to R14-2-A1212 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-1212 permanently renumbered to R14-2-A1212 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

R14-2-1213. Renumbered

Historical Note
Adopted effective April 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-2). R14-2-1213 renumbered to R14-2-A1213 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-1213 permanently renumbered to R14-2-A1213 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

R14-2-1214. Renumbered

Historical Note
Adopted effective April 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-2). R14-2-1214 renumbered to R14-2-A1214 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-1214 permanently renumbered to R14-2-A1214 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

R14-2-1215. Renumbered

Historical Note
Adopted effective April 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-2). R14-2-1215 renumbered to R14-2-A1215 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-1215 permanently renumbered to R14-2-A1215 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

R14-2-1216. Renumbered

Historical Note
Adopted effective April 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-2). R14-2-1216 renumbered to R14-2-A1216 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-1216 permanently renumbered to R14-2-A1216 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

R14-2-1217. Renumbered

Historical Note
Adopted effective April 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-2). R14-2-1217 renumbered to R14-2-A1217 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-1217 permanently renumbered to R14-2-A1217 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

PART A. HIGH COST FUND

R14-2-A1201. Definitions
In this Part, unless the context otherwise requires, the following definitions shall apply:

1. "Administrator" is the person designated pursuant to R14-2-A1212 to administer the AUSF and perform the functions required by this Article.
2. "Arizona Corporation Commission" or "Commission." The regulatory agency of the state of Arizona having jurisdiction over public service corporations operating in Arizona.
3. "Arizona Universal Service Fund" or "AUSF" is the funding mechanism established by this Article through which surcharges are collected and support paid in accordance with this Article.
4. "AUSF Support" is the amount of money, calculated pursuant to this Part, which a provider of basic local telephone exchange service is eligible to receive from the AUSF pursuant to this Part.
5. "AUSF Support Area" is the geographic area for which a local exchange carrier's eligibility to receive AUSF support is calculated.
6. "Basic local exchange telephone service" is telephone service that provides the following features:
   a. Access to 1-party residential service with a voice grade line;
   b. Access to touchtone capabilities;
   c. Access to an interexchange carrier;
   d. Access to emergency services, including but not limited to emergency 911;
   e. Access to directory assistance service;

f. Access to operator service;
g. Access to a white page or similar directory listing; and
h. Access to telephone relay systems for the hearing and speech impaired.

7. "Benchmark rates" for a telecommunications services provider are those rates approved by the Commission for that provider for basic local exchange telephone service, plus the Customer Access Line Charge approved by the Federal Communications Commission.
8. "Commercial Mobile Radio Service" is any radio communication service carried on between mobile stations or receivers and land stations, or by mobile stations communicating among themselves, that is provided for profit and that makes available to the public service that is connected to the public switched network.
9. "Conversion Factor" is a multiplier that is used to convert a quantity of interconnecting trunks for both wireless and wireline customers into equivalent access lines, for the sole purpose of developing Category 1 surcharges. The value of the Conversion Factor shall be 10 until completion of the review provided for in R14-2-A1216.
10. "Interconnecting Trunk" is a 1-way or 2-way voice grade or equivalent voice grade switched message transmission channel furnished by a local switched access provider to a provider of wireless services or to a wireline customer of such local switched access provider to interconnect the provider of wireless services or wireline customer to the public switched network.
11. "Intermediate Local Exchange Carriers" are incumbent providers of basic local exchange telephone service with more than 20,000 access lines but fewer than 200,000 access lines in Arizona.
12. "Large Local Exchange Carriers" are incumbent providers of basic local exchange telephone service serving 200,000 or more access lines in Arizona.
13. "Small Local Exchange Carriers" are incumbent providers of basic local exchange telephone service with 20,000 or fewer access lines in Arizona.
14. "Total Service Long Run Incremental Cost" is the total additional cost incurred by a telecommunications company to produce the entire quantity of a service, given that the telecommunications company already provides all of its other services. Total Service Long Run Incremental Cost is based on the least cost, most efficient technology that is capable of being implemented at the time the decision to provide the service is made.
15. "U.S. Census Blocks" are geographic areas defined by the U.S. Department of Commerce. The areas, which define the way in which census data is aggregated, generally contain between 250 and 550 housing units.

Historical Note
New Section R14-2-A1201 renumbered from R14-2-1201 and amended by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-A1201 permanently renumbered from R14-2-1201 and amended by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017; Section reference numbers were changed to agree with renumbered Sections pursuant to A.R.S. § 41-1011(C) (Supp. 17-3).

R14-2-A1202. Calculation of AUSF Support

A. The amount of AUSF support to which a provider of basic local exchange telephone service is eligible for a given AUSF support area shall be based upon the difference between the benchmark rates for basic local exchange telephone service provided by the carrier, and the appropriate cost to provide basic local exchange telephone service as determined by the Commission, net of any universal service support from federal sources.

B. For a small local exchange carrier, the AUSF support area shall include all exchanges served by the local exchange carrier in Arizona. The appropriate cost of providing basic local exchange telephone service for purposes of determining AUSF support for a small local exchange carrier shall be the embedded cost of the incumbent provider. For any request for AUSF support by a small local exchange carrier filed more than three years after the effective date of this Article, the AUSF support area shall be the geographic areas as determined by the Commission.

C. For an intermediate local exchange carrier, the AUSF support area shall be either all exchanges in Arizona served by that carrier, or such other support area as may be approved by the Commission. The appropriate cost of providing basic local exchange telephone service for purposes of determining AUSF support for an intermediate local exchange carrier shall be the embedded cost of the incumbent provider. For any request for AUSF support by an intermediate local exchange carrier filed more than three years after the effective date of this Article, the AUSF support area shall be geographic areas as determined by the Commission, and the appropriate cost of providing basic local exchange telephone service for purposes of determining AUSF support shall be the Total Service Long Run Incremental Cost of the incumbent provider. In the event that the FCC adopts a somewhat different forward-looking costing methodology and/or a different geographic study/support area for the Federal universal service fund program, a local exchange carrier may request a waiver from this rule in order to utilize the same cost study methodology and/or geographic study areas in both jurisdictions.

D. For a large local exchange carrier, the AUSF support area shall be U.S. census block groups, and the appropriate cost of providing basic local exchange telephone service for purposes of determining AUSF support shall be the Total Service Long Run Incremental Cost. In the event that the FCC adopts a somewhat different forward-looking costing methodology and/or a different geographic study/support area for the Federal universal service fund program, a local exchange carrier may request a waiver from this rule in order to utilize the same cost study methodology and/or geographic study areas in both jurisdictions. Any request for AUSF support by a large local exchange carrier shall include a Total Service Long Run Incremental Cost study, or cost study based on FCC adopted methodology, of basic local exchange service. The cost study shall be developed and presented in a manner that identifies the cost for the individual support areas for which AUSF funding is being requested.

Historical Note
New Section R14-2-A1202 renumbered from R14-2-1202 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-A1202 permanently renumbered from R14-2-1202 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

R14-2-A1203. Request for AUSF Support

A provider of basic local exchange telephone service may request that the Commission authorize AUSF support with a filing under

R14-2-103 or other method as the Commission may prescribe, and upon compliance with all applicable rules set forth in R14-2-1101 through R14-2-1115. A request for AUSF support shall include a statement describing the need for such funding. The Commission shall determine the appropriate cost of providing basic local exchange service for each AUSF support area for which AUSF support is requested and shall calculate in accordance with R14-2-A1202 the amount of AUSF support, if any, to which the applicant is entitled.

Historical Note

New Section R14-2-A1203 renumbered from R14-2-1203 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-A1203 permanently renumbered from R14-2-1203, by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017; a Section reference number was changed to agree with a renumbered Section pursuant to A.R.S. § 41-1011(C) (Supp. 17-3).

R14-2-A1204. Funding of the AUSF

A. The AUSF shall be funded in accordance with this Article by all telecommunications service providers that interconnect to the public switched network. Within 30 days of the effective date of this Article, and thereafter on or before October 1 of each year, each telecommunications provider shall provide to the Administrator a list of all other telecommunications providers that interconnect to its facilities or network.

B. The AUSF shall be funded equally by toll and local customers of the providers of telecommunications services, and shall be assessed in the following manner:

1. Category 1 - Providers of basic local exchange service, as discussed in subsection (B)(1)(a), and other service providers as required under (B)(1)(a)(i) or permitted under subsection (B)(3)(b), shall be considered providers of Category 1 service.
   a. One-half of the AUSF funding requirement will be collected through Category 1 service providers. Category 1 AUSF assessment will be based upon access lines and interconnecting trunks, and assessed by providers of local switched access as either an access line or interconnecting trunk surcharge. The "per access line" surcharge to be in place during a given year will be calculated by the Administrator using the total number of access lines and equivalent access lines deriving from interconnecting trunks that were in service for all Category 1 service providers on October 1 of the previous year. Access lines shall include business and residence lines, public access lines, and other identifiable access lines.
      i. All wireless providers including but not limited to paging and other Commercial Mobile Radio Service providers, that interconnect to the public switched network will contribute to the AUSF under the requirements of Category 1. The number of interconnecting trunks obtained from the local access provider by the wireless provider shall be utilized in conjunction with a Conversion Factor to determine AUSF support from such wireless provider by means of a surcharge on such interconnecting trunks. A wireless provider that fails to contribute to the AUSF as required by this Article shall be subject to termination of its interconnection arrangements pursuant to R14-2-A1214(C).
   b. On or before November 1 of each year, each Category 1 local switched access service provider shall provide to the Administrator the number of access lines and number of interconnecting trunks that were in service on October 1 of that year. The Administrator will use these numbers together with the Conversion Factor in calculating the per access line surcharge and per interconnecting trunk surcharge for the following year. The Administrator will multiply the total number of interconnecting trunks by the Conversion Factor to obtain an equivalent number of access lines for the purpose of calculating the surcharges.
2. Category 2 - Providers of intrastate toll service, or other service providers as permitted under subsection (B)(3), shall be considered providers of Category 2 service and shall be assessed AUSF charges as follows:
   a. One-half of the AUSF funding requirement will be collected through Category 2 service providers. The Category 2 AUSF assessment will be based on total Arizona intrastate toll revenue, and assessed as a percent of revenue. The percent of revenue assessment to be in place during a given year will be calculated by the Administrator using the annual Arizona intrastate revenue for all Category 2 service providers for the previous year.
   b. On or before November 1 of each year, each Category 2 service provider shall report to the Administrator the total Arizona intrastate revenue collected between August 1 of the current year and August 1 of the previous year. The Administrator will use this revenue so reported to calculate the AUSF assessment rate for the following year.
3. New telecommunications service providers.
   a. Telecommunications providers that begin providing basic local exchange service after the effective date of this Article shall be assessed AUSF charges pursuant to subsection (B)(1). Telecommunications providers that begin providing toll service after the effective date of this Article shall be assessed AUSF charges pursuant to subsection (B)(2).
   b. All other telecommunications service providers that interconnect to the public switched network and begin providing telecommunications service after the effective date of this Article, shall choose to be considered either a Category 1, Category 2, or both Category 1 and Category 2 service provider. Such election shall be made in writing to the Administrator within 30 days of beginning to provide telecommunications service in Arizona, with a copy to the Director of Utilities. Written concurrence of the Director of Utilities must be received by the Administrator for such selection to be effective. Such selection will be irrevocable for a period of at least three years.
4. A telecommunications provider that provides both Category 1 and Category 2 services shall be assessed AUSF charges pursuant to both subsections (B)(1) and (2).

Historical Note

New Section R14-2-A1204 renumbered from R14-2-1204 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-A1204 permanently renumbered from R14-2-1204 by final rulemaking at 23 A.A.R. 2822, effective September

20, 2017; subsection references were updated for Chapter consistency and a Section reference number was changed to agree with a renumbered Section pursuant to A.R.S. § 41-1011(C) (Supp. 17-3).

R14-2-A1205. Calculation of Surcharges

A. The Administrator will calculate the total AUSF support due all local exchange carriers who have been granted AUSF support by the Commission. Administrative costs and audit fees will be added to this amount. The amount of any excess funds in the AUSF will then be subtracted to determine the total funding requirement. The funding requirements from Category 1 and Category 2 service providers will then be calculated. One-half of the funding will be obtained from Category 1 providers through surcharges applied to access lines and interconnecting trunks in service. The other half will be obtained from Category 2 providers through surcharges on intrastate toll revenues.

B. For the purpose of determining the surcharges, the Administrator will develop growth factors to apply to the total reported access lines and toll revenues. Such growth factors will be calculated at 1/2 of the estimated annual percentage growth in access lines and in toll revenues.

C. Category 1 Surcharge. One-half of the total annual AUSF support approved by the Commission for all eligible recipients will be obtained from Category 1 service providers. A monthly per access line surcharge and a monthly per interconnecting trunk surcharge required to obtain this funding will be calculated as follows:

1. Adding together the number of access lines and equivalent access lines for all Category 1 service providers, adjusted by the growth factor;
2. Dividing the total annual AUSF support approved by the Commission for all eligible recipients by 2 to obtain the portion of AUSF support required from Category 1 service providers;
3. Dividing the amount of Category 1 AUSF support calculated in subsection (C)(2) by the sum of access lines calculated in subsection (C)(1) to yield the per access line surcharge;
4. Dividing the per access line surcharge calculated in subsection (C)(3) by 12 to determine the monthly access line assessment;
5. Multiplying the surcharge obtained in subsection (C)(4) by the Conversion Factor to determine the monthly interconnecting trunk surcharge.

D. Category 2 Surcharge. One-half of the total annual AUSF support approved by the Commission for all eligible recipients will be obtained from Category 2 service providers. A percent of revenue surcharge required to obtain this funding will be calculated as follows:

1. Totaling the annual intrastate toll revenues of all Category 2 service providers, adjusted by the growth factor;
2. Dividing the total AUSF support approved by the Commission for all eligible recipients by 2 to obtain the portion of AUSF support required from Category 2 service providers;
3. Dividing the amount of Category 2 AUSF support requirement calculated in subsection (D)(2) by the total annual intrastate toll revenues calculated in subsection (D)(1) to arrive at a percentage of revenue surcharge.

E. Recipients of lifeline or other low-income support shall be exempt from paying a Category 1 surcharge.

Historical Note

New Section R14-2-A1205 renumbered from R14-2-1205 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-A1205 permanently renumbered from R14-2-1205 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

R14-2-A1206. Implementation

A. Any provider of telecommunications service may file either an AUSF tariff or price list, if appropriate, establishing a flow-through mechanism to collect the surcharge approved by the Commission and calculated by the Administrator.

B. On or before the 20th day of each month, each Category 1 service provider responsible for collecting AUSF surcharges shall remit to the Administrator the AUSF surcharge, including any surcharge on wireless providers, collected by that provider during the preceding month. The Category 1 provider shall submit such documentation of AUSF revenues from the AUSF surcharge as may be required by the Administrator.

C. On or before the 20th day of each month, each Category 2 service provider responsible for collecting AUSF surcharges shall remit to the Administrator the AUSF surcharge collected by that provider during the third preceding month. The Category 2 provider shall submit such documentation of AUSF revenues from the AUSF surcharge as may be required by the Administrator.

D. Eligible recipients of AUSF support are:

1. Providers of telecommunications service engaged in providing basic local exchange telephone service in Arizona which have obtained a Commission order authorizing payments from the AUSF; and
2. Providers that become entitled to AUSF support based upon the provisions of subsection (E).

E. If the Commission approves AUSF support to a provider of telecommunications service for a defined area, such AUSF support shall also be available to competitive providers of basic local exchange service in the same defined area that are contributing to the AUSF, and that are willing to provide service to all customers in the specific AUSF support area as defined by the Commission. The AUSF support to which the competitive provider is eligible shall be calculated on a per-customer basis, at the same level at which the incumbent provider of telecommunications service receives AUSF support, and shall not result in an increase in the total AUSF support available for the specific census block groups or study area. If basic exchange service is provided through the resale of another carrier's local loop facilities, AUSF support will only be available to the retail service provider if AUSF support is not included in the wholesale price for the resold local service. This Section shall not apply to small local exchange carriers nor to the universal service support being received by any telecommunications service provider as of the effective date of this Article.

F. For small local exchange carriers and for any basic local exchange telephone service provider receiving universal service support as of the effective date of this Article, the AUSF support shall not be available to competitive providers of basic local exchange service prior to completion of the review provided for in R14-2-A1216. Following completion of the review, AUSF support provided to small and intermediate local exchange carriers shall be available to all competitive providers of basic local exchange service in the same defined area that are contributing to AUSF, and that are willing to provide service to all customers in the specific geographic study

area as defined by the Commission, unless otherwise ordered by the Commission.

G. Defined area, study area, geographic area, and support area mean the same area during the first three years of the effective date of this Article. After the first three years, they will still have the same meaning unless otherwise ordered by the Commission.

Historical Note

New Section R14-2-A1206 renumbered from R14-2-1206 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-A1206 permanently renumbered from R14-2-1206 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017; a subsection reference was updated for Chapter consistency and a Section reference number was changed to agree with a renumbered Section pursuant to A.R.S. § 41-1011(C) (Supp. 17-3).

R14-2-A1207. Calculation of Monthly Payments and the Associated Collections

A. For the monthly Category 1 AUSF payment, each provider of local switched access shall remit to the Administrator an amount equal to the number of access lines in service on the first day of the month, times the monthly surcharge per access line plus the number of interconnecting trunks in service on the first day of the month, times the monthly interconnecting trunk surcharge.

B. The monthly AUSF payment that each Category 2 provider shall remit to the Administrator is an amount equal to its monthly intrastate toll revenue times the monthly surcharge percentage.

C. Payments must be received by the Administrator by the 20th day of each month. If the payment amount is greater than $10,000, then it shall be wire transferred to the Administrator.

D. The Administrator shall enter into an appropriate non-disclosure agreement with each telecommunications service provider to assure that information necessary to allocate AUSF funding obligations and to calculate surcharges is reported, maintained, and used in a manner that will protect the confidentiality of company specific data. The Administrator shall not use confidential data for any purpose other than administering the AUSF.

Historical Note

New Section R14-2-A1207 renumbered from R14-2-1207 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-A1207 permanently renumbered from R14-2-1207 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

R14-2-A1208. Monthly AUSF Disbursements

A. AUSF disbursement shall be made 30 days following the date of AUSF collections.

B. The Administrator shall not make AUSF support payments to a provider of telecommunications service until the Administrator has received a copy of a Commission decision authorizing the provider to receive such support.

Historical Note

New Section R14-2-A1208 renumbered from R14-2-1208 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-A1208 permanently renumbered from R14-2-1208 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

R14-2-A1209. Procedures for Handling AUSF Rate Changes

A. Category 1 and Category 2 AUSF surcharges shall be revised when the Commission authorizes new or revised AUSF payments to any provider of telecommunications service. The Administrator shall calculate the new AUSF flow-through surcharges in accordance with this Article, which surcharges shall become effective upon the Commission's approval of the new or revised AUSF payments.

B. An annual calculation to revise AUSF flow-through surcharges shall be made by the Administrator on December 1 of each year with an effective date the following January 1. The flow-through surcharges shall be calculated so that the total AUSF funding will equal the AUSF revenue requirements, plus administrative costs as well as any corrections and true-ups. No later than December 1 of each year, the Administrator shall provide notice to the Commission and all telecommunication service providers who pay into the AUSF of the flow-through surcharge rates for the following calendar year.

Historical Note

New Section R14-2-A1209 renumbered from R14-2-1209 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-A1209 permanently renumbered from R14-2-1209 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

R14-2-A1210. Statement of Participation of All Telecommunications Service Providers in the AUSF

A. Within 30 days of the effective date of this Article, each telecommunications service provider shall provide a letter to the Administrator acknowledging that provider's obligation under this Article to pay AUSF surcharges. Failure to provide such a letter shall be grounds for termination after written notice from the Administrator of the provider's interconnection with the public switched network.

B. Any telecommunications service provider which begins providing telecommunications service after the effective date of this Article shall, within 30 days of beginning to provide intrastate service in Arizona, provide a letter to the Administrator acknowledging that provider's obligation under this Article to make monthly payments for the local and/or toll portion, as appropriate, of the AUSF contribution in accordance with this Article. Failure to provide such a letter shall be grounds for denying to the provider interconnection with the public switched network.

Historical Note

New Section R14-2-A1210 renumbered from R14-2-1210 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-A1210 permanently renumbered from R14-2-1210 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

R14-2-A1211. Duties and Responsibilities of the AUSF Administrator

The Administrator shall:

1. Develop, obtain, and, on or before December 15 of each year, file with the Commission such information and documentation as the Administrator deems necessary for the establishment and calculation of the Category 1 and Category 2 surcharges for the succeeding year. Such a filing shall also be made each time the Commission authorizes a change in the AUSF funding requirement.

2. Monitor the AUSF payments of all telecommunications providers.
3. Oversee the billing of AUSF surcharges.
4. Prepare the necessary forms to be used in reporting the AUSF collections and disbursements and maintain monthly records.
5. Coordinate the collection and disbursement of AUSF monies in accordance with this Article.
6. Prepare an annual report that provides a detailed accounting of the AUSF collections and disbursements and that identifies the annual cost of administration. The report shall be filed with the Commission on or before April 15 of each year.
7. Monitor procedures for auditing the AUSF collections and disbursements. The audit function shall be performed by an independent outside auditor.

Historical Note
New Section R14-2-A1211 renumbered from R14-2-1211 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-A1211 permanently renumbered from R14-2-1211 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

R14-2-A1212. Interim Administrator
US WEST Communications, Inc., will serve as interim Administrator of the AUSF and will perform the functions detailed herein that are required of the Administrator for a transition period until a private, neutral third party is appointed by the Commission to serve as Administrator of the AUSF. A neutral third party selected through the competitive bid process shall be appointed no later than July 1, 1997.

Historical Note
New Section R14-2-A1212 renumbered from R14-2-1212 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-A1212 permanently renumbered from R14-2-1212 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

R14-2-A1213. Guidelines for Auditing the AUSF
A. The AUSF records covering both collections and disbursements shall be audited at the end of the first year following the designation of a third party administrator. The AUSF records will then be audited at least once every other year in the subsequent years of operations.
B. The records shall be examined for accuracy and the existence of effective internal controls to ensure that the AUSF is being administered appropriately and properly.
C. An independent external auditor selected by the Commission shall be utilized to provide an unbiased audit opinion concerning the AUSF administration procedures and controls.
D. Any costs for conducting audits will be deducted from the revenues of the AUSF prior to disbursement of funds.

Historical Note
New Section R14-2-A1213 renumbered from R14-2-1213 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-A1213 permanently renumbered from R14-2-1213 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

R14-2-A1214. Enforcement of Collection of Delinquent AUSF Amounts
A. The Administrator shall issue past due notices to each provider of telecommunications service that is 15 days or more delinquent in submitting its AUSF payments to the Administrator. A copy of this notice shall be provided to the Commission.
B. AUSF support payments shall be withheld from any provider of telecommunications service that is delinquent in submitting its AUSF payments to the Administrator. Each provider of telecommunications service will be fully liable for any accrued interest owing on its AUSF contributions that remain unpaid for 30 days. Such delinquent AUSF payments will begin accruing interest at the rate of 1 and 1/2% per month beginning with the 31st day until such amount is paid in full along with all accrued interest.
C. The local switched access service provider shall promptly notify the Commission and the Administrator of the identity of any wireless provider which fails or refuses to pay its AUSF surcharge. Such notice shall also be directed to the wireless provider. If the wireless provider has not paid the amount due within 30 days of such notice, the interconnection provider shall terminate the wireless provider's interconnection until the full amount together with all accrued interest, is paid in full (unless the payment is in bonafide dispute and the wireless carrier has paid the undisputed amount).
D. Failure by a telecommunications service provider to comply with the provisions of this Article may result in sanctions as determined by the Commission.

Historical Note
New Section R14-2-A1214 renumbered from R14-2-1214 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-A1214 permanently renumbered from R14-2-1214 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

R14-2-A1215. AUSF Annual Report
A. On or before April 1 of each year, the Administrator shall file with the Commission an annual report which shall summarize the preceding year activity and contain the following:
1. A statement of AUSF collections and disbursements.
2. A record of the total cost of administration of the AUSF.
3. Audit reports from the audits conducted during the year.
B. A copy of the annual report shall be provided to each provider of telecommunications service who contributes to the AUSF.

Historical Note
New Section R14-2-A1215 renumbered from R14-2-1215 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-A1215 permanently renumbered from R14-2-1215 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

R14-2-A1216. Review Process
A. Not later than three years from the effective date of this Article, the Commission staff shall initiate a comprehensive review of this Article and shall provide the Commission with recommendations regarding any necessary changes to the Article. Any interested party may also make such recommendations. The Commission shall consider these recommendations in such proceeding as the Commission deems appropriate.
B. The costs used to calculate AUSF funding levels for a given provider or AUSF support area shall be reviewed by the Commission at least every three years following the effective date for any authorized AUSF support for the provider or study area. The Commission may reduce the authorized funding

level and require that the AUSF surcharge be recalculated on the basis of this review.

Historical Note
New Section R14-2-A1216 renumbered from R14-2-1216 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-A1216 permanently renumbered from R14-2-1216 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

R14-2-A1217. Supersession of Existing USF Mechanism
The universal service funding mechanism initially approved by the Commission in Decision No. 56639 (September 22, 1989) is superseded by this Article, except that any calculation, contribution or collection of, or entitlement to, universal service fund support approved by the Commission prior to the adoption of this Article shall remain in effect until otherwise ordered by the Commission or until the application of this Article leads to a different result.

Historical Note
New Section R14-2-A1217 renumbered from R14-2-1217 by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). R14-2-A1217 permanently renumbered from R14-2-1217 by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

PART B. ARIZONA UNIVERSAL SERVICE SUPPORT FOR SCHOOLS AND LIBRARIES

R14-2-B1218. Purpose
The purpose of the E-rate Broadband Special Construction Project Matching Fund Program is to provide state funds for special construction projects involving the deployment of broadband to schools and libraries in Arizona so that Arizona schools and libraries may obtain federal matching funds under the FCC Universal Service Fund's Schools and Libraries Program. This Part shall be interpreted to maximize the availability of internet access to schools and libraries within Arizona and to maximize potential support from the FCC Universal Service Fund's Schools and Libraries Program to fill any connectivity gap in Arizona.

Historical Note
New Section R14-2-B1218 made by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). New Section R14-2-B1218 made by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

R14-2-B1219. Definitions
In this Part, unless the context otherwise requires, the following definitions shall apply:

1. The definitions contained in 47 CFR 54.500 (October 1, 2016), with no future editions or amendments, which are incorporated by reference; on file with the Commission; and published by and available from the U.S. Government Publishing Office, 732 North Capitol Street, NW, Washington, DC 20401-0001 and at https://www.gpo.gov/fdsys/;
2. The definitions in R14-2-A1201, to the extent applicable; and
3. The following definitions:
   a. "Applicant" is a school, library, consortium, or other eligible entity that requests AUSF funds as provided in this Part.
   b. "Category 1 services" are services used to connect broadband or internet to eligible locations or that provide basic conduit access to the internet, including "telecommunications services," "telecommunications," and "internet access" as defined in 47 CFR 54.5 (October 1, 2016), with no future editions or amendments, which is incorporated by reference; on file with the Commission; and published by and available from the U.S. Government Publishing Office, 732 North Capitol Street, NW, Washington, DC 20401-0001 and at https://www.gpo.gov/fdsys/.
   c. "Category 2 services" are internal connections services needed to enable high speed broadband connectivity and broadband internal connections components, including local area networks (LAN/WLAN), internal connections components, basic maintenance of internal connections components, and managed internal broadband service.
   d. "Data Transmission Services and Internet Access" is a Category 1 service type that includes broadband connectivity and basic conduit access to the Internet. This does not include charges for content, equipment purchase, or other services beyond basic conduit access to the internet. This service type also covers lit or dark fiber.
   e. "Department of Education" or "DOE" means the Arizona Department of Education.
   f. "Discount rate" means the percentage of cost coverage for an applicant, determined by the FCC for its E-rate Program using the percentage of students eligible for the National School Lunch Program or an equivalent measure of poverty, and the rural or urban status of the school district or library system as determined by the U.S. Census Bureau.
   g. "Eligible provider" means a provider that has a 498 ID, also known as a Service Provider Identification Number or SPIN, obtained by filing an FCC Form 498.
   h. "Eligible special construction" or "ESC" refers to special construction projects for Category 1 services that deploy new fiber or upgraded facilities to locations eligible for the E-rate Program. ESC may also include non-fiber based services.
   i. "E-rate Broadband Special Construction Project Matching Fund" is the fund in Arizona that will make available to applicants matching state funds for Category 1 special construction costs in order to obtain up to an additional 10 percent discount from the federal universal fund.
   j. "E-rate Modernization Orders" are the FCC Orders that have modernized the FCC's E-rate Program and have maximized schools' and libraries' options for purchasing affordable high-speed broadband connectivity: *Modernizing the E-Rate Program for Schools and Libraries, Connect America Fund,* WC Docket No. 13-184, *Report and Order and Further Notice of Proposed Rulemaking*, 29 FCC Rcd 8870 (2014); and *Second Report and Order and Order on Reconsideration*, 29 FCC Rcd. 15538 (2014).
   k. "E-rate Program" is an FCC program that provides discounts to schools and libraries for eligible products and services.
   l. "FCC Form 470" is the Description of Services Requested and Certification Form that schools and libraries complete to request services and establish eligibility.

m. "FCC Form 471" is the Services Ordered and Certification Form that schools and libraries use to report services ordered and discounts requested for those services.
n. "Federal Communications Commission" or "FCC" is the U.S. government agency that regulates interstate and international communications and oversees the federal universal service fund.
o. "Funding Commitment Decision Letter" or "FCDL" is a letter from USAC to the applicant which contains USAC's funding decisions on the applicant's funding requests.
p. "Funding Year" or "FY" is a 12-month period during which program support is being provided, beginning on July 1 and ending on June 30 of the following calendar year.
q. "Second E-rate Modernization Order" is the FCC Order that modernized the FCC's E-rate Program and provided for additional discounts when states match funds for high-speed broadband connections: *Modernizing the E-Rate Program for Schools and Libraries, Connect America Fund*, WC Docket No. 13-184, *Second Report and Order and Order on Reconsideration*, 29 FCC Rcd 15538 (2014).
r. "Special Construction Charges" are the upfront, non-recurring costs of ESC installations or upgrades, consisting of three components:
   i. Construction of network facilities,
   ii. Design and engineering, and
   iii. Project management.
s. "Staff designee" is the Director of the Commission's Utilities Division or another individual that the Commission assigns to perform duties under this Part.
t. "Universal Service Administrative Company" or "USAC" is an independent, not-for-profit corporation created by the FCC in 1997 to administer the four universal service programs including universal service for schools and libraries.
u. "Urban" means an individual school or library that is located in an "Urbanized Area" or "Urban Cluster" with a population of 25,000 or more as determined by the U.S. Census Bureau. All other schools or libraries are designated as "rural."
v. "Vendor" is the entity that has been selected by the applicant and whose bid USAC has recognized in a FCDL to the applicant.

Historical Note

New Section R14-2-B1219 made by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). New Section R14-2-B1219 made by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

R14-2-B1220. Availability of State Matching Funds for Special Construction Projects to Deploy Broadband

A. Applications for AUSF funds for E-rate matching purposes shall be limited to E-rate funding years 2017 and 2018.
B. An applicant certified by the Department of Education shall be eligible to receive AUSF funds to cover special construction charges to the extent necessary to qualify the applicant to receive additional federal universal service funds of up to 10 percent of special construction charges as authorized by the Second E-rate Modernization Order.
C. An applicant may not receive total support from the federal Universal Service Fund and AUSF in excess of 100 percent of special construction charges.
D. Schools and libraries that elect to self-provision shall comply with all of the requirements set forth by the FCC in the Second E-rate Modernization Order.
E. An ESC shall provide bandwidth sufficient to meet the minimum recommended bandwidth per student or the minimum recommended bandwidth for educational services established for the relevant funding year by the FCC and, without good cause, shall not exceed those standards.
F. If the E-rate Program discount rate and additional match plus the AUSF funds received by an applicant do not cover 100 percent of the special construction charges, the applicant may include in its request filed with the DOE a request for additional AUSF funds. Additional AUSF funds requested under this subsection shall be awarded as follows:
   1. Applicants with 80 percent or higher E-rate Program discount rates shall be awarded AUSF funds before applicants with lower discount rates; and
   2. Applicants with discount rates between 60 and 80 percent may request additional AUSF funds for the uncovered amount, up to 50 percent of the uncovered special construction charges. Amounts requested above 50 percent of the uncovered special construction charges will not be considered without good cause shown by the applicant.

Historical Note

New Section R14-2-B1220 made by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). New Section R14-2-B1220 made by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

R14-2-B1221. Procedures for Requesting State Matching Funds

A. An applicant shall file a request for state matching funds with the Department of Education, prior to submitting its FCC Form 471 to USAC.
B. If an applicant meets all FCC eligibility requirements for its ESC, the applicant shall obtain a certification letter along with a letter from the Department of Education stating that the applicant is being awarded state matching funds.
C. An applicant shall provide the Staff designee a copy of the certification letter and letter awarding state matching funds to it issued by the Department of Education and shall include a copy of the letter awarding state matching funds with its FCC Form 471 sent to USAC.
D. Once USAC determines an applicant's eligibility for federal matching funds and issues a FCDL, the applicant shall notify the Department of Education and request that the Department of Education submit a letter to the Staff designee and the Administrator indicating that USAC has issued a FCDL to the applicant with an award of federal funds and including any other information relevant to the award in that particular case.
E. Disbursement of AUSF funds shall be available for a period of up to five years after USAC has issued a FCDL to the applicant with an award of federal funds, notwithstanding R14-2-B1220(A).
F. If USAC reduces or rescinds an applicant's award of federal matching funds following an audit, investigation, enforcement action, or consent decree, the applicant shall immediately notify the Department of Education and the Staff designee and shall reimburse the AUSF fund for any amount by which the

AUSF funds received exceeded the federal matching funds award retained.

Historical Note

New Section R14-2-B1221 made by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). New Section R14-2-B1221 made by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

R14-2-B1222. Administrator Responsibilities; Contributions to and Disbursements from the AUSF

A. The Administrator shall be responsible for administering the E-rate Broadband Special Construction Project Matching Fund Program and, in doing so, shall comply with R14-2-A1211 and R14-2-A1214.

B. The Administrator shall:
1. Determine the surcharge rates to fund the E-rate Broadband Special Construction Project Matching Fund Program, subject to Commission approval;
2. Obtain surcharge collections; and
3. Make disbursements from the AUSF for state matching funds as authorized by the Department of Education and the Commission or its Staff designee, as provided in this Section.

C. The increase to the existing surcharge to fund the E-rate Broadband Special Construction Project Matching Fund Program shall be separately calculated and implemented in accordance with R14-2-A1204, R14-2-A1205(B) through (E), R14-2-A1206 (A) through (C), and R14-2-A1207.

D. E-rate Broadband Special Construction Project Matching Fund Program surcharges shall not be collected for a period longer than 12 months unless the surcharge collections from carriers in that 12-month period do not produce $8 million in total funding. If the amount collected is less than the $8 million cap, the increase in the AUSF surcharge for this Program shall continue until the $8 million cap is reached. If the collections produce more than $8 million in the 12-month period, the Commission Staff shall make a recommendation to the Commission regarding the disposition of the over-collected funds.

E. A telecommunications service provider may collect the E-rate Broadband Special Construction Project Matching Fund Program surcharges from its customers in any manner it reasonably determines to be best for its business and its customers, but shall not in the aggregate collect more than that authorized by the Commission. The telecommunications service providers shall report and submit payment of assessments according to the schedule established by the Administrator.

F. Within 30 days from the effective date of these rules, each telecommunications service provider that interconnects to the public switched network shall provide a letter to the Administrator acknowledging the telecommunications service provider's obligation to pay the new E-rate Broadband Special Construction Project Matching Fund Program surcharges authorized in this Part. Failure to provide such a letter may be grounds for denying the service provider interconnection with the public switched network, upon notice and opportunity to be heard before the Commission.

G. An applicant shall:
1. After accepting an eligible provider's bid for an ESC, notify within 15 days the Department of Education and the Administrator of the bid amount accepted so that the Administrator may allocate funds for the ESC; and
2. After the vendor completes the project, submit to the Department of Education and Administrator a request for disbursement of the funds allocated for the ESC.

H. The Administrator shall disburse AUSF funds allocated for an applicant's ESC upon approval from the Commission or its Staff designee.

Historical Note

New Section R14-2-B1222 made by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). New Section R14-2-B1222 made by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

R14-2-B1223. Discontinuation of E-rate Broadband Special Construction Project Matching Fund Program

A. No applications for the E-rate Broadband Special Construction Project Matching Fund Program shall be accepted after the 2018 E-rate FY procurement cycle.

B. Except as provided in subsection (C), the E-rate Broadband Special Construction Project Matching Fund Program shall be discontinued when all of the funds have been collected and all of the funds collected have been disbursed.

C. The E-rate Broadband Special Construction Project Matching Fund Program may be discontinued earlier or later than specified in subsection (B) if required by the FCC or USAC.

Historical Note

New Section R14-2-B1223 made by emergency rulemaking at 23 A.A.R. 865, effective March 29, 2017, for 180 days (Supp. 17-1). New Section R14-2-B1223 made by final rulemaking at 23 A.A.R. 2822, effective September 20, 2017 (Supp. 17-3).

Editor's Note: The Arizona Corporation Commission has determined that the following Article is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

ARTICLE 13. TELECOMMUNICATIONS INTERCONNECTION AND UNBUNDLING

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1301. Application of Rules

These rules govern interconnection requirements as provided in R14-2-1112. These rules apply to the provision of local exchange services by and between local exchange carriers as those terms are defined in R14-2-1102.

Historical Note

Adopted effective September 6, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-3).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1302. Definitions

In this Article, unless the context otherwise requires, the following definitions shall apply:

1. "800 data base" means an 800 service data base that contains information on the screening and routing of 800 numbers that are in service.
2. "AIN data base" means a data base that is used in connection with an Advanced Intelligent Network (AIN) architecture. The AIN architecture enables telecommunications service providers to introduce advanced telecommunications services.
3. "ALI" or "Automatic Location Identification" means the process of electronically identifying and displaying the name of the subscriber and address of the calling telephone number to a person answering a 911 call.
4. "Central Office Code" means the first three digits of a seven-digit telephone number. Central office codes are assigned to telecommunications providers by the central office code administrator in accordance with the industry's central office code assignment guidelines.
5. "Centralized Message Distribution System" or "CMDS" means the system managed by Bellcore that assists in billing third party calls. Access to CMDS requires a Bellcore client company host.
6. "Directory Assistance Database Listings" means customer name, address, and telephone number listings in the LEC directory assistance database.
7. "E911" access means the ability of a LEC to interconnect with and deliver emergency calls, and associated ANI and ALI information, where available, to the E-911 controlling office for further routing to the appropriate Public Safety Answering Point.
8. "Essential facility or service" means any portion, component, or function of the network or service offered by a provider of local exchange service: that is necessary for a competitor to provide a public telecommunications service; that cannot be reasonable duplicated; and for which there is no adequate economic alternative to the competitor in terms of quality, quantity, and price.
9. "Extended Area Service" or "EAS" means local (toll-free) calling provided between local exchange carrier exchanges (service areas).
10. "Incumbent Local Exchange Carrier" means any company providing service as a local exchange carrier in Arizona prior to June 23, 1995.
11. "Interconnection Services" means those features and functions of a local exchange carriers network that enable other local exchange carriers to provide local exchange and exchange access services. Interconnection services include, but are not limited to, those services offered by local exchange carriers which have been classified by the Commission as essential services.
12. "LIDB" or "Line Information Data Base" means a data base that contains access line information that is used by telecommunications service providers for billing validation.
13. "Local Exchange Carrier" or "LEC" means a telecommunications company that provides local exchange service as one of the telecommunications services it offers to the public.
14. "Local Number Portability" means permitting customers to choose between authorized providers of local exchange services within a given wire center without changing their telephone number and without impairment of quality, functionality, reliability, or convenience of use.
15. "Mutual traffic exchange" means the exchange of terminating local and EAS traffic between LECs such that all LECs terminate the local exchange traffic of all other LECs without explicitly charging each other for such traffic exchange.
16. "New Entrant Local Exchange Carrier" or "NELEC" means any company certificated by the Commission after June 23, 1995, as a local exchange carrier.
17. "Numbering Plan Administration" or "NPA" means a specific geographic area identified by a unique NPA code. The NPA (area code) is a 3-digit code that identifies the NPA for purposes of call routing. The NPA Administrator is the entity within a NPA that assigns central office prefixes (telephone numbers) to users in the NPA.
18. "Public Safety Answering Point" or "PSAP" means a communications facility operated on a 24-hour basis that is assigned the responsibility to receive 911 calls and, as appropriate, to dispatch public or private safety services or to extend, transfer, or relay 911 calls to the appropriate public or private safety agencies.
19. "Rate Center" means specific geographic locations from which airline mileage measurements are determined for the purpose of rating local, Extended Area Service (EAS), and toll traffic.
20. "Reciprocal Compensation" means the arrangement by which local exchange carriers compensate each other for like services used in the termination of local calls between the customers of the two carriers.
21. "Resale of local service" means the purchase by a local exchange carrier from another local exchange carrier a local exchange service provisioned directly to an end-user customer and rebrands it as its own service.
22. "Total Service Long Run Incremental Cost" or "TSLRIC" is as defined in R14-2-1102(17).
23. "White Pages Listings" means customer name, address, and telephone number listings in the white pages Section of LEC telephone directories.
24. "Yellow Pages Listings" means customer name, address, and telephone number listings in the yellow pages Section of LEC telephone directories.

Historical Note

Adopted effective September 6, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-3).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1303. Points of Interconnection

A. Incumbent LECs and NELECs shall, by mutual agreement, arrange for the points of interconnection of their respective networks.

B. Each company interconnecting pursuant to the provisions of this Section shall be responsible for building and maintaining its own facilities to the point of interconnection. Companies are free to negotiate points of interconnection that involve the recurring and non-recurring compensation by one carrier for the transport facilities of another carrier.

C. Each company interconnecting pursuant to the provisions of this Section shall be responsible for the traffic that originates on its network up to the point of interconnection, and for the terminating traffic handed off at the point of interconnection to the call's destination.

D. Should the companies negotiating interconnection arrangements not be able to agree upon the points of interconnection, written notice to that effect shall be made to the Commission Staff by the carrier responding to the interconnection request. The notice shall contain a detailed description of the request itself and why interconnection at the point requested is not feasible.

Historical Note
Adopted effective September 6, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-3).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1304. Reciprocal Compensation

A. Local and EAS traffic shall be terminated by the LECs over the interconnection facilities described in R14-2-1303 on the basis of mutual traffic exchange, for a period of 24 months from the effective date of Commission approval of the first interconnection agreement pursuant to R14-2-1506.

B. Any charges for the underlying transport facilities between the carriers shall be limited to the construction and maintenance charges specified in R14-2-1303.

C. Notwithstanding the provisions of subsection (A), compensation arrangements may be made by mutual agreement between companies.

D. If incumbent local exchange carriers and new entrant local exchange carriers do not arrive at compensation arrangements for local call termination by mutual agreement, they shall each file tariffs proposing permanent compensation mechanisms for terminating local calls within 18 months of the effective date of Commission approval of the first interconnection agreement pursuant to R14-2-1506. This Commission has expressed a preference for flat rate local calling and therefore those tariffs shall not contain usage-sensitive call termination charges, unless otherwise approved by the Commission.

Historical Note
Adopted effective September 6, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-3).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1305. Local and Toll Rating Centers

A. The incumbent LEC's local calling areas and existing EAS boundaries will be utilized for the purpose of classifying traffic as local, EAS, or toll for purposes of intercompany compensation.

B. All LECs will use central office codes with rate centers matching the incumbent LEC's rate centers.

C. All LECs shall be assigned the necessary central office codes for rate purposes.

D. Until a central office code administrator is designated by the Federal Communications Commission to replace US West Communications, Inc., central office codes will be assigned to LECs, at no charge, in accordance with the industry's central office code assignment guidelines.

E. No LEC may charge another LEC for changes to switch routing software necessitated by the creation, assignment, or reassignment of NPA or central office codes.

Historical Note
Adopted effective September 6, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-3).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1306. Access to Databases and other Network Functions

A. All LECs, including new and incumbent LECs, are required to provide nondiscriminatory access to all necessary network functions, databases, and service components required to provide competitive local exchange services. These elements include, but are not limited to, directory assistance database listings, white page listings, yellow page listings, 800 LIDB and AIN databases, CMDS hosting, Busy Line Verification and Busy Line Interrupt operator services, distribution of telephone directories, inclusion of NELEC information in the Call Guide Section of the directory, and E-911.

B. Access to additional network functions, databases, and service components may be required from time to time by order of the Commission. This provision does not preclude the incumbent LEC and NELECs from negotiating voluntary arrangements for access to additional network functions, databases, or service components so long as the contracts for the voluntary arrangements are filed with the Commission and such access is made available to all other NELECs, upon request, under nondiscriminatory terms and conditions, including price.

C. Incumbent LECs shall provide access that is at least equal in type, quality, and price to that provided to themselves, to any affiliate, from any affiliate, or to another incumbent LEC.

D. LECs shall make available the call setup signaling resources and information necessary for setting up local and interexchange connections, including the use of signaling protocols used in the querying of data bases such as 800 and LIDB. LECs shall be prohibited from interfering with the transmission of signaling information between customers and network operators. LECs and NELECs shall have a duty to correct errors, support network management in a way that promotes network integrity, and prevent fraudulent use of a LEC's network.

E. All LECs and NELECs shall cooperate in the development of a process to handle intercompany service ordering, provisioning, and billing, and, repair service referrals.

Historical Note
Adopted effective September 6, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-3).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1307. Unbundling

A. Local exchange carriers with less than 200,000 access lines shall be exempt from the unbundling requirements in these rules. Such exemption shall expire upon the receipt of a bona fide request from a certificated local exchange carrier for an unbundled facility, or if a carrier voluntarily chooses to offer unbundled services.

B. The local exchange carrier's network facilities or services which are determined to be essential shall be provided on terms and under conditions that are equivalent to the terms and conditions under which a local exchange carrier provides such essential facilities or services to itself in the provision of the local exchange carrier's services. The pricing of essential facilities or services shall be pursuant to R14-2-1310 on pricing.

C. The following local exchange carrier network capabilities are classified as essential facilities or services:
1. Termination of local calls,
2. Termination of long distance calls,
3. Interconnection with E911 and 911 services,
4. Access to numbering resources,
5. Dedicated channel network access connections, and
6. Unbundled loops.

D. Incumbent local exchange carriers shall make essential facilities or services available for purchase and use pursuant to negotiated agreements or an approved statement of terms and conditions which shall be filed with the Commission.

E. The following guidelines apply when a certificated telecommunications company makes a bona fide request of an incumbent local exchange carrier to unbundle any network facility or service capability not identified in subsection (C) or when a certificated telecommunications company makes a bona fide request to a NELEC that is the sole owner of essential facilities in the geographic area to unbundle any network facility or service capability. The request shall specify whether the network facility or service is considered by the requesting company to be essential.
1. For the 12 months following the effective date of these rules, the local exchange carrier shall respond to any such request in writing within 120 days. Thereafter, the local exchange carrier shall respond to any such request in writing within 90 days.
2. The response to an unbundling request shall clearly state whether the LEC or NELEC intends to provide the network facility or service on an unbundled basis and, if requested, whether it will be offered as an essential facility or service. If the LEC or NELEC does not intend to provide the requested network facility or service, the response shall state the basis for such refusal.
3. If the local exchange carrier or NELEC agrees to provide the network facility or service on an unbundled basis, the facility or service shall be provided pursuant to negotiated agreements or an approved statement of terms and conditions which shall be filed with the Commission.
4. If the local exchange carrier or NELEC asserts that unbundling the network facility or service is not technically feasible, notice to that effect shall be made to the requesting party and to the Commission.

Historical Note
Adopted effective September 6, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-3).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1308. Number Portability

A. All local exchange carriers shall make local number portability available to facilitate the ability of a customer to switch between authorized local exchange carriers within a given wire center without changing their telephone number and without impairment of quality, functionality, reliability, or convenience of use. Implementation of local number portability or other forms of local number portability shall be based on a technically and economically feasible solution that meets the needs of Arizona consumers and carriers in a competitively neutral manner.

B. An incumbent local exchange carrier serving less than 200,000 access lines will not be required to implement local number portability solutions absent the certification and commitment by a new entrant local exchange carrier to provide service on a facilities basis in the incumbent's service territory.

C. Until such time as local number portability becomes available through database technology, local exchange carriers shall provide interim local number portability pursuant to negotiated agreements or an approved statement of terms and conditions, which shall be filed with the Commission, and shall in addition comply with such other or additional requirements as may be adopted by the Commission.

D. All telecommunication providers who terminate traffic into an exchange, or exchanges, in which the local number portability database solution has been implemented shall utilize the database solution to ensure efficient and appropriate routing of traffic to Arizona customers.

Historical Note
Adopted effective September 6, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-3).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1309. Cost Methodology

TSLRIC is the cost standard to be employed by the incumbent local exchange carrier in conducting the cost studies that establish the underlying cost of local exchange carrier services including unbundled essential facilities and services.

Historical Note
Adopted effective September 6, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-3).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1310. Pricing

A. Pricing of Basic Communication Services.

1. The incumbent local exchange carrier shall provide the Commission with price floor calculations for local exchange and long distance services to ensure the avoidance of anti-competitive pricing practices. A NELEC can price below an incumbent LEC's TSLRIC price.
2. Whenever the incumbent local exchange carrier introduces a new local exchange service or long distance service, or proposes to change the rate for an existing local exchange service or long distance service, the local exchange carrier shall provide to the Commission information that demonstrates that the proposed rate equals or exceeds a price floor calculation for that service using an imputation test described in subsection (C).

B. Pricing of Interconnection Services by Local Exchange Providers.
1. Incumbent local exchange carriers shall establish the price of each interconnection service, including access to databases and other network functions as described in R14-2-1306, at a level equivalent to its TSLRIC-derived costs which may include an assignment of verifiable indirect costs or a 10% addition for indirect costs to the TSLRIC direct costs at the choice of the incumbent LEC.
2. Interim number portability shall be provided by the incumbent local exchange carrier at a price equal to TSLRIC. Any compensation which would otherwise have been received had a local or EAS call to a forwarded number been terminated directly to a customer's chosen carrier, should be passed through from the carrier from whose network the forwarded number is assigned, to the customer's chosen carrier to whose network the number is forwarded.

C. Imputation
1. An incumbent local exchange carrier shall recover in the retail price of each telecommunications service offered by the company the TSLRIC of all nonessential, and the imputed prices of all essential services, facilities, components, functions, or capabilities that are utilized to provision such telecommunications service, whether such service is offered pursuant to tariff or private contract.
2. Imputation requirements of this Section shall be applied in a manner that will permit a carrier providing a service to a customer that is or that becomes eligible for universal service support by order of the Commission to provide such retail service at a price that is net of any Commission-ordered universal service support funding, pursuant to the provisions of the Arizona Universal Service Fund rules.

Historical Note
Adopted effective September 6, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-3).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1311. Waivers
The Commission may consider variations or exemptions from the terms or requirements of any of the rules included herein (14 A.A.C. 2, Article 13) upon application of an affected party. The application must set forth the reasons why the public interest will be served by the variation or exemption from the Commission rules. Any variation or exemption granted shall require an order of the Commission. Where a conflict exists between these rules and an approved tariff or order of the Commission, the provision of the approved tariff or order of the Commission shall apply.

Historical Note
Adopted effective September 6, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-3).

ARTICLE 14. EMERGENCY EXPIRED

R14-2-1401. Emergency Expired

Historical Note
Emergency rule adopted effective December 22, 1995, effective for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-4). Emergency expired.

R14-2-1402. Emergency Expired

Historical Note
Emergency rule adopted effective December 22, 1995, effective for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-4). Emergency expired.

R14-2-1403. Emergency Expired

Historical Note
Emergency rule adopted effective December 22, 1995, effective for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-4). Emergency expired.

R14-2-1404. Emergency Expired

Historical Note
Emergency rule adopted effective December 22, 1995, effective for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-4). Emergency expired.

R14-2-1405. Emergency Expired

Historical Note
Emergency rule adopted effective December 22, 1995, effective for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-4). Emergency expired.

R14-2-1406. Emergency Expired

Historical Note
Emergency rule adopted effective December 22, 1995, effective for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-4). Emergency expired.

R14-2-1407. Emergency Expired

Historical Note
Emergency rule adopted effective December 22, 1995, effective for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-4). Emergency expired.

R14-2-1408. Emergency Expired

Historical Note
Emergency rule adopted effective December 22, 1995, effective for a maximum of 180 days, under a court-

ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-4). Emergency expired.

R14-2-1409. Emergency Expired

Historical Note
Emergency rule adopted effective December 22, 1995, effective for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 95-4). Emergency expired.

Editor's Note: The Arizona Corporation Commission has determined that the following Article is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

ARTICLE 15. ARBITRATION AND MEDIATION

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1501. Application of Rules
These rules govern procedures mandated by the Telecommunications Act of 1996, 47 U.S.C. 252, regarding the mediation, arbitration, review, and approval of interconnection agreements.

Historical Note
Emergency rule adopted effective July 23, 1996, effective for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission; filed with the Office of the Secretary of State July 15, 1996 (Supp. 96-3). Emergency expired. Emergency rule adopted again effective January 17, 1997, for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 97-1). Emergency expired. New Section adopted effective August 27, 1997, under an exemption as determined by the Arizona Corporation Commission (Supp. 97-3).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1502. Definitions
A. "Arbitration" means an alternative dispute resolution process in which the Arizona Corporation Commission decides the matter in dispute after the parties have had an opportunity to present their respective positions.
B. "Arizona Corporation Commission" or "Commission" means the regulatory agency of the state of Arizona that has jurisdiction over public service corporations operating in Arizona.
C. "Duty to Negotiate in Good Faith" means that parties meet and confer at reasonable times and places with minds open to persuasion and with an eye toward reaching agreement on mandatory subjects of bargaining.
D. "Interconnection Agreement" means a formal agreement between any telecommunications carriers providing or intending to provide telecommunications services in Arizona, setting forth the particular terms and conditions under which interconnection and resale services, as appropriate, will be provided.
E. "Mediation" means a voluntary alternative dispute resolution process in which a neutral third party assists the parties in reaching their own settlement. The mediator does not have the power to impose a resolution. The role of the mediator and the goal of the process is to help the parties achieve their own resolution.
F. "Petition for arbitration" means the petition requesting arbitration of issues unresolved in the negotiation of an interconnection agreement.
G. "Petitioner" means the party to the negotiation that files the petition for arbitration with the Commission.
H. "Request for negotiation" means a formal request made by any telecommunications carrier providing or intending to provide telecommunications services in Arizona to another telecommunications carrier to negotiate an interconnection agreement.
I. "Respondent" or "responding party" means the nonpetitioning party to the request for arbitration.

Historical Note
Emergency rule adopted effective July 23, 1996, effective for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission; filed with the Office of the Secretary of State July 15, 1996 (Supp. 96-3). Emergency expired. Emergency rule adopted again effective January 17, 1997, for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 97-1). Emergency expired. New Section adopted effective August 27, 1997, under an exemption as determined by the Arizona Corporation Commission (Supp. 97-3).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1503. Negotiation
A telecommunications carrier initiating a request to negotiate shall notify the Commission when a request for negotiation has been made pursuant to 47 U.S.C. 252. The notification shall include the names of the negotiating parties and the date of the request. The notification shall be served on all parties to the negotiation.

Historical Note
Emergency rule adopted effective July 23, 1996, effective for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission; filed with the Office of the Secretary of State July 15, 1996 (Supp. 96-3). Emergency expired. Emergency rule adopted again effective January 17, 1997, for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 97-1). Emergency expired. New Section adopted effective August 27, 1997, under an exemption as determined by the Arizona Corporation Commission (Supp. 97-3).

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(App. 1992)).

R14-2-1504. Mediation

A. Any party negotiating an agreement under 47 U.S.C. 252 may, at any point in the negotiation, ask the Commission to participate in the negotiation and to mediate any differences arising in the course of the negotiation.

B. If a party requests mediation by the Commission, a non-Hearing Division employee of the Commission will be appointed to act as mediator.

C. A request for mediation shall contain a brief statement of the nature of the dispute and the names, addresses, and telephone and telefax numbers of the parties or their representatives. Copies of the request shall be served on all parties to the negotiation.

D. The mediator shall have discretion to regulate the course of the mediation, including scheduling of mediation sessions, in consultation with the parties. The following general procedures apply:
1. The mediator will not impose a settlement but can offer proposals for settlement;
2. The mediator may meet individually with the parties or attorneys during mediation;
3. Only the parties to the negotiation may attend the mediation session or sessions, unless all parties consent to the presence of others;
4. Parties shall provide the mediator with a brief statement of position and relevant background information prior to the first mediation session. The mediator may ask for this information to be supplemented;
5. The mediator will not provide legal advice to the parties, nor will any mediator's statements as to law or policy be binding on the Commission, unless later adopted by the Commission;
6. The mediation process is confidential, to the extent permitted by law. No stenographic record will be kept.

E. All parties participating in a requested Commission mediation have a duty to negotiate in good faith. The mediator may terminate the mediation if it appears that the likelihood of agreement is remote or if a party is not participating in good faith, or for other good cause. Ordinarily, a mediation should not be terminated prior to the completion of at least one mediation session.

Historical Note

Emergency rule adopted effective July 23, 1996, effective for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission; filed with the Office of the Secretary of State July 15, 1996 (Supp. 96-3). Emergency expired. Emergency rule adopted again effective January 17, 1997, for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 97-1). Emergency expired. New Section adopted effective August 27, 1997, under an exemption as determined by the Arizona Corporation Commission (Supp. 97-3).

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R14-2-1505. Arbitration

A. Filing and Service of a Petition for Arbitration.
1. During the period from the 135th to the 160th day (inclusive) after the date on which an incumbent local exchange carrier receives a request for negotiation under 47 U.S.C. 252(b)(1), any party to the negotiation may petition the Arizona Corporation Commission to arbitrate any open issues. The petition shall request arbitration of all issues which are unresolved at the time the petition is filed. Parties may continue to negotiate or otherwise resolve the disputed issues after arbitration is requested. The pendency of a mediation shall not bar a party from petitioning the Commission for arbitration.
2. An original and 10 copies of a petition for arbitration shall be filed with the Commission. The petitioner shall deliver to the respondent a complete copy of the petition and all accompanying documentation on the same day that the petition is filed with the Commission.

B. Contents of Petition and Documentation.
1. A petition for arbitration shall clearly set forth the date upon which the original request for negotiation was received and the dates 135 days, 160 days, and nine months thereafter.
2. A petition for arbitration shall be accompanied by all relevant documentation concerning the unresolved issues, the position of each of the parties with respect to those issues, and any other issue discussed and resolved by the parties. Relevant documentation includes, but is not limited to, the following:
   a. A brief or other written statement addressing the disputed issues. The brief should address, in addition to any other matters, how the parties' positions and any conditions requested meet or fail to meet the requirements of 47 U.S.C. 251; any applicable Federal Communication Commission regulations; and any applicable regulation, order, or policy of this Commission.
   b. Where prices are in dispute, the petitioner shall submit its proposed rates or charges and related supporting materials.
   c. Any conditions which petitioner requests be imposed.
   d. A proposed schedule for implementation of the terms and conditions of the agreement.
   e. The petition may include a recommendation as to any information which should be requested from the parties by the arbitrator pursuant to 47 U.S.C. 252(b)(4)(B). The recommendation should state why the information is necessary for the arbitrator to reach a decision on the unresolved issues.
   f. A proposed interconnection agreement.
   g. Any other documents relevant to the dispute, including copies of all documents in their possession or control on which they rely in support of their positions or which they intend to present at the arbitration.

C. Opportunity to Respond. The respondent may respond to the petition for arbitration within 25 days of the filing of the petition. The respondent shall respond to all the specific issues raised in the petition for arbitration.

D. Confidentiality. Petitions, responses, accompanying material, and any documents provided to the Commission pursuant to a request under 47 U.S.C. 252(b)(4)(B) may be subject to the Arizona public disclosure law. However, a petition or response may include a request for issuance of a protective order.

E. Discovery.
1. Parties must cooperate in good faith in the voluntary, prompt, and informal exchange of all documents and other information relevant to the disputed issues, subject to claims of privilege or confidentiality. Parties must exchange copies of all documents relevant to the dispute, including those on which they rely in support of their position or which they intend to present at the arbitration.
2. At the time of filing of a petition for arbitration, or a response, the petitioner may file discovery requests on the responding party, with an information copy provided to the arbitrator.
3. Discovery requests not responded to may be submitted to the arbitrator, with a request that the arbitrator order the discovery, pursuant to 47 U.S.C. 252(b)(4)(B). The request should include an explanation of why the information is necessary to reach a decision on the unresolved issues.
4. Failure to cooperate in discovery may be considered as a failure to negotiate in good faith.

F. Appointment and Authority of Arbitrator.
1. Arbitrations will be conducted by Commission Hearing Officers.
2. The arbitrator will exercise all authority necessary to conduct the arbitration, subject to the provisions of these rules.
3. The arbitrator may, in the arbitrator's discretion and to the extent practical, consolidate proceedings under 47 U.S.C. 252 in order to reduce administrative burdens on telecommunications carriers, other parties to the proceedings, and the Commission.
4. The arbitrator may request the assistance of members of the Commission staff in reviewing the petition and accompanying materials, to the extent such staff members have not acted as mediator with respect to the same interconnection agreement between the same parties.
5. The arbitrator will be authorized to recommend to the Commission a resolution of the disputed issues and any appropriate conditions to be imposed in the form of a Recommended Opinion and Order. The Commission will issue a final decision not later than nine months after the date on which the local exchange carrier received the request to negotiate.

G. Arbitration Proceeding. Arbitration allows an opportunity for parties to present their positions. However, arbitration does not require sworn testimony or cross-examination of witnesses. Arbitration proceedings will be conducted pursuant to procedures established by the Hearing Officer.

H. Fees and Costs. Each party shall be responsible for bearing its own fees and costs.

I. Any person wishing to comment on the Recommended Opinion and Order may do so by filing written comments with the Commission prior to the Commission's final decision.

Historical Note

Emergency rule adopted effective July 23, 1996, effective for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission; filed with the Office of the Secretary of State July 15, 1996 (Supp. 96-3). Emergency expired. Emergency rule adopted again effective January 17, 1997, for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 97-1). Emergency expired. New Section adopted effective August 27, 1997, under an exemption as determined by the Arizona Corporation Commission (Supp. 97-3).

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R14-2-1506. Filing and Service of Request for Approval of Interconnection Agreement

A. An interconnection agreement shall be submitted to the Commission for approval under 47 U.S.C. 252(e) within 30 calendar days of the issuance of the Commission's final decision on the petition for arbitration, in the case of arbitrated agreements, or, in the case of negotiated agreements, within 30 calendar days of the execution of the agreement. The 30-day deadline may be extended by the Commission for good cause.

B. An original and 10 copies of requests for approval shall be filed with the Docket Control section of the Commission. Any party to the agreement may submit a request for approval. Unless filed jointly by all parties, the request for approval and any accompanying materials should be served on the other signatories on the day of the filing.

C. A request for approval shall include the documentation set out in this subsection. The materials can be filed jointly or separately by the parties to the agreement but should all be filed by the 30-day deadline set out in subsection (A).
1. Negotiated Agreements. The following documentation must be filed:
   a. A complete copy of the signed agreement, including any attachments or appendices.
   b. A brief or memorandum summarizing the main provisions of the agreement, setting forth the party's position as to why the agreement should be adopted, including a statement as to why the agreement does not discriminate against nonparty telecommunications carriers, is consistent with the public interest, convenience, and necessity, and is consistent with applicable state law requirements.
2. Arbitrated Agreements. The following documentation must be filed:
   a. A complete copy of the signed agreement, including any attachments or appendices.
   b. A brief or memorandum summarizing the main provisions of the agreement, setting forth the party's position as to why the agreement should or should not be adopted, in whole or in part, and a statement explaining how the agreement, in whole or in part, meets or does not meet each of the applicable specific requirements of 47 U.S.C. 251, including any applicable Federal Communications Commission regulations.
   c. Complete and specific information to enable the Commission to make the determinations required by 47 U.S.C. 252(d).
   d. A party may file a statement with the signed interconnection agreement, indicating that it has executed the agreement under protest and does not waive its right to appeal specified provisions of the agreement that were mandated by Order of the Commission.
3. Combination Agreements (Arbitrated/Negotiated). Any agreement containing both arbitrated and negotiated pro-

visions shall include the foregoing materials as appropriate, depending on whether a provision is negotiated or arbitrated. The memorandum should clearly identify which provisions were negotiated and which were arbitrated.

D. Any filing not containing the required materials will be rejected and must be refiled when complete. The statutory timelines will not begin to run until a request has been properly filed.

E. Agreements containing both arbitrated and negotiated provisions will be subject to the 30-day deadline specified in 47 U.S.C. 252(e)(4).

Historical Note

Emergency rule adopted effective July 23, 1996, effective for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission; filed with the Office of the Secretary of State July 15, 1996 (Supp. 96-3). Emergency expired. Emergency rule adopted again effective January 17, 1997, for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 97-1). Emergency expired. New Section adopted effective August 27, 1997, under an exemption as determined by the Arizona Corporation Commission (Supp. 97-3).

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R14-2-1507. Approval Procedure

A. Unless otherwise ordered by the Commission, a hearing will not be held for a request for approval of an interconnection agreement.

B. The Commission will enter an order approving or rejecting the interconnection agreement within 30 days of request for approval of arbitrated agreements and agreements containing both arbitrated and negotiated provisions, or within 90 days of request for approval of negotiated agreements, with written findings as to any deficiencies.

Historical Note

Emergency rule adopted effective July 23, 1996, effective for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission; filed with the Office of the Secretary of State July 15, 1996 (Supp. 96-3). Emergency expired. Emergency rule adopted again effective January 17, 1997, for a maximum of 180 days, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 97-1). Emergency expired. New Section adopted effective August 27, 1997, under an exemption as determined by the Arizona Corporation Commission (Supp. 97-3).

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R14-2-1508. Amendments

Any amendments to an interconnection agreement shall be filed with the Commission and, if not rejected by the Commission within 30 days of filing, such amended agreements will become effective.

1. For negotiated amendments, including amendments resolved by Commission or private mediation, Commission rejection shall be limited to discrimination against nonparty telecommunications carriers, lack of consistency with the public interest, convenience, and necessity, or lack of consistency with applicable state law requirements.
2. For amendments resolved through arbitration, whether by the Commission or private arbitrator, Commission rejection shall be limited to failure to meet any of the applicable specific requirements of 47 U.S.C. 251, including any applicable Federal Communications Commission regulations.

Historical Note

Adopted effective August 27, 1997, under an exemption as determined by the Arizona Corporation Commission (Supp. 97-3).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1509. Replacement or Subsequent Interconnection Agreements

Replacement or subsequent interconnection agreements are subject to the provisions of this Article.

Historical Note

Adopted effective August 27, 1997, under an exemption as determined by the Arizona Corporation Commission (Supp. 97-3).

ARTICLE 16. RETAIL ELECTRIC COMPETITION

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1601. Definitions

In this Article, unless the context otherwise requires:

1. "Affected Utilities" means the following public service corporations providing electric service:
   Tucson Electric Power Company, Arizona Public Service Company, Citizens Utilities Company, Arizona Electric Power Cooperative, Trico Electric Cooperative, Duncan Valley Electric Cooperative, Graham County Electric Cooperative, Mohave Electric Cooperative, Sulphur Springs Valley Electric Cooperative, Navopache Electric Cooperative, Ajo Improvement Company, and Morenci Water and Electric Company.
2. "Aggregation" means the combination and consolidation of loads of multiple customers.
3. "Aggregator" means an Electric Service Provider that, as part of its business, combines retail electric customers into a purchasing group.
4. "Ancillary Services" means those services designated as ancillary services in Federal Energy Regulatory Commis-

sion Order 888, including the services necessary to support the transmission of electricity from resource to load while maintaining reliable operation of the transmission system in accordance with good utility practice.

5. "Bundled Service" means electric service provided as a package to the consumer including all generation, transmission, distribution, ancillary and other services necessary to deliver and measure useful electric energy and power to consumers.
6. "Competition Transition Charge" (CTC) is a means of recovering Stranded Costs.
7. "Competitive Services" means all aspects of retail electric service except those services specifically defined as "Noncompetitive Services" pursuant to R14-2-1601(29) or noncompetitive services as defined by the Federal Energy Regulatory Commission.
8. "Consumer Education" is the provision of impartial information to consumers about competition or Competitive and Noncompetitive Services and is distinct from advertising and marketing.
9. "Control Area Operator" is the operator of an electric system or systems, bounded by interconnection metering and telemetry, capable of controlling generation to maintain its interchange schedule with other such systems and contributing to frequency regulation of the interconnection.
10. "Current Transformer" (CT) is an electrical device used in conjunction with an electric meter to provide a measurement of energy consumption for metering purposes.
11. "Delinquent Accounts" means customer accounts with outstanding past-due payment obligations that remain unpaid after the due date.
12. "Direct Access Service Request" (DASR) means a form that contains all necessary billing and metering information to allow customers to switch electric service providers. This form must be submitted to the Utility Distribution Company by the customer's Electric Service Provider.
13. "Distribution Primary Voltage" is voltage as defined under the Affected Utility's Federal Energy Regulatory Commission (FERC) Open Access Transmission Tariff, except for Meter Service Providers, for which Distribution Primary Voltage is voltage at or above 600 volts (600V) through and including 25 kilovolts (25 kV).
14. "Distribution Service" means the delivery of electricity to a retail consumer through wires, transformers, and other devices that are not classified as transmission services subject to the jurisdiction of the Federal Energy Regulatory Commission; Distribution Service excludes Metering Services, Meter Reading Services, and billing and collection services, as those terms are used herein.
15. "Electric Service Provider" (ESP) means a company supplying, marketing, or brokering at retail any Competitive Services pursuant to a Certificate of Convenience and Necessity.
16. "Electric Service Provider Service Acquisition Agreement" or "Service Acquisition Agreement" means a contract between an Electric Service Provider and a Utility Distribution Company to deliver power to retail end users or between an Electric Service Provider and a Scheduling Coordinator to schedule transmission service.
17. "Electronic Data Interchange" (EDI) is the computer-to-computer electronic exchange of business documents using standard formats which are recognized both nationally and internationally.
18. "Generation" means the production of electric power or contract rights to the receipt of wholesale electric power.
19. "Green Pricing" means a program offered by an Electric Service Provider where customers elect to pay a rate premium for renewable generated electricity.
20. "Independent Scheduling Administrator" (ISA) is an entity, independent of transmission-owning organizations, intended to facilitate nondiscriminatory retail direct access using the transmission system in Arizona.
21. "Independent System Operator" (ISO) is an independent organization whose objective is to provide nondiscriminatory and open transmission access to the interconnected transmission grid under its jurisdiction, in accordance with the Federal Energy Regulatory Commission principles of independent system operation.
22. "Load Profiling" is a process of estimating a customer's hourly energy consumption based on measurements of similar customers.
23. "Load-Serving Entity" means an Electric Service Provider, Affected Utility, or Utility Distribution Company, excluding a Meter Service Provider, and Meter Reading Service Provider.
24. "Meter Reading Service" means all functions related to the collection and storage of consumption data.
25. "Meter Reading Service Provider" (MRSP) means an entity providing Meter Reading Service, as that term is defined herein and that reads meters, performs validation, editing, and estimation on raw meter data to create billing-ready meter data; translates billing-ready data to an approved format; posts this data to a server for retrieval by billing agents; manages the server; exchanges data with market participants; and stores meter data for problem resolution.
26. "Meter Service Provider" (MSP) means an entity providing Metering Service, as that term is defined herein.
27. "Metering and Metering Service" means all functions related to measuring electricity consumption.
28. "Must-Run Generating Units" are those local generating units that are required to run to maintain distribution system reliability and to meet load requirements in times of congestion on certain portions of the interconnected transmission grid.
29. "Net Metering" or "Net Billing" is a method by which customers can use electricity from customer-sited solar electric generators to offset electricity purchased from an Electric Service Provider. The customer only pays for the "Net" electricity purchased.
30. "Noncompetitive Services" means Distribution Service, Standard Offer Service, transmission, and any ancillary services deemed to be non-competitive by the Federal Energy Regulatory Commission, Must-Run Generating Units services, provision of customer demand and energy data by an Affected Utility or Utility Distribution Company to Electric Service Providers, and those aspects of Metering Service set forth in R14-2-1612(K).
31. "OASIS" is Open Access Same-Time Information System, which is an electronic bulletin board where transmission-related information is posted for all interested parties to access via the Internet to enable parties to engage in transmission transactions.
32. "Operating Reserve" means the generation capability above firm system demand used to provide for regulation, load forecasting error, equipment forced and scheduled

outages, and local area protection to provide system reliability.

33. "Potential Transformer (PT)/Voltage Transformer (VT)" is an electrical device used to step down primary voltages to 120V for metering purposes.
34. "Provider of Last Resort" means a provider of Standard Offer Service to customers within the provider's certificated area whose annual usage is 100,000 kWh or less and who are not buying Competitive Services.
35. "Public Power Entity" incorporates by reference the definition set forth in A.R.S. § 30-801.16.
36. "Retail Electric Customer" means the person or entity in whose name service is rendered.
37. "Scheduling Coordinator" means an entity that provides schedules for power transactions over transmission or distribution systems to the party responsible for the operation and control of the transmission grid, such as a Control Area Operator, Arizona Independent Scheduling Administrator, or Independent System Operator.
38. "Self-Aggregation" is the action of a retail electric customer that combines its own metered loads into a single purchase block.
39. "Standard Offer Service" means Bundled Service offered by the Affected Utility or Utility Distribution Company to all consumers in the Affected Utility's or Utility Distribution Company's service territory at regulated rates including metering, meter reading, billing and collection services, demand side management services including but not limited to time-of-use, and consumer information services. All components of Standard Offer Service shall be deemed noncompetitive as long as those components are provided in a bundled transaction under R14-2-1606(A).
40. "Stranded Cost" includes:
    a. The verifiable net difference between:
        i. The net original cost of all the prudent jurisdictional assets and obligations necessary to furnish electricity (such as generating plants, purchased power contracts, fuel contracts, and regulatory assets), acquired or entered into prior to December 26, 1996, under traditional regulation of Affected Utilities; and
        ii. The market value of those assets and obligations directly attributable to the introduction of competition under this Article;
    b. Reasonable costs necessarily incurred by an Affected Utility to effectuate divestiture of its generation assets;
    c. Reasonable employee severance and retraining costs necessitated by electric competition, where not otherwise provided; and
    d. Other transition and restructuring costs as approved by the Commission as part of the Affected Utility's Stranded Cost determination under R14-2-1607.
41. "System Benefits" means Commission-approved utility low income, demand side management, Consumer Education, environmental, renewables, long-term public benefit research and development, and nuclear fuel disposal and nuclear power plant decommissioning programs, and other programs that may be approved by the Commission from time to time.
42. "Transmission Primary Voltage" is voltage above 25 kV as it relates to metering transformers.
43. "Transmission Service" refers to the transmission of electricity to retail electric customers or to electric distribution facilities and that is so classified by the Federal Energy Regulatory Commission or, to the extent permitted by law, so classified by the Arizona Corporation Commission.
44. "Unbundled Service" means electric service elements provided and priced separately, including, but not limited to, such service elements as generation, transmission, distribution, Must Run Generation, metering, meter reading, billing and collection, and ancillary services. Unbundled Service may be sold to consumers or to other Electric Service Providers.
45. "Universal Node Identifier" is a unique, permanent, identification number assigned to each service delivery point.
46. "Utility Distribution Company" (UDC) means the electric utility entity regulated by the Commission that operates, constructs, and maintains the distribution system for the delivery of power to the end user point of delivery on the distribution system.
47. "Utility Industry Group" (UIG) refers to a utility industry association that establishes national standards for data formats.

Historical Note

Adopted effective December 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-4). Amended by an emergency action effective August 10, 1998, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 98-3). Emergency amendment replaced by exempt permanent amendment effective December 31, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000 (Supp. 00-4). Amended by exempt rulemaking at 7 A.A.R. 1661, effective March 30, 2001 (Supp. 01-1).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1602. Commencement of Competition

A. An Affected Utility's customers will be eligible for competitive electric services, subject to the phase-in schedule in R14-2-1604, on the date set by Commission Order in each Affected Utility's Stranded Cost and Unbundled Tariff proceeding.

B. An Affected Utility's competitive electric affiliates or an affiliate of which it is a member shall not be permitted to offer Competitive Services in any other Affected Utility's service territory until the Commission has ordered the service area of the potential competitor's affiliated Affected Utility opened to competition.

Historical Note

Adopted effective December 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-4). Section repealed; new Section adopted by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301

(App. 1992)).

R14-2-1603. Certificates of Convenience and Necessity

A. Any Electric Service Provider intending to supply Competitive Services shall obtain a Certificate of Convenience and Necessity from the Commission pursuant to this Article. An Affected Utility need not apply for a Certificate of Convenience and Necessity to continue to provide electric service in its service area during the transition period set forth in R14-2-1604. A Utility Distribution Company providing Standard Offer Service, or services authorized in R14-2-1615, after January 1, 2001, need not apply for a Certificate of Convenience and Necessity. All other Affected Utility affiliates created in compliance with R14-2-1615(A) shall be required to apply for appropriate Certificates of Convenience and Necessity.

B. Any company desiring such a Certificate of Convenience and Necessity shall file with the Docket Control Center the required number of copies of an application. In support of the request for a Certificate of Convenience and Necessity, the following information must be provided:

1. A description of the electric services that the applicant intends to offer;
2. The proper name and correct address of the applicant, and
   a. The full name of the owner if a sole proprietorship,
   b. The full name of each partner if a partnership,
   c. A full list of officers and directors if a corporation, or
   d. A full list of the members if a limited liability corporation;
3. A tariff for each service to be provided that states the maximum rate and terms and conditions that will apply to the provision of the service;
4. A description of the applicant's technical ability to obtain and deliver electricity if appropriate and to provide any other proposed services;
5. Documentation of the financial capability of the applicant to provide the proposed services, including the most recent income statement and balance sheet, the most recent projected income statement, and other pertinent financial information. Audited information shall be provided if available;
6. A description of the form of ownership (for example, partnership, corporation);
7. For an applicant that is an affiliate of an Affected Utility, a statement of whether the Affected Utility has complied with the requirements of R14-2-1616, including the Commission Decision approving the Code of Conduct, where applicable; and
8. Such other information as the Commission or the staff may request.

C. The applicant shall report in a timely manner during the application process any changes in the information initially reported to the Commission in the application for a Certificate of Convenience and Necessity.

D. The applicant shall provide public notice of the application as required by the Commission.

E. At the time of filing for a Certificate of Convenience and Necessity, each applicant shall notify the Affected Utilities, Utility Distribution Companies, or an electric utility not subject to the jurisdiction of the Arizona Corporation Commission in whose service territories it wishes to offer service of the application by providing a copy of the application to the Affected Utilities, Utility Distribution Companies, or an electric utility not subject to the jurisdiction of the Arizona Corporation Commission. No later than 10 days after application is filed, each applicant shall provide written notice to the Commission, through Docket Control, that it has provided notification to each of the respective Affected Utilities, Utility Distribution Companies, or an electric utility not subject to the jurisdiction of the Arizona Corporation Commission. The attachment to the CC&N application should include a listing of the names and addresses of the notified Affected Utilities, Utility Distribution Companies or an electric utility not subject to the jurisdiction of the Arizona Corporation Commission.

F. The Commission may issue a Certificate of Convenience and Necessity that is effective for a specified period of time if the applicant has limited or no experience in providing the retail electric service that is being requested. An applicant receiving such approval shall have the responsibility to apply for appropriate extensions.

G. The Commission may deny certification to any applicant who:

1. Does not provide the information required by this Article;
2. Does not possess adequate technical or financial capabilities to provide the proposed services;
3. Seeks certification as a Load-Serving Entity and does not have an Electric Service Provider Service Acquisition Agreement with a Utility Distribution Company and Scheduling Coordinator, if the applicant is not its own Scheduling Coordinator;
4. Fails to provide a performance bond, if required;
5. Fails to demonstrate that its certification will serve the public interest;
6. Seeks certification as a Load-Serving Entity and fails to submit an executed Service Acquisition Agreement with a Utility Distribution Company or a Scheduling Coordinator for approval by the Director, Utilities Division, prior to the offering of service to potential customers. Agreements are to be filed with the Compliance Section, Utilities Division.

H. A Request for approval of an executed Service Acquisition Agreement may be included with an application for a Certificate of Convenience and Necessity. In all negotiations relative to Service Acquisition Agreements, Affected Utilities or their successor entities are required to negotiate in good faith.

I. Every Electric Service Provider obtaining a Certificate of Convenience and Necessity under this Article shall obtain certification subject to the following conditions:

1. The Electric Service Provider shall comply with all Commission rules, orders, and other requirements relevant to the provision of electric service;
2. The Electric Service Provider shall maintain accounts and records as required by the Commission;
3. The Electric Service Provider shall file with the Director, Utilities Division, through the Compliance Section, all financial and other reports that the Commission may require and in a form and at such times as the Commission may designate;
4. The Electric Service Provider shall maintain on file with the Commission all current tariffs and any service standards that the Commission shall require;
5. The Electric Service Provider shall cooperate with any Commission investigation of customer complaints;
6. The Electric Service Provider shall obtain all necessary permits and licenses, including relevant tax licenses;
7. The Electric Service Provider shall comply with all disclosure requirements pursuant to R14-2-1617;
8. Failure to comply with any of the above conditions may result in rescission of the Electric Service Provider's Certificate of Convenience and Necessity.

J. In appropriate circumstances, the Commission may require, as a precondition to certification, the procurement of a performance bond sufficient to cover any advances or deposits the applicant may collect from its customers, or order that such advances or deposits be held in escrow or trust.

K. Time-frames for processing applications for Certificates of Convenience and Necessity

1. This rule prescribes time-frames for the processing of any application for a Certificate of Convenience and Necessity issued by the Arizona Corporation Commission pursuant to this Article. These time-frames shall apply to applications filed on or after the effective date of this rule.
2. Within 120 calendar days after receipt of an application for a new Certificate of Convenience and Necessity, or to amend or change the status of any existing Certificate of Convenience and Necessity, staff shall notify the applicant, in writing, that the application is either administratively complete or deficient. If the application is deficient, the notice shall specify all deficiencies.
3. Staff may terminate an application if the applicant does not remedy all deficiencies within 60 calendar days of the notice of deficiency.
4. After receipt of a corrected application, staff shall notify the applicant within 90 calendar days if the corrected application is either administratively complete or deficient. The time-frame for administrative completeness review shall be suspended from the time the notice of deficiency is issued until staff determines that the application is complete.
5. Within 180 calendar days after an application is deemed administratively complete, the Commission shall approve or reject the application.
6. For purposes of A.R.S. § 41-1072, et seq., the Commission has established the following time-frames:
   a. Administrative completeness review time-frame: 120 calendar days;
   b. Substantive review time-frame: 180 calendar days;
   c. Overall time-frame: 300 calendar days.
7. If an applicant requests, and is granted, an extension or continuance, the appropriate time-frames shall be tolled from the date of the request during the duration of the extension or continuance.
8. During the substantive review time-frame, the Commission may, upon its own motion or that of any interested party to the proceeding, request a suspension of the time-frame rules.

Historical Note

Adopted effective December 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-4). Amended by an emergency action effective August 10, 1998, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 98-3). Emergency amendment replaced by exempt permanent amendment effective December 31, 1998 (Supp. 98-4). Amended effective December 31, 1998, under an exemption as determined by the Arizona Corporation Commission (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000 (Supp. 00-4).

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R14-2-1604. Competitive Phases

A. At the date established under R14-2-1602(A), each Affected Utility shall make available at least 20% of its 1995 system retail peak demand for competitive generation supply on a first-come, first-served basis as further described in this rule. First-come, first-served, for the purpose of this rule, shall be determined for nonresidential customers by the date and time of an Electric Service Provider's filing of a Direct Access Service Request with the Affected Utility or Utility Distribution Company. The effective date of the Direct Access Service Request must be within 60 days of the filing date of the Direct Access Service Request. Residential customer selection will be determined under approved residential phase-in programs as specified in subsection (B)(4).

1. All Affected Utility customers with single premise noncoincident peak demand load of 1 MW or greater will be eligible for competitive electric services upon the commencement of competition. Customers meeting this requirement shall be eligible for competitive services until at least 20% of the Affected Utility's 1995 system peak demand is served by competition.
2. Any class of customer may aggregate into a minimum combined load of 1 MW or greater within an Affected Utility's service territory and be eligible for competitive electric services. From the commencement of competition under R14-2-1602 through December 31, 2000, aggregation of new competitive customers will be allowed until such time as at least 20% of the Affected Utility's 1995 peak demand is served by competitors.
3. Affected Utilities shall notify customers eligible under this subsection of the terms of the subsection no later than 60 days prior to the start of competition within its service territory.
4. Effective January 1, 2001, all Affected Utility customers irrespective of size will be eligible for Aggregation and Self-Aggregation. Aggregation and Self-Aggregation customers purchasing their electricity and related services at any time after the effective date of these rules must do so from a certificated Electric Provider as provided for in these rules.

B. As part of the minimum 20% of 1995 system peak demand set forth in subsection (A), each Affected Utility shall reserve a residential phase-in program that provides an increasing minimum percentage of residential customers with access to competitive electric services according to the following schedule:

1.

January 1, 1999	1 1/4%
April 1, 1999	2 1/2%
July 1, 1999	3 3/4%
October 1, 1999	5%
January 1, 2000	6 1/4%
April 1, 2000	7 1/2%
July 1, 2000	8 3/4%
October 1, 2000	10%

2. Access to the residential phase-in program will be on a first-come, first-served basis. The Affected Utility shall create and maintain a waiting list to manage the residential phase-in program, which list shall promptly be made available to any certificated Load-Serving Electric Service Provider upon request.

3. Residential customers participating in the residential phase-in program shall be permitted to use load profiling to satisfy the requirements for hourly consumption data; however, they may choose other metering options offered by their Electric Service Provider consistent with the Commission's rules on metering.
4. If not already done, each Affected Utility shall file a residential phase-in program proposal to the Commission, through Docket Control, for approval by Director, Utilities Division, by September 15, 1999. Interested parties will have until September 30, 1999, to comment on any proposal. At a minimum, the residential phase-in program proposal will include specifics concerning the Affected Utility's proposed:
   a. Process for customer notification of residential phase-in program;
   b. Selection and tracking mechanism for customers based on first-come, first-served method;
   c. Customer notification process and other education and information services to be offered;
   d. Load Profiling methodology and actual load profiles, if available; and
   e. Method for calculation of reserved load.
5. After the commencement of competition under R14-2-1602, each Affected Utility shall file quarterly residential phase-in program reports with the Compliance Section, Utilities Division, within 45 days of the end of each quarter. The first such report shall be due within 45 days of the first quarter ending after the start of the phase-in of competition for that Affected Utility. The final report due under this rule shall be due within 45 days of the quarter ending December 31, 2002. As a minimum, these quarterly reports shall include:
   a. The number of customers and the load currently enrolled in residential phase-in program by Energy Service Provider,
   b. The number of customers currently on the waiting list,
   c. A description and examples of all customer education programs and other information services including the goals of the education program and a discussion of the effectiveness of the programs, and
   d. An overview of comments and survey results from participating residential customers.
6. Aggregation or Self-Aggregation of residential customers is allowed subject to the limitations of the phase-in percentages in this rule.

C. Each Affected Utility shall file a report by November 1, 1999, detailing possible mechanisms to provide benefits, including rate reductions of 3% - 5%, to all Standard Offer customers.

D. All customers shall be eligible to obtain competitive electric services no later than January 1, 2001.

E. Retail consumers served under existing contracts are eligible to participate in the competitive market prior to expiration of the existing contract only if the Affected Utility and the consumer agree that the retail consumer may participate in the competitive market.

F. Schedule Modifications for Cooperatives
1. An electric cooperative may request that the Commission modify the schedule described in subsections (A) through (E) so as to preserve the tax-exempt status of the cooperative or to allow time to modify contractual arrangements pertaining to delivery of power supplies and associated loans.
2. As part of the request, the cooperative shall propose methods to enhance consumer choice among generation resources.
3. The Commission shall consider whether the benefits of modifying the schedule exceed the costs of modifying the schedule.

Historical Note

Adopted effective December 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-4). Amended by an emergency action effective August 10, 1998, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 98-3). Emergency amendment replaced by exempt permanent amendment effective December 31, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000 (Supp. 00-4).

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R14-2-1605. Competitive Services

Except as provided in R14-2-1615(C), Competitive Services shall require a Certificate of Convenience and Necessity and a tariff as described in R14-2-1603. A properly certificated Electric Service Provider may offer Competitive Services under bilateral or multilateral contracts with retail consumers.

Historical Note

Adopted effective December 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-4). Amended by an emergency action effective August 10, 1998, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 98-3). Emergency amendment replaced by exempt permanent amendment effective December 31, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3).

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R14-2-1606. Services Required to be Made Available

A. On the date its service area is open to competition under R14-2-1602, each Affected Utility or Utility Distribution Company shall make available Standard Offer Service and Noncompetitive Services at regulated rates. After January 1, 2001, Standard Offer Service and Noncompetitive Services shall be provided by Utility Distribution Companies who shall also act as Providers of Last Resort.

B. After January 1, 2001, power purchased by an investor owned Utility Distribution Company for Standard Offer Service shall be acquired from the competitive market through prudent, arm's length transactions, and with at least 50% through a competitive bid process.

C. Standard Offer Tariffs

1. By July 1, 1999, or pursuant to Commission Order, whichever occurs first, each Affected Utility shall file proposed tariffs to provide Standard Offer Service. Such rates shall not become effective until approved by the Commission. Any rate increase proposed by an Affected Utility or Utility Distribution Company for Standard Offer Service must be fully justified through a rate case proceeding.
2. Standard Offer Service tariffs shall include the following elements, each of which shall be clearly unbundled and identified in the filed tariffs:
   a. Competitive Services:
      i. Generation, which shall include all transaction costs and line losses;
      ii. Competition Transition Charge, which shall include recovery of generation related regulatory assets;
      iii. Generation-related billing and collection;
      iv. Transmission Services;
      v. Metering Services;
      vi. Meter Reading Services; and
      vii. Optional Ancillary Services, which shall include spinning reserve service, supplemental reserve, regulation and frequency response service, and energy imbalance service.
   b. Non-Competitive Services:
      i. Distribution services;
      ii. Required Ancillary services, which shall include scheduling, system control and dispatch service, and reactive supply and voltage control from generation sources service;
      iii. Must-Run Generating Units;
      iv. System Benefit Charges; and
      v. Distribution-related billing and collection.
3. Affected Utilities and Utility Distribution Companies may file proposed revisions to such rates with the Commission through Docket Control. Any rate increase proposed by an Affected Utility or Utility Distribution Company for Standard Offer Service must be fully justified through a rate case proceeding, which may be expedited at the discretion of the Utilities Division Director.
4. Such rates shall reflect the costs of providing the service.
5. Consumers receiving Standard Offer Service are eligible for potential future rate reductions as authorized by the Commission.
6. After January 2, 2001, tariffs for Standard Offer Service shall not include any special discounts or contracts with terms, or any tariff that prevents the customer from accessing a competitive option, other than time-of-use rates, interruptible rates, or self-generation deferral rates.

D. By the effective date of these rules, or pursuant to Commission Order, whichever occurs first, each Affected Utility or Utility Distribution Company shall file an Unbundled Service tariff that shall include a Noncompetitive Services tariff. The Unbundled Service tariff shall calculate the items listed in R14-2-1606(C)(2)(b) on the same basis as those items are calculated in the Standard Offer Service tariff.

E. To manage its risks, an Affected Utility or Electric Service Provider may include in its tariffs deposit requirements and advance payment requirements for Unbundled Services.

F. Affected Utilities and Utility Distribution Companies must accept power and energy delivered to their distribution systems by other Load-Serving Entities and offer distribution and distribution-related ancillary services comparable to services they provide to themselves at their Noncompetitive Services tariffed rates.

G. Customer Data
1. Upon written authorization by the customer, a Load-Serving Entity shall release in a timely and useful manner that customer's billing data, including consumption, demand, and power factor (if available), for the most recent 12-month period to a customer-specified properly certificated Electric Service Provider.
2. The Electric Service Provider requesting such customer data shall provide an accurate account number for the customer.
3. The form of data shall be mutually agreed upon by the parties and such data shall not be unreasonably withheld.
4. Utility Distribution Companies shall be allowed access to the Meter Reading Service Provider server for customers served by the Utility Distribution Company's distribution system.

H. Rates for Unbundled Services
1. The Commission shall review and approve rates for Competitive Services and Noncompetitive Services subject to Commission jurisdiction, before such services can be offered.
2. Such rates shall reflect the costs of providing the services.
3. Such rates may be downwardly flexible if approved by the Commission.

I. Electric Service Providers offering Competitive Services under this R14-2-1606 shall provide adequate supporting documentation for their proposed rates. Where rates are approved by another jurisdiction, such as the Federal Energy Regulatory Commission, those rates shall be provided as part of the supporting documentation.

Historical Note

Adopted effective December 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-4). Amended by an emergency action effective August 10, 1998, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 98-3). Emergency amendment replaced by exempt permanent amendment effective December 31, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000 (Supp. 00-4).

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R14-2-1607. Recovery of Stranded Cost of Affected Utilities

A. The Affected Utilities shall take every reasonable, cost-effective measure to mitigate or offset Stranded Cost by reducing costs, expanding wholesale or retail markets, or offering a wider scope of permitted regulated utility services for profit, among others.

B. The Commission shall allow a reasonable opportunity for recovery of unmitigated Stranded Cost by Affected Utilities.

C. The Affected Utilities shall file estimates of unmitigated Stranded Cost on or before July 1, 1999, or pursuant to Commission Order, whichever occurs first. Such estimates shall be fully supported by analyses and by records of market transactions undertaken by willing buyers and willing sellers.

D. An Affected Utility shall request Commission approval, on or before July 1, 1999, or pursuant to Commission Order, whichever occurs first, of distribution charges or other means of recovering unmitigated Stranded Cost. The filing may include a discounted stranded cost exit methodology that a consumer may choose to use to determine an amount due the Affected Utility in lieu of making monthly distribution charge or other payments.

E. The Commission shall, after hearing and consideration of analyses and recommendations presented by the Affected Utilities, staff, and intervenors, determine for each Affected Utility the magnitude of Stranded Cost, and appropriate Stranded Cost recovery mechanisms and charges. In making its determination of mechanisms and charges, the Commission shall consider at least the following factors:

1. The impact of Stranded Cost recovery on the effectiveness of competition;
2. The impact of Stranded Cost recovery on customers of the Affected Utility who do not participate in the competitive market;
3. The impact, if any, on the Affected Utility's ability to meet debt obligations;
4. The impact of Stranded Cost recovery on prices paid by consumers who participate in the competitive market;
5. The degree to which the Affected Utility has mitigated or offset Stranded Cost;
6. The degree to which some assets have values in excess of their book values;
7. Appropriate treatment of negative Stranded Cost;
8. The time period over which such Stranded Cost charges may be recovered. The Commission shall limit the application of such charges to a specified time period;
9. The applicability of Stranded Cost to interruptible customers.

F. A Competition Transition Charge (CTC) may be assessed on all retail customers based on the amount of generation purchased from any supplier. Any reduction in electricity purchases from an Affected Utility resulting from self-generation, demand side management, or other demand reduction attributable to any cause other than the retail access provisions of this Article shall not be used to calculate or recover any Stranded Cost from a consumer.

G. Stranded Cost shall be recovered from customer classes in a manner consistent with the specific company's current rate treatment of the stranded asset, in order to effect a recovery of Stranded Cost that is in substantially the same proportion as the recovery of similar costs from customers or customer classes under current rates. In no event shall the Competition Transition Charge be utilized as a mechanism for double recovery of Stranded Cost from Standard Offer Service customers.

H. The Commission may consider securitization as a financing method for recovery of Stranded Cost of the Affected Utility if the Commission finds that such method of financing will result in a lower cost alternative to customers.

I. The Commission may, after notice and hearing, order regular revisions to estimates of the magnitude of Stranded Cost.

Historical Note

Adopted effective December 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-4). Amended by an emergency action effective August 10, 1998, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 98-3). Emergency amendment replaced by exempt permanent amendment effective December 31, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000 (Supp. 00-4).

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R14-2-1608. System Benefits Charges

A. Each Affected Utility or Utility Distribution Company shall file for Commission review non-bypassable rates or related mechanisms to recover the applicable pro-rata costs of System Benefits from all consumers located in the Affected Utility's or Utility Distribution Company's service area. Affected Utilities or Utility Distribution Companies shall file for review of the Systems Benefits Charge at least every three years. The amount collected annually through the System Benefits charge shall be sufficient to fund the Affected Utilities' or Utility Distribution Companies' Commission-approved System Benefits. Filings shall be made with the Commission through Docket Control.

B. Each Affected Utility or Utility Distribution Company shall provide adequate supporting documentation for its proposed rates for System Benefits.

C. An Affected Utility or Utility Distribution Company shall recover the costs of System Benefits only upon hearing and approval by the Commission of the recovery charge and mechanism. The Commission may combine its review of System Benefits charges with its review of filings pursuant to R14-2-1606.

Historical Note

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R14-2-1609. Transmission and Distribution Access

A. The Affected Utilities shall provide nondiscriminatory open access to transmission and distribution facilities to serve all customers. No preference or priority shall be given to any distribution customer based on whether the customer is purchasing power under the Affected Utility's Standard Offer or in the competitive market. Any transmission capacity that is reserved for use by the retail customers of the Affected Utility's Utility Distribution Company shall be allocated among Standard Offer customers and competitive market customers on a pro-rata basis.

B. Utility Distribution Companies shall retain the obligation to assure that adequate transmission import capability is available to meet the load requirements of all distribution customers within their service areas. Utility Distribution Companies shall retain the obligation to assure that adequate distribution system capacity is available to meet the load requirements of all distribution customers within their service areas.

C. The Commission supports the development of Federal Energy Regulatory Commission-approved Regional Transmission Organization (RTO), an Independent System Operator (ISO) or, absent a Regional Transmission Organization or an Independent System Operator, an Arizona Independent Scheduling Administrator (AISA). The Commission believes that such organizations are necessary in order to provide nondiscriminatory retail access and to facilitate a robust and efficient electricity market.

D. Affected Utilities that own or operate Arizona transmission facilities shall form an Arizona Independent Scheduling Administrator that shall file with the Federal Energy Regulatory Commission within 60 days of this Commission's adoption of final rules herein, for approval of an Independent Scheduling Administrator having the following characteristics:

1. The Arizona Independent Scheduling Administrator shall calculate Available Transmission Capacity (ATC) for Arizona transmission facilities that belong to the Affected Utilities or other Arizona Independent Scheduling Administrator participants and shall develop and operate an overarching statewide OASIS.
2. The Arizona Independent Scheduling Administrator shall implement and oversee the nondiscriminatory application of operating protocols to ensure statewide consistency for transmission access. These operating protocols shall include, but are not limited to, protocols for determining transmission system transfer capabilities, committed uses of the transmission system, available transfer capabilities, Must-Run Generating Units, energy scheduling, and energy imbalances.
3. The Arizona Independent Scheduling Administrator shall provide dispute resolution processes that enable market participants to expeditiously resolve claims of discriminatory treatment in the reservation, scheduling, use, and curtailment of transmission services.
4. All requests (wholesale, Standard Offer retail, and competitive retail) for reservation and scheduling of the use of Arizona transmission facilities that belong to the Affected Utilities or other Arizona Independent Scheduling Administrator participants shall be made to, or through, the Arizona Independent Scheduling Administrator using a single, standardized procedure.
5. The Arizona Independent Scheduling Administrator shall implement a transmission planning process that includes all Arizona Independent Scheduling Administrator participants and aids in identifying the timing and key characteristics of required reinforcements to Arizona transmission facilities to assure that the future load requirements of all participants will be met.

E. If not previously filed, the Affected Utilities that own or operate Arizona transmission facilities shall file a proposed Arizona Independent Scheduling Administrator implementation plan with the Commission, through Docket Control, within 30 days of the Commission's adoption of final rules herein. The implementation plan shall address Arizona Independent Scheduling Administrator governance, incorporation, financing, and staffing; the acquisition of physical facilities and staff by the Arizona Independent Scheduling Administrator; the schedule for the phased development of Arizona Independent Scheduling Administrator functionality and proposed transition to a regional Independent System Operator or Regional Transmission Organization; contingency plans to ensure that critical functionality is in place no later than three months following adoption of final rules herein by the Commission; and any other significant issues related to the timely and successful implementation of the Arizona Independent Scheduling Administrator.

F. Each of the Affected Utilities shall make good faith efforts to develop a regional, multi-state Independent System Operator or Regional Transmission Organization, to which the Arizona Independent Scheduling Administrator should transfer its relevant assets and functions and characteristics as specified in R14-2-1609(D) as the Independent System Operator or Regional Transmission Organization becomes able to carry out those functions. Absent Federal Energy Regulatory Commission approval of an Arizona Independent Scheduling Administrator, the functions and characteristics as specified in R14-2-1609(D) will be assumed by the Independent System Operator or Regional Transmission Organization.

G. It is the intent of the Commission that prudently-incurred costs incurred by the Affected Utilities in the establishment and operation of the Arizona Independent Scheduling Administrator, and subsequently the Independent System Operator or Regional Transmission Organization, should be recovered from customers using the transmission system, including the Affected Utilities' wholesale customers, Standard Offer retail customers, and competitive retail customers on a nondiscriminatory basis through Federal Energy Regulatory Commission-regulated prices. Proposed rates for the recovery of such costs shall be filed with the Federal Energy Regulatory Commission and this Commission through Docket Control. In the event that the Federal Energy Regulatory Commission does not permit recovery of prudently incurred Independent Scheduling Administrator costs within 90 days of the date of making an application with the Federal Energy Regulatory Commission, the Commission may authorize Affected Utilities to recover such costs through a distribution surcharge.

H. The Commission supports the use of "Scheduling Coordinators" to provide aggregation of customers' schedules to the Independent Scheduling Administrator and the respective Control Area Operators simultaneously until the implementation of a regional Independent System Operator or Regional Transmission Organization, at which time the schedules will be submitted to the Independent System Operator or Regional Transmission Organization. The primary duties of Scheduling Coordinators are to:

1. Forecast their customers' load requirements;
2. Submit balanced schedules (that is, schedules for which total generation is equal to total load of the Scheduling Coordinator's customers plus appropriate transmission and distribution line losses) and North American Electric Reliability Council/Western Systems Coordinating Council tags;
3. Arrange for the acquisition of the necessary transmission and ancillary services;
4. Respond to contingencies and curtailments as directed by the Control Area Operators, Arizona Independent Scheduling Administrator, or Independent System Operator or Regional Transmission Organization;

5. Actively participate in the schedule checkout process and the settlement processes of the Control Area Operators, Arizona Independent Scheduling Administrator, or Independent System Operator or Regional Transmission Organization.

I. The Affected Utilities and Utility Distribution Companies shall provide services from the Must-Run Generating Units to Standard Offer Service retail customers and competitive retail customers on a comparable, nondiscriminatory basis at regulated prices. The Affected Utilities shall specify the obligations of the Must-Run Generating Units in appropriate sales contracts prior to any divestiture. Under auspices of the Arizona Independent Scheduling Administrator, the Affected Utilities and other stakeholders shall develop statewide protocols for pricing and availability of services from Must-Run Generating Units. These protocols shall be filed with Docket Control for Commission review and, when appropriate, approval, prior to being filed with the Federal Energy Regulatory Commission in conjunction with the Arizona Independent Scheduling Administrator tariff filing. Fixed Must-Run Generating Units costs are to be recovered through a regulated charge to end-use customers. This charge must be set by the Commission as part of the end-use customer distribution service charges.

J. The Affected Utilities and other stakeholders, under the auspices of the Arizona Independent Scheduling Administrator, shall identify statewide services to be settled on and develop fair and reasonable pricing mechanisms to assure a consistent and fair settlement process.

Historical Note

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R14-2-1610. In-state Reciprocity

A. The service territories of Arizona electric utilities that are not Affected Utilities or Public Power Entities shall not be open to competition under the provisions of this Article, nor shall Arizona electric utilities which are not Affected Utilities be able to compete for sales in the service territories of the Affected Utilities.

B. An Arizona electric utility, subject to the jurisdiction of the Commission, that is not an Affected Utility or a Public Power Entity may voluntarily participate under the provisions of this Article if it makes its service territory available for competing sellers, if it agrees to all of the requirements of this Article, and if it obtains an appropriate Certificate of Convenience and Necessity.

C. An Arizona electric utility, not subject to the jurisdiction of the Commission, and that is not a Public Power Entity, may submit a statement to the Commission, through Docket Control, stating that it voluntarily opens its service territory for competing sellers in a manner similar to the provisions of this Article. Such statement shall be accompanied by the electric utility's nondiscriminatory Standard Offer Tariff, electric supply tariffs, Unbundled Services rates, Stranded Cost charges, System Benefits charges, Distribution Services charges and any other applicable tariffs and policies for services the electric utility offers, for which these rules otherwise require compliance by Affected Utilities or Electric Service Providers. Such filings shall serve as authorization for such electric utility to utilize the Commission's Rules of Practice and Procedure and other applicable rules concerning any complaint that an Affected Utility or Electric Service Provider is violating any provision of this Article or is otherwise discriminating against the filing electric utility or failing to provide just and reasonable rates in tariffs filed under this Article.

D. If an electric utility is an Arizona political subdivision or municipal corporation other than a Public Power Entity, then the existing service territory of such electric utility shall be deemed open to competition if the political subdivision or municipality has entered into an intergovernmental agreement with the Commission that establishes nondiscriminatory terms and conditions for Distribution Services and other Unbundled Services, provides a procedure for complaints arising therefrom, and provides for reciprocity with Affected Utilities or their affiliates. The Commission shall conduct a hearing to consider any such intergovernmental agreement.

E. An affiliate of an Arizona electric utility which is not an Affected Utility or a Public Power Entity shall not be allowed to compete in the service territories of Affected Utilities unless the affiliate's parent company, the nonaffected electric utility, submits a statement to the Commission, through Docket Control, indicating that the parent company will voluntarily open its service territory for competing sellers in a manner similar to the provisions of this Article and the Commission makes a finding to that effect.

Historical Note

Adopted effective December 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-4). Amended by an emergency action effective August 10, 1998, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 98-3). Emergency amendment replaced by exempt permanent amendment effective December 31, 1998 (Supp. 98-4). Former Section R14-2-1610 renumbered to R14-2-1609; new Section R14-2-1610 renumbered from R14-2-1611 and amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000 (Supp. 00-4).

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R14-2-1611. Rates

A. Market determined rates for Competitive Services, as defined in R14-2-1601 shall be deemed to be just and reasonable.

B. Each Electric Service Provider selling services under this Article shall have on file with the Commission tariffs describing such services and maximum rates for those services, but the services may not be provided until the Commission has approved the tariffs.

C. Prior to January 1, 2001, competitively negotiated contracts governed by this Article customized to individual customers which comply with approved tariffs do not require further Commission approval. However, all such contracts whose term is one year or more and for service of 1 MW or more must be filed with the Director, Utilities Division, through the Compliance Section, as soon as practicable. If a contract does not comply with the provisions of the Load Serving Entity's approved tariffs, it shall not become effective without a Commission order. The provisions of such contracts shall be kept confidential by the Commission.

D. Contracts entered into on or after January 1, 2001, which comply with approved tariffs need not be filed with the Director, Utilities Division. If a contract does not comply with the provisions of the Load Serving Entity's approved tariffs, it shall not become effective without a Commission order.

E. An Electric Service Provider holding a Certificate pursuant to this Article may price its Competitive Services, at or below the maximum rates specified in its filed tariff, provided that the price is not less than the marginal cost of providing the service.

F. Requests for changes in maximum rates or changes in terms and conditions of previously approved tariffs may be filed with the Commission through Docket Control. Such changes shall become effective only upon Commission approval.

Historical Note

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R14-2-1612. Service Quality, Consumer Protection, Safety, and Billing Requirements

A. Except as indicated elsewhere in this Article, R14-2-201 through R14-2-212, inclusive, are adopted in this Article by reference. However, where the term "utility" is used in R14-2-201 through R14-2-212, the term "utility" shall pertain to Electric Service Providers providing the services described in each subsection of R14-2-201 through R14-2-212. R14-2-203(E) and R14-2-212(H) shall pertain only to Utility Distribution Companies.

B. The following shall not apply to this Article:
1. R14-2-202 in its entirety,
2. R14-2-206 in its entirety,
3. R14-2-207 in its entirety,
4. R14-2-212 (F)(1),
5. R14-2-213,
6. R14-2-208(E) and (F).

C. No consumer shall be deemed to have changed providers of any service authorized in this Article (including changes from the Affected Utility to another provider) without written authorization by the consumer for service from the new provider. If a consumer is switched to a different ("new") provider without such written authorization, the new provider shall cause service by the previous provider to be resumed and the new provider shall bear all costs associated with switching the consumer back to the previous provider. A new provider who switches a customer without written authorization shall also refund to the retail electricity customer the entire amount of the customer's electricity charges attributable to the electric generation service from the new provider for three months, or the period of the unauthorized service, whichever is more. A Utility Distribution Company may request the Commission's Consumer Services Section to review or audit written authorizations to assure a customer switch was properly authorized. A written authorization that is obtained by deceit or deceptive practices shall not be deemed a valid written authorization. Electric Service Providers shall submit reports within 30 days of the end of each calendar quarter to the Commission, through the Compliance Section, Utilities Division, itemizing the direct complaints filed by customers who have had their Electric Service Providers changed without their authorization. Violations of the Commission's rules concerning unauthorized changes of providers may result in penalties, or suspension or revocation of the provider's certificate. The following requirements and restrictions shall apply to the written authorization form requesting electric service from the new provider:
1. The authorization shall not contain any inducements;
2. The authorization shall be in legible print with clear and plain language confirming the rates, terms, conditions, and nature of the service to be provided;
3. The authorization shall not state or suggest that the customer must take action to retain the customer's current electricity supplier;
4. The authorization shall be in the same language as any promotional or inducement materials provided to the retail electric customer; and
5. No box or container may be used to collect entries for sweepstakes or a contest that, at the same time, is used to collect authorization by a retail electric customer to change their electricity supplier or to subscribe to other services.

D. A residential customer may rescind its authorization to change providers of any service authorized in this Article within three business days, without penalty, by providing written notice to the provider.

E. Customer-specific information shall not be released without specific prior written customer authorization unless the information is requested by a law enforcement or other public agency, or is requested by the Commission or its Staff, or is reasonably required for legitimate account collection activities, or is necessary to provide safe and reliable service to the customer.

F. Each Electric Service Provider providing service governed by this Article shall be responsible for meeting applicable reliability standards and shall work cooperatively with other companies with whom it has interconnections, directly or

indirectly, to ensure safe, reliable electric service. Utility Distribution Companies shall make reasonable efforts to notify customers of scheduled outages and also provide notification to the Commission.

G. Each Electric Service Provider shall provide at least 45 days' written notice to all of its affected consumers of its intent to cease providing generation, transmission, distribution, or ancillary services necessitating that the consumer obtain service from another supplier of generation, transmission, distribution, or ancillary services.

H. All Electric Service Providers rendering service under this Article shall submit accident reports, through the Compliance Section, as required in R14-2-101.

I. An Electric Service Provider providing firm electric service governed by this Article shall make reasonable efforts to reestablish service within the shortest possible time when service interruptions occur and shall work cooperatively with other companies to ensure timely restoration of service where facilities are not under the control of the Electric Service Provider.

J. Electric Service Providers shall give at least five days' notice to their customer of scheduled return to Standard Offer Service. Electric Service Providers shall provide 15 calendar days' notice prior to the next scheduled meter read date to the appropriate Utility Distribution Company regarding the intent to terminate a service agreement. Return of that customer to Standard Offer Service will be at the next regular billing cycle if appropriate metering equipment is in place and the request is provided 15 calendar days prior to the next regular meter read date. Responsibility for charges incurred between the notice and the next scheduled read date shall rest with the Electric Service Provider.

K. Each Electric Service Provider shall ensure that bills rendered on its behalf include its address and the toll-free telephone numbers for billing, service, and safety inquiries. The bill must also include the address and toll-free telephone numbers for the Phoenix and Tucson Consumer Service Sections of the Arizona Corporation Commission Utilities Division. Each Electric Service Provider shall ensure that billing and collections services rendered on its behalf comply with subsection (A).

L. Additional Provisions for Metering and Meter Reading Services

1. When authorized by the consumer, an Electric Service Provider who provides metering or meter reading services pertaining to a particular consumer shall provide appropriate meter reading data via standardized formats, approved by the Director, Utilities Division, to all applicable Electric Service Providers serving that same consumer.
2. Any person or entity relying on metering information provided by an Electric Service Provider may request a meter test according to the tariff on file and approved by the Commission. However, if the meter is found to be in error by more than 3%, no meter testing fee will be charged.
3. Each competitive point of delivery shall be assigned a Universal Node Identifier by the Affected Utility or the Utility Distribution Company whose distribution system serves the customer.
4. Unless the Commission grants a specific waiver all competitive metered and billing data shall be translated into consistent, statewide formats, approved by the Director, Utilities Division, that shall be used by the Affected Utility or the Utility Distribution Company and the Electric Service Provider.
5. Unless the Commission grants a specific waiver, the standardized data exchange formats approved by the Director, Utilities Division, shall be used for all data exchange transactions from the Meter Reading Service Provider to the Electric Service Provider, Utility Distribution Company, and Schedule Coordinator. This data will be transferred via the Internet using a secure sockets layer or other secure electronic media.
6. Minimum metering requirements for competitive customers over 20 kW, or 100,000 kWh annually, should consist of hourly consumption measurement meters or meter systems. Predictable loads will be permitted to use load profiles to satisfy the requirements for hourly consumption data. The Load-Serving Entity developing the load profile shall determine if a load is predictable.
7. Competitive customers with hourly loads of 20 kW (or 100,000 kWh annually) or less will be permitted to use Load Profiling to satisfy the requirements for hourly consumption data, however, they may choose other metering options offered by their Electric Service Provider consistent with the Commission rules on Metering.
8. Metering equipment ownership will be limited to the Affected Utility, Utility Distribution Company, and the Electric Service Provider, or the customer, who must obtain the metering equipment through the Affected Utility, Utility Distribution Company, or an Electric Service Provider.
9. Maintenance and servicing of the metering equipment (including Current Transformers and Potential Transformers) will be limited to the Affected Utility, Utility Distribution Company, and the Electric Service Provider.
10. Distribution primary voltage Current Transformers and Potential Transformers may be owned by the Affected Utility, Utility Distribution Company, or the Electric Service Provider.
11. Transmission primary voltage Current Transformers and Potential Transformers may be owned by the Affected Utility or Utility Distribution Company only.
12. North American Electric Reliability Council-recognized holidays will be used in calculating "working days" for meter data timeliness requirements. If a holiday officially occurs on a Saturday, the preceding Friday will be recognized as the date of the holiday. If a holiday officially occurs on a Sunday, the following Monday will be recognized as the date of the holiday.
13. The Director, Utilities Division shall approve operating procedures to be used by the Utility Distribution Companies and the Meter Service Providers for performing work on primary metered customers.
14. The Director, Utilities Division shall approve operating procedures to be used by the Meter Reading Service Provider for validating, editing, and estimating metering data.
15. The Director, Utilities Division shall approve performance metering specifications and standards to be used by all entities performing metering.

M. Electric Service Providers shall comply with applicable reliability standards and practices established by the Western Systems Coordinating Council and the North American Electric Reliability Council or successor organizations.

N. Electric Service Providers shall provide notification and informational materials to consumers about competition and con-

sumer choices, such as a standardized description of services, as ordered by the Commission.

O. Billing Elements. After the commencement of competition within a service territory pursuant to R14-2-1602, all customer bills, including bills for Standard Offer Service customers within that service territory, will list, at a minimum, the following billing cost elements:

1. Competitive Services:
   a. Generation, which shall include generation-related billing and collection;
   b. Competition Transition Charge;
   c. Transmission and Ancillary Services;
   d. Metering Services; and
   e. Meter Reading Services.
2. Non-Competitive Services:
   a. Distribution services, including distribution-related billing and collection, required Ancillary Services and Must-Run Generating Units; and
   b. System Benefit Charges
3. Regulatory assessments; and
4. Applicable taxes.
5. In cases where the Utility Distribution Company and the Electric Service Provider provide separate bills to customers, the Electric Service Provider is not required to list the billing cost elements for non-competitive services. In cases where the Utility Distribution Company and the Electric Service Provider provide separate bills to customers, the Utility Distribution Company is not required to list the billing cost elements for competitive services if the customer is obtaining competitive services from an Electric Service Provider.

P. The operating procedures approved by the Director, Utilities Division, will be used for Direct Access Service Requests as well as other billing and collection transactions.

Historical Note

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R14-2-1613. Reporting Requirements

A. Reports covering the following items, as applicable, shall be submitted to the Director, Utilities Division, through the Compliance Section, by Affected Utilities or Utility Distribution Companies and all Electric Service Providers granted a Certificate of Convenience and Necessity pursuant to this Article. These reports shall include the following information pertaining to competitive service offerings, Unbundled Services, and Standard Offer services in Arizona:

1. Type of services offered;
2. kW and kWh sales to consumers, disaggregated by customer class (for example, residential, commercial, industrial);
3. Revenues from sales by customer class (for example, residential, commercial, industrial);
4. Number of retail customers disaggregated as follows: residential, commercial/industrial under 21 kW, commercial/industrial 21 to 999 kW, commercial/industrial 1000 kW or more, agricultural (if not included in commercial), and other;
5. Retail kWh sales and revenues disaggregated by term of the contract (less than one year, one to four years, longer than four years), and by type of service (for example, firm, interruptible, other);
6. Amount of revenues from each type of Competitive Service and, if applicable, each type of Noncompetitive Service provided (using breakdown from R14-2-1612(O);
7. Value of all assets used to serve Arizona customers and accumulated depreciation;
8. Tabulation of Arizona electric generation plants owned by the Electric Service Provider broken down by generation technology, fuel type, and generation capacity;
9. The number of customers aggregated and the amount of aggregated load; and
10. Other data requested by staff or the Commission.

B. Reporting Schedule

1. For the period through December 31, 2003, semi-annual reports shall be filed by April 15 (covering the previous period of July through December) and October 15 (covering the previous period of January through June). The first such report shall cover the period January 1 through June 30, 1999.
2. For the period after December 31, 2003, annual reports shall be filed by April 15 (covering the previous period of January through December). The first such report shall cover the period January 1 through December 31, 2004.

C. The information listed above may, at the provider's option, be provided on a confidential basis. However, staff or the Commission may issue reports with aggregate statistics based on confidential information that do not disclose data pertaining to a particular seller or purchases by a particular buyer.

D. Any Electric Service Provider, Affected Utility, or Utility Distribution Company governed by this Article which fails to file the above data in a timely manner may be subject to a penalty imposed by the Commission or may have its Certificate rescinded by the Commission.

E. Any Electric Service Provider holding a Certificate pursuant to this Article shall file a request in Docket Control to discontinue any competitive tariff as soon as practicable after the decision to discontinue offering service is made.

F. In addition to the above reporting requirements, Electric Service Providers, Affected Utilities, and Utility Distribution Companies governed by this Article shall participate in Commission workshops or other forums whose purpose is to evaluate competition or assess market issues.

Historical Note

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Section R14-2-1613 renumbered to R14-2-1612; new Section R14-2-1613 renumbered from R14-2-1614 and amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000 (Supp. 00-4).

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R14-2-1614. Administrative Requirements

A. Any Electric Service Provider certificated under this Article may file with the Commission, through Docket Control, proposed additional tariffs for Competitive Services at any time which include a description of the service, maximum rates, terms, and conditions.

B. Contracts filed pursuant to this Article shall not be open to public inspection or made public except on order of the Commission, or by the Commission or a Commissioner in the course of a hearing or proceeding.

C. The Commission may consider variations or exemptions from the terms or requirements of any of the rules in this Article upon the application of an affected party. The application must set forth the reasons why the public interest will be served by the variation or exemption from the Commission rules and regulations. Any variation or exemption granted shall require an order of the Commission. Where a conflict exists between these rules and an approved tariff or order of the Commission, the provisions of the approved tariff or order of the Commission shall apply.

D. The Commission may develop procedures for resolving disputes regarding implementation of retail electric competition.

E. Prior to October 1, 1999, the Director, Utilities Division, shall implement a Consumer Education Program as approved by the Commission.

Historical Note

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R14-2-1615. Separation of Monopoly and Competitive Services

A. All competitive generation assets and competitive services shall be separated from an Affected Utility prior to January 1, 2001. Such separation shall either be to an unaffiliated party or to a separate corporate affiliate or affiliates. If an Affected Utility chooses to transfer its competitive generation assets or competitive services to a competitive electric affiliate, such transfer shall be at a value determined by the Commission to be fair and reasonable.

B. Beginning January 1, 2001, an Affected Utility or Utility Distribution Company shall not provide Competitive Services as defined in R14-2-1601.

1. This Section does not preclude an Affected Utility or Utility Distribution Company from billing its own customers for distribution service, or from providing billing services to Electric Service Providers in conjunction with its own billing, or from providing Meter Services and Meter Reading Services for Load Profiled residential customers. Nor does this Section preclude an Affected Utility or Utility Distribution Company from providing billing and collections, Metering and Meter Reading Service as part of the Standard Offer Service tariff to Standard Offer Service customers.
2. This Section does not preclude an Affected Utility or Utility Distribution Company from owning distribution and transmission primary voltage Current Transformers and Potential Transformers.

C. An Electric Distribution Cooperative is not subject to the provisions of R14-2-1615 unless it offers competitive electric services outside of its distribution service territory.

Historical Note

Adopted effective December 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-4). Amended by an emergency action effective August 10, 1998, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 98-3). Emergency amendment replaced by exempt permanent amendment effective December 31, 1998 (Supp. 98-4). Former Section R14-2-1615 renumbered to R14-2-1614; new Section R14-2-1615 renumbered from R14-2-1616 and amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1616. Code of Conduct

A. If not previously filed, no later than 90 days after adoption of these Rules, each Affected Utility which plans to offer Noncompetitive Services and which plans to offer Competitive Services through its competitive electric affiliate shall propose a Code of Conduct to prevent anti-competitive activities. Each Affected Utility that is an electric cooperative, that plans to offer Noncompetitive Services, and that is a member of any electric cooperative that plans to offer Competitive Services shall also submit a Code of Conduct to prevent anti-competitive activities. All Codes of Conduct shall be filed in Docket Control and be subject to Commission approval after a hearing.

B. The Code of Conduct shall address the following subjects:

1. Appropriate procedures to prevent cross subsidization between the Utility Distribution Company and any competitive affiliates, including but not limited to the maintenance of separate books, records, and accounts;

2. Appropriate procedures to ensure that the Utility Distribution Company's competitive affiliate does not have access to confidential utility information that is not also available to other market participants;
3. Appropriate guidelines to limit the joint employment of personnel by both a Utility Distribution Company and its competitive affiliate;
4. Appropriate guidelines to govern the use of the Utility Distribution Company's name or logo by the Utility Distribution Company's competitive affiliate;
5. Appropriate procedures to ensure that the Utility Distribution Company does not give its competitive affiliate any preferential treatment such that other market participants are unfairly disadvantaged or discriminated against;
6. Appropriate policies to eliminate joint advertising, joint marketing, or joint sales by a Utility Distribution Company and its competitive affiliate;
7. Appropriate procedures to govern transactions between a Utility Distribution Company and its competitive affiliate; and
8. Appropriate policies to prevent the Utility Distribution Company and its competitive affiliate from representing that customers will receive better service as a result of the affiliation.
9. Complaints concerning violations of the Code of Conduct shall be processed under the procedures established in R14-2-212.

Historical Note

Adopted effective December 26, 1996, under an exemption as determined by the Arizona Corporation Commission (Supp. 96-4). Section R14-2-1616 repealed by emergency action; emergency new Section adopted by an emergency action effective August 10, 1998, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 98-3). Emergency amendment replaced by exempt permanent amendment effective December 31, 1998 (Supp. 98-4). Former Section R14-2-1616 renumbered to R14-2-1615; new Section R14-2-1616 adopted by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000 (Supp. 00-4).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1617. Disclosure of Information

A. Each Load-Serving Entity providing either generation service or Standard Offer Service shall prepare a consumer information label that sets forth the following information:
1. Price to be charged for generation services,
2. Price variability information,
3. Customer service information,
4. Time period to which the reported information applies.

B. Each Load-Serving Entity providing either generation service or Standard Offer Service shall provide, upon request, the following information (to the extent reasonably known):
1. Composition of resource portfolio,
2. Fuel mix characteristics of the resource portfolio,
3. Emissions characteristics of the resource portfolio.

C. The Director, Utilities Division, shall develop the format and reporting requirements for the consumer information label to ensure that the information is appropriately and accurately reported and to ensure that customers can use the labels for comparisons among Load-Serving Entities. The format developed by the Director, Utilities Division, shall be used by each Load-Serving Entity.

D. Each Load-Serving Entity shall include the information disclosure label in a prominent position in all written marketing materials specifically targeted to Arizona. When a Load-Serving Entity advertises in nonprint media, or in written materials not specifically targeted to Arizona, the marketing materials shall indicate that the Load-Serving Entity shall provide the consumer information label to the public upon request.

E. Each Load-Serving Entity shall prepare an annual disclosure report that aggregates the resource portfolios of the Load-Serving Entity and its affiliates.

F. Each Load-Serving Entity shall prepare a statement of its terms of service that sets forth the following information:
1. Actual pricing structure or rate design according to which the customer with a load of less than 1 MW will be billed, including an explanation of price variability and price level adjustments that may cause the price to vary;
2. Length and description of the applicable contract and provisions and conditions for early termination by either party;
3. Due date of bills and consequences of late payment;
4. Conditions under which a credit agency is contacted;
5. Deposit requirements and interest on deposits;
6. Limits on warranties and damages;
7. All charges, fees, and penalties;
8. Information on consumer rights pertaining to estimated bills, third-party billing, deferred payments, and recision of supplier switches within three days of receipt of confirmation;
9. A toll-free telephone number for service complaints;
10. Low income programs and low income rate eligibility;
11. Provisions for default service;
12. Applicable provisions of state utility laws; and
13. Method whereby customers will be notified of changes to the terms of service.

G. The consumer information label, the disclosure report, and the terms of service shall be distributed in accordance with the following requirements:
1. Prior to the initiation of service for any retail customer,
2. Prior to processing written authorization from a retail customer with a load of less than 1 MW to change Electric Service Providers,
3. To any person upon request,
4. Made a part of the semi-annual and annual reports required by R14-2-1613.
5. The information described in this subsection shall be posted on any electronic information medium of the Load-serving Entities.

H. Failure to comply with the rules on information disclosure or dissemination of inaccurate information may result in suspension or revocation of certification or other penalties as determined by the Commission.

I. The Commission shall establish a consumer information advisory panel to review the effectiveness of the provisions of this Section and to make recommendations for changes in the rules.

Historical Note

Adopted by an emergency action effective August 10, 1998, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 98-3). Emergency adoption replaced by exempt permanent adoption effective December 31, 1998 (Supp. 98-4). Former Section R14-2-1617 repealed; new Section R14-2-1617 renumbered from R14-2-1618 and amended by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3). Amended by exempt rulemaking at 6 A.A.R. 4180, effective October 13, 2000 (Supp. 00-4).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General approval provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-2-1618. Environmental Portfolio Standard

A. Upon the effective implementation of a Commission-approved Environmental Portfolio Standard Surcharge tariff, any Load-Serving Entity selling electricity or aggregating customers for the purpose of selling electricity under the provisions of this Article must derive at least .2% of the total retail energy sold from new solar resources or environmentally-friendly renewable electricity technologies, whether that energy is purchased or generated by the seller. Solar resources include photovoltaic resources and solar thermal resources that generate electricity. New solar resources and environmentally-friendly renewable electricity technologies are those installed on or after January 1, 1997.

1. Electric Service Providers, that are not UDCs, are exempt from portfolio requirements until 2004, but could voluntarily elect to participate. ESPs choosing to participate would receive a pro rata share of funds collected from the Environmental Portfolio Surcharge delineated in R14-2-1618.A.2 for portfolio purposes to acquire eligible portfolio systems or electricity generated from such systems.
2. Utility Distribution Companies would recover part of the costs of the portfolio standard through current System Benefits Charges, if they exist, including a re-allocation of demand side management funding to portfolio uses. Additional portfolio standard costs will be recovered by a customer Environmental Portfolio Surcharge on the customers' monthly bill. The Environmental Portfolio Surcharge shall be assessed monthly to every metered and/or non-metered retail electric service. This monthly assessment will be the lesser of $0.000875 per kWh or:
   a. Residential Customers: $.35 per service,
   b. Non-Residential Customers: $13 per service,
   c. Non-Residential Customers whose metered demand is 3,000 kW or more for three consecutive months: $39.00 per service. In the case of unmetered services, the Load-Serving Entity shall, for purposes of billing the Environmental Portfolio Standard Surcharge and subject to the caps set forth above, use the lesser of (i) the load profile or otherwise estimated kWh required to provide the service in question; or (ii) the service's contract kWh.
3. Customer bills shall reflect a line item entitled "Environmental Portfolio Surcharge, mandated by the Corporation Commission."
4. Utility Distribution Companies or ESPs that do not currently have a renewables program may request a waiver or modification of this Section due to extreme circumstances that may exist.

B. The portfolio percentage shall increase after December 31, 2000.

1. Starting January 1, 2001, the portfolio percentage shall increase annually and shall be set according to the following schedule:

YEAR	PORTFOLIO PERCENTAGE
2001	.2%
2002	.4%
2003	.6%
2004	.8%
2005	1.0%
2006	1.05%
2007-2012	1.1%

2. The Commission would continue the annual increase in the portfolio percentage after December 31, 2004, only if the cost of environmental portfolio electricity has declined to a Commission-approved cost/benefit point. The Director, Utilities Division shall establish, not later than January 1, 2003, an Environmental Portfolio Cost Evaluation Working Group to make recommendations to the Commission of an acceptable portfolio electricity cost/benefit point or portfolio kWh cost impact maximum that the Commission could use as a criteria for the decision to continue the increase in the portfolio percentage. The recommendations of the Working Group shall be presented to the Commission not later than June 30, 2003. In no event, however, shall the Commission increase the surcharge caps as delineated in R14-2-1618(A)(2).
3. The requirements for the phase-in of various technologies shall be:
   a. In 2001, the Portfolio kWh makeup shall be at least 50 percent solar electric, and no more than 50 percent other environmentally-friendly renewable electricity technologies or solar hot water or R&D on solar electric resources, but with no more than 10 percent on R&D.
   b. In 2002 and 2003, the Portfolio kWh makeup shall be at least 50 percent solar electric, and no more than 50 percent other environmentally-friendly renewable electricity technologies or solar hot water or R&D on solar electric resources, but with no more than 5 percent on R&D.
   c. In 2004, through 2012, the portfolio kWh makeup shall be at least 60 percent solar electric with no more than 40 percent solar hot water or other environmentally-friendly renewable electricity technologies.

C. Load-Serving Entities shall be eligible for a number of extra credit multipliers that may be used to meet the portfolio standard requirements. Extra credits may be used to meet portfolio requirements and extra credits from solar electric technologies will also count toward the solar electric fraction requirements in R14-2-1618(B)(3). With the exception of the Early Installation Extra Credit Multiplier, which has a five-year life from operational start-up, all other extra credit multipliers are valid for the life of the generating equipment.

1. Early Installation Extra Credit Multiplier: For new solar electric systems installed and operating prior to December 31, 2003, Load-Serving Entities would qualify for

multiple extra credits for kWh produced for five years following operational start-up of the solar electric system. The five-year extra credit would vary depending upon the year in which the system started up, as follows:

YEAR	EXTRA CREDIT MULTIPLIER
1997	.5
1998	.5
1999	.5
2000	.4
2001	.3
2002	.2
2003	.1

Eligibility to qualify for the Early Installation Extra Credit Multiplier would end in 2003. However, any eligible system that was operational in 2003 or before would still be allowed the applicable extra credit for the full five years after operational start-up.

2. Solar Economic Development Extra Credit Multipliers: There are two equal parts to this multiplier, an in-state installation credit and an in-state content multiplier.
   a. In-State Power Plant Installation Extra Credit Multiplier: Solar electric power plants installed in Arizona shall receive a .5 extra credit multiplier.
   b. In-State Manufacturing and Installation Content Extra Credit Multiplier: Solar electric power plants shall receive up to a .5 extra credit multiplier related to the manufacturing and installation content that comes from Arizona. The percentage of Arizona content of the total installed plant cost shall be multiplied by .5 to determine the appropriate extra credit multiplier. So, for instance, if a solar installation included 80% Arizona content, the resulting extra credit multiplier would be .4 (which is .8 X .5).
3. Distributed Solar Electric Generator and Solar Incentive Program Extra Credit Multiplier: Any distributed solar electric generator that meets more than one of the eligibility conditions will be limited to only one .5 extra credit multiplier from this subsection. Appropriate meters will be attached to each solar electric generator and read at least once annually to verify solar performance.
   a. Solar electric generators installed at or on the customer premises in Arizona. Eligible customer premises locations will include both grid-connected and remote, non-grid-connected locations. In order for Load-Serving Entities to claim an extra credit multiplier, the Load-Serving Entity must have contributed at least 10% of the total installed cost or have financed at least 80% of the total installed cost.
   b. Solar electric generators located in Arizona that are included in any Load-Serving Entity's Green Pricing program.
   c. Solar electric generators located in Arizona that are included in any Load-Serving Entity's Net Metering or Net Billing program.
   d. Solar electric generators located in Arizona that are included in any Load-Serving Entity's solar leasing program.
   e. All Green Pricing, Net Metering, Net Billing, and Solar Leasing programs must have been reviewed and approved by the Director, Utilities Division in order for the Load-Serving Entity to accrue extra credit multipliers from this subsection.
4. All multipliers are additive, allowing a maximum combined extra credit multiplier of 2.0 in years 1997-2003, for equipment installed and manufactured in Arizona and either installed at customer premises or participating in approved solar incentive programs. So, if a Load-Serving Entity qualifies for a 2.0 extra credit multiplier and it produces 1 solar kWh, the Load-Serving Entity would get credit for 3 solar kWh (1 produced plus 2 extra credit).

D. Load-Serving Entities selling electricity under the provisions of this Article shall provide reports on sales and portfolio power as required in this Article, clearly demonstrating the output of portfolio resources, the installation date of portfolio resources, and the transmission of energy from those portfolio resources to Arizona consumers. The Commission may conduct necessary monitoring to ensure the accuracy of these data. Reports shall be made according to the Reporting Schedule in R14-2-1613(B).

E. Photovoltaic or solar thermal electric resources that are located on the consumer's premises shall count toward the Environmental Portfolio Standard applicable to the current Load-Serving Entity serving that consumer unless a different Load-Serving Entity is entitled to receive credit for such resources under the provisions of R14-2-1618(C)(3)(a).

F. Any solar electric generators installed by an Affected Utility to meet the environmental portfolio standard shall be counted toward meeting renewable resource goals for Affected Utilities established in Decision No. 58643.

G. Any Load-Serving Entity that produces or purchases any eligible kWh in excess of its annual portfolio requirements may save or bank those excess kWh for use or sale in future years. Any eligible kWh produced subject to this rule may be sold or traded to any Load-Serving Entity that is subject to this rule. Appropriate documentation, subject to Commission review, shall be given to the purchasing entity and shall be referenced in the reports of the Load-Serving Entity that is using the purchased kWh to meet its portfolio requirements.

H. Environmental Portfolio Standard requirements shall be calculated on an annual basis, based upon electricity sold during the calendar year.

I. A Load-Serving Entity shall be entitled to receive a partial credit against the portfolio requirement if the Load-Serving Entity or its affiliate owns or makes a significant investment in any solar electric manufacturing plant that is located in Arizona. The credit will be equal to the amount of the nameplate capacity of the solar electric generators produced in Arizona and sold in a calendar year times 2,190 hours (approximating a 25% capacity factor).
   1. The credit against the portfolio requirement shall be limited to the following percentages of the total portfolio requirement:
      2001: Maximum of 50% of the portfolio requirement
      2002: Maximum of 25% of the portfolio requirement
      2003 and on: Maximum of 20% of the portfolio requirement
   2. No extra credit multipliers will be allowed for this credit. In order to avoid double-counting of the same equipment, solar electric generators that are used by other Load-Serving Entities to meet their Arizona portfolio requirements will not be allowable for credits under this Section for the manufacturer/Electric Service Provider to meet its portfolio requirements.

J. The Director, Utilities Division shall develop appropriate safety, durability, reliability, and performance standards necessary for solar generating equipment and environmentally-friendly renewable electricity technologies and to qualify for the portfolio standard. Standards requirements will apply only to facilities constructed or acquired after the standards are publicly issued.

K. A Load-Serving Entity shall be entitled to meet up to 20% of the portfolio requirement with solar water heating systems or solar air conditioning systems purchased by the Load-Serving Entity for use by its customers, or purchased by its customers and paid for by the Load-Serving Entity through bill credits or other similar mechanisms. The solar water heaters must replace or supplement the use of electric water heaters for residential, commercial, or industrial water heating purposes. For the purposes of this rule, solar water heaters will be credited with 1 kWh of electricity produced for each 3,415 British Thermal Units of heat produced by the solar water heater and solar air conditioners shall be credited with kWhs equivalent to those needed to produce a comparable cooling load reduction. Solar water heating systems and solar air conditioning systems shall be eligible for Early Installation Extra Credit Multipliers as defined in R14-2-1618(C)(1) and Solar Economic Development Extra Credit Multipliers as defined in R14-2-1618(C)(2)(b).

L. A Load-Serving Entity shall be entitled to meet the portfolio requirement with electricity produced in Arizona by environmentally-friendly renewable electricity technologies that are defined as in-state landfill gas generators, wind generators, and biomass generators, consistent with the phase-in schedule in R14-2-1618(B)(3). Systems using such technologies shall be eligible for Early Installation Extra Credit Multipliers as defined in R14-2-1618(C)(1) and Solar Economic Development Extra Credit Multipliers as defined in R14-2-1618(C)(2)(b).

Historical Note

Adopted by an emergency action effective August 10, 1998, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 98-3). Emergency adoption replaced by exempt permanent adoption effective December 31, 1998 (Supp. 98-4). Section R14-2-1618 renumbered to R14-2-1617 by exempt rulemaking at 5 A.A.R. 3933, effective September 24, 1999 (Supp. 99-3). New Section adopted by exempt rulemaking at 7 A.A.R. 1661, effective March 20, 2001 (Supp. 01-1).

ARTICLE 17. RESERVED

ARTICLE 18. RENEWABLE ENERGY STANDARD AND TARIFF

R14-2-1801. Definitions

A. "Affected Utility" means a public service corporation serving retail electric load in Arizona, but excluding any Utility Distribution Company with more than half of its customers located outside of Arizona.

B. "Annual Renewable Energy Requirement" means the portion of an Affected Utility's annual retail electricity sales that must come from Eligible Renewable Energy Resources.

C. "Conventional Energy Resource" means an energy resource that is non-renewable in nature, such as natural gas, coal, oil, and uranium, or electricity that is produced with energy resources that are not Renewable Energy Resources.

D. "Customer Self-Directed Renewable Energy Option" means a Commission-approved program under which an Eligible Customer may self-direct the use of its allocation of funds collected pursuant to an Affected Utility's Tariff.

E. "Distributed Generation" means electric generation sited at a customer premises, providing electric energy to the customer load on that site or providing wholesale capacity and energy to the local Utility Distribution Company for use by multiple customers in contiguous distribution substation service areas. The generator size and transmission needs shall be such that the plant or associated transmission lines do not require a Certificate of Environmental Compatibility from the Corporation Commission.

F. "Distributed Renewable Energy Requirement" means a portion of the Annual Renewable Energy Requirement that must be met with Renewable Energy Credits derived from resources that qualify as Distributed Renewable Energy Resources pursuant to R14-2-1802(B).

G. "Distributed Solar Electric Generator" means electric generation sited at a customer premises, providing electric energy from solar electric resources to the customer load on that site or providing wholesale capacity and energy to the local Utility Distribution Company for use by multiple customers in contiguous distribution substation service areas. The generator size and transmission needs shall be such that the plant or associated transmission lines do not require a Certificate of Environmental Compatibility from the Corporation Commission.

H. "Eligible Customer" means an entity that pays Tariff funds of at least $25,000 annually for any number of related accounts or services within an Affected Utility's service area.

I. "Extra Credit Multiplier" means a way to increase the Renewable Energy Credits attributable to specific Eligible Renewable Energy Resources in order to encourage specific renewable applications.

J. "Green Pricing" means a rate option in which a customer elects to pay a tariffed rate premium for electricity derived from Eligible Renewable Energy Resources.

K. "Market Cost of Comparable Conventional Generation" means the Affected Utility's energy and capacity cost of producing or procuring the incremental electricity that would be avoided by the resources used to meet the Annual Renewable Energy Requirement, taking into account hourly, seasonal, and long-term supply and demand circumstances. Avoided costs include any avoided transmission and distribution costs and any avoided environmental compliance costs.

L. "Net Billing" means a system of billing a customer who installs an Eligible Renewable Energy Resource generator on the customer's premises for retail electricity purchased at retail rates while crediting the customer's bill for any customer-generated electricity sold to the Affected Utility at avoided cost.

M. "Net Metering" means a system of metering electricity by which the Affected Utility credits the customer at the full retail rate for each kilowatt-hour of electricity produced by an Eligible Renewable Energy Resource system installed on the customer-generator's side of the electric meter, up to the total amount of electricity used by that customer during an annualized period, and which compensates the customer-generator at the end of the annualized period for any excess credits at a rate equal to the Affected Utility's avoided cost of wholesale power. The Affected Utility does not charge the customer-generator any additional fees or charges or impose any equipment or other requirements unless the same is imposed on customers in the same rate class that the customer-generator would qualify for if the customer-generator did not have generation equipment.

N. "Renewable Energy Credit" means the unit created to track kWh derived from an Eligible Renewable Energy Resource or kWh equivalent of Conventional Energy Resources displaced by Distributed Renewable Energy Resources.

O. "Renewable Energy Resource" means an energy resource that is replaced rapidly by a natural, ongoing process and that is not nuclear or fossil fuel.

P. "Tariff" means a Commission-approved rate designed to recover an Affected Utility's reasonable and prudent costs of complying with these rules.

Q. "Utility Distribution Company" means a public service corporation that operates, constructs, or maintains a distribution system for the delivery of power to retail customers.

R. "Wholesale Distributed Generation Component" means non-utility owners of Eligible Renewable Energy Resources that are located within the distribution system and that do not require a transmission line over 69 kv to deliver power at wholesale to an Affected Utility to meet its Annual Renewable Energy Requirements.

Historical Note
New Section made by final rulemaking at 13 A.A.R. 2389, effective August 14, 2007 (Supp. 07-2).

R14-2-1802. Eligible Renewable Energy Resources

A. "Eligible Renewable Energy Resources" are applications of the following defined technologies that displace Conventional Energy Resources that would otherwise be used to provide electricity to an Affected Utility's Arizona customers:

1. "Biogas Electricity Generator" is a generator that produces electricity from gases that are derived from plant-derived organic matter, agricultural food and feed matter, wood wastes, aquatic plants, animal wastes, vegetative wastes, or wastewater treatment facilities using anaerobic digestion or from municipal solid waste through a digester process, an oxidation process, or other gasification process.
2. "Biomass Electricity Generator" is an electricity generator that uses any raw or processed plant-derived organic matter available on a renewable basis, including: dedicated energy crops and trees; agricultural food and feed crops; agricultural crop wastes and residues; wood wastes and residues, including landscape waste, right-of-way tree trimmings, or small diameter forest thinnings that are 12" in diameter or less; dead and downed forest products; aquatic plants; animal wastes; other vegetative waste materials; non-hazardous plant matter waste material that is segregated from other waste; forest-related resources, such as harvesting and mill residue, pre-commercial thinnings, slash, and brush; miscellaneous waste, such as waste pellets, crates, and dunnage; and recycled paper fibers that are no longer suitable for recycled paper production, but not including painted, treated, or pressurized wood, wood contaminated with plastics or metals, tires, or recyclable post-consumer waste paper.
3. "Distributed Renewable Energy Resources" as defined in subsection (B).
4. "Eligible Hydropower Facilities" are hydropower generators that were in existence prior to 1997 and that satisfy one of the following two criteria:
   a. New Increased Capacity of Existing Hydropower Facilities: A hydropower facility that increases capacity due to improved technological or operational efficiencies or operational improvements resulting from improved or modified turbine design, improved or modified wicket gate assembly design, improved hydrological flow conditions, improved generator windings, improved electrical excitation systems, increases in transformation capacity, and improved system control and operating limit modifications. The electricity kWh that are eligible to meet the Annual Renewable Energy Requirements shall be limited to the new, incremental kWh output resulting from the capacity increase that is delivered to Arizona customers to meet the Annual Renewable Energy Requirement.
   b. Generation from pre-1997 hydropower facilities that is used to firm or regulate the output of other eligible, intermittent renewable resources. The electricity kWh that are eligible to meet the Annual Renewable Energy Requirements shall be limited to the kWh actually generated to firm or regulate the output of eligible intermittent Renewable Energy Resources and that are delivered to Arizona customers to meet the Annual Renewable Energy Requirements.
5. "Fuel Cells that Use Only Renewable Fuels" are fuel cell electricity generators that operate on renewable fuels, such as hydrogen created from water by Eligible Renewable Energy Resources. Hydrogen created from non-Renewable Energy Resources, such as natural gas or petroleum products, is not a renewable fuel.
6. "Geothermal Generator" is an electricity generator that uses heat from within the earth's surface to produce electricity.
7. "Hybrid Wind and Solar Electric Generator" is a system in which a Wind Generator and a solar electric generator are combined to provide electricity.
8. "Landfill Gas Generator" is an electricity generator that uses methane gas obtained from landfills to produce electricity.
9. "New Hydropower Generator of 10 MW or Less" is a generator, installed after January 1, 2006, that produces 10 MW or less and is either:
   a. A low-head, micro hydro run-of-the-river system that does not require any new damming of the flow of the stream; or
   b. An existing dam that adds power generation equipment without requiring a new dam, diversion structures, or a change in water flow that will adversely impact fish, wildlife, or water quality; or
   c. Generation using canals or other irrigation systems.
10. "Solar Electricity Resources" use sunlight to produce electricity by either photovoltaic devices or solar thermal electric resources.
11. "Wind Generator" is a mechanical device that is driven by wind to produce electricity.

B. "Distributed Renewable Energy Resources" are applications of the following defined technologies that are located at a customer's premises and that displace Conventional Energy Resources that would otherwise be used to provide electricity to Arizona customers:

1. "Biogas Electricity Generator," "Biomass Electricity Generator," "Geothermal Generator," "Fuel Cells that Use Only Renewable Fuels," "New Hydropower Generator of 10 MW or Less," or "Solar Electricity Resources," as each of those terms is defined in subsections (A)(1), (A)(2), (A)(5), (A)(6), (A)(9), and (A)(10).
2. "Biomass Thermal Systems" and "Biogas Thermal Systems" are systems which use fuels as defined in subsec-

tions (A)(1) and (A)(2) to produce thermal energy and that comply with Environmental Protection Agency Certification Programs or are permitted by state, county, or local air quality authorities. For purposes of this definition "Biomass Thermal Systems" and "Biogas Thermal Systems" do not include biomass and wood stoves, furnaces, and fireplaces.

3. "Commercial Solar Pool Heaters" are devices that use solar energy to heat commercial or municipal swimming pools.
4. "Geothermal Space Heating and Process Heating Systems" are systems that use heat from within the earth's surface for space heating or for process heating.
5. "Renewable Combined Heat and Power System" is a Distributed Generation system, fueled by an Eligible Renewable Energy Resource, that produces both electricity and useful renewable process heat. Both the electricity and renewable process heat may be used to meet the Distributed Renewable Energy Requirement.
6. "Solar Daylighting" is the non-residential application of a device specifically designed to capture and redirect the visible portion of the solar beam, while controlling the infrared portion, for use in illuminating interior building spaces in lieu of artificial lighting.
7. "Solar Heating, Ventilation, and Air Conditioning" ("HVAC") is the combination of Solar Space Cooling and Solar Space Heating as part of one system.
8. "Solar Industrial Process Heating and Cooling" is the use of solar thermal energy for industrial or commercial manufacturing or processing applications.
9. "Solar Space Cooling" is a technology that uses solar thermal energy absent the generation of electricity to drive a refrigeration machine that provides for space cooling in a building.
10. "Solar Space Heating" is a method whereby a mechanical system is used to collect solar energy to provide space heating for buildings.
11. "Solar Water Heater" is a device that uses solar energy rather than electricity or fossil fuel to heat water for residential, commercial, or industrial purposes.
12. "Wind Generator of 1 MW or Less" is a mechanical device, with an output of 1 MW or less, that is driven by wind to produce electricity.

C. Except as provided in subsection (A)(4), Eligible Renewable Energy Resources shall not include facilities installed before January 1, 1997.

D. The Commission may adopt pilot programs in which additional technologies are established as Eligible Renewable Energy Resources. Any such additional technologies shall be Renewable Energy Resources that produce electricity, replace electricity generated by Conventional Energy Resources, or replace the use of fossil fuels with Renewable Energy Resources. Energy conservation products, energy management products, energy efficiency products, or products that use non-renewable fuels shall not be eligible for these pilot programs.

Historical Note
New Section made by final rulemaking at 13 A.A.R. 2389, effective August 14, 2007 (Supp. 07-2).

R14-2-1803. Renewable Energy Credits

A. One Renewable Energy Credit shall be created for each kWh derived from an Eligible Renewable Energy Resource.

B. For Distributed Renewable Energy Resources, one Renewable Energy Credit shall be created for each 3,415 British Thermal Units of heat produced by a Solar Water Heating System, a Solar Industrial Process Heating and Cooling System, Solar Space Cooling System, Biomass Thermal System, Biogas Thermal System, or a Solar Space Heating System.

C. An Affected Utility may transfer Renewable Energy Credits to another party and may acquire Renewable Energy Credits from another party. A Renewable Energy Credit is owned by the owner of the Eligible Renewable Energy Resource from which it was derived unless specifically transferred.

D. All transfers of Renewable Energy Credits shall be appropriately documented to demonstrate that the energy associated with the Renewable Energy Credits meets the provisions of R14-2-1802.

E. Any contract by an Affected Utility for purchase or sale of energy or Renewable Energy Credits to meet the requirements of this Rule shall explicitly describe the transfer of rights concerning both energy and Renewable Energy Credits.

F. Except in the case of Distributed Renewable Energy Resources, Affected Utilities must demonstrate the delivery of energy from Eligible Renewable Energy Resources to their retail consumers such as by providing proof that the necessary transmission rights were reserved and utilized to deliver energy from Eligible Renewable Energy Resources to the Affected Utility's system, if transmission is required, or that the appropriate control area operators scheduled the energy from Eligible Renewable Energy Resources for delivery to the Affected Utility's system.

Historical Note
New Section made by final rulemaking at 13 A.A.R. 2389, effective August 14, 2007 (Supp. 07-2).

R14-2-1804. Annual Renewable Energy Requirement

A. In order to ensure reliable electric service at reasonable rates, each Affected Utility shall be required to satisfy an Annual Renewable Energy Requirement by obtaining Renewable Energy Credits from Eligible Renewable Energy Resources.

B. An Affected Utility's Annual Renewable Energy Requirement shall be calculated each calendar year by applying the following applicable annual percentage to the retail kWh sold by the Affected Utility during that calendar year:

2006	1.25%
2007	1.50%
2008	1.75%
2009	2.00%
2010	2.50%
2011	3.00%
2012	3.50%
2013	4.00%
2014	4.50%
2015	5.00%
2016	6.00%
2017	7.00%
2018	8.00%
2019	9.00%
2020	10.00%
2021	11.00%
2022	12.00%
2023	13.00%
2024	14.00%
After 2024	15.00%

The annual increase in the annual percentage for each Affected Utility will be pro rated for the first year based on when the Affected Utility's funding mechanism is approved.

C. An Affected Utility may use Renewable Energy Credits acquired in any year to meet its Annual Renewable Energy Requirement.

D. Once a Renewable Energy Credit is used by any Affected Utility to satisfy these requirements, the credit is retired and cannot be subsequently used to satisfy these rules or any other regulatory requirement.

E. If an Affected Utility trades or sells environmental pollution reduction credits or any other environmental attributes associated with kWh produced by an Eligible Renewable Energy Resource, the Affected Utility may not apply Renewable Energy Credits derived from that same kWh to satisfy the requirements of these rules.

F. No more than 20 percent of an Affected Utility's Annual Renewable Energy Requirement may be met with Renewable Energy Credits derived pursuant to R14-2-1807.

G. An Affected Utility may ask the Commission to preapprove agreements to purchase energy or Renewable Energy Credits from Eligible Renewable Energy Resources.

Historical Note

New Section made by final rulemaking at 13 A.A.R. 2389, effective August 14, 2007 (Supp. 07-2).

R14-2-1805. Distributed Renewable Energy Requirement

A. In order to improve system reliability, each Affected Utility shall be required to satisfy a Distributed Renewable Energy Requirement by obtaining Renewable Energy Credits from Distributed Renewable Energy Resources.

B. An Affected Utility's Distributed Renewable Energy Requirement shall be calculated each calendar year by applying the following applicable annual percentage to the Affected Utility's Annual Renewable Energy Requirement:

2007	5%
2008	10%
2009	15%
2010	20%
2011	25%
After 2011	30%

The annual increase in the annual percentage for each Affected Utility will be pro rated for the first year based on when the Affected Utility's funding mechanism is approved.

C. An Affected Utility may use Renewable Energy Credits acquired in any year to meet its Distributed Renewable Energy Requirement. Once a Renewable Energy Credit is used by any Affected Utility to satisfy these requirements, the credit is retired.

D. An Affected Utility shall meet one-half of its annual Distributed Renewable Energy Requirement from residential applications and the remaining one-half from non-residential, non-utility applications.

E. An Affected Utility may satisfy no more than 10 percent of its annual Distributed Renewable Energy Requirement from Renewable Energy Credits derived from distributed Renewable Energy Resources that are non-utility owned generators that sell electricity at wholesale to Affected Utilities. This Wholesale Distributed Generation Component shall qualify for the non-residential portion of the Distributed Renewable Energy Requirement.

F. Any Renewable Energy Credit created by production of renewable energy which the Affected Utility does not own shall be retained by the entity creating the Renewable Energy Credit. Such Renewable Energy Credit may not be considered used or extinguished by any Affected Utility without approval and proper documentation from the entity creating the Renewable Energy Credit, regardless of whether or not the Commission acknowledged the kWhs associated with non-utility owned Renewable Energy Credits.

G. The reporting of kWhs associated with Renewable Energy Credits not owned by the utility will be acknowledged.

Historical Note

New Section made by final rulemaking at 13 A.A.R. 2389, effective August 14, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 379, effective April 21, 2015 (Supp. 15-1).

R14-2-1806. Extra Credit Multipliers

A. Renewable Energy Credits derived from Eligible Renewable Energy Resources installed after December 31, 2005, shall not be eligible for Extra Credit Multipliers.

B. The extra Renewable Energy Credits resulting from any applicable multiplier shall be added to the Renewable Energy Credits produced by the Eligible Renewable Energy Resource to determine the total Renewable Energy Credits that may be used to meet an Affected Utility's Annual Renewable Energy Requirement.

C. "Early Installation Extra Credit Multiplier." Affected Utilities acquiring Renewable Energy Credits from a Solar Electricity Resource, a Solar Water Heater, a Solar Space Cooling system, a Landfill Gas Generator, a Wind Generator, or a Biomass Electricity Generator that was installed and began operations between January 1, 2001, and December 31, 2003, shall be eligible for an Early Installation Extra Credit Multiplier. Renewable Energy Credits derived from such facilities and acquired by Affected Utilities shall be eligible for five years following the facility's operational start-up. The multiplier shall vary according to the year in which the system began operating:

2001	.3
2002	.2
2003	.1
2010	20%
2011	25%
After 2011	30%

D. "In-state Power Plant Installation Extra Credit Multiplier." Affected Utilities acquiring Renewable Energy Credits from a Solar Electricity Resource that was installed in Arizona on or before December 31, 2005, shall be eligible for an In-state Power Plant Installation Extra Credit Multiplier. The Renewable Energy Credits derived from such a facility and acquired by an Affected Utility shall be multiplied by .5 annually for the life of the facility. The extra Renewable Energy Credits resulting from the multiplier shall be added to the Renewable Energy Credits produced by the Eligible Renewable Energy Resource to determine the total Renewable Energy Credits that may be used to meet an Affected Utility's Annual Renewable Energy Requirement.

E. "In-state Manufacturing and Installation Content Extra Credit Multiplier." Affected Utilities acquiring Renewable Energy Credits from a Solar Electricity Resource, a Solar Water Heater, a Solar Space Cooling system, a Landfill Gas Generator, a Wind Generator, or a Biomass Electricity Generator that was installed in Arizona on or before December 31, 2005, and that contains components manufactured in Arizona shall be eligible for an In-state Manufacturing and Installation Content

Extra Credit Multiplier. The Renewable Energy Credits derived from such a facility and acquired by an Affected Utility shall be multiplied annually for the life of the facility by a factor determined by multiplying .5 times the percent of Arizona content of the total installed plant.

F. "Distributed Solar Electric Generator and Solar Incentive Program Extra Credit Multiplier." Affected Utilities acquiring Renewable Energy Credits from a Distributed Solar Electric Generator that was installed in Arizona on or before December 31, 2005, shall be eligible for a Distributed Solar Electric Generator and Solar Incentive Program Extra Credit Multiplier if the facility meets at least two of the following criteria:

1. The facility is installed on customer premises,
2. The facility is included in any Affected Utility's approved Green Pricing program,
3. The facility is included in any Affected Utility's approved Net Metering or Net Billing program,
4. The facility is included in any Affected Utility's approved solar leasing program, or
5. The facility is owned by and located on an Affected Utility's property or customer property. The Renewable Energy Credits derived from such a facility and acquired by an Affected Utility shall be multiplied by .5 annually for the life of the facility. Meters will be attached to each solar electric generator and read at least once annually to verify solar performance.

G. All multipliers are additive, except that the maximum combined Extra Credit Multiplier shall not exceed 2.0.

Historical Note
New Section made by final rulemaking at 13 A.A.R. 2389, effective August 14, 2007 (Supp. 07-2).

R14-2-1807. Manufacturing Partial Credit

A. An Affected Utility may acquire Renewable Energy Credits to apply to the non-distributed portion of its Annual Renewable Energy Requirement if it or its affiliate owns or makes a significant investment in any solar electric manufacturing plant located in Arizona or if it or its affiliate provides incentives to a manufacturer of solar electric products to locate a manufacturing facility in Arizona.

B. The Renewable Energy Credits shall be equal to the nameplate capacity of the solar electric generators produced and sold in a calendar year times 2,190 hours, which approximates a 25 percent capacity factor.

C. Extra credit multipliers shall not apply to Renewable Energy Credits created by this Section.

Historical Note
New Section made by final rulemaking at 13 A.A.R. 2389, effective August 14, 2007 (Supp. 07-2).

R14-2-1808. Tariff

A. Within 60 days of the effective date of these rules, each Affected Utility shall file with the Commission a Tariff in substantially the same form as the Sample Tariff set forth in these rules that proposes methods for recovering the reasonable and prudent costs of complying with these rules. The specific amounts in the Sample Tariff are for illustrative purposes only and Affected Utilities may submit, with proper support, Tariff filings with alternative surcharge amounts.

B. The Affected Utility's Tariff filing shall provide the following information:

1. Financial information and supporting data sufficient to allow the Commission to determine the Affected Utility's fair value for purposes of evaluating the Affected Utility's proposed Tariff. Information submitted in the format of the Annual Report required under R14-2-212(G)(4) will be the minimum information necessary for filing a Tariff application but Commission Staff may request additional information depending upon the type of Tariff filing that is submitted;
2. A discussion of the suitability of the Sample Tariff set forth in Appendix A for recovering the Affected Utility's reasonable and prudent costs of complying with these rules;
3. Data to support the level of costs that the Affected Utility contends will be incurred in order to comply with these rules;
4. Data to demonstrate that the Affected Utility's proposed Tariff is designed to recover only the costs in excess of the Market Cost of Comparable Conventional Generation; and
5. Any other information that the Commission believes will be relevant to the Commission's consideration of the Tariff filing.

C. The Commission will approve, modify, or deny a Tariff proposed pursuant to subsection (A) within 180 days after the Tariff has been filed. The Commission may suspend this deadline or adopt an alternative procedural schedule for good cause. The Affected Utility's Annual Renewable Energy Requirement, as set forth in R14-2-1804(B), and Distributed Renewable Energy Requirement, as set forth in R14-2-1805(B), will be effective upon Commission approval of the Tariff filed pursuant to this Section.

D. If an Affected Utility has an adjustor mechanism for the recovery of costs related to Annual Renewable Energy Requirements, the Affected Utility may file a request to reset its adjustor mechanism in lieu of a Tariff pursuant to subsection (A). The Affected Utility's filing shall provide all the information required by subsection (B), except that it may omit information specifically related to the fair value determination. The Affected Utility's Annual Renewable Energy Requirement, as set forth in R14-2-1804(B), and Distributed Renewable Energy Requirement, as set forth in R14-2-1805(B), will be effective upon Commission approval of the adjustor mechanism rate filed pursuant to this Section.

E. An Affected Utility may file a rate case pursuant to R14-2-103 in lieu of a Tariff pursuant to subsection (A). The Affected Utility's filing shall provide all information required by subsection (B).

Historical Note
New Section made by final rulemaking at 13 A.A.R. 2389, effective August 14, 2007 (Supp. 07-2).

R14-2-1809. Customer Self-Directed Renewable Energy Option

A. By January 1, 2007, each Affected Utility shall file with Docket Control a Tariff by which an Eligible Customer may apply to an Affected Utility to receive funds to install distributed Renewable Energy Resources. The funds annually received by an Eligible Customer pursuant to this Tariff may not exceed the amount annually paid by the Eligible Customer pursuant to the Affected Utility's Tariff.

B. An Eligible Customer seeking to participate in this program shall submit to the Affected Utility a written application that describes the Renewable Energy Resources that it proposes to install and the projected cost of the project. An Eligible Customer shall provide at least half of the funding necessary to complete the project described in its application.

C. All Renewable Energy Credits derived from the project, including generation and Extra Credit Multipliers, shall be applied to satisfy the Affected Utility's Annual Renewable Energy Requirement.

Historical Note
New Section made by final rulemaking at 13 A.A.R. 2389, effective August 14, 2007 (Supp. 07-2).

R14-2-1810. Uniform Credit Purchase Program

A. The Director of the Utilities Division shall establish a Uniform Credit Purchase Program working group, which will study issues related to implementing Distributed Renewable Energy Resources. The working group shall address the consumer participation process, budgets, incentive levels, eligible technologies, system requirements, installation requirements, and any other issues that are relevant to encouraging the implementation of Distributed Renewable Energy Resources. No later than March 1, 2007, the Director of the Utilities Division shall file a staff report with recommendations for Uniform Credit Purchase Programs.

B. No later than July 1, 2007, each Affected Utility shall file a Uniform Credit Purchase Program for Commission review and approval.

Historical Note
New Section made by final rulemaking at 13 A.A.R. 2389, effective August 14, 2007 (Supp. 07-2).

R14-2-1811. Net Metering and Interconnection Standards

The Commission Staff shall host a series of workshops addressing the issues of rate design including Net Metering and interconnection standards. Upon completion of this task, and the adoption of rules or standards, if appropriate, each Affected Utility shall file conforming Net Metering tariffs and interconnection standards in Docket Control.

Historical Note
New Section made by final rulemaking at 13 A.A.R. 2389, effective August 14, 2007 (Supp. 07-2).

R14-2-1812. Compliance Reports

A. Beginning April 1, 2007, and every April 1st thereafter, each Affected Utility shall file with Docket Control a report that describes its compliance with the requirements of these rules for the previous calendar year and provides other relevant information. The Affected Utility shall also transmit to the Director of the Utilities Division an electronic copy of this report that is suitable for posting on the Commission's web site.

B. The compliance report shall include the following information:

1. The actual kWh of energy produced within its service territory and the actual kWh of energy or equivalent obtained from Eligible Renewable Energy Resources, differentiating between kWhs for which the Affected Utility owns the Renewable Energy Credits and kWhs produced in the Affected Utility's service territory for which the Affected Utility does not own the Renewable Energy Credits;
2. The kWh of energy or equivalent obtained from Eligible Renewable Energy Resources normalized to reflect a full year's production;
3. The kW of generation capacity, disaggregated by technology type;
4. Cost information regarding cents per actual kWh of energy obtained from Eligible Renewable Energy Resources and cents per kW of generation capacity, disaggregated by technology type;
5. A breakdown of the Renewable Energy Credits used to satisfy both the Annual Renewable Energy Requirement and the Distributed Renewable Energy Requirement and appropriate documentation of the Affected Utility's receipt of those Renewable Energy Credits; and
6. A description of the Affected Utility's procedures for choosing Eligible Renewable Energy Resources and a certification from an independent auditor that those procedures are fair and unbiased and have been appropriately applied.

C. The Commission may consider all available information and may hold a hearing to determine whether an Affected Utility's compliance report satisfied the requirements of these rules.

Historical Note
New Section made by final rulemaking at 13 A.A.R. 2389, effective August 14, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 379, effective April 21, 2015 (Supp. 15-1).

R14-2-1813. Implementation Plans

A. Beginning July 1, 2007, and every July 1st thereafter, each Affected Utility shall file with Docket Control for Commission review and approval a plan that describes how it intends to comply with these rules for the next calendar year. The Affected Utility shall also transmit an electronic copy of this plan that is suitable for posting on the Commission's web site to the Director of the Utilities Division.

B. The implementation plan shall include the following information:

1. A description of the Eligible Renewable Energy Resources, identified by technology, proposed to be added by year for the next five years and a description of the kW and kWh to be obtained from each of those resources;
2. The estimated cost of each Eligible Renewable Energy Resource proposed to be added, including cost per kWh and total cost per year;
3. A description of the method by which each Eligible Renewable Energy Resource is to be obtained, such as self-build, customer installation, or request for proposals;
4. A proposal that evaluates whether the Affected Utility's existing rates allow for the ongoing recovery of the reasonable and prudent costs of complying with these rules, including a Tariff application that meets the requirements of R14-2-1808 and addresses the Sample Tariff set forth in Appendix A if necessary; and
5. A line item budget that allocates specific funding for Distributed Renewable Energy Resources, for the Customer Self-Directed Renewable Energy Option, for power purchase agreements, for utility-owned systems, and for each Eligible Renewable Energy Resource described in the Affected Utility's implementation plan.

C. The Commission may hold a hearing to determine whether an Affected Utility's implementation plan satisfies the requirements of these rules.

Historical Note
New Section made by final rulemaking at 13 A.A.R. 2389, effective August 14, 2007 (Supp. 07-2).

R14-2-1814. Electric Power Cooperatives

A. Within 60 days of the effective date of these rules, every electric cooperative that is an Affected Utility shall file with

Docket Control an appropriate plan for acquiring Renewable Energy Credits from Eligible Renewable Energy Resources for the next calendar year and a Tariff that proposes methods for recovering the reasonable and prudent costs of complying with its proposed plan and addresses the Sample Tariff set forth in Appendix A. The cooperative shall also transmit electronic copies of these filings that are suitable for posting on the Commission's web site to the Director of the Utilities Division. Upon Commission approval of this plan, its provisions shall substitute for the requirements of R14-2-1804 and R14-2-1805 for the electric power cooperative proposing the plan.

B. Beginning July 1, 2007, and every July 1st thereafter, every electric cooperative that is an Affected Utility shall file with Docket Control an appropriate plan for acquiring Renewable Energy Credits from Eligible Renewable Energy Resources for the next calendar year. The cooperative shall also transmit an electronic copy of this plan that is suitable for posting on the Commission's web site to the Director of the Utilities Division.

Historical Note
New Section made by final rulemaking at 13 A.A.R. 2389, effective August 14, 2007 (Supp. 07-2).

R14-2-1815. Enforcement and Penalties

A. If an Affected Utility fails to meet the annual requirements set forth in R14-2-1804 and R14-2-1805, it shall include with its annual compliance report a notice of noncompliance.

B. The notice of noncompliance shall provide the following information:
1. A computation of the difference between the Renewable Energy Credits required by R14-2-1804 and R14-2-1805 and the amount actually obtained,
2. A plan describing how the Affected Utility intends to meet the shortfall from the previous calendar year in the current calendar year, and
3. An estimate of the costs of meeting the shortfall.

C. If the Commission finds after affording an Affected Utility notice and an opportunity to be heard that the Affected Utility has failed to comply with its implementation plan approved by the Commission as set forth in R14-2-1813, the Commission may find that the Affected Utility shall not recover the costs of meeting the shortfall described in R14-2-1815(B) in rates.

D. Nothing herein is intended to limit the actions the Commission may take or the penalties the Commission may impose pursuant to Arizona Revised Statutes, Chapter 2, Article 9. An Affected Utility is entitled to notice and an opportunity to be heard prior to Commission action or imposition of penalties.

Historical Note
New Section made by final rulemaking at 13 A.A.R. 2389, effective August 14, 2007 (Supp. 07-2).

R14-2-1816. Waiver from the Provisions of this Article

A. The Commission may waive compliance with any provision of this Article for good cause.

B. Any Affected Utility may petition the Commission to waive its compliance with any provision of this Article for good cause.

C. A petition filed pursuant to these rules shall have priority over other matters filed at the Commission.

Historical Note
New Section made by final rulemaking at 13 A.A.R. 2389, effective August 14, 2007 (Supp. 07-2).

Appendix A. Sample Tariff

Unless otherwise ordered by the Commission, the renewable energy standard surcharge shall be assessed monthly to every retail electric service. This monthly assessment will be the lesser of $0.004988 per kWh or:
1. For residential customers, $1.05 per service;
2. For non-residential customers, $39.00 per service;
3. For non-residential customers whose metered demand is 3,000 kW or more for three consecutive months, $117.00 per service;
4. For non-metered services, the lesser of the load profile or otherwise estimated kWh required to provide the service in question, or the service's contract kWh shall be used in the calculation of the surcharge.

Historical Note
New Appendix A made by final rulemaking at 13 A.A.R. 2389, effective August 14, 2007 (Supp. 07-2).

ARTICLE 19. CONSUMER PROTECTIONS FOR UNAUTHORIZED CARRIER CHANGES

Article 19, consisting of R14-2-1901 through R14-2-1913, made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

R14-2-1901. Definitions

A. "Authorized Carrier" means any Telecommunications Company that submits, on behalf of a Customer, a change in the Customer's selection of a provider of telecommunications service, with the Subscriber's authorization verified in accordance with the procedures specified in this Article.

B. "Commission" means Arizona Corporation Commission.

C. "Customer" means the person or entity in whose name service is rendered, as evidenced by the signature on the application or contract for service, or by the receipt or payment of bills regularly issued in their name regardless of the identity of the actual user of service.

D. "Executing Telecommunications Carrier" means a Telecommunications Company that effects a request that a Subscriber's Telecommunications Company be changed.

E. "Letter of Agency" means written authorization, including internet enabled with electronic signature, by a Subscriber authorizing a Telecommunications Company to act on the Subscriber's behalf to change the Subscriber's Telecommunications Company.

F. "Subscriber" means the Customer identified in the account records of a Telecommunications Company; and any person authorized by such Customer to change telecommunications services or to charge services to the account; or any person contractually or otherwise lawfully authorized to represent such Customer.

G. "Telecommunications Company" means a public service corporation, as defined in the Arizona Constitution, Article 15, § 2, which provides telecommunications services within the state of Arizona and over which the Commission has jurisdiction.

H. "Unauthorized Carrier" means any Telecommunications Company that submits, on behalf of a Customer, a change in the Customer's selection of a provider of telecommunications service without the subscriber's authorization verified in accordance with the procedures specified in this Article.

I. "Unauthorized Change" ("slamming") means a change in a Telecommunications Company submitted on behalf of a Subscriber that was not authorized in accordance with R14-2-1904 or not verified in accordance with R14-2-1905.

J. "Unauthorized Charge" means any charge incurred as a result of an Unauthorized Change.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

R14-2-1902. Purpose and Scope
These rules shall be interpreted to ensure that all Customers in this state are protected from an Unauthorized Change in their intraLATA, or interLATA long-distance Telecommunications Company. The rules shall be interpreted to promote satisfactory service to the public by local and intraLATA or interLATA long-distance Telecommunications Companies and to establish the rights and responsibilities of both company and Customer. The rules shall be interpreted to establish liability standards and penalties to ensure compliance.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

R14-2-1903. Application
These rules apply to each Telecommunications Company. These rules do not apply to providers of wireless, cellular, personal communications services, or commercial mobile radio services.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

R14-2-1904. Authorized Telecommunications Company Change Procedures

A. A Telecommunications Company shall not submit a change on behalf of a Subscriber prior to obtaining authorization from the Subscriber and obtaining verification of that authorization in accordance with R14-2-1905.

B. A Telecommunications Company submitting a change shall maintain and preserve records of verification of individual Subscriber authorization for 24 months.

C. An Executing Telecommunications Carrier shall not contact the Subscriber to verify the Subscriber's selection received from a Telecommunications Company submitting a change.

D. An Executing Telecommunications Carrier shall execute such changes as promptly as reasonable business practices will permit, which shall not exceed 10 business days from the receipt of a change notice from a submitting Telecommunications Company. The Executing Telecommunications Carrier shall have no liability for processing an Unauthorized Change.

E. If a Telecommunications Company is selling more than one type of service, for example, local, intraLATA, or interLATA, it may obtain authorizations from the Subscriber for all services authorized during a single contact.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

R14-2-1905. Verification of Orders for Telecommunications Service

A. A Telecommunications Company shall not submit a change order unless it confirms the order by one of the following methods:
1. The Telecommunications Company obtains the Subscriber's written authorization, including internet enabled authorization with electronic signature, in a form that meets the requirements of this Section.
2. The Telecommunications Company obtains the Subscriber's electronic or voice-recorded authorization for the change that meets the requirements of this Section.
3. An independent third party, qualified under the criteria set forth in subsection (F), obtains and records the Subscriber's verbal authorization for the change that confirms and includes appropriate verification data pursuant to the requirements of this Section.

B. Written authorization obtained by a Telecommunications Company shall:
1. Be a separate document containing only the authorizing language in accordance with verification procedures of this Section,
2. Have the sole purpose of authorizing a Telecommunications Company change, and
3. Be signed and dated by the Subscriber requesting the Telecommunications Company change.

C. A Letter of Agency may be combined with a marketing check subject to the following requirements. The Letter of Agency when combined with a marketing check shall not contain promotional language or material. The Letter of Agency when combined with a marketing check shall have on its face and near the endorsement line a notice in bold-face type that the Subscriber authorizes a Telecommunications Company change by signing the check. The notice shall be in easily readable, bold-face type and shall be written in both English and Spanish, as well as in any other language which was used at any point in the sales transaction. If a Telecommunications Company cannot comply with the requirements of this Section, it may not combine a Letter of Agency with a marketing check.

D. An electronically signed Letter of Agency is valid written authorization.

E. A Telecommunications Company that obtains a Subscriber's electronic voice recorded authorization shall confirm the Customer identification and service change information. If a Telecommunications Company elects to verify sales by electronic voice recorded authorization, it shall establish one or more toll-free telephone numbers exclusively for that purpose. A call to the toll-free number shall connect the Subscriber to a recording mechanism that shall record the following information regarding the Telecommunications Company change:
1. The identity of the Subscriber,
2. Confirmation that the person on the call is authorized to make the Telecommunications Company change,
3. Confirmation that the person on the call wants to make the Telecommunications Company change,
4. The name of the newly authorized Telecommunications Company,
5. The telephone numbers to be switched, and
6. The types of service involved.

F. A Telecommunications Company that verifies a Subscriber's authorization by an independent third party shall comply with the following:
1. The independent third party shall not be owned, managed, or controlled by the Telecommunications Company or the company's marketing agent.
2. The independent third party shall not have any financial incentive to verify that Telecommunications Company change orders are authorized.
3. The independent third party shall operate in a location physically separate from the Telecommunications Company or the company's marketing agent.
4. The independent third party shall inform the Subscriber that the call is being recorded and shall record the Subscriber's authorization to change the Telecommunications Company.

5. All third party verification methods shall elicit and record, at a minimum:
   a. The identity of the Subscriber,
   b. Confirmation that the person on the call is authorized to make the Telecommunications Company change,
   c. Confirmation that the person on the call wants to make the Telecommunications Company change,
   d. The name of the newly authorized Telecommunications Company,
   e. The telephone numbers to be switched, and
   f. The types of service involved.
6. The independent third party shall conduct the verification in the same language as was used in the initial sales transaction.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

R14-2-1906. Notice of Change
When an Authorized Carrier changes a Subscriber's service, the Authorized Carrier, or its billing and collection agent, shall clearly and conspicuously identify any change in service provider, including the name of the new Authorized Carrier and its telephone number on a bill, a bill insert, or in a separate mailing to the Subscriber. The notice of change shall be printed in both English and Spanish.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

R14-2-1907. Unauthorized Changes
A. A Subscriber shall notify the alleged Unauthorized Carrier within a reasonable period of time after receiving notice of an Unauthorized Change. Any period of time of 60 days or less shall automatically be presumed to be reasonable, and any period of time longer than 60 days may be reasonable based on the circumstances.
B. After a Subscriber notifies the alleged Unauthorized Carrier that the change was unauthorized, the alleged Unauthorized Carrier shall take all actions within its control to facilitate the Subscriber's return to the original Telecommunications Company as promptly as reasonable business practices will permit, but no later than five business days from the date of the Subscriber's notification to it.
C. If an alleged Unauthorized Carrier has been notified that an Unauthorized Change has occurred and the alleged Unauthorized Carrier cannot verify within five business days that the change was authorized pursuant to R14-2-1905, the alleged Unauthorized Carrier shall:
   1. Pay all charges to the original Telecommunications Company associated with returning the Subscriber to the original Telecommunications Company as promptly as reasonable business practices will permit, but no later than 30 business days from the date of the alleged Unauthorized Carrier's failure to confirm authorization of the change;
   2. Absolve the Subscriber of all charges incurred during the first 90 days of service provided by the alleged Unauthorized Carrier if a Subscriber has not paid charges to the alleged Unauthorized Carrier;
   3. Forward relevant billing information to the original Telecommunications Carrier within 15 business days of a Subscriber's notification. The original Telecommunications Company may not bill the Subscriber for unauthorized service charges during the first 90 days of the alleged Unauthorized Carrier's service but may thereafter bill the Subscriber at the original Telecommunications Company's rates; and
   4. Refund to the original Telecommunications Company, 100% of any alleged Unauthorized Carrier's charges that a Subscriber paid to the alleged Unauthorized Carrier. The original Telecommunications Company shall apply the credit of 100% to the Subscriber's authorized charges.
D. Until the alleged Unauthorized Carrier certifies with supporting documentation to the Subscriber that the change was verified pursuant to R14-2-1905, the billing Telecommunications Company shall not:
   1. Suspend, disconnect, or terminate telecommunications service to a Subscriber who disputes any billing charge pursuant to this Section or for nonpayment of a charge related to an unauthorized change unless requested by the Subscriber, or
   2. File an unfavorable credit report against a Customer who has not paid charges that the Subscriber has alleged were unauthorized.
E. The Customer shall remain obligated to pay any charges that are not disputed.
F. The alleged Unauthorized Carrier shall maintain and preserve individual Customer records of Unauthorized Change complaints for 24 months.
G. Each occurrence of slamming to an individual account shall constitute a separate violation of this Article, subject to individual enforcement actions and penalties as prescribed herein.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

R14-2-1908. Notice of Subscriber Rights
A. A Telecommunications Company shall provide to each of its Subscribers notice of the Subscriber's rights regarding Unauthorized Changes and Unauthorized Charges.
B. The Subscriber notice shall include the following:
   1. The name, address and telephone numbers where a Subscriber can contact the Telecommunications Company;
   2. A Telecommunications Company is prohibited from changing telecommunications service to another company without the Subscriber's permission;
   3. A Telecommunications Company that has switched telecommunications service without the Subscriber's permission is required to pay all charges associated with returning the Customer to the original Telecommunications Company as promptly as reasonable business practices will permit, but no later than 30 business days from the Subscriber's request;
   4. An Unauthorized Carrier shall absolve a Subscriber of all unpaid charges which were incurred during the first 90 days of service provided by the Unauthorized Carrier;
   5. If a Subscriber incurred charges for service provided during the first 90 days of service with the Unauthorized Carrier, the Unauthorized Carrier shall forward the relevant billing information to the original Telecommunication Company. The original Telecommunications Company may not bill the Subscriber for unauthorized service charges during the first 90 days of the Unauthorized Carrier's service but may thereafter bill the Subscriber at the original Telecommunications Company's rates;

6. If a Subscriber has paid charges to the Unauthorized Carrier, the Unauthorized Carrier must pay 100% of the charges to the original Telecommunications Company and the original Telecommunications Company shall apply the 100% as credit to the Customer's authorized charges;
7. A Subscriber who has been slammed can contact the Unauthorized Carrier to request the service be changed back in accordance with R14-2-1907;
8. A Subscriber who has been slammed can report the Unauthorized Change to the Arizona Corporation Commission;
9. The name, address, web site, and toll free consumer services telephone number of the Arizona Corporation Commission; and
10. A Subscriber can request their local exchange company place a freeze on the Customer's long distance telecommunications service account.

C. Distribution, language, and timing of notice.
1. A Telecommunications Company shall provide the notice described in this Section to new Customers at the time service is initiated, and upon a Subscriber's request.
2. A Telecommunications Company that publishes a telephone directory or contracts for publication of a telephone directory, shall arrange for the notice to appear in the white pages of its annual telephone directory.
3. A Telecommunications Company with a web site shall display the notice described in this Section on the company's web site.
4. The notice of subscriber rights described in this Section shall be written in both English and Spanish.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

R14-2-1909. Customer Account Freeze

A. A Customer account freeze prevents a change in a Subscriber's intraLATA and interLATA Telecommunications Company selection until the Subscriber gives consent to lift the freeze to the local exchange company that implemented the freeze.

B. A local exchange company that offers a freeze shall do so on a nondiscriminatory basis to all Subscribers.

C. A Telecommunications Company that offers information on freezes shall clearly distinguish intraLATA and interLATA telecommunications services.

D. A local exchange carrier shall not implement or remove a freeze without authorization obtained consistent with R14-2-1904 and verification consistent with R14-2-1905. However, a local exchange carrier shall remove a freeze if authorized by the subscriber in a three-way conference call meeting the requirements of 47 C.F.R. 64.1190(e)(2) incorporated by reference. This reference to 47 C.F.R. 64.1190(e)(2) is to the version in effect as of January 1, 2004 and no future editions or amendments. Copies of 47 C.F.R. 64.1190(3)(2) are available from the Federal Communications Commission at 445 12th Street SW, Washington D.C. 20554 and at the offices of the Arizona Corporations Commission at 1200 W. Washington Street, Phoenix, Arizona 85007 and online at www.gpoaccess.gov and are on file with the Office of the Secretary of State.

E. A Telecommunications Company shall not charge the Customer for imposing or removing a freeze except under a Commission approved tariff.

F. A Telecommunications Company shall maintain records of all freeze authorizations and repeals for the duration of the Customer account freeze or at least 24 months following the cancellation of the Customer account freeze or discontinuance of service provided to that account.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

R14-2-1910. Informal Complaint Process

A. A Subscriber may file an informal complaint within 90 days of receiving notice of an Unauthorized Charge, or, thereafter, upon a showing of good cause. The complaint shall be submitted to the Commission Staff in writing, telephonically, or via electronic transmission, and shall include:
1. Complainant's name, address, telephone number;
2. The names of the Telecommunications Companies involved;
3. The approximate date of the alleged Unauthorized Change;
4. A statement of facts, including documentation, to support the complainant's allegation;
5. The amount of any disputed charges, including any amount already paid; and
6. The specific relief sought.

B. Commission Staff shall:
1. Assist the parties in resolving the informal complaint;
2. Notify the Executing Telecommunications Company, original Telecommunications Company, and alleged Unauthorized Carrier of the alleged Unauthorized Change;
3. Require the alleged Unauthorized Carrier to provide an initial response within five business days of receipt of notice from the Commission;
4. Require the alleged Unauthorized Carrier to provide documentation of the Subscriber's authorization. If such information is not provided to Staff within 10 business days of the initial Staff notification, Staff shall presume that an Unauthorized Change occurred;
5. Advise the Telecommunications Company that it shall provide Staff with any additional information requested by Staff within 10 business days of Staff's request; and
6. Inform the Telecommunications Company that failure to provide the requested information or a good faith response to Commission Staff within 15 business days shall be deemed an admission to the allegations contained within the request and the Telecommunications Company shall be deemed in violation of the applicable provisions of this Article.

C. If the parties do not resolve the matter, the Staff will conduct a review of the informal complaint and related materials to determine if an Unauthorized Change has occurred, which review shall be completed within 30 days of the Staff's receipt of the informal complaint.

D. Upon conclusion its review, Staff shall render a written summary of its findings and recommendation to all parties. Staff's written summary is not binding on any party. Any party shall have the right to file a formal complaint with the Commission under A.R.S. § 40-246. Staff's written summary shall not be admissible in the formal complaint proceeding.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

R14-2-1911. Compliance and Enforcement

A. A Telecommunications Company shall provide a copy of its records of Subscriber verification and Unauthorized Changes maintained under the requirements of this Article to Commission Staff upon request.

B. If the Commission finds that a Telecommunications Company is in violation of this Article, the Commission shall order the company to take corrective action as necessary, and the Commission may impose such penalties as are authorized by law. The Commission may sanction a Telecommunications Company in violation of this Article by prohibiting further solicitation of new customers for a specified period, or by revocation of its Certificate of Convenience and Necessity. The Commission may take any other enforcement actions authorized by law.

C. The Commission Staff shall coordinate its enforcement efforts regarding the prosecution of fraudulent, misleading, deceptive, and anti-competitive business practices with the Arizona Attorney General.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

R14-2-1912. Severability

If any provision of this Article is found to be invalid, it shall be deemed severable from the remainder of this Article and the remaining provisions of this Article shall remain in full force and effect.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

R14-2-1913. Script Submission

A. Each Telecommunications Company shall file under seal in a docket designated by the Director of the Utilities Division ("Director") a copy of all sales or marketing scripts used by its (or its agent's) sales or customer service workers. For the purpose of this rule, "sales or marketing scripts" means all scripts that involve proposing a change in Telecommunications Company or responding to an inquiry regarding a possible change in Telecommunications Company.

B. A Telecommunications Company shall make the filing described in R14-2-1913(A) at the following times:

1. 90 days from the day these rules are first published in a Notice of Final Rulemaking in the Arizona Administrative Register;
2. On April 15 of each year;
3. Whenever directed to do so by the Director; and
4. Whenever a material change to a script occurs or a new script is used that is materially difference from a script on file with the Director.

C. The Director may request further information or clarification on any script, and the Telecommunications Company shall respond to the Director's request within 10 days.

D. The Director may initiate a formal complaint under R14-3-101 through R14-3-113 to review any script. The failure to file such a complaint or request further information or clarification does not constitute approval of the script, and the fact that the script is on file with the Commission may not be used as evidence that the script is just, reasonable, or not fraudulent.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

ARTICLE 20. CONSUMER PROTECTIONS FOR UNAUTHORIZED CARRIER CHARGES

Article 20, consisting of R14-2-2001 through R14-2-2011, made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

R14-2-2001. Definitions

A. "Commission" means the Arizona Corporation Commission.

B. "Customer" means the person or entity in whose name service is rendered, as evidenced by the signature on the application or contract for service, or by the receipt or payment of bills regularly issued in their name regardless of the identity of the actual user of service.

C. "Subscriber" means the Customer identified in the account records of a Telecommunications Company; any person authorized by such Customer to change telecommunications services or to charge services to the account; or any person contractually or otherwise lawfully authorized to represent such Customer.

D. "Telecommunications Company" means a public service corporation, as defined in the Arizona Constitution, Article 15, § 2, that provides telecommunications services within the state of Arizona and over which the Commission has jurisdiction. The phrase "Telecommunications Company" does not include providers of wireless, cellular, personal communications services, or commercial mobile radio services.

E. "Unauthorized Charge" ("cramming") means any recurring charge on a Customer's telephone bill that was not authorized or verified in compliance with R14-2-2005. This does not include one-time pay-per-use charges or taxes and other surcharges that have been authorized by law to be passed through to the Customer.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

R14-2-2002. Purpose and Scope

The provisions of this Article shall be interpreted to ensure all Customers in this state are protected from Unauthorized Charges on their bill from a Telecommunications Company.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

R14-2-2003. Application

This Article applies to each Telecommunications Company.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

R14-2-2004. Requirements for Submitting Authorized Charges

A. A Telecommunications Company shall provide its billing agent with its name, telephone number, and a list with detailed descriptions of the products and services it intends to charge on a Customer's bill so that the billing agent may accurately identify the product or service on the Customer's bill.

B. A Telecommunications Company or its billing agent shall specify the product or service being billed and all associated charges.

C. A Telecommunications Company or its billing agent shall provide the Subscriber with a toll-free telephone number the Subscriber may call for billing inquiries.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

R14-2-2005. Authorization Requirements

A. A Telecommunications Company shall record the date of a service request and shall obtain from the Subscriber requesting a product or service the following:
1. The name and telephone number of the Customer,
2. Verification that Subscriber is authorized to order the product or service, and
3. Explicit Subscriber acknowledgement that the charges will be assessed on the Customer's bill.

B. A Telecommunications Company shall communicate the following information to a Subscriber requesting a product or service:
1. An explanation of each product or service offered,
2. An explanation of all applicable charges,
3. A description of how the charge will appear on the Customer's bill,
4. An explanation of how a product or service can be cancelled, and
5. A toll-free telephone number for Subscriber inquiries.

C. The authorization required by R14-2-2005(A) and the communications required by R14-2-2005(B) shall be given in all languages used at any point in the sales transaction. At the beginning of any sales transaction, the Telecommunications Company must offer to conduct the transaction in English or Spanish and must comply with the Customer's choice or shall not complete the transaction.

D. During each contact in which the Telecommunications Company offers to establish residential service or in which a person requests the establishment of residential service, the Telecommunications Company shall inform the subscriber of the cost of "basic local exchange telephone service" as defined in R14-2-1201(6), if provided. A Telecommunications Company shall not use the term "basic" or any other misleading language in describing any product or service. The term "basic" can only be used for a plan that includes only basic local exchange telephone service.

E. The individual Subscriber authorization record shall be maintained by the Telecommunications Company for 24 months.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

R14-2-2006. Unauthorized Charges

A. Upon discovery of an Unauthorized Charge or upon notification by a Subscriber of an Unauthorized Charge, the billing Telecommunications Company shall:
1. Immediately cease charging the Customer for the unauthorized product or service;
2. Remove the Unauthorized Charge from the Customer's bill within 45 days;
3. Refund or credit to the Customer all money paid by the Customer at the Customer's option for any Unauthorized Charge. If any Unauthorized Charge is not refunded or credited within two billing cycles, the Telecommunications Company shall pay interest on the amount of any Unauthorized Charges at an annual rate established by the Commission until the Unauthorized Charge is refunded or credited;
4. Provide the Subscriber all billing records under the control of the Telecommunications Company related to any Unauthorized Charge. The billing records shall be provided within 15 business days of the Subscriber's notification; and
5. Maintain a record of each Unauthorized Charge of every Customer who has experienced any Unauthorized Charge for 24 months. The record shall include:
   a. The name of the Telecommunications Company,
   b. Each affected telephone number,
   c. The date the Subscriber requested the Unauthorized Charge be removed from the Customer's bill, and
   d. The date the Customer was refunded or credited the amount that the Customer paid for any Unauthorized Charge.

B. After a charge is removed from the Customer's bill, the Telecommunications Company shall not rebill the charge unless one of the following occurs:
1. The Subscriber and the Telecommunications Company agree the customer was accurately billed.
2. The Telecommunications Company certifies with supporting documentation to the Subscriber that the charge was authorized pursuant to R14-2-2005.
3. A determination is made pursuant to R14-2-2008 that the charge was authorized.

C. Until a charge is reinstated pursuant to subsection (B), a Telecommunications Company shall not:
1. Suspend, disconnect, or terminate telecommunications service to a Subscriber who disputes any billing charge pursuant to this Article or for nonpayment of an alleged Unauthorized Charge unless requested by the Subscriber; or
2. File an unfavorable credit report against a Customer who has not paid charges that the Subscriber has alleged were unauthorized.

D. The Customer shall remain obligated to pay any charges that are not disputed.

E. Each occurrence of cramming an individual account shall constitute a separate violation of this Article, subject to individual enforcement actions and penalties as prescribed herein.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

R14-2-2007. Notice of Subscriber Rights

A. A Telecommunications Company shall provide to each of its Subscribers a notice of the Subscriber's rights regarding Unauthorized Charges.

B. The notice may be combined with the notice required by R14-2-1908.

C. The notice shall include the following:
1. The name, address and telephone number where a Subscriber can contact the Telecommunications Company;
2. A statement that a Telecommunications Company is prohibited from adding products and services to a Customer's account without the Subscriber's authorization;
3. A statement that the Telecommunications Company is required to return the service to its original service provisions if an Unauthorized Charge is added to a Customer's account;
4. A statement that the Telecommunications Company shall not charge for returning the Customer to their original service provisions;
5. A statement that the Telecommunications Company must refund or credit, at the Customer's option, to the Customer any amount paid for any Unauthorized Charge. If any Unauthorized Charge is not refunded or credited

within two billing cycles, the Telecommunications Company shall pay interest on the amount of any Unauthorized Charges at an annual rate established by the Commission until the Unauthorized Charge is refunded or credited;

6. A statement that a Customer who has been crammed can report the Unauthorized Charge to the Arizona Corporation Commission; and
7. The name, address, web site, and toll-free consumer services telephone number of the Arizona Corporation Commission.

D. Distribution, language, and timing of notice.

1. A Telecommunications Company shall provide the notice described in this Section to new Customers at the time service is initiated, and upon Subscriber's request.
2. A Telecommunications Company that publishes a telephone directory or contracts for publication of a telephone directory, shall arrange for the notice to appear in the white pages of its annual telephone directory.
3. A Telecommunications Company with a web site shall display the notice described in this Section on the company's web site.
4. The notice of subscriber rights described in this Section shall be written in both English and Spanish.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

R14-2-2008. Informal Complaint Process

A. A Subscriber may file an informal complaint within 90 days of receiving notice of an Unauthorized Charge, or, thereafter, upon a showing of good cause. The complaint shall be submitted to the Commission Staff in writing, telephonically or via electronic transmission, and shall include:

1. Complainant's name, address, telephone number;
2. The name of the Telecommunications Company that submitted the alleged Unauthorized Charge;
3. The approximate date of the alleged Unauthorized Charge;
4. A statement of facts, and documentation, to support the complainant's allegation;
5. The amount of any disputed charges including the amount already paid; and
6. The specific relief sought.

B. The Commission Staff shall:

1. Assist the parties in resolving the complaint;
2. Notify the Telecommunications Company of the alleged Unauthorized Charge;
3. Require the Telecommunications Company to provide an initial response within five business days of receipt of notice from the Commission;
4. Require the Telecommunications Company to provide documentation of the Subscriber's new service or product request. If such information is not provided to the Staff within 10 business days of the initial Staff notification, Staff shall presume than an Unauthorized Charge occurred;
5. Advise the Telecommunications Company that it shall provide Staff any additional information requested within 10 business days of Staff's request; and
6. Inform the Telecommunications Company that failure to provide the requested information or a good faith response to Commission Staff within 15 business days shall be deemed an admission to the allegations contained within the request and the Telecommunications Company shall be deemed in violation of the applicable provisions of this Article.

C. If the parties do not resolve the matter, the Staff will conduct a review of the informal complaint and related materials to determine if an Unauthorized Charge has occurred, which review shall be completed within 30 days of the Staff's receipt of the informal complaint.

D. Upon conclusion of its review, Staff shall render a written summary of its findings and recommendation to all parties. Staff's written summary is not binding on any party. Any party shall have the right to file a formal complaint with the Commission under A.R.S. § 40-246. Staff's written summary shall not be admissible in the formal complaint proceeding.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

R14-2-2009. Compliance and Enforcement

A. A Telecommunications Company shall provide a copy of records related to a Subscriber's request for services or products to Commission Staff upon request.

B. If the Commission finds that a Telecommunications Company is in violation of this Article, the Commission shall order the company to take corrective action as necessary, and the company may be subject to such penalties as are authorized by law. The Commission may sanction a Telecommunications Company in violation of this Article by prohibiting further solicitation of new customers for a specified period, or by revocation of its Certificate of Convenience and Necessity. The Commission may take any other enforcement actions authorized by law.

C. The Commission Staff shall coordinate its enforcement efforts regarding the prosecution of fraudulent, misleading, deceptive, and anti-competitive business practices with the Arizona Attorney General.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

R14-2-2010. Severability

If any provision of this Article is found to be invalid, it shall be deemed severable from the remainder of this Article and the remaining provisions of this Article shall remain in full force and effect.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

R14-2-2011. Script Submission

A. Each Telecommunications Company shall file under seal in a docket designated by the Director of the Utilities Division ("Director") a copy of all sales or marketing scripts used by its (or its agent's) sales or customer service workers. For the Purposes of this rule, "sales or marketing scripts" means all scripts that involve an offer to sell a product or service or a response to a request for a product or service, including all scripts for unrelated matters that include a prompt for the sales or customer service workers to offer to sell a product or service.

B. A Telecommunications Company shall make the filing described in R14-2-2011(A) at the following times:

1. 90 days from the day these rules are first published in a Notice of Final Rulemaking in the Arizona Administrative Register;
2. On April 15 of each year;
3. Whenever directed to do so by the Director; and
4. Whenever a material change to a script occurs or a new script is used that is materially different from a script on file with the Director.

C. The Director may request further information or clarification on any script, and the Telecommunications Company shall respond to the Director's request within 10 days.

D. The Director may initiate a formal complaint under R14-3-101 through R14-3-113 to review any script. The failure to file such a complaint or request further information or clarification does not constitute approval of the script, and the fact that the script is on file with the Commission may not be used as evidence that the script is just, reasonable, or not fraudulent.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 2409, effective July 23, 2004 (Supp. 04-2).

ARTICLE 21. CUSTOMER PROPRIETARY NETWORK INFORMATION

R14-2-2101. Application

These rules govern the treatment of Customer Proprietary Network Information (CPNI) for all telecommunications carriers that provide telecommunications service in Arizona. In addition, the Commission adopts, incorporates, and approves as its own 47 CFR 64.2001 through 2009, revised as of September 20, 2002 (and no future amendments), incorporated by reference and copies available from the Commission Office, Legal Division, 1200 West Washington, Phoenix, Arizona 85007 and the United States Government Printing Office, P.O. Box 371975M, Pittsburgh, Pennsylvania 15250-7975. These rules are in addition to the FCC rules and together with the FCC rules govern the release of CPNI in Arizona.

Historical Note
New Section made by final rulemaking at 12 A.A.R. 1547, effective June 19, 2006 (06-2).

R14-2-2102. Definitions

For purposes of this Article, the following definitions apply unless the context otherwise requires:

1. "Affiliate" means a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person. For purposes of this paragraph, the term "own" means to own an equity interest (or the equivalent thereof) of more than 10 percent.
2. "Communications-related services" means telecommunications services, information services typically provided by telecommunications carriers, and services related to the provision or maintenance of customer premises equipment.
3. A "Customer" of a telecommunications carrier is a person or entity to which the telecommunications carrier is currently providing service.
4. "Customer premise equipment" means equipment employed on the premises of a person (other than a telecommunications carrier) to originate, route, or terminate telecommunications.
5. "Customer proprietary network information (CPNI)" means information that relates to the quantity, technical configuration, type, destination, location, and amount of use of a telecommunications service subscribed to by any customer of a telecommunications carrier, and that is made available to the carrier by the customer solely by virtue of the carrier-customer relationship; and information contained in the bills pertaining to telephone exchange service or telephone toll service received by a customer of a carrier; except that such term does not include subscriber list information. See 47 U.S.C. 222(h)(1) revised 1999 (and no future amendments), incorporated by reference and copies available from the Commission Office, Legal Division, 1200 West Washington, Phoenix, Arizona 85007 and the United States Government Printing Office, P.O. Box 371975M, Pittsburgh, Pennsylvania 15250-7975.
6. "Non-listed Service" means a service that ensures that customers' telephone numbers are not published in the telephone directory but are available through directory assistance.
7. "Non-published Service" means a service that ensures that customers' telephone numbers are not published in the telephone directory and are not otherwise available through directory assistance.
8. "Opt-In approval" means a method for obtaining customer consent to use, disclose, or permit access to the customer's CPNI that requires that the telecommunications carrier obtain from the customer affirmative, express consent allowing the requested CPNI usage, disclosure, or access after the customer is provided notification of the carrier's request in conformance with Section R14-2-2105.
9. "Opt-Out approval" means a method for obtaining customer consent to use, disclose, or permit access to the customer's CPNI where a customer is deemed to have consented to the use, disclosure, or access to the customer's CPNI if the customer has failed to affirmatively object to approval within the 30-day waiting period provided in R14-2-2103(C) after the customer is provided the notice as required in R14-2-2106, subject to the requirements of Section R14-2-2108.
10. "Published" means authorized for voluntary disclosure by the individual identified in the listing.
11. "Subscriber list information" means any information identifying the listed names of subscribers of a telecommunications carrier and such subscribers' telephone numbers, addresses, or primary advertising classifications (as such classifications are assigned at the time of the establishment of such service), or any combination of such listed names, numbers, addresses, or classifications; and that the carrier or an affiliate has published, caused to be published, or accepted for publication in any directory format. See 47 U.S.C. 222(e)(1) revised 1999 (and no future amendments), incorporated by reference and copies available from the Commission Office, Legal Division, 1200 West Washington, Phoenix, Arizona 85007 and the United States Government Printing Office, P.O. Box 371975M, Pittsburgh, Pennsylvania 15250-7975.
12. "Telecommunications carrier" means a public service corporation, as defined in the Arizona Constitution, Article 15, § 2, which provides telecommunications services within the state of Arizona and over which the Commission has jurisdiction.
13. "Third Party" means a person who is not the customer, the customer's telecommunications service provider, an affiliate, joint venture partner, or independent contractor of the customer's telecommunications service provider.

Historical Note
New Section made by final rulemaking at 12 A.A.R. 1547, effective June 19, 2006 (06-2).

R14-2-2103. Obtaining Customer Approval to Use, Disclose, or Permit Access to CPNI to Affiliates, Joint Venture Partners and Independent Contractors Providing Communications-Related Services

A. A telecommunications carrier may, subject to obtaining opt-out approval or opt-in approval:
1. Disclose its customer's individually identifiable CPNI, for the purpose of marketing to that customer communications-related services of a category to which the customer does not already subscribe, to its agents; its affiliates that provide communications-related services; and its joint venture partners and independent contractors;
2. Permit such persons or entities to obtain access to such CPNI for such purposes.

B. Any solicitation for customer approval must be accompanied by a notice to the customer of the customer's right to restrict use of, disclosure of, and access to that customer's CPNI. For the purpose of obtaining opt-in approval, the notice must comply with the requirements of Section R14-2-2105 of these rules. For the purpose of obtaining opt-out approval, the notice must comply with the requirements of Section R14-2-2106 of these rules.

C. Telecommunications carriers must wait a 30-day minimum period of time after giving customers notice and an opportunity to opt-out before assuming customer approval to use, disclose or permit access to CPNI. A telecommunications carrier may, in its discretion, provide for a longer period.

D. The telecommunications carrier shall be required to execute a proprietary agreement with all affiliates, joint venture partners, independent contractors that provide communications-related services, third parties, and affiliates that do not provide communications-related services to maintain the confidentiality of the customers' CPNI. The proprietary agreement must meet the minimum requirements set forth in 47 CFR 64.2007(b)(2), revised as of September 20, 2002 (and no future amendments), incorporated by reference and copies available from the Commission Office, Legal Division, 1200 West Washington, Phoenix, Arizona 85007 and the United States Government Printing Office, P.O. Box 371975M, Pittsburgh, Pennsylvania 15250-7975.

Historical Note
New Section made by final rulemaking at 12 A.A.R. 1547, effective June 19, 2006 (06-2).

R14-2-2104. Obtaining Customer Approval to Use, Disclose, or Permit Access to CPNI to Third Parties and Affiliates That Do Not Provide Communications-Related Services

A. A telecommunications carrier may, subject to opt-in approval, use, disclose, or permit access to its customer's individually identifiable CPNI to affiliates that do not provide telecommunications-related services.

B. A telecommunications carrier may use, disclose, or permit access to its customer's individually identifiable CPNI to a third party only upon written, electronic, or oral request by the customer that specifically identifies the third party to whom the CPNI may be disseminated.

C. Any solicitation for customer approval must be accompanied by a notice to the customer of the customer's right to restrict use of, disclosure of, and access to that customer's CPNI. For the purpose of obtaining opt-in approval, the notice must comply with the requirements of Section R14-2-2105 of these rules.

D. The telecommunications carrier shall be required to execute a proprietary agreement with all affiliates, joint venture partners, independent contractors that provide communications-related services, third parties, and affiliates that do not provide communications-related services to maintain the confidentiality of the customers' CPNI. The proprietary agreement must meet the minimum requirements set forth in 47 CFR 64.2007(b)(2), revised as of September 20, 2002 (and no future amendments), incorporated by reference and copies available from the Commission Office, Legal Division, 1200 West Washington, Phoenix, Arizona 85007 and the United States Government Printing Office, P.O. Box 371975M, Pittsburgh, Pennsylvania 15250-7975.

E. A telecommunications company relying on "Opt-In" approval must bear the burden of demonstrating that such approval has been given in compliance with sections R14-2-2104 and R14-2-2105 of these rules.

F. This Article does not prohibit the use and disclosure of CPNI for the purpose of sharing customer records necessary for the provisioning of service by a competitive carrier as provided in section 222(c)(1) of the Communications Act of 1934, as amended (and no future amendments), incorporated by reference and copies available from the Commission Office, Legal Division, 1200 West Washington, Phoenix, Arizona 85007 and the United States Government Printing Office, P.O. Box 371975M, Pittsburgh, Pennsylvania 15250-7975.

Historical Note
New Section made by final rulemaking at 12 A.A.R. 1547, effective June 19, 2006 (06-2).

R14-2-2105. Information Requirements for Customer CPNI Opt-In Notice

A. A telecommunications carrier may provide notification to obtain opt-in approval through oral, written, or electronic methods. The contents of any such notification must:
1. Include language the same as or substantially similar to the definition of customer proprietary network information contained in 47 U.S.C. 222(h)(1); 1999 amendment (and no future amendments), incorporated by reference and copies available from the Commission Office, Legal Division, 1200 West Washington, Phoenix, Arizona 85007 and the United States Government Printing Office, P.O. Box 371975M, Pittsburgh, Pennsylvania 15250-7975;
2. State that the customer has a right to direct the company not to use the customer's CPNI or limit the use, disclosure, and access to the customer's CPNI;
3. State that the telecommunications company has a duty to comply with the customer's limitations on use, disclosure of, and access to the information;
4. State that CPNI includes all information related to specific calls initiated or received by a customer;
5. Inform the customer that CPNI does not include published information, whether listed or non-listed, such as their name, telephone number, and address, and this information is not subject to the same limitations of use;
6. Inform the customer that deciding not to approve the release of CPNI will not affect the provision of any services to which the customer subscribes;
7. State that any customer approval for use, disclosure of, or access to CPNI may be revoked or limited at any time; and

8. Be posted on the company's web site.

B. Written notice must:
1. Be mailed separately or be included as an insert in a regular monthly bill within an envelope that clearly and boldly states that important privacy information is contained therein;
2. Be clearly legible, in twelve-point or larger print;
3. Be printed in both English and Spanish unless the customer has previously expressed a preferred language in which case the notice may be written in that language alone.

C. Electronic notice must:
1. Be e-mailed separately from any billing information, inducements, advertising, or promotional information;
2. Be clearly legible, in twelve-point or larger print;
3. Be printed in both English and Spanish unless the customer has previously expressed a preferred language in which case the notice may be written in that language alone.

Historical Note
New Section made by final rulemaking at 12 A.A.R. 1547, effective June 19, 2006 (06-2).

R14-2-2106. Additional Information Requirements for Customer Opt-Out Notice

A. A telecommunications carrier may provide notification to obtain opt-out approval through, written, or electronic methods, but not orally (except as provided in Section R14-2-2107).

B. The contents of any such notification must comply with Section R14-2-2105 and with the following requirements.

C. Telecommunications carriers must notify customers as to the applicable waiting period (minimum 30-days as provided in R14-2-2103(C)) for a response before opt-out approval is assumed.

Historical Note
New Section made by final rulemaking at 12 A.A.R. 1547, effective June 19, 2006 (06-2).

R14-2-2107. Notification Requirements for Obtaining Customer Approval for Limited One-Time Use of CPNI for Inbound and Outbound Customer Telephone Contact

A telecommunications carrier may use oral notice to obtain limited, one-time use of CPNI for inbound and outbound customer telephone contacts for the duration of the call, regardless of whether telecommunications carriers use opt-out or opt-in approval based on the nature of the contact.

Historical Note
New Section made by final rulemaking at 12 A.A.R. 1547, effective June 19, 2006 (06-2).

R14-2-2108. Verification of Customer Opt-Out Approval to Use CPNI

A. Verification of a customer's opt-out approval must be obtained within one year. Verification of the customer's approval shall be obtained in accordance with the procedures set forth below. Carriers may request an extension of the verification time period subject to Commission approval.

B. Verification of the customer's approval may be obtained through written, oral, or electronic methods. All verification methods shall be conducted in the same languages that were used in the initial notification and shall elicit at a minimum:
1. The identity of the customer;
2. Confirmation that the person responding to the verification request is authorized to make CPNI available to the telecommunications company;
3. Confirmation that the customer wants to make the CPNI release verification;
4. The telephone numbers for which CPNI information release is authorized; and
5. The types of service involved.

C. Written verification obtained by a telecommunications carrier shall:
1. Be a separate document having the sole purpose of authorizing a telecommunications company to use the customer's CPNI in accordance with this Article;
2. Be signed and dated by the customer authorizing the use of the customer's CPNI; and
3. Not be combined with any inducement.

D. Electronic verification obtained by a telecommunications carrier shall:
1. Include electronically signed letters of authority;
2. Be a separate document having the sole purpose of authorizing a telecommunications company to use the customer's CPNI in accordance with this Article; and
3. Not be combined with any inducement.

E. Oral verification obtained by a telecommunications carrier shall:
1. Be recorded; and
2. Not be combined with any inducement.

F. If a telecommunications company fails to obtain verification within one year of obtaining a customer's opt-out approval, the authorization to use, disclose, or permit access to that customer's CPNI is no longer valid. If verification from the customer is not received within one year as required, the company shall direct any entities (affiliates, joint-venture partners, or independent contractors) to whom it has released CPNI to stop using the CPNI.

G. As a result of failure to obtain verification within one year, the company and any other entities (affiliates, joint-venture partners, or independent contractors) may not use, disclose, or permit access to that customer's CPNI until verification is obtained.

H. Carriers may request an extension of the verification time period subject to Commission approval.

I. The Commission may grant an extension(s) of time to complete the verification process if the applicant demonstrates items 1 through 4 below:
1. The applicant has used its best efforts to obtain customer verification of their CPNI sharing preference. One means of demonstrating this would be for the applicant to show that it has achieved verification with respect to a minimum of one-third of its customers during the initial or extension period for which the company used the opt-out approval mechanism; and
2. The applicant has contacted each of its customers (for whom it has used an opt-out approval mechanism) at least once in the first half of the verification period and at least once during the second half of the verification period (if it was unsuccessful in obtaining the customer's verification during its initial contact) to verify the customer's CPNI sharing preference; and
3. To the extent practicable, one of the applicant's contacts to the customer should be by phone to the customer's primary residence or telephone number by a person speaking the customer's language preference (English or Spanish). If the customer is not there, it should allow, if

technically feasible, the customer the option of responding via message return; and

4. The applicant presents a plan for achieving verification for its remaining customers. In its plan, the applicant must demonstrate that the additional time it is requesting is no longer than in reasonably necessary to complete items 1 and 3 again for any customers it was unsuccessful in contacting during the initial verification period, and to complete any additional measures designed to ensure customer contact during the extension period.

Historical Note
New Section made by final rulemaking at 12 A.A.R. 1547, effective June 19, 2006 (06-2).

R14-2-2109. Confirming a Customer's Opt-In Approval

A. Each time a telecommunications company receives a customer's "Opt-In" approval to allow the telecommunications company to make CPNI available to itself, its affiliates, independent contractors or joint venture partners, the telecommunications company must confirm in writing the change in approval status to the customer within ten days.

B. The written confirmation must be mailed or e-mailed to the customer.

C. The confirmation must be separate from any other mail from the telecommunications company.

D. The confirmation must clearly advise the customer of the effect of the customer's opt-in choice and must provide a reasonable method to notify the telecommunications company, including a toll free telephone number if the telecommunications company made an error in changing the customer's approval status.

Historical Note
New Section made by final rulemaking at 12 A.A.R. 1547, effective June 19, 2006 (06-2).

R14-2-2110. Reminders to Customers of Their Current CPNI Release Election

A. Telecommunications companies that have obtained opt-out or opt-in approval must notify customers of their current election regarding the treatment of their CPNI every twelve months.

1. In the case of opt-out approval, the notification must remind customers of their election to allow the company to:
   a. Provide their information to its affiliates that provide communications-related services to which services that customer does not already subscribe; and
   b. Provide their information to its joint venture partners and independent contractors that provide communications-related services.
2. In the case of opt-in approval, the notification must remind customers of their election to allow the company to:
   a. Provide their information to its affiliates that provide communications-related services to which services that customer does not already subscribe;
   b. Provide their information to its joint venture partners and independent contractors that provide communications-related services; and
   c. Provide their information to its affiliates that provide non-communications-related services.
3. In the case of customer specified third party approval by written, oral, or electronic request, the notification must remind customers of their election to allow the company to:
   a. Provide their information to its affiliates that provide communications-related services to which services that customer does not already subscribe;
   b. Provide their information to its joint venture partners and independent contractors that provide communications-related services;
   c. Provide their information to its affiliates that provide non-communications-related services; and
   d. Provide their information to specifically identified third parties as requested in writing by the customer.

B. The notice must not be mailed with any advertising or promotional information.

C. The notice shall not be included with the customer's bill.

Historical Note
New Section made by final rulemaking at 12 A.A.R. 1547, effective June 19, 2006 (06-2).

R14-2-2111. Duration of Customer Approval or Disapproval to Disseminate the Customer's CPNI

Any approval of the use of CPNI received by a telecommunications carrier will remain in effect until the customer revokes, modifies, or limits such approval.

Historical Note
New Section made by final rulemaking at 12 A.A.R. 1547, effective June 19, 2006 (06-2).

R14-2-2112. Severability

If any provision of this Article is found to be invalid, it shall be deemed severable from the remainder of this Article and the remaining provisions of this Article shall remain in full force and effect.

Historical Note
New Section made by final rulemaking at 12 A.A.R. 1547, effective June 19, 2006 (06-2).

ARTICLE 22. RESERVED

ARTICLE 23. NET METERING

R14-2-2301. Applicability

These rules govern the treatment of Electric Utility Customers in Arizona who wish to interconnect with the Electric Utility which serves them and engage in Net Metering operation as defined below. These rules apply to all Electric Utilities, as defined in these rules.

Historical Note
New Section made by final rulemaking at 15 A.A.R. 638, effective May 23, 2009 (Supp. 09-1).

R14-2-2302. Definitions

For purposes of this Article, the following definitions apply unless the context requires otherwise:

1. "Avoided Costs" means the incremental costs to an Electric Utility for electric energy or capacity or both which, but for the purchase from the Net Metering Facility, such utility would generate itself or purchase from another source.
2. "Biomass" means any raw or processed plant-derived organic matter available on a renewable basis, including:
   a. Dedicated energy crops and trees,
   b. Agricultural food and feed crops,
   c. Agricultural crop wastes and residues,
   d. Wood wastes and residues, including:
      i. Landscape waste.
      ii. Right-of-way tree trimmings.

iii. Small diameter forest thinnings that are 12 inches in diameter or less.
e. Dead and downed forest products,
f. Aquatic plants,
g. Animal wastes,
h. Other vegetative waste materials,
i. Non-hazardous plant matter waste material that is segregated from other waste,
j. Forest-related resources such as:
i. Harvesting and mill residue.
ii. Pre-commercial thinnings.
iii. Slash.
iv. Brush.
k. Miscellaneous waste such as:
i. Waste pallets,
ii. Crates,
iii. Dunnage, or
l. Recycled paper fibers that are no longer suitable for recycled paper production, but not including:
i. Painted, treated, or pressurized wood;
ii. Wood contaminated with plastics or metals;
iii. Tires; or
iv. Recyclable post-consumer waste paper.

3. "Biogas" means gases that are derived from:
a. Plant-derived organic matter,
b. Agricultural food and feed matter,
c. Wood wastes,
d. Aquatic plants,
e. Animal wastes,
f. Vegetative wastes,
g. Wastewater treatment facilities using anaerobic digestion, or
h. Municipal solid waste through:
i. A digester process,
ii. An oxidation process, or
iii. Other gasification process.
4. "Combined Heat and Power" or "CHP" (also known as cogeneration) means a system that generates electricity and useful thermal energy in a single, integrated system such that the useful power output of the facility plus one-half the useful thermal energy output during any 12-month period must be no less than 42.5 percent of the total energy input of fuel to the facility.
5. "Commission" means the Arizona Corporation Commission.
6. "Electric Utility" or "Utility" means an electric distribution company that constructs, operates, and maintains the electrical distribution system for the receipt and delivery of power.
7. "Electric Utility Customer" or "Customer" means an end-use retail Customer served under a Utility's rate schedule.
8. "Fuel Cell" means a device that converts the chemical energy of a fuel directly into electricity without intermediate combustion or thermal cycles. For purposes of these Net Metering rules, the source of the chemical reaction must be derived from Renewable Resources.
9. "Geothermal" means heat from within the earth's surface.
10. "Hydroelectric" means the kinetic energy derived from moving water.
11. "Net Metering" means service to an Electric Utility Customer under which electric energy generated by or on behalf of that Electric Utility Customer from a Net Metering Facility and delivered to the Utility's local distribution facilities may be used to offset electric energy provided by the Electric Utility to the Electric Utility Customer during the applicable billing period.
12. "Net Metering Customer" means any Arizona Customer who chooses to take electric service in the manner described in the definition of Net Metering in subsection (11) and under the Net Metering tariff, as described in R14-2-2307.
13. "Net Metering Facility" means a facility for the production of electricity that:
a. Is operated by or on behalf of a Net Metering Customer and is located on the Net Metering Customer's premises;
b. Is intended primarily to provide part or all of the Net Metering Customer's requirements for electricity;
c. Uses Renewable Resources, a Fuel Cell, or CHP to generate electricity;
d. Has a generating capacity less than or equal to 125% of the Net Metering Customer's total connected load, or in the absence of customer load data, capacity less than or equal to the Customer's electric service drop capacity; and
e. Is interconnected with and can operate in parallel and in phase with an Electric Utility's existing distribution system.
14. "Renewable Resources" means natural resources that can be replenished by natural processes, including:
a. Biogas,
b. Biomass,
c. Geothermal,
d. Hydroelectric,
e. Solar, or
f. Wind.
15. "Solar" means radiation or heat from the Earth's sun that produces electricity from a device or system designed for that purpose.
16. "Wind" means energy derived from wind movement across the earth's surface that produces electricity from a device or system designed for that purpose.

Historical Note
New Section made by final rulemaking at 15 A.A.R. 638, effective May 23, 2009 (Supp. 09-1).

R14-2-2303. Requirements and Eligibility
An Electric Utility shall interconnect with any retail customer with a Net Metering Facility in the Electric Utility's service territory.

Historical Note
New Section made by final rulemaking at 15 A.A.R. 638, effective May 23, 2009 (Supp. 09-1).

R14-2-2304. Metering
The meter that is installed on Net Metering Facilities after the effective date of these rules shall be capable of registering and accumulating the kilowatt-hours ("kWh") of electricity flowing in both directions in each billing period.

Historical Note
New Section made by final rulemaking at 15 A.A.R. 638, effective May 23, 2009 (Supp. 09-1).

R14-2-2305. New or Additional Charges
Net Metering charges shall be assessed on a nondiscriminatory basis. Any proposed charge that would increase a Net Metering Customer's costs beyond those of other customers with similar load characteristics or customers in the same rate class that the Net Metering Customer would qualify for if not participating in Net

Metering shall be filed by the Electric Utility with the Commission for consideration and approval. The charges shall be fully supported with cost of service studies and benefit/cost analyses. The Electric Utility shall have the burden of proof on any proposed charge.

Historical Note
New Section made by final rulemaking at 15 A.A.R. 638, effective May 23, 2009 (Supp. 09-1).

R14-2-2306. Billing for Net Metering

A. On a monthly basis, the Net Metering Customer shall be billed or credited based upon the rates applicable under the Customer's currently effective standard rate schedule and any appropriate rider schedules.

B. The billing period for Net Metering will be the same as the billing period under the Customer's applicable standard rate schedule.

C. If the kWh supplied by the Electric Utility exceed the kWh that are generated by the Net Metering Facility and delivered back to the Electric Utility during the billing period, the Customer shall be billed for the net kWh supplied by the Electric Utility in accordance with the rates and charges under the Customer's standard rate schedule.

D. If the electricity generated by the Net Metering Customer exceeds the electricity supplied by the Electric Utility in the billing period, the Customer shall be credited during the next billing period for the excess kWh generated. That is, the excess kWh during the billing period will be used to reduce the kWh supplied (not kW or kVA demand or customer charges) and billed by the Electric Utility during the following billing period.

E. Customers taking service under time-of-use rates who are to receive credit in a subsequent billing period for excess kWh generated shall receive such credit during the next billing period during the on- or off-peak periods corresponding to the on- or off-peak periods in which the kWh were generated by the Customer.

F. Once each calendar year the Electric Utility shall issue a check or billing credit to the Net Metering Customer for the balance of any credit due in excess of amounts owed by the Customer to the Electric Utility. The payment for any remaining credits shall be at the Electric Utility's Avoided Cost. That Avoided Cost shall be clearly identified in the Electric Utility's Net Metering tariff.

Historical Note
New Section made by final rulemaking at 15 A.A.R. 638, effective May 23, 2009 (Supp. 09-1).

R14-2-2307. Net Metering Tariff

A. Each Electric Utility shall file, for approval by the Commission, a Net Metering tariff within 120 days from the effective date of these rules, including financial information and supporting data sufficient to allow the Commission to determine the Electric Utility's fair value for the purposes of evaluating any specific proposed charges. The Commission shall issue a decision on these filings within 120 days.

B. The Net Metering tariff shall specify standard rates for annual purchases of remaining credits from Net Metering Facilities and may specify total utility capacity limits. If total utility capacity limits are included in the tariff, such limits must be fully justified.

C. Electric utilities may include seasonally and time of day differentiated Avoided Cost rates for purchases from Net Metering Customers, to the extent that Avoided Costs vary by season and time of day.

Historical Note
New Section made by final rulemaking at 15 A.A.R. 638, effective May 23, 2009 (Supp. 09-1).

R14-2-2308. Filing and Reporting Requirements

A. Prior to May 1 of each year, each Electric Utility shall file a report listing all existing Net Metering Facilities and the inverter power rating or generator rating as of the end of the previous calendar year.

B. Also included in this report shall be, for each existing Net Metering Facility, the monthly amount of energy delivered to and from the Electric Utility and, if available, the monthly peak demand delivered to and from the Electric Utility.

Historical Note
New Section made by final rulemaking at 15 A.A.R. 638, effective May 23, 2009 (Supp. 09-1).

ARTICLE 24. REPEALED

R14-2-2401. Repealed

Historical Note
New Section made by final rulemaking at 16 A.A.R. 2254, effective January 1, 2011 (Supp. 10-4). Repealed by final rulemaking at 32 A.A.R. 2551 (October 16, 2026, Issue 42), effective November 23, 2026 (Supp. 26-3).

R14-2-2402. Repealed

Historical Note
New Section made by final rulemaking at 16 A.A.R. 2254, effective January 1, 2011 (Supp. 10-4). Repealed by final rulemaking at 32 A.A.R. 2551 (October 16, 2026, Issue 42), effective date November 23, 2026 (Supp. 26-3).

R14-2-2403. Repealed

Historical Note
New Section made by final rulemaking at 16 A.A.R. 2254, effective January 1, 2011 (Supp. 10-4). Repealed by final rulemaking at 32 A.A.R. 2551 (October 16, 2026, Issue 42), effective November 23, 2026 (Supp. 26-3).

R14-2-2404. Repealed

Historical Note
New Section, including Tables 1 through 4, made by final rulemaking at 16 A.A.R. 2254, effective January 1, 2011 (Supp. 10-4). Repealed by final rulemaking at 32 A.A.R. 2551 (October 16, 2026, Issue 42), effective November 23, 2026 (Supp. 26-3).

Table 1. Repealed

Historical Note
Table 1 repealed by final rulemaking at 32 A.A.R. 2551 (October 16, 2026, Issue 42), effective November 23, 2026(Supp. 26-3).

Table 2. Repealed

Historical Note
Table 2 repealed by final rulemaking at 32 A.A.R. 2551 (October 16, 2026, Issue 42), effective November 23, 2026 (Supp. 26-3).

Table 3. Repealed

Historical Note
Table 3 repealed by final rulemaking at 32 A.A.R. 2551 (October 16, 2026, Issue 42), with an immediate effective date of November 23, 2026 (Supp. 26-3).

Table 4. Repealed

Historical Note
Table 4 repealed by final rulemaking at 32 A.A.R. 2551 (October 16, 2026, Issue 42), effective November 23, 2026 (Supp. 26-3).

R14-2-2405. Repealed

Historical Note
New Section made by final rulemaking at 16 A.A.R. 2254, effective January 1, 2011 (Supp. 10-4). Repealed by final rulemaking at 32 A.A.R. 2551 (October 16, 2026, Issue 42), effective November 23, 2026 (Supp. 26-3).

R14-2-2406. Repealed

Historical Note
New Section made by final rulemaking at 16 A.A.R. 2254, effective January 1, 2011 (Supp. 10-4). Repealed by final rulemaking at 32 A.A.R. 2551 (October 16, 2026, Issue 42), effective November 23, 2026 (Supp. 26-3).

R14-2- 2407. Repealed

Historical Note
New Section made by final rulemaking at 16 A.A.R. 2254, effective January 1, 2011 (Supp. 10-4). Repealed by final rulemaking at 32 A.A.R. 2551 (October 16, 2026, Issue 42), effective November 23, 2026 (Supp. 26-3).

R14-2-2408. Repealed

Historical Note
New Section made by final rulemaking at 16 A.A.R. 2254, effective January 1, 2011 (Supp. 10-4). Repealed by final rulemaking at 32 A.A.R. 2551 (October 16, 2026, Issue 42), effective November 23, 2026 (Supp. 26-3).

R14-2-2409. Repealed

Historical Note
New Section made by final rulemaking at 16 A.A.R. 2254, effective January 1, 2011 (Supp. 10-4). Repealed by final rulemaking at 32 A.A.R. 2551 (October 16, 2026, Issue 42), effective November 23, 2026 (Supp. 26-3).

R14-2-2410. Repealed

Historical Note
New Section made by final rulemaking at 16 A.A.R. 2254, effective January 1, 2011 (Supp. 10-4). Repealed by final rulemaking at 32 A.A.R. 2551 (October 16, 2026, Issue 42), effective November 23, 2026 (Supp. 26-3).

R14-2-2411. Repealed

Historical Note
New Section made by final rulemaking at 16 A.A.R. 2254, effective January 1, 2011 (Supp. 10-4). Repealed by final rulemaking at 32 A.A.R. 2551 (October 16, 2026, Issue 42), effective November 23, 2026 (Supp. 26-3).

R14-2-2413. Repealed

Historical Note
New Section made by final rulemaking at 16 A.A.R. 2254, effective January 1, 2011 (Supp. 10-4). Repealed by final rulemaking at 32 A.A.R. 2551 (October 16, 2026, Issue 42), effective November 23, 2026 (Supp. 26-3).

R14-2-2414. Repealed

Historical Note
New Section made by final rulemaking at 16 A.A.R. 2254, effective January 1, 2011 (Supp. 10-4). Repealed by final rulemaking at 32 A.A.R. 2551 (October 16, 2026, Issue 42), effective November 23, 2026 (Supp. 26-3).

R14-2-2415. Repealed

Historical Note
New Section made by final rulemaking at 16 A.A.R. 2254, effective January 1, 2011 (Supp. 10-4). Repealed by final rulemaking at 32 A.A.R. 2551 (October 16, 2026, Issue 42), effective November 23, 2026 (Supp. 26-3).

R14-2-2416. Repealed

Historical Note
New Section made by final rulemaking at 16 A.A.R. 2254, effective January 1, 2011 (Supp. 10-4). Repealed by final rulemaking at 32 A.A.R. 2551 (October 16, 2026, Issue 42), effective November 23, 2026 (Supp. 26-3).

R14-2-2417. Repealed

Historical Note
New Section made by final rulemaking at 16 A.A.R. 2254, effective January 1, 2011 (Supp. 10-4). Repealed by final rulemaking at 32 A.A.R. 2551 (October 16, 2026, Issue 42), effective November 23, 2026 (Supp. 26-3).

R14-2-2418. Repealed

Historical Note
New Section made by final rulemaking at 16 A.A.R. 2254, effective January 1, 2011 (Supp. 10-4). Repealed by final rulemaking at 32 A.A.R. 2551 (October 16, 2026, Issue 42), effective November 23, 2026 (Supp. 26-3).

R14-2-2419. Repealed

Historical Note
New Section made by final rulemaking at 16 A.A.R. 2254, effective January 1, 2011 (Supp. 10-4). Repealed by final rulemaking at 32 A.A.R. 2551 (October 16, 2026, Issue 42), effective November 23, 2026 (Supp. 26-3).

ARTICLE 25. REPEALED

R14-2-2501. Repealed

Historical Note
New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1). Section repealed by final rulemaking at 32 A.A.R. 1335 (June 12, 2026, Issue 24), effective July 28, 2026 (Supp. 26-2).

R14-2-2502. Repealed

Historical Note
New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1). Section repealed by final rulemaking at 32 A.A.R. 1335 (June 12, 2026, Issue 24), effective July 28, 2026 (Supp. 26-2).

R14-2-2503. Repealed

Historical Note
New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1). Section repealed by final rulemaking at 32 A.A.R. 1335 (June 12, 2026, Issue 24), effective July 28, 2026 (Supp. 26-2).

R14-2-2504. Repealed

Historical Note
New Section R14-2-2504 and Tables 1 through 4 made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1). Section R14-2-2504 and Tables 1 through 4 repealed by final rulemaking at 32 A.A.R. 1335 (June 12, 2026, Issue 24), effective July 28, 2026 (Supp. 26-2).

R14-2-2505. Repealed

Historical Note
New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1). Section repealed by final rulemaking at 32 A.A.R. 1335 (June 12, 2026, Issue 24), effective July 28, 2026 (Supp. 26-2).

R14-2-2506. Repealed

Historical Note
New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1). Section repealed by final rulemaking at 32 A.A.R. 1335 (June 12, 2026, Issue 24), effective July 28, 2026 (Supp. 26-2).

R14-2-2507. Repealed

Historical Note
New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1). Section repealed by final rulemaking at 32 A.A.R. 1335 (June 12, 2026, Issue 24), effective July 28, 2026 (Supp. 26-2).

R14-2-2508. Repealed

Historical Note
New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1). Section repealed by final rulemaking at 32 A.A.R. 1335 (June 12, 2026, Issue 24), effective July 28, 2026 (Supp. 26-2).

R14-2-2509. Repealed

Historical Note
New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1). Section repealed by final rulemaking at 32 A.A.R. 1335 (June 12, 2026, Issue 24), effective July 28, 2026 (Supp. 26-2).

R14-2-2510. Repealed

Historical Note
New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1). Section repealed by final rulemaking at 32 A.A.R. 1335 (June 12, 2026, Issue 24), effective July 28, 2026 (Supp. 26-2).

R14-2-2511. Repealed

Historical Note
New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1). Section repealed by final rulemaking at 32 A.A.R. 1335 (June 12, 2026, Issue 24), effective July 28, 2026 (Supp. 26-2).

R14-2-2512. Repealed

Historical Note
New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1). Section repealed by final rulemaking at 32 A.A.R. 1335 (June 12, 2026, Issue 24), effective July 28, 2026 (Supp. 26-2).

R14-2-2513. Repealed

Historical Note
New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1). Section repealed by final rulemaking at 32 A.A.R. 1335 (June 12, 2026, Issue 24), effective July 28, 2026 (Supp. 26-2).

R14-2-2514. Repealed

Historical Note
New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1). Section repealed by final rulemaking at 32 A.A.R. 1335 (June 12, 2026, Issue 24), effective July 28, 2026 (Supp. 26-2).

R14-2-2515. Repealed

Historical Note
New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1). Section repealed by final rulemaking at 32 A.A.R. 1335 (June 12, 2026, Issue 24), effective July 28, 2026 (Supp. 26-2).

R14-2-2516. Repealed

Historical Note
New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1). Section repealed by final rulemaking at 32 A.A.R. 1335 (June 12, 2026, Issue 24), effective July 28, 2026 (Supp. 26-2).

R14-2-2517. Repealed

Historical Note
New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1). Section repealed by final rulemaking at 32 A.A.R. 1335 (June 12, 2026, Issue 24), effective July 28, 2026 (Supp. 26-2).

R14-2-2518. Repealed

Historical Note
New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1). Section repealed by final rulemaking at 32 A.A.R. 1335 (June 12, 2026, Issue 24), effective July 28, 2026 (Supp. 26-2).

R14-2-2519. Repealed

Historical Note

New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1). Section repealed by final rulemaking at 32 A.A.R. 1335 (June 12, 2026, Issue 24), effective July 28, 2026 (Supp. 26-2).

R14-2-2520. Repealed

Historical Note

New Section made by final rulemaking at 17 A.A.R. 72, effective March 4, 2011 (Supp. 11-1). Section repealed by final rulemaking at 32 A.A.R. 1335 (June 12, 2026, Issue 24), effective July 28, 2026 (Supp. 26-2).

ARTICLE 26. INTERCONNECTION OF DISTRIBUTED GENERATION FACILITIES

R14-2-2601. Definitions

In this Article, unless otherwise specified:

1. "AC" means alternating current.
2. "Applicant" means a Customer or Representative who submits an Interconnection Application pursuant to this Article.
3. "Application" means the standard form or format for an Applicant to apply to a Utility for Interconnection of a Generating Facility with the Distribution System.
4. "Backfeed" means to energize a section of a Utility electric system with a Generating Facility.
5. "Calendar Day" means any day including Saturday, Sunday, or a federal or state holiday.
6. "Certified Equipment" means a specific generating and protective equipment system or systems certified as meeting the requirements in R14-2-2611 relating to testing, operation, safety, and reliability by an NRTL.
7. "Clearance" means documentation from a Utility stating that a line or equipment is disconnected from all known sources of power and tagged; that for safety purposes all proper precautionary measures have been taken; and that workers may proceed to inspect, test, and install ground on the circuit.
8. "CFR" means Code of Federal Regulations.
9. "Commission" means the Arizona Corporation Commission.
10. "Customer" means an electric consumer applying to connect a Generating Facility on the consumer's side of the Utility meter, whether an Exporting System, a Non-Exporting System, or an Inadvertent Export System.
11. "DC" means direct current.
12. "Disconnect Switch" means a device that:
    a. Is installed and maintained for a Generating Facility by the Customer;
    b. Is a visible-open, manual, gang-operated, load break disconnect device;
    c. Is capable of being locked in a visible-open position by a standard Utility padlock that will completely isolate the Generating Facility from the Distribution System; and
    d. If the voltage of the Generating Facility is over 500 volts, is capable of being grounded on the Utility side.
13. "Distributed Generation" means any type of Customer electrical generator, solid-state or static inverter, or Generating Facility interconnected with the Distribution System that either can be operated in electrical parallel with the Distribution System or can feed a Customer load that can also be fed by the Distribution System.
14. "Distribution System" means the infrastructure constructed, maintained, and operated by a Utility to deliver electric service at the distribution level (69 kV or less) to retail consumers.
15. "Electric Cooperative" means a Utility that is:
    a. Not operated for profit;
    b. Owned and controlled by its members; and
    c. Operating as a public service company in this state.
16. "Exporting System" means any type of Generating Facility that is designed to regularly Backfeed the Distribution System.
17. "Facilities Study" means a comprehensive analysis of the actual construction needed to take place based on the outcome of a System Impact Study.
18. "Fault Current" means the level of current that can flow if a short circuit is applied to a voltage source.
19. "Feasibility Study" means a preliminary review of the potential impacts on the Distribution System that will result from a proposed Interconnection.
20. "Generating Facility" means all or part of a Customer's electrical generator(s), energy storage system(s), or any combination of electrical generator(s) and storage system(s), together with all inverter(s) and protective, safety, and associated equipment necessary to produce electric power at the Customer's facility; this includes solid-state or static inverters, induction machines, and synchronous machines.
21. "Good Utility Practice" means any of the practices, methods, and acts engaged in or approved by a significant portion of the electric industry during the relevant time period, or any of the practices, methods, and acts that, in the exercise of reasonable judgment in light of the facts known at the time the decision was made, could have been expected to accomplish the desired result at a reasonable cost consistent with reliability, safety, and expedition. Good Utility Practice is not intended to be limited to the optimal practice, method, or act to the exclusion of all others, but rather to include practices, methods, or acts generally accepted in the region at the relevant time.
22. "IEEE" means the Institute of Electrical and Electronics Engineers, Inc.
23. "Inadvertent Export" means the unplanned, uncompensated transfer of electrical energy from a Generating Facility to the Distribution System across the Point of Interconnection.
24. "Interconnection" means the physical connection of a Generating Facility to the Distribution System.
25. "Interconnection Agreement" means an agreement, signed between the Utility and the Customer, covering the terms and conditions governing the Interconnection and operation of the Generating Facility with the Utility, and includes any appendices to the agreement.
26. "Interconnection Facilities" means the electrical wires, switches, and related equipment that are required, in addition to the facilities required to provide electric distribution service to a Customer, to allow Interconnection. Interconnection Facilities may be located on either side of the Point of Interconnection as appropriate to their purpose and design.
27. "Interconnection Manual" means a separate document developed and maintained by a Utility as required under R14-2-2628.

28. "Interconnection Study" means a study that may be undertaken by a Utility (or a Utility-designated third party) in response to the Utility's receipt of a completed Application. An Interconnection Study may include:
    a. A Feasibility Study;
    b. A System Impact Study;
    c. A Facilities Study; and
    d. Any additional analysis required by the Utility.
29. "Islanding" means a condition in which a portion of the Distribution System is energized solely by one or more local electric power systems throughout the associated Point of Interconnection while that portion of the Distribution System is electrically separated from the rest of the Distribution System. Islanding can be either intentional (planned) or unintentional (unplanned).
30. "Jurisdictional Electric Inspection Agency" means the governmental authority having jurisdiction to inspect and approve the installation of a Generating Facility.
31. "kW" means kilowatt.
32. "Maximum Capacity" means:
    a. The nameplate AC capacity of a Generating Facility; or
    b. If the Operating Characteristics of the Generating Facility limit the power transferred across the Point of Interconnection to the Distribution System, only the power transferred across the Point of Interconnection to the Distribution System, not including Inadvertent Export.
33. "MW" means megawatt.
34. "Non-Exporting System" means a system in which there is no designed, regular export of power from the Generating Facility to the Distribution System.
35. "NRTL" means a Nationally Recognized Testing Laboratory recognized by the U.S. Occupational Safety and Health Administration.
36. "Operating Characteristics" means the mode of operation of a Generating Facility (Exporting System, Non-Exporting System, or Inadvertent Exporting System) that controls the amount of power delivered across the Point of Interconnection to the Distribution System.
37. "Parallel Operation" means the operation of a Generating Facility that is electrically interconnected to a bus common with the Distribution System, either on a momentary or continuous basis.
38. "Protective Functions" means the equipment, hardware, or software in a Generating Facility that protects against Unsafe Operating Conditions.
39. "Point of Interconnection" means the physical location where the Utility's service conductors are connected to the Customer's service conductors to allow Parallel Operation of the Generating Facility with the Distribution System.
40. "Relay" means an electric device that is designed to interpret input conditions in a prescribed manner and, after specified conditions are met, to respond and cause contact operation or similar abrupt change in associated electric control circuits.
41. "Representative" means an agent of the Customer who is designated by the Customer and is acting on the Customer's behalf.
42. "RUS" means the U.S. Department of Agriculture Rural Utilities Service.
43. "Scoping Meeting" means an initial review meeting between a Utility and a Customer or Representative during which a general overview of the proposed Generating Facility design is discussed, and the Utility provides general information on system conditions at the proposed Point of Interconnection.
44. "Secondary Spot Network System" means an AC power Distribution System meeting the criteria in R14-2-2622.
45. "System Impact Study" means a full engineering review of the impact on the Distribution System from a Generating Facility, including power flow, Utility system protective device coordination, generator protection schemes (if not Certified Equipment), stability, voltage fluctuations, frequency impacts, and short circuit study. A System Impact Study may consider total nameplate capacity of the Generating Facility.
46. "UL 1741" means the Underwriters Laboratories Inc. Standard for Inverters, Converters, Controllers and Interconnection System Equipment for Use with Distributed Energy Resources (February 15, 2018), with no future editions or amendments, which is incorporated by reference; on file with the Commission; and published by and available from Underwriters Laboratories Inc., 151 Eastern Avenue Bensenville, IL 60106-3072 and through https://standardscatalog.ul.com.
47. "UL 1741SA" means the approved supplemental amendment of UL 1741 that defines the manufacturing (including software) and product testing requirements for advanced inverters.
48. "Unsafe Operating Conditions" means conditions that, if left uncorrected, could result in any of the following:
    a. Harm to personnel;
    b. Damage to equipment;
    c. An adverse effect to the safe operation of the Distribution System; or
    d. Operation of the Generating Facility outside preestablished parameters required by the Interconnection Agreement.
49. "Utility" means an electric distribution company that constructs, operates, and maintains its Distribution System for the receipt and delivery of electricity and that is a public service corporation under Arizona Constitution, Article 15, § 2.

Historical Note
New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

R14-2-2602. Applicability
These rules apply to a Generating Facility operating (or to be operated) in parallel with a Distribution System of a Utility, subject to Commission jurisdiction after the effective date of this Article.

Historical Note
New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

R14-2-2603. Types of Generating Facilities
A. A Customer may operate a Generating Facility as an Exporting System, a Non-Exporting System, or an Inadvertent Export System.
B. An Applicant shall declare the Maximum Capacity of a Generating Facility in its Application.
C. If an Applicant claims a Generating Facility is a Non-Exporting System:

1. The Utility may require an independent third-party certification ensuring that the system meets the following standards:
   a. Is able to supply part or all of the Customer's load continuously or during a Utility power outage;
   b. Is sized such that the export of power is not possible or includes control functions to prevent the export of power; and
   c. Has control functions that are listed by an NRTL for the purpose as used and are also inspected and approved by the Customer's Jurisdictional Electric Inspection Agency; and
2. The Applicant shall ensure that the Generating Facility utilizes any combination of equipment, hardware, or software, as specified by the Utility in its Interconnection Manual, to prevent the transfer of electrical energy to the Distribution System.

D. If an Applicant claims a Generating Facility is an Inadvertent Export system that does not utilize only UL 1741-certified or UL 1741SA-listed grid support non-islanding inverters:
1. The Utility may require additional protective functions and equipment to detect Distribution System faults;
2. The amount of Inadvertent Export to the Distribution System shall be limited to the lesser of the following values:
   a. 50% of the Generating Facility's Maximum Capacity;
   b. 10% of the continuous conductor rating in watts at 0.9 power factor for the lowest rated feeder conductor upstream of the Generating Facility; or
   c. 500 kW; and
3. The expected frequency of Inadvertent Export events shall be less than two occurrences per 24-hour period.

E. If an Applicant claims a Generating Facility is an Inadvertent Export system that utilizes only UL 1741-certified or UL 1741SA-listed grid support non-islanding inverters, the Generating Facility shall:
1. Utilize control functions that limit the export of electrical power to the Distribution System;
2. Have a Maximum Capacity of 500 kVA or less;
3. Have a magnitude of Inadvertent Export no more than 100 kVA;
4. Have a duration of Inadvertent Export of power of less than 30 seconds for any single event;
5. Monitor that its total energy export per month is maintained to be no more than its Maximum Capacity multiplied by 0.1 hours per day over a rolling 30-day period (e.g., a 100 kVA gross nameplate capacity Generating Facility would have a maximum energy export per 30-day month of 300 kWh);
6. Disconnect the Generating Facility from the Distribution System in the event of an Inadvertent Export, ceasing to energize the Distribution System or halting energy production, within two seconds after the period of uninterrupted export exceeds 30 seconds or the magnitude of export exceeds 100 kVA; and
7. Enter a safe operation mode, where Inadvertent Export events cannot occur, upon failure of the control or inverter system for more than 30 seconds, whether from loss of control signal, loss of control power, or a single component failure or related control sensing of the control circuitry.

Historical Note
New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

R14-2-2604. Customer Rights and Responsibilities

A. A Customer has the following rights:
1. To designate a Representative to act on the Customer's behalf;
2. To submit an Application to interconnect a Generating Facility with a Distribution System;
3. To expect prompt and professional responses from a Utility during the Interconnection process;
4. To expect detailed and itemized good faith estimates of cost from the Utility;
5. To expect outlines, supporting data, and justification for proposed work before the Utility undertakes any studies or system upgrades to accommodate the Generating Facility;
6. To sign documents using an electronic (e-signature) method if the Customer has the technical capability to sign electronically and is submitting the documents electronically; and
7. To request a one-time 90-day extension from the Utility using a simple notification process and not to have an extension unreasonably withheld for circumstances beyond the Customer's control.

B. A Customer shall ensure that:
1. The Generating Facility meets or exceeds all minimum Interconnection, safety, and protection requirements outlined in this Article and the Utility's Interconnection Manual;
2. The Generating Facility meets all applicable construction codes, safety codes, electric codes, laws, and requirements of government agencies having jurisdiction;
3. The Generating Facility's Certified Equipment is installed and operated in a manner that protects the Generating Facility, Utility personnel, the public, and the Distribution System from harm;
4. The Generating Facility design, installation, maintenance, and operation minimize the likelihood of causing a malfunction in, damaging, or otherwise impairing the Distribution System;
5. The Generating Facility does not adversely affect the quality of service to other Utility consumers;
6. The Generating Facility does not hamper efforts to restore a feeder to service when a Clearance is required;
7. The Generating Facility is maintained in accordance with applicable manufacturers' maintenance schedules; and
8. The Utility is notified of any emergency or hazardous condition or occurrence involving the Generating Facility that could affect safe operation of the Distribution System.

C. A Customer shall pay for; lease or own; and be responsible for designing, installing, and operating all Interconnection Facilities located on the Customer's side of the Point of Interconnection.

D. A Customer shall ensure that Interconnection Facilities:
1. Are located on the Customer's premises; and
2. To enable delivery of power from the Generating Facility to the Distribution System at the Point of Interconnection, include:
   a. Necessary equipment for:
      i. Connection,
      ii. Transformation,

iii. Switching,
iv. Protective relaying,
v. Metering,
vi. Communication, and
vii. Safety requirements;
b. A Disconnect Switch; and
c. Any other requirements outlined in this Article or specified by the Utility in its Interconnection Manual.

E. A Customer interconnecting a Generating Facility with the Distribution System shall:
1. Sign an Interconnection Agreement and all other applicable purchase, supply, and standby agreements; and
2. Comply with all applicable tariffs, rate schedules, and Utility service requirements.

F. A Customer shall not interconnect or cause Interconnection of a Generating Facility to the Distribution System without first executing an Interconnection Agreement with the Utility that operates the Distribution System.

Historical Note
New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

R14-2-2605. Utility Rights and Responsibilities

A. A Utility shall interconnect a Generating Facility to the Distribution System, subject to the requirements of this Article and of the Utility's Interconnection Manual.

B. A Utility has the right to expect prompt, reasonable, and professional responses from a Customer during the Interconnection process.

C. A Utility shall require that an interconnected Generating Facility:
1. Not present any hazards to Utility personnel, other Utility consumers, or the public;
2. Minimize the possibility of damage to the Utility and to other Utility consumers' equipment;
3. Not adversely affect the quality of service to other Utility consumers; and
4. Not hamper efforts to restore a feeder to service when a Clearance is required.

D. A Utility shall notify a Customer if there is reason to believe that operation of the Customer's Generating Facility has caused disruption or deterioration of service to other Utility consumers served from the Distribution System or that such operation has caused damage to the Distribution System.

E. A Utility shall make its Interconnection Manual, standard Application, and Interconnection Agreements readily available to an Applicant in print and online formats.

F. Following the receipt of an Application, a Utility shall review the Generating Facility to ensure it complies with the applicable screens in R14-2-2615. If the Generating Facility design does not comply with the applicable screens in R-14-2-2615, an Interconnection Study may be required. Before the Utility undertakes any Interconnection Study or system upgrades that will be charged to the Applicant, the Utility shall provide the Applicant a detailed estimate of the cost, an outline of the proposed work, supporting data, and justification for the proposed work. If the results of an Interconnection Study necessitate additional Interconnection Facilities or upgrades, the Utility shall provide written notice to the Applicant of the Utility's intent to install the Interconnection Facilities or upgrades. The Applicant shall pay the Utility for Interconnection Facilities or upgrades identified in the Interconnection Study except for those unrelated to the Generating Facility installation. The Utility shall provide the results of the Interconnection Study to the Applicant.

G. A Utility may not disapprove Interconnection of a Generating Facility that satisfies the requirements of this Article and the Utility's Interconnection Manual.

H. If additional Interconnection Facilities or upgrades are needed to accommodate a Generating Facility, and the Interconnection Facilities or upgrades will benefit the grid, the Utility shall reduce the charge of the Interconnection Facilities or upgrades to the Customer by the amount of benefits to the grid that are readily quantifiable by the Utility. A Utility shall not reject an Application on the basis of existing Distribution System conditions that are deficient, or charge a Customer for Interconnection Facilities or upgrades that are overdue or that will soon be required to ensure compliance with Good Utility Practice.

I. A Utility shall process each Application on a nondiscriminatory basis.

Historical Note
New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

R14-2-2606. Easements and Rights-of-Way

A. Where an easement or right-of-way does not exist, but is required by a Utility to accommodate Interconnection, a Customer shall provide a suitable easement or right-of-way, in the Utility's name, on the premises owned, leased, or otherwise controlled by the Customer. If the required easement or right of way is on another's property, the Customer shall obtain and provide to the Utility a suitable easement or right-of-way, in the Utility's name, at the Customer's expense and in sufficient time to comply with Interconnection Agreement requirements.

B. A Utility shall use reasonable efforts to utilize existing easements to accommodate Interconnection.

C. A Utility shall use reasonable efforts to assist a Customer in securing necessary easements at the Customer's expense.

Historical Note
New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

R14-2-2607. Insurance

A. Except as provided in subsection (D), a Utility shall not require a Customer to maintain general liability insurance coverage as a condition for Interconnection.

B. A Utility shall not require a Customer to negotiate any policy or renewal of any policy covering any liability through a particular insurance provider, agent, solicitor, or broker.

C. The provision in subsection (A) does not waive or otherwise foreclose any rights a Utility may have to pursue remedies at law against a Customer to recover damages.

D. A Utility that obtains financing from RUS may require a Customer to maintain liability insurance, to the extent necessary to meet the Utility's obligations to RUS.

Historical Note
New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

R14-2-2608. Non-Circumvention

A. A Utility shall not directly or through an affiliate use knowledge of proposed Distributed Generation projects submitted to the Utility for Interconnection or study to initiate competing

proposals to the Customer that offer discounted rates in return for not installing the Distributed Generation, or to offer the Customer competing Distributed Generation projects.

B. A Customer may share with a Utility or its affiliates information in the Customer's possession regarding a potential Distributed Generation project and may use such information to negotiate a discounted rate or other mutually beneficial arrangement with a Utility or its affiliate.

C. A Utility may inform a Customer of any existing or pending (awaiting approval by the Commission) rate schedule that may economically benefit, economically disadvantage, or otherwise affect the Customer's Distributed Generation project.

Historical Note
New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

R14-2-2609. Designation of Contact Persons

A. Each Utility shall:
1. Designate a person or persons who will serve as the Utility's contact for all matters related to Distributed Generation Interconnection;
2. Identify to the Commission in its Interconnection Manual each designated Distributed Generation Interconnection contact person or persons; and
3. Provide convenient access through its website to the name, telephone number, mailing address, and email address for each Distributed Generation Interconnection contact person.

B. Each Applicant applying for Interconnection shall designate a contact person or persons and provide to the Utility the name, telephone number, mailing address, and email address for each contact person.

Historical Note
New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

R14-2-2610. Minor Modifications

A Utility shall not reject or declare incomplete and require resubmission of a submitted Application if minor modifications must be made to the design of the Generating Facility or to other information on the Application (including ownership of Generating Facility) while the Application is being reviewed by the Utility or prior to completing the Interconnection of the Generating Facility.

Historical Note
New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

R14-2-2611. Certification

A. To qualify as Certified Equipment, Generating Facility equipment proposed for use separately or packaged with other equipment in an Interconnection system shall:
1. Comply with all applicable codes and standards required by this Article and referenced in the Utility Interconnection Manual;
2. Comply with all applicable codes and standards used by an NRTL to test and certify Interconnection equipment; and
3. Be labeled and publicly listed as certified by the NRTL at the time of Application submission.

B. If Certified Equipment includes only interface components (switchgear, inverters, or other interface devices), a Customer shall show, upon request from the Utility, that the Generating Facility is compatible with the interface components and consistent with the testing and listing specified for the Interconnection equipment.

C. A Customer is not required to ensure that equipment provided by the Utility is Certified Equipment.

Historical Note
New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

R14-2-2612. No Additional Requirements

If a Generating Facility complies with all applicable requirements of R14-2-2611, complies with the screens listed in R14-2-2615, and complies with the Utility's Interconnection Manual, a Utility shall not require the Customer to install additional controls, or to perform or pay for additional tests, in order to obtain approval to interconnect, unless the Customer agrees to do so or the Commission so requires. A Utility may install additional equipment or perform additional testing at its own expense.

Historical Note
New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

R14-2-2613. Disconnection from or Reconnection with the Distribution System

A. A Utility may disconnect a Generating Facility from the Distribution System under the following conditions:
1. Upon expiration or termination of the Interconnection Agreement with a Customer, in accordance with the terms of the Interconnection Agreement;
2. Upon determining that the Generating Facility is not in compliance with the technical requirements found within the Utility's Interconnection Manual;
3. Upon determining that continued Interconnection of the Generating Facility will endanger system operations, persons, or property, for the time needed to make immediate repairs on the Distribution System;
4. To perform routine maintenance, repairs, and system modifications; and
5. Upon determining that an Interconnection Agreement is not in effect for the Generating Facility.

B. A Utility and a Customer shall cooperate to restore the Generating Facility and the Distribution System to their normal operating states as soon as practicable.

C. A Customer may temporarily disconnect the Generating Facility from the Distribution System at any time. Such temporary disconnection shall not constitute a termination of the Interconnection Agreement unless the Customer has so specified in writing.

D. Except in the case of a disconnection under subsection (A)(3), a Utility shall provide notice to a Customer before disconnecting the Generating Facility. The Utility shall provide the Customer notice at least three calendar days prior to the impending disconnection and shall include in the notice the date, time, and estimated duration of the disconnection.

E. When a Generating Facility is disconnected under subsection (A)(2):
1. The Customer shall notify the Utility when the Generating Facility is restored to compliance with technical requirements;

2. The Utility shall, within five calendar days after receiving the Customer's notice, have an inspector verify the compliance; and
3. Upon verifying the compliance, the Utility shall, in coordination with the Customer, reconnect the Generating Facility.

F. A Utility shall reconnect a Generating Facility as quickly as practicable after determining that the reason for disconnection is remedied.

G. An Interconnection Agreement shall continue in effect after disconnection or termination of electric service to the extent and for the period necessary to allow or require the Utility or Customer to fulfill rights or obligations that arose under the agreement, notwithstanding subsection (H)(4). An Interconnection Agreement cannot be for a term less than the expected life of the Generating Facility, unless mutually agreed upon by the Customer and the Utility.

H. An Interconnection Agreement shall become effective on the effective date specified in the Interconnection Agreement and shall remain in effect thereafter unless and until:
1. It is terminated by mutual agreement of the Utility and Customer;
2. It is replaced by another Interconnection Agreement, with mutual consent of the Utility and Customer;
3. It is terminated by the Utility or the Customer due to a breach or default of the Interconnection Agreement; or
4. The Customer terminates Utility electric service, vacates or abandons the property on which the Generating Facility is located, or terminates or abandons the Generating Facility, without the Utility's agreement.

I. An Interconnection Agreement shall not be terminated in the event of the sale or lease of the property owned by the Customer. If the ownership of a Generating Facility changes, the Interconnection Agreement will remain in effect so long as the operation of the Generating Facility, as specified in the Interconnection Agreement, remains unchanged. The Customer shall provide notice to the Utility within seven calendar days in the event of a change in the ownership of the Generating Facility.

J. Upon termination of an Interconnection Agreement:
1. The Customer shall ensure that the electrical conductors connecting the Generating Facility to the Distribution System are immediately lifted and permanently removed, to preclude any possibility of interconnected operation in the future; and
2. The Utility may inspect the Generating Facility to verify that it is permanently disconnected.

Historical Note
New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

R14-2-2614. Application and Generating Facility General Requirements

A. A Customer desiring to interconnect to the Distribution System a Generating Facility that is not a Non-Exporting inverter-based energy storage Generating Facility or an Inadvertent Export Generating Facility with a Maximum Capacity of 20 kW or less shall apply to the Utility for Interconnection as provided in this Section.

B. An Applicant shall submit an Application on a form provided by the Utility, or according to a format provided by the Utility, along with the following:
1. All supplemental information and documents required by the Utility, which shall be noted on the Utility's Application or Application instructions;
2. An executed Interconnection Agreement, if required by the Utility; and
3. An initial Application or processing fee, if a tariff containing such a fee is approved for the Utility by the Commission.

C. Upon request, a Utility shall provide an Applicant with sample diagrams that indicate the preferred level of detail and type of information required for a typical inverter-based system.

D. Within seven calendar days after receiving an Application, a Utility shall review the Application and provide the Applicant notice:
1. That the Application satisfies all requirements under subsection (B); or
2. That the Application does not satisfy one or more requirements under subsection (B), in which case:
   a. The Utility shall specify the additional information or documents required;
   b. The Applicant shall submit the specified information or documents; and
   c. The Application may be deemed withdrawn if the Applicant does not submit the required information or documents within 30 calendar days.

E. A Generating Facility shall comply with the following general requirements:
1. If inverter based, each inverter shall meet the shutdown protective functions (under/over voltage, under/over frequency, and anti-Islanding) specified in IEEE 1547-2018 – IEEE Standard for Interconnection and Interoperability of Distributed Energy Resources with Associated Electric Power Systems Interfaces (April 6, 2018), with no future editions or amendments, which is incorporated by reference; on file with the Commission; and published by and available from IEEE, 3 Park Avenue, 17th Floor, New York, New York 10016, and through http://ieeexplore.ieee.org;
2. The Generating Facility shall meet all applicable codes and standards required by this Article and referenced in the Utility Interconnection Manual; and
3. The Generating Facility shall comply with the Utility's Interconnection Manual and Interconnection Agreement requirements.

Historical Note
New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

R14-2-2615. Screens

A. For Interconnection of a proposed Generating Facility to a distribution circuit, the aggregated generation on the circuit, including the proposed Generating Facility, shall not exceed 15% of the total circuit annual peak load as most recently measured at the substation or on the line section (if available), or the circuit hosting capacity limit; whichever is greater. Non-Exporting Systems, regardless of system size, and Inadvertent Export systems with a Maximum Capacity of 20 kW and under shall not be subject to this subsection.

B. A proposed Generating Facility shall not contribute more than 10% to a distribution circuit's maximum fault current at any point on the Distribution System, including during normal contingency conditions that may occur due to reconfiguration of the feeder or the distribution substation.

C. The proposed Maximum Capacity of a Generating Facility, in aggregate with the Maximum Capacity of other generation on a distribution circuit, shall not cause any distribution protective devices and equipment (including but not limited to substation breakers, fuse cutouts, and line reclosers), or consumer equipment on the system, to exceed 90% of the short circuit interrupting capability. Interconnection shall not be proposed for a circuit that already exceeds 90% of the short circuit interrupting capability.

D. A proposed Generating Facility shall be interconnected to the Distribution System as shown in the table below:

Primary Distribution Line Configuration	Interconnection to Primary Distribution Line
Three-phase, three wire	If a three-phase or single-phase Generating Facility, Interconnection shall be phase-to-phase
Three-phase, four wire	If a three-phase (effectively grounded) or single-phase Generating Facility, Interconnection shall be line-to-neutral

E. If a proposed Generating Facility is to be interconnected on single-phase shared secondary, the aggregate generation capacity on the shared secondary, including the proposed Maximum Capacity of the Generating Facility, shall not exceed 75% of the service transformer rating. Non-Exporting Systems and Inadvertent Export systems shall not be subject to this subsection.

F. If a proposed Generating Facility is single-phase and is to be interconnected on a transformer center tap neutral of a 240-volt service, its addition shall not create an imbalance between the two sides of the 240-volt service of more than 20% of the nameplate rating of the service transformer.

G. A proposed Generating Facility, in aggregate with other generation interconnected to the distribution low-voltage side of a substation transformer feeding the distribution circuit where the Generating Facility would interconnect, shall not exceed 10 MW in an area where there are known or posted transient stability limitations to generating units located in the general electrical vicinity (e.g., three or four transmission voltage level busses from the Point of Interconnection). Non-Exporting Systems, regardless of system size, and Inadvertent Export systems with a Maximum Capacity of 20 kW and under shall not be subject to this subsection.

H. A proposed Generating Facility's Point of Interconnection shall not be on a transmission line.

I. A proposed Generating Facility shall not exceed the capacity of the Customer's existing electrical service unless there is a simultaneous request for an upgrade to the Customer's electrical service or the Generating Facility is configured never to inject onto the feeder power that exceeds the capacity of the electrical service.

J. If a proposed Generating Facility is non-inverter based, the Generating Facility must comply with the Protective Function requirements and any additional Utility Interconnection requirements, which shall be specified by the Utility in its Interconnection Manual.

Historical Note

New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

R14-2-2616. Pre-Application Report

A. An Applicant requesting a Pre-Application Report shall submit to a Utility:
1. The Applicant's contact information (name, address, phone, and email);
2. A proposed Point of Interconnection, sufficiently identified by latitude and longitude, site map, street address, meter number, account number, or some combination of those sufficient to identify the location of the Point of Interconnection;
3. A description of the proposed generation technology and fuel source; and
4. A non-refundable processing fee, if a tariff containing such a fee is approved for the Utility by the Commission.

B. An Applicant requesting a Pre-Application Report shall understand that:
1. The existence of "available capacity" does not mean that the Interconnection of a Generating Facility with a nameplate capacity that is equivalent to the available capacity may be completed without impacts, because the Pre-Application Report does not address all of the variables studied as part of the Interconnection review process;
2. The Distribution System is dynamic and subject to change; and
3. Data provided in the Pre-Application Report may become outdated and may not be useful at the time an Application is submitted.

C. Within 21 calendar days of receipt of a completed Pre-Application Report request, a Utility shall provide a Pre-Application Report, which shall include the following information, as available:
1. The total capacity (MW) of the substation/area bus or bank and circuit likely to serve the proposed site;
2. The allocated capacity (MW) of the substation/area bus or bank and circuit likely to serve the proposed site;
3. The queued capacity (MW) of the substation/area bus or bank and circuit likely to serve the proposed site;
4. The available capacity (MW) of the substation/area bus or bank and circuit most likely to serve the proposed site;
5. Whether the proposed Generating Facility is located on an area, spot, or radial network;
6. The substation nominal distribution voltage or nominal transmission voltage, if applicable;
7. The nominal distribution circuit voltage at the proposed site;
8. The approximate circuit distance between the proposed site and the substation;
9. The peak load estimate and minimum load data of each relevant line section, when available;
10. The number of protective devices and voltage regulating devices between the proposed site and the substation/area;
11. Whether three-phase power is available at the site and, if not, the distance of the site from three-phase service;
12. The limiting conductor rating from the proposed Point of Interconnection to the distribution substation; and
13. Based on the proposed Point of Interconnection, any existing or known constraints, such as, but not limited to, electrical dependencies at that location, short circuit interrupting capacity issues, power quality or stability issues on the circuit, capacity constraints, or secondary networks.

D. A Utility shall not be required to generate data for a Pre-Application Report and may include only pre-existing data. An

Applicant request for a Pre-Application Report does not obligate the Utility to conduct a study or other analysis of the proposed project in the event that pre-existing data is not available. If a Utility cannot complete all or some of a Pre-Application Report due to lack of available data, the Utility shall provide the Applicant a Pre-Application Report that includes the information that is available and identifies the information that is unavailable. Notwithstanding any provisions of this Section, a Utility shall, in good faith, provide Pre-Application Report data that represents the best available information at the time of reporting.

E. A Utility may charge a fee for a Pre-Application Report if a tariff containing such a fee is approved for the Utility by the Commission.

Historical Note
New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

R14-2-2617. Level 1 Super Fast Track

A. A Customer interconnecting an inverter-based Generating Facility with a Maximum Capacity of 20 kW or less, which only uses Certified Equipment, shall apply for Interconnection under the Level 1 Super Fast Track Application process.

B. To qualify for Level 1 Super Fast Track, the Generating Facility shall comply with R14-2-2615(A), (E), and (F).

C. The Level 1 Super Fast Track shall proceed as follows:
1. Within 14 calendar days following provision of notice under R14-2-2614(D)(1), the Utility shall review the Application and notify the Applicant of one of the following determinations:
   a. The Generating Facility design satisfies R14-2-2615(A), (E), and (F) and meets all Interconnection requirements and the Application is therefore deemed complete and approved for Interconnection; or
   b. The Generating Facility design does not satisfy one or more of the requirements listed in R14-2-2615(A), (E), or (F) or does not meet one or more of the Utility's Interconnection requirements, which shall be specified, and the Application is therefore deemed incomplete and not approved for Interconnection.
2. If the Utility's determination falls under subsection (C)(1)(b), the Applicant shall notify the Utility within 30 calendar days whether it wishes to proceed with the Interconnection.
   a. Except as provided in subsection (D), if the Applicant does not provide notice within 30 calendar days that it wishes to proceed with the Interconnection, the Application may be considered withdrawn.
   b. If the Applicant wishes to proceed with the Interconnection, the Applicant shall submit to the Utility, within 30 calendar days, any Utility-specified additional information or modifications to the Generating Facility, along with one of the following:
      i. A request that the Utility continue to process the Application under this Section; or
      ii. A request that the Utility process the Application in accordance with R14-2-2620.
3. Once an Application is approved, the Generating Facility shall be subject to R14-2-2621.

D. An Applicant may, within 30 calendar days after receiving notice under subsection (C)(1)(b), submit a request for an extension of the 30-day period allowed for submissions under subsection (C)(2)(b).

E. After receiving a submission under subsection (C)(2)(b), a Utility shall again follow the process of subsection (C).

F. A Utility may not charge a fee for an additional review under subsection (C), unless a tariff containing such a fee is approved for the Utility by the Commission.

G. A Customer shall be responsible for any costs of Utility facilities and equipment modifications necessary to accommodate the Customer's Interconnection.

H. If the Generating Facility's operating characteristics can be modified such that improvements to the Distribution System are reduced or not required, and both the Utility and Customer agree on the operating characteristics, the Customer shall have the opportunity to modify the Generating Facility's operating characteristics to reduce facility costs.

Historical Note
New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

R14-2-2618. Level 2 Fast Track

A. A Customer interconnecting a Generating Facility with a Maximum Capacity of less than 2 MW, excluding a Generating Facility processed in accordance with R14-2-2617, shall apply for Interconnection under the Level 2 Fast Track Application process.

B. To qualify for the Level 2 Fast Track, the Generating Facility shall comply with R14-2-2615(A) through (J).

C. The Level 2 Fast Track shall proceed as follows:
1. Within 21 calendar days following provision of notice under R14-2-2614(D)(1), the Utility shall review the Application and notify the Applicant of one of the following determinations:
   a. The Generating Facility design satisfies R14-2-2615(A) through (J) and meets all Interconnection requirements and the Application is therefore deemed complete and approved for Interconnection; or
   b. The Generating Facility design does not satisfy one or more of the requirements listed in subsections R14-2-2615(A) through (J) or does not meet one or more of the Utility's Interconnection requirements, which shall be specified, and the Application is therefore deemed incomplete and not approved for Interconnection.
2. If the Utility's determination falls under subsection (C)(1)(b), the Applicant shall notify the Utility within 30 calendar days whether it wishes to proceed with the Interconnection.
   a. Except as provided in subsection (D), if the Applicant does not provide notice within 30 calendar days that it wishes to proceed with the Interconnection, the Application may be considered withdrawn.
   b. If the Applicant wishes to proceed with the Interconnection, the Applicant shall submit to the Utility, within 30 calendar days, any Utility-specified additional information or modifications to the Generating Facility, along with one of the following:
      i. A request that the Utility continue to process the Application under this Section;
      ii. A request that the Utility process the Application in accordance with R14-2-2619; or

iii. A request that the Utility process the Application in accordance with R14-2-2620.

3. Once an Application is approved, the Generating Facility shall be subject to R14-2-2621.

D. An Applicant may, within 30 calendar days after receiving notice under subsection (C)(1)(b), submit a request for an extension of the 30-day period allowed for submissions under subsection (C)(2)(b).

E. After receiving a submission under subsection (C)(2)(b), a Utility shall again follow the process under subsection (C).

F. A Utility may not charge a fee for an additional review under subsection (C), unless a tariff containing such a fee is approved for the Utility by the Commission.

G. A Customer shall be responsible for any costs of Utility facilities and equipment modifications necessary to accommodate the Interconnection.

H. If the Generating Facility's operating characteristics can be modified such that improvements to the Distribution System are reduced or not required, and both the Utility and Customer agree on the operating characteristics, the Customer shall have the opportunity to modify the Generating Facility's operating characteristics to reduce facility costs.

Historical Note

New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

R14-2-2619. Level 3 Study Track

A. A Customer interconnecting a Generating Facility with a Maximum Capacity of 2 MW or greater, or a Generating Facility that does not meet the screening requirements for Level 1 Super Fast Track, Level 2 Fast Track, or Supplemental Review, shall apply for Interconnection under the Level 3 Study Track Application process.

B. An Applicant may request a pre-application meeting with the Utility to discuss the proposed design, installation, and operation of the Generating Facility prior to submission of an Application.

C. The Level 3 Study Track shall proceed as follows:

1. Within 14 calendar days after transfer from Level 1 Super Fast Track, transfer from Level 2 Fast Track, or transfer from Supplemental Review, a Utility shall review the Application and provide the Applicant notice:
   a. That the Application satisfies all requirements under R14-2-2614(B); or
   b. That the Application does not satisfy one or more requirements under R14-2-2614(B), in which case:
      i. The Utility shall specify the additional information or documents required;
      ii. The Applicant shall submit the specified information or documents; and
      iii. The Application may be deemed withdrawn if the Applicant does not submit the required information or documents within 30 calendar days.
2. Within 30 calendar days following provision of notice under (C)(1)(a) or R14-2-2614(D)(1), the Utility shall review the Application and notify the Applicant of one of the following determinations:
   a. The Generating Facility design appears to meet all of the applicable Interconnection requirements; no further studies, special protective requirements, or system modifications are required; and the Application is deemed complete and approved for Interconnection; or
   b. The Generating Facility does not meet one or more of the Utility's Interconnection requirements, which shall be specified, and cannot be interconnected without further information, data, engineering studies, or modifications to the Distribution System or Generating Facility; the Interconnection shall proceed according to a meeting and study process deemed necessary by the Utility; itemized costs and timelines for the studies will be disclosed and agreed upon by the Utility and Applicant prior to the start of each one; and all studies will be made available to the Applicant.
3. Within 21 calendar days after notice is provided under subsection (C)(2)(b), a Scoping Meeting may be conducted to discuss which studies are needed, and the Utility shall provide to the Customer at the Scoping Meeting an acknowledgement letter describing the project scope and including a good faith estimate of the cost.
4. If requested by the Customer, the Utility shall undertake a Feasibility Study. The Utility shall provide the Customer, within 14 calendar days after the Scoping Meeting, a Feasibility Study agreement including an outline of the scope of the study and a non-binding, good faith estimate of the cost of the materials and labor needed to perform the study. The Utility shall conduct the Feasibility Study after the Customer executes the Feasibility Study agreement, provides all requested information necessary to complete the Feasibility Study, and pays the estimated costs.
   a. The Feasibility Study shall be completed within 45 calendar days.
   b. The Feasibility Study:
      i. Shall include review of short circuit currents, including contribution from the proposed generator, as well as coordination of and potential overloading of distribution circuit protection devices;
      ii. Shall provide initial details and ideas on the complexity and likely costs to interconnect prior to commitment of costly engineering review; and
      iii. May be used to focus or eliminate some or all of the more intensive System Impact Study.
5. If deemed necessary by the Customer or the Utility, the Utility shall undertake a System Impact Study. The Utility shall provide the Customer, within 14 calendar days after completing the previous study or meeting, a System Impact Study agreement including an outline of the scope of the study and a non-binding, good faith estimate of the cost of the materials and labor needed to perform the study. The Utility shall conduct the System Impact Study after the Customer executes the System Impact Study agreement, provides all requested Customer information necessary to complete the System Impact Study, and pays any required deposit of the estimated costs.
   a. The System Impact Study shall be completed within 45 calendar days.
   b. The System Impact Study shall reveal all areas where the Distribution System would need to be upgraded to allow the Generating Facility to be built and interconnected as designed and may include discussions with the Customer about potential alterations to generator design, including downsizing to

limit grid impacts, as well as operational limits that would limit grid impacts if implemented.

c. If the Utility determines, in accordance with Good Utility Practice, that the Distribution System modifications required to accommodate the proposed Interconnection are not substantial, the System Impact Study shall identify the scope and detailed cost of the modifications.

d. If the Utility determines, in accordance with Good Utility Practice, that the system modifications to the Distribution System are substantial, a Facilities Study shall be performed.

e. Each Utility shall include in its Interconnection Manual a description of the various elements of a System Impact Study it would typically undertake pursuant to this Section, including:

i. Load flow study;
ii. Short-circuit study;
iii. Circuit protection and coordination study;
iv. Impact on system operation;
v. Stability study, and the conditions justifying inclusion; and
vi. Voltage collapse study, and the conditions justifying inclusion.

6. The Utility shall undertake a Facilities Study if needed based on the outcome of the System Impact Study. The Utility shall provide the Customer, within 14 calendar days after completing the previous study or meeting, a Facilities Study agreement including an outline of the scope of the study and a non-binding, good faith estimate of the cost of the materials and labor needed to perform the study. The Utility shall conduct the Facilities Study after the Customer executes the Facilities Study agreement, provides all requested Customer information necessary to complete the study, and pays the estimated costs.

a. The Facilities Study shall be completed within 45 calendar days.

b. The Facilities Study shall delineate the detailed costs of construction and milestones. Construction may include new circuit breakers, relocation of reclosers, new Utility grid extensions, reconductoring lines, new transformers, protection requirements, and interaction.

7. If the Generating Facility meets all of the applicable Interconnection requirements, all items identified in any meeting or study have been resolved and agreed to, and the Utility has received the final design drawings, then:

a. The Utility shall send to the Customer, within seven calendar days, an executable Interconnection Agreement, which shall include as an exhibit the cost for any required Distribution System modifications;

b. The Customer shall review, sign, and return the Interconnection Agreement and any balance due for Interconnection studies or required deposit for facilities; and

c. The Customer shall then complete installation of the Generating Facility, and the Utility shall complete any Distribution System modifications, according to the requirements set forth in the Interconnection Agreement. The Utility shall employ best reasonable efforts to complete such system upgrades in the shortest time practical.

8. Once an Application is approved, the Generating Facility shall be subject to R14-2-2621.

D. A Utility may not charge a fee for an additional review under subsection (C), unless a tariff containing such a fee is approved for the Utility by the Commission.

E. A Customer shall have the responsibility for any costs of Utility facilities and equipment modifications necessary to accommodate the Customer's Interconnection.

F. If the Generating Facility's operating characteristics can be modified such that improvements to the Distribution System are reduced or not required, and both the Utility and Customer agree on the operating characteristics, the Customer shall have the opportunity to modify the Generating Facility's operating characteristics to reduce facility costs.

Historical Note

New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

R14-2-2620. Supplemental Review

A. If a Utility determines that an Application for Interconnection cannot be approved without conducting a Supplemental Review, or if requested by the Applicant:

1. The Utility shall, within seven calendar days of making the determination or receiving the request, provide the Applicant a good faith estimate of the cost of the Supplemental Review and a written agreement setting forth the terms of the Supplemental Review; and
2. If the Customer desires to proceed with the Application, the Customer shall, within 14 calendar days of receipt of the good faith estimate and written agreement, sign the written agreement and submit to the Utility a deposit for the full estimated cost of the Supplemental Review.

B. The Applicant may specify the order in which the Utility will complete the screens in subsection (E).

C. The Applicant shall be responsible for the Utility's actual costs for conducting a Supplemental Review and must pay any review costs exceeding the deposit amount within 30 calendar days of receipt of an invoice for the balance, or resolution of any dispute as to those costs. If the deposit amount exceeds the actual costs of the Supplemental Review, the Utility shall return such excess to the Customer, without interest, within 30 calendar days of completing the Supplemental Review.

D. Within 21 calendar days following receipt of the deposit for a Supplemental Review, the Utility shall:

1. Perform a Supplemental Review by determining compliance with the screens in subsections (E)(1), (2), and (3);
2. Unless the Applicant has previously provided instructions for how to respond to the Generating Facility's failure to meet any of the Supplemental Review screens:
   a. Notify the Applicant following the failure of any of the screens; and
   b. If the Utility is unable to determine compliance with the screen in subsection (E)(1), notify the Applicant within two calendar days of making such determination and request the Applicant's permission to:
      i. Continue evaluating the Interconnection under subsection (E);
      ii. Terminate the Supplemental Review and continue evaluating the Generating Facility under R14-2-2619; or
      iii. Terminate the Supplemental Review upon withdrawal of the Interconnection request by the Applicant; and

3. Notify the Applicant of the results of the Supplemental Review along with copies of the analysis and data underlying the Utility's determinations of compliance with the screens.

E. A Utility shall apply the following screens in its Supplemental Review:

1. A minimum load screen:
   a. If 12 months of line section minimum load data (including onsite load but not station service load served by the Generating Facility) are available, can be calculated, can be estimated from existing data, or can be determined from a power flow model, the aggregate Generating Facility Maximum Capacity on the line section shall be less than 100% of the minimum load for all line sections bounded by automatic sectionalizing devices upstream of the Generating Facility.
   b. If 12 months of line section minimum load data are not available, or cannot be calculated, estimated, or determined, the Utility shall include in its Supplemental Review results notification under subsection (D) each reason that it is unable to calculate, estimate, or determine minimum load.
   c. In making its determination of compliance with subsections (E)(1)(a) and (b), the Utility shall:
      i. Consider the type of generation used by the Generating Facility when calculating, estimating, or determining the circuit or line section minimum load, using daytime minimum load for solar photovoltaic generation systems with no battery storage (i.e., 10 a.m. to 4 p.m. for fixed panel systems and 8 a.m. to 6 p.m. for solar photovoltaic generation systems utilizing tracking systems), and using absolute minimum load for all other generation;
      ii. For a Generating Facility that serves some station service load, consider only the net injection into the Utility's electric system as part of the aggregate generation; and
      iii. Not consider as part of the aggregate generation Generating Facility capacity known to be reflected already in the minimum load data.
2. A voltage and power quality screen: In aggregate with existing Maximum Capacity on the line section:
   a. Voltage regulation on the line section shall be maintained in compliance with relevant requirements under all system conditions;
   b. Voltage fluctuation shall be within acceptable limits as defined by IEEE 1453, IEEE Recommended Practice for the Analysis of Fluctuating Installations on Power Systems (October 30, 2015), with no future editions or amendments, which is incorporated by reference; on file with the Commission; and published by and available from IEEE, 3 Park Avenue, 17th Floor, New York, New York 10016, and through http://ieeexplore.ieee.org; and
   c. Harmonic levels shall meet IEEE 519 limits, IEEE Recommended Practice and Requirements for Harmonic Control in Electric Power Systems (June 11, 2014), with no future editions or amendments, which is incorporated by reference; on file with the Commission; and published by and available from IEEE, 3 Park Avenue, 17th Floor, New York, New York 10016, and through http://ieeexplore.ieee.org.
3. A safety and reliability screen: The location of the Generating Facility and the aggregate Maximum Capacity on the line section shall not create impacts to safety or reliability that cannot be adequately addressed without application of the Interconnection Study process. In making this determination regarding potential impacts to safety and reliability, the Utility shall give due consideration to the following, and any other relevant factors:
   a. Whether the line section has significant minimum loading levels dominated by a small number of customers (e.g., several large commercial customers);
   b. Whether the loading along the line section is uniform or even;
   c. Whether the Generating Facility is located in close proximity to the substation (i.e., within less than 2.5 electrical circuit miles);
   d. Whether the line section from the substation to the Point of Interconnection is a main feeder line section rated for normal and emergency ampacity;
   e. Whether the Generating Facility incorporates a time delay function to prevent reconnection of the generator to the system until system voltage and frequency are within normal limits for a prescribed time;
   f. Whether operational flexibility is reduced by the Generating Facility, such that transfer of the line section(s) of the Generating Facility to a neighboring distribution circuit/substation may trigger overloads or voltage issues; and
   g. Whether the Generating Facility employs equipment or systems certified by a recognized standards organization to address technical issues such as, but not limited to, Islanding, reverse power flow, or voltage quality.

F. If the Interconnection satisfies subsection (E), the Application shall be approved for Interconnection, and the Utility shall provide the Applicant notice of the Supplemental Review results.

G. If Interconnection Facilities or minor modifications to the Utility's system are required for the Interconnection to meet the screens in subsection (E), the Utility shall notify the Applicant and request for the Applicant to pay for the modifications. If the Applicant agrees to pay for the modifications to the Utility's electric system, the Utility shall provide an Interconnection Agreement, along with a non-binding good faith estimate of the cost for the Interconnection Facilities and minor modifications, to the Applicant within seven calendar days after the Applicant agrees to pay for the modifications.

H. If more than Interconnection Facilities or minor modifications to the Utility's system would be required for the Interconnection to meet the screens in subsection (E), the Utility shall notify the Applicant, at the same time it notifies the Applicant of the Supplemental Review results, that the Interconnection request shall be evaluated under R14-2-2619, unless the Applicant withdraws its Application.

I. If the Interconnection fails any of the screens in subsection (E), and the Applicant does not withdraw its Application, the Utility shall continue to evaluate the Application under R14-2-2619.

Historical Note

New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

R14-2-2621. Utility Site Inspection; Approval for Parallel Operation

A. Once an Application is approved for Interconnection:
1. If the Utility has not received an executed Interconnection Agreement, the Utility shall send to the Customer, within seven calendar days after the notice of Application approval, the appropriate Interconnection Agreement for review and signature;
2. If required, the Customer shall submit to the Utility a copy of the final electrical clearance for the Generating Facility issued by the authority having jurisdiction;
3. The Customer shall submit all necessary supplemental documents as specified by the Utility; and
4. A site inspection shall be performed if deemed necessary by the Utility or requested by the Customer.

B. Within seven calendar days after a site inspection is deemed necessary by the Utility, or requested by the Customer, the Utility shall perform a site inspection for which it may charge a fee, if a tariff containing such a fee is approved for the Utility by the Commission. During a site inspection, the Utility shall verify at least the following:
1. The Generating Facility is in compliance with all applicable Interconnection and code requirements;
2. All Generating Facility equipment is properly labeled;
3. The Generating Facility system layout is in accordance with the plant location and site plans submitted to the Utility;
4. The inverter nameplate ratings are consistent with the information submitted to the Utility;
5. The Utility has unrestricted 24-hour access to the Utility-owned production meter and Disconnect Switch, and the Disconnect Switch meets all applicable requirements;
6. The inverter shuts down as required upon simulated loss of Utility voltage; and
7. To the extent visible, the Generating Facility appears to be wired in accordance with the electrical diagrams submitted to the Utility.

C. The Utility shall install appropriate metering equipment, if required. The Utility may require the Customer to pay for the metering equipment, if a tariff containing such a fee is approved for the Utility by the Commission.

D. Within three calendar days of the completion of the site inspection and the receipt of all final applicable signed Interconnection documents, the Utility shall determine whether the Generating Facility meets all applicable requirements and shall notify the Customer that:
1. The Generating Facility is approved for Parallel Operation with the Distribution System per the agreed terms and conditions; or
2. The Generating Facility has failed the site inspection because it does not meet one or more of the applicable requirements, which shall be specified; the Generating Facility is not approved for Parallel Operation; and specified actions must be taken by the Customer to resolve the issue and to obtain approval for Parallel Operation.

E. If the Generating Facility fails the initial Utility site inspection:
1. The Applicant shall, within 30 calendar days of the initial site inspection, correct any outstanding issues and notify the Utility that all corrections have been made, or the Application may be deemed withdrawn unless alternative arrangements have been made by the Customer with the Utility; and
2. The Utility shall, within 14 calendar days of the Applicant notice of correction, perform a repeat inspection of the Generating Facility, for which the Utility may charge a fee, if a tariff containing such a fee is approved for the Utility by the Commission.

F. A Utility may take any reasonable actions, including locking open a Disconnect Switch, to prevent Parallel Operation for:
1. A Generating Facility that fails a site inspection; or
2. A Customer who operates a Generating Facility in parallel without Utility approval.

G. If a Customer does not interconnect a Generating Facility within 180 calendar days after Application approval, the Customer's Application may be considered withdrawn.

Historical Note
New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

R14-2-2622. Interconnection to a Secondary Spot Network System

A. A Secondary Spot Network System is a system that:
1. Simultaneously serves a Customer from three-phase, four-wire, low-voltage (typically 480V) circuits supplied by two or more network transformers which have low-voltage terminals that are connected to the low-voltage circuits through network protectors without ties to adjacent or nearby secondary network systems;
2. Has two or more high-voltage primary feeders that are either dedicated network feeders that serve only other network transformers, or non-dedicated network feeders that serve radial transformers in addition to the network transformers, depending on network size and design; and
3. Has automatic protective devices and fuses intended to isolate faulted primary feeders, network transformers, or low-voltage cable sections while maintaining uninterrupted service to the consumers served from the low-voltage circuits.

B. Because interconnecting a Generating Facility to a Secondary Spot Network System implicates technical requirements that are particular to the design and operational aspects of network protectors that are not required on radial systems, the Utility shall determine the process for interconnecting to a Secondary Spot Network System, subject to the following:
1. A Generating Facility shall not be interconnected to the load side of spot network protectors unless the Generating Facility uses an inverter-based equipment package and, together with the aggregated other inverter-based generation, does not exceed the smaller of 5% of the Secondary Spot Network System's maximum load or 50 kW; and
2. Interconnection of a Generating Facility shall not result in a Backfeed of a Secondary Spot Network System or cause unnecessary operation of any Secondary Spot Network System protectors.

Historical Note
New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

R14-2-2623. Expedited Interconnection Process

A. A Customer interconnecting a Non-Exporting inverter-based energy storage Generating Facility or an Inadvertent Export Generating Facility with a Maximum Capacity of 20 kW or less may apply for Interconnection under the Expedited Inter-

connection Process. In order to qualify for the Expedited Interconnection Process, the Customer's Generating Facility must meet the applicable conditions specified in subsections (B) and (C).

B. For a Customer interconnecting a Non-Exporting Generating Facility:
1. The Generating Facility shall utilize only UL 1741- and UL 1741SA-listed equipment;
2. The Generating Facility shall meet all applicable codes and standards required by this Article and referenced in the Utility Interconnection Manual;
3. The Generating Facility shall comply with Utility Interconnection and contractual requirements;
4. The Generating Facility shall be a Non-Exporting inverter-based energy storage device with an aggregate maximum nameplate rating no greater than 500 kW;
5. No other Generating Facilities, other than isolated back-up Generating Facilities, may be at the same Point of Interconnection as the Generating Facility;
6. The Generating Facility shall comply with R14-2-2615(F); and
7. The Generating Facility shall comply with one of the following:
   a. The system capacity shall be less than 25% of the electrical service entrance ampere rating, and less than 50% of the service transformer rating; or
   b. The system output rating shall be less than 50% of the verifiable Customer minimum load as measured over the past 12 months.

C. For a Customer interconnecting an Inadvertent Export Generating Facility with a Maximum Capacity of 20 kW or less:
1. The Generating Facility shall utilize only UL 1741- and UL 1741SA-listed equipment;
2. The Generating Facility shall meet all applicable codes and standards required by this Article and referenced in the Utility Interconnection Manual;
3. The Generating Facility shall comply with Utility Interconnection and contractual requirements;
4. The Generating Facility shall comply with R14-2-2603(E)(1) and (E)(4) through (7);
5. No other Generating Facilities, other than isolated back-up Generating Facilities or Generating Facilities that are already subject to an executed Interconnection Agreement, may be at the same Point of Interconnection as the Generating Facility; and
6. The Generating Facility shall comply with R14-2-2615(E) and (F).

D. The Expedited Interconnection Process shall proceed as follows:
1. An Applicant shall complete an Application provided by the Utility and submit the Application to the Utility along with all required supplemental information and documents, which shall be noted on the Application, as well as an executed Interconnection Agreement, if required by the Utility, and with an initial application fee or processing fee only if a tariff containing such a fee is approved for the Utility by the Commission.
2. Within seven calendar days of receipt of the Application, the Utility shall notify the Applicant whether the Application is complete or incomplete.
   a. When the Utility notifies the Applicant that an Application is incomplete, the Utility shall specify what additional information or documentation is necessary to complete the Application.
   b. Within 30 calendar days after receipt of notification that an Application is incomplete, an Applicant shall withdraw the Application or submit the required information or documentation. If an Applicant does not submit the required information or documentation within 30 calendar days, the Application may be considered withdrawn.
3. Within seven calendar days following the receipt of a complete Application, the Utility shall review the Application and notify the Applicant of one of the following determinations;
   a. The Generating Facility meets the requirements of subsections (B) and (C), and the Application is approved as submitted; or
   b. The Generating Facility does not meet the requirements of subsections (B) and (C), in a manner specified by the Utility; the Application is no longer eligible for processing under the Expedited Interconnection Process; and the Applicant has the option to select Application processing in accordance with R14-2-2620.
4. If the Application is not accepted as submitted, the Applicant shall notify the Utility within 30 calendar days whether it wishes to proceed with the Interconnection.
   a. If the Applicant does not wish to proceed with the Interconnection, or the Utility is not notified within the specified time-frame, the Application may be considered withdrawn.
   b. If the Applicant wishes to proceed with the Interconnection, the Utility shall begin processing the Application in accordance with R14-2-2620.
5. Once an Application is approved:
   a. If the Utility has not received an executed Interconnection Agreement, the Utility shall send to the Customer, within three calendar days after the notice of Application approval, the appropriate Interconnection Agreement for review and signature; and
   b. Within three calendar days of the receipt of all final applicable signed Interconnection documents, the Utility shall notify the Customer that the Generating Facility is approved for Parallel Operation.

Historical Note
New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

R14-2-2624. Disconnect Switch Requirements

A. If required by a Utility, a Customer shall install and maintain a visual-open, manually operated, load break Disconnect Switch that completely opens and isolates all ungrounded conductors of the Generating Facility from the Distribution System. For multi-phase systems, the Disconnect Switch shall be gang-operated.

B. A Utility may impose additional requirements for a Disconnect Switch in its Interconnection Manual.

Historical Note
New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

R14-2-2625. Advanced Inverter Requirements

A. If interconnected after the effective date of this Article, a Generating Facility utilizing inverter-based technology shall be interconnected via advanced inverter(s) that are capable of, at

minimum, the advanced grid support features specified in subsection (B).

B. At a minimum, an advanced inverter shall be capable of the following grid support features:
1. Volt/VAR Mode – Provide voltage/VAR control through dynamic reactive power injection through autonomous responses to local voltage measurement;
2. Volt/Watt Mode – Provide voltage/watt control though dynamic active power injection through autonomous responses to local voltage measurement;
3. Fixed Power Factor – Provide reactive power by a fixed power factor;
4. Anti-Islanding – Support anti-Islanding to trip off under extended anomalous conditions;
5. Low/High Voltage Ride-through (L/HVRT) – Provide ride-through of low/high voltage excursions beyond normal limits;
6. Low/High Frequency ride-through (L/HFRT) – Provide ride-through of low/high frequency excursions beyond normal limits;
7. Soft-Start Reconnection – Reconnect after grid power is restored; and
8. Frequency/Watt Mode – Provide Frequency/Watt control to counteract frequency excursions beyond normal limits by decreasing or increasing real power.

C. The grid support features listed in subsections (B)(1), (2), (3), (7), and (8) shall only be activated upon mutual consent between the Customer and the Utility.

D. The grid support features listed in subsections (B)(4), (5), and (6) shall always be operational.

E. Advanced inverters shall meet the shutdown protective functions (under/over voltage, under/over frequency, and anti-Islanding) specified in IEEE 1547-2018, which is incorporated by reference in R14-2-2614(E)(1).

Historical Note
New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

R14-2-2626. Utility Reporting Requirements

A. Each Utility shall maintain records concerning each received Application for Interconnection and shall include in its records:
1. The date the Application was received;
2. Any documents generated in the course of processing the Application;
3. Any correspondence regarding the Application;
4. The final disposition of the Application; and
5. The final disposition date.

B. By March 30 of each year, each Utility shall file with the Commission a Distributed Generation Interconnection Report, with data for the preceding calendar year that shall include:
1. The number of complete Applications denied by track level, including the reasons for denial;
2. A list of special contracts, approved by the Commission during the reporting period, that provide discounted rates to Customers as an alternative to self-generation;
3. Pre-Application Report:
   a. Total number of reports requested;
   b. Total number of reports issued;
   c. Total number of requests withdrawn; and
   d. Maximum, mean, and median processing times from receipt of request to issuance of report;
4. Interconnection Application:
   a. Total number received, broken down by:
      i. Primary fuel type (e.g., solar, wind, biogas, etc.); and
      ii. System size (<20 kW, 20 kW-2 MW, >2MW);
   b. Expedited Interconnection Process:
      i. Total number of applications approved;
      ii. Total number of applications denied;
      iii. Total number of applications withdrawn; and
      iv. Maximum, mean, and median processing times from receipt of complete Application to execution of Interconnection Agreement;
   c. Level 1 Super Fast Track Process:
      i. Total number of applications approved;
      ii. Total number of applications denied;
      iii. Total number of applications withdrawn; and
      iv. Maximum, mean, and median processing times from receipt of complete Application to execution of Interconnection Agreement;
   d. Level 2 Fast Track Process:
      i. Total number of applications approved;
      ii. Total number of applications denied;
      iii. Total number of applications withdrawn; and
      iv. Maximum, mean, and median processing times from receipt of complete Application to execution of Interconnection Agreement;
   e. Supplemental Review:
      i. Total number of applications approved;
      ii. Total number of applications denied;
      iii. Total number of applications withdrawn; and
      iv. Maximum, mean, and median processing times from receipt of complete Application to execution of Interconnection Agreement; and
   f. Level 3 Study Process:
      i. Total number of System Impact Studies completed;
      ii. Maximum, mean, and median processing times from receipt of signed System Impact Study agreement to provision of study results;
      iii. Total number of Facilities Studies completed;
      iv. Maximum, mean, and median processing times from receipt of signed Facility Study agreement to provision of study results;
      v. Maximum, mean, and median processing times from receipt of complete Application to execution of Interconnection Agreement.

Historical Note
New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

R14-2-2627. Electric Cooperatives

A. Upon Commission approval of an Electric Cooperative's Interconnection Manual, its provisions shall substitute for the timeline requirements set forth in R14-2-2614 and R14-2-2616 through R14-2-2623 for the Electric Cooperative and its Customers.

B. Each Electric Cooperative shall employ best reasonable efforts to comply with the deadlines set forth in the applicable provisions of this Article or, if unable to meet those deadlines, shall process all Applications and conduct all inspections and tests in the shortest time practical.

Historical Note
New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

R14-2-2628. Interconnection Manuals

A. No later than 90 calendar days after the effective date of this Article, each Utility shall file with Docket Control, for Commission review and approval, an Interconnection Manual that:
1. Contains detailed technical, safety, and protection requirements necessary to interconnect a Generating Facility to the Distribution System in compliance with this Article and Good Utility Practice; and
2. Specifies by date, either within its main text or in an appendix, the version of each standard, code, or guideline with which an Applicant's Generating Facility must comply to be eligible for Interconnection and Parallel Operation.

B. A Utility shall revise its Interconnection Manual as necessary to ensure compliance with Good Utility Practice.

C. A Utility shall file each revision to its Interconnection Manual with Docket Control, for Commission review and approval, at least 60 calendar days prior to the proposed effective date of the revision.

D. A revision to an Interconnection Manual that a Utility has determined is necessary to enhance health or safety shall become effective immediately, subject to subsequent review and approval by the Commission.

E. The Commission's Utilities Division may contest a Utility's proposed revision to its Interconnection Manual and may seek a suspension of the effective date of the revision to allow for further review.

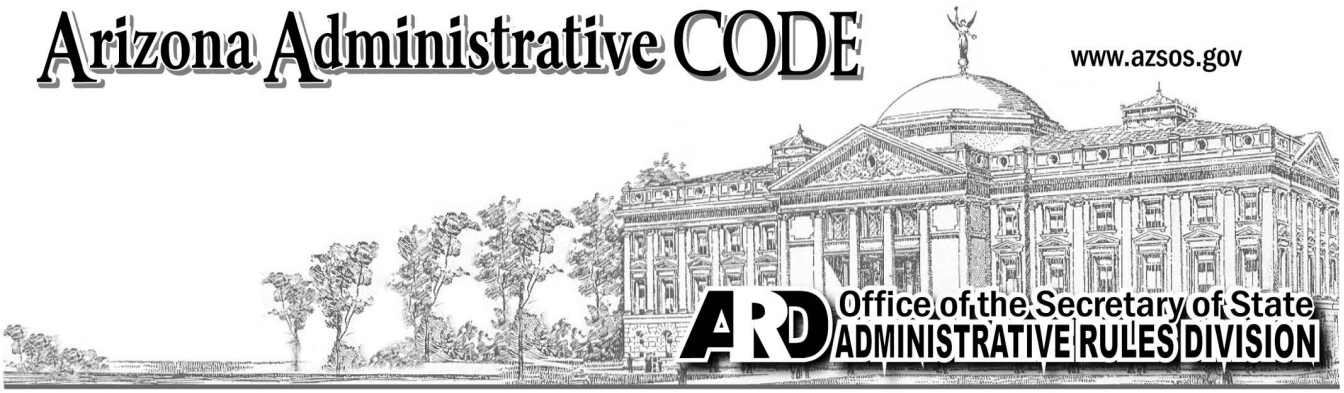
F. A Utility shall file with Docket Control, within 10 calendar days after the effective date of a decision approving any revisions to its Interconnection Manual, an updated Interconnection Manual conforming to the Commission's decision.

G. A Utility shall make its Interconnection Manual available on the Utility's website.

H. A Utility shall implement and ensure compliance with its Commission-approved Interconnection Manual.

Historical Note
New Section made by final rulemaking at 26 A.A.R. 473, with an immediate effective date of February 25, 2020 (Supp. 20-1).

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ARIZONA ADMINISTRATIVE CODE

TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION

CHAPTER 5. CORPORATION COMMISSION - TRANSPORTATION

14 A.A.C. 5

Supplement Information
Supp. 26-3

Rules filed between July 1, 2026 through September 30, 2026 are codified in this Chapter.

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The release of this Chapter in Supp. 26-3 replaces Supp. 24-2, 1-35 pages. Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained and archived for future reference.

Preface

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

Rules

The definition for a rule is provided for under A.R.S. § 41-1001. "'*Rule' means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.*"

The *Arizona Administrative Code*

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then a Section number with a heading. The "R" at the beginning of the Section number stands for "rule." The rule itself includes sequential letters and numbers in an outline. Each lettered or numbered Section is called a subsection of the rule.

Rules are codified quarterly in the *Code*. For example:

Rules codified in the first quarter are filed between January 1 through March 31.

Rules codified in the second quarter are filed between April 1 through June 30.

Rules codified in the third quarter are filed between July 1 through September 30.

Rules codified in the fourth quarter are filed between October 1 through December 31.

Supplement release dates are included in the footers of each Chapter. The first supplement for the first quarter of 2026 is cited as Supp. 26-1. Supplements are released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

How to Use the *Code*

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Register* for recent updates to rule Sections.

Authentication of PDF *Code* Chapters

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document's content has been compromised.

Rule History

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Arizona Administrative Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

Arizona Revised Statutes References

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature's website, www.azleg.gov. An agency's authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

Session Law References

Arizona Session Law references in a Chapter can be found at the Secretary of State's website, www.azsos.gov under Services-> Legislative Filings.

Exemptions to the APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency's exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor's notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

Personal and Commercial Use of the Chapter

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Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.

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TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION

CHAPTER 5. CORPORATION COMMISSION - TRANSPORTATION

Authorizing Statutes: A.R.S. §§ 40-202, 40-204, 40-441, and 40-442

Implementing Statute: Arizona Constitution, Article XV §§ 3, 4, and 13

Supp. 26-3

Editor's Note: The Office of the Secretary of State publishes all Code Chapters on white paper (Supp. 02-2).

Editor's Note: The Corporation Commission has determined that rules in this Chapter are exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)). This exemption means that the rule was not certified by the Attorney General. Because this Chapter was filed under a rulemaking exemption, as determined by the Corporation Commission, other than a statutory exemption, the Chapter is printed on green paper.

New Article 2 consisting of Sections R14-5-201 through R14-5-205 adopted effective October 23, 1987.

Former Article 1 consisting of Sections R14-5-01 through R14-5-103, Article 2 consisting of Sections R14-5-201 through R14-5-203, Article 3 consisting of Sections R14-5-301 through R14-5-324 repealed effective September 30, 1982.

Former Article 4 consisting of Sections R14-5-401 through R14-5-403, R14-5-405 through R14-5-407 renumbered as Article 1, Sections R14-5-101 through R14-5-106 effective September 30, 1982.

Former Section R14-5-408 repealed effective September 30, 1982.

New Section R14-5-107 adopted effective September 30, 1982.

Former Section R14-5-409 renumbered as R14-5-108 effective September 30, 1982.

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ARTICLE 1. RAILROADS

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-5-101. Definitions

As used in this Article:

1. "Car stop" means a device installed or constructed at the end of a spur track to prevent railroad cars from going off the rails.
2. "Commission" means the Corporation Commission.
3. "Configuration of a public railroad-highway grade crossing" means the physical characteristics of the crossing, including, but not limited to, size and type of warning devices, path of the roadway over the railroad track or tracks, warning signs, pavement markings, and roadway crossing surface.
4. "Constructive placement" means cars cannot be delivered to the designated private siding because of the inability of the consignee to receive them. The cars are placed in a sliding, another private track, or interchange track near the consignee's facility until such time as they can be delivered to the consignee.
5. "Event recorder" means a device located in the locomotive that records information reflecting the operation of the train, including on speed, elapsed time, direction of travel, load (amps), automatic brakes, dynamic brakes, and throttle settings.
6. "Hazardous materials" means any hazardous substance as defined by A.R.S. § 49-201(16)(a), (b), (c), (e), and (f).
7. "Highway authority" means the county, municipal, or other local board or body exercising jurisdiction over highways under the laws of this state.
8. "House track" means a track adjacent to or entering a freight house, used for the primary purpose of receiving or delivering freight.
9. "Industrial track" means a track or portion of track over which a railroad operates but which the railroad does not own or maintain either the rails, ties, or roadbed; or a track or portion of track which is devoted to the purpose of the user, either by lease or written agreement, in which case the lease or written agreement shall be considered as equivalent to ownership.
10. "Ladder track" means a track connecting successively the body of tracks of a train yard.
11. "Locomotive" means a self-propelled vehicle running on rails and generating or converting energy into motion for the primary purpose of hauling rail cars.
12. "Overhead clearance" means the vertical distance from the level of the top of the highest rail to a structure or obstruction above.
13. "Person" means any individual, firm, joint venture, partnership, corporation, association, municipality, governmental unit, department, or agency and shall include any trustee, receiver, assignee, or personal representative thereof.
14. "Private grade crossing" means any crossing where a legal agreement exists between a private property owner and a railroad company for the exclusive use of the landowner and the landowner's invitee.
15. "Public grade crossing" means any crossing, used by the general public, for which a legal agreement between a private property owner and a railroad company does not exist.
16. "Rail gage" means the distance between the heads of the rails, measured at right angles to the rails in a plane 5/8 of an inch below the top of the railhead. Standard gage is 4 feet, 8 1/2 inches.
17. "Railroad" means every railway, other than a street railway, operated for public transportation of persons or property.
18. "Reconstruction" means the use of more than 50% of the material necessary to replace an entire structure or facility, or more than 50% of the current value of an entire installation.
19. "Side clearance" means the shortest distance from the centerline of track to a structure or obstruction at the side of the track.
20. "Spur track" means a stub track of indefinite length diverging from a main track or other track.
21. "Team track" means a track subject to general use by the public for the loading or unloading of freight cars.
22. "Unauthorized grade crossing" means any grade crossing that is not a public grade crossing or a private grade crossing or has not been issued an AAR/DOT crossing inventory.

Historical Note

Former General Order R-1; Former Section R14-5-401 renumbered as Section R14-5-101 effective September 30, 1982 (Supp. 82-5). Former Section R14-5-101 renumbered to R14-5-104, new Section R14-5-101 adopted effective May 28, 1992 (Supp. 92-2). Amended effective May 31, 1996 under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 96-2).

R14-5-102. Adoption of Federal Regulations

A. In the furtherance of its constitutional and statutory duty to promulgate and enforce safety regulations for public service corporations, the Commission adopts and approves as its own, subject to changes noted in subsection (E) below, 49 CFR 210, 213, 215, 216, 217, 218, 219, 220, 221, 223, 225, 228, 229, 230, 231, 232, 233, and 236, as amended and revised through October 1, 1989, which are incorporated by reference, are on file in the Office of the Secretary of State, and copies available from the United States Government Printing Office, P.O. Box 371975M, Pittsburgh, Pennsylvania 15250-7975, all being regulations of the Federal Railroad Administration, United States Department of Transportation, Railroad Safety regulations.

B. The Commission also adopts and approves as its own, 49 CFR 171 through 174, as amended and revised through November 1, 1989, incorporated herein by reference and on file with the Office of Secretary of State: 49 CFR 178 and 179, as amended and revised through November 1, 1989, incorporated herein by reference, on file with the Office of Secretary of State, and copies available from the United States Government Printing Office, P.O. Box 371975M, Pittsburgh, Pennsylvania 15250-7975, all being part of the Research and Special Programs Administration, United States Department of Transportation, Hazardous Materials regulations as they apply to the shipment of hazardous materials by rail.

C. The regulations adopted in subsections (A) and (B) of this Section shall apply to all standard gage rail operations within Ari-

zona. All terms defined in the adopted regulations shall apply unless redefined in R14-5-101.

D. A copy of the Federal Safety Standards is attached to the Article and is hereby made a part thereof as if set forth in full. (This copy is not printed in this volume but is available in the offices of the Arizona Corporation Commission and the Secretary of State.)

E. The above-mentioned Parts of 49 CFR are changed, amended, or revised as follows:

1. Substitute "Arizona Corporation Commission" (ACC) where "United States Department of Transportation" (DOT), "Federal Railroad Administration" (FRA), "Federal Railroad Administrator", "Administrator" or "Research and Special Programs Administration" appear.
2. Substitute "Railroad Safety Section, Arizona Corporation Commission, at its office in Phoenix, Arizona" where addresses for the United States Department of Transportation, Federal Railroad Administration, Federal Railroad Administrator, Office of Chief Counsel, or Research and Special Programs Administration appear.
3. Copies of all reports and forms required to be filed with the Federal Railroad Administration by Parts referred to in subsection (A) and the Research and Special Programs Administration by Parts referred to in subsection (B) of this Section shall be filed with the Railroad Safety Section, Arizona Corporation Commission, at its office in Phoenix, Arizona, within the same time limits required by the Federal Railroad Administration, and the Research and Special Programs Administration. Information pertaining only to that portion of the railroad's operations within the State of Arizona need be submitted.

F. If the Commission finds that a waiver of compliance or an exemption from any Section of the aforementioned Parts is in the public interest and is consistent with railroad safety, the Commission may grant the waiver or exemption subject to any conditions it deems necessary.

Historical Note

Former General Order R-2; Former Section R14-5-402 renumbered as Section R14-5-102 effective September 30, 1982 (Supp. 82-5). Former Section R14-5-102 repealed, new R14-5-102 renumbered from R14-5-107 and amended effective May 28, 1992 (Supp. 92-2).

R14-5-103. Unauthorized Passengers

Railroads operating within this State shall prohibit and prevent unauthorized persons from traveling in or upon the cars and equipment of their trains.

Historical Note

Former General Order R-3; Former Section R14-5-403 renumbered as Section R14-5-103 effective September 30, 1982 (Supp. 82-5).

Editor's Note: The Arizona Corporation Commission has determined that the following Section is exempt from the Attorney General certification provisions of the Arizona Administrative Procedure Act (A.R.S. § 41-1041) by a court order (State ex. rel. Corbin v. Arizona Corporation Commission, 174 Ariz. 216 848 P.2d 301 (App. 1992)).

R14-5-104. Railroad-highway Crossings

A. The following rules shall apply in the construction, reconstruction, improvement, and maintenance of all public railroad-highway grade crossings within the state of Arizona. This Section is intended to be consistent with the provisions of the Manual on Uniform Traffic Control Devices, as adopted by the Department of Transportation.

1. No construction project taking place at or near a public railroad-highway grade crossing shall diminish the safety normally provided to a motorist approaching the crossing by the existing warning devices.
2. No temporary change in the configuration of a public railroad-highway grade crossing, for the purpose of facilitating a construction project at or near the crossing, may be made by any person without first notifying the owner of the railroad track and the owner of the trains or other track equipment operating over such track in writing. The letter notifying the track owner and train/track equipment owner shall describe the date, place, and type of changes to be made. Such letter shall be written and signed by the responsible person for the project and shall constitute an affirmation that all temporary traffic control measures to be implemented due to the project shall be made in accordance with this rule and the Manual on Uniform Traffic Control Devices (MUTCD) Parts VI and 8A-5. Notice shall be sent by registered mail, return receipt requested, to the business address of the owner of the railroad track and the owner of trains or the track equipment operating over such track, or to the statutory agent at its known place of business, not less than 10 days prior to the commencement of the construction project.

B. Warning signals.

1. Railroad crossbucks.
   a. A railroad crossbuck shall be installed on the right-hand side of the public roadway on each approach to every crossing to warn motorists approaching from each direction, except at crossings where automatic control devices are in use in conformance with Appendix 8.
   b. If there are two or more tracks, the number of tracks shall be indicated on an auxiliary sign of inverted "T" shape mounted below the crossbuck, (See in conformance with Appendix 8).
   c. Crossbucks shall be located at not less than 15 feet from the centerline of the nearest track, and shall be in a position to be visible to motorists.
   d. Crossbucks shall be a reflectorized white "X" (48" X 9" panels drilled for a 90-degree mounting) with the words "RAILROAD CROSSING" in black letters.
   e. The distance that shall be assumed to separate tracks before additional crossbucks are considered necessary is 100 feet.
2. Automatically controlled crossing signals.
   a. At railroad-highway grade crossings where studies indicate the need for warning beyond that provided by crossbucks, the Commission may order that automatically controlled crossing signals be installed.
   b. Emergency stand-by power shall be provided for the operation of all automatically controlled crossing signals.
   c. Automatically controlled crossing signals shall be arranged to provide not less than 20 seconds warning for motorists.
   d. Signals shall operate until the rear of the last train using the crossing has cleared the crossing.
   e. Traffic signals located within 200 feet of railroad crossing signals shall be preempted by the railroad crossing signals.

f. Where means are provided for cutting-out the automatically controlled warning devices during intervals when trains are making regular operating stops or performing switching operations on approach circuits, controls shall be arranged as follows:
   i. Controls shall be so designed as to provide operation of warning devices before a train reaches the crossing,
   ii. Automatic control of warning devices actuated by approaching trains (other than the train that has stopped or is performing switching operations) shall take precedence over any cut-out feature.

g. Where manual supervisory control of warning devices is provided in addition to automatically controlled signals, the following shall govern:
   i. Automatic control, when actuated by approaching trains other than the train for which manual control has been made effective, shall take precedence over manual control;
   ii. Means shall be provided to restore the controls to automatic operation;
   iii. Means shall be provided to prevent manual operation by unauthorized persons.

3. Flashing light signals.
   a. Lamp units (center of lens), shall be located at not less than 8 feet, 4 inches, nor more than 10 feet, 4 inches above the crown of the roadway.
   b. Signal lights shall shine in both directions along the roadway, and shall be mounted horizontally, 2 feet, 6 inches to centers.
   c. Lamp units shall be arranged in pairs, back to back, except on one-way streets or other roadways where highway traffic approaches from one direction only.
   d. Lamp units shall be equipped with mountings to provide ready adjustments in all directions with positive locking for such adjustments.
   e. Lamp units shall be provided with hoods of not less than 12 inches in length and with backgrounds 20 inches in diameter. Hoods and backgrounds shall be in black, except that when backlights are omitted, the back of the lamp unit and background shall be aluminum-colored so that the signal will not be mistaken for a dark signal.
   f. Lamp units installed after the effective date of this Section shall have lenses or roundels, red in color, not less than 12 inches in diameter for both front and rear indications. Lamp units in use prior to the adoption of this Section shall be made to meet this requirement when the automatic warning devices are upgraded, improved, or reconstructed.
   g. The beam spread shall be not less than 3 degrees each side of the axial beam under normal conditions. Throughout the beam spread, the intensity of the beam shall not be less than 50% of the intensity at the axis.
   h. Lights shall flash alternately at a minimum rate of 45 flashes per minute and a maximum rate of 65 flashes per minute.
   i. The effective range of flashing lights equipped with 10 volt, 10 watt lamps, or equivalent, burning at rated voltages, shall be not less than 1,000 feet under bright sunlight conditions with the sun at or near its zenith.
4. Highway traffic control signals shall not be used on mainline railroad crossings in lieu of flashing light signals. However, at industrial track crossings and other places where train movements are 10 miles per hour or less, highway traffic control signals may be used in lieu of conventional flashing light signals.
5. Bell warning signals. At least one automatic gong-type bell shall be used with each flashing light signal except on median strip installations.
6. Automatic gate arm signals.
   a. Signals consisting of a combination of flashing lights, bells, and automatic gate shall, when indicating the approach or presence of trains, present towards the highway the appearance of horizontally flashing red lights and of a horizontal arm or arms extending over the traveled roadway a sufficient distance to cover the lane or lanes used by highway traffic approaching the crossing.
   b. Automatic gate arms, when not indicating the approach or presence of trains, shall not obstruct or interfere with highway traffic, except as provided in subsection (B)(6)(d).
   c. Automatic gate arms shall be mounted on posts or housing containing the arm-operating mechanism.
   d. The design of the gate-opening mechanism shall be such as to ensure proper operation during unfavorable weather conditions. In case of power failure, the gate arm shall assume the horizontal position across the roadway.
   e. The mechanism shall be so designed that if the arms, while being raised or lowered, strike or foul an object they will readily stop, and on removal of the obstruction shall assume the position corresponding to the control mechanism.
   f. Each gate arm extending over the roadway shall have three red lights, with lenses not less than 7 inches in diameter, shining in both directions along the roadway, so positioned as to ensure as far as possible, that no vehicle or vehicles standing in the limits of the traffic lane or lanes approaching the crossing can obscure all three lights from the view of the drivers of the following vehicles. The light nearest the tip of each arm shall burn steadily, and the other two lights on each arm shall flash alternately in unison with the flashing lights on the roadside signal mast.
   g. The gate arm shall, on new installations, be striped with 16 inch alternate diagonal reflectorized or fluorescent stripes of red and white.
   h. Circuits for operation of signals shall be so arranged that the flashing lights, gate arm lights, and bell will start to operate at not less than 20 seconds before the arrival of the fastest train at the crossing. All lights shall operate at all times when the gate arm is in a position to obstruct highway traffic. The bell shall sound a warning from the time the signal lights start to operate at least until the gate arm has descended to within 10 degrees of the horizontal position.
   i. Gate arms shall start their downward motion at not less than three seconds after the signal lights start to operate. Gate arms shall reach the full horizontal position before the arrival of the fastest train operated over the crossing and shall remain in that posi-

tion until the rear of the train has cleared the crossing.

j. The bottom of the gate arms when in the horizontal position shall be not less than 3 feet nor more than 4 feet above the crown of the roadway.

k. Gate arms shall operate uniformly, smoothly, and complete all movement without slap or rebound, and be securely held when in the raised position.

7. Maintenance.

a. Metal parts shall be aluminum or painted aluminum, except as provided in subsection (B)(3)(e).

b. All materials and workmanship shall meet or exceed current industry standards in every respect, and every warning signal and sign in all details shall be constructed, installed, and maintained in a satisfactory manner.

c. The railroad shall provide for the maintenance of all grade crossing warning signs and signals. To this end, the railroad shall:

i. Provide for alternate operations of automatically controlled warning signals during periods of failure, either manually or otherwise, as soon as possible after the failure has occurred;

ii. Have skilled maintenance personnel available without undue delay for all emergency calls, including lamp failures;

iii. Provide proper maintenance for all components;

iv. Maintain the appearance of the installation in a satisfactory manner, with particular emphasis on painting and cleaning of optical systems;

v. Inspect warning signals at a frequency of not less than once every 45 days. A written record of inspection shall be retained at the railroad's office within Arizona.

vi. Provide standby equipment at a central location to minimize the interruption of signal operations due to equipment failure or damage.

8. Whistle posts.

a. Whistle posts bearing the letter "X" or "W" shall be located in advance of each public crossing at grade to warn locomotive engineers of the presence of the highway grade crossing, and allow them sufficient time to sound the warning whistle.

b. A person in charge of a railroad locomotive shall, before crossing any traveled public way, cause the bell to ring or a whistle, siren, or other sounding device to sound at a distance of at least 1/4 mile from a crossing and until it is reached.

C. Additional requirements.

1. When necessary to shove a railroad car or cars over a public grade crossing not having automatically controlled crossing signals, employees shall flag the crossing.

2. When, during normal train operations at night, it becomes necessary to block a public grade crossing with standing railroad cars, and the crossing does not have automatically controlled crossing signals, flares, or fusees, shall immediately be placed in the center of the roadway on both sides of the track at not less than 10 feet from the railroad car or cars to warn motorists that the crossing is occupied.

3. Detached railroad cars containing explosive or hazardous materials shall not be left standing on any grade crossing at any time.

4. Before moving onto any public railroad-highway grade crossing, operators of any on-track equipment, including high-rail vehicles, shall ensure that the automatic warning devices are activated or the crossing protected by a flagman. Public grade crossings without automatic warning devices shall be flagged by a flagman.

5. It shall be unlawful for railroad employees to "drop" or "kick" any railroad car or cars containing hazardous materials across a grade crossing in any circumstances or any other railroad car or cars across a grade crossing unless the crossing is flagged by a flagman or traffic is restricted by automatic gate arms.

6. Grade crossing maintenance and repair shall be conducted as follows:

a. Whenever a highway intersects a railroad track at common grade, the appropriate highway authority shall maintain and keep in repair the roadway approaches to within 2 feet of the outside of either rail, and the railroad shall maintain the planking or other materials between the rails and for 2 feet on the outside thereof.

b. At crossing involving more than one track, maintenance by the railroad shall include that portion of the crossing:

i. Between the tracks not exceeding 20 feet from the center of the tracks, and

ii. Two feet on the outside of each of the two outside (field site) rails.

c. Unless the Commission otherwise authorizes, public grade crossings hereafter constructed shall be not less than 24 feet in effective roadway width measured at right angles with the centerline of the roadway.

d. Turnouts, switches, and frogs or bolted rail joints shall be so placed or relocated as to avoid placement in the paved area of a crossing.

e. Materials for permanent repairs on any component of a railroad-highway grade crossing surface shall be of the same type and quality or of equal quality to those which are being repaired or replaced.

f. Temporary repairs shall be made until the arrival of materials necessary for permanent repairs. Temporary repair shall be made within five working days of the date that the railroad is notified of the defect by the Commission. Permanent repairs shall be completed within 90 days from the date of notification.

g. The railroad shall coordinate with the highway authority any road closures and reopenings caused by the maintenance and repair of grade crossing.

h. The railroad shall stencil the AAR/DOT inventory number on all railroad-highway crossings.

7. Blockage of public grade crossing shall be limited as follows:

a. Except as provided in subsections (C)(7)(c) and (d), no railroad shall cause a public grade crossing to be blocked by railroad equipment in excess of 10 continuous minutes.

b. Each period of crossing blockage shall be followed by an interval of time sufficient to allow the passage of waiting traffic.

c. The limitations set forth in subsection (C)(7)(a) do not apply to:

i. Any train continuously moving in the same direction during the entire time it occupies the crossing; and
ii. Blockage caused by wrecks, derailments, acts of nature, mechanical failure, or other emergency conditions.

d. The Commission, after hearing, may grant variances from the limitations set forth in subsection (C)(7)(a), upon proper application by the railroad or appropriate highway authority.

8. A crew member of a train blocking a public crossing shall immediately take all reasonable steps, consistent with the safe operation of such train, to clear the crossing upon receiving information from a peace officer, as defined in A.R.S. Title 13, member of any fire department or operator of an emergency vehicle, as defined in A.R.S. § 28-101.1, that emergency circumstances require the clearing of the crossing.
9. The railroad shall coordinate road closures and reopenings during emergency blockages with the appropriate highway authority.
10. When authorization for preliminary engineering and estimate or any federal-aid funding crossing improvement projects is submitted to the railroad, it shall be completed by the railroad and returned to the Department of Transportation within 60 days.
11. The railroad shall notify the Commission, in writing, within 10 days of both the commencement and completion of the project. The railroad shall tender a statement to the Commission reflecting the Commission's portion of such charges pursuant to A.R.S. § 40-337.02, within 60 days of completion of the project.
12. Federal-aid crossing improvement projects shall be completed within 15 months from the date of the Commission Order.
13. The Commission may approve an exception to any of the requirements of this Section. Such exceptions may be made upon the Commission's own initiative or upon written request from an interested party. Written requests shall contain a statement of the circumstances involved, the nature of the exception desired, and the reasons justifying such an exception. An exception shall be limited to the particular situation described in the written requests.

Historical Note

Former General Order R-5; Former Section R14-5-405 renumbered as Section R14-5-104 effective September 30, 1982 (Supp. 82-5). Amended subsection (H) effective April 16, 1986 (Supp. 86-2). Former Section R14-5-104 repealed, new Section R14-5-104 renumbered from R14-5-101 and amended effective May 28, 1992 (Supp. 92-2). Amended effective May 31, 1996 under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 96-2).

R14-5-105. Railroad Accident/Incident Reports; Investigation

A. Reports by telephone.
1. Railroads shall give the Commission immediate telephone notification of the following classes of accidents/incidents:
a. Accidents resulting in death;
b. Accidents resulting in injury requiring immediate hospitalization;
c. Accidents resulting in damage to railroad property in excess of the amount for which the Federal Railroad Administration requires an accident report to be filed;
d. Accidents or incidents in which any hazardous materials are involved;
e. All public railroad-highway grade crossing accidents;
f. All accidents/incidents involving rail passenger operations.
2. The immediate telephone notification shall include but not be limited to the following:
a. Name of person making the telephonic report;
b. Name of railroad or railroads involved;
c. Location of accident/incident;
d. Number of fatalities;
e. Number of injuries;
f. Number of derailed cars;
g. Generic name or names of the hazardous materials involved, including the name, address, and the telephone number of the shipper.

B. Federal reports of accidents/incidents -- Railroads shall submit to the Commission copies of all accident/incident reports and supplements filed with the Federal Railroad Administration and the Hazardous Materials Regulation Board for accidents/incidents occurring in Arizona. Said reports shall be submitted to the Commission within the time specified for submitting to the Federal Railroad Administration. Said reports shall include:
1. FRA F 6180.54 -- Rail Equipment Accident/Incident Report;
2. FRA F 6180.55 -- Railroad Injury and Illness Summary;
3. FRA F 6180.55a -- Railroad Injury and Illness (Continuation Sheet);
4. FRA F 6180.56 -- Annual Railroad Report of Man-Hours by State;
5. FRA F 6180.57 -- Rail-Highway Grade Crossing Accident/Incident Report;
6. FRA F 6180.45 -- Annual Summary Report of Railroad Injury and Illness;
7. DOT F 5800.1 -- Hazardous Materials Incident Report.

C. Investigations by the Commission.
1. Commission investigators shall investigate accidents, may inspect railroad records, accounts, books, memoranda, correspondence, and other documents, and may examine all lands, buildings, and equipment of railroads. Commission investigators may obtain all relevant information concerning accidents under investigation, make inquiries of persons having knowledge of the facts, conduct interviews, and attend, as observers, hearings or formal investigations by railroads into the causes of accidents. When necessary to carry out an investigation, the Commission may authorize the issuance of subpoenas to require the production of records and the giving of testimony.
2. Whenever necessary, the Commission will schedule a public hearing on an accident.
3. Incomplete or inaccurate reports will be investigated by the Commission. Incomplete or inaccurate reporting practices may be grounds for a public hearing into the matter.
4. Late reports shall be accompanied by a letter of explanation. Late reports may be grounds for a public hearing into the matter.

D. All railroads operating wholly or partially within the state of Arizona shall give the Commission immediate telephone notification of accidents/incidents as prescribed herein. All accidents/incidents not reported in accordance with the provisions of this Section shall be investigated by the Commission.

Historical Note
Former General Order R-6; Former Section R14-5-406 renumbered as Section R14-5-105 effective September 30, 1982 (Supp. 82-5). Amended subsections (A), (B), (D), and (F) effective April 16, 1986 (Supp. 86-2). Amended effective May 28, 1992 (Supp. 92-2).

R14-5-106. Minimum Standards for Cabooses

A. Each railroad operating wholly or partially within the state of Arizona shall hereafter install and maintain minimum standards on cabooses in accordance with this Section.

B. No caboose shall be used in service unless it complies with subsections (C) through (R) of this Section.

C. Construction: Cabooses shall be of either the cupola or bay window type. Cabooses of metal construction shall have wooden or insulated metal floors. A cupola shall not extend inward toward the centerline of the car more than 3 inches from either side of the caboose.

D. Trucks: Trucks shall provide riding qualities at least equal to those of freight type trucks modified with elliptic or additional coil springs or other means of equal or greater efficiency and shall be equipped with steel wheels.

E. Draft gears: Draft gears shall have a minimum travel of 2 1/2 inches and a minimum capacity of 18,000 foot pounds. Draft gears shall be of rubber or a combination of friction and rubber types, or shall have other means of providing equal shock control.

F. Lighting: An adjustable, shielded electric light, or lights, shall be provided for the direct illumination of the caboose desk. A ceiling or wall light, or lights, operable from separate switches shall be provided to otherwise illuminate the caboose interior. The area of the drinking water and lavatory facilities shall be illuminated. The caboose marker, or markers, shall be electrically lighted.

G. Heating: A heating facility shall be maintained and shall be capable of providing a temperature of at least 70 degrees Fahrenheit in a standard caboose.

H. Seats and cushions: Seats and cushions shall be provided with a shock absorbent material initially at least 3 inches in thickness, and backrests shall be of sufficient height to protect the neck and head from injuries. Seats in cupolas shall be of the pullman type and those in bays shall be of the passenger reversible type. The top of said seats shall not be lower than 11 inches nor higher than 9 inches beneath the cupola or bay window sills and no more than 18 inches above the floor or footrest. The backrests shall incline backward to not less than 3 inches nor more than 5 inches from the perpendicular. Subject to the approval of the Commission, seats of different design or materials may be used when such design or materials provide equal or better protection or comfort than those enumerated in this Section.

I. Bunks: Each caboose shall have at least one bunk of not less than 2 feet in width and not less than 6 feet in length which shall be provided with a cushion of the same dimensions made of shock absorbent material initially of at least 3 inches in thickness.

J. Wind deflector: Each cupola side window shall be equipped with a wind deflector.

K. Weatherstripping: Weatherstripping or weatherproof sash shall be installed and maintained at all windows and doors to protect against weather and the seepage of dirt or dust.

L. Window shades: With the exception of windows in bays and cupolas, windows shall be equipped with shades.

M. Stanchions: Stanchions, grab handles, or bars shall be installed at entrances and exits and at other locations within convenient reach of employees moving about the caboose while a train is in motion.

N. Drinking water: Caboose drinking water facilities shall be installed and maintained so as to provide fresh and pure drinking water. Such water facilities shall include individual bottled water containers placed in an ice chest. When ice is used for water cooling purposes, the containers shall be so arranged that the drinking water will not come in contact with the ice. Containers used for storing or dispensing potable water shall be kept clean at all times and shall be subjected to effective bactericidal treatment as often as may be necessary to prevent the contamination of the water so stored and dispensed.

O. Lavatory facilities: Caboose lavatory facilities for washing shall be provided at a location where the use thereof will not result in contamination of the drinking water dispensing system. All cabooses shall have operative toilets which are illuminated, are kept clean and free of noxious odors at all times, and are subjected to effective bactericidal treatment as often as may be necessary.

P. Fire extinguisher: Cabooses used in road service shall be equipped with an effective means of extinguishing minor fires. Such extinguishing agents shall be placed in a readily accessible location and shall be effectively maintained.

Q. First-aid kit: Each caboose shall carry, in a visible and readily accessible place, a plainly marked first-aid kit which shall be so constructed that it and its entire contents are readily removable. The kit shall consist of materials, approved by the railroad's consulting physician, in a weatherproof container with individually sealed packages for each type item. The contents shall be inspected weekly to ensure that expended items are replaced.

R. Maintenance and supplies: Cabooses shall be supplied with fresh water, paper towels, toilet tissue, sanitary drinking cups, fuel, ice as needed, hand soap or other cleaning agents in appropriate dispensers and such other equipment as may be required for service.

S. Conditions arising after departure from terminal: In the event of a failure of required equipment or standards of maintenance occurs in a caboose after it has commenced a move in service, the railroad operating that caboose shall not be deemed in violation of this Section if said failure of equipment or standards of maintenance is corrected at the first point at which maintenance supplies are available, or, in the case of repairs, the first point at which materials and repair facilities are available and repairs can reasonably be made.

T. Exemption: If, in any particular case, an exemption from any of the requirements of this Section is deemed necessary by a carrier concerned, the Commission will consider the application of such carrier for such exemption when accompanied by a full statement of the conditions existing and the reason why such exemption is needed. Any exemption so granted will be limited to the particular case covered by the application.

Historical Note
Former General Order R-7; Former Section R14-5-407 renumbered as Section R14-5-106 effective September 30, 1982 (Supp. 82-5). Correction in heading effective

April 16, 1986 (Supp. 86-2). Amended effective May 28, 1992 (Supp. 92-2).

R14-5-107. Minimum Standards for Locomotives

A. Each railroad operating wholly or partially within the state of Arizona shall hereafter install and maintain minimum standards on locomotives in accordance with this Section.

B. All of the following requirements shall be met:
1. Locomotives used in or through the state of Arizona shall be equipped with an effective means of extinguishing minor fires. Such extinguishing agents shall be placed in a readily accessible location and shall be effectively maintained.
2. Each locomotive shall carry, in a visible and readily accessible place, a plainly marked first-aid kit which shall be so constructed that it and its entire contents are readily removable. The kit shall consist of materials, approved by the railroad's consulting physician, in a weatherproof container with individually sealed packages for each type item. The contents shall be inspected weekly to ensure that expended items are replaced.
3. Each train operated in or through the state of Arizona at a speed in excess of 30 miles per hour shall have at least one locomotive equipped with an operating event recorder. Such event recorders shall be inspected at least once every 90 days and maintained in a fully operative condition.
4. All locomotives shall have operative toilets which are illuminated, are kept clean and free of noxious odors at all times, and are subjected to effective bactericidal treatment as often as may be necessary.
5. Drinking water facilities shall be installed and maintained so as to provide fresh and pure drinking water. Such water facilities shall include individual bottled water containers placed in an ice chest. When ice is used for water cooling purposes, the containers shall be so arranged that the drinking water shall not come in contact with the ice. Containers used for storing or dispensing drinking water shall be kept clean at all times and shall be subjected to effective bactericidal treatment as often as may be necessary to prevent the contamination of the water so stored and dispensed.
6. Locomotives shall be supplied with fresh water, paper towels, toilet tissue, sanitary drinking cups, ice as needed, and such other equipment as may be required for service.

C. A locomotive operating in a controlling position shall have an operating two-way radio that is on a frequency for the railroad being operated on and is capable of contacting the train dispatcher or other responsible railroad personnel.

D. If, in any particular case, an exemption from any of the requirements of this Section is deemed necessary by a carrier, the Commission shall consider the application for such exemption as needed. Any exemption so granted shall be limited to the particular case covered by the application.

Historical Note

Adopted effective September 30, 1982 (Supp. 82-5). Amended subsections (A) and (B) effective April 16, 1986 (Supp. 86-2). Former Section R14-5-107 renumbered to R14-5-102, new Section R14-5-107 adopted effective May 28, 1992 (Supp. 92-2).

R14-5-108. Inspection of property

For the purpose of insuring compliance with safety rules and regulations, the Commission, or any authorized inspector or agent thereof, may, at any time, stop, board, ride, investigate, or inspect any train, locomotive, car, caboose, or any other rolling stock or equipment used by a railroad in the operation of their business.

Historical Note

Former General Order R-9; Former Section R14-5-409 renumbered as Section R14-5-108 effective September 30, 1982 (Supp. 82-5).

R14-5-109. Industrial Track Standards

A. This Section shall be applicable to all industrial track construction, reconstruction, and repair commencing after the effective date of this Section.
1. The industry and the railroad contractor shall be responsible for notifying the Commission in writing prior to the construction, reconstruction, or alteration of industrial track, structures, or facilities adjacent thereto.
2. The proposed design plans of any construction, reconstruction, or alteration of industrial track shall be submitted to the Commission, Railroad Safety Section, Phoenix, Arizona, prior to any construction, reconstruction, or alteration of industrial track.

B. The following construction standards shall apply for all industrial track:
1. Profile:
   a. Maximum grade of any proposed track, as shown on any plan, shall be 2% and shall not be exceeded. At all locations, excessive grades and frequent changes of grade shall be avoided. Where grade line changes, appropriate vertical curves shall be installed.
   b. In cut sections, grade line shall be uniform throughout the cut to facilitate proper drainage. Grades in cuts shall not be less than 3/10% and not more than 1%.
2. Subgrade:
   a. Where soil condition, drainage conditions or amount of traffic justify, the upper portion of the subgrade shall be designed to provide adequate support. Methods of increasing support shall be to provide select material to an adequate supporting depth over the existing subgrade or subgrade stabilization.
   b. The depth of any proposed material shall be specified by the design plans.
   c. The upper portion of any subgrade to be stabilized shall be stabilized by thoroughly mixing suitable chemical additives such as cement, fly ash, or lime with the soil before compaction.
   d. Each layer shall be fully compacted by approved mechanical compacting equipment before the next layer is placed. A fully compacted layer shall have a dry density of at least 95% of the maximum dry density.
   e. Type of soil and soil conditions shall be indicated on any proposed plans along with typical sections showing rail, tie ballast, subballast, and any other appurtenances.
3. Drainage:
   a. Each drainage or other water-carrying facility under or immediately adjacent to the roadbed shall be maintained and kept free of obstruction to accommodate expected water flow for the area concerned.
   b. Every effort shall be made to keep the tracks, roadbed, and walkways properly drained at all times.
4. Ballast:
   a. Ballast material shall conform to the recommended specifications contained in the American Railroad

Engineering Association "Manual for Railway Engineering" (AREA Manual), as amended and revised through July 31, 1990, incorporated herein by reference, on file with the office of the Secretary of State, and copies available from the American Railroad Engineering Association, 50 F Street NW, Washington, D.C. 20001. The gradation of a ballast material shall be a prime consideration in track performance of ballast materials. Ballast material used in industrial tracks shall be not less than 3/4 of an inch to 1 1/2 inches, pursuant to AREA No. 4 gradation in the AREA Manual.

b. Ballast material may be crushed rock, slag, or equally stable material that will provide uniform support to the ties, will drain properly, and is not chemically reactive. The material used for ballast shall not short track signals. Quarried stone or slag produced in a crushing-screening plant shall be preferred when it satisfies all of the following specifications:
   i. A shrinkage factor of 12% to 15% in volume differential from loose to compacted state.
   ii. Processed ballast shall be composed of hard, strong, and durable particles free from excessive amounts of deleterious substances.
   iii. Deleterious substances shall not be present in processed ballast in excess of the following amounts:
      (1) Soft and friable pieces--5%;
      (2) Material finer than No. 200 sieve--1%;
      (3) Clay lumps--1/2%.
   iv. Percentage of wear of processed ballast, tested in the Los Angeles machine, shall not be greater than 40%.
   v. Soundness of processed ballast for use in regions where freezing temperatures are expected shall be such that when tested in the sodium sulfate soundness test, the weighted average loss shall be not in excess of 7% after five cycles.
   vi. Compacted weight of ballast shall be not less than 70 pounds per cubic foot for blast furnace-slag and 90 pounds per cubic foot for all other slags and crushed rock products.
   vii. Flat or elongated particles, particles with length three times greater than average thickness, shall not exceed 5% by weight in the ballast.

c. Prior to installation, the supplier shall provide the railroad or industrial track owner with certified test results of ballast quality and grading.

d. Care shall be used to ensure even distribution of ballast in the track. A minimum ballast depth of 8 inches below the ties shall be acceptable as a subballast base. Ballast shall be inserted under ties in convenient lifts but under not less than two lifts. Proper cross level, line and grade shall be attained on the final lift in accordance with currently accepted practice.

e. Top of track ballast shall be dressed parallel with top of rails to a depth of 1 inch below top of tie extending 6 inches beyond end of tie. Ballast shall be thoroughly tamped for each tie end to 15 inches inside of rail. Centers shall be filled but not tamped. All work of track laying and surfacing shall be of the highest quality in accordance with currently accepted practice.

f. Each owner of the track to which the ballast standards apply shall maintain proper track cross level, surface, and alignment prescribed as follows:
   i. The runoff in any 31 feet of rail at the end of a rise may be not more than 3 1/2 inches.
   ii. The deviation from uniform profile on either rail at the mid-ordinate of a 62-foot chord may be not more than 3 inches.
   iii. Deviation from designated elevation on spirals may be not more than 1 3/4 inches.
   iv. Variation in cross level on spirals in any 31 feet may be not more than 2 inches.
   v. Deviation from zero cross level at any point on tangent or from designated elevation on curves between spirals may be not more than 3 inches.
   vi. The difference in cross level between any two points less than 62 feet apart on tangents and curves between spirals may be not more than 3 inches.
   vii. Alignment may not deviate from mid-ordinate of a 62-foot chord more than 3 inches.

5. The material, preservative treatment, quality control, inspection, and miscellaneous requirements for timber crossties and switch ties shall conform with the recommendations of Chapter 3, "Ties and Wood Preservation" of the AREA Manual and all of the following:
   a. Crossties shall be either hardwood or softwood in accordance with the requirements of this Section.
   b. Wooden crossties shall be new and manufactured from the following kinds of wood: Douglas fir, red oak, white oak, cypress, southern and western pine, elm, hickory, gum, or hemlock.
   c. All wooden ties shall be made from sound, straight live timber and shall be free from any defects that may impair their strength and durability, such as bark, decay, splits, shakes, large or numerous holes or knots, pitch seams, pitch rings, grain with slant greater than 1 in 15, or other imperfections.
   d. All crossties shall be a minimum of 8 feet in length. Ties shall measure 6 inches thick by 8 inches wide on top, AREA No. 6 grade. If a 6-inch wide base rail is used, 7-inch by 9-inch ties shall be required. All crossties shall be branded with the seller's symbol to indicate line end.
   e. Crossties shall be spaced a maximum of 24 inches center to center. Each 39 feet of track shall be supported by a minimum of 19 crossties. The center of the ties shall coincide with the centerline of the track and the ties shall be laid at right angles to the rail with the wide-face up.
   f. Hardwood ties shall be used on all curves of 2 degrees and over. Softwood ties shall be permitted on other curves and tangents.
   g. Ties shall be inspected at suitable and convenient places satisfactory to the railroad or industry owner. Inspection shall include a reasonably close examination of the top, bottom, sides, and ends of each tie. All ties shall be judged independently using the following standards:
      i. Decay shall be the disintegration of the wood substance due to the actions of wood destroying

fungi. "Blue Stain" is decay and shall be permissible in all wood.

ii. A large hole shall be more than 1/2 inch in diameter and 3 inches deep within, or more than 1/4 the width of the surface on which it appears and 3 inches deep outside, the sections of the tie between 20 inches and 40 inches from its middle. Numerous holes shall be any number equaling a large hole in damaging effect. Such holes may be caused in manufacture or otherwise.

iii. Within the rail bearing areas, a large knot shall be one having an average diameter more than 1/3 the width of the surface on which it appears; but such a knot shall be allowed if it is located outside the rail-bearing areas. Numerous knots shall be any number equaling a large knot in damaging effect.

iv. A shake shall be a separation along the grain, most of which occurs between the rings of annual growth.

v. A split shall be a separation of the wood extending from one surface to an opposite or adjacent surface. In unseasoned crossties, a split no more than 1/8 of an inch wide or 4 inches long shall be acceptable. In a seasoned crosstie, a split no more than 1/4 of an inch wide or longer than the width of the face across which it occurs shall be acceptable. In seasoned crossties, a split exceeding the limit shall be acceptable provided split limitations and anti-splitting devices are approved by the buyer and properly applied.

vi. Except in woods with interlocking grain, a slant in grain in excess of 1 inch in 15 inches shall be rejected.

vii. In manufacture:

(1) A tie shall be considered straight:

(a) When a straight line along the top from the middle of one end to the middle of the other end is entirely within the tie; and

(b) When a straight line along a side from the middle of one end to the middle of the other end is anywhere more than 2 inches from the top and the bottom of the tie.

(2) The top and bottom of a tie shall be considered parallel if any difference in the thicknesses at the sides or ends does not exceed 1/8 of an inch.

viii. The lengths, thicknesses, and widths specified shall be minimum for the standard sizes. Ties over 1 inch longer, thicker, or wider than the standard size ordered shall be rejected.

ix. A bark seam or pocket shall be a patch of bark partially or wholly enclosed in the wood. Bark seams shall be allowed provided they are not more than 2 inches below the surface or 10 inches long.

x. Ties with continuous checks appearing on one face only, whose depth in a fully seasoned tie is greater than 1/4 the thickness and longer than 1/2 the length shall be rejected.

h. The maximum distance between non-defective timber crossties shall be 70 inches, center of tie to center of tie.

i. A timber crosstie shall be considered defective when it is all of the following:

i. Broken through;

ii. Split or otherwise impaired to the extent that it will not hold spikes or will allow ballast to work through;

iii. So deteriorated that the tie-plate can move laterally more than 1/2 of an inch relative to the crossties;

iv. Cut by the tie-plate through more than 40% of its thickness; and

v. Not spiked as required by this Section.

j. Industry track shall have at least one non-defective crosstie whose centerline is within 18 inches of the rail joint location.

k. Used crossties, although not recommended, may be used subject to prior approval from the Commission.

l. Treated tie plugs of proper size shall be used to fill holes tightly and driven into old spike holes of used ties. Approved granular tie plug material may be used in lieu of treated tie plugs.

6. Switch ties:

a. Switch ties shall be new and shall be hardwood in accordance with the requirements of this Section. Switch ties shall be located as shown on the turnout plans.

b. All switch ties shall be 7 inches thick by 9 inches wide in cross section. Switch tie length shall be as indicated on the turnout plans in 1 foot increments.

c. All switch ties shall be sawed top, bottom and sides, cut square at the ends, have top and bottom parallel, and have bark entirely removed.

7. Tie plates:

a. Tie plates shall be placed under each rail at every tie. The tie plates shall be placed with the shoulder squarely against the rail.

b. No crooked tie plates shall be permitted. Each tie plate shall be of proper design to fit the rail section being used.

8. Rail:

a. All rail used in industrial track construction shall weigh a minimum of 90 pounds per yard. The majority of rails used shall be a minimum of 30 feet in length, with no more than 20% of varying lengths down to 24 feet, except as required in switches.

b. Rail shall be laid with joints staggered so that joints on one side will not be more than 4 feet from center of the opposite rail. The best running side of the relay railhead shall form the gage side of the rail as laid.

c. Rails shall be new or equal to No. 2 relay rail or No. 3 relay rail as per the AREA Manual recommendations for rail grading classifications. Overflow on one or both sides shall be less than 1/4 of an inch. Base shall be solid and free of visual defects with only minor pitting. Relay rail shall be considered to be used material.

d. The bottom of rail, tie plate, and top surface of tie shall be clean and smooth to provide for full bearing for rails and tie plates.

e. The use of a torch for cutting track rail, except for field welds or for burning bolt holes shall be prohibited. A rail saw or rail chisel properly and expertly used for cutting and a hand or power rail drill for boring holes shall be employed. All chips and burrs shall be removed and all drilled holes shall be peened. The bolt hole shall conform to the standard plans.
f. Angle bars of approved design shall be properly fitted against the rail and properly bolted. Each joint shall be bolted with at least two bolts through each rail end. Joint bars cracked or broken through between the middle two bolts shall be replaced. Compromise and insulated joint bars of proper design shall be used where rail size and conditions dictate. Track bolts, of proper size, fitted with approved spring washers, shall be fully tightened to proper tension.

9. Spiking:
a. Each rail will be spiked with two spikes per tie plate on tangent track, staggered with inside spikes to the east or north, outside spikes to the west or south.
b. Spikes shall be 5/8 of an inch wide by 6 inches long.
c. Track spikes shall be started and driven vertically with face shank in contact with the rail so that the face of the spike shall have full hold on rail base. Damage to tie timber fiber shall be minimized.
d. Spikes shall not be struck after head is down to snug contact with the railbase. Care shall be taken not to overdrive spikes and rail shall not be gouged or struck with spike maul or other tool.
e. In the construction of road crossings and turnouts, line spikes and hold down or anchor spikes shall also be used throughout the crossing and turnout closure rails. Hold down or anchor spikes shall be used on curves of 5 degrees or more.

10. Gage:
a. Gage is measured between the heads of the rails at right angles to the rails in a plane 5/8 of an inch below the top of the railhead.
b. In new industrial construction the rails shall be gaged to 4 feet 8 1/2 inches.
c. Rail gage shall be maintained at not less than 4 feet 8 inches, nor more than 4 feet 9 3/4 inches for both curved and tangent track.

11. Rail anchors:
a. 16 anchors per 39 feet of track shall be used, and 4 nonconsecutive ties shall be box-anchored per rail.
b. Anchors shall be used throughout the turnout area. The same tie shall be box-anchored across.
c. Anchors shall not be placed on joint ties or ties adjacent to joint ties.
d. Additional anchors shall be applied where longitudinal rail movement needs to be effectively controlled.

12. Gage rods:
a. Gage rods may be used on curves where it is difficult to maintain gage.
b. On curves between 7 degrees and 10 degrees, 4 gage rods per 39-foot panel shall be installed and on curves between 10 degrees and 12 degrees, 5 gage rods per 39-foot panels shall be installed.

13. Switches:
a. Each stock rail shall be securely seated in switch plates, but care shall be taken to avoid canting the rail by overtightening the rail braces.
b. Each switch point shall fit its stock rail properly, with the switch stand in either of its closed positions to allow wheels to pass the switch point. Lateral and vertical movement of a stock rail in the switch plates or of a switch plate on a tie shall not adversely affect the fit of the switch point to the stock rail.
c. Each switch shall be maintained so that the outer edge of the wheel tread cannot contact the gage side of the stock rail.
d. The heel of each switch rail shall be secure and the bolts in each heel shall be kept tight.
e. Each switch stand and connecting rod shall be securely fastened and operable without excessive lost motion.
f. Unusually chipped or worn switch points shall be repaired or replaced. Metal flow shall be removed to ensure proper closure.
g. The railroad shall be responsible for the installation and maintenance of switches connecting industrial track to railroad track facilities.
h. Owners of industrial switches shall be responsible for the installation and maintenance of their switches.
i. "Run-through" or damaged switches shall be repaired immediately.

14. Derails:
a. Derails shall be installed where grade or other conditions indicate the need.
b. Derails shall be installed so that derailed cars will not foul or damage adjacent track or railroad structures.
c. Derail signs shall be clearly visible.
d. When in a locked position, the derail shall be free of lost motion which will allow it to be operated without removing the lock.

15. Car stops or bumping posts:
a. Car stops or bumping posts shall be installed at the end of all industry spur tracks.
b. Car stops or bumping posts may be of any design that will adequately stop a car without damaging the car, such as, "wheelstops", "drawbar stop", or "earth-tie stop".

Historical Note
Adopted effective May 28, 1992 (Supp. 92-2).

R14-5-110. Walkway and Clearance Standards

A. The following shall be the standards for all walkways.
1. Walkways shall be provided adjacent to tracks in all areas where railroad or industrial employees are required to perform trackside duties.
2. Walkways shall be:
a. A uniform regular surface with a gradual slope not to exceed 1 inch rise in 8 inches;
b. Kept clean and free of weeds, debris and other materials or equipment that might tend to interfere with the footing of railroad or industrial employees performing trackside duties; and
c. Constructed and maintained to ensure proper drainage and prevent pooling of water, oil, or other liquids.

3. In areas where heavy foot traffic exists, such as train yards and manually operated switches, the uniform surface material used shall be no larger than 3/8 inch fines.
4. Applicable walkway measurement and clearance standards contained in Appendices 1 through 6 shall be met.
5. The center of tracks shall be kept clean and free from all foreign materials that tend to build up between rails causing poor footing and a deterioration of track components.
6. Walkway standards shall not apply to any of the following:
   a. Tracks in streets or tunnels, existing bridges, grade separation structures, railroad-highway crossings, existing trestles, cattle guards, and tracks adjacent to walks, abutments, platforms, pillars, and structures where minimum widths are otherwise provided;
   b. Tracks within cities, towns, populated or congested areas where there is insufficient width of right-of-way, except that standards shall apply to the full width of right-of-way available; and
   c. Tracks during periods of damage or obstruction due to heavy rain or snow, derailments, rock and earth slides and other abnormal periods. Walkways shall be brought back into compliance with this Section within 30 days after the damage or obstruction occurred.

B. The following shall be the clearance standards:
1. Minimum overhead and side clearances as prescribed in this Section may be decreased to the extent defined by the half circumference of a circle having a radius of 8 feet, 6 inches and tangent to a horizontal line 22 feet above the top of rail at a point directly above the centerline of track, except that for tunnels and through bridges, such radius may be 8 feet. The requirements contained in Appendix 7 also shall be met.
2. Minimum overhead clearance above the top of rail shall be 22 feet except as follows:
   a. Clearance may be reduced to 18 feet if the track terminates inside a building and all cars, locomotives, or other equipment are brought to a stop before entering the building.
   b. Clearance shall conform to the requirements specified in the National Electrical Safety Code (ANSI C2-1990) pertaining to the installation and maintenance of electrical supply and communication lines, published by the Institute of Electrical and Electronic Engineers, Incorporated (approved on June 26, 1989), incorporated herein by reference, on file with the Office of the Secretary of State, and copies available from 345 East 47th Street, New York, N.Y., 10017.
   c. Overhead clearances authorized in this subsection are applicable to tracks on which rail cars having a height of 15 feet 6 inches or less are transported. If rail cars of a height greater than 15 feet 6 inches are transported or proposed to be transported, minimum overhead clearance shall be increased by the amount of not less than such additional height, provided that such cars are exempt from this subsection when the top running boards have been removed, ladders and hand brakes lowered, car painted, stenciled, and otherwise modified in compliance with provisions of 49 CFR 231, as amended and revised through October 1, 1989, incorporated herein by reference, on file with the Office of the Secretary of State, and copies available from the United States Government Printing Office, P.O. Box 371975M, Pittsburgh, Pennsylvania 15250-7975.
   d. Rotary dumpers used in the unloading of open top cars shall be exempt from the provisions of this Section.
3. Minimum side clearance from centerline to tangent standard gage track to obstruction shall be 8 feet 6 inches except as follows:
   a. For platforms:
      i. Platforms 8 inches or less above the top of rail shall be 4 feet 8 inches from centerline of track.
      ii. Platforms 4 feet or less above the top of rail shall be 7 feet 3 inches from centerline of track.
      iii. Stepped platforms combining two or more of the platform clearances described in subdivisions (i) and (ii) of this subsection shall not be permitted.
      iv. Existing platforms may be extended at existing clearance, provided that such clearance, unless otherwise permitted by this Section, shall not be less than 6 feet 6 inches from the centerline of track.
   b. Mail cranes shall be exempt from the provisions of this Section.
   c. All poles shall be a minimum of 8 feet 6 inches from the centerline of track, except that 10 feet shall be recommended where possible.
   d. Minimum clearance for through bridges supporting track and tunnels shall be 8 feet from the centerline of track.
   e. Minimum clearance for handrails on bridges with walkways shall be 7 feet 6 inches from the centerline of track, except that the railroad may require clearances in excess of this minimum when the railroad deems it necessary.
   f. Water barrels and refuge platforms shall be 4 feet above the top of rail and 8 feet distant laterally from the centerline of track.
   g. For block signals and switch stands:
      i. Block signals and switch stands shall be 3 feet or less above the top of rail and located between tracks. Where not practicable to provide clearances otherwise prescribed in this Section, they shall be a minimum of 6 feet from the centerline of track.
      ii. All other block signals and switch stands shall be a minimum of 8 feet 6 inches from the centerline of track.
   h. Water columns and oil columns shall be a minimum of 8 feet from the centerline of track.
   i. Cattle guard fencing shall be a minimum of 6 feet 9 inches from centerline of track; except that existing cattle guards less than 6 feet 9 inches from the centerline of track may be maintained at existing clearance if such clearance does not extend beyond a line extending diagonally upward from a point level with the top of rail and 5 feet 10 inches distant laterally from the centerline of track to a point 4 feet above top of rail and 8 feet distant laterally from the centerline of track.
   j. Log rollways may be constructed and maintained with impaired clearances when adjacent to tracks operated exclusively for logging purposes.

k. Clearances into shops and buildings where freight cars are spotted for repairs shall be a minimum of 7 feet 8 inches from the centerline of track.
l. For fences and gates:
i. The minimum distance between a fence and the centerline of track shall be not less than 8 feet 6 inches, except that where conditions permit, 10 feet shall be required.
ii. Fences topped with barbed wire shall have vertical arms or the arms shall be turned outward away from track, if necessary to maintain minimum clearances as prescribed herein.
iii. Gates shall be secure and shall be maintained in a condition that will allow for easy opening by one person. Gates, in the open position, shall be at least 8 feet 6 inches from the centerline of track.
iv. Mechanical means shall be provided to prevent gates from swinging closed while switching operations are being performed.
m. All minimum side clearances prescribed herein are for tangent track. All structures adjacent to curved track shall have a minimum side clearance 1 foot greater than the equivalent minimum side clearance for tangent track. Where space is limited, the minimum side clearance for structures adjacent to track of not over 12 degrees curvature shall be the same as for tangent track, but if over 12 degrees curvature, 1/4 of an inch shall be added to the equivalent minimum side clearance for tangent track for each degree of the curve. Where track contains superelevation, minimum side clearances shall be increased as necessary to give the equivalent clearances based on tangent track.
n. Minimum side clearances authorized in this subsection are applicable to tracks on which freight cars having a maximum overall width not greater than 10 feet 10 inches are transported. On tracks over which freight cars of greater width are transported, such minimum side clearance shall be increased by not less than 1/2 of such additional width.

4. The minimum distance between the centerlines of parallel standard gage railroad tracks, which are used or proposed to be used for transporting freight cars, shall be 14 feet, except as follows:
a. The centerline of any standard gage track, except a main track, parallel and adjacent to a main track, shall be at least 15 feet from the centerline of main track.
b. The centerline of any standard gage ladder track, constructed parallel to any other track, shall have a clearance of not less than 20 feet from the centerline of other track.
c. Minimum clearance between the centerline of parallel house or industry tracks shall be 13 feet, except that railroads may require clearances in excess of this minimum when conditions so warrant.
d. Minimum-clearance between centerlines of two parallel team tracks shall be 13 feet, except that railroads may require clearances in excess of this minimum.
e. Minimum clearances prescribed herein are applicable only to tracks on which freight cars having a minimum overall width of 10 feet 10 inches are transported. On track over which freight cars of greater width are transported, minimum distance shall be increased by an amount equal to 1/2 such additional width.
f. Existing tracks may be maintained, reconstructed, or extended at centers in existence as of the effective date of the Section.

5. For track occupying or adjacent to public roadways:
a. Requirements for track occupying a public roadway shall be considered individually by the Commission.
b. Track adjacent to a public roadway shall have a minimum clearance of 10 feet from the centerline of track to the face of curb or edge of roadway. Railroad maintenance roads shall be exempt from the provisions of this subsection.

6. For roadway structures over or under railroad track:
a. Overhead roadway structures shall be a minimum of 23 feet above top of rail, except that overhead clearances greater than 23 feet may be approved when justified on the basis of railroad electrification.
b. Roadway structures beneath railroad track shall have a minimum clearance of 15 feet above the surface of the roadway or, if additional clearance is required, as determined by the Commission after public hearing.

7. The general clearance requirements shall be:
a. No merchandise, materials, equipment, or other articles shall be placed either on the ground or on a platform adjacent to any track at a distance less than 8 feet 6 inches from the centerline of track. A suitable line or other marker shall be maintained on all platforms at a distance of 8 feet 6 inches from the centerline of track to indicate minimum clearance for the articles.
b. Nothing herein shall be considered as preventing the movement of special work equipment or cars, except that such operations shall be conducted in a safe manner.

8. For impaired clearance signs:
a. Impaired clearance signs shall be of sufficient size to accommodate any wording prescribed by the Commission. The letters of said wording shall be at least 2 1/2 inches in height with a 1/2 of an inch black stroke on a fluorescent white background. In the event the Commission does not specify said wording, railroads may use their own wording for such warning signs.
b. Impaired clearance signs shall be located at no less than 8 feet 6 inches from the centerline of track, shall be in a position to be clearly visible to approaching train crews.

C. All railroads operating wholly or partially within the state of Arizona shall comply with the requirements of this Section in all construction, reconstruction, or modification of track or railroad facilities performed subsequent to the effective date of this Section.

D. Existing track, walkways, or railroad facilities may be maintained at existing clearances, except that such track, walkways, or railroad facilities shall not jeopardize the safety of railroad employees, industrial employees, or the general public.

E. Except as provided for in subsection (B)(4)(f) of this Section, all applications for exemption from any of the requirements of this Section shall be approved by the Commission prior to construction, reconstruction, or modification of track or railroad facilities adjacent thereto. An application for exemption shall:

1. Be submitted to the Railroad Safety Section, Arizona Corporation Commission;
2. Contain the full name and address of the applicant and the nature of the applicant's business;
3. Set forth the reason and the extent for which relief is sought;
4. Include sufficient information to support and justify the exemption; and,
5. If necessary, include engineering drawings to further clarify the application.

Historical Note
Adopted effective May 28, 1992 (Supp. 92-2).

R14-5-111. Crew Requirements

A. Railroads operating within Arizona shall maintain a minimum of two operating employees in the control compartment of the lead locomotive unit of a train.

B. Compliance with subsection (A) of this Section shall not be required during switching operations, while moving cars for inspection purposes, or while performing setouts in conjunction with road service.

Historical Note
Adopted effective May 28, 1992 (Supp. 92-2).

R14-5-112. Reserved

R14-5-113. Hazardous Materials

A. All railroad operations which engage in the loading of railroad freight cars for the purpose of transporting hazardous materials by rail in and through Arizona shall be governed by all of the following:
1. The material to be transported shall be authorized for transportation in freight cars. The freight car selected shall be compatible with the lading and be authorized for the commodity by the United States Department of Transportation. All fittings, tank, and safety appurtenances shall be in proper condition for the safe transportation of the product.
2. Loading operations shall be performed only by persons properly instructed in loading hazardous materials and made responsible for careful compliance with 49 CFR 174.67, as amended and revised through November 1, 1989, incorporated herein by reference, on file with the Office of the Secretary of State and copies available from the United States Government Printing Office, P.O. Box 371975M, Pittsburgh, Pennsylvania 15250-7975.
3. Hand brakes shall be set and wheels blocked on all cars to be loaded.
4. Caution signs shall be so placed on the track or cars to give necessary warning to persons approaching the cars from the open end of a siding and shall be left in place until after the cars are unloaded or loaded and disconnected from the loading or unloading connection. The signs shall be of metal or other comparable material, at least 12 inches high by 15 inches wide in size, and bear the words, "STOP--Freight Car Connected", or "STOP--Men at Work", the word "STOP" being in letters at least 4 inches high and other words in letters at least 2 inches high. The letters shall be white on a blue background.
5. Loading connections shall be securely attached to inlet pipes and other fittings before any discharge valves are opened.
6. Freight cars shall not be allowed to stand with connections attached after loading is completed. Throughout the entire period of loading, and while the car is connected to the loading device, the car shall be attended by the loader.
7. If necessary to discontinue loading a freight car for any reason, all loading connections shall be disconnected. All valves first shall be tightly closed, and the closures of all other openings securely applied.
8. As soon as a freight car is completely loaded, all valves shall be made tight, the loading connections shall be removed, and all other closures made tight, except that heater coil inlet and outlet pipes shall be left open for drainage. The manhole cover shall be re-applied by the use of a bar or wrench, the outlet valve reducer and outlet valve cap replaced by the use of a wrench having a handle at least 36 inches long, and the outlet valve cap plug, end plug, and all other closures of openings and of their protective housings shall be closed by the use of a suitable tool.
9. Railroad defect cards shall not be removed.
10. If oil or gasoline has been spilled on the ground around connections, it shall be covered with fresh dry sand or dirt.
11. All tools and implements used in connection with loading shall be kept free of oil, dirt, and grit.

B. Placarding shall be as follows:
1. When lading requiring placarding in compliance with provisions of 49 CFR 172.500(c), as amended and revised through November 1, 1989, incorporated herein by reference, on file with the Office of the Secretary of State, and copies available from the United States Government Printing Office, P.O. Box 371975M, Pittsburgh, Pennsylvania 15250-7975, is loaded in a freight car, it shall be the responsibility of the person loading the freight car to affix the prescribed number and type of placards to the freight car.
2. The freight car shall be equipped with at least 4 metal placard holders which are suitable for service.
3. Placards affixed to hazardous materials freight cars shall be in a condition so that the format, legibility, color, and visibility are not substantially reduced due to damage, deterioration, or obscurement by dirt or other matter.

C. The accumulation of static electricity during the loading or unloading of freight cars with flammable liquids or flammable compressed gases shall be prevented by providing a means of grounding the freight car body to a suitable location using a grounding device capable of conducting static electricity away from the freight car and the loading or unloading appliances and appurtenances.

D. For rail bonds and insulated joints:
1. Rail shall be adequately bonded at each joint upon which railroad equipment may stand while flammable liquids or flammable gases are being transferred.
2. Insulated rail joints shall be installed to electrically separate the loading or unloading track section from all other track rails.
   a. Insulated rail joints shall be applied only to rail having sawed ends.
   b. Insulated rail joints shall not be applied to rails covered with scale, dirt, or other foreign matter; to rails with battered ends; or when the opening between rail ends is greater than 3/8 of an inch.
3. An emergency transfer of flammable liquids or flammable gases that must be performed in conjunction with a hazardous material incident shall be exempt from Rail Bonding and Insulated Joint requirements, provided other

means, such as ground rods, are utilized to ground the containers and transfer appliances.

E. A derail shall be used to prevent the intrusion into an area where freight cars are being loaded or unloaded with a hazardous material. This device shall be kept in "derailing" position and locked with an effective locking device while freight cars are connected for loading or unloading. The key for the lock used to immobilize the derailing device shall be maintained in the care of the person who is in charge of the freight cars being loaded or unloaded.

F. Placarded freight cars which contain hazardous materials shall not be left to stand in populated areas for the purpose of constructive placement where the freight car is not under the direct supervision, observation, or control of the railroad carrier.

G. Rail carriers shall be prohibited from allowing freight or freight cars carrying hazardous materials to be constructively placed or otherwise withheld from their destination at other than an Environmental Protection Agency-approved transfer facility. For the purposes of this subsection, "transfer facility" shall mean any transportation-related facility including loading docks, parking areas, and other similar areas where shipments of hazardous materials are held during the normal course of transportation.

H. All railroad operations that engage in the unloading of railroad freight cars for the purpose of transporting hazardous materials by rail in and through Arizona shall be governed by 49 CFR 174.67, as amended and revised through October 1, 1989, incorporated herein by reference, on file with the Office of the Secretary of State, and copies available from the United States Government Printing Office, P.O. Box 371975M, Pittsburgh, Pennsylvania 15250-7975, all being regulations of the Federal Railroad Administration, United States Department of Transportation, Railroad Safety regulations.

Historical Note
Adopted effective May 28, 1992 (Supp. 92-2).

R14-5-114. End-of-train Device
Any railroad carrier subject to the provisions of 49 CFR 221, amended and revised through October 1, 1989, incorporated herein by reference, on file with the Office of the Secretary of State, and copies available from the United States Government Printing Office, P.O. Box 371975M, Pittsburgh, Pennsylvania 15250-7975, operating trains outside of yard limits without an occupied caboose at the rear of the train shall have an operable end-of-train device capable of activating the train's emergency air brake system electronically from the control panel of the locomotive controlling the train.

Historical Note
Adopted effective May 28, 1992 (Supp. 92-2).

R14-5-115. Train Composition
All carriers operating within the state of Arizona shall strictly adhere to their respective instructions relative to "train makeup" or "special car handling instructions" as promulgated in the current timetable or other operating department special instructions.

Historical Note
Adopted effective May 28, 1992 (Supp. 92-2).

R14-5-116. Civil Penalty

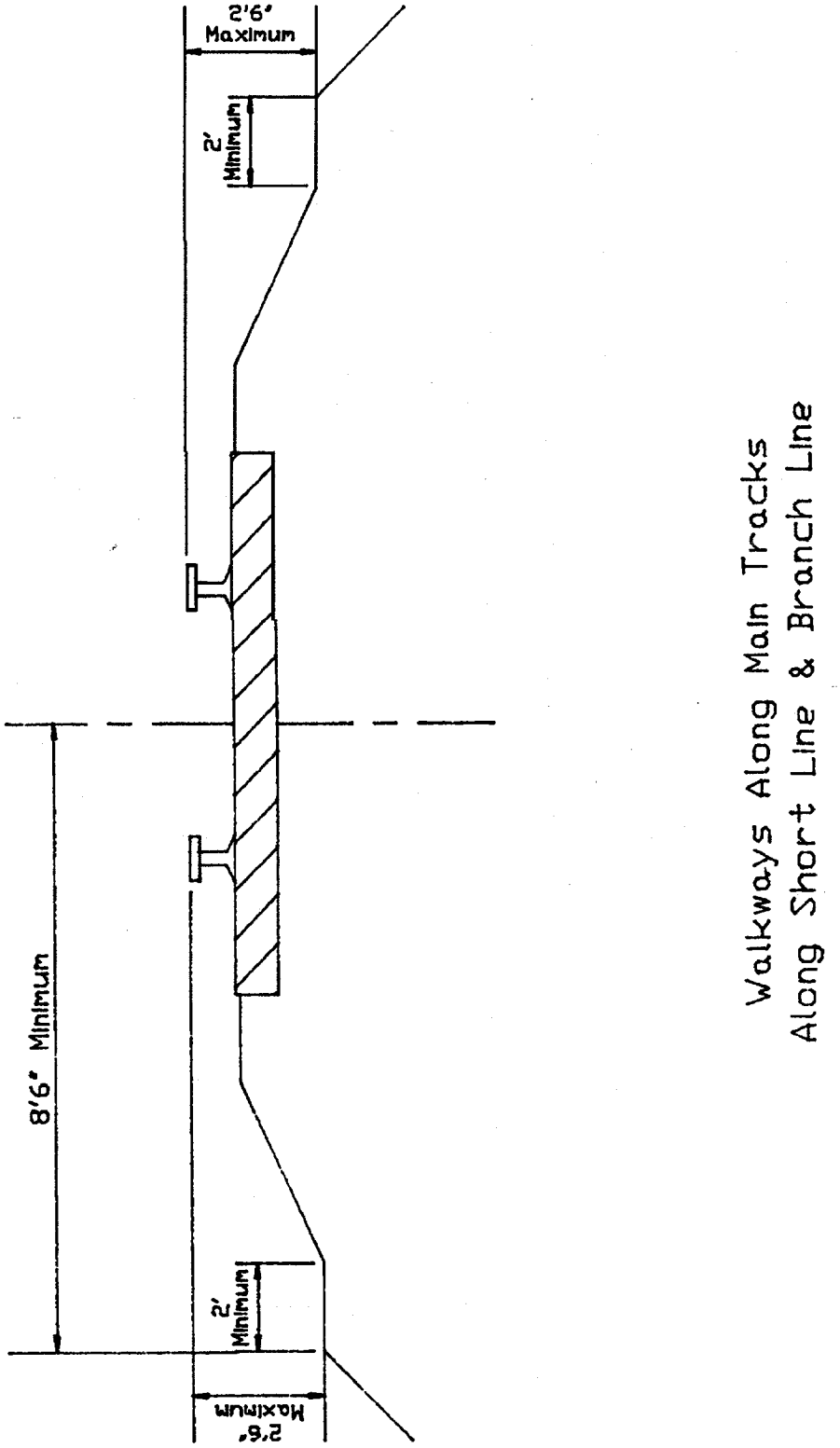
A. Any person, firm or corporation violating any provision of this Article or Order adopted pursuant to this Article pertaining to railroad safety and the transportation of hazardous materials by rail shall be subject to a civil penalty not to exceed $2,000 for each violation with each day constituting a separate violation. In no event shall the maximum civil penalty exceed $200,000 for any related series of violations. The penalties described in this subsection shall not apply to R14-5-102.

B. Any civil penalty pertaining to railroad and rail hazardous materials transportation safety may be compromised by the Commission. In determining the amount of the penalty, or the amount agreed upon in compromise, the appropriateness of the penalty to the size of the business of the person, firm or corporation charged, the gravity of the violation and the good faith of the person, firm, or corporation charged in attempting to achieve compliance, after notification of a violation, shall be considered by the Commission. The amount of the penalty, when finally determined, or the amount agreed upon in compromise, may be deducted from any sums owed by the state of Arizona to the person, firm, or corporation charged or may be recovered in a civil action in the Superior Court of the state of Arizona.

C. The Commission may avail itself of any other authority or remedies available under the Constitution of Arizona and the Arizona Revised Statutes to effect the purpose of this Article.

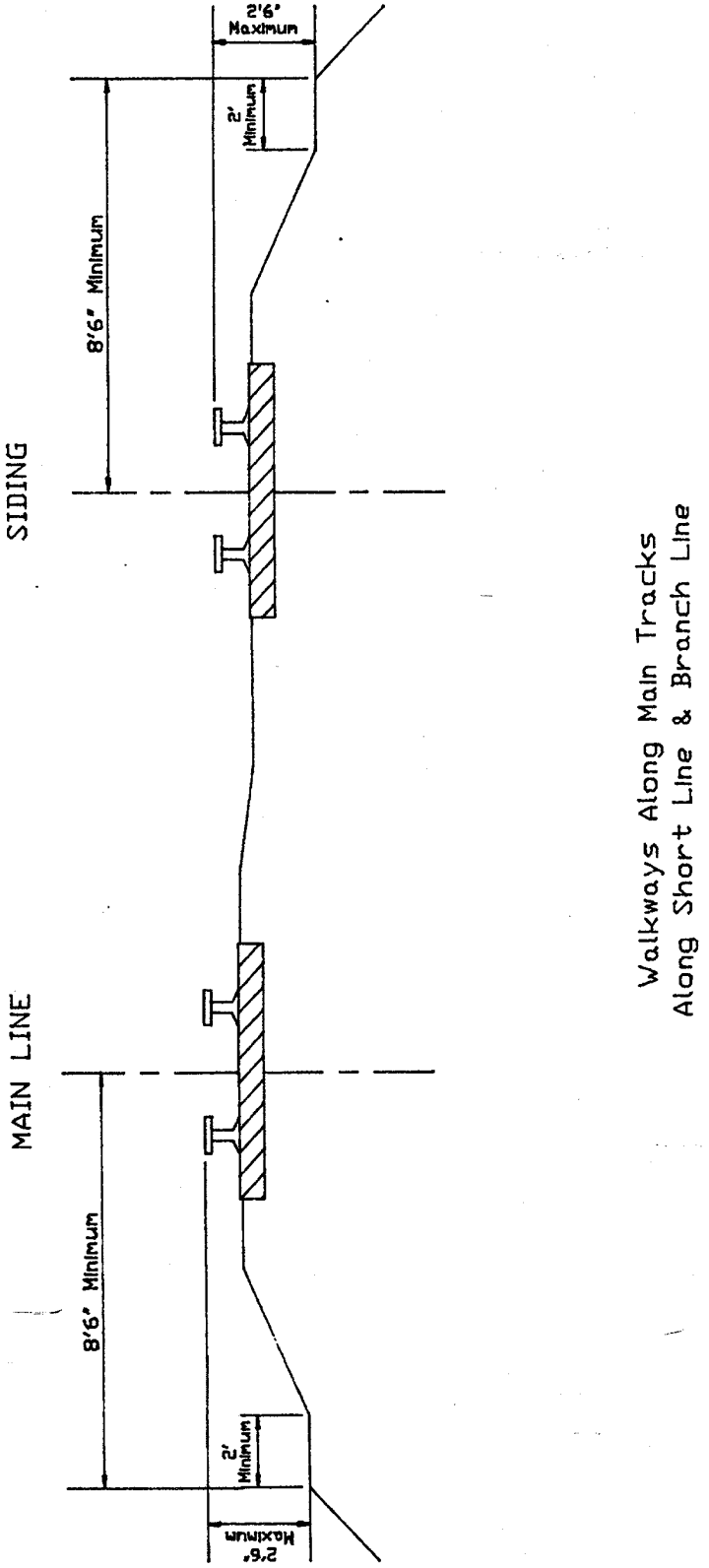
Historical Note
Adopted effective May 28, 1992 (Supp. 92-2).

Appendix 1. Walkways Along Main Tracks Along Short Line & Branch Line - One Track



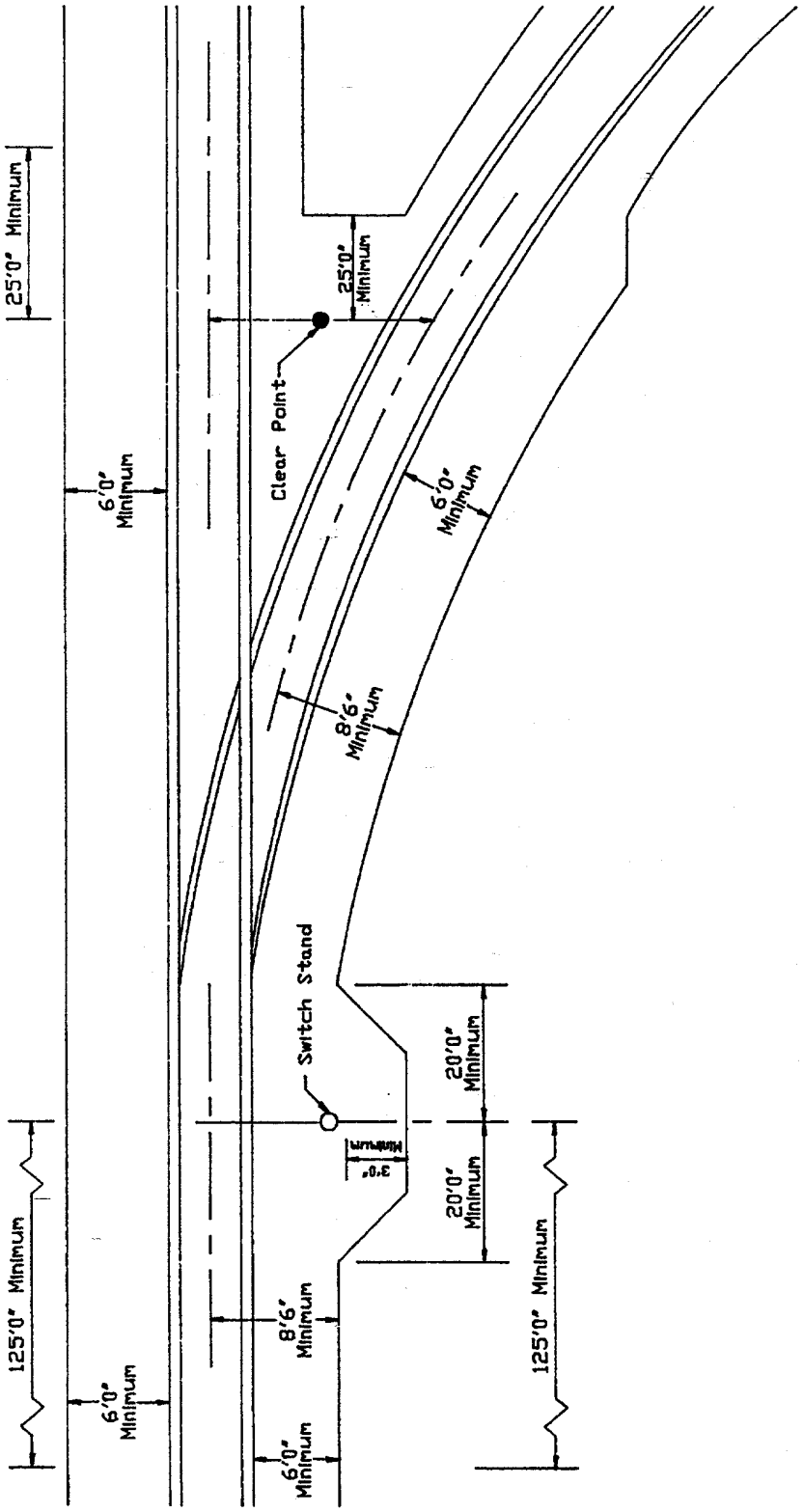
Historical Note
Adopted effective May 28, 1992 (Supp. 92-2).

Appendix 2. Walkways Along Main Tracks Along Short Line & Branch Line - Two Tracks



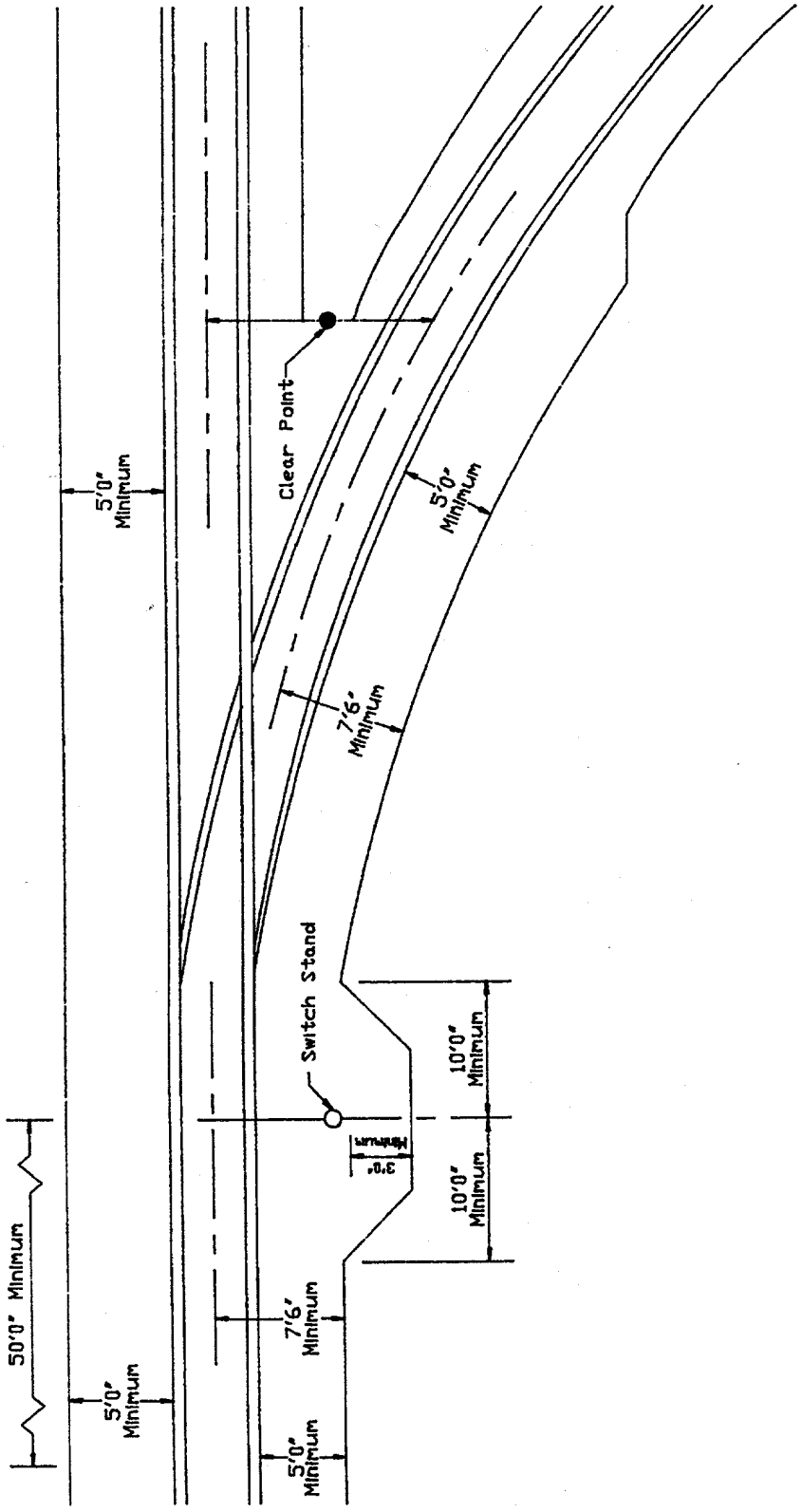
Historical Note
Adopted effective May 28, 1992 (Supp. 92-2).

Appendix 3. Walkways at Main Line Switches Entering Yards and Serving Industry Tracks Except as Provided in Standard No. 4 - Walkways to be Level with Ties



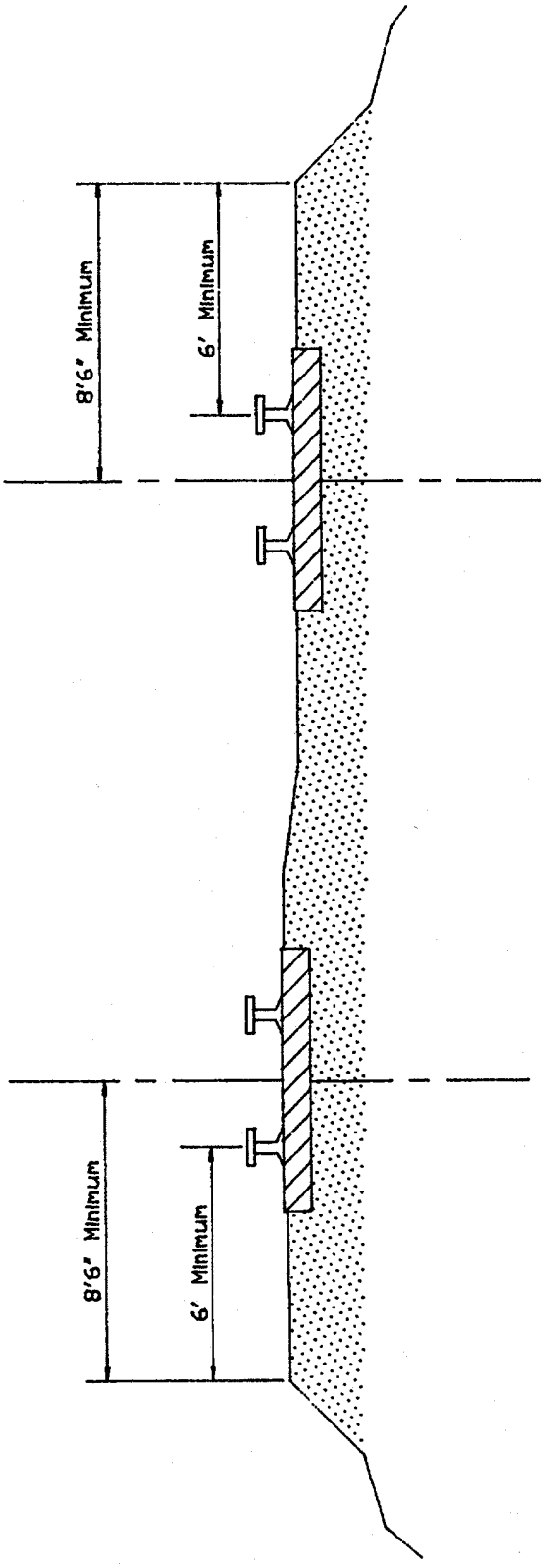
Historical Note
Adopted effective May 28, 1992 (Supp. 92-2).

Appendix 4. Walkways Where Switches are Power Operated



Historical Note
Adopted effective May 28, 1992 (Supp. 92-2).

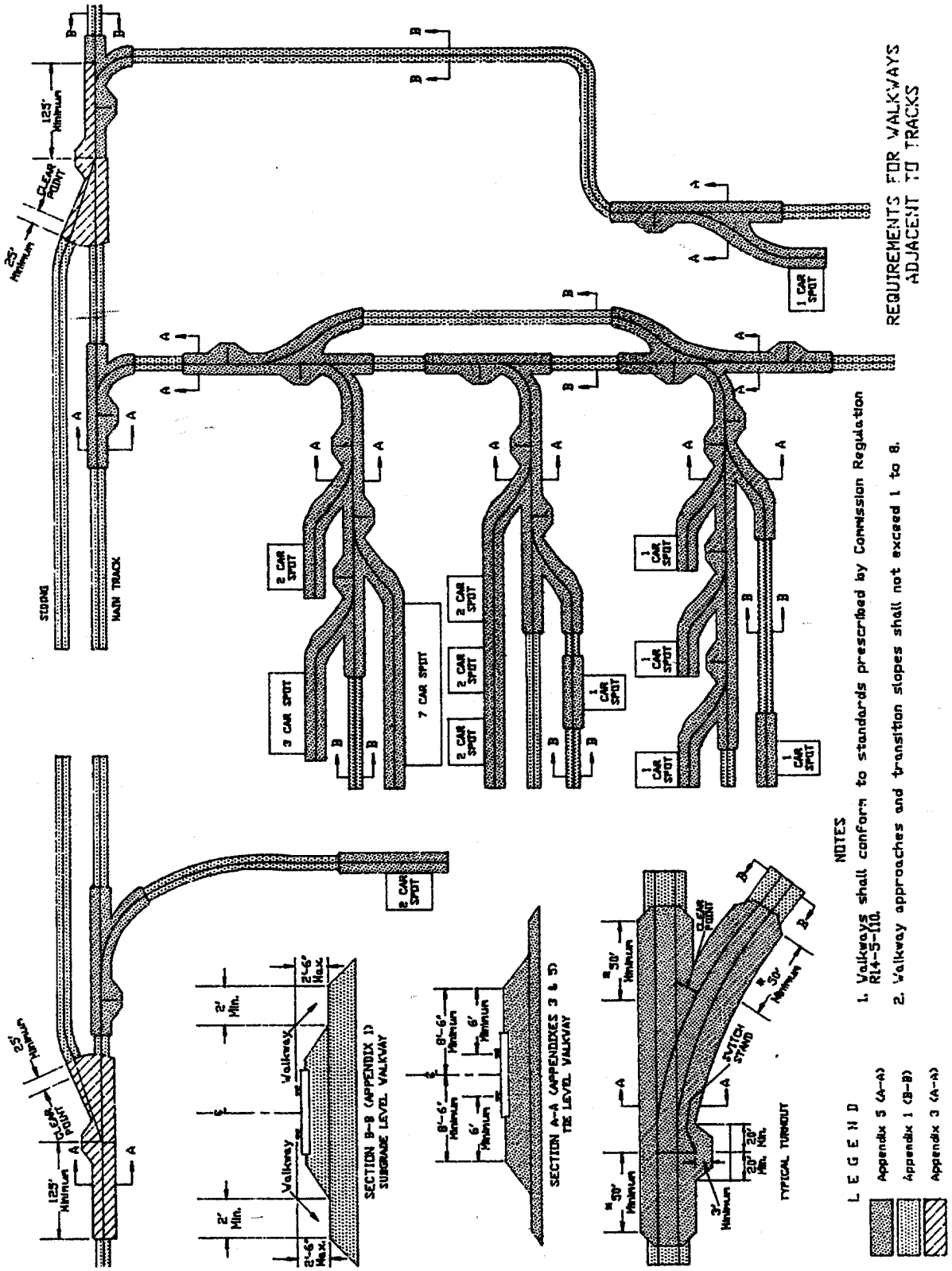
Appendix 5. Walkways in Yards and Points Where Industrial Switching is Performed But Not Less Than 50 Feet in Advance of Switch



Walkways in Yards and Points Where Industrial Switching is Performed, But Not Less Than 50 Feet in Advance of Switch

Historical Note
Adopted effective May 28, 1992 (Supp. 92-2).

Appendix 6. Requirements for Walkways Adjacent to Tracks

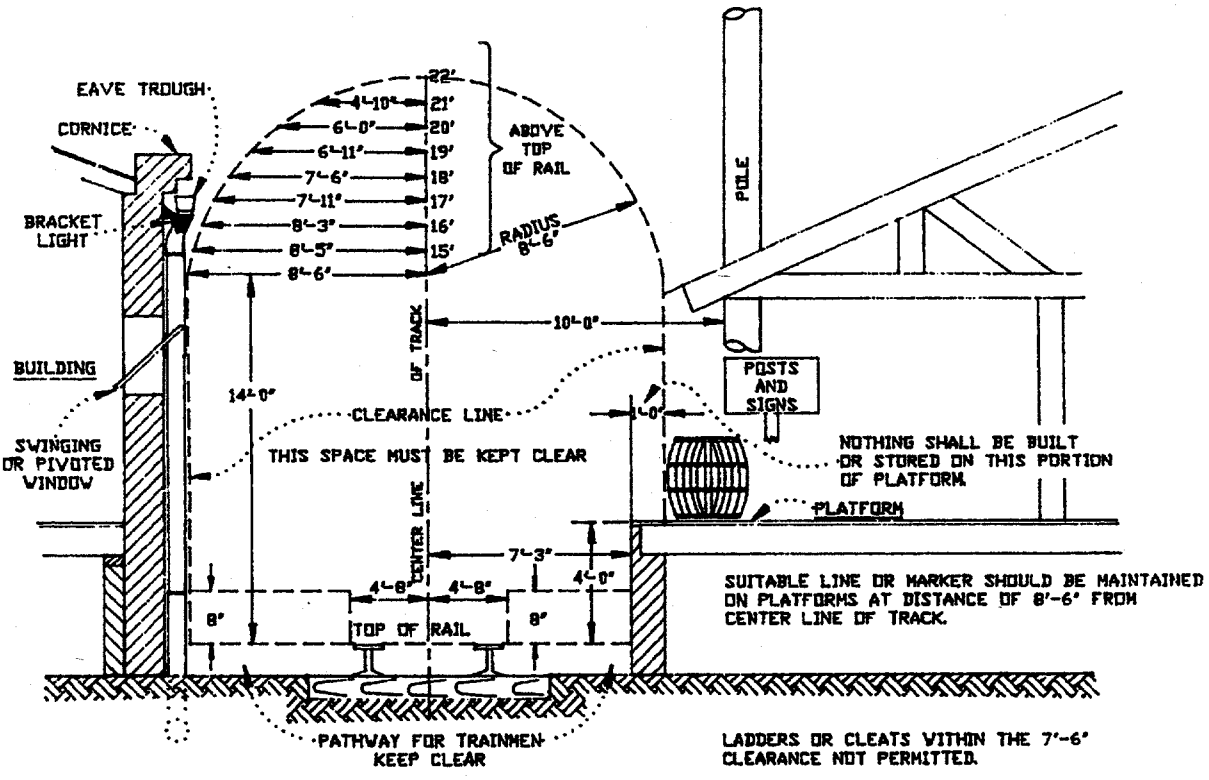


Historical Note
Adopted effective May 28, 1992 (Supp. 92-2).

Appendix 7. Typical Clearance of Structures from Railroad Tracks

TYPICAL
CLEARANCE OF STRUCTURES FROM RAILROAD TRACKS
AS PRESCRIBED BY
ARIZONA CORPORATION COMMISSION
ADMINISTRATIVE REGULATION R14-5-110

FOR NEW WORK AND RECONSTRUCTION OF EXISTING FACILITIES ADJACENT TO STANDARD GAUGE RAILROAD TRACKS TRANSPORTING FREIGHT CARS.



NOTES

OVERHEAD WIRE CLEARANCES SHALL CONFORM TO COMMISSION'S REGULATION R14-5-110.

POSTS, POLES, SIGNS AND SIMILAR FACILITIES MAY HAVE MINIMUM CLEARANCE OF 8'-6" BUT CLEARANCE OF 10'-0" IS RECOMMENDED WHERE PRACTICABLE.

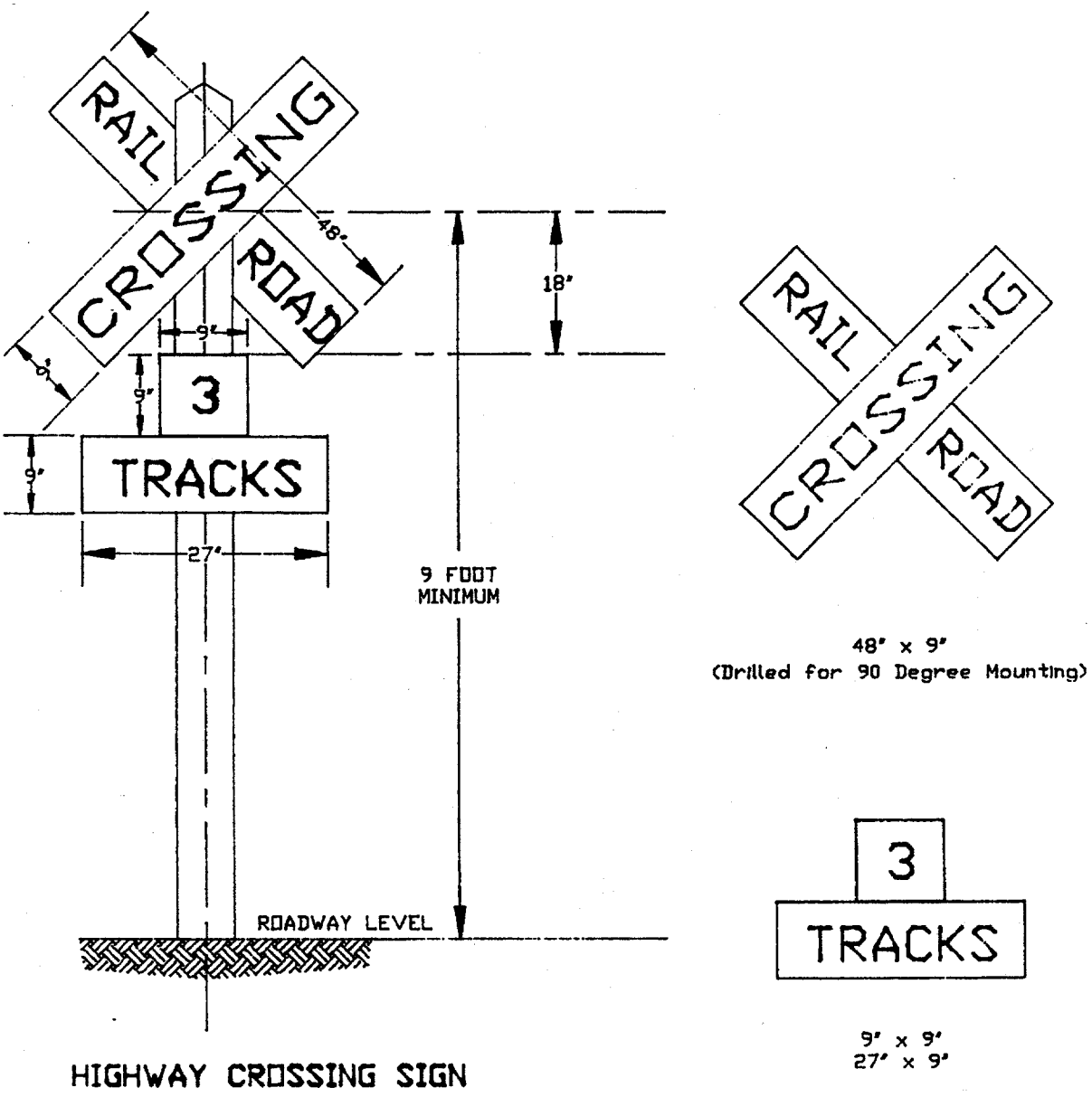
ALL SIDE CLEARANCE DIMENSIONS ARE FOR TANGENT TRACK. IN GENERAL, SIDE CLEARANCE FOR CURVE TRACK TO BE 1'-0" GREATER THAN THAT FOR TANGENT TRACK.

WHEN TRACK IS USED PRINCIPALLY FOR LOADING OR UNLOADING REFRIGERATOR CARS, PLATFORM HEIGHT OF 4'-6" ABOVE TOP OF RAIL MAY BE MAINTAINED PROVIDED THAT MINIMUM SIDE CLEARANCE TO CENTER LINE OF TRACK SHALL BE 8"-0".

PLATFORMS 4'-0" OR LESS IN HEIGHT WITH MINIMUM CLEARANCE OF 7'3" MAY BE EXTENDED AT EXISTING CLEARANCES IF SUCH EXTENSION IS NOT IN CONNECTION WITH RECONSTRUCTION OF ORIGINAL PLATFORM.

Historical Note
Adopted effective May 28, 1992 (Supp. 92-2).

Appendix 8. Highway Crossing Sign



Historical Note
Adopted effective May 28, 1992 (Supp. 92-2).

ARTICLE 2. PIPELINE SAFETY

R14-5-201. Definitions

As used in this Article:

1. "Arizona Office of Pipeline Safety" means the Commission personnel assigned to perform the Commission's day-to-day activities under A.R.S. Title 40, Chapter 2, Article 10, who are headquartered at 1300 W. Washington Street, Suite 220 Phoenix, AZ 85007 and whose contact information is available at http://www.azcc.gov/Divisions/Safety.
2. "AZOPS" means "Arizona Office of Pipeline Safety," as defined herein.
3. "Building" means any structure intended for supporting or sheltering any occupancy.
4. "Commission" means the Arizona Corporation Commission.
5. "Discontinuation of service" means an interruption in service expected to exceed four hours, occurring after an operator tests a service line or meter set assembly and determines that additional actions are necessary to restore service because of a leak or hazardous operating condition.
6. "DOT" means the U.S. Department of Transportation.
7. "Evacuation" means denying entry into or the organized clearing of a building or buildings, involving:
   a. One hundred or more individuals from any number of buildings;
   b. All of the individuals present from five or more buildings;
   c. All of the individuals present from five or more businesses within a single building such as a strip mall; or
   d. A nonresidential building known or discovered to be occupied by individuals who are confined, are of impaired mobility, or would be difficult to evacuate because of their age or physical or mental condition or capabilities, such as a hospital, prison, school, daycare facility, retirement facility, or assisted living facility.
8. "Gas" means natural gas, flammable gas, or toxic or corrosive gas and includes LPG and LNG that is vaporized.
9. "Hazardous liquid" means:
   a. Petroleum,
   b. A petroleum product, or
   c. Anhydrous ammonia.
10. "Independent laboratory" means a laboratory that is not owned or operated by the operator and that has no affiliation with the operator through ownership, familial relationship, or contractual or other relationship that results in the laboratory being controlled by or under common control with the operator.
11. "Intrastate pipeline" means all pipeline facilities included in the definition of "pipeline system" that are used by a provider to transport gas, LNG, or a hazardous liquid within Arizona and that are not used to transport gas, LNG, or a hazardous liquid in interstate or foreign commerce. This includes, without limitation, any equipment, facility, building, or other property used or intended for use in transporting gas, LNG, or a hazardous liquid.
12. "Liquefied natural gas" means natural gas or synthetic gas having as its major constituent methane (CH4) that has been changed to a liquid.
13. "LNG" means liquefied natural gas.
14. "LNG facility" means those portions of a pipeline system that are used for transporting or storing LNG or for LNG conversion.
15. "LPG" means liquefied petroleum gas.
16. "MAOP" means maximum allowable operating pressure, the maximum pressure at which a gas or LPG pipeline or segment of pipeline may be operated.
17. "Master meter system" means physical facilities for distributing gas within a definable area where the operator purchases metered gas from a provider to provide gas service to two or more buildings other than at a single-family residence.
18. "Operator" means a person that owns or operates a pipeline system or master meter system.
19. "Outage" means an unplanned and unscheduled discontinuation of service:
   a. Concurrently to 250 or more residential customer accounts or to 10 or more commercial customer accounts; or
   b. To a nonresidential building known or discovered to be occupied by individuals who are confined, are of impaired mobility, or would be difficult to evacuate or relocate because of age or physical or mental condition or capabilities, such as a hospital, prison, school, daycare facility, retirement facility, or assisted living facility.
20. "Person" means any individual, firm, joint venture, partnership, corporation, association, cooperative association, joint stock association, trustee, receiver, assignee, or personal representative, or the state or any political subdivision of the state.
21. "PHMSA" means the U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration.
22. "Pipeline system" means all parts of the physical facilities of a public service corporation or provider through which gas, LPG, LNG, or a hazardous liquid moves in transportation, including but not limited to pipes, compressor units, metering stations, regulator stations, delivery stations, holders, fabricated assemblies, and other equipment, buildings, and property so used.
23. "Provider" means any intrastate gas pipeline operator, public service corporation, or municipality that provides natural gas or LPG service to a master meter customer.
24. "PSIG" means pounds per square inch gauge.
25. "Public service corporation" has the same meaning as in Article 15, § 2 of the Arizona Constitution.
26. "Sandy type soil" means sand no larger than "coarse" as defined by the American Society for Testing and Materials, ASTM D-2487-83, Standard Practice for Classification of Soils for Engineering Purposes (1983), including no future editions or amendments, which is incorporated by reference; on file with the Office of Pipeline Safety; and published by and available from ASTM International, 100 Barr Harbor Drive, P.O. Box C700, West Conshohocken, PA, 19428-2959.
27. "Sour gas" means natural gas that contains the corrosive sulfur-bearing compound hydrogen sulfide (H2S) in a concentration that exceeds a minimum threshold of 0.25 grain of hydrogen sulfide per 100 cubic feet (5.8 milligrams/m3) under standard operating conditions (4 parts per million).
28. "Sour oil" means crude oil containing the impurity sulfur in a concentration greater than 0.5 percent.

29. "State" means the state of Arizona and all lands within its boundaries.
30. "Structure" means something that is built or constructed, or any piece of work artificially composed of parts joined together in some definite manner.
31. "Transport" or "transportation" of gas, LNG, or a hazardous liquid means the gathering, transmission, distribution, or storage of gas, LNG, or a hazardous liquid using a pipeline system within the state.
32. "Unknown failure" means an occurrence in which a portion of a pipeline system fails, and:
    a. The cause cannot be attributed to any observable corrosion, third-party damage, natural or other outside force, construction or material defect, equipment malfunction, or incorrect operations; or
    b. The operator and the Office of Pipeline Safety disagree as to the cause.

Historical Note

Adopted effective October 23, 1987 (Supp. 87-4). Amended Paragraph (5) effective February 3, 1989 (Supp. 89-1). Amended effective July 25, 1994, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 94-3). Amended by exempt rulemaking at 5 A.A.R. 3693, effective September 17, 1999 (Supp. 99-3). Amended by final rulemaking at 8 A.A.R. 2382, effective May 10, 2002 (Supp. 02-2). Amended by final rulemaking at 20 A.A.R. 75, effective December 16, 2013 (Supp. 13-4). Amended by final rulemaking at 25 A.A.R. 151, effective January 9, 2019 (Supp. 19-1). Amended by final rulemaking at 28 A.A.R. 1404 (June 17, 2002), effective July 24, 2022 (Supp. 22-2). Amended by final rulemaking at 32 A.A.R. 1806 (August 14, 2026, Issue 33), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R14-5-202. Construction and Safety Standards for Gas, LNG, and Hazardous Liquid Pipeline Systems

A. Applicability: This Section applies to the construction, reconstruction, repair, operation, and maintenance of each intrastate gas, LNG, or hazardous liquid pipeline system, pursuant to A.R.S. § 40-441.

B. Subject to the definitional changes in R14-5-201 and the modifications noted in this Section, the Commission adopts, incorporates, and approves as its own 49 CFR 40; 191; 192, except (I)(A)(2) and (3) of Appendix D to Part 192; 193; 195, except 195.1(b)(2), (3), and (4); and 199 (October 1, 2024), including no future editions or amendments, which are incorporated by reference; on file with the Arizona Office of Pipeline Safety (AZOPS); and published by and available from the Government Bookstore at https://bookstore.gpo.gov and online at ecfr.gov. For purposes of 49 CFR 192, "Business District" means an area where the public congregate for economic, industrial, religious, educational, health, or recreational purposes and two or more buildings used for these purposes are located within 100 yards of each other.

C. The above mentioned incorporated Parts of 49 CFR, except 49 CFR 191; 49 CFR 192.727(g)(1), 192.913(b)(1)(vii), 192.943(a), 192.949(a)-(b), and 192.951; 49 CFR 193 Subpart A; and 49 CFR 195 Subparts A and B, are revised as follows:
1. Substitute "Commission" where "Administrator," "Pipeline and Hazardous Materials Administration," "Office of Pipeline Safety," or "OPS" appears; and
2. Substitute "Arizona Office of Pipeline Safety, Arizona Corporation Commission, at its office in Phoenix, Arizona" where the address for the "Information Resources Manager, Office of Pipeline Safety, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation" appears.

D. An operator of an intrastate pipeline shall file with the AZOPS an Operation and Maintenance Plan, including an emergency plan, at least 30 days before placing a pipeline system into operation. Any changes in an existing Operation and Maintenance Plan shall be filed within 30 days after the effective date of the change.

E. An operator of an intrastate pipeline transporting sour gas or sour oil shall comply with the following industry standards addressing facilities handling hydrogen sulfide (H2S), which are incorporated by reference, including no future editions or amendments:
1. NACE Standard MR0175-99, Standard Materials Requirements-Sulfide Stress Cracking Resistant Metallic Material for Oilfield Equipment (1999 Revision), on file with the AZOPS and published by and available from the NACE International, 1440 S. Creek Dr., Houston, TX 77084-4906 and website: http://store.ampp.org/; and
2. API RP55: Recommended Practice for Conducting Oil and Gas Producing and Gas Processing Plant Operations Involving Hydrogen Sulfide (2nd Edition 1995), on file with the AZOPS and published by and available from the American Petroleum Institute, 200 Massachusetts Ave. NW, Suite 1100, Washington, DC 20001 and website: https://www.api.org/.

F. An operator of an intrastate pipeline transporting LNG, hazardous liquid, or gas shall not construct any part of a hazardous liquid, LNG, or gas pipeline system under a building. If a building encroaches over a pipeline system, the operator may require the property owner to remove the building from over the pipeline or to reimburse the operator the cost associated with relocating the pipeline system. The operator shall determine, within 90 days after discovering the encroachment, whether the encroachment can be resolved within 180 days. If the operator determines that the encroachment cannot be resolved within 180 days, the operator shall, within 90 days of discovery, submit to the AZOPS a written plan to resolve the encroachment within a period longer than 180 days. The AZOPS may then extend the 180-day requirement to allow the property owner and the operator to implement the written plan to resolve the encroachment. If the operator does not submit a written plan, and the encroachment is not resolved within 180 days of discovery, the operator shall discontinue service to the pipeline system. This modifies 49 CFR 192.361 and 195.210.

G. An operator of an intrastate distribution pipeline transporting gas shall not construct any part of a pipeline system less than 8 inches away from any other underground structure. If the 8-inch clearance cannot be maintained, a sleeve, casing, or shielding shall be used. This modifies 49 CFR 192.361.

H. An operator of an intrastate pipeline transporting gas that has regulators, meters, or regulation meter sets that have been out of service for 36 months shall disconnect the pipeline from all sources and supplies of gas or hazardous liquids, purge the gas or hazardous liquids from the pipeline being disconnected, and cap all ends within six months after the 36 months have passed. This modifies 49 CFR 192.727.

I. An operator of an intrastate pipeline shall not install or operate a gas regulator that might release gas within 3 feet of a source of ignition, an opening into a building, an air intake into a building, or any electrical source that is not intrinsically safe. The 3-foot clearance from a source of ignition shall be mea-

sured from the vent or source of release (discharge port), not from the physical location of the meter set assembly. This subsection does not apply to building permits issued and subdivisions platted before October 1, 2000. If an encroachment into the required 3-foot clearance is caused by an action of the property owner, an occupant, or a provider after the effective date of this rule, the operator may require the property owner to resolve the encroachment or to reimburse the operator the cost associated with relocating the pipeline system. The operator shall determine, within 90 days after discovering the encroachment, whether the encroachment can be resolved within 180 days. If the operator determines that the encroachment cannot be resolved within 180 days, the operator shall, within 90 days of discovery, submit to the AZOPS a written plan to resolve the encroachment within a period longer than 180 days. The AZOPS may then extend the 180-day requirement to allow the property owner and the operator to implement the written plan to resolve the encroachment. If the operator does not submit a written plan, and the encroachment is not resolved within 180 days of discovery, the operator shall discontinue service to the affected pipeline system. This modifies 49 CFR 192.357 and 192.361.

J. An operator of an intrastate pipeline transporting LNG, gas, or a hazardous liquid shall use a cathodic protection system designed to protect the metallic pipeline in its entirety, in accordance with 49 CFR 192, Subpart I, as incorporated by reference in subsection (B). Sections (I)(A)(2) and (3) of Appendix D to Part 192 shall not be utilized. This modifies 49 CFR 192.463(a), 193.2629, and 195.571.

K. An operator of an intrastate pipeline transporting hazardous liquid or gas shall not install Acrylonitrile-Butadiene-Styrene (ABS) or aluminum pipe in a pipeline system. This modifies 49 CFR 192.53 and 192.59.

L. An operator of an intrastate pipeline transporting hazardous liquid or gas shall not install plastic pipe aboveground unless the plastic pipeline is protected by a metal casing, or equivalent, and the installation is approved by the AZOPS. An operator may use a temporary aboveground plastic pipeline bypass for up to 60 days, provided that the plastic pipeline is under the direct supervision of the operator and protected at all times. This modifies 49 CFR 192.321 and 195.254.

M. An operator of an intrastate pipeline transporting hazardous liquid or gas that constructs a pipeline system or any portion thereof using plastic pipe shall install, at a minimum, a 14-gauge coated or corrosion resistant, electrically conductive wire as a means of locating the pipe while it is underground. Tracer wire shall not be wrapped around the plastic pipe. Tracer wire may be taped, or attached to the pipe in another manner, provided that the adhesive or attachment is not detrimental to the integrity of the pipe wall. This modifies 49 CFR 192.321 and 195.246.

N. An operator of an intrastate pipeline transporting gas or hazardous liquid that constructs an underground pipeline system using plastic pipe shall bury the installed pipe with at least 6 inches of sandy type soil, free of any rock or debris, surrounding the pipe for bedding and shading, unless the pipe is otherwise protected as approved by the AZOPS. Steel pipe shall be installed with at least 6 inches of sandy type soil, free of any debris or materials injurious to the pipe coating, surrounding the pipe for bedding and shading, unless the pipe is otherwise protected as approved by the AZOPS. This modifies 49 CFR 192.321, 192.329, 192.361, and 195.246.

O. An operator of an intrastate pipeline transporting gas that constructs an underground pipeline system using plastic pipe shall install the pipe with sufficient slack to allow for thermal expansion and contraction. In addition, all plastic pipe and fittings for use in an area with service temperatures above 100º F shall be tested and marked CD, CE, CF, or CG as required by ASTM D2513 (2018-a), including no future editions or amendments, which is incorporated by reference, on file with the AZOPS, and published by and available from ASTM International, 100 Barr Harbor Dr., P.O. Box C700, W. Conshohocken, PA 19428-2959 and through http://www.astm.org. This modifies 49 CFR 192.63.

P. An operator of an intrastate pipeline system transporting hazardous liquid or gas shall qualify welding procedures and shall ensure that welding of steel pipelines is performed in accordance with API Standard 1104, as incorporated by reference in 49 CFR 192.7, by welders qualified pursuant to API Standard 1104, except that welders qualified as delineated in 49 CFR 192, Appendix C may be used for low stress level pipe. This modifies 49 CFR 192.225, 192.227, 195.214, and 195.222.

Q. An operator of an intrastate pipeline transporting gas shall survey and grade all detected leakage according to the standards provided below, which modify 49 CFR 192.706 and 192.723:

1. In the case of all gas except LPG, leakage surveys and grading shall be performed pursuant to the standards set by American Gas Association, Guide for Gas Transmission and Distribution Piping Systems, Gas Piping Technology Committee Guide Material, Appendix G-192-11: 2022 Edition, including Addendum 1 (2022), including no future editions or amendments, which is incorporated by reference; on file with the AZOPS; published by and available from American Gas Association, 400 North Capitol Street, NW, Suite 450, Washington, D.C. 20001 and online at Techstreet.com; and modified by omitting 4.4(c) and by replacing “should” with “shall” each time it appears.
2. In the case of LPG, leakage surveys and grading shall be performed pursuant to the standards set by American Gas Association, Guide for Gas Transmission and Distribution Piping Systems, Gas Piping Technology Committee Guide Material, Appendix G-192-11A: 2022 Edition, including Addendum 1 (2022), including no future editions or amendments, which is incorporated by reference; on file with the AZOPS; published by and available from American Gas Association, 400 North Capitol Street, NW, Suite 450, Washington, D.C. 20001 and online at Techstreet.com; and modified by replacing “should” with “shall” each time it appears.
3. Leakage survey records shall identify in some manner each pipeline surveyed and shall be maintained to demonstrate that each required leakage survey has been conducted. This modifies 49 CFR 192.706 and 192.723.

R. An operator of an intrastate transmission pipeline transporting gas shall conduct a leakage survey at least twice each calendar year, at an interval not exceeding 7 1/2 months, independent of class location, and shall repair each underground leak classified as grade two or three either upon discovery or within one year after discovery. This modifies 49 CFR 192.706 and 192.711.

S. An operator of an intrastate transmission pipeline transporting gas and operating at or above 20 percent of Specified Minimum Yield Strength shall ensure that nondestructive testing is completed for each weld performed on newly installed, replaced, or repaired pipeline or an appurtenance. The nondestructive testing shall be completed before the newly welded

area of the pipeline or appurtenance is used for service. This modifies 49 CFR 192.241.

T. An operator of an LNG facility shall ensure that nondestructive testing is completed for each weld performed on newly installed, replaced, or repaired pipeline or an appurtenance. This modifies 49 CFR 193.2303.

U. In the event of an unknown failure of a gas, LNG, or hazardous liquid pipeline, resulting in the operator's being required to provide a telephonic or written report under R14-5-203(B) or (C) and in the operator's removing a portion of the failed pipeline, the following shall occur:

1. The operator shall retain the portion of failed pipeline that was removed;
2. The operator shall telephonically notify the AZOPS of the removal within two hours after the removal is completed, providing the following information.
   a. Identity of the failed pipeline,
   b. Description and location of the failure,
   c. Date and time of the removal,
   d. Length or quantity of the removed portion,
   e. Storage location of the removed portion, and
   f. Any additional information about the failure or the removal of the portion of the failed pipeline that is requested by the AZOPS;
3. Within 48 hours after receiving telephonic notification pursuant to subsection (U)(2), the AZOPS shall:
   a. Determine, based on the information provided by the operator and the availability, adequacy, and reliability of any pipeline testing laboratory operated by the operator, whether it is necessary to have the removed portion of pipeline tested at an independent laboratory; and
   b. Telephonically notify the operator either:
      i. That the operator must have the removed portion of pipeline tested, in accordance with AZOPS directions, by an independent laboratory selected by the AZOPS as provided in subsection (U)(5), to determine the cause or causes of the failure; or
      ii. That the operator is not required to have the removed portion of pipeline tested by an independent laboratory and instead must conduct testing in its own pipeline testing laboratory, after which the operator may discard the removed portion of pipeline;
4. After providing telephonic notice as provided in subsection (U)(3)(b), the AZOPS shall confirm its notification in writing;
5. If the AZOPS directs testing by an independent laboratory:
   a. The AZOPS shall:
      i. Determine, as provided in subsection (U)(6), the independent laboratory that will do the testing and the period of time within which the testing is to be completed;
      ii. Determine, based on the available information concerning the failure, the number and types of tests to be performed on the removed pipeline; and
      iii. Notify the operator of its determinations; and
   b. The operator shall:
      i. Contact the selected independent laboratory to arrange the scheduling of the required tests;
      ii. Notify the AZOPS, at least 20 days before the date of the tests, of the date and time scheduled for the laboratory tests;
      iii. At the request of the AZOPS, ensure that a representative of the Arizona Office of Pipeline Safety is permitted to observe any or all of the tests;
      iv. Ensure that the original test results are provided to the AZOPS by the independent laboratory within 30 days after the tests are completed; and
      v. Pay for the independent laboratory testing; and
6. In determining an independent laboratory to perform testing required under subsection (U), the AZOPS shall:
   a. Submit to at least three different independent laboratories written requests for bids to conduct the testing;
   b. Consider each responding independent laboratory's qualifications to perform the testing, as demonstrated by:
      i. Prior experience in performing the required test or tests according to ASTM International standards, and
      ii. Any recognition that a laboratory may have received from a national or international laboratory accreditation body, such as through a certification or accreditation process;
   c. Wait to select an independent laboratory until one of the following occurs:
      i. The AZOPS has received written bids from at least three different independent laboratories, or
      ii. Thirty days have passed since the date of the request for bids; and
   d. Select the independent laboratory that offers the optimum balance between cost and demonstrated ability to perform the required test or tests. This modifies 49 CFR 192.617, 193.2515, and 195.402.

V. An operator shall ensure that all repair work performed on an existing intrastate pipeline transporting LNG, hazardous liquid, or gas complies with this Article.

W. The Commission may waive compliance with any of the requirements of this Section upon a finding that such a waiver is in the interest of public and pipeline safety.

X. To ensure compliance with the provisions of this Article, the Commission or an authorized representative thereof may enter the premises of an operator of an intrastate pipeline to inspect and investigate the property, books, papers, electronic files, business methods, and affairs that pertain to the pipeline system operation.

Historical Note

Adopted effective October 23, 1987 (Supp. 87-4). Amended subsections (B), (I) and (J) effective February 3, 1989 (Supp. 89-1). Amended effective December 18, 1991 (Supp. 91-4). Amended effective July 25, 1994, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 94-3). Amended effective August 30, 1996, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 96-3). Amended effective September 26, 1997, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 97-3). Amended by exempt rulemaking at 5 A.A.R. 3693, effective September 17, 1999 (Supp. 99-3).

Amended by final rulemaking at 8 A.A.R. 2382, effective May 10, 2002 (Supp. 02-2). Amended by final rulemaking at 9 A.A.R. 3496, effective September 15, 2003 (Supp. 03-3). Amended by final rulemaking at 11 A.A.R. 1253, effective March 3, 2005 (Supp. 05-1). Amended by final rulemaking at 13 A.A.R. 4533, effective January 25, 2008 (Supp. 07-4). Amended by final rulemaking at 18 A.A.R. 126, effective December 28, 2011 (Supp. 11-4). Amended by final rulemaking at 20 A.A.R. 75, effective December 16, 2013 (Supp. 13-4). Section R14-5-202 amended by emergency rulemaking at 22 A.A.R. 5, effective December 15, 2015 for 180 days (Supp. 15-4). Emergency renewed at 22 A.AR. 1637, effective June 7, 2016 for 180 days (Supp. 16-2). Section amended by final rulemaking at 22 A.A.R. 2869, effective September 14, 2016 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 151, effective January 9, 2019 (Supp. 19-1). Amended by final rulemaking at 26 A.A.R. 1024, effective July 4, 2020 (Supp. 20-2). Amended by final rulemaking at 28 A.A.R. 1404 (June 17, 2002), effective July 24, 2022 (Supp. 22-2). Amended by final rulemaking at 30 A.A.R. 1085 (May 24, 2024), with an immediate effective date of May 2, 2024 (Supp. 24-2). Amended by final rulemaking at 32 A.A.R. 1806 (August 14, 2026, Issue 33), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R14-5-203. Pipeline Incident Reports

A. Applicability. This Section applies to all intrastate pipeline systems.

B. Required incident reports by telephone:

1. An operator of an intrastate pipeline transporting LNG or gas shall immediately notify by telephone the AZOPS, at 602-262-5601 during normal working hours or at 602-252-4449 at all other times, upon discovering the occurrence of any of the following related to the operator's intrastate pipeline system:
   a. Release of gas or LNG from a pipeline or LNG facility, when any of the following results:
      i. Death or personal injury requiring hospitalization;
      ii. Injury to any individual resulting in loss of consciousness;
      iii. An explosion or fire not intentionally set by the operator;
      iv. Property damage estimated in excess of $5,000, including the value of the gas lost; or
      v. Unintentional release of gas from a transmission pipeline;
   b. Emergency transmission pipeline shutdown;
   c. News media inquiry;
   d. Overpressure of a pipeline system where a pipeline operating at less than 12 PSIG exceeds MAOP by 50%, where a pipeline operating between 12 PSIG and 60 PSIG exceeds MAOP by 6 PSIG, or where a pipeline operating over 60 PSIG exceeds MAOP plus 10%;
   e. Permanent or temporary discontinuance of service to a master meter system or when assisting with the isolation of any portion of a master meter system, when either is required due to a leak or failure of a leak test;
   f. Emergency shutdown of any LNG facility;
   g. An evacuation; or
   h. An outage.
2. An operator of an intrastate pipeline transporting hazardous liquid shall immediately notify by telephone the AZOPS, at 602-262-5601 during normal working hours or at 602-252-4449 at all other times, upon discovering a failure in a pipeline system resulting in the occurrence of any of the following:
   a. Injury to an individual that results in one or more of the following:
      i. Death or personal injury requiring medical treatment,
      ii. Loss of consciousness, or
      iii. Inability of the individual to leave the scene of the incident unassisted;
   b. An explosion or fire not intentionally set by the operator;
   c. Property damage estimated in excess of $5,000;
   d. Pollution of any land or stream, river, lake, reservoir, or other body of water that violates applicable environmental quality or water quality standards, causes a discoloration of the water surface or adjoining shoreline, or deposits sludge or emulsion beneath the water surface or upon the adjoining shoreline;
   e. News media inquiry;
   f. Release of 5 gallons (19 liters) or more of hazardous liquid or carbon dioxide, except that no report is required for a release of less than 5 barrels (0.8 cubic meters) resulting from a pipeline maintenance activity if the release is:
      i. Not otherwise reportable under this Section;
      ii. Not one described in 49 CFR 195.52(a)(4), as incorporated by reference in R14-5-202 and available from the AZOPS;
      iii. Confined to the operator's property or the pipeline right-of-way; and
      iv. Cleaned up promptly; or
   g. Any release of hazardous liquid or carbon dioxide that was significant in the judgment of the operator even though it did not meet any of the criteria in subsections (B)(2)(a) through (f).
3. A telephonic incident report shall include the following information:
   a. Name of the pipeline system operator,
   b. Name of the reporting party,
   c. Job title of the reporting party,
   d. Telephone number of the reporting party,
   e. Location of the incident,
   f. Time of the incident, and
   g. Description of any fatalities and injuries.

C. Required written incident reports:

1. An operator of an intrastate pipeline transporting LNG or gas shall file a written incident report when an incident involving a pipeline occurs resulting in any of the following:
   a. Release of gas or LNG from a pipeline or LNG facility, when any of the following results:
      i. Death or personal injury requiring hospitalization;
      ii. Loss of consciousness;
      iii. An explosion or fire not intentionally set by the operator;
      iv. Property damage estimated in excess of $25,000, including the value of all released gas; or

v. Unintentional release of gas from a transmission pipeline;
b. An incident involving an evacuation, outage, or property damage and resulting in expenses including the value of any released gas and of restoring service or evacuation estimated in excess of $25,000;
c. Emergency transmission pipeline shutdown;
d. Overpressure of a pipeline system where a pipeline operating at less than 12 PSIG exceeds MAOP by 50%, where a pipeline operating between 12 PSIG and 60 PSIG exceeds MAOP by 6 PSIG, or where a pipeline operating over 60 PSIG exceeds MAOP plus 10%; or
e. Emergency shutdown of any LNG facility.

2. A written incident report concerning a gas pipeline system shall be completed using the following, as applicable, which are on file with the AZOPS; and published by and available from PHMSA at East Building, Second Floor, 1200 New Jersey Ave., SE, Washington, DC 20590, and at http://www.phmsa.dot.gov/forms/operator-reports-submitted-phmsa-forms-and-instructions:
   a. Form PHMSA F 7100.1: Incident Report – Gas Distribution System;
   b. Form PHMSA F 7100.2: Incident Report – Natural and Other Gas Transmission and Gathering Pipeline Systems; or
   c. Form PHMSA F 7100.3: Incident Report – Liquefied Natural Gas (LNG) Facilities.
3. An operator of an intrastate pipeline transporting hazardous liquid shall file a written incident report completed using Form PHMSA F 7000-1: Accident Report – Hazardous Liquid Pipeline Systems, which is on file with the AZOPS, and published by and available from PHMSA as set forth in subsection (C)(2), any time the operator would have been required to make a notification as required under R14-5-203(B)(2).
4. A written incident report required by this Section shall be filed with the AZOPS within the time specified below:
   a. For an LNG or gas - incident, within 20 days after detection; and
   b. For a hazardous liquid incident, within 15 days after detection.
5 An operator shall either file a copy of each DOT required written incident report electronically with PHMSA at https://portal.phmsa.dot.gov/pipeline or submit a written request for an alternative reporting method to the Information Resource Manager, Office of Pipeline Safety, Pipeline and Hazardous Materials Safety Administration, PHP-20, 1200 New Jersey Avenue, SE, Washington, DC 20590, under 49 CFR 191.7 and 195.58, as incorporated by reference in R14-5-202.
6. After an incident involving shutdown or partial shutdown of a master meter system, an operator of a gas pipeline system shall request and obtain a clearance from the AZOPS before turning on or reinstating service to the master meter system or portion of the master meter system that was shut down.

Historical Note

Adopted effective October 23, 1987 (Supp. 87-4). Amended effective December 18, 1991 (Supp. 91-4). Amended effective September 26, 1997, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 97-3). Amended by exempt rulemaking at 5 A.A.R. 3693, effective September 17, 1999 (Supp. 99-3). Amended by final rulemaking at 8 A.A.R. 2382, effective May 10, 2002 (Supp. 02-2). Amended by final rulemaking at 9 A.A.R. 3496, effective September 15, 2003 (Supp. 03-3). Amended by final rulemaking at 11 A.A.R. 1253, effective March 3, 2005 (Supp. 05-1). Amended by final rulemaking at 13 A.A.R. 4533, effective January 25, 2008 (Supp. 07-4). Amended by final rulemaking at 18 A.A.R. 126, effective December 28, 2011 (Supp. 11-4). Amended by final rulemaking at 20 A.A.R. 75, effective December 16, 2013 (Supp. 13-4). Amended by final rulemaking at 20 A.A.R. 75, effective December 16, 2013 (Supp. 13-4). Section R14-5-203 amended by emergency rulemaking at 22 A.A.R. 5, effective December 15, 2015 for 180 days (Supp. 15-4). Emergency renewed at 22 A.AR. 1637, effective June 7, 2016 for 180 days (Supp. 16-2). Section amended by final rulemaking at 22 A.A.R. 2869, effective September 14, 2016 (Supp. 16-4). Amended by final rulemaking at 28 A.A.R. 1404 (June 17, 2002), effective July 24, 2022 (Supp. 22-2). Amended by final rulemaking at 30 A.A.R. 1085 (May 24, 2024), with an immediate effective date of May 2, 2024 (Supp. 24-2). Amended by final rulemaking at 32 A.A.R. 1806 (August 14, 2026, Issue 33), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R14-5-204. Annual Reports

A. An operator of an intrastate pipeline shall file with the Arizona Office of Pipeline Safety, not later than March 15, for the preceding calendar year, an annual report completed using one of the following, as applicable, which are incorporated by reference; on file with the AZOPS; and published by and available from PHMSA as provided in R14-5-203(C)(2):
1. Form PHMSA F 7000-1.1: Annual Report for Calendar Year 20__ Hazardous Liquid Pipeline Systems, which shall be completed in accordance with the PHMSA instructions for the form;
2. Form PHMSA F 7100.1-1: Annual Report for Calendar Year 20___ Gas Distribution System, which shall be completed in accordance with the PHMSA instructions for the form;
3. Form PHMSA F 7100.2-1: Annual Report for Calendar Year 20__ Natural and Other Gas Transmission and Gathering Pipeline Systems which shall be completed in accordance with the PHMSA instructions for the form; or
4. Form PHMSA F 7100.3-1: Annual Report for Calendar Year 20__ Liquefied Natural Gas (LNG) Facilities, which shall be completed in accordance with the PHMSA instructions for the form.

B. An operator of an intrastate pipeline shall submit a copy of each required annual report by March 15, for the previous calendar year, to PHMSA at https://portal.phmsa.dot.gov/pipeline.

Historical Note

Adopted effective October 23, 1987 (Supp. 87-4). Amended effective December 18, 1991 (Supp. 91-4). Amended by exempt rulemaking at 5 A.A.R. 3693, effective September 17, 1999 (Supp. 99-3). Amended by final rulemaking at 8 A.A.R. 2382, effective May 10, 2002 (Supp. 02-2). Amended by final rulemaking at 9 A.A.R. 3496, effective September 15, 2003 (Supp. 03-3). Amended by final rulemaking at 11 A.A.R. 1253, effective March 3, 2005 (Supp. 05-1). Amended by final rulemaking at 13 A.A.R. 4533, effective January 25, 2008 (Supp. 07-4). Amended by final rulemaking 18 A.A.R.

126, effective December 28, 2011 (Supp. 11-4). Amended by final rulemaking at 20 A.A.R. 75, effective December 16, 2013 (Supp. 13-4). Section R14-5-204 amended by emergency rulemaking at 22 A.A.R. 5, effective December 15, 2015 for 180 days (Supp. 15-4). Emergency renewed at 22 A.AR. 1637, effective June 7, 2016 for 180 days (Supp. 16-2). Section amended by final rulemaking at 22 A.A.R. 2869, effective September 14, 2016 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 151, effective January 9, 2019 (Supp. 19-1). Amended by final rulemaking at 26 A.A.R. 1024, effective July 4, 2020 (Supp. 20-2). Amended by final rulemaking at 28 A.A.R. 1404 (June 17, 2002), effective July 24, 2022 (Supp. 22-2). Amended by final rulemaking at 30 A.A.R. 1085 (May 24, 2024), with an immediate effective date of May 2, 2024 (Supp. 24-2). Amended by final rulemaking at 32 A.A.R. 1806 (August 14, 2026, Issue 33), with an immediate effective date of August 5, 2026 (Supp. 26-3).

R14-5-205. Commission Investigations

A. The AZOPS shall investigate the cause of each reportable incident, accident, or event resulting in a death or an injury requiring hospitalization and may investigate other incidents, accidents, or events.

B. While investigating an incident, accident, or event, the Commission or an authorized agent of the Commission may:

1. Inspect all plant and facilities of a pipeline system and all other property of a pipeline system operator;
2. Inspect the books, papers, business methods, and affairs of a pipeline system operator;
3. Make inquiries regarding and interview persons having knowledge of facts surrounding an incident or accident;
4. Attend, as an observer, all hearings and formal investigations concerning a pipeline system operator;
5. Schedule and conduct a public hearing into the incident or accident; and
6. Issue subpoenas to compel the production of records and the taking of testimony.

Historical Note

Adopted effective October 23, 1987 (Supp. 87-4). Amended subsections (B) and (G) effective February 3, 1989 (Supp. 89-1). Amended effective December 18, 1991 (Supp. 91-4). Amended effective July 25, 1994, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 94-3). Amended effective August 30, 1996, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 96-3).Amended effective September 26, 1997, under a court-ordered exemption as determined by the Arizona Corporation Commission (Supp. 97-3). Amended by exempt rulemaking at 5 A.A.R. 3693, effective September 17, 1999 (Supp. 99-3). Amended by final rulemaking at 8 A.A.R. 2382, effective May 10, 2002 (Supp. 02-2). Amended by final rulemaking at 9 A.A.R. 3496, effective September 15, 2003 (Supp. 03-3). Amended by final rulemaking at 11 A.A.R. 1253, effective March 3, 2005 (Supp. 05-1). Amended by final rulemaking at 13 A.A.R. 4533, effective January 25, 2008 (Supp. 07-4). Amended by final rulemaking at 18 A.A.R. 126, effective December 28, 2011 (Supp. 11-4). Section R14-5-205 renumbered to R14-5-207; new Section R14-5-205 made by final rulemaking at 20 A.A.R. 75, effective December 16, 2013 (Supp. 13-4). Section R14-5-205 amended by emergency rulemaking at 22 A.A.R. 5, effective December 15, 2015 for 180 days (Supp. 15-4). Emergency renewed at 22 A.AR. 1637, effective June 7, 2016 for 180 days (Supp. 16-2). Section amended by final rulemaking at 22 A.A.R. 2869, effective September 14, 2016 (Supp. 16-4). Amended by final rulemaking at 28 A.A.R. 1404 (June 17, 2002), effective July 24, 2022 (Supp. 22-2).

R14-5-206. Employee Drug and Alcohol Testing Requirements

An operator of an intrastate pipeline facility transporting gas or a hazardous liquid or of an intrastate LNG facility shall ensure that drug and alcohol testing of its workers is performed in compliance with 49 CFR 199, as incorporated by reference in R14-5-202.

Historical Note

Section R14-5-206 made by final rulemaking at 20 A.A.R. 75, effective December 16, 2013 (Supp. 13-4).

R14-5-207. Master Meter System Operators

A. Applicability: This Section applies to the construction, reconstruction, repair, emergency procedures, operation, and maintenance of all master meter systems.

B. An operator of a master meter system shall comply with this Section as a condition of receiving service from a provider. Noncompliance with this Section by an operator of a master meter system constitutes grounds for termination of service by the provider when informed in writing by the AZOPS. In case of an emergency, the AZOPS may give the provider oral instructions to terminate service, with written confirmation to be furnished within 24 hours.

C. Each operator of a master meter system shall comply with all applicable requirements of 49 CFR 192, as incorporated by reference in R14-5-202.

D. An operator of a master meter system shall:

1. Establish an Operation and Maintenance Plan, including an emergency plan; and
2. At all times, maintain a copy of the Operation and Maintenance Plan at the master meter system location.

E. An operator of a master meter system shall:

1. Ensure that no part of a gas pipeline system is constructed under a building and that no building is placed over any portion of a gas pipeline system; and
2. Upon discovering that a building is located over a portion of a gas pipeline system, complete one of the following within 180 days:
   a. Remove the building from over the pipeline,
   b. Relocate the pipeline, or
   c. Discontinue service to the portion of the pipeline system located under the building.

F. An operator of a master meter system shall not install Acrylonitrile-Butadiene-Styrene (ABS) or aluminum pipe in the master meter system.

G. An operator of a master meter system that constructs a pipeline or any portion thereof using plastic pipe shall install, at a minimum, a 14-gauge coated or corrosion resistant, electrically conductive wire as a means of locating the pipe while it is underground. Tracer wire shall not be wrapped around the plastic pipe. Tracer wire may be taped or attached to the pipe in another manner, provided that the adhesive or attachment is not detrimental to the integrity of the pipe wall.

H. An operator of a master meter system that constructs an underground pipeline using plastic pipe shall bury the installed pipe with at least 6 inches of sandy type soil, free of any rock or debris, surrounding the pipe for bedding and shading, unless

the pipe is otherwise protected as approved by the AZOPS. Steel pipe shall be installed with at least 6 inches of sandy type soil, free of any debris or materials injurious to the pipe coating, surrounding the pipe for bedding and shading, unless the pipe is otherwise protected as approved by the AZOPS.

I. An operator of a master meter system that constructs an underground pipeline using plastic pipe shall install the pipe with sufficient slack to allow for thermal expansion and contraction. In addition, all plastic pipe and fittings for use in an area with service temperatures above 100º F shall be marked CD, CE, CF, or CG as required by ASTM D2513 (2018-a), incorporated by reference in R14-5-202 and available from the Arizona Office of Pipeline Safety.

J. An operator of a master meter system shall qualify welding procedures and shall ensure that welding of steel pipelines is performed in accordance with API Standard 1104, as incorporated by reference in 49 CFR 192.7 and R14-5-202, by welders qualified pursuant to API Standard 1104.

K. An operator of a master meter system shall ensure that all repair work performed on an existing master meter system complies with this Article.

L. An operator of a master meter system shall:
1. Ensure that each underground steel pipeline is protected against external corrosion with an external protective coating meeting the requirements of 49 CFR 192.461;
2. When installing a new underground steel pipeline system, before placing the new pipeline system into service, provide a cathodic protection system designed to protect the new pipeline system in its entirety;
3. When repairing, partially replacing, or relocating an existing underground steel pipeline system, within 45 days after completing the repair, replacement, or relocation, provide a cathodic protection system designed to protect the pipeline system; and
4. Ensure that each cathodic protection system has a voltage of at least negative 0.85 volts direct current (-0.85Vdc) as measured using a saturated copper-copper sulfate half cell.

M. An operator of a master meter system shall ensure that no portion of an underground gas system is installed less than 8 inches away from any other underground structure.

N. At least 30 days before commencing construction of any pipeline, an operator of a master meter system shall file with the AZOPS a Notice of Construction that includes at least the following information:
1. The dates projected for commencing and completing construction,
2. The size and type of pipe to be used,
3. The location of construction, and
4. The MAOP for the new pipeline.

O. An operator of a master meter system shall:
1. Perform leakage surveys at intervals not exceeding 15 months, but at least once each calendar year, using leak detection procedures approved by the AZOPS;
2. Except for LPG, perform each leakage survey according to the standards set by American Gas Association, Guide for Gas Transmission and Distribution Piping Systems. Gas Piping Technology Committee Guide Material. Appendix G-192-11: 2022 Edition, including Addendum 1 (2022), including no future editions or amendments, other than 4.4(c), as incorporated by reference in R14-5-202(Q);
3. For LPG, perform each leakage survey according to the standards set by American Gas Association, Guide for Gas Transmission and Distribution Piping Systems, Gas Piping Technology Committee Guide Material, Appendix G-192-11A: 2022 Edition, including Addendum 1 (2022), including no future editions or amendments, as incorporated by reference in R14-5-202(Q); and
4. Repair each grade 1 leak immediately upon discovery, each grade 2 leak within 30 days of discovery, and each grade 3 leak within one year of discovery.

P. In the event of an unknown failure of a gas pipeline resulting in a master meter system operator's being required to provide a report under subsection (Q) and in the operator's removing a portion of the failed pipeline, the following shall occur:
1. The operator shall retain the portion of failed pipeline that was removed;
2. The operator shall telephonically notify the Arizona Office of Pipeline Safety of the removal within two hours after the removal is completed, providing the following information:
   a. Identity of the failed pipeline,
   b. Description and location of the failure,
   c. Date and time of the removal,
   d. Length or quantity of the removed portion,
   e. Storage location of the removed portion, and
   f. Any additional information about the failure or the removal of the portion of the failed pipeline that is requested by the AZOPS;
3. Within 48 hours after receiving telephonic notification pursuant to subsection (Q)(2), the AZOPS shall:
   a. Determine, based on the information provided by the operator and the availability, adequacy, and reliability of any pipeline testing laboratory operated by the operator, whether it is necessary to have the removed portion of pipeline tested at an independent laboratory; and
   b. Telephonically notify the operator either:
      i. That the operator must have the removed portion of pipeline tested, in accordance with AZOPS directions, by an independent laboratory selected by the AZOPS as provided in subsection (P)(6), to determine the cause or causes of the failure; or
      ii. That the operator is not required to have the removed portion of pipeline tested by an independent laboratory and instead must conduct testing in its own pipeline testing laboratory, after which the operator may discard the removed portion of pipeline;
4. After providing telephonic notice as provided in subsection (P)(3)(b), the AZOPS shall confirm its notification in writing;
5. If the AZOPS directs testing by an independent laboratory:
   a. The AZOPS shall:
      i. Determine, as provided in subsection (P)(6), the independent laboratory that will do the testing and the period of time within which the testing is to be completed;
      ii. Determine, based on the available information concerning the failure, the number and types of tests to be performed on the removed pipeline; and
      iii. Notify the operator of its determinations;
   b. The operator shall:

i. Contact the selected independent laboratory to arrange the scheduling of the required tests;
ii. Notify the AZOPS, at least 20 days before the date of the tests, of the date and time scheduled for the laboratory tests;
iii. At the request of the AZOPS, ensure that a representative of the AZOPS is permitted to observe any or all of the tests;
iv. Ensure that the original test results are provided to the AZOPS by the independent laboratory within 30 days after the tests are completed; and
v. Pay for the independent laboratory testing; and

6. In determining an independent laboratory to perform testing required under subsection (P), the AZOPS shall:
   a. Submit to at least three different independent laboratories written requests for bids to conduct the testing;
   b. Consider each responding laboratory's qualifications to perform the testing, as demonstrated by:
      i. Past experience in performing the required test or tests according to ASTM International standards; and
      ii. Any recognition that a laboratory may have received from a national or international laboratory accreditation body, such as through a certification or accreditation process;
   c. Wait to select an independent laboratory until:
      i. The AZOPS has received written bids from at least three different independent laboratories; or
      ii. Thirty days have passed since the date of the request for bids, whichever comes sooner; and
   d. Select the independent laboratory that offers the optimum balance between cost and demonstrated ability to perform the required test or tests.

Q. An operator of a master meter system shall:
1. Telephonically notify the AZOPS, at 602-262-5601 during normal working hours or at 602-252-4449 at all other times, at the earliest practicable moment following discovery of any of the following related to the operator's master meter system:
   a. An event involving a release of gas from a pipeline, along with any of the following:
      i. A death or personal injury requiring hospitalization;
      ii. Injury to any individual resulting in the individual's loss of consciousness;
      iii. Estimated property damage, including the value of all released gas, in excess of $5,000;
      iv. Unintentional estimated gas loss of 3 million cubic feet or more;
      v. An explosion or fire not intentionally set by the operator;
      vi. A news media inquiry;
      vii. An evacuation; or
      viii. An outage;
   b. An event involving overpressure of a pipeline system where a pipeline operating at less than 12 PSIG exceeds MAOP by 50%, where a pipeline operating between 12 PSIG and 60 PSIG exceeds MAOP by 6 PSIG, or where a pipeline operating over 60 PSIG exceeds MAOP plus 10%;
   c. An event involving permanent or temporary discontinuance of service to a master meter system or any portion of a master meter system due to a failure of a leak test or for any purpose other than to perform routine maintenance; or
   d. An event that is significant, in the judgment of the operator, even though it does not meet any of the criteria listed in subsections (Q)(1)(a) through (c);
2. Include the following information in a telephonic report under subsection (Q)(1):
   a. The names of the operator and the person making the report;
   b. The job title of the person making the report;
   c. The telephone numbers of the operator and the person making the report;
   d. A description of the type and location of the event;
   e. The time of the event;
   f. The number of fatalities and personal injuries, if any; and
   g. All other significant facts that are known by the operator and are relevant to the cause of the event or the extent of the damages; and
3. Not later than April 15 of each year, submit to the AZOPS an annual report for the prior calendar year, completed on Commission Form MM-04: "Annual Report for Calendar Year 20___, Small Operators of Gas Distribution System," which is included herein as Exhibit A.

R. The Commission may waive compliance with any of the requirements of this Section upon a finding that such a waiver is in the interest of public and pipeline safety.

S. To ensure compliance with all applicable provisions of this Article, the Commission or an authorized representative thereof may enter the premises of an operator of a master meter system to inspect and investigate the property, books, papers, electronic files, business methods, and affairs that pertain to the operation of the master meter system.

Historical Note

New Section R14-5-207 renumbered from Section R14-5-205 and amended by final rulemaking at 20 A.A.R. 75, effective December 16, 2013 (Supp. 13-4). Section R14-5-207 amended by emergency rulemaking at 22 A.A.R. 5, effective December 15, 2015 for 180 days (Supp. 15-4). Emergency renewed at 22 A.AR. 1637, effective June 7, 2016 for 180 days (Supp. 16-2). Section amended by final rulemaking at 22 A.A.R. 2869, effective September 14, 2016 (Supp. 16-4). Amended by final rulemaking at 28 A.A.R. 1404 (June 17, 2002), effective July 24, 2022 (Supp. 22-2). Amended by final rulemaking at 32 A.A.R. 1806 (August 14, 2026, Issue 33), with an immediate effective date of August 5, 2026 (Supp. 26-3).

Exhibit A. Form MM-04

WILL NOT
BE
DELIVERED
WITHOUT
PROPER
POSTAGE

ARIZONA CORPORATION COMMISSION
OFFICE OF PIPELINE SAFETY – GAS SAFETY PROGRAM
1300 WEST WASHINGTON STREET, SUITE 220
PHOENIX, ARIZONA 85007

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fold here

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fold here

Exhibit A. Form MM-04

ARIZONA CORPORATION COMMISSION PIPELINE SAFETY

TO BE FILED FOR EACH CALENDAR YEAR, DUE BETWEEN JANUARY 1 AND APRIL 15 OF THE FOLLOWING CALENDAR YEAR

ANNUAL REPORT FOR CALENDAR YEAR _____
SMALL OPERATORS OF GAS DISTRIBUTION SYSTEM

FACILITY INFORMATION	**OPERATOR/OWNER**
NAME OF FACILITY	NAME
ADDRESS OF FACILITY	ADDRESS
CITY COUNTY	CITY
STATE ZIP CODE	STATE ZIP CODE
FACILITY E-MAIL ADDRESS	OPERATOR E-MAIL ADDRESS
AREA CODE TELEPHONE	AREA CODE TELEPHONE

FACILITY TYPE: MHP_____ APT/CONDO_____ SCHOOL _____ BUSINESS _____ # OF BLDG _____

SYSTEM INFORMATION	**FEET OF PIPE**
UNDERGROUND STEEL PIPE	
ABOVEGROUND STEEL PIPE	
UNDERGROUND PE PLASTIC PIPE	
UNDERGROUND PVC PLASTIC PIPE	
TOTAL FEET OF PIPE IN SYSTEM	

NOTE: (if you have any comments or concerns, please note in this box)

FOR UNDERGROUND STEEL SYSTEMS DATE OF LAST C/P CHECK IN CAL. YR.

_____ / _____ / _____

(If no tests were conducted in _____, please write "None Conducted")

DATE OF LEAK SURVEY CONDUCTED IN CAL. YR.

_____ / _____ / _____

(If no tests were conducted in _____, please write "None Conducted")

TOTAL LEAKS IN SYSTEM DURING LAST CAL. YEAR_____.

CAUSE:

CORROSION _____.
THIRD PARTY DAMAGE _____.
CONSTRUCTION DEFECT _____.
MATERIAL DEFECT _____.
OTHER _____.

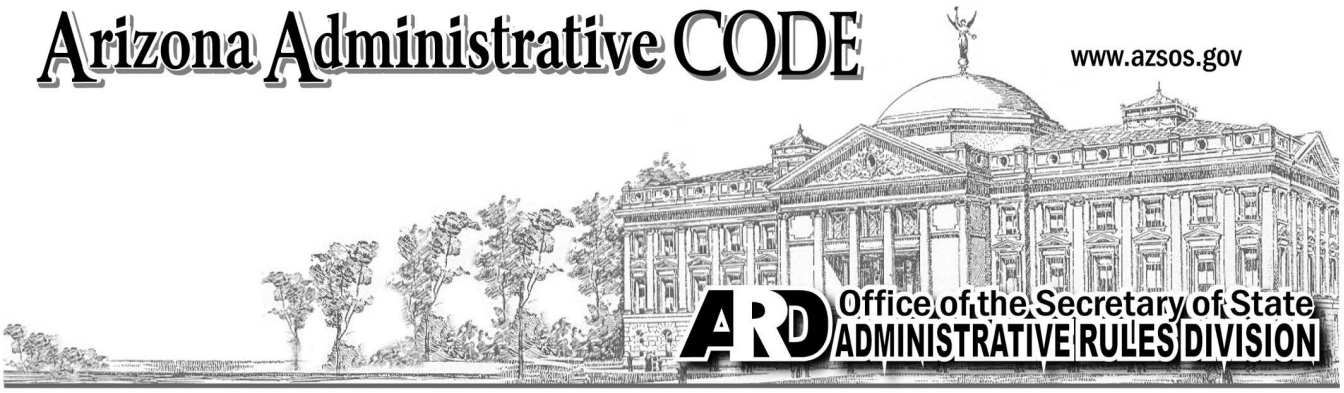
NUMBER OF KNOWN LEAKS AT END OF YEAR _____.

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Historical Note
Exhibit A made by final rulemaking at 20 A.A.R. 75, effective December 16, 2013 (Supp. 13-4). Amended by final rulemaking at 30 A.A.R. 1085 (May 24, 2024), with an immediate effective date of May 2, 2024 (Supp. 24-2).

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ARIZONA ADMINISTRATIVE CODE

TITLE 18. ENVIRONMENTAL QUALITY

CHAPTER 2. DEPARTMENT OF ENVIRONMENTAL QUALITY - AIR POLLUTION CONTROL

18 A.A.C. 2

Supplement Information
Supp. 26-3

Rules filed between July 1, 2026 through September 30, 2026 are codified in this Chapter.

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The release of this Chapter in Supp. 26-3 replaces Supp. 26-2, 1-249 pages. Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained and archived for future reference.

Preface

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

Rules

The definition for a rule is provided for under A.R.S. § 41-1001. "'*Rule' means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.*"

The *Arizona Administrative Code*

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then a Section number with a heading. The "R" at the beginning of the Section number stands for "rule." The rule itself includes sequential letters and numbers in an outline. Each lettered or numbered Section is called a subsection of the rule.

Rules are codified quarterly in the *Code*. For example:

Rules codified in the first quarter are filed between January 1 through March 31.

Rules codified in the second quarter are filed between April 1 through June 30.

Rules codified in the third quarter are filed between July 1 through September 30.

Rules codified in the fourth quarter are filed between October 1 through December 31.

Supplement release dates are included in the footers of each Chapter. The first supplement for the first quarter of 2026 is cited as Supp. 26-1. Supplements are released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

How to Use the *Code*

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Register* for recent updates to rule Sections.

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The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

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Rule History

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Arizona Administrative Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

Arizona Revised Statutes References

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature's website, www.azleg.gov. An agency's authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

Session Law References

Arizona Session Law references in a Chapter can be found at the Secretary of State's website, www.azsos.gov under Services-> Legislative Filings.

Exemptions to the APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency's exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor's notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

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Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.

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TITLE 18. ENVIRONMENTAL QUALITY

CHAPTER 2. DEPARTMENT OF ENVIRONMENTAL QUALITY - AIR POLLUTION CONTROL

Authority: A.R.S. § 49-104 et seq.

Supp. 26-3

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Article 8, consisting of Sections R18-2-801 through R18-2-805, renumbered to Article 9, Sections R18-2-901 through R18-2-905 (Supp. 93-4).

Article 8 consisting of Sections R18-2-801 through R18-2-805 adopted effective February 26, 1988.

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Article 11 consisting of Sections R18-2-1101 and R18-2-1102 repealed effective September 26, 1990 (Supp. 90-3).

Article 11 consisting of Sections R9-3-1101, R9-3-1102, and Appendices 1 through 11 renumbered as Article 11, Sections R18-2-1101, R18-2-1102, and Appendices 1 through 11 (Supp. 87-3).

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Article 13, consisting of Sections R18-2-1301 through R18-2-1307, rules expired under A.R.S. § 41-1056(J), effective April 30, 2013 (Supp. 13-3).

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Article 17, consisting of Sections R18-2-1701 through R18-2-1709, expired under A.R.S. § 41-1056(J) at 23 A.A.R.135, effective August 26, 2016; filed in the Office of the Secretary of State December 23, 2016 (Supp. 16-4).

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ARTICLE 1. GENERAL

R18-2-101. Definitions

The following definitions apply to this Chapter. Where the same term is defined in this Section and in the definitions Section for an Article of this Chapter, the Article-specific definition shall apply.

1. "Act" means the Clean Air Act of 1963 (P.L. 88-206; 42 U.S.C. 7401 through 7671q) as amended through December 31, 2011 (and no future editions).
2. "Actual emissions" means the actual rate of emissions of a regulated NSR pollutant from an emissions unit, as determined in subsections (2)(a) through (e), except that this definition shall not apply for calculating whether a significant emissions increase as defined in R18-2-401 has occurred, or for establishing a plantwide applicability limitation as defined in R18-2-401. Instead, the definitions of projected actual emissions and baseline actual emissions in R18-2-401 shall apply for those purposes.
    a. In general, actual emissions as of a particular date shall equal the average rate, in tons per year, at which the unit actually emitted the pollutant during a consecutive 24-month period that precedes the particular date and that is representative of normal source operation. The Director may allow the use of a different time period upon a determination that it is more representative of normal source operation. Actual emissions shall be calculated using the unit's actual operating hours, production rates, and types of materials processed, stored or combusted during the selected time period.
    b. The Director may presume that source-specific allowable emissions for the unit are equivalent to the actual emissions of the unit.
    c. For any emissions unit that is or will be located at a source with a Class I permit and has not begun normal operations on the particular date, actual emissions shall equal the unit's potential to emit on that date.
    d. For any emissions unit that is or will be located at a source with a Class II permit and has not begun normal operations on the particular date, actual emissions shall be based on applicable control equipment requirements and projected conditions of operation.
    e. This definition shall not apply for calculating whether a significant emissions increase has occurred, or for establishing a PAL. Instead, the definitions of projected actual emissions and baseline actual emissions in R18-2-401 shall apply for those purposes.
3. "Administrator" means the Administrator of the United States Environmental Protection Agency.
4. "Affected facility" means, with reference to a stationary source, any apparatus to which a standard is applicable.
5. "Affected source" means a source that includes one or more units which are subject to emission reduction requirements or limitations under Title IV of the Act.
6. "Affected state" means any state whose air quality may be affected by a source applying for a permit, permit revision, or permit renewal and that is contiguous to Arizona or that is within 50 miles of the permitted source.
7. "Afterburner" means an incinerator installed in the secondary combustion chamber or stack for the purpose of incinerating smoke, fumes, gases, unburned carbon, and other combustible material not consumed during primary combustion.
8. "Air contaminants" means smoke, vapors, charred paper, dust, soot, grime, carbon, fumes, gases, sulfuric acid mist aerosols, aerosol droplets, odors, particulate matter, windborne matter, radioactive materials, or noxious chemicals, or any other material in the outdoor atmosphere.
9. "Air curtain destructor" means an incineration device designed and used to secure, by means of a fan-generated air curtain, controlled combustion of only wood waste and slash materials in an earthen trench or refractory-lined pit or bin.
10. *"Air pollution" means the presence in the outdoor atmosphere of one or more air contaminants or combinations thereof in sufficient quantities, which either alone or in connection with other substances by reason of their concentration and duration are or tend to be injurious to human, plant or animal life, or cause damage to property, or unreasonably interfere with the comfortable enjoyment of life or property of a substantial part of a community, or obscure visibility, or which in any way degrade the quality of the ambient air below the standards established by the director.* A.R.S. § 49-421(2).
11. "Air pollution control equipment" means equipment used to eliminate, reduce or control the emission of air pollutants into the ambient air.
12. "Air quality control region" (AQCR) means an area so designated by the Administrator pursuant to Section 107 of the Act and includes the following regions in Arizona:
    a. Maricopa Intrastate Air Quality Control Region which is comprised of the County of Maricopa.
    b. Pima Intrastate Air Quality Control Region which is comprised of the County of Pima.
    c. Northern Arizona Intrastate Air Quality Control Region which encompasses the counties of Apache, Coconino, Navajo, and Yavapai.
    d. Mohave-Yuma Intrastate Air Quality Control Region which encompasses the counties of La Paz, Mohave, and Yuma.
    e. Central Arizona Intrastate Air Quality Control Region which encompasses the counties of Gila and Pinal.
    f. Southeast Arizona Intrastate Air Quality Control Region which encompasses the counties of Cochise, Graham, Greenlee, and Santa Cruz.
13. "Allowable emissions" means the emission rate of a stationary source calculated using both the maximum rated capacity of the source, unless the source is subject to federally enforceable limits which restrict the operating rate or hours of operation, and the most stringent of the following:
    a. The applicable standards as set forth in 40 CFR 60, 61 and 63;
    b. The applicable emissions limitations approved into the state implementation plan, including those with a future compliance date; or,
    c. The emissions rate specified as a federally enforceable permit condition, including those with a future compliance date.
14. "Ambient air" means that portion of the atmosphere, external to buildings, to which the general public has access.
15. "Applicable implementation plan" means those provisions of the state implementation plan approved by the Administrator or a federal implementation plan promul-

gated for Arizona or any portion of Arizona in accordance with Title I of the Act.

16. "Applicable requirement" means any of the following:
    a. Any federal applicable requirement.
    b. Any other requirement established pursuant to this Chapter or A.R.S. Title 49, Chapter 3.
17. "Arizona Testing Manual" means sections 1 and 7 of the Arizona Testing Manual for Air Pollutant Emissions amended as of March 1992 (and no future editions).
18. "ASTM" means the American Society for Testing and Materials.
19. "Attainment area" means any area that has been identified in regulations promulgated by the Administrator as being in compliance with national ambient air quality standards.
20. *"Begin actual construction" means, initiation of physical on-site construction activities on an emissions unit which are of a permanent nature. With respect to a change in method of operation this term refers to those onsite activities, other than preparatory activities, which mark the initiation of the change.*
    a. For purposes of title I, parts C and D and section 112 of the clean air act, and for purposes of applicants that require permits containing limits designed to avoid the application of title I, parts C and D and section 112 of the clean air act, these activities include installation of building supports and foundations, laying of underground pipework, and construction of permanent storage structures but do not include any of the following, subject to subsection (20)(c):
        i. Clearing and grading, including demolition and removal of existing structures and equipment, stripping and stockpiling of topsoil.
        ii. Installation of access roads, driveways and parking lots.
        iii. Installation of ancillary structures, including fences, office buildings and temporary storage structures, that are not a necessary component of an emissions unit or associated air pollution control equipment for which the permit is required.
        iv. Ordering and onsite storage of materials and equipment.
    b. For purposes other than those identified in subsection (20)(a), these activities do not include any of the following, subject to subsection (20)(c):
        i. Clearing and grading, including demolition and removal of existing structures and equipment, stripping and stockpiling of topsoil and earthwork cut and fill for foundations.
        ii. Installation of access roads, parking lots, driveways and storage areas.
        iii. Installation of ancillary structures, including fences, warehouses, storerooms and office buildings, provided none of these structures impacts the design of any emissions unit or associated air pollution control equipment.
        iv. Ordering and onsite storage of materials and equipment.
        v. Installation of underground pipework, including water, sewer, electric and telecommunications utilities.
        vi. Installation of building and equipment supports, including concrete forms, footers, pilings, foundations, pads and platforms, provided none of these supports impacts the design of any emissions unit or associated air pollution control equipment.
    c. An applicant's performance of any activities that are excluded from the definition of "begin actual construction" under subsection (20)(a) or (b) shall be at the applicant's risk and shall not reduce the applicant's obligations under this Chapter. The director shall evaluate an application for a permit or permit revision and make a decision on the same basis as if the activities allowed under subsection (20)(a) or (b) had not occurred. A.R.S. § 49-401.01(7).
21. "Best available control technology" (BACT) means an emission limitation, including a visible emissions standard, based on the maximum degree of reduction for each regulated NSR pollutant which would be emitted from any proposed major source or major modification, taking into account energy, environmental, and economic impact and other costs, determined by the Director in accordance with R18-2-406(A)(4) to be achievable for such source or modification.
22. "Btu" means British thermal unit, which is the quantity of heat required to raise the temperature of one pound of water 1°F.
23. "Categorical sources" means the following classes of sources:
    a. Coal cleaning plants with thermal dryers;
    b. Kraft pulp mills;
    c. Portland cement plants;
    d. Primary zinc smelters;
    e. Iron and steel mills;
    f. Primary aluminum ore reduction plants;
    g. Primary copper smelters;
    h. Municipal incinerators capable of charging more than 50 tons of refuse per day;
    i. Hydrofluoric, sulfuric, or nitric acid plants;
    j. Petroleum refineries;
    k. Lime plants;
    l. Phosphate rock processing plants;
    m. Coke oven batteries;
    n. Sulfur recovery plants;
    o. Carbon black plants using the furnace process;
    p. Primary lead smelters;
    q. Fuel conversion plants;
    r. Sintering plants;
    s. Secondary metal production plants;
    t. Chemical process plants, which shall not include ethanol production facilities that produce ethanol by natural fermentation included in North American Industry Classification System codes 325193 or 312140;
    u. Fossil-fuel boilers, combinations thereof, totaling more than 250 million Btus per hour heat input;
    v. Petroleum storage and transfer units with a total storage capacity more than 300,000 barrels;
    w. Taconite ore processing plants;
    x. Glass fiber processing plants;
    y. Charcoal production plants;
    z. Fossil-fuel-fired steam electric plants and combined cycle gas turbines of more than 250 million Btus per hour heat input.

24. "Categorically exempt activities" means any of the following:
    a. Any combination of diesel-, natural gas- or gasoline-fired engines with cumulative power equal to or less than 145 horsepower.
    b. Natural gas-fired engines with cumulative power equal to or less than 155 horsepower.
    c. Gasoline-fired engines with cumulative power equal to or less than 200 horsepower.
    d. Any of the following emergency or stand-by engines used for less than 500 hours in each calendar year, provided the permittee keeps records documenting the hours of operation of the engines:
        i. Any combination of diesel-, natural gas- or gasoline-fired emergency engines with cumulative power equal to or less than 2,500 horsepower.
        ii. Natural gas-fired emergency engines with cumulative power equal to or less than 2,700 horsepower.
        iii. Gasoline-fired emergency engines with cumulative power equal to or less than 3,700 horsepower.
    e. Any combination of boilers with a cumulative maximum design heat input capacity of less than 10 million Btu/hr.
25. "CFR" means the Code of Federal Regulations, amended as of July 1, 2011, (and no future editions), with standard references in this Chapter by Title and Part, so that "40 CFR 51" means Title 40 of the Code of Federal Regulations, Part 51.
26. "Charge" means the addition of metal bearing materials, scrap, or fluxes to a furnace, converter or refining vessel.
27. "Clean coal technology" means any technology, including technologies applied at the precombustion, combustion, or post-combustion stage, at a new or existing facility that will achieve significant reductions in air emissions of sulfur dioxide or oxides of nitrogen associated with the utilization of coal in the generation of electricity, or process steam, that was not in widespread use as of November 15, 1990.
28. "Clean coal technology demonstration project" means a project using funds appropriated under the heading "Department of Energy - Clean Coal Technology," up to a total amount of $2,500,000,000 for commercial demonstration of clean coal technology or similar projects funded through appropriations for the Environmental Protection Agency. The federal contribution for a qualifying project shall be at least 20% of the total cost of the demonstration project.
29. "Coal" means all solid fossil fuels classified as anthracite, bituminous, subbituminous, or lignite by ASTM D-388-91, (Classification of Coals by Rank).
30. "Combustion" means the burning of matter.
31. "Commence" means, as applied to construction of a source, or a major modification as defined in Article 4 of this Chapter, that the owner or operator has all necessary preconstruction approvals or permits and either has:
    a. Begun, or caused to begin, a continuous program of actual onsite construction of the source, to be completed within a reasonable time; or
    b. Entered into binding agreements or contractual obligations, which cannot be cancelled or modified without substantial loss to the owner or operator, to undertake a program of actual construction of the source to be completed within a reasonable time.
32. "Construction" means any physical change or change in the method of operation, including fabrication, erection, installation, demolition, or modification of an emissions unit, which would result in a change in emissions.
33. "Continuous monitoring system" means a CEMS, CERMS, or CPMS.
34. "Continuous emissions monitoring system" or "CEMS" means the total equipment, required under the emission monitoring provisions in this Chapter, used to sample, condition (if applicable), analyze, and provide, on a continuous basis, a permanent record of emissions.
35. "Continuous emissions rate monitoring system" or "CERMS" means the total equipment required for the determination and recording of the pollutant mass emissions rate (in terms of mass per unit of time).
36. "Continuous parameter monitoring system" or "CPMS" means the total equipment, required under the emission monitoring provisions in this Chapter, to monitor process or control device operational parameters (for example, control device secondary voltages and electric currents) or other information (for example, gas flow rate, O_2 or CO_2 concentrations) and to provide, on a continuous basis, a permanent record of monitored values.
37. "Controlled atmosphere incinerator" means one or more refractory-lined chambers in which complete combustion is promoted by recirculation of gases by mechanical means.
38. *"Conventional air pollutant" means any pollutant for which the Administrator has promulgated a primary or secondary national ambient air quality standard.* A.R.S. § 49-401.01(12).
39. *"Department" means the Department of Environmental Quality.* A.R.S. § 49-101(2)
40. *"Director" means the director of environmental quality who is also the director of the department.* A.R.S. § 49-101(3).
41. "Discharge" means the release or escape of an effluent from a source into the atmosphere.
42. "Dust" means finely divided solid particulate matter occurring naturally or created by mechanical processing, handling or storage of materials in the solid state.
43. "Dust suppressant" means a chemical compound or mixture of chemical compounds added with or without water to a dust source for purposes of preventing air entrainment.
44. "Effluent" means any air contaminant which is emitted and subsequently escapes into the atmosphere.
45. "Electric utility steam generating unit" means any steam electric generating unit that is constructed for the purpose of supplying more than one-third of its potential electric output capacity and more than 25 MW electrical output to any utility power distribution system for sale. Any steam supplied to a steam distribution system for the purpose of providing steam to a steam-electric generator that would produce electrical energy for sale is also considered in determining the electrical energy output capacity of the affected facility.
46. "Emission" means an air contaminant or gas stream, or the act of discharging an air contaminant or a gas stream, visible or invisible.
47. "Emission standard" or "emission limitation" means a requirement established by the state, a local government,

or the Administrator which limits the quantity, rate, or concentration of emissions of air pollutants on a continuous basis, including any requirements which limit the level of opacity, prescribe equipment, set fuel specifications, or prescribe operation or maintenance procedures for a source to assure continuous emission reduction.

48. "Emissions unit" means any part of a stationary source which emits or would have the potential to emit any regulated air pollutant and includes an electric steam generating unit.
49. "Enforceable as a practical matter" means that an emission limitation or a design, equipment, work practice, or operational standard is both legally and practicably enforceable as follows:
    a. An emission limitation or a design, equipment, work practice, or operational standard is legally enforceable if the Department has the authority to enforce it under A.R.S. Title 49, Chapter 3, Article 2. Any emission limitation imposed in a permit under this Chapter is legally enforceable.
    b. An emission limitation or a design, equipment, work practice, or operational standard in a permit for a stationary source is practicably enforceable if the permit specifies:
        i. The limitation or standard and the emissions units or activities at the stationary source subject to the limitation or standard;
        ii. In the case of an emission limitation, the averaging period and the data handling methods for calculating averages to be compared to the limitation;
        iii. In the case of a design, equipment, work practice, or operational standard, the schedule for implementing the standard and for performing inspection, maintenance, repair, and any other activities necessary to assure compliance with the standard;
        iv. The methods to determine compliance, including appropriate monitoring, recordkeeping, reporting and testing methods.
    c. A rule or general permit that applies to categories of sources is practicably enforceable if the rule or general permit specifies the items identified in subsections (b)(i) to (iv) and additionally:
        i. Identifies the types or categories of sources that are covered by the rule or general permit;
        ii. Where coverage is optional, provides for notice to the Department of the source's election to be covered by the rule or general permit; and
        iii. Specify the enforcement consequences relevant to the rule or general permit.
50. "Equivalent method" means any method of sampling and analyzing for an air pollutant which has been demonstrated under R18-2-311(D) to have a consistent and quantitatively known relationship to the reference method, under specified conditions.
51. "Excess emissions" means emissions of an air pollutant in excess of an emission standard as measured by the compliance test method applicable to such emission standard.
52. "Federal applicable requirement" means any of the following (including requirements that have been promulgated or approved by EPA through rulemaking at the time of issuance but have future effective compliance dates):
    a. Any standard or other requirement provided for in the applicable implementation plan approved or promulgated by EPA through rulemaking under Title I of the Act that implements the relevant requirements of the Act, including any revisions to that plan promulgated in 40 CFR 52.
    b. Any term or condition of any preconstruction permits issued pursuant to regulations approved or promulgated through rulemaking under Title I, including parts C or D, of the Act.
    c. Any standard or other requirement under section 111 of the Act, including 111(d).
    d. Any standard or other requirement under section 112 of the Act, including any requirement concerning accident prevention under section 112(r)(7) of the Act.
    e. Any standard or other requirement of the acid rain program under Title IV of the Act or the regulations promulgated thereunder and incorporated pursuant to R18-2-333.
    f. Any requirements established pursuant to section 504(b) or section 114(a)(3) of the Act.
    g. Any standard or other requirement governing solid waste incineration, under section 129 of the Act.
    h. Any standard or other requirement for consumer and commercial products, under section 183(e) of the Act.
    i. Any standard or other requirement for tank vessels under section 183(f) of the Act.
    j. Any standard or other requirement of the program to control air pollution from outer continental shelf sources, under section 328 of the Act.
    k. Any standard or other requirement of the regulations promulgated to protect stratospheric ozone under Title VI of the Act, unless the Administrator has determined that such requirements need not be contained in a Title V permit.
    l. Any national ambient air quality standard or maximum increase allowed under R18-2-218 or visibility requirement under Part C of Title I of the Act, but only as it would apply to temporary sources permitted pursuant to section 504(e) of the Act.
53. "Federal Land Manager" means, with respect to any lands in the United States, the secretary of the department with authority over such lands.
54. "Federally enforceable" means all limitations and conditions which are enforceable by the Administrator under the Act, including all of the following:
    a. The requirements of the new source performance standards and national emission standards for hazardous air pollutants.
    b. The requirements of such other state or county rules or regulations approved by the Administrator, including the requirements of state and county operating and new source review permit and registration programs that have been approved by the Administrator. Notwithstanding this subsection, the condition of any permit or registration designated as being enforceable only by the state is not federally enforceable.
    c. The requirements of any applicable implementation plan.
    d. Emissions limitations, controls, and other requirements, and any associated monitoring, recordkeep-

ing, and reporting requirements that are included in a permit pursuant to R18-2-306.01, R18-2-306.02, or R18-2-306.03.

55. "Federally listed hazardous air pollutant" means a pollutant listed pursuant to R18-2-1701(9).
56. "Final permit" means the version of a permit issued by the Department after completion of all review required by this Chapter.
57. "Fixed capital cost" means the capital needed to provide all the depreciable components.
58. "Fuel" means any material which is burned for the purpose of producing energy.
59. "Fuel burning equipment" means any machine, equipment, incinerator, device or other Article, except stationary rotating machinery, in which combustion takes place.
60. "Fugitive emissions" means those emissions which could not reasonably pass through a stack, chimney, vent, or other functionally equivalent opening.
61. "Fume" means solid particulate matter resulting from the condensation and subsequent solidification of vapors of melted solid materials.
62. "Fume incinerator" means a device similar to an afterburner installed for the purpose of incinerating fumes, gases and other finely divided combustible particulate matter not previously burned.
63. "Good engineering practice (GEP) stack height" means a stack height meeting the requirements described in R18-2-332.
64. "Hazardous air pollutant" means any federally listed hazardous air pollutant.
65. "Heat input" means the quantity of heat in terms of Btus generated by fuels fed into the fuel burning equipment under conditions of complete combustion.
66. "Incinerator" means any equipment, machine, device, contrivance or other Article, and all appurtenances thereof, used for the combustion of refuse, salvage materials or any other combustible material except fossil fuels, for the purpose of reducing the volume of material.
67. "Indian governing body" means the governing body of any tribe, band, or group of Indians subject to the jurisdiction of the United States and recognized by the United States as possessing power of self-government.
68. "Indian reservation" means any federally recognized reservation established by Treaty, Agreement, Executive Order, or Act of Congress.
69. "Insignificant activity" means any of the following activities:
    a. Liquid Storage and Piping
        i. Petroleum product storage tanks containing the following substances, provided the applicant lists and identifies the contents of each tank with a volume of 350 gallons or more and provides threshold values for throughput or capacity or both for each such tank: diesel fuels and fuel oil in storage tanks with capacity of 40,000 gallons or less, lubricating oil, transformer oil, and used oil.
        ii. Gasoline storage tanks with capacity of 10,000 gallons or less.
        iii. Storage and piping of natural gas, butane, propane, or liquified petroleum gas, provided the applicant lists and identifies the contents of each stationary storage vessel with a volume of 350 gallons or more and provides threshold values for throughput or capacity or both for each such vessel.
        iv. Piping of fuel oils, used oil and transformer oil, provided the applicant includes a system description.
        v. Storage and handling of drums or other transportable containers where the containers are sealed during storage, and covered during loading and unloading, including containers of waste and used oil regulated under the federal Resource Conservation and Recovery Act, 42 U.S.C. 6901-6992(k). Permit applicants must provide a description of material in the containers and the approximate amount stored.
        vi. Storage tanks of any size containing exclusively soaps, detergents, waxes, greases, aqueous salt solutions, aqueous solutions of acids that are not regulated air pollutants, or aqueous caustic solutions, provided the permit applicant specifies the contents of each storage tank with a volume of 350 gallons or more.
        vii. Electrical transformer oil pumping, cleaning, filtering, drying and the re-installation of oil back into transformers.
    b. Internal combustion engine-driven compressors, internal combustion engine-driven electrical generator sets, and internal combustion engine-driven water pumps used for less than 500 hours per calendar year for emergency replacement or standby service, provided the permittee keeps records documenting the hours of operation of this equipment.
    c. Low Emitting Processes
        i. Batch mixers with rated capacity of 5 cubic feet or less.
        ii. Wet sand and gravel production facilities that obtain material from subterranean and subaqueous beds, whose production rate is 200 tons/hour or less, and whose permanent in-plant roads are paved and cleaned to control dust. This does not include activities in emissions units which are used to crush or grind any nonmetallic minerals.
        iii. Powder coating operations.
        iv. Equipment using water, water and soap or detergent, or a suspension of abrasives in water for purposes of cleaning or finishing.
        v. Blast-cleaning equipment using a suspension of abrasive in water and any exhaust system or collector serving them exclusively.
        vi. Plastic pipe welding.
    d. Site Maintenance
        i. Housekeeping activities and associated products used for cleaning purposes, including collecting spilled and accumulated materials at the source, including operation of fixed vacuum cleaning systems specifically for such purposes.
        ii. Sanding of streets and roads to abate traffic hazards caused by ice and snow.
        iii. Street and parking lot striping.
        iv. Architectural painting and associated surface preparation for maintenance purposes at industrial or commercial facilities.

e. Sampling and Testing
   i. Noncommercial (in-house) experimental, analytical laboratory equipment which is bench scale in nature, including quality control/quality assurance laboratories supporting a stationary source and research and development laboratories.
   ii. Individual sampling points, analyzers, and process instrumentation, whose operation may result in emissions but that are not regulated as emission units.
f. Ancillary Non-Industrial Activities
   i. General office activities, such as paper shredding, copying, photographic activities, and blueprinting, but not to include incineration.
   ii. Use of consumer products, including hazardous substances as that term is defined in the Federal Hazardous Substances Act (15 U.S.C. 1261 et seq.) where the product is used at a source in the same manner as normal consumer use.
   iii. Activities directly used in the diagnosis and treatment of disease, injury or other medical condition.
g. Miscellaneous Activities
   i. Installation and operation of potable, process and waste water observation wells, including drilling, pumping, filtering apparatus.
   ii. Transformer vents.

70. "Kraft pulp mill" means any stationary source which produces pulp from wood by cooking or digesting wood chips in a water solution of sodium hydroxide and sodium sulfide at high temperature and pressure. Regeneration of the cooking chemicals through a recovery process is also considered part of the kraft pulp mill.
71. "Lead" means elemental lead or alloys in which the predominant component is lead.
72. "Lime hydrator" means a unit used to produce hydrated lime product.
73. "Lime plant" includes any plant which produces a lime product from limestone by calcination. Hydration of the lime product is also considered to be part of the source.
74. "Lime product" means any product produced by the calcination of limestone.
75. "Major modification" is defined as follows:
   a. A major modification is any physical change in or change in the method of operation of a major source that would result in both a significant emissions increase of any regulated NSR pollutant and a significant net emissions increase of that pollutant from the stationary source.
   b. Any emissions increase or net emissions increase that is significant for nitrogen oxides or volatile organic compounds is significant for ozone.
   c. For the purposes of this definition, none of the following is a physical change or change in the method of operation:
      i. Routine maintenance, repair, and replacement;
      ii. Use of an alternative fuel or raw material by reason of an order under sections 2(a) and (b) of the Energy Supply and Environmental Coordination Act of 1974, 15 U.S.C. 792, or by reason of a natural gas curtailment plan under the Federal Power Act, 16 U.S.C. 792 - 825r;
      iii. Use of an alternative fuel by reason of an order or rule under section 125 of the Act;
      iv. Use of an alternative fuel at a steam generating unit to the extent that the fuel is generated from municipal solid waste;
      v. For purposes of determining the applicability of R18-2-403 through R18-2-405 or R18-2-411, any of the following:
         (1) Use of an alternative fuel or raw material by a stationary source that the source was capable of accommodating before December 21, 1976, unless the change would be prohibited under any federally enforceable permit condition established after December 12, 1976 under 40 CFR 52.21 or under Articles 3 or 4 of this Chapter; or
         (2) Use of an alternative fuel or raw material by a stationary source that the source is approved to use under any permit issued under R18-2-403;
         (3) An increase in the hours of operation or in the production rate, unless the change would be prohibited under any federally enforceable permit condition established after December 21, 1976, under 40 CFR 52.21, or under Articles 3 or 4 of this Chapter.
      vi. For purposes of determining the applicability of R18-2-406 through R18-2-408 or R18-2-410, any of the following:
         (1) Use of an alternative fuel or raw material by a stationary source that the source was capable of accommodating before January 6, 1975, unless the change would be prohibited under any federally enforceable permit condition established after January 6, 1975 under 40 CFR 52.21 or under Articles 3 or 4 of this Chapter;
         (2) Use of an alternative fuel or raw material by a stationary source that the source is approved to use under any permit issued under 40 CFR 52.21, or under R18-2-406; or
         (3) An increase in the hours of operation or in the production rate, unless the change would be prohibited under any federally enforceable permit condition established after January 6, 1975, under 40 CFR 52.21, or under Articles 3 or 4 of this Chapter.
      vii. Any change in ownership at a stationary source;
      viii. [Reserved.]
      ix. The installation, operation, cessation, or removal of a temporary clean coal technology demonstration project, if the project complies with:
         (1) The SIP, and
         (2) Other requirements necessary to attain and maintain the national ambient air quality standards during the project and after it is terminated;
      x. For electric utility steam generating units located in attainment and unclassifiable areas

only, the installation or operation of a permanent clean coal technology demonstration project that constitutes repowering, if the project does not result in an increase in the potential to emit any regulated pollutant emitted by the unit. This exemption applies on a pollutant-by-pollutant basis; and

xi. For electric utility steam generating units located in attainment and unclassifiable areas only, the reactivation of a very clean coal-fired electric utility steam generating unit.

d. This definition shall not apply with respect to a particular regulated NSR pollutant when the major source is complying with the requirements of R18-2-412 for a PAL for that regulated NSR pollutant. Instead, the definition of PAL major modification in R18-2-401(20) shall apply.

76. "Major source" means:
    a. A major source as defined in R18-2-401.
    b. A major source under section 112 of the Act:
        i. For pollutants other than radionuclides, any stationary source that emits or has the potential to emit, in the aggregate, including fugitive emission 10 tons per year (tpy) or more of any hazardous air pollutant which has been listed pursuant to section 112(b) of the Act, 25 tpy or more of any combination of such hazardous air pollutants, or such lesser quantity as described in Article 11 of this Chapter. Notwithstanding the preceding sentence, emissions from any oil or gas exploration or production well (with its associated equipment) and emissions from any pipeline compressor or pump station shall not be aggregated with emissions from other similar units, whether or not such units are in a contiguous area or under common control, to determine whether such units or stations are major sources; or
        ii. For radionuclides, "major source" shall have the meaning specified by the Administrator by rule.
    c. A major stationary source, as defined in section 302 of the Act, that directly emits or has the potential to emit, 100 tpy or more of any air pollutant including any major source of fugitive emissions of any such pollutant. The fugitive emissions of a stationary source shall not be considered in determining whether it is a major stationary source for the purposes of section 302(j) of the Act, unless the source belongs to a section 302(j) category.
77. "Malfunction" means any sudden and unavoidable failure of air pollution control equipment, process equipment or a process to operate in a normal and usual manner, but does not include failures that are caused by poor maintenance, careless operation or any other upset condition or equipment breakdown which could have been prevented by the exercise of reasonable care.
78. "Minor source" means a source of air pollution which is not a major source for the purposes of Article 4 of this Chapter and over which the Director, acting pursuant to A.R.S. § 49-402(B), has asserted jurisdiction.
79. "Minor source baseline area" means the air quality control region in which the source is located.
80. *"Mobile source" means any combustion engine, device, machine or equipment that operates during transport and that emits or generates air contaminants whether in motion or at rest.* A.R.S. § 49-401.01(23).
81. *"Modification" or "modify" means a physical change in or change in the method of operation of a source that increases the emissions of any regulated air pollutant emitted by such source by more than any relevant de minimis amount or that results in the emission of any regulated air pollutant not previously emitted by more than such de minimis amount. An increase in emissions at a minor source shall be determined by comparing the source's potential to emit before and after the modification. The following exemptions apply:*
    a. A physical or operational change does not include routine maintenance, repair or replacement.
    b. An increase in the hours of operation or if the production rate is not considered an operational change unless such increase is prohibited under any permit condition that is legally and practically enforceable by the Department.
    c. *A change in ownership at a source is not considered a modification.* A.R.S. § 49-401.01(24).
82. "Monitoring device" means the total equipment, required under the applicable provisions of this Chapter, used to measure and record, if applicable, process parameters.
83. "Motor vehicle" means any self-propelled vehicle designed for transporting persons or property on public highways.
84. "Multiple chamber incinerator" means three or more refractory-lined combustion chambers in series, physically separated by refractory walls and interconnected by gas passage ports or ducts.
85. "Natural conditions" includes naturally occurring phenomena that reduce visibility as measured in terms of light extinction, visual range, contrast, or coloration.
86. *"National ambient air quality standard" means the ambient air pollutant concentration limits established by the Administrator pursuant to section 109 of the Act.* A.R.S. § 49-401.01(25).
87. "National emission standards for hazardous air pollutants" or "NESHAP" means standards adopted by the Administrator under section 112 of the Act.
88. "Necessary preconstruction approvals or permits" means those permits or approvals required under the Act and those air quality control laws and rules which are part of the SIP.
89. "Net emissions increase" means:
    a. The amount by which the sum of subsections (88)(a)(i) and (ii) exceeds zero:
        i. The increase in emissions of a regulated NSR pollutant from a particular physical change or change in the method of operation at a stationary source as calculated pursuant to R18-2-402(D); and
        ii. Any other increases and decreases in actual emissions of the regulated NSR pollutant at the source that are contemporaneous with the particular change and are otherwise creditable.
        iii. For purposes of calculating increases and decreases in actual emissions under subsection (88)(a)(ii), baseline actual emissions shall be determined as provided in the definition of baseline actual emissions in R18-2-401(2),

except that R18-2-401(2)(a)(iii) and (b)(iv) shall not apply.

b. An increase or decrease in actual emissions is contemporaneous with the increase from the particular change only if it occurs between:
   i. The date five years before a complete application for a permit or permit revision authorizing the particular change is submitted or actual construction of the particular change begins, whichever occurs earlier, and
   ii. The date that the increase from the particular change occurs.

c. For purposes of determining the applicability of R18-2-403 through R18-2-405 or R18-2-411, an increase or decrease in actual emissions is creditable only if the Director has not relied on it in issuing a permit or permit revision under R18-2-403, which permit is in effect when the increase in actual emissions from the particular change occurs. For purposes of determining the applicability of R18-2-406 through R18-2-408 or R18-2-410, an increase or decrease in actual emissions is creditable only if the Director has not relied on it in issuing a permit under R18-2-406, which permit is in effect when the increase in actual emissions from the particular change occurs.

d. An increase or decrease in actual emissions of sulfur dioxide, nitrogen oxides, PM_{10}, or $PM_{2.5}$ which occurs before the applicable minor source baseline date, as defined in R18-2-218, is creditable only if it is required to be considered in calculating the amount of maximum allowable increases remaining available.

e. An increase in actual emissions is creditable only to the extent that the new level of actual emissions exceeds the old level.

f. A decrease in actual emissions is creditable only to the extent that it satisfies all of the following conditions:
   i. The old level of actual emissions or the old level of allowable emissions, whichever is lower, exceeds the new level of actual emissions.
   ii. It is enforceable as a practical matter at and after the time that actual construction on the particular change begins.
   iii. It has approximately the same qualitative significance for public health and welfare as that attributed to the increase from the particular change.
   iv. The emissions unit was actually operated and emitted the specific pollutant.
   v. For purposes of determining the applicability of R18-2-403 through R18-2-405 or R18-2-411, the Director has not relied on it in issuing any permit, permit revision, or registration under Article 4, R18-2-302.01, or R18-2-334, and the state has not relied on it in demonstrating attainment or reasonable further progress.

g. An increase that results from a physical change at a source occurs when the emissions unit on which construction occurred becomes operational and begins to emit a particular pollutant. Any replacement unit, as defined in R18-2-401(24), that requires shakedown becomes operational only after a reasonable shakedown period, not to exceed 180 days.

h. Subsection (2)(a) shall not apply for determining creditable increases and decreases.

90. "New source" means any stationary source of air pollution which is subject to a new source performance standard.
91. "New source performance standards" or "NSPS" means standards adopted by the Administrator under section 111(b) of the Act.
92. "Nitric acid plant" means any facility producing nitric acid 30% to 70% in strength by either the pressure or atmospheric pressure process.
93. "Nitrogen oxides" means all oxides of nitrogen except nitrous oxide, as measured by test methods set forth in the Appendices to 40 CFR 60.
94. "Nonattainment area" means an area so designated by the Administrator acting pursuant to section 107 of the Act as exceeding national primary or secondary ambient air standards for a particular pollutant or pollutants.
95. "Nonpoint source" means a source of air contaminants which lacks an identifiable plume or emission point.
96. "Opacity" means the degree to which emissions reduce the transmission of light and obscure the view of an object in the background.
97. "Operation" means any physical or chemical action resulting in the change in location, form, physical properties, or chemical character of a material.
98. "Owner or operator" means any person who owns, leases, operates, controls, or supervises an affected facility or a stationary source.
99. "Particulate matter" means any airborne finely divided solid or liquid material with an aerodynamic diameter smaller than 100 micrometers.
100. "Particulate matter emissions" means all finely divided solid or liquid materials other than uncombined water, emitted to the ambient air as measured by applicable test methods and procedures described in R18-2-311.
101. *"Permitting authority" means the department or a county department, agency or air pollution control district that is charged with enforcing a permit program adopted pursuant to A.R.S. § 49-480(A).* A.R.S. § 49-401.01(28).
102. "Permitting exemption thresholds" for a regulated minor NSR pollutant means the following:

Regulated Air Pollutant	Emission Rate in tons per year (TPY)
$PM_{2.5}$ (primary emissions only; levels for precursors are set below)	5
PM_{10}	7.5
SO_2	20
NO_x	20
VOC	20
CO	50
Pb	0.3

103. "Person" means any public or private corporation, company, partnership, firm, association or society of persons, the federal government and any of its departments or agencies, the state and any of its agencies, departments or political subdivisions, as well as a natural person.

104. *"Planning agency" means an organization designated by the governor pursuant to 42 U.S.C. 7504.* A.R.S. § 49-401.01(29).
105. "$PM_{2.5}$" means particulate matter with an aerodynamic diameter less than or equal to a nominal 2.5 micrometers as measured by a reference method based on 40 CFR 50 Appendix L, or by an equivalent method designated according to 40 CFR 53.
106. "PM_{10}" means particulate matter with an aerodynamic diameter less than or equal to a nominal 10 micrometers as measured by a reference method contained within 40 CFR 50 Appendix J or by an equivalent method designated in accordance with 40 CFR 53.
107. "PM_{10} emissions" means finely divided solid or liquid material, with an aerodynamic diameter less than or equal to a nominal 10 micrometers emitted to the ambient air as measured by applicable test methods and procedures described in R18-2-311.
108. "Plume" means visible effluent.
109. "Pollutant" means an air contaminant the emission or ambient concentration of which is regulated pursuant to this Chapter.
110. "Portable source" means any stationary source that is capable of being operated at more than one location.
111. "Potential to emit" or "potential emission rate" means the maximum capacity of a stationary source to emit a pollutant, excluding secondary emissions, under its physical and operational design. Any physical or operational limitation on the capacity of the source to emit a pollutant, including air pollution control equipment and restrictions on hours of operation or on the type or amount of material combusted, stored, or processed, shall be treated as part of its design if the limitation or the effect it would have on emissions is legally and practically enforceable by the Department or a county under A.R.S. Title 49, Chapter 3; any rule, ordinance, order or permit adopted or issued under A.R.S. Title 49, Chapter 3 or the state implementation plan. This term does not alter or affect the use of this term for any other purposes under the Act, or the term "capacity factor" as used in title IV of the Act or the regulations promulgated thereunder.
112. "Predictive Emissions Monitoring System" or "PEMS" means the total equipment, required under the emission monitoring provisions in this Chapter, to monitor process and control device operational parameters (for example, control device secondary voltages and electric currents) and other information (for example, gas flow rate, O_2 or CO_2 concentrations), and calculate and record the mass emissions rate (for example, lb/hr) on a continuous basis.
113. "Primary ambient air quality standards" means the ambient air quality standards which define levels of air quality necessary, with an adequate margin of safety, to protect the public health, as specified in Article 2 of this Chapter.
114. "Process" means one or more operations, including equipment and technology, used in the production of goods or services or the control of by-products or waste.
115. "Project" means a physical change in, or change in the method of operation of, an existing major source.
116. "Proposed final permit" means the version of a Class I permit or Class I permit revision that the Department proposes to issue and forwards to the Administrator for review in compliance with R18-2-307(A). A proposed final permit constitutes a final and enforceable authorization to begin actual construction of, but not to operate, a new Class I source or a modification to a Class I source.
117. "Proposed permit" means the version of a permit for which the Director offers public participation under R18-2-330 or affected state review under R18-2-307(D).
118. "Reactivation of a very clean coal-fired electric utility steam generating unit" means any physical change or change in the method of operation associated with commencing commercial operations by a coal-fired utility unit after a period of discontinued operation if the unit:
    a. Has not been in operation for the two-year period before enactment of the Clean Air Act Amendments of 1990, and the emissions from the unit continue to be carried in the Director's emissions inventory at the time of enactment;
    b. Was equipped before shutdown with a continuous system of emissions control that achieves a removal efficiency for sulfur dioxide of no less than 85% and a removal efficiency for particulates of no less than 98%;
    c. Is equipped with low-NO_x burners before commencement of operations following reactivation; and
    d. Is otherwise in compliance with the Act.
119. "Reasonable further progress" means the schedule of emission reductions defined within a nonattainment area plan as being necessary to come into compliance with a national ambient air quality standard by the primary standard attainment date.
120. "Reasonably available control technology" (RACT) means devices, systems, process modifications, work practices or other apparatus or techniques that are determined by the Director to be reasonably available taking into account:
    a. The necessity of imposing the controls in order to attain and maintain a national ambient air quality standard;
    b. The social, environmental, energy and economic impact of the controls;
    c. Control technology in use by similar sources; and
    d. The capital and operating costs and technical feasibility of the controls.
121. "Reclaiming machinery" means any machine, equipment device or other Article used for picking up stored granular material and either depositing this material on a conveyor or reintroducing this material into the process.
122. "Reference method" means the methods of sampling and analyzing for an air pollutant as described in the Arizona Testing Manual; 40 CFR 50, Appendices A through K; 40 CFR 51, Appendix M; 40 CFR 52, Appendices D and E; 40 CFR 60, Appendices A through F; and 40 CFR 61, Appendices B and C, as incorporated by reference in 18 A.A.C. 2, Appendix 2.
123. "Regulated air pollutant" means any of the following:
    a. Any conventional air pollutant.
    b. Nitrogen oxides and volatile organic compounds.
    c. Any pollutant that is subject to a new source performance standard.
    d. Any pollutant that is subject to a national emission standard for hazardous air pollutants or other requirements established under section 112 of the Act, including sections 112(g), (j), and (r), including the following:

i. Any pollutant subject to requirements under section 112(j) of the act. If the administrator fails to promulgate a standard by the date established pursuant to section 112(e) of the act, any pollutant for which a subject source would be major shall be considered to be regulated on the date 18 months after the applicable date established pursuant to section 112(e) of the Act; and
ii. Any pollutant for which the requirements of section 112(g)(2) of the Act have been met, but only with respect to the individual source subject to the section 112(g)(2) requirement.

e. Any Class I or II substance subject to a standard promulgated under title VI of the Act.

124. "Regulated minor NSR pollutant" means any pollutant for which a national ambient air quality standard has been promulgated and the following precursors for such pollutants:
a. VOC and nitrogen oxides as precursors to ozone.
b. Nitrogen oxides and sulfur dioxide as precursors to $PM_{2.5}$.

125. "Regulated NSR pollutant" is defined as follows:
a. For purposes of determining the applicability of R18-2-403 through R18-2-405 and R18-2-411, regulated NSR pollutant means any pollutant for which a national ambient air quality standard has been promulgated and any pollutant identified under this subsection as a constituent of or precursor to such pollutant, provided that such constituent or precursor pollutant may only be regulated under NSR as part of the regulation of the general pollutant. Precursors for purposes of NSR are the following:
i. Volatile organic compounds and nitrogen oxides are precursors to ozone in all areas.
ii. Sulfur dioxide is a precursor to $PM_{2.5}$ in all areas.
iii. Nitrogen oxides are precursors to $PM_{2.5}$ in all areas.
iv. VOC and ammonia are precursors to $PM_{2.5}$ in $PM_{2.5}$ nonattainment areas.
b. For all other purposes, regulated NSR pollutant means the pollutants identified in subsection (a) and the following:
i. Any pollutant that is subject to any new source performance standard except greenhouse gases as defined in 40 CFR 86.1818-12(a).
ii. Any Class I or II substance subject to a standard promulgated under or established by Title VI of the Act as of July 1, 2011.
iii. Any pollutant that is otherwise subject to regulation under the Act, except greenhouse gases as defined in 40 CFR 86.1818-12(a).
c. Notwithstanding subsections (124)(a) and (b), the term regulated NSR pollutant shall not include any or all hazardous air pollutants either listed in section 112 of the Act, or added to the list pursuant to section 112(b)(2) of the Act, unless the listed hazardous air pollutant is also regulated as a constituent or precursor of a general pollutant listed under section 108 of the Act.
d. $PM_{2.5}$ emissions and PM_{10} emissions shall include gaseous emissions from a source or activity which condense to form particulate matter at ambient temperatures. On and after January 1, 2011, condensable particulate matter shall be accounted for in applicability determinations and in establishing emissions limitations for $PM_{2.5}$ and PM_{10} in permits issued under Article 4.

126. "Repowering" means:
a. Replacing an existing coalfired boiler with one of the following clean coal technologies:
i. Atmospheric or pressurized fluidized bed combustion;
ii. Integrated gasification combined cycle;
iii. Magnetohydrodynamics;
iv. Direct and indirect coalfired turbines;
v. Integrated gasification fuel cells; or
vi. As determined by the Administrator, in consultation with the United States Secretary of Energy, a derivative of one or more of the above technologies; and
vii. Any other technology capable of controlling multiple combustion emissions simultaneously with improved boiler or generation efficiency and with significantly greater waste reduction relative to the performance of technology in widespread commercial use as of November 15, 1990.
b. Repowering also includes any oil, gas, or oil and gasfired unit that has been awarded clean coal technology demonstration funding as of January 1, 1991, by the United States Department of Energy.
c. The Director shall give expedited consideration to permit applications for any source that satisfies the requirements of this subsection (and) is granted an extension under section 409 of the Act.

127. "Run" means the net period of time during which an emission sample is collected, which may be, unless otherwise specified, either intermittent or continuous within the limits of good engineering practice.

128. "Secondary ambient air quality standards" means the ambient air quality standards which define levels of air quality necessary to protect the public welfare from any known or anticipated adverse effects of a pollutant, as specified in Article 2 of this Chapter.

129. "Secondary emissions" means emissions which are specific, well defined, quantifiable, occur as a result of the construction or operation of a major source or major modification, but do not come from the major source or major modification itself, and impact the same general area as the stationary source or modification which causes the secondary emissions. Secondary emissions include emissions from any offsite support facility which would not otherwise be constructed or increase its emissions except as a result of the construction or operation of the major source or major modification. Secondary emissions do not include any emissions which come directly from a mobile source, such as emissions from the tailpipe of a motor vehicle, from a train, or from a vessel.

130. "Section 302(j) category" means:
a. Any of the classes of sources listed in the definition of categorical source in subsection (23); or
b. Any category of affected facility which, as of August 7, 1980, is being regulated under section 111 or 112 of the Act.

131. "Shutdown" means the cessation of operation of any air pollution control equipment or process equipment for any

purpose, except routine phasing out of process equipment.

132. "Significant" means, in reference to a significant emissions increase, a net emissions increase, a stationary source's potential to emit or a stationary source's maximum capacity to emit with any elective limits as defined in R18-2-301(13):
    a. A rate of emissions of conventional pollutants that would equal or exceed any of the following:

Pollutant	Emissions Rate
Carbon monoxide	100 tons per year (tpy)
Nitrogen oxides	40 tpy
Sulfur dioxide	40 tpy
PM_{10}	15 tpy
$PM_{2.5}$	10 tpy of direct $PM_{2.5}$ emissions; 40 tpy of sulfur dioxide emissions; 40 tpy of nitrogen oxide emissions.
Ozone	40 tpy of VOC or nitrogen oxides
Lead	0.6 tpy

    b. For purposes of determining the applicability of R18-2-302(B)(2) or R18-2-406, in addition to the rates specified in subsection (131)(a), a rate of emissions of non-conventional pollutants that would equal or exceed any of the following:

Pollutant	Emissions Rate
Particulate matter	25 tpy
Fluorides	3 tpy
Sulfuric acid mist	7 tpy
Hydrogen sulfide (H_2S)	10 tpy
Total reduced sulfur (including H_2S)	10 tpy
Reduced sulfur compounds (including H_2S)	10 tpy
Municipal waste combustor organics (measured as total tetra- through octa-chlorinated dibenzo-p-dioxins and dibenzofurans)	3.5×10^{-6} tpy
Municipal waste combustor metals (measured as particulate matter)	15 tpy
Municipal waste combustor acid gases (measured as sulfur dioxide and hydrogen chloride)	40 tpy
Municipal solid waste landfill emissions (measured as nonmethane organic compounds)	50 tpy
Any regulated NSR pollutant not specifically listed in this subsection (or) subsection (131)(a), except for ammonia.	Any emission rate

    c. In ozone nonattainment areas classified as serious or severe, the emission rate for nitrogen oxides or VOC determined under R18-2-405.
    d. In a carbon monoxide nonattainment area classified as serious, a rate of emissions that would equal or exceed 50 tons per year, if the Administrator has determined that stationary sources contribute significantly to carbon monoxide levels in that area.
    e. In $PM_{2.5}$ nonattainment areas, an emission rate that would equal or exceed 40 tons per year of VOC as a precursor of $PM_{2.5}$.
    f. In $PM_{2.5}$ nonattainment areas, for purposes of determining the applicability of R18-2-403 or R18-2-404, an emission rate that would equal or exceed 40 tons per year of ammonia, as a precursor to $PM_{2.5}$. This subsection shall take effect on the effective date of the Administrator's action approving it as part of the state implementation plan.
    g. Notwithstanding the emission rates listed in subsection (131)(a) or (b), for purposes of determining the applicability of R18-2-406, any emissions rate or any net emissions increase associated with a major source or major modification, which would be constructed within 10 kilometers of a Class I area and have an impact on the ambient air quality of such area equal to or greater than 1 $\mu g/m^3$ (24-hour average).
133. "Significant emissions increase" means, for a regulated NSR pollutant, an increase in emissions that is significant as defined in this Section for that pollutant.
134. "Smoke" means particulate matter resulting from incomplete combustion.
135. *"Source" means any building, structure, facility or installation that may cause or contribute to air pollution or the use of which may eliminate, reduce or control the emission of air pollution.* A.R.S. § 49-401.01(23).
136. "Stack" means any point in a source designed to emit solids, liquids, or gases into the air, including a pipe or duct but not including flares.
137. "Stack in existence" means that the owner or operator had either:
    a. Begun, or caused to begin, a continuous program of physical onsite construction of the stack;
    b. Entered into binding agreements or contractual obligations, which could not be cancelled or modified without substantial loss to the owner or operator, to undertake a program of construction of the stack to be completed in a reasonable time.
138. "Start-up" means the setting into operation of any air pollution control equipment or process equipment for any purpose except routine phasing in of process equipment.
139. "State implementation plan" or "SIP" means the accumulated record of enforceable air pollution control measures, programs and plans adopted by the Director and submitted to and approved by the Administrator pursuant to 42 U.S.C. 7410.
140. "Stationary rotating machinery" means any gas engine, diesel engine, gas turbine, or oil fired turbine operated from a stationary mounting and used for the production of electric power or for the direct drive of other equipment.
141. "Stationary source" means any building, structure, facility or installation which emits or may emit any regulated NSR pollutant, any regulated air pollutant or any pollutant listed under section 112(b) of the act. "Building," "structure," "facility," or "installation" means all of the pollutant-emitting activities which belong to the same industrial grouping, are located on one or more contiguous or adjacent properties, and are under the control of the same person or persons under common control. Pol-

lutant-emitting activities shall be considered as part of the same industrial grouping if they belong to the same "Major Group" as described in the "Standard Industrial Classification Manual, 1987."

142. "Subject to regulation" means, for any air pollutant, that the pollutant is subject to either a provision in the Act, or a nationally-applicable regulation codified by the administrator in 40 CFR chapter I, subchapter C, that requires actual control of the quantity of emissions of that pollutant, and that such a control requirement has taken effect and is operative to control, limit or restrict the quantity of emissions of that pollutant released from the regulated activity.
143. "Sulfuric acid plant" means any facility producing sulfuric acid by the contact process by burning elemental sulfur, alkylation acid, hydrogen sulfide, or acid sludge, but does not include facilities where conversion to sulfuric acid is utilized as a means of preventing emissions of sulfur dioxide or other sulfur compounds to the atmosphere.
144. "Temporary clean coal technology demonstration project" means a clean coal technology demonstration project operated for five years or less, and that complies with the applicable implementation plan and other requirements necessary to attain and maintain the national ambient air quality standards during the project and after the project is terminated.
145. "Temporary source" means a source which is portable, as defined in A.R.S. § 49-401.01(23) and which is not an affected source.
146. "Total reduced sulfur" (TRS) means the sum of the sulfur compounds, primarily hydrogen sulfide, methyl mercaptan, dimethyl sulfide, and dimethyl disulfide, that are released during kraft pulping and other operations and measured by Method 16 in 40 CFR 60, Appendix A.
147. "Trivial activities" means activities and emissions units, such as the following, that may be omitted from a permit or registration application. Certain of the following listed activities include qualifying statements intended to exclude similar activities:
    a. Low-Emitting Combustion
        i. Combustion emissions from propulsion of mobile sources;
        ii. Emergency or backup electrical generators at residential locations;
        iii. Portable electrical generators that can be moved by hand from one location to another. "Moved by hand" means capable of being moved without the assistance of any motorized or non-motorized vehicle, conveyance, or device;
    b. Low- Or Non-Emitting Industrial Activities
        i. Blacksmith forges;
        ii. Hand-held or manually operated equipment used for buffing, polishing, carving, cutting, drilling, sawing, grinding, turning, routing or machining of ceramic art work, precision parts, leather, metals, plastics, fiberboard, masonry, carbon, glass, or wood;
        iii. Brazing, soldering, and welding equipment, and cutting torches related to manufacturing and construction activities that do not result in emission of HAP metals. Brazing, soldering, and welding equipment, and cutting torches related to manufacturing and construction activities that emit HAP metals are insignificant activities based on size or production level thresholds. Brazing, soldering, and welding equipment, and cutting torches directly related to plant maintenance and upkeep and repair or maintenance shop activities that emit HAP metals are treated as trivial and listed separately in this definition;
        iv. Drop hammers or hydraulic presses for forging or metalworking;
        v. Air compressors and pneumatically operated equipment, including hand tools;
        vi. Batteries and battery charging stations, except at battery manufacturing plants;
        vii. Drop hammers or hydraulic presses for forging or metalworking;
        viii. Equipment used exclusively to slaughter animals, not including other equipment at slaughterhouses, such as rendering cookers, boilers, heating plants, incinerators, and electrical power generating equipment;
        ix. Hand-held applicator equipment for hot melt adhesives with no VOC in the adhesive formulation;
        x. Equipment used for surface coating, painting, dipping, or spraying operations, except those that will emit VOC or HAP;
        xi. CO_2 lasers used only on metals and other materials that do not emit HAP in the process;
        xii. Electric or steam-heated drying ovens and autoclaves, but not the emissions from the articles or substances being processed in the ovens or autoclaves or the boilers delivering the steam;
        xiii. Salt baths using nonvolatile salts that do not result in emissions of any regulated air pollutants;
        xiv. Laser trimmers using dust collection to prevent fugitive emissions;
        xv. Process water filtration systems and demineralizers;
        xvi. Demineralized water tanks and demineralizer vents;
        xvii. Oxygen scavenging or de-aeration of water;
        xviii. Ozone generators;
        xix. Steam vents and safety relief valves;
        xx. Steam leaks; and
        xxi. Steam cleaning operations and steam sterilizers;
        xxii. Use of vacuum trucks and high pressure washer/cleaning equipment within the stationary source boundaries for cleanup and in-source transfer of liquids and slurried solids to waste water treatment units or conveyances;
        xxiii. Equipment using water, water and soap or detergent, or a suspension of abrasives in water for purposes of cleaning or finishing.
        xxiv. Electric motors.
    c. Building and Site Maintenance Activities
        i. Plant and building maintenance and upkeep activities, including grounds-keeping, general repairs, cleaning, painting, welding, plumbing, re-tarring roofs, installing insulation, and paving parking lots, if these activities are not conducted as part of a manufacturing process, are

not related to the source's primary business activity, and do not otherwise trigger a permit revision. Cleaning and painting activities qualify as trivial activities if they are not subject to VOC or hazardous air pollutant control requirements;
ii. Repair or maintenance shop activities not related to the source's primary business activity, not including emissions from surface coating, de-greasing, or solvent metal cleaning activities, and not otherwise triggering a permit revision;
iii. Janitorial services and consumer use of janitorial products;
iv. Landscaping activities;
v. Routine calibration and maintenance of laboratory equipment or other analytical instruments;
vi. Sanding of streets and roads to abate traffic hazards caused by ice and snow;
vii. Street and parking lot striping;
viii. Caulking operations which are not part of a production process.

d. Incidental, Non-Industrial Activities
i. Air-conditioning units used for human comfort that do not have applicable requirements under Title VI of the Act;
ii. Ventilating units used for human comfort that do not exhaust air pollutants into the ambient air from any manufacturing, industrial or commercial process;
iii. Tobacco smoking rooms and areas;
iv. Non-commercial food preparation;
v. General office activities, such as paper shredding, copying, photographic activities, pencil sharpening and blueprinting, but not including incineration;
vi. Laundry activities, except for dry-cleaning and steam boilers;
vii. Bathroom and toilet vent emissions;
viii. Fugitive emissions related to movement of passenger vehicles, if the emissions are not counted for applicability purposes under subsection (146)(c) of the definition of major source in this Section and any required fugitive dust control plan or its equivalent is submitted with the application;
ix. Use of consumer products, including hazardous substances as that term is defined in the Federal Hazardous Substances Act (15 U.S.C. 1261 et seq.) where the product is used at a source in the same manner as normal consumer use;
x. Activities directly used in the diagnosis and treatment of disease, injury or other medical condition;
xi. Circuit breakers;
xii. Adhesive use which is not related to production.

e. Storage, Piping and Packaging
i. Storage tanks, vessels, and containers holding or storing liquid substances that will not emit any VOC or HAP;
ii. Storage tanks, reservoirs, and pumping and handling equipment of any size containing soaps, vegetable oil, grease, animal fat, and nonvolatile aqueous salt solutions, if appropriate lids and covers are used;
iii. Chemical storage associated with water and wastewater treatment where the water is treated for consumption and/or use within the permitted facility;
iv. Chemical storage associated with water and wastewater treatment where the water is treated for consumption and/or use within the permitted facility;
v. Storage cabinets for flammable products;
vi. Natural gas pressure regulator vents, excluding venting at oil and gas production facilities;
vii. Equipment used to mix and package soaps, vegetable oil, grease, animal fat, and nonvolatile aqueous salt solutions, if appropriate lids and covers are used;

f. Sampling and Testing
i. Vents from continuous emissions monitors and other analyzers;
ii. Bench-scale laboratory equipment used for physical or chemical analysis, but not laboratory fume hoods or vents;
iii. Equipment used for quality control, quality assurance, or inspection purposes, including sampling equipment used to withdraw materials for analysis;
iv. Hydraulic and hydrostatic testing equipment;
v. Environmental chambers not using HAP gases;
vi. Soil gas sampling;
vii. Individual sampling points, analyzers, and process instrumentation, whose operation may result in emissions but that are not regulated as emission units;

g. Safety Activities
i. Fire suppression systems;
ii. Emergency road flares;

h. Miscellaneous Activities
i. Shock chambers;
ii. Humidity chambers;
iii. Solar simulators;
iv. Cathodic protection systems;
v. High voltage induced corona; and
vi. Filter draining.

148. "Unclassified area" means an area which the Administrator, because of a lack of adequate data, is unable to classify as an attainment or nonattainment area for a specific pollutant, and which, for purposes of this Chapter, is treated as an attainment area.
149. "Uncombined water" means condensed water containing analytical trace amounts of other chemical elements or compounds.
150. "Urban or suburban open area" means an unsubdivided tract of land surrounding a substantial urban development of a residential, industrial, or commercial nature and which, though near or within the limits of a city or town, may be uncultivated, used for agriculture, or lie fallow.
151. "Vacant lot" means a subdivided residential or commercial lot which contains no buildings or structures of a temporary or permanent nature.
152. "Vapor" means the gaseous form of a substance normally occurring in a liquid or solid state.
153. "Visibility impairment" means any humanly perceptible change in visibility (light extinction, visual range, con-

trast, coloration) from that which would have existed under natural conditions.

154. "Visible emissions" means any emissions which are visually detectable without the aid of instruments and which contain particulate matter.

155. "Volatile organic compounds" or "VOC" means any compound of carbon, excluding carbon monoxide, carbon dioxide, carbonic acid, metallic carbides or carbonates, and ammonium carbonate, that participates in atmospheric photochemical reactions. This includes any such organic compound other than the following:
   a. Methane;
   b. Ethane;
   c. Methylene chloride (dichloromethane);
   d. 1,1,1-trichloroethane (methyl chloroform);
   e. 1,1,2-trichloro-1,2,2-trifluoroethane (CFC-113);
   f. Trichlorofluoromethane (CFC-11);
   g. Dichlorodifluoromethane (CFC-12);
   h. Chlorodifluoromethane (HCFC-22);
   i. Trifluoromethane (HFC-23);
   j. 1,2-dichloro 1,1,2,2-tetrafluoroethane (CFC-114);
   k. Chloropentafluoroethane (CFC-115);
   l. 1,1,1-trifluoro 2,2-dichloroethane (HCFC-123);
   m. 1,1,1,2-tetrafluoroethane (HFC-134(a));
   n. 1,1-dichloro 1-fluoroethane (HCFC-141(b));
   o. 1-chloro 1,1-difluoroethane (HCFC-142(b));
   p. 2-chloro-1,1,1,2-tetrafluoroethane (HCFC-124);
   q. Pentafluoroethane (HFC-125);
   r. 1,1,2,2-tetrafluoroethane (HFC-134);
   s. 1,1,1-trifluoroethane (HFC-143(a));
   t. 1,1-difluoroethane (HFC-152(a));
   u. Parachlorobenzotrifluoride (PCBTF);
   v. Cyclic, branched, or linear completely methylated siloxanes;
   w. Acetone;
   x. Perchloroethylene (tetrachloroethylene);
   y. 3,3-dichloro-1,1,1,2,2-pentafluoropropane (HCFC-225(ca));
   z. 1,3-dichloro-1,1,2,2,3-pentafluoropropane (HCFC-225(cb));
   aa. 1,1,1,2,3,4,4,5,5,5-decafluoropentane (HFC 43-10mee);
   bb. Difluoromethane (HFC-32);
   cc. Ethylfluoride (HFC-161);
   dd. 1,1,1,3,3,3-hexafluoropropane (HFC-236(fa));
   ee. 1,1,2,2,3-pentafluoropropane (HFC-245(ca));
   ff. 1,1,2,3,3-pentafluoropropane (HFC-245(ea));
   gg. 1,1,1,2,3-pentafluoropropane (HFC-245(eb));
   hh. 1,1,1,3,3-pentafluoropropane (HFC-245(fa));
   ii. 1,1,1,2,3,3-hexafluoropropane (HFC-236(ea));
   jj. 1,1,1,3,3-pentafluorobutane (HFC-365(mfc));
   kk. Chlorofluoromethane (HCFC-31);
   ll. 1 chloro-1-fluoroethane (HCFC-151(a));
   mm. 1,2-dichloro-1,1,2-trifluoroethane (HCFC-123(a));
   nn. 1,1,1,2,2,3,3,4,4-nonafluoro-4-methoxy-butane ($C_4F_9OCH_3$);
   oo. 2-(difluoromethoxymethyl)-1,1,1,2,3,3,3-heptafluoropropane ($(CF_3)_2CFCF_2OCH_3$);
   pp. 1-ethoxy-1,1,2,2,3,3,4,4,4-nonafluorobutane ($C_4F_9OC_2H_5$);
   qq. 2-(ethoxydifluoromethyl)-1,1,1,2,3,3,3-heptafluoropropane ($(CF_3)_2CFCF_2OC_2H_5$;
   rr. Methyl acetate; and
   ss. 1,1,1,2,2,3,3-heptafluoro-3-methoxypropane (n-C_3F7OCH_3, HFE—7000);
   tt. 3-ethoxy-1,1,1,2,3,4,4,5,5,6,6,6-dodecafluoro-2-(trifluoromethyl) hexane (HFE – 7500);
   uu. 1,1,1,2,3,3,3-hentafluoropropane (HFC 227ea);
   vv. Methyl formate (HCOOCH3): and
   ww. (1) 1,1,1,2,2,3,4,5,5,5-decafluoro-3-methoxy-4-trifluoromethyl-pentane (HFE–7300);
   xx. Propylene carbonate;
   yy. Dimethyl carbonate; and
   zz. Trans -1,3,3,3-tetrafluoropropene;
   aaa. HCF2OCF2H (HFE-134);
   bbb. HCF2OCF2OCF2H (HFE-236(cal2));
   ccc. HCF2OCF2CF2OCF2H (HFE-338(pcc13));
   ddd. HCF2OCF2OCF2CF2OCF2H (H-Galden 1040x or H-Galden ZT 130 (or 150 or 180));
   eee. Trans 1-chloro-3,3,3- trifluoroprop-1-ene;
   fff. 2,3,3,3-tetrafluoropropene;
   ggg. 2-amino-2-methyl-1-propanol; and
   hhh. Perfluorocarbon compounds that fall into these classes:
      i. Cyclic, branched, or linear, completely fluorinated alkanes.
      ii. Cyclic, branched, or linear, completely fluorinated ethers with no unsaturations.
      iii. Cycle, branched, or linear, completely fluorinated tertiary amines with no unsaturations; or
      iv. Sulfur containing perfluorocarbons with no unsaturations and with sulfur bonds only to carbon and fluorine.
      v. The following compound is VOC for purposes of all recordkeeping, emissions reporting, photochemical dispersion modeling and inventory requirements which apply to VOC and shall be uniquely identified in emission reports, but is not VOC for purposes of VOC emissions limitations or VOC content requirements: t-butyl acetate.

156. "Wood waste burner" means an incinerator designed and used exclusively for the burning of wood wastes consisting of wood slabs, scraps, shavings, barks, sawdust or other wood material, including those that generate steam as a by-product.

Historical Note

Former Section R9-3-101 repealed, new Section R9-3-101 adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Editorial correction, paragraph (133) (Supp. 80-1). Editorial correction, paragraph (58) (Supp. 80-2). Amended effective July 9, 1980. Amended by adding new paragraphs (24), (55), (102), and (115) and renumbering accordingly, effective August 29, 1980 (Supp. 80-4). Amended effective May 28, 1982 (Supp. 82-3). Amended effective September 22, 1983 (Supp. 83-5). Amended paragraph (133), added paragraph (156) and renumbered accordingly effective September 28, 1984 (Supp. 84-5). Amended paragraph (29) by deleting (aa) and (bb) effective August 9, 1985 (Supp. 85-4). Former Section R9-3-101 renumbered without change as R18-2-101 (Supp. 87-3). Amended paragraph (98) effective December 1, 1988 (Supp. 88-4). Amended effective September 26, 1990 (Supp. 90-3). Amended effective November 15, 1993 (Supp. 93-4). Amended effective June 10, 1994 (Supp. 94-2). Amended effective October 7, 1994 (Supp. 94-4).

Amended effective February 28, 1995 (Supp. 95-1). Amended effective August 1, 1995 (Supp. 95-3). Amended effective January 31, 1997; filed with the Office of Secretary of State January 10, 1997 (Supp. 97-1). Amended effective June 4, 1998 (Supp. 98-2). Amended by final rulemaking at 5 A.A.R. 4074, effective September 22, 1999 (Supp. 99-3). Amended by final rulemaking at 8 A.A.R. 2543, effective May 24, 2002 (Supp. 02-2). Amended by final rulemaking at 9 A.A.R. 4541, effective December 2, 2003 (Supp. 03-4). Amended by final rulemaking at 11 A.A.R. 3305, effective October 3, 2005 (Supp. 05-3). Amended by final rulemaking at 11 A.A.R. 5504, effective February 4, 2006 (Supp. 05-4). Amended by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1). Amended by final rulemaking at 25 A.A.R. 3630, effective February 1, 2020 (Supp. 19-4). Amended by final expedited rulemaking at 28 A.A.R. 1135 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2). Amended by final expedited rulemaking at 30 A.A.R. 2422 (July 26, 2024), with an immediate effective date of July 3, 2024 (Supp. 24-3). Amended by final rulemaking at 32 A.A.R. 55 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

R18-2-102. Incorporated Materials

A. The following documents are incorporated by reference and are on file with the Office of the Secretary of State (1700 W. Washington St., Suite 103, Phoenix, AZ 85007) and the Department (1110 W. Washington St., Phoenix, AZ 85007):

1. Sections 1 and 7 of the Department's "Arizona Testing Manual for Air Pollutant Emissions," amended as of March 1992 (and no future editions).
2. All ASTM test methods referenced in this Chapter as of the year specified in the reference (and no future amendments). They are available from the American Society for Testing and Materials, 1916 Race St., Philadelphia, PA 19103-1187.
3. The U.S. Government Printing Office's "Standard Industrial Classification Manual, 1987" (and no future editions).

B. The Code of Federal Regulations is published by the United States Government Printing Office, 732 North Capital Street, NW, Washington, DC 20401-0001, is on file with the Department of Environmental Quality, 1110 West Washington Street, Phoenix, Arizona 85007, and is available at the Arizona State Library, Archives & Public Records, 1700 West Washington Street, Phoenix, Arizona 85007 and at other Federal depositary libraries in the state (see http://catalog.gpo.gov/fdlpdir/FDLPdir.jsp?st_12=AZ&flag=searchp). It is also available online at http://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR.

Historical Note

Adopted effective September 26, 1990 (Supp. 90-3). Amended effective February 3, 1993 (Supp. 93-1). Amended effective November 15, 1993 (Supp. 93-4). Amended effective June 10, 1994 (Supp. 94-2). Amended effective December 7, 1995 (Supp. 95-4). Amended by final rulemaking at 5 A.A.R. 3221, effective August 12, 1999 (Supp. 99-3). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

R18-2-103. Applicable Implementation Plan; Savings

No rule adopted in this Chapter shall preempt or nullify any applicable requirement or emission standard in an applicable implementation plan unless the Director revises the applicable implementation plan in conformance with the requirements of 40 CFR 51, Subpart F, and the Administrator approves the revision.

Historical Note

Adopted effective September 26, 1990 (Supp. 90-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4).

ARTICLE 2. AMBIENT AIR QUALITY STANDARDS; AREA DESIGNATIONS; CLASSIFICATIONS

R18-2-201. Particulate Matter: PM_{10} and $PM_{2.5}$

A. PM_{10} Standards

1. The level of the primary and secondary ambient air quality standards for PM_{10} is 150 micrograms per cubic meter of PM_{10} – 24-hour average concentration.
2. To determine attainment of the primary and secondary standards, a person shall measure PM_{10} in the ambient air by:
   a. A reference method based on 40 CFR 50, Appendix J, and designated according to 40 CFR 53; or
   b. An equivalent method designated according to 40 CFR 53.
3. The primary and secondary 24-hour ambient air quality standards for PM_{10} are attained when the expected number of days per calendar year with a 24-hour average concentration above 150 micrograms per cubic meter, determined according to 40 CFR 50, Appendix K, is less than or equal to one.

B. $PM_{2.5}$ Standards

1. The primary ambient air quality standards for $PM_{2.5}$ are:
   a. 12 micrograms per cubic meter of $PM_{2.5}$ – annual arithmetic mean concentration.
   b. 35 micrograms per cubic meter of $PM_{2.5}$ – 24-hour average concentration.
2. The secondary ambient air quality standards for $PM_{2.5}$ are:
   a. 15 micrograms per cubic meter of $PM_{2.5}$ – annual arithmetic mean concentration.
   b. 35 micrograms per cubic meter of $PM_{2.5}$ – 24-hour average concentration.
3. To determine attainment of the primary and secondary standards, a person shall measure $PM_{2.5}$ in the ambient air by:
   a. A reference method based on 40 CFR 50, Appendix L, and designated according to 40 CFR 53; or
   b. An equivalent method designated according to 40 CFR 53.
4. The primary annual ambient air quality standard for $PM_{2.5}$ is met when the annual arithmetic mean concentration, determined according to 40 CFR 50, Appendix N, is less than or equal to 12 micrograms per cubic meter.
5. The secondary annual ambient air quality standard for $PM_{2.5}$ is met when the annual arithmetic mean concentration, determined according to 40 CFR 50, Appendix N, is less than or equal to 15 micrograms per cubic meter.
6. The primary and secondary 24-hour ambient air quality standards for $PM_{2.5}$ are met when the 98th percentile 24-hour concentration, determined according to 40 CFR 50,

Appendix N, is less than or equal to 35 micrograms per cubic meter.

Historical Note

Amended effective December 22, 1976 (Supp. 76-5). Former Section R9-3-201 repealed, new Section R9-3-201 adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Editorial correction, subsection (E) (Supp. 80-2). Amended effective August 29, 1980 (Supp. 80-4). Amended subsection(B)(1) and deleted subsections (C) through (E) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-201 renumbered without change as Section R18-2-201 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Amended by final rulemaking at 11 A.A.R. 3305, effective October 3, 2005 (Supp. 05-3). Section corrected to include subsection (B), which was inadvertently omitted in Supp. 05-3 (Supp. 07-4). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

R18-2-202. Sulfur Oxides (Sulfur Dioxide)

A. The primary ambient air quality standards for sulfur oxides, measured as sulfur dioxide, are:
1. 0.03 parts per million (ppm) (80 $\mu g/m^3$) -- annual arithmetic mean.
2. 0.14 parts per million (ppm) (365 $\mu g/m^3$) – maximum 24-hour concentration not to be exceeded more than once per calendar year.
3. 75 parts per billion (ppb) – maximum one-hour concentration. The one-hour primary standard is met at an ambient air quality monitoring site when the three-year average of the annual 99th percentile of the daily maximum one-hour average concentrations is less than or equal to 75 parts per billion, as determined according to 40 CFR 50, Appendix T.

B. The secondary ambient air quality standard for sulfur oxides, measured as sulfur dioxide, is 0.5 parts per million (ppm) (1300 $\mu g/m^3$) -- maximum three-hour concentration not to be exceeded more than once per year.

C. The level of the standards shall be measured by a reference method based on 40 CFR 50, Appendix A or A-1, or by a Federal Equivalent Method designated according to 40 CFR 53.

D. The standards in subsections (A)(1) and (2) shall apply:
1. In an area designated nonattainment for a standard in subsections (A)(1) or (2) as of August 23, 2011, and areas not meeting a state implementation plan call for a standard in subsections (A)(1) or (2), until the state submits pursuant to section 191 of the Act, and the Administrator approves, a state implementation plan providing for attainment the standard in subsection (A)(3) in that area.
2. In areas other than those identified in subsection (D)(1), until the effective date of the designation of that area, pursuant to section 107 of the Act, for the standard in subsection (A)(3).

Historical Note

Amended effective December 22, 1976 (Supp. 76-5). Former Section R9-3-202 repealed, new Section R9-3-202 adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Amended effective August 29, 1980 (Supp. 80-4). Amended subsection (B) effective May 28, 1982 (Supp. 82-3). Amended by deleting subsections (C) through (E) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-202 renumbered without change as Section R18-2-202 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Amended by final rulemaking at 11 A.A.R. 3305, effective October 3, 2005 (Supp. 05-3). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2).

R18-2-203. Ozone

A. The eight-hour average primary ambient air quality standard for ozone is 0.070 ppm.

B. The eight-hour average secondary ambient air quality standard for ozone is 0.070 ppm.

C. To determine attainment of the primary and secondary standards, a person shall measure ozone in the ambient air by:
1. A reference method based on 40 CFR 50, Appendix D, and designated according to 40 CFR 53; or
2. An equivalent method designated according to 40 CFR 53.

D. The eight-hour average primary ambient air quality standard for ozone is met at an ambient air quality monitoring site when the three-year average of the annual fourth highest daily maximum eight-hour average ozone concentration is less than or equal to 0.070 ppm, determined according to 40 CFR 50, Appendix U.

Historical Note

Amended effective December 22, 1976 (Supp. 76-5). Former Section R9-3-204 repealed, new Section R9-3-204 adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Amended effective August 29, 1980 (Supp. 80-4). Amended by deleting subsections (B) through (D) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-204 renumbered without change as Section R18-2-204 (Supp. 87-3). Section R18-2-103 renumbered from R18-2-204 and amended effective September 26, 1990 (Supp. 90-3). Amended by final rulemaking at 11 A.A.R. 3305, effective October 3, 2005 (Supp. 05-3). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

R18-2-204. Carbon monoxide

A. The primary ambient air quality standards for carbon monoxide are:
1. 9 parts per million (10 milligrams per cubic meter) -- maximum eight-hour concentration not to be exceeded more than once per year.
2. 35 parts per million (40 milligrams per cubic meter) -- maximum one-hour concentration not to be exceeded more than once per year.

B. An eight-hour average shall be considered valid if at least 75% of the hourly averages for the eight-hour period are available. In the event that only six or seven hourly averages are available, the eight-hour average shall be computed on the basis of the hours available using 6 or 7 as the divisor.

C. When summarizing data for comparison with the standards, averages shall be stated to one decimal place. Comparison of the data with the levels of the standards in parts per million shall be made in terms of integers with fractional parts of 0.5 or greater rounding up.

Historical Note

Amended effective December 22, 1976 (Supp. 76-5). Former Section R9-3-205 repealed, new Section R9-3-

205 adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Amended effective August 29, 1980 (Supp. 80-4). Amended by deleting subsections (B) through (D) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-205 renumbered without change as Section R18-2-205 (Supp. 87-3). Former Section R18-2-204 renumbered to R18-2-203, new Section R18-2-204 renumbered from R18-2-205 and amended effective September 26, 1990 (Supp. 90-3).

R18-2-205. Nitrogen Oxides (Nitrogen Dioxide)

A. The primary ambient air quality standards for oxides of nitrogen, measured in the ambient air as nitrogen dioxide, are:
1. 53 parts per billion – annual average concentration.
2. 100 parts per billion – one-hour average concentration.

B. The secondary ambient air quality standard for nitrogen dioxide is 0.053 (parts per million (100 micrograms per cubic meter) -- annual arithmetic mean.

C. The levels of the standards shall be measured by a reference method based on 40 CFR 50, Appendix F or a federal equivalent method designated in accordance with 40 CFR 53.

D. The annual primary standard is met when the annual average concentration in a calendar year is less than or equal to 53 ppb, as determined in accordance with 40 CFR, Appendix S for the annual standard.

E. The one-hour primary standard is met when the three-year average of the annual 98th percentile of the daily maximum one-hour average concentration is less than or equal to 100 parts per billion, as determined in accordance with 40 CFR 50, Appendix S.

F. The secondary standard is attained when the annual arithmetic mean concentration in a calendar year is less than or equal to 0.053 ppm, rounded to three decimal places, with fractional parts equal to or greater than 0.0005 ppm rounded up. To demonstrate attainment, an annual mean shall be based upon hourly data that is at least 75% complete or upon data derived from the manual methods, that is at least 75% complete for the scheduled sampling days in each calendar quarter.

Historical Note

Amended effective December 22, 1976 (Supp. 76-5). Former Section R9-3-206 repealed, new Section R9-3-206 adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Amended effective August 29, 1980 (Supp. 80-4). Amended by deleting subsections (B) through (D) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-206 renumbered without change as Section R18-2-206 (Supp. 87-3). Former Section R18-2-205 renumbered to R18-2-204, new Section R18-2-205 renumbered from R18-2-206 and amended effective September 26, 1990 (Supp. 90-3). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2).

R18-2-206. Lead

A. The primary ambient air quality standard for lead and its compounds, measured as elemental lead, is 0.15 micrograms per cubic meter – maximum arithmetic mean averaged over a three-month period.

B. The secondary ambient air quality standard for lead and its compounds, measured as elemental lead, is 0.15 micrograms per cubic meter – maximum arithmetic mean averaged over a three-month period.

C. The level of the standards shall be measured by a reference method based on 40 CFR 50, Appendix G and designated in accordance with 40 CFR 53, or by an equivalent designated in accordance with part 53 of this chapter.

D. The national primary and secondary ambient air quality standards for lead are met when the maximum arithmetic three-month mean concentration for a three-year period, as determined in accordance with 40 CFR 50, Appendix R, is less than or equal to 0.15 micrograms per cubic meter.

E. The former primary and secondary ambient air quality standards for lead of 1.5 micrograms per cubic meter averaged over a calendar quarter shall apply to an area until one year after the effective date of the designation of that area, pursuant to section 107 of the Act, for the standards in subsections (A) and (B).

Historical Note

Former Section R9-3-207 repealed effective May 14, 1979 (Supp. 79-1). New Section R9-3-207 adopted effective October 2, 1979 (Supp. 79-5). Amended effective August 29, 1980 (Supp. 80-4). Amended by deleting subsections (B) through (D) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-207 renumbered without change as Section R18-2-207 (Supp. 87-3). Former Section R18-2-206 renumbered to R18-2-205, new Section R18-2-206 renumbered from R18-2-207 and amended effective September 26, 1990 (Supp. 90-3). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2).

R18-2-207. Renumbered

Historical Note

Former Section R9-3-207 renumbered to R18-2-206 effective September 26, 1990 (Supp. 90-3).

R18-2-208. Reserved

R18-2-209. Reserved

R18-2-210. Attainment, Nonattainment, and Unclassifiable Area Designations

40 CFR 81.303 as amended as of July 1, 2014 (and no future amendments or editions) is incorporated by reference as an applicable requirement and on file with the Department of Environmental Quality. 40 CFR 81.303 is available from the U.S. Government Printing Office, Superintendent of Documents, bookstore.gpo.gov, Mail Stop: SSOP IDCC-SSOM, Washington, D.C. 20402-9328.

Historical Note

Adopted effective November 15, 1993 (Supp. 93-4). Amended effective December 7, 1995 (Supp. 95-4). Amended by final rulemaking at 5 A.A.R. 3221, effective August 12, 1999 (Supp. 99-3). Amended by final rulemaking at 8 A.A.R. 2543, effective May 24, 2002 (Supp. 02-2). Amended by final rulemaking at 10 A.A.R. 3281, effective September 27, 2004 (Supp. 04-3). Amended by final rulemaking at 11 A.A.R. 3305, effective October 3, 2005 (Supp. 05-3). Amended by final rulemaking at 13 A.A.R. 4199, effective January 5, 2008 (Supp. 07-4). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by exempt rulemaking pursuant to Laws 2011, Ch. 214, § 4, at 21 A.A.R. 1156, effective July 2, 2015 (Supp. 15-3).

R18-2-211. Reserved

R18-2-212. Reserved

R18-2-213. Reserved

R18-2-214. Reserved

R18-2-215. Ambient air quality monitoring methods and procedures

A. Only those methods which have been either designated by the Administrator as reference or equivalent methods or approved by the Director shall be used to monitor ambient air.

B. Quality assurance, monitor siting, and sample probe installation procedures shall be in accordance with procedures described in the Appendices to 40 CFR 58.

C. The Director may approve other procedures upon a finding that the proposed procedures are substantially equivalent or superior to procedures in the Appendices to 40 CFR 58.

Historical Note

Adopted effective September 22, 1983 (Supp. 83-5). Former Section R9-3-215 renumbered without change as Section R18-2-215 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3).

R18-2-216. Interpretation of Ambient Air Quality Standards and Evaluation of Air Quality Data

Unless otherwise specified, interpretation of all ambient air quality standards contained in this Article shall be in accordance with 40 CFR 50, incorporated by reference in Appendix 2 of this Chapter.

Historical Note

Adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-216 repealed, new Section R9-3-216 adopted effective August 29, 1980 (Supp. 80-4). Former Section R9-3-216 renumbered without change as Section R18-2-216 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Amended by final rulemaking at 15 A.A.R. 281, effective March 7, 2009 (Supp. 09-1).

R18-2-217. Designation and Classification of Attainment Areas

A. All areas shall be classified as either Class I, Class II or Class III.

B. All of the following areas which were in existence on August 7, 1977 shall be Class I areas irrespective of attainment status and shall not be redesignated:
1. International parks;
2. National wilderness areas which exceed 5,000 acres in size;
3. National memorial parks which exceed 5,000 acres in size; and
4. National parks which exceed 6,000 acres in size.

C. Areas which were redesignated as Class I under regulations promulgated before August 7, 1977, shall remain Class I, but may be redesignated as provided in this Section.

D. Any other area, unless otherwise specified in the legislation creating such an area, is initially designated Class II, but may be redesignated as provided in this Section.

E. The following areas shall be designated only as Class I or II:
1. An area which as of August 7, 1977, exceeds 10,000 acres in size and is one of the following:
   a. A national monument,
   b. A national primitive area,
   c. A national preserve,
   d. A national recreational area,
   e. A national wild and scenic river,
   f. A national wildlife refuge,
   g. A national lakeshore or seashore.
2. A national park or national wilderness area established after August 7, 1977, which exceeds 10,000 acres in size.

F. Except as otherwise provided in subsections (B) to (E), the Governor may redesignate areas of the state as Class I or Class II, provided that the following requirements are fulfilled:
1. At least one public hearing is held in or near the area affected in accordance with 40 CFR 51.102;
2. Other states, Indian governing bodies and Federal Land Managers, whose land may be affected by the proposed redesignation are notified at least 30 days prior to the public hearing.
3. A discussion document of the reasons for the proposed redesignation including a description and analysis of health, environmental, economic, social and energy effects of the proposed redesignation is prepared by the Governor or the Governor's designee. The discussion document shall be made available for public inspection at least 30 days prior to the hearing and the notice announcing the hearing shall contain appropriate notification of the availability of such discussion document.
4. Prior to the issuance of notice respecting the redesignation of an area which includes any federal lands, the Governor or the Governor's designee has provided written notice to the appropriate Federal Land Manager and afforded the Federal Land Manager adequate opportunity, not in excess of 60 days, to confer with the state respecting the redesignation and to submit written comments and recommendations. The Governor or the Governor's designee shall publish a list of any inconsistency between such redesignation and such recommendations, together with the reasons for making such redesignation against the recommendation of the Federal Land Manager, if any Federal Land Manager has submitted written comments and recommendations.
5. The redesignation is proposed after consultation with the elected leadership of local governments in the area covered by the proposed redesignation.
6. The redesignation is submitted to the Administrator as a revision to the SIP.

G. Except as otherwise provided in subsections (B) to (E), the Governor may redesignate areas of the state as Class III if all of the following criteria are met:
1. Such redesignation meets the requirements of subsection (F);
2. Such redesignation has been approved after consultation with the appropriate committee of the legislature if it is in session or with the leadership of the legislature if it is not in session.
3. The general purpose units of local government representing a majority of the residents of the area to be redesignated concur in the redesignation;
4. Such redesignation shall not cause, or contribute to, a concentration of any air pollutant which exceeds any national ambient air quality standard or any maximum increase allowed under R18-2-218;
5. For any new major source as defined in R18-2-401 or a major modification of such source which may be permitted to be constructed and operated only if the area in question is redesignated as Class III, any permit application and materials submitted as part of the application shall be available for public inspection prior to any public hearing on the redesignation of the area as Class III.
6. The redesignation is submitted to the Administrator as a revision to the SIP.

H. A redesignation shall not be effective until approved by the Administrator as part of an applicable implementation plan. If

the Administrator disapproves the redesignation, the classification of the area shall be that which was in effect before the disapproved redesignation.

I. Lands within the exterior boundaries of Indian reservations may be redesignated only by the appropriate Indian governing body.

Historical Note

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Editorial correction, subsection (A), paragraph (5), subparagraph (d) (Supp. 80-2). Amended effective May 28, 1982 (Supp. 82-3). Former Section R9-3-217 renumbered without change as Section R18-2-217 (Supp. 87-3). Amended and subsection (B) renumbered to Section R18-2-218 effective September 26, 1990 (Supp. 90-3). Amended effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

R18-2-218. Limitation of Pollutants in Classified Attainment Areas

A. Areas designated as Class I, II, or III shall be limited to the following increases in air pollutant concentrations occurring over the baseline concentration; provided that for any period other than an annual period, the applicable maximum allowable increase may be exceeded once per year at any one location:

CLASS I

Maximum Allowable Increase (Micrograms per cubic meter)	
Particulate matter: $PM_{2.5}$	
Annual arithmetic mean	1
24-hr maximum	2
Particulate matter: PM_{10}	
Annual arithmetic mean	4
24-hour maximum	8
Sulfur dioxide:	
Annual arithmetic mean	2
24-hour maximum	5
3-hour maximum	25
Nitrogen dioxide:	
Annual arithmetic mean	2.5

CLASS II

Particulate matter: $PM_{2.5}$	
Annual arithmetic mean	4
24-hr maximum	9
Particulate matter: PM_{10}	
Annual arithmetic mean	17
24-hour maximum	30
Sulfur dioxide:	
Annual arithmetic mean	20
24-hour maximum	91
3-hour maximum	512
Nitrogen dioxide:	
Annual arithmetic mean	25

CLASS II

Particulate matter: $PM_{2.5}$	
Annual arithmetic mean	8
24-hr maximum	18
Particulate matter: PM_{10}	
Annual arithmetic mean	34
24-hour maximum	60
Sulfur dioxide:	
Annual arithmetic mean	40
24-hour maximum	182
3-hour maximum	700
Nitrogen dioxide:	
Annual arithmetic mean	50

B. The baseline concentration is that ambient concentration level which exists in the baseline area at the time of the applicable minor source baseline data.

1. The major source baseline date is:
   a. January 6, 1975, for sulfur dioxide and PM_{10}.
   b. February 8, 1988, for nitrogen dioxide.
   c. October 20, 2010, for $PM_{2.5}$.
2. The minor source baseline date shall be the earliest date after the trigger date on which a major source as defined in R18-2-401 or major modification subject to 40 CFR 52.21 or R18-2-406 submits a complete application under the relevant regulations.
   a. The trigger date is:
      i. August 7, 1977, for PM_{10} and sulfur dioxide.
      ii. February 8, 1988, for nitrogen dioxide.
      iii. October 20, 2011, for $PM_{2.5}$.
   b. Any minor source baseline date established originally for total suspended particulates shall remain in effect and shall apply for purposes of determining the amount of available PM-10 increments, except that the Department may rescind any such minor source baseline date where it can be shown, to the satisfaction of the Department, that the emissions increase from the major source, or the net emissions increase from the major modification, responsible for triggering that date did not result in a significant amount of PM-10 emissions.
3. A baseline concentration shall be determined for each pollutant for which there is a minor source baseline date and shall include both:
   a. The actual emissions representative of sources in existence on the minor source baseline date, except as provided in subsection (B)(4); and
   b. The allowable emissions of major sources as defined in R18-2-401 which commenced construction before the major source baseline date but were not in operation by the applicable minor source baseline date.
4. The following shall not be included in the baseline concentration and shall affect the applicable maximum allowable increase:
   a. Actual emissions from any major source as defined in R18-2-401 on which construction commenced after the major source baseline date; and
   b. Actual emissions increases and decreases at any stationary source occurring after the minor source baseline date.

C. The baseline date shall be established for each pollutant for which maximum allowable increases or other equivalent measures have been established if both:
1. The area in which the proposed source or modification would construct is designated as attainment or unclassifiable under section 107(d)(1)(A)(ii) or (iii) of the Act for the pollutant on the date of its complete application under 40 CFR 52.21 or R18-2-406; and
2. In the case of a major source as defined in R18-2-401, the pollutant would be emitted in significant amounts, or in the case of a major modification, there would be a significant net emissions increase of the pollutant.

D. The baseline area shall be the AQCR that contains the area, designated as attainment or unclassifiable under section 107(d)(1)(A)(ii) or (iii) of the Act, in which the major source as defined in R18-2-401 or major modification establishing the minor source baseline date would construct or would have an air quality impact for the pollutant for which the minor source baseline date is established, as follows: greater than or equal to 1 microgram per cubic meter (annual average) for sulfur dioxide, nitrogen dioxide or PM_{10}; or greater than or equal to 0.3 microgram per cubic meter (annual average) for $PM_{2.5}$.
1. Area redesignations under section 107(d)(1)(A)(ii) or (iii) of the Act that would redesignate a baseline area may not intersect or be smaller than the area of impact of any new major source as defined in R18-2-401 or a major modification which either:
   a. Establishes a minor source baseline date, or
   b. Is subject to either 40 CFR 52.21 or R18-2-406 and would be constructed in Arizona.
2. Any baseline area established originally for total suspended particulates shall remain in effect and shall apply for purposes of determining the amount of available PM–10 increments, except that such baseline area shall not remain in effect if the Department rescinds the corresponding minor source baseline date in accordance with subsection (B)(2)(b).

E. The maximum allowable concentration of any air pollutant in any area to which subsection (A) applies shall not exceed a concentration for each pollutant equal to the concentration permitted under the national ambient air quality standards.

F. For purposes of determining compliance with the maximum allowable increases in ambient concentrations of an air pollutant, the following concentrations of such pollutant shall not be taken into account:
1. Concentration of such pollutant attributable to the increase in emissions from major and stationary sources which have converted from the use of petroleum products, or natural gas, or both, by reason of a natural gas curtailment order which is in effect under the provisions of sections 2(a) and (b) of the Energy Supply and Environmental Coordination Act of 1974, 15 U.S.C. 792, over the emissions from such sources before the effective date of such order;
2. The concentration of such pollutant attributable to the increase in emissions from major and stationary sources which have converted from using gas by reason of a natural gas curtailment plan in effect pursuant to the Federal Power Act, 16 U.S.C. 792 - 825r, over the emissions from such sources before the effective date of the natural gas curtailment plan;
3. Concentrations of PM_{10} or $PM_{2.5}$ attributable to the increase in emissions from construction or other temporary emission related activities of a new or modified source;
4. The increase in concentrations attributable to new sources outside the United States over the concentrations attributable to existing sources which are included in the baseline concentration; and
5. Concentrations attributable to the temporary increase in emissions of sulfur dioxide, nitrogen oxides, $PM_{2.5}$, or PM_{10} from major sources as defined in R18-2-401 when the following conditions are met:
   a. The permits issued to such sources specify the time period during which the temporary emissions increase of sulfur dioxide, nitrogen oxides, $PM_{2.5}$ or PM_{10} would occur. Such time period shall not be renewable and shall not exceed two years.
   b. The temporary emissions increase will not:
      i. Impact any Class I area or any area where a maximum increase allowed by subsection (A) is known to be violated; or
      ii. Cause or contribute to the violation of a national ambient air quality standard.
   c. The operating permit issued to such sources specifies that, at the end of the time period described in subsection (F)(5)(a), the emissions levels from the sources would not exceed the levels occurring before the temporary emissions increase was approved.
6. The exception granted by subsections (F)(1) and (2) with respect to maximum increases allowed under subsection (A) shall not apply more than five years after the effective date of the order or natural gas curtailment plan on which the exception is based.

G. If the Director or the Administrator determines that the SIP is substantially inadequate to prevent significant deterioration or that an applicable maximum allowable increase as specified in subsection (A) is being violated, the SIP shall be revised to correct the inadequacy or the violation. The SIP shall be revised within 60 days of such a finding by the Director or within 60 days following notification by the Administrator, or by such later date as prescribed by the Administrator after consultation with the Director.

H. The Director shall review the adequacy of the SIP on a periodic basis and within 60 days of such time as information becomes available that an applicable maximum allowable increase is being violated.

Historical Note

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Editorial correction, subsection (A), paragraph (5), subparagraph (d) (Supp. 80-2). Amended effective May 28, 1982 (Supp. 82-3). Former Section R9-3-217 renumbered without change as Section R18-2-217 (Supp. 87-3). Former Section R18-2-218 renumbered to R18-2-219, new Section R18-2-218 renumbered from R18-2- 217(B) and amended effective September 26, 1990 (Supp. 90-3). Amended effective November 15, 1993 (Supp. 93-4). Amended effective February 28, 1995 (Supp. 95-1). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

R18-2-219. Repealed

Historical Note
Adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-218 repealed, new Section R9-3-218 adopted effective September 22, 1983 (Supp. 83-5). Former Section R9-3-218 renumbered without change as Section R18-2-218 (Supp. 87-3). Former Section R18-2-219 renumbered to R18-2-220, new Section R18-2-219 renumbered from R18-2-218 and amended effective September 26, 1990 (Supp. 90-3). Section repealed by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2).

R18-2-220. Air Pollution Emergency Episodes

A. Procedures shall be implemented by the Director in order to prevent the occurrence of ambient air pollutant concentrations which would cause significant harm to the health of persons, as specified in subsection (B)(4). The procedures and actions required for each stage are described in the Department's "Procedures for Prevention of Emergency Episodes," amended as of August 2018 (and no future edition), which is incorporated herein by reference and on file with the Department.

B. The following stages are identified by air quality criteria in order to provide for sequential emissions reductions, public notification and increased Department monitoring and forecast responsibilities. The declaration of any stage, and the area of the state affected, shall be based on air quality measurements and meteorological analysis and forecast.

1. A Stage I air pollution alert shall be declared when any of the alert level concentrations listed in subsection (B)(4) are exceeded at any monitoring site and when meteorological conditions indicate that there will be a continuance or recurrence of alert level concentrations for the same pollutant during the subsequent 24-hour period. If, 48 hours after an alert has been initially declared, air pollution concentrations and meteorological conditions do not improve, the warning stage control actions shall be implemented but no warning shall be declared, unless air quality has deteriorated to the extent described in subsection (B)(2).
2. A Stage II air pollution warning shall be declared when any of the warning level concentrations listed in subsection (B)(4) are exceeded at any monitoring site and when meteorological conditions indicate that there will be a continuance or recurrence of concentrations of the same pollutant exceeding the warning level during the subsequent 24-hour period. If, 48 hours after a warning has been initially declared, air pollution concentrations and meteorological conditions do not improve, the emergency stage shall be declared and its control actions implemented.
3. A Stage III air pollution emergency shall be declared when any of the emergency level concentrations listed in subsection (B)(4) are exceeded at any monitoring site and when meteorological conditions indicate that there will be a continuance or recurrence of concentrations of the same pollutant exceeding the emergency level during the subsequent 24-hour period.
4. Summary of emergency episode and significant harm levels:

Pollutant	Averaging Time	Alert	Warning	Emergency	Significant Harm
Carbon monoxide (mg/m^3)	1-hr	--	--	--	144
	4-hr	--	--	--	86.3
	8-hr	17	34	46	57.5
Nitrogen dioxide (µg/m^3)	1-hr	1,130	2,260	3,000	3,750
	24-hr	282	565	750	938
Ozone (ppm)	1-hr	.2	.4	.5	.6
$PM_{2.5}$ (µg/m3)	24-hr	140.5	210.5	280.5	350.5
PM_{10} (µg/m^3)	24-hr	350	420	500	600
Sulfur dioxide (µg/m^3)	24-hr	800	1,600	2,100	2,620

Historical Note
Adopted effective May 14, 1979 (Supp. 79-1). Editorial correction, subsection (B), paragraph (2) (Supp. 80-1). Editorial correction, subsection (A) (Supp. 80-2). Former Section R9-3-219 repealed, new Section R9-3-219 adopted effective May 28, 1982 (Supp. 82-3). Former Section R9-3-219 renumbered without change as Section R18-2-219 (Supp. 87-3). Section R18-2-220 renumbered from R18-2-219 and amended effective September 26, 1990 (Supp. 90-3). Section amended by final rulemaking at 25 A.A.R. 888, effective May 18, 2019 (Supp. 19-1).

ARTICLE 3. PERMITS AND PERMIT REVISIONS

R18-2-301. Definitions

The following definitions apply to this Article:

1. "Alternative method" means any method of sampling and analyzing for an air pollutant which is not a reference or equivalent method but which has been demonstrated to produce results adequate for the Director's determination of compliance in accordance with R18-2-311(D).
2. "Alternative operating scenario" (AOS) means a scenario authorized in a permit that involves a change at the stationary source subject to the permit for a particular emissions unit, and that either results in the unit being subject to one or more applicable requirements which differ from those applicable to the emissions unit prior to implementation of the change or renders inapplicable one or more requirements previously applicable to the emissions unit prior to implementation of the change.
3. "Billable permit action" means the issuance or denial of a new permit, significant permit revision, or minor permit revision, or the renewal of an existing permit.
4. "Capacity factor" means the ratio of the average load on a machine or equipment for the period of time considered to the capacity rating of the machine or equipment.
5. "CEM" means a continuous emission monitoring system as defined in R18-2-101.

6. "Complete" means, in reference to an application for a permit, permit revision or registration, that the application contains all the information necessary for processing the application. Designating an application complete for purposes of a permit, permit revisions or registration processing does not preclude the Director from requesting or accepting any additional information.
7. "Dispersion technique" means any technique which attempts to affect the concentration of a pollutant in the ambient air by any of the following:
   a. Using that portion of a stack which exceeds good engineering practice stack height;
   b. Varying the rate of emission of a pollutant according to atmospheric conditions or ambient concentrations of that pollutant; or
   c. Increasing final exhaust gas plume rise by manipulating source process parameters, exhaust gas parameters, stack parameters, or combining exhaust gases from several existing stacks into one stack; or other selective handling of exhaust gas streams so as to increase the exhaust gas plume rise. This shall not include any of the following:
      i. The reheating of a gas stream, following use of a pollution control system, for the purpose of returning the gas to the temperature at which it was originally discharged from the facility generating the gas stream.
      ii. The merging of exhaust gas streams under any of the following conditions:
         (1) The source owner or operator demonstrates that the facility was originally designed and constructed with such merged gas streams;
         (2) After July 8, 1985, such merging is part of a change in operation at the facility that includes the installation of pollution controls and is accompanied by a net reduction in the allowable emissions of a pollutant, applying only to the emission limitation for that pollutant; or
         (3) Before July 8, 1985, such merging was part of a change in operation at the facility that included the installation of emissions control equipment or was carried out for sound economic or engineering reasons. Where there was an increase in the emission limitation or, in the event that no emission limitation was in existence prior to the merging, an increase in the quantity of pollutants actually emitted prior to the merging, the reviewing agency shall presume that merging was significantly motivated by an intent to gain emissions credit for greater dispersion. Absent a demonstration by the source owner or operator that merging was not significantly motivated by such intent, the reviewing agency shall deny credit for the effects of such merging in calculating the allowable emissions for the source.
      iii. Smoke management in agricultural or silvicultural prescribed burning programs.
      iv. Episodic restrictions on residential woodburning and open burning.
      v. Techniques which increase final exhaust gas plume rise where the resulting allowable emissions of sulfur dioxide from the facility do not exceed 5,000 tons per year.
8. "Emissions allowable under the permit" means a permit term or condition determined at issuance to be required by an applicable requirement that establishes an emissions limit (including a work practice standard) or an emissions cap that the source has assumed to avoid an applicable requirement to which the source would otherwise be subject.
9. "Fossil fuel-fired steam generator" means a furnace or boiler used in the process of burning fossil fuel for the primary purpose of producing steam by heat transfer.
10. "Fuel oil" means Number 2 through Number 6 fuel oils as specified in ASTM D-396-90a (Specification for Fuel Oils), gas turbine fuel oils Numbers 2-GT through 4-GT as specified in ASTM D-2880-90a (Specification for Gas Turbine Fuel Oils), or diesel fuel oils Numbers 2-D and 4-D as specified in ASTM D-975-90a (Specification for Diesel Fuel Oils).
11. "Itemized bill" means a breakdown of the permit processing time into the categories of pre-application activities, completeness review, substantive review, and public involvement activities, and within each category, a further breakdown by employee name.
12. "Major source threshold" means the lowest applicable emissions rate for a pollutant that would cause the source to be a major source at the particular time and location, under the definition of major source in R18-2-101.
13. "Maximum capacity to emit" means the maximum amount a source is capable of emitting under its physical and operational design without taking any limitations on operations or air pollution controls into account.
14. "Maximum capacity to emit with any elective limits" means the maximum amount a source is capable of emitting under its physical and operational design taking into account the effect on emissions of any elective limits included in the source's registration under R18-2-302.01(F).
15. "Minor NSR Modification" means any of the following changes that do not qualify as a major source or major modification:
   a. Any physical change in or change in the method of operation of an emission unit or a stationary source that either:
      i. Increases the potential to emit of a regulated minor NSR pollutant by an amount greater than or equal to the permitting exemption thresholds, or
      ii. Results in emissions of a regulated minor NSR pollutant not previously emitted by such emission unit or stationary source in an amount greater than or equal to the permitting exemption thresholds.
   b. Construction of one or more new emissions units that have the potential to emit regulated minor NSR pollutants at an amount greater than or equal to the permitting exemption threshold.
   c. A change covered by subsections (16)(a) or (b) constitutes a minor NSR modification regardless of whether there will be a net decrease in total source emissions or a net increase in total source emissions that is less than the permitting exemption threshold

as a result of decreases in the potential to emit of other emission units at the same stationary source.

d. For the purposes of this subsection the following do not constitute a physical change or change in the method of operation:
   i. A change consisting solely of the construction of, or changes to, a combination of emissions units qualifying as a categorically exempt activity.
   ii. For a stationary source that is required to obtain a Class II permit under R18-2-302 and that is subject to source-wide emissions caps under R18-2-306.01, R18-2-306.02, or R18-2-306.03, a change that will not result in the violation of the existing emissions cap for that regulated minor NSR pollutant.
   iii. Replacement of an emission unit by a unit with a potential to emit regulated minor NSR pollutants that is less than or equal to the potential to emit of the existing unit, provided the replacement does not cause an increase in emissions at other emission units at the stationary source. A unit installed under this provision is subject to any limits applicable to the unit it replaced.
   iv. Routine maintenance, repair, and replacement.
   v. Use of an alternative fuel or raw material by reason of an order under Sections 2(a) and (b) of the Energy Supply and Environmental Coordination Act of 1974, 15 U.S.C. 792, or by reason of a natural gas curtailment plan under the Federal Power Act, 16 U.S.C. 792 to 825r.
   vi. Use of an alternative fuel by reason of an order or rule under Section 125 of the Act.
   vii. Use of an alternative fuel at a steam generating unit to the extent that the fuel is generated from municipal solid waste.
   viii. Use of an alternative fuel or raw material by a stationary source that either:
      (1) The source was capable of accommodating before December 12, 1976, unless the change would be prohibited under any federally enforceable permit condition established after December 12, 1976, under 40 CFR 52.21, or under Articles 3 or 4 of this Chapter; or
      (2) The source is approved to use under any permit issued under 40 CFR 52.21, or under Articles 3 or 4 of this Chapter.
   ix. An increase in the hours of operation or in the production rate, unless the change would be prohibited under any federally enforceable permit condition established after December 12, 1976, under 40 CFR 52.21, or under Articles 3 or 4 of this Chapter.
   x. Any change in ownership at a stationary source.
   xi. The installation, operation, cessation, or removal of a temporary clean coal technology demonstration project, if the project complies with:
      (1) The SIP, and
      (2) Other requirements necessary to attain and maintain the national ambient air quality standards during the project and after it is terminated.
   xii. For electric utility steam generating units located in attainment and unclassifiable areas only, the installation or operation of a permanent clean coal technology demonstration project that constitutes repowering, if the project does not result in an increase in the potential to emit any regulated pollutant emitted by the unit. This exemption applies on a pollutant-by-pollutant basis.
   xiii. For electric utility steam generating units located in attainment and unclassifiable areas only, the reactivation of a very clean coal-fired electric utility steam generating unit.

e. For purposes of this subsection:
   i. "Potential to emit" means the lower of a source's or emission unit's potential to emit or its allowable emissions.
   ii. In determining potential to emit, the fugitive emissions of a stationary source shall not be considered unless the source belongs to a section 302(j) category.
   iii. All of the roadways located at a stationary source constitute a single emissions unit.

16. "NAICS" means the five- or six-digit North American Industry Classification System-United States, 1997, number for industries used by the U.S. Department of Commerce.
17. "Permit processing time" means all time spent by Air Quality Division staff or consultants on tasks specifically related to the processing of an application for the issuance or renewal of a particular permit or permit revision, including time spent processing an application that is denied.
18. "Quantifiable" means, with respect to emissions, including the emissions involved in equivalent emission limits and emission trades, capable of being measured or otherwise determined in terms of quantity and assessed in terms of character. Quantification may be based on emission factors, stack tests, monitored values, operating rates and averaging times, materials used in a process or production, modeling, or other reasonable measurement practices.
19. "Registration" means a registration under R18-2-302.01.
20. "Replicable" means, with respect to methods or procedures, sufficiently unambiguous that the same or equivalent results would be obtained by the application of the method or procedure by different users.
21. "Responsible official" means one of the following:
   a. For a corporation: a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit and either:
      i. The facilities employ more than 250 persons or have gross annual sales or expenditures exceeding $25 million (in second quarter 1980 dollars); or

ii. The delegation of authority to such representatives is approved in advance by the permitting authority;

b. For a partnership or sole proprietorship: a general partner or the proprietor, respectively;

c. For a municipality, state, federal, or other public agency: Either a principal executive officer or ranking elected official. For the purposes of this Article, a principal executive officer of a federal agency includes the chief executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., a Regional Administrator of EPA); or

d. For affected sources:

i. The designated representative in so far as actions, standards, requirements, or prohibitions under Title IV of the Act or the regulations promulgated thereunder are concerned; and

ii. The designated representative for any other purposes under 40 CFR 70.

22. "Screening model" means air dispersion modeling performed with screening techniques in accordance with 40 CFR 51, Appendix W as of June 30, 2017 (and no future amendments or additions).

23. "Small source" means a source with a potential to emit, without controls, less than the rate defined as permitting exemption thresholds in R18-2-101, but required to obtain a permit solely because it is subject to a standard under 40 CFR 63.

24. "Startup" means the setting in operation of a source for any purpose.

25. "Synthetic minor" means a source with a permit that contains voluntarily accepted emissions limitations, controls, or other requirements (for example, a cap on production rates or hours of operation, or limits on the type of fuel) under R18-2-306.01 or R18-2-306.03 to reduce the potential to emit to a level below the major source threshold.

Historical Note

Former Section R18-2-301 renumbered to R18-2-302, new Section R18-2-301 adopted effective September 26, 1990 (Supp. 90-3). Correction to table in subsection (A)(13) (Supp. 93-1). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4). Amended effective August 1, 1995 (Supp. 95-3). Amended by final rulemaking at 5 A.A.R. 4074, effective September 22, 1999 (Supp. 99-3). Amended by final rulemaking at 6 A.A.R. 343, effective December 20, 1999 (Supp. 99-4). Amended by final rulemaking at 7 A.A.R. 5670, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1). Amended by final rulemaking at 25 A.A.R. 3630, effective February 1, 2020 (Supp. 19-4). Amended by final rulemaking at 32 A.A.R. 55 (January 2, 2026), effective February 7, 2026 (Supp. 25-4). Amended by final rulemaking at 32 A.A.R. 55 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

R18-2-302. Applicability; Registration; Classes of Permits

A. Except as otherwise provided in this Article, no person shall begin actual construction of, operate, or make a modification to any stationary source subject to regulation under this Article, without obtaining a registration, permit or permit revision from the Director.

B. Class I and II permits and registrations shall be required as follows:

1. A Class I permit shall be required for a person to begin actual construction of or operate any of the following:
   a. Any major source,
   b. Any solid waste incineration unit required to obtain a permit pursuant to Section 129(e) of the Act,
   c. Any affected source, or
   d. Any stationary source in a source category designated by the Administrator pursuant to 40 CFR 70.3 and adopted by the Director by rule.
2. Unless a Class I permit is required, a Class II permit shall be required for:
   a. A person to begin actual construction of or operate any stationary source that emits, or has the maximum capacity to emit with any elective limits, any regulated NSR pollutant in an amount greater than or equal to the significant level.
   b. A person to make a physical or operational change to a stationary source that would cause the source to emit, or have the maximum capacity to emit with any elective limits, any regulated NSR pollutant in an amount greater than or equal to the significant level.
   c. A person to begin actual construction of or modify a stationary source that otherwise would be subject to registration but that the Director has determined requires a permit under R18-2-302.01(C)(4) or (D).
3. Unless a Class I or II permit is required, registration shall be required for:
   a. A person to begin actual construction of or operate any stationary source that emits or has the maximum capacity to emit any regulated minor NSR pollutant in an amount greater than or equal to a permitting exemption threshold.
   b. A person to begin actual construction of or operate any stationary source subject to a standard under section 111 of the Act, except that a stationary source is not required to register solely because it is subject to any of the following standards:
      i. 40 CFR 60, Subpart AAA (Residential Wood Heaters).
      ii. 40 CFR 60, Subpart IIII (Stationary Compression Ignition Internal Combustion Engines).
      iii. 40 CFR 60, Subpart JJJJ (Stationary Spark Ignition Internal Combustion Engines).
      iv. 40 CFR 60, Subpart QQQQ (Residential Hydronic Heaters and Forced-Air Furnaces).
   c. A person to begin actual construction of or operate any stationary source, including an area source, subject to a standard under section 112 of the Act, except that a stationary source is not required to register solely because it is subject to any of the following standards:
      i. 40 CFR 61.145.
      ii. 40 CFR 63, Subpart ZZZZ (Reciprocating Internal Combustion Engines).
      iii. 40 CFR 63, Subpart WWWWW (Ethylene Oxide Sterilizers).
      iv. 40 CFR 63, Subpart CCCCCC (Gasoline Distribution).

v. 40 CFR 63, Subpart HHHHHH (Paint Stripping and Miscellaneous Surface Coating Operations).
vi. 40 CFR 63, Subpart JJJJJJ (Industrial, Commercial, and Institutional Boilers Area Sources), published at 76 FR 15554 (March 21, 2011).
vii. A regulation or requirement under section 112(r) of the Act.

d. A physical or operational change to a source that would cause the source to emit or have the maximum capacity to emit any regulated minor NSR pollutant in an amount greater than or equal to the permitting exemption threshold.

C. Notwithstanding subsections (A) and (B), the following stationary sources do not require a permit or registration unless the source is a major source, or unless operation without a permit would result in a violation of the Act:
1. A stationary source that consists solely of a single categorically exempt activity plus any combination of trivial activities.
2. Agricultural equipment used in normal farm operations. "Agricultural equipment used in normal farm operations" does not include equipment classified as a source that requires a permit under Title V of the Act, or that is subject to a standard under 40 CFR 60, 61 or 63.

D. No person may construct or reconstruct any major source of hazardous air pollutants, unless the Director determines that maximum achievable control technology emission limitation (MACT) for new sources under Section 112 of the Act will be met. If MACT has not been established by the Administrator, such determination shall be made on a case-by-case basis pursuant to 40 CFR 63.40 through 63.44, as incorporated by reference in R18-2-1101(B). For purposes of this subsection, constructing and reconstructing a major source shall have the meaning prescribed in 40 CFR 63.41.

E. Elective limits or controls adopted pursuant to R18-2-302.01(F) shall not be considered in determining whether a source is a major source requiring a Class I permit under subsection (B)(1)(a). Elective limits or controls adopted pursuant to R18-2-302.01(F) shall be considered in determining any of the following:
1. Whether the registration is subject to the public participation requirements of R18-2-330, as provided in R18-2-302.01(B)(3).
2. Whether review for possible interference with attainment or maintenance of ambient standards is required under R18-2-302.01(C).
3. Whether the source requires a Class II permit, as provided in subsections (B)(2)(a) or (b).

F. The fugitive emissions of a stationary source shall not be considered in determining whether the source requires a Class II permit under subsections (B)(2)(a) or (b) or a registration under subsections (B)(3)(a) or (d), unless the source belongs to a section 302(j) category. If a permit is required for a stationary source, the fugitive emissions of the source shall be subject to all of the requirements of this Article.

G. Notwithstanding subsections (A) and (B), a person may begin actual construction, but not operation, of a source requiring a Class I permit or Class I permit revision upon the Director's issuance of the proposed final permit or proposed final permit revision.

Historical Note

Amended effective August 7, 1975 (Supp. 75-1). Amended as an emergency effective December 15, 1975 (Supp. 75-2). Amended effective May 10, 1976 (Supp. 76-3). Amended effective April 12, 1977 (Supp. 77-2). Amended effective March 24, 1978 (Supp. 78-2). Former Section R9-3-301 repealed, new Section R9-3-301 adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Amended effective July 9, 1980 (Supp. 80-4). Amended effective May 28, 1982 (Supp. 82-3). Amended subsections (B) and (C) effective September 22, 1983 (Supp. 83-5). Amended subsection (B), paragraph (3) effective September 28, 1984 (Supp. 84-5). Former Section R9-3-301 renumbered without change as Section R18-2-301 (Supp. 87-3). Former Section R18-2-302 renumbered to R18-2-302.01, new Section R18-2-302 renumbered from R18-2-301 and amended effective September 26, 1990 (Supp. 90-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4). Amended effective June 4, 1998 (Supp. 98-2). Amended by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1). Amended by final rulemaking at 32 A.A.R. 55 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

R18-2-302.01. Source Registration Requirements

A. Application. An application for registration shall be submitted on the form specified by the Director and shall include the following information:
1. The name of the applicant.
2. The physical location of the source, including the street address, city, county, zip code and latitude and longitude coordinates.
3. The source's maximum capacity to emit with any elective limits each regulated minor NSR pollutant.
4. Identification of any elective limits or controls adopted under subsection (F).
5. In the case of a modification, each increase in the source's maximum capacity to emit with any elective limits that exceeds the applicable threshold in subsection (G)(1)(a).
6. Identification of the method used to determine the maximum capacity to emit under R18-2-302(B)(3)(a), a change in the maximum capacity to emit under R18-2-302(B)(3)(d), or the maximum capacity to emit with any elective limits under subsection (G)(1)(a).
7. Process information for the source, including a list of emission units, design capacity, operations schedule, and identification of emissions control devices.

B. Registration Processing Procedures.
1. The Department shall complete a review of a registration application for administrative completeness within 30 calendar days, calculated in accordance with A.A.C. R18-1-503, after its receipt.
2. The Department shall complete a substantive review and take final action on a registration application within 60 calendar days if no hearing is requested, and 90 calendar days if a hearing is requested, calculated in accordance with A.A.C. R18-1-504, after the application is administratively complete.
3. Except as provided in subsection (B)(5), a registration for construction of a source shall be subject to the public

notice and participation requirements of R18-2-330. The materials relevant to the registration decision made available to the public under R18-2-330(D) shall include any determination made or modeling conducted by the Director under subsection (C).

4. The Department shall also send a copy of the notice required by subsection (B)(3) to the administrator through the appropriate regional office, and to all other state and local air pollution control agencies having jurisdiction in the region in which the source subject to the registration will be located. The notice shall also be sent to any other agency in the region having responsibility for implementing the procedures required under 40 CFR 51, Subpart I.
5. A registration for construction of a source shall not be subject to subsections (B)(3) or (4), if the source's maximum capacity to emit with any elective limits each regulated minor NSR pollutant is less than the applicable permitting exemption threshold.

C. Review for National Ambient Air Quality Standards Compliance; Requirement to Obtain a Permit.

1. The Director shall review each application for registration of a source with the maximum capacity to emit with any elective limits any regulated minor NSR pollutant in an amount equal to or greater than the permitting exemption threshold. The purpose of the review shall be to determine whether the new or modified source may interfere with attainment or maintenance of a national ambient air quality standard in any area. In making the determination required by this subsection, the Director shall take into account the following factors:
   a. The source's emission rates, including fugitive emission rates, taking into account any elective limits or controls adopted under subsection (F).
   b. The location of emission units within the facility and their proximity to the ambient air.
   c. The terrain in which the source is or will be located.
   d. The source type.
   e. The location and emissions of nearby sources.
   f. Background concentrations of regulated minor NSR pollutants.
2. The Director may undertake the review specified in subsection (C)(1) for a source with the maximum capacity to emit with any elective limits regulated minor NSR pollutants in an amount less than the permitting exemption threshold.
3. If the Director determines under subsections (C)(1) or (C)(2) that a source's emissions may interfere with attainment or maintenance of a national ambient air quality standard, the Director shall perform a screening model run for each regulated minor NSR pollutant for which that determination has been made.
4. If the Director determines, based on performance of the screening model pursuant to subsection (C)(3), that a source's emissions, taking into account any elective limits or controls adopted under subsection (F), will interfere with attainment or maintenance of a national ambient air quality standard, the Director shall deny the application for registration. Notwithstanding R18-2-302(B)(3), the owner or operator of the source shall be required to obtain a permit under R18-2-302 and shall comply with R18-2-334 before beginning actual construction of the source or modification.

D. Requirement to Obtain a Permit. Notwithstanding R18-2-302(B)(3)(b) and (c), the Director shall deny an application for registration for a source subject to a standard under section 111 or 112 of the Act and require the owner or operator to obtain a permit under R18-2-302, if the Director determines based on the following factors that the requirement to obtain a permit is warranted:

1. The size and complexity of the source.
2. The complexity of the section 111 or 112 standard applicable to the source.
3. The public health or environmental risks posed by the pollutants subject to regulation under the section 111 or 112 standard.

E. Registration Contents. A registration shall contain the following elements:

1. Enforceable emission limitations and standards, including operational requirements and limitations, that ensure compliance with all applicable SIP requirements at the time of issuance and any testing, monitoring, recordkeeping and reporting obligations imposed by the applicable requirement or by R18-2-312.
2. Any elective limits or controls and associated operating, maintenance, monitoring and recordkeeping requirements adopted pursuant to subsection (F).
3. A requirement to retain any records required by the registration at the source for at least three years in a form that is suitable for expeditious inspection and review.
4. For any source that has adopted elective limits or controls under subsection (F), a requirement to submit an annual compliance report on the form provided by the Director in the registration.

F. Elective Limits or Controls. The owner or operator of a source requiring registration may elect to include any of the following emission limitations in the registration, provided the Department approves the limitation and the registration also includes the operating, maintenance, monitoring, and recordkeeping requirements specified below for the limitation.

1. A limitation on the hours of operation of any process or combination of processes.
   a. The registration shall express the limitation in terms of hours per rolling 12-month period and shall specify the process or combination of processes subject to the limitation.
   b. The owner or operator shall maintain a log or readily available business records showing actual operating hours through the preceding operating day for the process or processes subject to the limitation.
2. A limitation on the production rate for any process or combination of processes.
   a. The registration shall express the limitation in terms of an appropriate unit of mass or production per rolling 12-month period and shall specify the process or combination of processes subject to the limitation.
   b. The owner or operator shall maintain a log or readily available business records showing the actual production rate through the preceding operating day for the process or processes subject to the limitation. The owner or operator shall update the log or business records at least once per operating day.
3. A requirement to operate a fabric filter for the control of particulate matter emissions.
   a. The owner or operator shall operate the fabric filter at all times that the emission unit controlled by the fabric filter is operated.

b. The owner or operator shall inspect the fabric filter at least once per month for tears and leaks and shall promptly repair any tears or leaks identified. If the fabric filter is subject to a limit on the opacity of emissions, the inspection shall include an opacity observation in accordance with the applicable reference method.
c. The owner or operator shall operate and maintain the fabric filter in substantial compliance with the manufacturer's operation and maintenance recommendations.
d. The owner or operator shall keep a log or readily available business records of the inspections required by subsection (F)(3)(b) and the maintenance activities required by subsection (F)(3)(c). The owner or operator shall update the log or business records within 24 hours after an inspection or maintenance activity is performed.
e. The registration shall identify the fabric filters and processes subject to this requirement.

4. Limitations on the total amount of VOC or hazardous air pollutants in solvents, coatings or other process materials used at the registered source.
a. The registration shall identify the pollutants and processes covered by the limitations and shall express the limitations in terms of pounds per rolling 12-month period.
b. The owner or operator shall maintain a log or readily available business records showing the concentration of each covered VOC or hazardous air pollutant in each VOC or hazardous air pollutant containing material used at the source. The owner or operator shall update the records whenever the concentration in any material changes or a new material is used. The presence at the source of a current material safety data sheet for a material used without dilution or other alteration satisfies this requirement.
c. The owner or operator shall maintain a spreadsheet or database to record the amount of each material containing a covered VOC or hazardous air pollutant used. The spreadsheet or database shall calculate the total pounds of the VOC or hazardous air pollutant used by multiplying the concentration of VOC or hazardous air pollutant in a material by the amount of material used and shall employ appropriate units of measurement and conversion factors. The owner or operator shall update the spreadsheet or database at least once per operating day.

5. Requirements in 40 CFR Part 1039 for Tier 4 engines used for electrical generation of less than or equal to 10 megawatts that are powered by diesel fueled reciprocating internal combustion engines that operate selective catalytic reduction.
a. The owner or operator of the registration shall comply with 40 CFR Part 1039, as amended as of January 24, 2023 (and no future amendments or editions). The registration shall identify the pollutants and processes covered by the limitations, and the corresponding 40 CFR Part 1039 limitation.
b. The owner or operator shall operate and maintain the selective catalytic reduction in accordance with the manufacturer's emissions-related work instructions.
c. The owner or operator shall maintain the selective catalytic reduction in accordance with the maintenance instructions provided to the buyer of the Tier 4 engine pursuant to 40 CFR § 1039.125, as amended as of January 24, 2023 (and no future amendments or editions).
d. The owner or operator shall keep a log or readily available business records of the maintenance activities required by subsection (F)(5)(b). The owner or operator shall update the log or business records within 24 hours after an inspection or maintenance activity is performed.

G. Revised Registrations.
1. Unless a Class II permit is required under R18-2-302(B)(2)(b), the owner or operator of a registered source shall file a revised registration on the occurrence of any of the following:
a. A modification to the source that would result in an increase in the source's maximum capacity to emit with any elective limits exceeding any of the following amounts:
i. 2.5 tons per year for NO_x, SO_2, PM_{10}, $PM_{2.5}$, VOC or CO.
ii. 0.3 tons per year for lead.
b. Relocation of a portable source.
c. The transfer of the source to a new owner.
2. The requirements of subsection (B) shall not apply to a revised registration. The owner or operator may begin actual construction and operation of the modified, relocated or transferred source on filing the revised registration.

H. Registration Term.
1. A source's registration shall expire five years after the date of issuance of the last registration for the source or any modification to the source.
2. A source shall submit an application for renewal of a registration not later than six months before expiration of the registration's term.
3. If a source submits a timely and complete application for renewal of a registration, the source's authorization to operate under its existing registration shall continue until the Director takes final action on the application.
4. The Director may terminate a registration under R18-2-321(C). If the Director terminates a registration under R18-2-321(C)(3), the owner or operator shall be required to apply for a permit for the source under R18-2-302.

I. Issuance of a registration shall not relieve the owner or operator of the responsibility to comply fully with applicable provisions of the SIP and any other requirements under local, state, or federal law.

Historical Note

Amended effective August 7, 1975 (Supp. 75-1); Former Section R9-3-302 repealed, new Section R9-3-302 adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-302 repealed, new Section R9-3-302 adopted effective October 2, 1979 (Supp. 79-5). Former Section R9-3-302 repealed, new Section R9-3-302 adopted effective May 28, 1982 (Supp. 82-3). Former Section R9-3-302 renumbered without change as Section R18-2-302 (Supp. 87-3). Section R18-2-302.01 renumbered from Section R18-2-302 and amended effective September 26, 1990 (Supp. 90-3). Section repealed effective November 15, 1993 (Supp. 93-4). New Section made by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

Amended by final rulemaking at 25 A.A.R. 3630, effective February 1, 2020 (Supp. 19-4). Amended by final rulemaking at 32 A.A.R. 55 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

R18-2-303. Transition from Installation and Operating Permit Program to Unitary Permit Program; Registration Transition; Minor NSR Transition

A. An installation or operating permit issued before September 1, 1993, and the authority to operate, as provided in Laws 1992, Ch. 299, § 65, continues in effect until the installation or operating permit is terminated, or until the Director issues or denies a Class I or Class II permit to the source, whichever is earlier.

B. The terms and conditions of installation permits issued before September 1, 1993, or in permits or permit revisions issued under R18-2-302 and authorizing the construction or modification of a stationary source, remain federal applicable requirements unless modified or revoked by the Director.

C. All sources in existence on September 1, 2012, requiring a registration shall provide notice to the Director by no later than December 1, 2012, on a form provided by the Director.

D. All sources requiring a registration that are in existence on the date R18-2-302.01 becomes effective under R18-2-302.01(I) may submit applications for registration at any time after R18-2-302.01 is effective and shall submit an application no later than 180 days after receipt of written notice from the Director that an application is required.

E. Sources in existence on December 2, 2015 are not subject to R18-2-334, unless the source undertakes a minor NSR modification after that date. Notwithstanding any other provision of this Chapter, R18-2-334 shall apply only to applications for permits or permit revisions filed after December 2, 2015.

Historical Note

Amended effective August 7, 1975 (Supp. 75-1). Amended effective August 6, 1976 (Supp. 76-4). Former Section R9-3-303 repealed, new Section R9-3-303 adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-303 repealed, new Section R9-3-303 adopted effective October 2, 1979 (Supp. 79-5). Amended effective May 28, 1982 (Supp. 82-3). Amended subsection (D), paragraph (1) effective September 28, 1984 (Supp. 84-5). Former Section R9-3-303 renumbered without change as Section R18-2-303 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

R18-2-304. Permit Application Processing Procedures

A. Unless otherwise noted, this Section applies to each source requiring a Class I or II permit or permit revision.

B. Standard Application Form and Required Information. To apply for a permit required by this Chapter, applicants shall complete the applicable standard application form provided by the Director and supply all information required by the form's filing instructions. The application forms and filing instructions for Class I Permits shall at a minimum require submission of the following elements:

1. Identifying information, including company name and address (or plant name and address if different from the company name), owner's name and agent, and telephone number and names of plant site manager/contact.
2. A description of the source's processes and products (by Standard Industrial Classification (SIC) Code), including those associated with any proposed alternative operating scenarios (AOS) identified by the source.
3. The following emission-related information:
   a. All emissions of pollutants for which the source is major, and all emissions of regulated air pollutants. A permit application shall describe all emissions of regulated air pollutants emitted from any emissions unit, except as otherwise provided in R18-2-304(F)(8). The Director shall require additional information related to the emissions of air pollutants sufficient to verify which requirements are applicable to the source, and other information necessary to collect any permit fees owed under R18-2-326.
   b. Identification and description of all points of emissions described in subsection (B)(3)(a) in sufficient detail to establish the basis for fees and applicability of requirements.
   c. Emissions rate in tons per year (tpy) and in such terms as are necessary to establish compliance consistent with the applicable standard reference test method. For emissions units subject to an annual emissions cap, tpy can be reported as part of the aggregate emissions associated with the cap, except where more specific information is needed, including where necessary to determine and/or assure compliance with an applicable requirement.
   d. The following information to the extent it is needed to determine or regulate emissions: fuels, fuel use, raw materials, production rates, and operating schedules.
   e. Identification and description of air pollution control equipment and compliance monitoring devices or activities.
   f. Limitations on source operation affecting emissions or any work practice standards, where applicable, for all regulated pollutants at the Class I source.
   g. Other information required by any applicable requirement (including information related to stack height limitations in R18-2-332).
   h. Calculations on which the information in subsections (B)(3)(a) through (g) is based.
4. The following air pollution control requirements:
   a. Citation and description of all applicable requirements, and
   b. Description of or reference to any applicable test method for determining compliance with each applicable requirement.
5. Other specific information that may be necessary to implement and enforce other applicable requirements or to determine the applicability of such requirements.
6. An explanation of any proposed exemptions from otherwise applicable requirements.
7. Additional information as determined to be necessary by the Director to define proposed AOS identified by the source pursuant to R18-2-306(A)(11) or to define permit terms and conditions implementing any AOS under R18-2-306(A)(11) or implementing R18-2-317, R18-2-306(A)(12), R18-2-306(A)(14), or R18-2-306.02. The permit application shall include documentation demonstrating that the source has obtained all authorizations required under the applicable requirements relevant to any proposed AOS, or a certification that the source has

submitted all relevant materials to the Director for obtaining such authorizations.

8. A compliance plan for all Class I sources that contains all of the following:
   a. A description of the compliance status of the source with respect to all applicable requirements.
   b. A description as follows:
      i. For applicable requirements with which the source is in compliance, a statement that the source will continue to comply with such requirements.
      ii. For applicable requirements that will become effective during the permit term, a statement that the source will meet such requirements on a timely basis.
      iii. For requirements for which the source is not in compliance at the time of permit issuance, a narrative description of how the source will achieve compliance with such requirements.
      iv. For applicable requirements associated with a proposed AOS, a statement that the source will meet such requirements upon implementation of the AOS. If a proposed AOS would implicate an applicable requirement that will become effective during the permit term, a statement that the source will meet such requirements on a timely basis.
   c. A compliance schedule as follows:
      i. For applicable requirements with which the source is in compliance, a statement that the source will continue to comply with such requirements.
      ii. For applicable requirements that will become effective during the permit term, a statement that the source will meet such requirements on a timely basis. A statement that the source will meet, in a timely manner, applicable requirements that become effective during the permit term shall satisfy this provision, unless a more detailed schedule is expressly required by the applicable requirement.
      iii. A schedule of compliance for sources that are not in compliance with all applicable requirements at the time of permit issuance. Such a schedule shall include a schedule of remedial measures, including an enforceable sequence of actions with milestones, leading to compliance with any applicable requirements for which the source will be in noncompliance at the time of permit issuance. This compliance schedule shall resemble and be at least as stringent as that contained in any judicial consent decree or administrative order to which the source is subject. Any such schedule of compliance shall be supplemental to, and shall not sanction noncompliance with, the applicable requirements on which it is based.
      iv. For applicable requirements associated with a proposed AOS, a statement that the source will meet such requirements upon implementation of the AOS. If a proposed AOS would implicate an applicable requirement that will become effective during the permit term, a statement that the source will meet such requirements on a timely basis. A statement that the source will meet, in a timely manner, applicable requirements that become effective during the permit term will satisfy this provision, unless a more detailed schedule is expressly required by the applicable requirement.
   d. A schedule for submission of certified progress reports no less frequently than every six months for sources required to have a schedule of compliance to remedy a violation.
   e. The compliance plan content requirements specified in subsection (B)(8) shall apply and be included in the acid rain portion of a compliance plan for an affected source, except as specifically superseded by regulations promulgated under title IV of the Act with regard to the schedule and methods the source will use to achieve compliance with the acid rain emissions limitations.
9. Requirements for compliance certification, including the following:
   a. A certification of compliance with all applicable requirements by a responsible official, which shall include:
      i. Identification of the applicable requirement that is the basis of the certification;
      ii. The method used for determining the compliance status of the source, including a description of monitoring, recordkeeping, and reporting requirements and test methods;
      iii. The compliance status; and
      iv. Such other facts as the Director may require;
   b. A schedule for submission of compliance certifications during the permit term, to be submitted no less frequently than annually, or more frequently if specified by the underlying applicable requirement or by the permitting authority;
   c. A statement indicating the source's compliance status with any applicable enhanced monitoring and compliance certification requirements of the Act; and
   d. A certification of truth, accuracy, and completeness pursuant to R18-2-304(I).
10. The use of nationally-standardized forms for acid rain portions of permit applications and compliance plans, as required by regulations promulgated under title IV of the act.

C. The Director, either upon the Director's own initiative or on the request of a permit applicant, may waive a requirement that specific information or data be submitted in the application for a Class II permit for a particular source or category of sources if the Director determines that the information or data would be unnecessary to determine all of the following:

1. The applicable requirements to which the source may be subject;
2. That the source is so designed, controlled, or equipped with such air pollution control equipment that it may be expected to operate without emitting or without causing to be emitted air contaminants in violation of the provisions of A.R.S. Title 49, Chapter 3, Article 2 and this Chapter;
3. The fees to which the source may be subject; and
4. A proposed emission limitation, control, or other requirement that meets the requirements of R18-2-306.01, R18-2-306.02, or R18-2-306.03.

D. A timely application is:
1. For a source, that becomes subject to the permit program as a result of a change in regulation and not as a result of construction or a physical or operational change, one that is submitted within 12 months after the source becomes subject to the permit program.
2. For purposes of permit renewal, a timely application is one that is submitted at least six months, but not more than 18 months, prior to the date of permit expiration.
3. Any source under R18-2-326(A)(3) which becomes subject to a standard promulgated by the Administrator pursuant to section 112(d) of the Act shall, within 12 months of the date on which the standard is promulgated, submit an application for a permit revision demonstrating how the source will comply with the standard.

E. If an applicable implementation plan allows the determination of an alternative emission limit, a source may, in its application, propose an emission limit that is equivalent to the emission limit otherwise applicable to the source under the applicable implementation plan. The source shall also demonstrate that the equivalent limit is quantifiable, accountable, enforceable, and subject to replicable compliance determination procedures.

F. A complete application shall comply with all of the following:
1. To be complete, an application shall provide all information required by subsection (B) (standard application form section). An application for permit revision only need supply information related to the proposed change, unless the source's proposed permit revision will change the permit from a Class II permit to a Class I permit. A responsible official shall certify the submitted information consistent with subsection (I) (Certification of Truth, Accuracy, and Completeness).
2. An application for a new permit or permit revision shall contain an assessment of the applicability of the requirements of Article 4 of this Chapter. If the applicant determines that the proposed new source is a major source as defined in R18-2-401, or the proposed permit revision constitutes a major modification as defined in R18-2-101, then the application shall comply with all applicable requirements of Article 4.
3. An application for a new permit or permit revision shall contain an assessment of the applicability of Minor New Source Review requirements in R18-2-334. If the applicant determines that the proposed new source is subject to R18-2-334, or the proposed permit revision constitutes a Minor NSR Modification, then the application shall comply with all applicable requirements of R18-2-334.
4. Except for proposed new major sources or major modifications subject to the requirements of Article 4 of this Chapter, an application for a new permit, a permit revision, or a permit renewal shall be deemed to be complete unless, within 60 days of receipt of the application, the Director notifies the applicant by certified mail that the application is not complete.
5. If a source wishes to voluntarily enter into an emissions limitation, control, or other requirement pursuant to R18-2-306.01 or R18-2-306.03, the source shall describe that emissions limitation, control, or other requirement in its application, along with proposed associated monitoring, recordkeeping, and reporting requirements necessary to demonstrate that the emissions limitation, control, or other requirement is permanent, quantifiable, and otherwise enforceable as a practical matter.
6. If, while processing an application that has been determined or deemed to be complete, the Director determines that additional information is necessary to evaluate or take final action on that application, the Director may request such information in writing and set a reasonable deadline for a response. Except for minor permit revisions as set forth in R18-2-319, a source's ability to continue operating without a permit, as set forth in subsection (K), shall be in effect from the date the application is determined to be complete until the final permit is issued, provided that the applicant submits any requested additional information by the deadline specified by the Director.
7. The completeness determination shall not apply to revisions processed through the minor permit revision process.
8. Activities which are insignificant pursuant to the definition of insignificant activities in R18-2-101 shall be listed in the application. Except as necessary to complete the assessment required by subsections (F)(2) or (3), the application need not provide emissions data regarding insignificant activities. If the Director determines that an activity listed as insignificant does not meet the requirements of the definition of insignificant activities in R18-2-101 or that emissions data for the activity is required to complete the assessment required by subsections (F)(2) or (3), the Director shall notify the applicant in writing and specify additional information required.
9. If a permit applicant requests terms and conditions allowing for the trading of emission increases and decreases in the permitted facility solely for the purpose of complying with a federally enforceable emission cap that is established in the permit independent of otherwise applicable requirements, the permit applicant shall include in its application proposed replicable procedures and permit terms that ensure the emissions trades are quantifiable and enforceable.
10. The Director is not in disagreement with a notice of confidentiality submitted with the application pursuant to A.R.S. § 49-432.

G. A source applying for a Class I permit that has submitted information with an application under a claim of confidentiality pursuant to A.R.S. § 49-432 and R18-2-305 shall submit a copy of such information directly to the Administrator.

H. Duty to Supplement or Correct Application. Any applicant who fails to submit any relevant facts or who has submitted incorrect information in a permit application shall, upon becoming aware of such failure or incorrect submittal, promptly submit such supplementary facts or corrected information. In addition, an applicant shall provide additional information as necessary to address any requirements that become applicable to the source after the date it filed a complete application but prior to release of a proposed permit.

I. Certification of Truth, Accuracy, and Completeness. Any application form, report, or compliance certification submitted pursuant to this Chapter shall contain certification by a responsible official of truth, accuracy, and completeness. This certification and any other certification required under this Article shall state that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

J. Action on Application.
1. The Director shall issue or deny each permit according to the provisions of A.R.S. § 49-427. The Director may

issue a permit with a compliance schedule for a source that is not in compliance with all applicable requirements at the time of permit issuance.

2. In addition, a permit may be issued, revised, or renewed only if all of the following conditions have been met:
   a. The application received by the Director for a permit, permit revision, or permit renewal shall be complete according to subsection (F).
   b. Except for revisions qualifying as administrative or minor under R18-2-318 and R18-2-319, all of the requirements for public notice and participation under R18-2-330 shall have been met.
   c. For Class I permits, the Director shall have complied with the requirements of R18-2-307 for notifying and responding to affected states, and if applicable, other notification requirements of R18-2-402(D)(2) and R18-2-410(C)(2).
   d. For Class I and II permits, the conditions of the permit shall require compliance with all applicable requirements.
   e. For permits for which an application is required to be submitted to the Administrator under R18-2-307(A), and to which the Administrator has properly objected to its issuance in writing within 45 days of receipt of the proposed final permit and all necessary supporting information from the Department, the Director has revised and submitted a proposed final permit in response to the objection and EPA has not objected to this proposed final permit within 45 days of receipt.
   f. For permits to which the Administrator has objected to issuance pursuant to a petition filed under 40 CFR 70.8(d), the Administrator's objection has been resolved.
   g. For a Class II permit that contains voluntary emission limitations, controls, or other requirements established pursuant to R18-2-306.01 or R18-2-306.03 the Director shall have complied with the requirement of R18-2-306.01(C) or R18-2-306.03(C) to provide the Administrator with a copy of the proposed permit.
3. If the Director denies a permit under this Section, a notice shall be served on the applicant by certified mail, return receipt requested. The notice shall include a statement detailing the grounds for the denial and a statement that the permit applicant is entitled to a hearing.
4. The Director shall provide a statement that sets forth the legal and factual basis for the proposed permit conditions including references to the applicable statutory or regulatory provisions. The Director shall send this statement to any person who requests it and, for Class I permits, to the Administrator.
5. Priority shall be given by the Director to taking action on applications for construction or modification submitted pursuant to Title I, Parts C (Prevention of Significant Deterioration) and D (New Source Review) of the Act.

K. Requirement for a Permit. Except as noted under the provisions in R18-2-317 and R18-2-319, no source may operate after the time that it is required to submit a timely and complete application, except in compliance with a permit issued pursuant to this Chapter. However, if a source under R18-2-326(A)(3) submits a timely and complete application for continued operation under a permit revision or renewal, the source's failure to have a permit is not a violation of this Article until the Director takes final action on the application. This protection shall cease to apply if, subsequent to the completeness determination, the applicant fails to submit, by the deadline specified in writing by the Director, any additional information identified as being needed to process the application. This subsection does not affect a source's obligation to obtain a permit revision before making a modification to the source.

Historical Note

Amended effective August 7, 1975 (Supp. 75-1). Former Section R9-3-304 repealed, new Section R9-3-304 formerly Section R9-3-305 renumbered and amended effective August 6, 1976 (Supp. 76-4). Former Section R9-3-304 repealed, new Section R9-3-304 adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Former Section R9-3-304 repealed, new Section R9-3-304 adopted effective May 28, 1982 (Supp. 82-3). Former Section R9-3-304 renumbered without change as Section R18-2-304 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4). Amended effective October 7, 1994 (Supp. 94-4). Amended effective August 1, 1995 (Supp. 95-3). The reference to R18-2-101(54) in subsection (E)(8) corrected to reference R18-2-101(57) (Supp. 99-3). Amended by final rulemaking at 6 A.A.R. 343, effective December 20, 1999 (Supp. 99-4). Amended by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1). Amended by final rulemaking at 25 A.A.R. 3630, February 1, 2020 (Supp. 19-4). Amended by final rulemaking at 32 A.A.R. 55 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

R18-2-305. Public Records; Confidentiality

A. The Director shall make all permits, including all elements required to be in the permit pursuant to R18-2-306, available to the public. No permit shall be issued unless the information required by R18-2-306 is present in the permit.

B. A notice of confidentiality pursuant to A.R.S. § 49-432(C) shall:
   1. Precisely identify the information in the documents submitted which is considered confidential.
   2. Contain sufficient supporting information to allow the Director to evaluate whether such information satisfies the requirements related to trade secrets or, if applicable, how the information, if disclosed, is likely to cause substantial harm to the person's competitive position.

C. Within 30 days of receipt of a notice of confidentiality that complies with subsection (B) above, the Director shall make a determination as to whether the information satisfies the requirements for trade secret or competitive position pursuant to A.R.S. § 49-432(C)(1) and so notify the applicant in writing. If the Director agrees with the applicant that the information covered by the notice of confidentiality satisfies the statutory requirements, the Director shall include a notice in the file for the permit or permit application that certain information has been considered confidential.

D. If the Director takes action pursuant to A.R.S. § 49-432(D) and obtains a final order authorizing disclosure, the Director shall place the information in the public file and shall notify

any person who has requested disclosure. If the court determines that the information is not subject to disclosure, the Director shall provide the notice specified in subsection (C) above.

Historical Note

Amended effective August 7, 1975 (Supp. 75-1). Amended as an emergency effective December 15, 1975 (Supp. 75-2). Amended effective May 10, 1976 (Supp. 76-3). Former Section R9-3-306 renumbered as Section R9-3-305 effective August 6, 1976. References changed to conform (Supp. 76-4). Amended effective April 12, 1977 (Supp. 77-2). Amended effective March 24, 1978 (Supp. 78-2). Former Section R9-3-305 repealed, new Section R9-3-305 adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Former Section R9-3-305 repealed, new Section R9-3-305 adopted effective May 28, 1982 (Supp. 82-3). Former Section R9-3-305 renumbered without change as R18-2-305 (Supp. 87-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4).

R18-2-306. Permit Contents

A. Each permit issued by the Director shall include the following elements:

1. The date of issuance and the permit term.
2. Enforceable emission limitations and standards, including operational requirements and limitations that ensure compliance with all applicable requirements at the time of issuance and operational requirements and limitations that have been voluntarily accepted under R18-2-306.01 or R18-2-306.03.
    a. The permit shall specify and reference the origin of and authority for each term or condition and identify any difference in form as compared to the applicable requirement upon which the term or condition is based.
    b. The permit shall state that, if an applicable requirement of the Act is more stringent than an applicable requirement of regulations promulgated under Title IV of the Act, both provisions shall be incorporated into the permit and shall be enforceable by the Administrator.
    c. Any permit containing an equivalency demonstration for an alternative emission limit submitted under R18-2-304(E) shall contain provisions to ensure that any resulting emissions limit has been demonstrated to be quantifiable, accountable, enforceable, and based on replicable procedures.
    d. The permit shall specify applicable requirements for fugitive emission limitations, regardless of whether the source category in question is included in the list of sources contained in the definition of major source in R18-2-101.
3. Each permit shall contain the following requirements with respect to monitoring:
    a. All monitoring and analysis procedures or test methods required under applicable monitoring and testing requirements, including:
        i. Monitoring and analysis procedures or test methods under 40 CFR 64;
        ii. Other procedures and methods promulgated under sections 114(a)(3) or 504(b) of the Act; and
        iii. Monitoring and analysis procedures or test methods required under R18-2-306.01 or R18-2-306.03.
    b. 40 CFR 64 as adopted July 1, 1998, is incorporated by reference and on file with the Department and the Office of the Secretary of State. This incorporation by reference contains no future editions or amendments. If more than one monitoring or testing requirement applies, the permit may specify a streamlined set of monitoring or testing provisions if the specified monitoring or testing is adequate to assure compliance at least to the same extent as the monitoring or testing applicable requirements not included in the permit as a result of such streamlining;
    c. If the applicable requirement does not require periodic testing or instrumental or noninstrumental monitoring (which may consist of recordkeeping designed to serve as monitoring), periodic monitoring sufficient to yield reliable data from the relevant time period that are representative of the source's compliance with the permit as reported under subsection (A)(4). The monitoring requirements shall ensure use of terms, test methods, units, averaging periods, and other statistical conventions consistent with the applicable requirement, and as otherwise required under R18-2-306.01 or R18-2-306.03. Recordkeeping provisions may be sufficient to meet the requirements of this subsection; and
    d. As necessary, requirements concerning the use, maintenance, and, if appropriate, installation of monitoring equipment or methods.
4. The permit shall incorporate all applicable recordkeeping requirements including recordkeeping requirements established under R18-2-306.01 or R18-2-306.03, for the following:
    a. Records of required monitoring information that include the following:
        i. The date, place as defined in the permit, and time of sampling or measurement;
        ii. The date any analyses was performed;
        iii. The name of the company or entity that performed the analysis;
        iv. A description of the analytical technique or method used;
        v. The results of any analysis; and
        vi. The operating conditions existing at the time of sampling or measurement;
    b. Retention of records of all required monitoring data and support information for a period of at least five years from the date of the monitoring sample, measurement, report, or application. Support information includes all calibration and maintenance records and all original strip-chart recordings for continuous monitoring instrumentation and copies of all reports required by the permit.
5. The permit shall incorporate all applicable reporting requirements including reporting requirements established under R18-2-306.01 or R18-2-306.03 and require the following:
    a. Submittal of reports of any required monitoring. All instances of deviations from permit requirements shall be clearly identified in the reports. All required reports shall be certified by a responsible official

consistent with R18-2-304(I) and R18-2-309(A)(5) and shall be submitted with the following frequency:
i. For a Class I permit, at least once every six months;
ii. For a Class II permit, at least once per year.

b. Prompt reporting of deviations from permit requirements, including those attributable to upset conditions as defined in the permit, the probable cause of the deviations, and any corrective actions or preventive measures taken. Where the applicable requirement contains a definition of prompt or otherwise specifies a timeframe for reporting deviations, that definition or timeframe shall govern. Where the applicable requirement does not address the timeframe for reporting deviations, the permittee shall submit reports of deviations in compliance with the following schedule:
i. Notice that complies with timeframe in R18-2-310.01(A) is prompt for deviations that constitute excess emissions;
ii. Except as otherwise provided in the permit, notice that complies with subsection (A)(5)(a) is prompt for all other types of deviation.

6. A permit condition prohibiting emissions exceeding any allowances the source lawfully holds under Title IV of the Act or the regulations promulgated thereunder.
a. A permit revision is not required for increases in emissions that are authorized by allowances acquired under the acid rain program, if the increases do not require a permit revision under any other applicable requirement.
b. A limit shall not be placed on the number of allowances held by the source. The source shall not, however, use allowances as a defense to noncompliance with any other applicable requirement.
c. Any allowance shall be accounted for according to the procedures established in regulations promulgated under Title IV of the Act.
d. Any permit issued under the requirements of this Chapter and Title V of the Act to a unit subject to the provisions of Title IV of the Act shall include conditions prohibiting all of the following:
i. Annual emissions of sulfur dioxide in excess of the number of allowances to emit sulfur dioxide held by the owner or operator of the unit or the designated representative of the owner or operator,
ii. Exceedances of applicable emission rates,
iii. Use of any allowance before the year for which it is allocated, and
iv. Contravention of any other provision of the permit.

7. A severability clause to ensure the continued validity of the various permit requirements in the event of a challenge to any portion of the permit.
8. Provisions stating the following:
a. The permittee shall comply with all conditions of the permit including all applicable requirements of Arizona air quality statutes A.R.S. Title 49, Chapter 3, and the air quality rules, 18 A.A.C. 2. Any permit noncompliance is grounds for enforcement action; for a permit termination, revocation and reissuance, or revision; or for denial of a permit renewal application. Noncompliance with any federally enforceable requirement in a permit is a violation of the Act.
b. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of the permit.
c. The permit may be revised, reopened, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or of a notification of planned changes or anticipated noncompliance does not stay any permit condition.
d. The permit does not convey any property rights of any sort, or any exclusive privilege to the permit holder.
e. The permittee shall furnish to the Director, within a reasonable time, any information that the Director may request in writing to determine whether cause exists for revising, revoking and reissuing, or terminating the permit, or to determine compliance with the permit. Upon the Director's request, the permittee shall also furnish to the Director copies of records required to be kept by the permit. For information claimed to be confidential, the permittee shall furnish a copy of the records directly to the Administrator along with a claim of confidentiality.
f. For any major source operating in a nonattainment area for all pollutants for which the source is classified as a major source, the source shall comply with reasonably available control technology.

9. A provision to ensure that the source pays fees to the Director under A.R.S. § 49-426(E), R18-2-326, and R18-2-511.
10. A provision stating that a permit revision shall not be required under any approved economic incentives, marketable permits, emissions trading, and other similar programs or processes for changes provided for in the permit.
11. Terms and conditions for reasonably anticipated operating scenarios identified by the source in its application as approved by the Director. The terms and conditions shall:
a. Require the source, contemporaneously with making a change from one operating scenario to another, to record in a log at the permitted facility a record of the scenario under which it is operating;
b. Extend the permit shield described in R18-2-325 to all terms and conditions under each such operating scenario; and
c. Ensure that the terms and conditions of each such alternative scenario meet all applicable requirements and the requirements of this Chapter.

12. Terms and conditions, if the permit applicant requests them, and as approved by the Director, for the trading of emissions increases and decreases in the permitted facility, to the extent that the applicable requirements provide for trading the increases and decreases without a case-by-case approval of each emissions trade. The terms and conditions:
a. Shall include all terms required under subsections (A) and (C) to determine compliance;
b. Shall not extend the permit shield in subsection (D) to all terms and conditions that allow the increases and decreases in emissions;

c. Shall not include trading that involves emission units for which emissions are not quantifiable or for which there are no replicable procedures to enforce the emissions trades; and
d. Shall meet all applicable requirements and requirements of this Chapter.

13. Terms and conditions, if the permit applicant requests them and they are approved by the Director, setting forth intermittent operating scenarios including potential periods of downtime. If the terms and conditions are included, the state's emissions inventory shall not reflect the zero emissions associated with the periods of downtime.
14. Upon request of a permit applicant, the Director shall issue a permit that contains terms and conditions allowing for the trading of emission increases and decreases in the permitted facility solely for the purpose of complying with a federally enforceable emission cap established in the permit independent of otherwise applicable requirements. The permit applicant shall include in its application proposed replicable procedures and permit terms that ensure the emissions trades are quantifiable and enforceable. The Director shall not include in the emissions trading provisions any emissions units for which emissions are not quantifiable or for which there are no replicable procedures to enforce the emissions trades. The permit shall also require compliance with all applicable requirements. Changes made under this subsection (shall) not include modifications under any provision of Title I of the Act and shall not exceed emissions allowable under the permit. The terms and conditions shall provide, for Class I sources, for notice that conforms to R18-2-317(D) and (E), and for Class II sources, for logging that conforms to R18-2-317.02(B)(5). In addition, the notices for Class I and Class II sources shall describe how the increases and decreases in emissions will comply with the terms and conditions of the permit.
15. Other terms and conditions as are required by the Act, A.R.S. Title 49, Chapter 3, Articles 1 and 2, and the rules adopted in 18 A.A.C. 2.

B. Federally-enforceable Requirements.
1. The following permit conditions shall be enforceable by the Administrator and citizens under the Act:
   a. Except as provided in subsection (B)(2), all terms and conditions in a Class I permit, including any provision designed to limit a source's potential to emit;
   b. Terms or conditions in a Class II permit setting forth federal applicable requirements; and
   c. Terms and conditions in any permit entered into voluntarily under R18-2-306.01 or R18-2-306.03, as follows:
      i. Emissions limitations, controls, or other requirements; and
      ii. Monitoring, recordkeeping, and reporting requirements associated with the emissions limitations, controls, or other requirements in subsection (B)(1)(c)(i).
2. Notwithstanding subsection (B)(1)(a), the Director shall specifically designate as not being federally enforceable under the Act any terms and conditions included in a Class I permit that are not required under the Act or under any of its applicable requirements.

C. Each permit shall contain a compliance plan as specified in R18-2-309.

D. Each permit shall include the applicable permit shield provisions under R18-2-325.

E. Emergency provision.
1. An "emergency" means any situation arising from sudden and reasonably unforeseeable events beyond the control of the source, including acts of God, that requires immediate corrective action to restore normal operation and that causes the source to exceed a technology-based emission limitation under the permit, due to unavoidable increases in emissions attributable to the emergency. An emergency shall not include noncompliance to the extent caused by improperly designed equipment, lack of preventative maintenance, careless or improper operation, or operator error.
2. An emergency constitutes an affirmative defense to an action brought for noncompliance with technology-based emission limitations if the conditions of subsection (E)(3) are met.
3. The affirmative defense of emergency shall be demonstrated through properly signed, contemporaneous operating logs, or other relevant evidence that:
   a. An emergency occurred and the permittee can identify the cause or causes of the emergency;
   b. At the time of the emergency the permitted facility was being properly operated;
   c. During the period of the emergency, the permittee took all reasonable steps to minimize levels of emissions that exceeded the emissions standards or other requirements in the permit; and
   d. The permittee submitted notice of the emergency to the Director by certified mail, facsimile, or hand delivery within two working days of the time when emission limitations were exceeded due to the emergency. This notice shall contain a description of the emergency, any steps taken to mitigate emissions, and corrective action taken.
4. In any enforcement proceeding, the permittee seeking to establish the occurrence of an emergency has the burden of proof.
5. This provision is in addition to any emergency or upset provision contained in any applicable requirement.

F. A Class I permit issued to a major source shall require that revisions be made under R18-2-321 to incorporate additional applicable requirements adopted by the Administrator under the Act that become applicable to a source with a permit with a remaining permit term of three or more years. A revision shall not be required if the effective date of the applicable requirement is after the expiration of the permit. The revisions shall be made as expeditiously as practicable, but not later than 18 months after the promulgation of the standards and regulations. Any permit revision required under this subsection shall comply with R18-2-322 for permit renewal and shall reset the five-year permit term.

Historical Note

Adopted effective August 7, 1975 (Supp. 75-1). Former Section R9-3-307 renumbered as Section R9-3-306 effective August 6, 1976. Reference changed to conform (Supp. 76-4). Former Section R9-3-306 repealed, new Section R9-3-306 adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Amended effective July 9, 1980 (Supp. 80-4). Amended subsection (A) effective May 28, 1982 (Supp. 82-3).

Amended subsection (A) effective September 28, 1984 (Supp. 84-5). Former Section R9-3-306 renumbered without change as R18-2-306 (Supp. 87-3). Amended subsection (I) effective December 1, 1988 (Supp. 88-4). Amended effective September 26, 1990 (Supp. 90-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4). Amended effective August 1, 1995 (Supp. 95-3). Amended effective June 4, 1998 (Supp. 98-2). Amended by final rulemaking at 5 A.A.R. 4074, effective September 22, 1999 (Supp. 99-3). Amended by final rulemaking at 6 A.A.R. 343, effective December 20, 1999 (Supp. 99-4). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1). Amended by final rulemaking at 32 A.A.R. 55 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

R18-2-306.01. Permits Containing Voluntarily Accepted Emission Limitations and Standards

A. A source may voluntarily propose in its application, and accept in its permit, emissions limitations, controls, or other requirements that are permanent, quantifiable, and otherwise enforceable as a practical matter in order to avoid classification as a source that requires a Class I permit or to avoid one or more other applicable requirements.

B. In order for a source to obtain a permit containing voluntarily accepted emissions limitations, controls, or other requirements, the source shall demonstrate all of the following in its permit application:

1. The emissions limitations, controls, or other requirements to be imposed for the purpose of avoiding an applicable requirement are at least as stringent as the emissions limitations, controls, or other requirements that would otherwise be applicable to that source, including those that originate in an applicable implementation plan; and the permit does not waive, or make less stringent, any limitations or requirements contained in or issued pursuant to an applicable implementation plan, or that are otherwise federally enforceable.
2. All voluntarily accepted emissions limitations, controls, or other requirements will be permanent, quantifiable, and otherwise enforceable as a practical matter.

C. At the same time as notice of proposed issuance is first published pursuant to A.R.S. § 49-426(D), the Director shall send a copy of any Class II permit proposed to be issued pursuant to this Section to the Administrator for review during the comment period described in the notice pursuant to R18-2-330(C)(3).

D. The Director shall send a copy of each final permit issued pursuant to this Section to the Administrator.

Historical Note

Adopted effective August 1, 1995 (Supp. 95-3). Amended by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1). Amended by final rulemaking at 32 A.A.R. 55 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

R18-2-306.02. Establishment of an Emissions Cap

A. An applicant may, in its application for a new permit, renewal of an existing permit, or as a significant permit revision, request an emissions cap for a particular pollutant expressed in tons per year as determined on a 12-month rolling average, or any shorter averaging time necessary to enforce any applicable requirement, for any emissions unit, combination of emissions units, or an entire source to allow operating flexibility including emissions trading for the purpose of complying with the cap. This Section shall not apply to sources that hold an authority to operate under a general permit pursuant to Article 5 of this Chapter.

B. An emissions cap for a Class II source that limits the emissions of a particular pollutant for the entire source shall not exceed any of the following:

1. The applicable requirement for the pollutant if expressed in tons per year;
2. The source's actual emissions plus the applicable significance level for the pollutant established in R18-2-101(131).
3. The applicable major source threshold for the pollutant; or
4. A source wide emission limitation for the pollutant voluntarily agreed to by the source under R18-2-306.01 or R18-2-306.03.

C. In order to incorporate an emissions cap in a permit the applicant must demonstrate to the Director that terms and conditions in the permit will:

1. Ensure compliance with all applicable requirements for the pollutant;
2. Contain replicable procedures to ensure that the emissions cap is enforceable as a practical matter and emissions trading conducted under it is quantifiable and enforceable as a practical matter. For the purposes of this Section, "enforceable as a practical matter" shall include the following criteria:
   a. The permit conditions are permanent and quantifiable;
   b. The permit includes a legally enforceable obligation to comply;
   c. The limits impose an objective and quantifiable operational or production limit or require the use of in-place air pollution control equipment;
   d. The permit limits have short-term averaging times consistent with the averaging times of the applicable requirement;
   e. The permit conditions are enforceable and are independent of any other applicable limitations; and
   f. The permit conditions for monitoring, record keeping, and reporting requirements are sufficient to comply with R18-2-306(A)(3), (4), and (5).

D. Class I sources shall log an increase or decrease in actual emissions authorized as a trade under an emissions cap unless an applicable requirement requires notice to the Director. The log shall contain the information required by the permit including, at a minimum, when the proposed emissions increase or decrease occurred, a description of the physical change or change in method of operation that produced the increase or decrease, the change in emissions from the physical change or change in method of operation, and how the increase or decrease in emissions complies with the permit. Class II sources shall comply with R18-2-317.02(B)(5).

E. The Director shall not include in an emissions cap or emissions trading allowed under a cap any emissions unit for which the emissions are not quantifiable or for which there are no replicable procedures or practical means to enforce emissions trades.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 4074, effective September 22, 1999 (Supp. 99-3). Section

expired under A.R.S. § 41-1056(J) at 22 A.A.R. 2982, effective September 15, 2016 (Supp. 16-3). New Section made by final rulemaking at 32 A.A.R. 55 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

R18-2-306.03. Voluntary Air Permit Requirements for Ambient Air Quality Protection and Planning

A. A source may voluntarily propose in its application, and accept in its permit, emissions limitations, controls, or other requirements in order to avoid interfering with attainment or maintenance of a NAAQS, to avoid impairing visibility, to comply with any other requirement of the Act, or to generate emissions reductions credits pursuant to 18 A.A.C. 2, Article 12.

B. In order for a source to obtain a permit containing voluntarily accepted emissions limitations, controls, or other requirements, the source shall demonstrate all of the following in its permit application:
1. The emissions limitations, controls, or other requirements to be imposed under subsection (A) are at least as stringent as the emissions limitations, controls, or other requirements that would otherwise be applicable to that source, including requirements imposed in an applicable implementation plan; and the permit does not waive, or make less stringent, any limitations or requirements imposed in an applicable implementation plan, or that are otherwise federally enforceable.
2. All voluntarily accepted emissions limitations, controls, or other requirements will be permanent, quantifiable, and otherwise enforceable as a practical matter.

C. At the same time as notice of proposed issuance is first published pursuant to A.R.S. § 49-426(D), the Director shall send a copy of any Class II permit proposed to be issued pursuant to this Section to the Administrator for review during the comment period described in the notice pursuant to R18-2-330(C)(3).

D. The Director shall send a copy of each final permit issued pursuant to this Section to the Administrator.

Historical Note

New Section made by final rulemaking at 32 A.A.R. 55 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

R18-2-307. Permit Review by the EPA and Affected States

A. Except as provided in R18-2-304(G) and as waived by the Administrator, for each Class I permit, a copy of each of the following shall be provided to the Administrator as follows:
1. The applicant shall provide a complete copy of the application including any attachments, compliance plans, and other information required by R18-2-304(F) at the time of submittal of the application to the Director.
2. The Director shall provide the proposed final permit after public and affected state review.
3. The Director shall provide the final permit at the time of issuance.
4. If a significant comment is received during the public participation process, the Director shall provide the written response to comments, which must include a written response to all significant comments raised during the public participation process on the draft permit and recorded under R18-2-330(G), and an explanation of how those public comments and the permitting authority's responses are available to the public.

B. The Director shall keep all records associated with all permits for a minimum of five years from issuance.

C. No permit for which an application is required to be submitted to the Administrator under subsection (A) shall be issued if the Administrator properly objects to its issuance in writing within 45 days of receipt of the proposed final permit from the Department and all necessary supporting information.

D. Review by Affected States.
1. For each Class I permit, the Director shall provide notice of each proposed permit to any affected state on or before the time that the Director provides this notice to the public as required under R18-2-330 except to the extent R18-2-319 requires the timing of the notice to be different.
2. If the Director refuses to accept a recommendation of any affected state submitted during the public or affected state review period, the Director shall notify the Administrator and the affected state in writing. The notification shall include the Director's reasons for not accepting any such recommendation and shall be provided to the Administrator as part of the submittal of the proposed final permit. The Director shall not be required to accept recommendations that are not based on federal applicable requirements or requirements of state law.

E. Any person who petitions the Administrator pursuant to 40 CFR 70.8(d) shall notify the Department by certified mail of such petition as soon as possible, but in no case more than 10 days following such petition. Such notice shall include the grounds for objection and whether such objections were raised during the public comment period. If the Administrator objects to the permit as a result of a petition filed under this subsection, the Director shall not issue the permit until EPA's objection has been resolved, except that a petition for review does not stay the effectiveness of a permit or its requirements if the permit was issued after the end of the 45-day administrative review period and prior to the Administrator's objection.

F. If the Director has issued a permit prior to receipt of the Administrator's objection under subsection (E), and the Administrator indicates that it should be revised, terminated, or revoked and reissued, the Director shall reopen the permit in accordance with R18-2-321 and may thereafter issue only a revised permit that satisfies the Administrator's objection. In any case, the source shall not be in violation of the requirement to have submitted a timely and complete application.

G. Prohibition on Default Issuance.
1. No Class I permit including a permit renewal or revision shall be issued until affected states and the Administrator have had an opportunity to review the proposed permit.
2. No permit or renewal shall be issued unless the Director has acted on the application.

Historical Note

Adopted effective August 7, 1975 (Supp. 75-1). Former Section R9-3-307 renumbered as Section R9-3-306 effective August 6, 1976 (Supp. 76-4). New Section R9-3-307 adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Former Section R9-3-307 repealed, new Section R9-3-307 adopted effective May 28, 1982 (Supp. 82-3). Amended subsection (B)(4)(b) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-307 renumbered without change as R18-2-307 (Supp. 87-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1). Amended by final rulemaking at 32 A.A.R. 55 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

R18-2-308. Emission Standards and Limitations

Wherever applicable requirements apply different standards or limitations to a source for the same item, all applicable requirements shall be included in the permit.

Historical Note

Adopted effective August 7, 1975 (Supp. 75-1). Former Section R9-3-308 repealed, new Section R9-3-308 adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-308 renumbered without change as R18-2-308 (Supp. 87-3). Amended effective December 1, 1988 (Supp. 88-4). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4).

R18-2-309. Compliance Plan; Certification

All permits shall contain the following elements with respect to compliance:

1. The elements required by R18-2-306(A)(3), (4), and (5).
2. Requirements for certifications of compliance with terms and conditions contained in the permit, including emissions limitations, standards, and work practices. Permits shall include each of the following:
    a. The frequency of submissions of compliance certifications, which shall not be less than annually;
    b. The means to monitor the compliance of the source with its emissions limitations, standards, and work practices;
    c. A requirement that the compliance certification include all of the following (the identification of applicable information may cross-reference the permit or previous reports, as applicable):
        i. The identification of each term or condition of the permit that is the basis of the certification;
        ii. The identification of the methods or other means used by the owner or operator for determining the compliance status with each term and condition during the certification period. The methods and other means shall include, at a minimum, the methods and means required under R18-2-306(A)(3). If necessary, the owner or operator also shall identify any other material information that must be included in the certification to comply with section 113(c)(2) of the Act, which prohibits knowingly making a false certification or omitting material information;
        iii. The status of compliance with the terms and conditions of the permit for the period covered by the certification, including whether compliance during the period was continuous or intermittent. The certification shall be based on the methods or means designated in subsection (2)(c)(ii). The certification shall identify each deviation and take it into account in the compliance certification. For emission units subject to 40 CFR 64, the certification shall also identify as possible exceptions to compliance any period during which compliance is required and in which an excursion or exceedance defined under 40 CFR 64 occurred; and
        iv. Other facts the Director may require to determine the compliance status of the source.
    d. A requirement that permittees submit all compliance certifications to the Director. Permittees may submit compliance certifications to the Director by electronic means. Class I permittees shall also submit compliance certifications to the Administrator.
    e. Additional requirements specified in sections 114(a)(3) and 504(b) of the Act or pursuant to R18-2-306.01, R18-2-306.02, or R18-2-306.03.
3. A requirement for any document required to be submitted by a permittee, including reports, to contain a certification by a responsible official of truth, accuracy, and completeness. This certification and any other certification required under this Section shall state that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.
4. Inspection and entry provisions that require that upon presentation of proper credentials, the permittee shall allow the Director to:
    a. Enter upon the permittee's premises where a source is located, emissions-related activity is conducted, or records are required to be kept under the conditions of the permit;
    b. Have access to and copy, at reasonable times, any records that are required to be kept under the conditions of the permit;
    c. Inspect, at reasonable times, any facilities, equipment (including monitoring and air pollution control equipment), practices, or operations regulated or required under the permit;
    d. Sample or monitor, at reasonable times, substances or parameters for the purpose of assuring compliance with the permit or other applicable requirements; and
    e. Record any inspection by use of written, electronic, magnetic, or photographic media.
5. A compliance plan that contains all the following:
    a. A description of the compliance status of the source with respect to all applicable requirements;
    b. A description as follows:
        i. For applicable requirements with which the source is in compliance, a statement that the source will continue to comply with the requirements;
        ii. For applicable requirements that will become effective during the permit term, a statement that the source will meet the requirements on a timely basis; and
        iii. For requirements for which the source is not in compliance at the time of permit issuance, a narrative description of how the source will achieve compliance with such requirements;
    c. A compliance schedule as follows:
        i. For applicable requirements with which the source is in compliance, a statement that the source will continue to comply with the requirements;
        ii. For applicable requirements that will become effective during the permit term, a statement that the source will meet such requirements on a timely basis. A statement that the source will meet in a timely manner applicable requirements that become effective during the permit term shall satisfy this provision, unless a more detailed schedule is expressly required by the applicable requirement;

iii. A schedule of compliance for sources that are not in compliance with all applicable requirements at the time of permit issuance. The schedule shall include a schedule of remedial measures, including an enforceable sequence of actions with milestones, leading to compliance with any applicable requirement for which the source will be in noncompliance at the time of permit issuance. This compliance schedule shall resemble and be at least as stringent as that contained in any judicial consent decree or administrative order to which the source is subject. The schedule of compliance shall supplement, and shall not sanction noncompliance with, the applicable requirements on which it is based.

d. A schedule for submission of certified progress reports no less frequently than every six months for sources required to have a schedule of compliance to remedy a violation. The progress reports shall contain:

i. Dates for achieving the activities, milestones, or compliance required in the schedule of compliance, and dates when such activities, milestones, or compliance were achieved; and

ii. An explanation of why any dates in the schedule of compliance were not or will not be met, and any preventive or corrective measures adopted.

6. The compliance plan content requirements specified in subsection (5) shall apply and be included in the acid rain portion of a compliance plan for an affected source, except as specifically superseded by regulations promulgated under Title IV of the Act, and incorporated under R18-2-333 with regard to the schedule and each method the source will use to achieve compliance with the acid rain emissions limitations.

7. If there is a Federal Implementation Plan (FIP) applicable to the source, a provision that compliance with the FIP is required.

Historical Note

Adopted effective May 14, 1979 (Supp. 79-1). Amendment filed September 18, 1979, effective following the adoption of Article 7. Nonferrous Smelter Orders. Amended effective October 2, 1979 (Supp. 79-5). Article 7. Nonferrous Smelter Orders adopted effective January 8, 1980. Amendment filed September 18, 1979 effective January 8, 1980 (Supp. 80-2). Amended effective September 28, 1984 (Supp. 84-5). Former Section R9-3-309 renumbered without change as R18-2-309 (Supp. 87-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4). Amended effective October 7, 1994 (Supp. 94-4). Amended effective August 1, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 343, effective December 20, 1999 (Supp. 99-4). Amended by final rulemaking at 10 A.A.R. 2833, effective June 17, 2004 (Supp. 04-2). Amended by final rulemaking at 32 A.A.R. 55 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

R18-2-310. Affirmative Defenses for Excess Emissions Due to Malfunctions, Startup, and Shutdown

A. Applicability.

This rule establishes affirmative defenses for certain emissions in excess of an emission standard or limitation and applies to all emission standards or limitations except for standards or limitations:

1. Promulgated pursuant to Sections 111 or 112 of the Act,
2. Promulgated pursuant to Titles IV or VI of the Clean Air Act,
3. Contained in any Prevention of Significant Deterioration (PSD) or New Source Review (NSR) permit issued by the U.S. E.P.A.,
4. Contained in R18-2-715(F), or
5. Included in a permit to meet the requirements of R18-2-406(A)(5).

B. Affirmative Defense for Malfunctions.

Emissions in excess of an applicable emission limitation due to malfunction shall constitute a violation. The owner or operator of a source with emissions in excess of an applicable emission limitation due to malfunction has an affirmative defense to a civil or administrative enforcement proceeding based on that violation, other than a judicial action seeking injunctive relief, if the owner or operator of the source has complied with the reporting requirements of R18-2-310.01 and has demonstrated all of the following:

1. The excess emissions resulted from a sudden and unavoidable breakdown of process equipment or air pollution control equipment beyond the reasonable control of the operator;
2. The air pollution control equipment, process equipment, or processes were at all times maintained and operated in a manner consistent with good practice for minimizing emissions;
3. If repairs were required, the repairs were made in an expeditious fashion when the applicable emission limitations were being exceeded. Off-shift labor and overtime were utilized where practicable to ensure that the repairs were made as expeditiously as possible. If off-shift labor and overtime were not utilized, the owner or operator satisfactorily demonstrated that the measures were impracticable;
4. The amount and duration of the excess emissions (including any bypass operation) were minimized to the maximum extent practicable during periods of such emissions;
5. All reasonable steps were taken to minimize the impact of the excess emissions on ambient air quality;
6. The excess emissions were not part of a recurring pattern indicative of inadequate design, operation, or maintenance;
7. During the period of excess emissions there were no exceedances of the relevant ambient air quality standards established in Article 2 of this Chapter that could be attributed to the emitting source;
8. The excess emissions did not stem from any activity or event that could have been foreseen and avoided, or planned, and could not have been avoided by better operations and maintenance practices;
9. All emissions monitoring systems were kept in operation if at all practicable; and
10. The owner or operator's actions in response to the excess emissions were documented by contemporaneous records.

C. Affirmative Defense for Startup and Shutdown.

1. Except as provided in subsection (C)(2), and unless otherwise provided for in the applicable requirement, emissions in excess of an applicable emission limitation due to

startup and shutdown shall constitute a violation. The owner or operator of a source with emissions in excess of an applicable emission limitation due to startup and shutdown has an affirmative defense to a civil or administrative enforcement proceeding based on that violation, other than a judicial action seeking injunctive relief, if the owner or operator of the source has complied with the reporting requirements of R18-2-310.01 and has demonstrated all of the following:

a. The excess emissions could not have been prevented through careful and prudent planning and design;
b. If the excess emissions were the result of a bypass of control equipment, the bypass was unavoidable to prevent loss of life, personal injury, or severe damage to air pollution control equipment, production equipment, or other property;
c. The source's air pollution control equipment, process equipment, or processes were at all times maintained and operated in a manner consistent with good practice for minimizing emissions;
d. The amount and duration of the excess emissions (including any bypass operation) were minimized to the maximum extent practicable during periods of such emissions;
e. All reasonable steps were taken to minimize the impact of the excess emissions on ambient air quality;
f. During the period of excess emissions there were no exceedances of the relevant ambient air quality standards established in Article 2 of this Chapter that could be attributed to the emitting source;
g. All emissions monitoring systems were kept in operation if at all practicable; and
h. The owner or operator's actions in response to the excess emissions were documented by contemporaneous records.

2. If excess emissions occur due to a malfunction during routine startup and shutdown, then those instances shall be treated as other malfunctions subject to subsection (B).

D. Affirmative Defense for Malfunctions During Scheduled Maintenance.
If excess emissions occur due to a malfunction during scheduled maintenance, then those instances will be treated as other malfunctions subject to subsection (B).

E. Demonstration of Reasonable and Practicable Measures.
For an affirmative defense under subsections (B) or (C), the owner or operator of the source shall demonstrate, through submission of the data and information required by this Section and R18-2-310.01, that all reasonable and practicable measures within the owner or operator's control were implemented to prevent the occurrence of the excess emissions.

Historical Note
Adopted effective May 14, 1979 (Supp. 79-1). Amended effective June 19, 1981 (Supp. 81-3). Amended Arizona Testing Manual for Air Pollutant Emissions, effective September 22, 1983 (Supp. 83-5). Amended Arizona Testing Manual for Air Pollutant Emissions, as of September 15, 1984, effective August 9, 1985 (Supp. 85-4). Amended effective September 28, 1984 (Supp. 84-5). Former Section R9-3-310 renumbered without change as R18-2-310 (Supp. 87-3). Amended effective February 26, 1988 (Supp. 88-1). Amended effective September 26, 1990 (Supp. 90-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 1164, effective February 15, 2001 (Supp. 01-1).

R18-2-310.01. Reporting Requirements

A. The owner or operator of any source shall report to the Director any emissions in excess of the limits established by this Chapter or the applicable permit. The report shall be in two parts as specified below:

1. Notification by telephone, facsimile, or electronic means within 24 hours of the time the owner or operator first learned of the occurrence of excess emissions that includes all available information from subsection (B).
2. Detailed written notification by submission of an excess emissions report within 72 hours of the notification under subsection (A)(1). The excess emissions report may be submitted by electronic means.

B. The excess emissions report shall contain the following information:

1. The identity of each stack or other emission point where the excess emissions occurred;
2. The magnitude of the excess emissions expressed in the units of the applicable emission limitation and the operating data and calculations used in determining the magnitude of the excess emissions;
3. The time and duration or expected duration of the excess emissions;
4. The identity of the equipment from which the excess emissions emanated;
5. The nature and cause of the emissions;
6. The steps taken, if the excess emissions were the result of a malfunction, to remedy the malfunction and the steps taken or planned to prevent the recurrence of the malfunctions;
7. The steps that were or are being taken to limit the excess emissions; and
8. If the source's permit contains procedures governing source operation during periods of startup or malfunction and the excess emissions resulted from startup or malfunction, a list of the steps taken to comply with the permit procedures.

C. In the case of continuous or recurring excess emissions, the notification requirements of this Section shall be satisfied if the source provides the required notification after excess emissions are first detected and includes in the notification an estimate of the time the excess emissions will continue. Excess emissions occurring after the estimated time period or changes in the nature of the emissions as originally reported shall require additional notification pursuant to subsections (A) and (B).

Historical Note
New Section adopted by final rulemaking at 7 A.A.R. 1164, effective February 15, 2001 (Supp. 01-1). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 32 A.A.R. 55 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

R18-2-311. Test Methods and Procedures

A. Except as otherwise specified in this Chapter, the applicable procedures and testing methods contained in the Arizona Testing Manual; 40 CFR 52, Appendices D and E; 40 CFR 60, Appendices A through F; and 40 CFR 61, Appendices B and C shall be used to determine compliance with the requirements established in this Chapter or contained in permits issued pursuant to this Chapter.

B. Except as otherwise provided in this subsection the opacity of visible emissions shall be determined by Reference Method 9 of the Arizona Testing Manual or by alternative method ALT-082 approved by the Administrator on May 15, 2012. A permit may specify a method, other than Method 9 or ALT-082, for determining the opacity of emissions from a particular emissions unit, if the method has been promulgated by the Administrator in 40 CFR 60, Appendix A or approved by the Administrator as an alternative method.

C. Except as otherwise specified in this Chapter, the heat content of solid fuel shall be determined according to ASTM method D-3176-89, (Practice for Ultimate Analysis of Coal and Coke) and ASTM method D-2015-91, (Test Method for Gross Calorific Value of Coal and Coke by the Adiabatic Bomb Calorimeter).

D. Except for ambient air monitoring and emissions testing required under Articles 9 and 11 of this Chapter, alternative and equivalent test methods in any test plan submitted to the Director may be approved by the Director for the duration of that plan provided that the following three criteria are met:
1. The alternative or equivalent test method measures the same chemical and physical characteristics as the test method it is intended to replace.
2. The alternative or equivalent test method has substantially the same or better reliability, accuracy, and precision as the test method it is intended to replace.
3. Applicable quality assurance procedures are followed in accordance with the Arizona Testing Manual, 40 CFR 60 or other quality assurance methods which are consistent with principles contained in the Arizona Testing Manual or 40 CFR 60 as approved by the Director.

Historical Note
Adopted effective May 14, 1979 (Supp. 79-1). Amended effective July 9, 1980 (Supp. 80-4). Amended effective September 28, 1984 (Supp. 84-5). Former Section R9-3-311 renumbered without change as R18-2-311 (Supp. 87-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

R18-2-312. Performance Tests

A. Except as provided in subsection (J), within 60 days after a source subject to the permit requirements of this Article has achieved the capability to operate at its maximum production rate on a sustained basis but no later than 180 days after initial start-up of such source and at such other times as may be required by the Director, the owner or operator of such source shall conduct performance tests and furnish the Director a written report of the results of the tests.

B. Performance tests shall be conducted and data reduced in accordance with the test method and procedures contained in the Arizona Testing Manual unless the Director:
1. Specifies or approves, in specific cases, the use of a reference method with minor changes in methodology;
2. Approves the use of an equivalent method;
3. Approves the use of an alternative method the results of which he has determined to be adequate for indicating whether a specific source is in compliance; or
4. Waives the requirement for performance tests because the owner or operator of a source has demonstrated by other means to the Director's satisfaction that the source is in compliance with the standard.
5. Nothing in this Section shall be construed to abrogate the Director's authority to require testing.

C. Performance tests shall be conducted under such conditions as the Director shall specify to the plant operator based on representative performance of the source. The owner or operator shall make available to the Director such records as may be necessary to determine the conditions of the performance tests. Operations during periods of start-up, shutdown, and malfunction shall not constitute representative conditions of performance tests unless otherwise specified in the applicable standard.

D. The owner or operator of a permitted source shall provide the Director two weeks prior notice of the performance test to afford the Director the opportunity to have an observer present.

E. The owner or operator of a permitted source shall provide, or cause to be provided, performance testing facilities as follows:
1. Sampling ports adequate for test methods applicable to such facility.
2. Safe sampling platform(s).
3. Safe access to sampling platform(s).
4. Utilities for sampling and testing equipment.

F. Each performance test shall consist of three separate runs using the applicable test method. Each run shall be conducted for the time and under the conditions specified in the applicable standard. For the purpose of determining compliance with an applicable standard, the arithmetic means of results of the three runs shall apply. In the event that a sample is accidentally lost or conditions occur in which one of the three runs is required to be discontinued because of forced shutdown, failure of an irreplaceable portion of the sample train, extreme meteorological conditions, or other circumstances beyond the owner or operator's control, compliance may, upon the Director's approval, be determined using the arithmetic means of the results of the two other runs. If the Director, or the Director's designee is present, tests may only be stopped with the Director's or such designee's approval. If the Director, or the Director's designee is not present, tests may only be stopped for good cause, which includes forced shutdown, failure of an irreplaceable portion of the sample train, extreme meteorological conditions, or other circumstances beyond the operator's control. Termination of testing without good cause after the first run is commenced shall constitute a failure of the test.

G. Except as provided in subsection (H) compliance with the emission limits established in this Chapter or as prescribed in permits issued pursuant to this Chapter shall be determined by the performance tests specified in this Section or in the permit.

H. In addition to performance tests specified in this Section, compliance with specific emission limits may be determined by:
1. Opacity tests.
2. Emission limit compliance tests specifically designated as such in the regulation establishing the emission limit to be complied with.
3. Continuous emission monitoring, where applicable quality assurance procedures are followed and where it is designated in the permit or in an applicable requirement to show compliance.

I. Nothing in this Section shall be so construed as to prevent the utilization of measurements from emissions monitoring devices or techniques not designated as performance tests as evidence of compliance with applicable good maintenance and operating requirements.

J. The owner or operator of a source subject to this Section may request an extension to the performance test deadline due to a force majeure event as follows:
1. If a force majeure event is about to occur, occurs, or has occurred for which the owner or operator intends to assert a claim of force majeure, the owner or operator shall notify the Director in writing as soon as practicable following the date the owner or operator first knew, or through due diligence should have known that the event may cause or caused a delay in testing beyond the regulatory deadline. The notification must occur before the performance test deadline unless the initial force majeure or a subsequent force majeure event delays the notice, and in such cases, the notification shall be given as soon as practicable.
2. The owner or operator shall provide to the Director a written description of the force majeure event and a rationale for attributing the delay in testing beyond the regulatory deadline to the force majeure; describe the measures taken or to be taken to minimize the delay; and identify a date by which the owner or operator proposes to conduct the performance test. The performance test shall be conducted as soon as practicable after the force majeure event occurs.
3. The decision as to whether or not to grant an extension to the performance test deadline is solely within the discretion of the Director. The Director shall notify the owner or operator in writing of approval or disapproval of the request for an extension as soon as practicable.
4. Until an extension of the performance test deadline has been approved by the Director under subsections (1), (2), and (3), the owner or operator remains subject to the requirements of this Section.
5. For purposes of this subsection, a "force majeure event" means an event that will be or has been caused by circumstances beyond the control of the source, its contractors, or any entity controlled by the source that prevents the owner or operator from complying with the regulatory requirement to conduct performance tests within the specified timeframe despite the source's best efforts to fulfill the obligation. Examples of such events are acts of nature, acts of war or terrorism, or equipment failure or safety hazard beyond the control of the source.

Historical Note
Adopted effective May 14, 1979 (Supp. 79-1). Amended effective September 28, 1984 (Supp. 84-5). Former Section R9-3-312 renumbered without change as R18-2-312 (Supp. 87-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

R18-2-313. Existing Source Emission Monitoring

A. Every source subject to an existing source performance standard as specified in this Chapter shall install, calibrate, operate, and maintain all monitoring equipment necessary for continuously monitoring the pollutants and other gases specified in this Section for the applicable source category.
1. Applicability.
   a. Fossil-fuel fired steam generators, as specified in subsection (C)(1), shall be monitored for opacity, nitrogen oxides emissions, sulfur dioxide emissions, and oxygen or carbon dioxide.
   b. Fluid bed catalytic cracking unit catalyst regenerators, as specified in subsection (C)(4), shall be monitored for opacity.
   c. Sulfuric acid plants, as specified in subsection (C)(3), shall be monitored for sulfur dioxide emissions.
   d. Nitric acid plants, as specified in subsection (C)(2), shall be monitored for nitrogen oxides emissions.
2. Emission monitoring shall not be required when the source of emissions is not operating.
3. Variations.
   a. Unless otherwise prohibited by the Act, the Director may approve, on a case-by-case basis, alternative monitoring requirements different from the provisions of this Section if the installation of a continuous emission monitoring system cannot be implemented by a source due to physical plant limitations or extreme economic reasons. Alternative monitoring procedures shall be specified by the Director on a case-by-case basis and shall include, as a minimum, annual manual stack tests for the pollutants identified for each type of source in this Section. Extreme economic reasons shall mean that the requirements of this Section would cause the source to be unable to continue in business.
   b. Alternative monitoring requirements may be prescribed when installation of a continuous emission monitoring system or monitoring device specified by this Section would not provide accurate determinations of emissions (e.g., condensed, uncombined water vapor may prevent an accurate determination of opacity using commercially available continuous emission monitoring systems).
   c. Alternative monitoring requirements may be prescribed when the affected facility is infrequently operated (e.g., some affected facilities may operate less than one month per year).
4. Monitoring system malfunction: A temporary exemption from the monitoring and reporting requirements of this Section may be provided during any period of monitoring system malfunction, provided that the source owner or operator demonstrates that the malfunction was unavoidable and is being repaired expeditiously.

B. Installation and performance testing required under this Section shall be completed and monitoring and recording shall commence within 18 months of the effective date of this Section.

C. Minimum monitoring requirements:
1. Fossil-fuel fired steam generators: Each fossil-fuel fired steam generator, except as provided in the following subsections, with an annual average capacity factor of greater than 30%, as reported to the Federal Power Commission for calendar year 1976, or as otherwise demonstrated to the Department by the owner or operator, shall conform with the following monitoring requirements when such facility is subject to an emission standard for the pollutant in question.
   a. A continuous emission monitoring system for the measurement of opacity which meets the performance specifications of this Section shall be installed, calibrated, maintained, and operated in accordance with the procedures of this Section by the owner or operator of any such steam generator of

greater than 250 million Btu per hour heat input except where:

i. Gaseous fuel is the only fuel burned; or

ii. Oil or a mixture of gas and oil are the only fuels burned and the source is able to comply with the applicable particulate matter and opacity regulations without utilization of particulate matter collection equipment, and where the source has never been found to be in violation through any administrative or judicial proceedings, or accepted responsibility for any violation of any visible emission standard.

b. A continuous emission monitoring system for the measurement of sulfur dioxide which meets the performance specifications of this Section shall be installed, calibrated, using sulfur dioxide calibration gas mixtures or other gas mixtures approved by the Director, maintained and operated on any fossil-fuel fired steam generator of greater than 250 million Btu per hour heat input which has installed sulfur dioxide pollutant control equipment.

c. A continuous emission monitoring system for the measurement of nitrogen oxides which meets the performance specification of this Section shall be installed, calibrated using nitric oxide calibration gas mixtures or other gas mixtures approved by the Director, maintained and operated on fossil-fuel fired steam generators of greater than 1000 million Btu per hour heat input when such facility is located in an air quality control region where the Director has specifically determined that a control strategy for nitrogen dioxide is necessary to attain the ambient air quality standard specified in R18-2-205, unless the source owner or operator demonstrates during source compliance tests as required by the Department that such a source emits nitrogen oxides at levels 30% or more below the emission standard within this Chapter.

d. A continuous emission monitoring system for the measurement of the percent oxygen or carbon dioxide which meets the performance specifications of this Section shall be installed, calibrated, operated, and maintained on fossil-fuel fired steam generators where measurements of oxygen or carbon dioxide in the flue gas are required to convert either sulfur dioxide or nitrogen oxides continuous emission monitoring data, or both, to units of the emission standard within this Chapter.

2. Nitric acid plants: Each nitric acid plant of greater than 300 tons per day production capacity, the production capacity being expressed as 100% acid located in an air quality control region where the Director has specifically determined that a control strategy for nitrogen dioxide is necessary to attain the ambient air quality standard specified in R18-2-205, shall install, calibrate using nitrogen dioxide calibration gas mixtures, maintain, and operate a continuous emission monitoring system for the measurement of nitrogen oxides which meets the performance specifications of this Section for each nitric acid producing facility within such plant.

3. Sulfuric acid plants: Each sulfuric acid plant as defined in R18-2-101, of greater than 300 tons per day production capacity, the production being expressed as 100% acid, shall install, calibrate using sulfur dioxide calibration gas mixtures or other gas mixtures approved by the Director, maintain and operate a continuous emission monitoring system for the measurement of sulfur dioxide which meets the performance specifications of this Section for each sulfuric acid producing facility within such a plant.

4. Fluid bed catalytic cracking unit catalyst regenerators at petroleum refineries. Each catalyst regenerator for fluid bed catalytic cracking units of greater than 20,000 barrels per day fresh-feed capacity shall install, calibrate, maintain and operate a continuous emission monitoring system for the measurement of opacity which meets the performance specifications of this Section for each regenerator within such refinery.

D. Minimum specifications: Owners or operators of monitoring equipment installed to comply with this Section shall demonstrate compliance with the following performance specifications.

1. The performance specifications set forth in Appendix B of 40 CFR 60 are incorporated herein by reference and shall be used by the Director to determine acceptability of monitoring equipment installed pursuant to this Section. However where reference is made to the Administrator in Appendix B of 40 CFR 60, the Director may allow the use of either the state-approved reference method or the federally approved reference method as published in 40 CFR 60. The performance specifications to be used with each type of monitoring system are listed below.

a. Continuous emission monitoring systems for measuring opacity shall comply with performance specification 1.

b. Continuous emission monitoring systems for measuring nitrogen oxides shall comply with performance specification 2.

c. Continuous emission monitoring systems for measuring sulfur dioxide shall comply with performance specification 2.

d. Continuous emission monitoring systems for measuring sulfur dioxide shall comply with performance specification 3.

e. Continuous emission monitoring systems for measuring carbon dioxide shall comply with performance specification 3.

2. Calibration gases: Span and zero gases shall be traceable to National Bureau of Standards reference gases whenever these reference gases are available. Every six months from date of manufacture, span and zero gases shall be reanalyzed by conducting triplicate analyses using the reference methods in Appendix A of 40 CFR 60 (Chapter 1) as amended: For sulfur dioxide, use Reference Method 6; for nitrogen oxides, use Reference method 7; and for carbon dioxide or oxygen, use Reference Method 3. The gases may be analyzed at less frequent intervals if longer shelf lives are guaranteed by the manufacturer.

3. Cycling time: Time includes the total time required to sample, analyze, and record an emission measurement.

a. Continuous emission monitoring systems for measuring opacity shall complete a minimum of one cycle of sampling and analyzing for each successive six-minute period.

b. Continuous emission monitoring systems for measuring oxides of nitrogen, carbon dioxide, oxygen, or sulfur dioxide shall complete a minimum of one

cycle of operation (sampling, analyzing, and date recording) for each successive 15-minute period.

4. Monitor location: All continuous emission monitoring systems or monitoring devices shall be installed such that representative measurements of emissions of process parameter (i.e., oxygen, or carbon dioxide) from the affected facility are obtained. Additional guidance for location of continuous emission monitoring systems to obtain representative samples are contained in the applicable performance specifications of Appendix B of 40 CFR 60.
5. Combined effluents: When the effluents from two or more affected facilities of similar design and operating characteristics are combined before being released to the atmosphere through more than one point, separate monitors shall be installed.
6. Zero and drift: Owners or operators of all continuous emission monitoring systems installed in accordance with the requirements of this Section shall record the zero and span drift in accordance with the method prescribed by the manufacturer's recommended zero and span check at least once daily, using calibration gases specified in subsection (C) as applicable, unless the manufacturer has recommended adjustments at shorter intervals, in which case such recommendations shall be followed; shall adjust the zero span whenever the 24-hour zero drift or 24-hour calibration drift limits of the applicable performance specifications in Appendix B of Part 60, Chapter 1, Title 40 CFR are exceeded.
7. Span: Instrument span should be approximately 200% of the expected instrument data display output corresponding to the emission standard for the source.

E. Minimum data requirement: The following subsections set forth the minimum data reporting requirements for sources employing continuous monitoring equipment as specified in this Section. These periodic reports do not relieve the source operator from the reporting requirements of R18-2-310.01.

1. The owners or operators of facilities required to install continuous emission monitoring systems shall submit to the Director a written report of excess emissions for each calendar quarter and the nature and cause of the excess emissions, if known. The averaging period used for data reporting shall correspond to the averaging period specified in the emission standard for the pollutant source category in question. The required report shall include, as a minimum, the data stipulated in this subsection.
2. For opacity measurements, the summary shall consist of the magnitude in actual percent opacity of all six-minute opacity averages greater than any applicable standards for each hour of operation of the facility. Average values may be obtained by integration over the averaging period or by arithmetically averaging a minimum of four equally spaced, instantaneous opacity measurements per minute. Any time periods exempted shall be deleted before determining any averages in excess of opacity standards.
3. For gaseous measurements the summary shall consist of emission averages in the units of the applicable standard for each averaging period during which the applicable standard was exceeded.
4. The date and time identifying each period during which the continuous emission monitoring system was inoperative, except for zero and span checks and the nature of system repair or adjustment shall be reported. The Director may require proof of continuous emission monitoring system performance whenever system repairs or adjustments have been made.
5. When no excess emissions have occurred and the continuous emission monitoring system(s) have not been inoperative, repaired, or adjusted, such information shall be included in the report.
6. Owners or operators of affected facilities shall maintain a file of all information reported in the quarterly summaries, and all other data collected either by the continuous emission monitoring system or as necessary to convert monitoring data to the units of the applicable standard for a minimum of two years from the date of collection of such data or submission of such summaries.

F. Data reduction: Owners or operators of affected facilities shall use the following procedures for converting monitoring data to units of the standard where necessary.

1. For fossil-fuel fired steam generators the following procedures shall be used to convert gaseous emission monitoring data in parts per million to g/million cal (lb/million Btu) where necessary.
   a. When the owner or operator of a fossil-fuel fired steam generator elects under subsection (C)(1)(d) to measure oxygen in the flue gases, the measurements of the pollutant concentration and oxygen concentration shall each be on a consistent basis (wet or dry).
      i. When measurements are on a wet basis, except where wet scrubbers are employed or where moisture is otherwise added to stack gases, the following conversion procedure shall be used:

$$E(Q) = C(ws)F(w)\left[\frac{20.9}{20.9(1 - B(wa)) - \%O(2ws)}\right]$$

      ii. When measurements are on a wet basis and the water vapor content of the stack gas is determined at least once every 15 minutes the following conversion procedure shall be used:

$$E(Q) = C(ws)F\left[\frac{20.9}{20.9(1 - B(wa))\%O(2ws)}\right]$$

Use of this equation is contingent upon demonstrating the ability to accurately determine B(ws) such that any absolute error in B(ws) will not cause an error of more than ±1.5% in the term:

$$\left[\frac{20.9}{29.9(1 - B(wa)) - \%O(2ws)}\right]$$

      iii. When measurements are on a dry basis, the following conversation procedure shall be used:

$$E(Q) = CF\left[\frac{20.9}{20.9 - \%O(2ws)}\right]$$

   b. When the owner or operator elects under subsection (C)(1)(d) to measure carbon dioxide in the flue

gases, the measurement of the pollutant concentration and the carbon dioxide concentration shall each be on a consistent basis (wet or dry) and the following conversion procedure used;

$$E(Q) = CF(c)\left[\frac{100}{\%CO(2)}\right]$$

c. The values used in the equations under subsection (F)(1) above are derived as follows:
E(Q) = pollutant emission, g/million cal (lb/million Btu).
C = pollutant concentration, g/dscm (lb/dscf), determined by multiplying the average concentration (ppm) for each hourly period by 4.16 x 10^{-5} M g/dscm per ppm (2.64 x 10^{-9} M lb/dscf per ppm) where M = pollutant molecular weight, g/g-mole (lb/lb-mole), M = 64 for sulfur dioxide and 46 for oxides of nitrogen.
C(ws) = pollutant concentrations at stack conditions, g/wscm (lb/wscf), determined by multiplying the average concentration (ppm) for each one-hour period by 4.15 x 10^{-5} M lb/wscm per ppm) (2.59 x 10^{-5} M lb/wscf per ppm) where M = pollutant molecular weight, g/g mole (lb/lb mole). M = 64 for sulfur dioxide and 46 for nitrogen oxides.
%O(2), %CO(2) = Oxygen or carbon dioxide volume (expressed as percent) determined with equipment specified under subsection (D)(1)(d).
F,F(c) = A factor representing a ratio of the volume of dry flue gases generated to the calorific value of the fuel combusted (F), a factor representing a ratio of the volume of carbon dioxide generated to the calorific value of the fuel combusted (F(c)), respectively. Values of F and F(c) are given in 40 CFR 60.45(f) (Chapter 1).
F(w) = A factor representing a ratio of the volume of wet flue gases generated to the caloric value of the fuel combusted. Values of F(w) are given in Reference Method 19 of the Arizona Testing Manual.
B(wa) = Proportion by volume of water vapor in the ambient air. Approval may be given for determination of B(w)a by on-site instrumental measurement provided that the absolute accuracy of the measurement technique can be demonstrated to be within ± 0.7% water vapor. Estimation methods for B(wa) are given in Reference Method 19 of the Arizona Testing Manual.
B(ws) = Proportion by volume of water vapor in the stack gas.

2. For sulfuric acid plants as defined in R18-2-101, the owner or operator shall:
   a. Establish a conversion factor three times daily according to the procedures of 40 CFR 60.84(b) (Chapter 1),
   b. Multiply the conversion factor by the average sulfur dioxide concentration in the flue gases to obtain average sulfur dioxide emissions in Kg/metric ton (lb/short ton), and
   c. Report the average sulfur dioxide emission for each averaging period in excess of the applicable emission standard in the quarterly summary.
3. For nitric acid plants, the owner or operator shall:
   a. Establish a conversion factor according to the procedures of 40 CFR 60.73(b) (Chapter 1),
   b. Multiply the conversion factor by the average nitrogen oxides concentration in the flue gases to obtain the nitrogen oxides emissions in the units of the applicable standard,
   c. Report the average nitrogen oxides emission for each averaging period in excess of applicable emission standard in the quarterly summary.
4. The Director may allow data reporting or reduction procedures varying from those set forth in this Section if the owner or operator of a source shows to the satisfaction of the Director that his procedures are at least as accurate as those in this Section. Such procedures may include but are not limited to the following:
   a. Alternative procedures for computing emission averages that do not require integration of data (e.g., some facilities may demonstrate that the variability of their emissions is sufficiently small to allow accurate reduction of data based upon computing averages from equally spaced data points over the averaging period).
   b. Alternative methods of converting pollutant concentration measurements to the units of the emission standards.

Historical Note
Adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Editorial correction, subsection (C), paragraph (1), subparagraph (d) (Supp 80-2). Amended effective July 9, 1980 (Supp. 80-4). Former Section R9-3-313 renumbered without change as R18-2-313 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 7 A.A.R. 1164, effective February 15, 2001 (Supp. 01-1).

R18-2-314. Quality Assurance
Facilities subject to the permit requirements of this Article shall submit a quality assurance plan to the Director that meets the requirements of R18-2-311(D)(3) within 12 months of the effective date of this Section. Facilities subject to the requirements of R18-2-313 shall submit a quality assurance plan as specified in the permit.

Historical Note
Adopted effective May 14, 1979 (Supp. 79-1). Amended effective July 9, 1980 (Supp. 80-4). Former Section R9-3-314 renumbered without change as R18-2-314 (Supp. 87-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4).

R18-2-315. Posting of Permit
A. Any person who has been granted an individual or general permit shall post such permit or a certificate of permit issuance on location where the equipment is installed in such a manner as to be clearly visible and accessible. All equipment covered by the permit shall be clearly marked with one of the following:
1. The current permit number,

2. A serial number or other equipment number that is also listed in the permit to identify that piece of equipment.

B. A copy of the complete permit shall be kept on the site.

Historical Note
Adopted effective May 14, 1979 (Supp. 79-1). Amended effective July 9, 1980 (Supp. 80-4). Former Section R9-3-315 renumbered without change as R18-2-315 (Supp. 87-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4).

R18-2-316. Notice by Building Permit Agencies

All agencies of the county or political subdivisions of the county that issue or grant building permits or approvals shall examine the plans and specifications submitted by an applicant for a permit or approval to determine if an air pollution permit will possibly be required under the provisions of this Chapter. If it appears that an air pollution permit will be required, the agency or political subdivision shall give written notice to the applicant to contact the Director and shall furnish a copy of that notice to the Director.

Historical Note
Adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-316 renumbered without change as R18-2-316 (Supp. 87-3).

R18-2-317. Facility Changes Allowed Without Permit Revisions - Class I

A. A facility with a Class I permit may make changes that contravene an express permit term without a permit revision if all of the following apply:
1. The changes are not modifications under any provision of Title I of the Act or under A.R.S. § 49-401.01(24);
2. The changes do not exceed the emissions allowable under the permit whether expressed therein as a rate of emissions or in terms of total emissions;
3. The changes do not violate any applicable requirements or trigger any additional applicable requirements;
4. The changes satisfy all requirements for a minor permit revision under R18-2-319(A);
5. The changes do not contravene federally enforceable permit terms and conditions that are monitoring (including test methods), recordkeeping, reporting, or compliance certification requirements; and
6. The changes do not constitute a minor NSR modification.

B. The substitution of an item of process or pollution control equipment for an identical or substantially similar item of process or pollution control equipment shall qualify as a change that does not require a permit revision, if the substitution meets all of the requirements of subsections (A), (D), and (E).

C. Except for sources with authority to operate under general permits, permitted sources may trade increases and decreases in emissions within the permitted facility, as established in the permit under R18-2-306(A)(12), if an applicable implementation plan provides for the emissions trades without applying for a permit revision and based on the seven working days notice prescribed in subsection (D). This provision is available if the permit does not provide for the emissions trading as a minor permit revision.

D. For each change under subsections (A) through (C), a written notice by certified mail or hand delivery shall be received by the Director and the Administrator a minimum of seven working days in advance of the change. Notifications of changes associated with emergency conditions, such as malfunctions necessitating the replacement of equipment, may be provided less than seven working days in advance of the change but must be provided as far in advance of the change or, if advance notification is not practicable, as soon after the change as possible.

E. Each notification shall include:
1. When the proposed change will occur;
2. A description of the change;
3. Any change in emissions of regulated air pollutants;
4. The pollutants emitted subject to the emissions trade, if any;
5. The provisions in the implementation plan that provide for the emissions trade with which the source will comply and any other information as may be required by the provisions in the implementation plan authorizing the trade;
6. If the emissions trading provisions of the implementation plan are invoked, then the permit requirements with which the source will comply; and
7. Any permit term or condition that is no longer applicable as a result of the change.

F. The permit shield described in R18-2-325 shall not apply to any change made under subsections (A) through (C). Compliance with the permit requirements that the source will meet using the emissions trade shall be determined according to requirements of the implementation plan authorizing the emissions trade.

G. Except as otherwise provided for in the permit, making a change from one alternative operating scenario to another as provided under R18-2-306(A)(11) shall not require any prior notice under this Section.

H. The Director shall make available to the public monthly summaries of all notices received under this Section.

Historical Note
Adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-317 renumbered without change as R18-2-317 (Supp. 87-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 5 A.A.R. 4074, effective September 22, 1999 (Supp. 99-3). Amended by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2).

R18-2-317.01. Facility Changes that Require a Permit Revision - Class II

A. The following changes at a source with a Class II permit shall require a permit revision:
1. A change that would trigger a new applicable requirement or violate an existing applicable requirement.
2. Establishment of, or change in, an emissions cap under R18-2-306.02;
3. A change that will require a case-by-case determination of an emission limitation or other standard, or a source-specific determination of ambient impacts, or a visibility or increment analysis;
4. A change that results in emissions that are subject to monitoring, recordkeeping or reporting under R18-2-306(A)(3), (4), or (5) if the emissions cannot be measured or otherwise adequately quantified by monitoring, recordkeeping, or reporting requirements already in the permit;
5. A change that will authorize the burning of used oil, used oil fuel, hazardous waste, or hazardous waste fuel, or any other fuel not currently authorized by the permit;
6. A change that requires the source to obtain a Class I permit;

7. Replacement of an item of air pollution control equipment listed in the permit with one that does not have the same or better pollutant removal efficiency;
8. Establishment or revision of a limit under R18-2-306.01 or R18-2-306.03;
9. Increasing operating hours or rates of production above the permitted level;
10. A change that relaxes monitoring, recordkeeping, or reporting requirements, except when the change results:
    a. From removing equipment that results in a permanent decrease in actual emissions, if the source keeps onsite records of the change in a log that satisfies Appendix 3 of this Chapter and if the requirements that are relaxed are present in the permit solely for the equipment that was removed; or
    b. From a change in an applicable requirement; and
11. A minor NSR modification.

B. A source with a Class II permit may make any physical change or change in the method of operation without revising the source's permit unless the change is specifically prohibited in the source's permit or is a change described in subsection (A). A change that does not require a permit revision may still be subject to requirements in R18-2-317.02.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 4074, effective September 22, 1999 (Supp. 99-3). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 32 A.A.R. 55 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

R18-2-317.02. Procedures for Certain Changes that Do Not Require a Permit Revision - Class II

A. Except for a physical change or change in the method of operation at a Class II source requiring a permit revision under R18-2-317.01, or a change subject to logging or notice requirements in subsections (B) or (C), a change at a Class II source shall not be subject to revision, notice, or logging requirements under this Chapter.

B. Except as otherwise provided in the conditions applicable to an emissions cap created under R18-2-306.02, the following changes may be made if the source keeps onsite records of the changes according to Appendix 3:
1. Implementing an alternative operating scenario, including raw material changes;
2. Changing process equipment, operating procedures, or making any other physical change if the permit requires the change to be logged;
3. Engaging in any new insignificant activity listed in the definition of insignificant activities in R18-2-101 but not listed in the permit;
4. Replacing an item of air pollution control equipment listed in the permit with an identical (same model, different serial number) item. The Director may require verification of efficiency of the new equipment by performance tests; and
5. A change that results in a decrease in actual emissions if the source wants to claim credit for the decrease in determining whether the source has a net emissions increase for any purpose. The logged information shall include a description of the change that will produce the decrease in actual emissions. A decrease that has not been logged is creditable only if the decrease is quantifiable, enforceable, and otherwise qualifies as a creditable decrease.

C. Except as provided in the conditions applicable to an emissions cap created under R18-2-306.02, the following changes may be made if the source provides written notice to the Department in advance of the change as provided below:
1. Replacing an item of air pollution control equipment listed in the permit with one that is not identical but that is substantially similar and has the same or better pollutant removal efficiency: seven days. The Director may require verification of efficiency of the new equipment by performance tests;
2. A physical change or change in the method of operation that increases actual emissions more than 10% of the major source threshold for any conventional pollutant but does not require a permit revision: seven days;
3. Replacing an item of air pollution control equipment listed in the permit with one that is not substantially similar but that has the same or better efficiency: 30 days. The Director may require verification of efficiency of the new equipment by performance tests;
4. A change that would trigger an applicable requirement that already exists in the permit: 30 days unless otherwise required by the applicable requirement;
5. A change that amounts to reconstruction of the source or an affected facility: seven days. For purposes of this subsection, reconstruction of a source or an affected facility shall be presumed if the fixed capital cost of the new components exceeds 50% of the fixed capital cost of a comparable entirely new source or affected facility and the changes to the components have occurred over the 12 consecutive months beginning with commencement of construction; and
6. A change that will result in the emissions of a new regulated air pollutant above an applicable regulatory threshold but that does not trigger a new applicable requirement for that source category: 30 days. For purposes of this requirement, an applicable regulatory threshold for a conventional air pollutant shall be 10% of the applicable major source threshold for that pollutant.

D. For each change under subsection (C), the written notice shall be by certified mail or hand delivery and shall be received by the Director the minimum amount of time in advance of the change. Notifications of changes associated with emergency conditions, such as malfunctions necessitating the replacement of equipment, may be provided with less than required notice, but must be provided as far in advance of the change, or if advance notification is not practicable, as soon after the change as possible. The written notice shall include:
1. When the proposed change will occur,
2. A description of the change,
3. Any change in emissions of regulated air pollutants, and
4. Any permit term or condition that is no longer applicable as a result of the change.

E. A source may implement any change in subsection (C) without the required notice by applying for a minor permit revision under R18-2-319 and complying with R18-2-319(D)(2) and (G).

F. The permit shield described in R18-2-325 shall not apply to any change made under this Section, other than implementation of an alternate operating scenario under subsection (B)(1).

G. Notwithstanding any other part of this Section, the Director may require a permit to be revised for any change that, when considered together with any other changes submitted by the same source under this Section over the term of the permit, constitutes a change under R18-317.01(A).

H. If a source change is described under both subsections (B) and (C), the source shall comply with subsection (C). If a source change is described under both subsection (C) and R18-2-317.01(B), the source shall comply with R18-2-317.01(B).

I. A copy of all logs required under subsection (B) shall be filed with the Director within 30 days after each anniversary of the permit issue date. If no changes were made at the source requiring logging, a statement to that effect shall be filed instead.

Historical Note
New Section adopted by final rulemaking at 5 A.A.R. 4074, effective September 22, 1999 (Supp. 99-3). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2).

R18-2-318. Administrative Permit Amendments

A. Except for provisions pursuant to Title IV of the Act, an administrative permit amendment is a permit revision that does any of the following:
1. Corrects typographical errors;
2. Identifies a change in the name, address, or phone number of any person identified in the permit, or provides a similar minor administrative change at the source;
3. Requires more frequent monitoring or reporting by the permittee;
4. Allows for a change in ownership or operational control of a source as approved under R18-2-323 where the Director determines that no other change in the permit is necessary, provided that a written agreement containing a specific date for transfer of permit responsibility coverage, and liability between the current and new permittee has been submitted to the Director;

B. Administrative permit amendments to Title IV provisions of the permit shall be governed by regulations promulgated by the Administrator under Title IV of the Act.

C. The Director shall take no more than 60 days from receipt of a request for an administrative permit amendment to take final action on such request, and for Class I permits may incorporate such changes without providing notice to the public or affected states provided that it designates any such permit revisions as having been made pursuant to this Section.

D. The Director shall submit a copy of Class I permits revised under this Section to the Administrator.

E. Except for administrative permit amendments involving a transfer under R18-2-323, the source may implement the changes addressed in the request for an administrative amendment immediately upon submittal of the request.

Historical Note
Adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-318 renumbered without change as R18-2-318 (Supp. 87-3). Amended subsection (A) effective December 1, 1988 (Supp. 88-4). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4).

R18-2-318.01. Annual Summary Permit Amendments for Class II Permits

The Director may amend any Class II permit annually without following R18-2-321 in order to incorporate changes reflected in logs or notices filed under R18-2-317.02. The amendment shall be effective to the anniversary date of the permit. The Director shall make available to the public for any source:
1. A complete record of logs and notices sent to the Department under R18-2-317.02; and
2. Any amendments or revisions to the source's permit.

Historical Note
New Section adopted by final rulemaking at 5 A.A.R. 4074, effective September 22, 1999 (Supp. 99-3).

R18-2-319. Minor Permit Revisions

A. Minor permit revision procedures may be used only for those changes at a Class I source that satisfy all of the following:
1. Do not violate any applicable requirement;
2. Do not involve substantive changes to existing monitoring, reporting, or recordkeeping requirements in the permit;
3. Do not require or change a case-by-case determination of an emission limitation or other standard, or a source-specific determination of ambient impacts, or an analysis of impacts on visibility or maximum increases allowed under R18-2-218;
4. Do not seek to establish or change a permit term or condition for which there is no corresponding underlying applicable requirement and that the source has assumed in order to avoid an applicable requirement to which the source would otherwise be subject. The terms and conditions include:
   a. A federally enforceable emissions cap that the source would assume to avoid classification as a modification under any provision of Title I of the Act; and
   b. An alternative emissions limit approved under regulations promulgated under the section 112(i)(5) of the Act.
5. Are not modifications under any provision of Title I of the Act;
6. Are not changes in fuels not represented in the permit application or provided for in the permit;
7. Are not minor NSR modifications subject to R18-2-334; and
8. Are not required to be processed as a significant permit revision under R18-2-320.

B. Minor permit revision procedures shall be used for the following changes at a Class II source:
1. A change that triggers a new applicable requirement if all of the following apply:
   a. The change is not a minor NSR modification subject to R18-2-334;
   b. A case-by-case determination of an emission limitation or other standard is not required; and
   c. The change does not require the source to obtain a Class I permit.
2. A change that increases emissions above the permitted level unless the increase otherwise creates a condition that requires a significant permit revision;
3. A change in fuel from fuel oil or coal, to natural gas or propane, if not authorized in the permit;
4. A change that results in emissions subject to monitoring, recordkeeping, or reporting under R18-2-306(A)(3),(4), or (5) and that cannot be measured or otherwise adequately quantified by monitoring, recordkeeping, or reporting requirements already in the permit;
5. A decrease in the emissions permitted under an emissions cap unless the decrease requires a change in the conditions required to enforce the cap or to ensure that emissions trades conducted under the cap are quantifiable and enforceable; and

6. Replacement of an item of air pollution control equipment listed in the permit with one that does not have the same or better efficiency.

C. As approved by the Director, minor permit revision procedures may be used for permit revisions involving the use of economic incentives, marketable permits, emissions trading, and other similar approaches, to the extent that the minor permit revision procedures are explicitly provided for in an applicable implementation plan or in applicable requirements promulgated by the Administrator.

D. An application for minor permit revision shall be on the standard application form provided under R18-2-304(B) and include the following:
1. A description of the change, the emissions resulting from the change, and any new applicable requirements that will apply if the change occurs;
2. For Class I sources, and any source that is making the change immediately after it files the application, the source's suggested draft permit;
3. Certification by a responsible official, consistent with standard permit application requirements, that the proposed revision meets the criteria for use of minor permit revision procedures and a request that the procedures be used;

E. EPA and affected state notification. For Class I permits, within five working days of receipt of an application for a minor permit revision, the Director shall notify the Administrator and affected states of the requested permit revision in accordance with R18-2-307.

F. For Class I permits, the Director shall not issue a final permit revision until after the Administrator's 45-day review period or until the Administrator has notified the Director that the Administrator will not object to issuance of the permit revision, whichever is first, although the Director may approve the permit revision before that time. Within 90 days of the Director's receipt of an application under minor permit revision procedures, or 15 days after the end of the Administrator's 45-day review period, whichever is later, the Director shall do one or more of the following:
1. Issue the permit revision as proposed,
2. Deny the permit revision application,
3. Determine that the proposed permit revision does not meet the minor permit revision criteria and should be reviewed under the significant revision procedures, or
4. Revise the proposed permit revision and transmit to the Administrator the new proposed permit revision as required in R18-2-307.

G. The source may make the change proposed in its minor permit revision application immediately after it files the application. After a Class I source makes a change allowed by the preceding sentence, and until the Director takes any of the actions specified in subsection (F), the source shall comply with both the applicable requirements governing the change and the proposed revised permit terms and conditions. During this time period, the Class I source need not comply with the existing permit terms and conditions it seeks to modify. However, if the Class I source fails to comply with its proposed permit terms and conditions during this time period, the existing permit terms and conditions it seeks to revise may be enforced against it.

H. The permit shield under R18-2-325 shall not extend to minor permit revisions.

I. Notwithstanding any other part of this Section, the Director may require a permit to be revised under R18-2-320 for any change that, when considered together with any other changes submitted by the same source under this Section or R18-2-317.02 over the life of the permit, do not satisfy subsection (A) for Class I sources or subsection (B) for Class II sources.

J. The Director shall make available to the public monthly summaries of all applications for minor permit revisions.

Historical Note

Adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-319 renumbered without change as R18-2-319 (Supp. 87-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 5 A.A.R. 4074, effective September 22, 1999 (Supp. 99-3). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

R18-2-320. Significant Permit Revisions

A. For Class I sources, a significant revision shall be used for an application requesting a permit revision that does not qualify as a minor permit revision or as an administrative amendment. A significant revision that is only required because of a change described in R18-2-319(A)(6) or (7) shall not be considered a significant permit revision under part 70 for the purposes of 40 CFR 64.5(a)(2). Every significant change in existing monitoring permit terms or conditions and every relaxation of reporting or recordkeeping permit terms or conditions shall follow significant revision procedures.

B. A source with a Class II permit shall make the following changes only after the permit is revised following the public participation requirements of R18-2-330:
1. Establishing or revising a voluntarily accepted emission limitation or standard as described by R18-2-306.01, R18-2-306.02, or R18-2-306.03, except a decrease in the limitation authorized by R18-2-319(B)(5);
2. Making any change in fuel not authorized by the permit and that is not fuel oil or coal, to natural gas or propane;
3. A change that is a minor NSR modification subject to R18-2-334;
4. A change that relaxes monitoring, recordkeeping, or reporting requirements, except when the change results from:
   a. Removing equipment that results in a permanent decrease in actual emissions, if the source keeps onsite records of the change in a log that satisfies Appendix 3 of this Chapter and if the requirements that are relaxed are present in the permit solely for the equipment that was removed; or
   b. A change in an applicable requirement.
5. A change that will cause the source to violate an existing applicable requirement including the conditions establishing an emissions cap;
6. A change that will require any of the following:
   a. A case-by-case determination of an emission limitation or other standard;
   b. A source-specific determination of ambient impacts, or an analysis of impacts on visibility or maximum allowable increases allowed under R18-2-218; or
   c. A case-by-case determination of a monitoring, recordkeeping, and reporting requirement.
7. A change that requires the source to obtain a Class I permit.

C. Any modification to a major source of federally listed hazardous air pollutants, and any reconstruction of a source, or a pro-

cess or production unit, under section 112(g) of the Act and regulations promulgated thereunder, shall follow significant permit revision procedures and any rules adopted under A.R.S. § 49-426.03.

D. Significant permit revisions shall meet all requirements of this Article for applications, public participation, review by affected states, and review by the Administrator that apply to permit issuance and renewal. Notwithstanding R18-2-330(C), the Director may provide notice for changes requiring a significant permit revision solely under subsections (B)(2), (4) or (6)(c) by posting a notice on the Department's website, sending emails to persons who have requested electronic notification of the Department's proposed air quality permit actions and by mailing a copy of the notice as provided in R18-2-330(C)(1).

E. When an existing source applies for a significant permit revision to revise its permit from a Class II permit to a Class I permit, it shall submit a Class I permit application in accordance with R18-2-304. The Director shall issue the entire permit, and not just the portion being revised, in accordance with Class I permit content and issuance requirements, including requirements for public, affected state, and EPA review, contained in R18-2-307 and R18-2-330.

Historical Note

Adopted effective September 26, 1990 (Supp. 90-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4). Amended effective June 4, 1998 (Supp. 98-2). Amended by final rulemaking at 5 A.A.R. 4074, effective September 22, 1999 (Supp. 99-3). Amended by final rulemaking at 6 A.A.R. 343, effective December 20, 1999 (Supp. 99-4). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1). Amended by final rulemaking at 32 A.A.R. 55 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

R18-2-321. Permit Reopenings; Revocation and Reissuance; Termination

A. Reopening for Cause.

1. Each issued permit shall include provisions specifying the conditions under which the permit shall be reopened prior to the expiration of the permit. A permit shall be reopened and revised under any of the following circumstances:
   a. Additional applicable requirements under the Act become applicable to a major source with a remaining permit term of three or more years. Such a reopening shall be completed not later than 18 months after promulgation of the applicable requirement. No such reopening is required if the effective date of the requirement is later than the date on which the permit is due to expire, unless the original permit or any of its terms and conditions has been extended pursuant to R18-2-322(B). Any permit revision required pursuant to this subsection shall comply with provisions in R18-2-322 for permit renewal and shall reset the five-year permit term.
   b. Additional requirements, including excess emissions requirements, become applicable to an affected source under the acid rain program. Upon approval by the Administrator, excess emissions offset plans shall be deemed to be incorporated into the Class I permit.
   c. The Director or the Administrator determines that the permit contains a material mistake or that inaccurate statements were made in establishing the emissions standards or other terms or conditions of the permit.
   d. The Director or the Administrator determines that the permit needs to be revised or revoked to assure compliance with the applicable requirements.
2. Proceedings to reopen and issue a permit, including appeal of any final action relating to a permit reopening, shall follow the same procedures as apply to initial permit issuance and shall, except for reopenings under subsection (A)(1)(a), affect only those parts of the permit for which cause to reopen exists. Such reopening shall be made as expeditiously as practicable.
3. Reopenings under subsection (A)(1) shall not be initiated before a notice of such intent is provided to the source by the Director at least 30 days in advance of the date that the permit is to be reopened, except that the Director may provide a shorter time period in the case of an emergency.
4. When a permit is reopened and revised pursuant to this Section, the Director may make appropriate revisions to the permit shield established pursuant to R18-2-325.

B. Within 10 days of receipt of notice from the Administrator that cause exists to reopen a Class I permit, the Director shall notify the source. The source shall have 30 days to respond to the Director. Within 90 days of receipt of notice from the Administrator that cause exists to reopen a permit, or within any extension to the 90 days granted by EPA, the Director shall forward to the Administrator and the source a proposed determination of termination, revision, or revocation and reissuance of the permit. Within 90 days of receipt of an EPA objection to the Director's proposal, the Director shall resolve the objection and act on the permit.

C. The Director may issue a notice of termination of a permit or registration issued pursuant to this Chapter if:

1. The Director has reasonable cause to believe that the permit or registration was obtained by fraud or misrepresentation.
2. The person applying for the permit or registration failed to disclose a material fact required by the application form or the regulation applicable to the permit or registration, of which the applicant had or should have had knowledge at the time the application was submitted.
3. The terms and conditions of the permit or registration have been or are being violated.

D. If the Director issues a notice of termination under this Section, the notice shall be served on the permittee by certified mail, return receipt requested. The notice shall include a statement detailing the grounds for the revocation and a statement that the permittee is entitled to a hearing.

Historical Note

Adopted effective September 22, 1983 (Supp. 83-5). Former Section R9-3-321 renumbered without change as R18-2-321 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2).

R18-2-322. Permit Renewal and Expiration

A. A permit being renewed is subject to the same procedural requirements, including any for public participation and

affected states and Administrator review, that would apply to that permit's initial issuance.

B. Except as provided in R18-2-303(A), permit expiration terminates the source's right to operate unless a timely application for renewal that is sufficient under A.R.S. § 41-1064 has been submitted in accordance with R18-2-304. Any testing that is required for renewal shall be completed before the proposed permit is issued by the Director.

C. The Director shall act on an application for a permit renewal within the same time-frames as on an initial permit.

Historical Note

Adopted effective September 22, 1983 (Supp. 83-5). Former Section R9-3-322 renumbered without change as R18-2-322 (Supp. 87-3). Amended effective December 1, 1988 (Supp. 88-4). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4).

R18-2-323. Permit Transfers

A. Except as provided in A.R.S. § 49-429 and subsection (B), a Class I or II permit may be transferred to another person if the person who holds the permit gives notice to the Director in writing at least 30 days before the proposed transfer. The notice shall contain the following:

1. The permit number and expiration date;
2. The name, address, and telephone number of the current permit holder;
3. The name, address and telephone number of the person to receive the permit;
4. The name and title of the individual within the organization who is accepting responsibility for the permit along with a signed statement by that person indicating such acceptance;
5. A description of the equipment to be transferred;
6. A written agreement containing a specific date for transfer of permit responsibility, coverage, and liability between the current and new permittee;
7. Provisions for the payment of any fees pursuant to R18-2-326 or R18-2-501 that will be due and payable before the effective date of transfer;
8. Sufficient information about the source's technical and financial capabilities of operating the source to allow the Director to make the decision in subsection (B) including:
   a. The qualifications of each person principally responsible for the operation of the source;
   b. A statement by the chief financial officer of the new permittee that it is financially capable of operating the facility in compliance with the law, and the information that provides the basis for that statement;
   c. A brief description of any action for the enforcement of any federal or state law, or any county, city, or local government ordinance relating to the protection of the environment, instituted against any person employed by the new permittee and principally responsible for operating the facility during the five years preceding the date of application. In lieu of this description, the new permittee may submit a copy of the certificate of disclosure or 10-K form required under A.R.S. § 49-109, or a statement that this information has been filed in compliance with A.R.S. § 49-109.

B. The Director shall deny the transfer if the Director determines that the organization receiving the permit is not capable of operating the source in compliance with A.R.S. Title 49, Chapter 3, Article 2, the provisions of this Chapter or the provisions of the permit. Notice of the denial shall be sent to the original permit holder by certified mail stating the reason for the denial within 10 working days of the Director's receipt of the application. If the transfer is not denied within 10 working days after receipt of the notice, it shall be deemed approved.

C. To appeal the transfer denial:

1. Both the transferor and transferee shall petition the Office of Administrative Hearings in writing for a public hearing; and
2. All parties shall follow the appeal process for a permit.

D. The Director shall make available to the public monthly summaries of all notices received under this Section.

Historical Note

Adopted effective September 22, 1983 (Supp. 83-5). Former Section R9-3-323 renumbered without change as R18-2-323 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Section repealed, new Section adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 12 A.A.R. 4698, effective February 3, 2007 (Supp. 06-4).

R18-2-324. Portable Sources

A. A portable source that will operate for the five-year period of its permit solely in one county that has established a local air pollution control program pursuant to A.R.S. § 49-479 shall obtain a permit from that county. A portable source with a county permit shall not operate in any other county. A portable source that has a permit issued by the Director and obtains a county permit shall request that the Director terminate the permit. Upon issuance of the county permit, the permit issued by the Director is no longer valid.

B. A portable source which has a county permit but proposes to operate outside that county shall obtain a permit from the Director. A portable source that has a permit issued by a county and obtains a permit issued by the Director shall request that the county terminate the permit. Upon issuance of a permit by the Director, the county permit is no longer valid. Before commencing operation in the new county, the source shall notify the Director and the control officer who has jurisdiction in the county that includes the new location according to subsection (C).

C. A portable source required to obtain a Class I permit under R18-2-302(B)(1) may be transferred from one location to another provided that the owner or operator of such equipment notifies the Director and any control officer who has jurisdiction over the geographic area that includes the new location of the transfer at least 10 days in advance of the change in location. A portable source not required to obtain a Class I permit under R18-2-302(B)(1) may be transferred from one location to another provided that the owner or operator of such equipment notifies the Director and any control officer who has jurisdiction over the geographic area that includes the new location of the transfer prior to the transfer. The notification required under this subsection shall include:

1. A description of the equipment to be transferred including the permit number for such equipment;
2. A description of the present location;
3. A description of the new location;
4. The date on which the equipment is to be moved; and
5. The date on which operation of the equipment will begin at the new location.

D. Any permit for a portable source shall contain conditions that will assure compliance with all applicable requirements at all authorized locations.

E. The operation must be temporary and involve at least one change of location during the term of the permit.

Historical Note

Adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1). Amended by final rulemaking at 32 A.A.R. 55 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

R18-2-325. Permit Shields

A. Each Class I or II permit issued under this Chapter shall specifically identify all federal, state, and local air pollution control requirements applicable to the source at the time the permit is issued. The permit shall state that compliance with the conditions of the permit shall be deemed compliance with any applicable requirement as of the date of permit issuance, provided that such applicable requirements are included and expressly identified in the permit. The Director may include in a permit determinations that other requirements specifically identified are not applicable. Any permit under this Chapter that does not expressly state that a permit shield exists shall not provide such a shield.

B. Nothing in this Section or in any permit shall alter or affect the following:

1. The provisions of Section 303 of the Act (emergency orders), including the authority of the Administrator under that Section;
2. The liability of an owner or operator of a source for any violation of applicable requirements prior to or at the time of permit issuance;
3. The applicable requirements of the acid rain program, consistent with Section 408(a) of the Act;
4. The ability of the Administrator or the Director to obtain information from a source pursuant to Section 114 of the Act, or any provision of state law;
5. The authority of the Director to require compliance with new applicable requirements adopted after the permit is issued.

C. In addition to the provisions of R18-2-321, a permit may be reopened by the Director and the permit shield revised when it is determined that standards or conditions in the permit are based on incorrect information provided by the applicant.

Historical Note

Emergency rule adopted effective September 17, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-3). Emergency rule re-adopted without change effective December 16, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency expired; text deleted (Supp. 93-1). New Section adopted effective November 15, 1993 (Supp. 93-4).

R18-2-326. Fees Related to Individual Permits

A. Source Categories. The owner or operator of a source required to have an air quality permit from the Director shall pay the fees described in this Section unless authorized to operate under a general permit issued under Article 5. The fees are based on a source being classified in one of the following three categories:

1. Class I Title V sources are those required or that elect to have a permit under R18-2-302(B)(1).
2. Class II Title V sources are those required to have a permit under R18-2-302(B)(2) and that are subject to new source performance standards or national emission standards for hazardous air pollutants.
3. Class II Non-Title V sources are those required to have a permit under R18-2-302(B)(2) and that are not subject to new source performance standards or national emission standards for hazardous air pollutants.

B. Fees for Permit Actions.

1. The owner or operator of a Class I Title V source, Class II Title V source, or Class II Non-Title V source shall pay to the Director the following:
   a. $133.50 per hour, adjusted annually under subsection (H), for all permit processing time required for a billable permit action; and
   b. The actual costs of public notice conducted according to R18-2-330.
2. The Director may require periodic payment of permit processing fees based on the most recent accounting of time spent processing the permit including any fees for contractors.
3. Upon completion of permit processing activities other than issuance or denial of the permit or permit revision, the Director shall send notice of the decision to the applicant along with a final itemized bill. The maximum fee for any billable permit action for a non-Title V source is $25,000. Except as provided in subsection (G), the Director shall not issue a permit or permit revision until the final bill is paid in full.

C. Class I Title V Fees. The owner or operator of a Class I Title V source that has undergone initial startup by January 1 shall annually pay to the Director an administrative fee plus an emissions-based fee as follows:

1. The applicable administrative fee from the table below, as adjusted annually under subsection (H). The fee is due by February 1 or 60 days after the Director mails the invoice under subsection (F), whichever is later.

Class I Title V Source Category	Administrative Fee
Aerospace	$20,800
Air Curtain Incinerator	$750
Cement Plants	$63,690
Combustion/Boilers	$15,480
Compressor Stations	$12,730
Electronics	$20,490
Expandable Foam	$14,680
Foundries	$19,520
Landfills	$15,960
Lime Plants	$60,160
Copper & Nickel Mines	$15,000
Gold Mines	$15,000
Mobile Home Manufacturing	$14,830
Paper Mills	$20,480
Paper Coaters	$15,480
Petroleum Products Terminal Facilities	$22,730
Polymeric Fabric Coaters	$20,480
Reinforced Plastics	$15,480

(Continued)

Class I Title V Source Category	Administrative Fee
Semiconductor Fabrication	$26,930
Copper Smelters	$63,690
Utilities - Fossil Fuel Fired Except Coal	$16,440
Utilities - Coal Fired	$32,570
Vitamin/Pharmaceutical Manufacturing	$15,800
Wood Furniture	$15,480
Others	$20,490
Others with Continuous Emissions Monitoring	$20,490

2. An emissions-based fee of $38.25 per ton of actual emissions of all regulated pollutants emitted during the previous calendar year ending 12 months earlier. The fee is adjusted annually under subsection (C)(2)(d) and due by February 1 or 60 days after the Director mails the invoice under subsection (F), whichever is later.
   a. For purposes of this Section, "actual emissions" means the quantity of all regulated pollutants emitted during the calendar year, as determined by the annual emissions inventory under R18-2-327.
   b. For purposes of this Section, regulated pollutants consist of the following:
      i. Nitrogen oxides and any volatile organic compounds;
      ii. Conventional air pollutants, except carbon monoxide and ozone;
      iii. Any pollutant that is subject to any standard promulgated under Section 111 of the Act, including fluorides, sulfuric acid mist, hydrogen sulfide, total reduced sulfur, and reduced sulfur compounds; and
      iv. Any federally listed hazardous air pollutant.
   c. For purposes of this Section, the following emissions of regulated pollutants are excluded from a source's actual emissions:
      i. Emissions of any regulated pollutant from the source in excess of 4,000 tons per year;
      ii. Emissions of any regulated pollutant already included in the actual emissions for the source, such as a federally listed hazardous air pollutant that is already accounted for as a VOC or as PM_{10};
      iii. Emissions from insignificant activities listed in the permit application for the source under R18-2-304(F)(8);
      iv. Fugitive emissions of PM_{10} from activities other than crushing, belt transfers, screening, or stacking; and
      v. Fugitive emissions of VOC from solution-extraction units.
   d. The Director shall adjust the rate for emission-based fees every November 1, after December 4, 2007, by multiplying $38.25 by the Consumer Price Index (CPI) for the most recent year, and then dividing by the CPI for the year 2007. The Consumer Price Index for any year is the average of the Consumer Price Index for all-urban consumers published by the United States Department of Labor, as of the close of the 12-month period ending on August 31 of that year.

D. Class II Title V Fees. The owner or operator of a Class II Title V source that has undergone initial startup by January 1 shall pay the applicable administrative fee from the table below, adjusted under subsection (H), for that calendar year, and annually thereafter. The fee is due by February 1 or 60 days after the Director mails the invoice under subsection (F), whichever is later.

Class II Title V Source Category	Administrative Fee
Synthetic minor sources, except portable sources	Administrative fee from Class I Title V table for category
Stationary	$8,070
Portables	$8,070
Small Source	$750

E. Class II Non-Title V Fees. The owner or operator of a Class II Non-Title V source that has undergone initial startup by January 1 shall pay the applicable inspection fee from the table below, adjusted under subsection (H), for that calendar year, and annually thereafter. The fee is due by February 1 or 60 days after the Director mails the invoice under subsection (F), whichever is later.

Class II Non-Title V Source Category	Inspection Fee
Stationary	$5,230
Portables	$5,230
Gasoline Service Stations	$750

F. The Director shall mail the owner or operator of each source an invoice for all fees due under subsections (C), (D), or (E) by December 1.

G. Any person who receives a final itemized bill from the Director under this Section for a billable permit action may request an informal review of the hours billed and may pay the bill under protest as provided below:
1. The request shall be made in writing, and received by the Director within 30 days of the date of the final bill. Unless the Director and person agree otherwise, the informal review shall take place within 30 days after the Director's receipt of the request. The Director shall arrange the date and location of the informal review with the person at least 10 business days before the informal review. The Director shall review whether the amounts of time billed are correct and reasonable for the tasks involved. The Director shall mail his or her decision on the informal review to the person within 10 business days after the informal review date.
2. The Director's decision after informal review shall become final unless, within 30 days after person's receipt of the informal review decision, the person requests a hearing under R18-1-202.
3. If the final itemized bill is paid under protest, the Director shall take final action on the permit or permit revision.

H. The Director shall adjust the hourly rate every November 1, to the nearest 10 cents per hour, after December 4, 2007, by multiplying $133.50 by the Consumer Price Index (CPI) for the most recent year, and then dividing by the CPI for the year 2007. The Director shall adjust the administrative or inspection fees listed in subsections (C), (D), and (E) every November 1, to the nearest $10, beginning December 4, 2007, by multiplying the administrative or inspection fee by the Con-

sumer Price Index (CPI) for the most recent year, and then dividing by the CPI for the year 2007. The Consumer Price Index for any year is the average of the Consumer Price Index for all-urban consumers published by the United States Department of Labor, as of the close of the 12-month period ending on August 31 of that year.

I. An applicant for a Class I or Class II permit or permit revision may request that the Director provide accelerated processing of the application by providing the Director written notice 60 days before filing the application. The request shall be accompanied by an initial fee of $15,000. The fee is non-refundable to the extent of the Director's costs for accelerating the processing if the Director undertakes the accelerated processing described below:

1. If an applicant requests accelerated permit processing, the Director may, to the extent practicable, undertake to process the permit or permit revision according to the following schedule:
   a. For applications for initial Class I and II permits under R18-2-302 or significant permit revisions under R18-2-320, the Director shall issue or deny the proposed permit or permit revision within 120 days after the Director determines that the application is complete.
   b. For minor permit revisions under R18-2-319, the Director shall issue or deny the permit revision within 60 days after receiving a complete application.
2. At any time after an applicant requests accelerated permit processing, the Director may require additional advance payments based on the most recent estimate of additional costs.
3. Upon completion of permit processing activities but before issuance or denial of the permit or permit revision, the Director shall send notice of the decision to the applicant along with a final bill. The maximum fee for any billable permit action for a non-Title V source is $25,000. The final bill shall include all regular permit processing and other fees due, and, in addition, the difference between the cost of accelerating the permit application, including any costs incurred by the Director in contracting for, hiring, or supervising the work of outside consultants, and all advance payments submitted for accelerated processing. In the event all payments made exceed actual accelerated permit costs, the Director shall refund the excess advance payments. Nothing in this subsection affects the public participation requirements of R18-2-330, or EPA and affected state review as required under R18-2-307 or R18-2-319.

J. Inactive Sources. The owner or operator of a permitted source that has undergone initial startup but was shut down for the entire preceding year shall pay 50 percent of the administrative or inspection fee required under subsections (C), (D), or (E). The owner or operator of a source claiming inactive status under this subsection shall submit a letter to the Director by December 15 of the calendar year for which the source was inactive. Termination of a permit does not relieve a source of any past fees due.

K. If an applicant uses the Tier 4 method for conducting a risk management analysis (RMA) according to R18-2-1708(B), the applicant shall pay any costs incurred by the Director in contracting for, hiring or supervising work of outside consultants.

L. Transition.

1. Subsections (A) through (J) of this Section are effective December 4, 2007. The first administrative or inspection fees are due on February 1, 2008.
2. Except as provided in subsection (b), all fees incurred after December 4, 2007, are payable in accordance with the rates contained in this Section.
   a. Emission-based fees for calendar year 2006 shall be billed at $38.25 per ton and be due February 1, 2008.
   b. The hourly rates and maximum fees for a new permit or permit revision are those in effect when the application for the permit or revision is determined to be complete.
   c. Fees accrued but not yet paid before the effective date of this Section remain as obligations to be paid to the Department.

Historical Note

Emergency rule adopted effective September 17, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-3). Emergency rule re-adopted without change effective December 16, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency expired; text deleted (Supp. 93-1). New Section adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 7 A.A.R. 5670, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 10 A.A.R. 4767, effective November 4, 2004 (Supp. 04-4). Amended by final rulemaking at 13 A.A.R. 4379, effective December 4, 2007 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1). Amended by final expedited rulemaking at 30 A.A.R. 2422 (July 26, 2024), with an immediate effective date of July 3, 2024 (Supp. 24-3).

R18-2-326.01. Expired

Historical Note

New Section made by exempt rulemaking at 16 A.A.R. 844, effective July 1, 2010 (Supp. 10-2). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 613, effective February 14, 2017 (Supp. 17-1).

R18-2-327. Emissions Inventory Questionnaire and Emissions Statement

A. Emissions Inventory Questionnaire Requirements

1. Every source subject to permit requirements under this Chapter shall complete and submit to the Director an emissions inventory questionnaire as follows:
   a. Sources Requiring a Class I Permit under R18-2-302(B). Sources requiring a Class I permit under R18-2-302(B) shall complete and submit to the Director an emissions inventory questionnaire no later than June 1 of each year.
   b. Sources Requiring a Class II Permit under R18-2-302(B)
      i. Sources requiring a Class II permit under R18-2-302(B) shall complete and submit to the Director an emissions inventory questionnaire no later than June 1 every three years beginning June 1, 2021.
      ii. At the Director's request, sources requiring a Class II permit under R18-2-302(B) may be required to complete and submit emissions inventory questionnaires in addition to the triennial emissions inventory questionnaire required under subsection (A)(1)(b)(i). The

Director shall notify the owner or operator of the source in writing of the decision to require additional emissions inventory questionnaires.

2. These requirements apply whether or not a permit has been issued and whether or not a permit application has been filed.
3. The emissions inventory questionnaire shall be on an electronic or paper form provided by the Director and shall include the following information for the previous calendar year:
   a. The source's name, description, mailing address, contact person and contact person phone number, and physical address and location, if different than the mailing address.
   b. Process information for the source, including design capacity, throughput, operations schedule, and emissions control devices, their description and efficiencies.
   c. The actual quantity of emissions from permitted emission points and fugitive emissions as provided in the permit, including documentation of the method of measurement, calculation, or estimation, determined pursuant to subsection (C), of the following regulated air pollutants:
      i. Any single regulated air pollutant in a quantity greater than 1 ton or the amount listed for the pollutant in the definition of "significant" in R18-2-101(131)(a) or (b), whichever is less.
      ii. Any combination of regulated air pollutants in a quantity greater than 2 1/2 tons.
   d. A certification by a responsible official of truth, accuracy, and completeness. This certification shall state that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.
4. An amendment to an emissions inventory questionnaire, containing the documentation required by subsection (A)(3), shall be submitted to the Director by any source whenever it discovers or receives notice, within two years of the original submittal, that incorrect or insufficient information was submitted to the Director by a previous emissions inventory questionnaire. The amendment shall be submitted to the Director within 30 days of discovery or receipt of notice. If the incorrect or insufficient information resulted in an incorrect annual emissions fee, the Director shall require that additional payment be made or shall apply an amount as a credit to a future annual emissions fee. The submittal of an amendment under this subsection shall not subject the owner or operator to an enforcement action or a civil or criminal penalty if the original submittal of incorrect or insufficient information was not due to willful neglect.
5. The Director may require submittal of supplemental emissions inventory questionnaires for air contaminants pursuant to A.R.S. §§ 49-422, 49-424, and 49-426.03 through 49-426.08.

B. Emissions Statement Requirements

1. Any stationary source located in an ozone nonattainment area that has actual emissions of 25 tons or more of nitrogen oxides (NO_x) or volatile organic compounds (VOCs) during the calendar year shall complete and submit to the Director an emissions statement no later than June 1 of the following year, except as provided in subsection (B)(5).
2. The emissions statement shall be on an electronic or paper form provided by the Director and shall require the following information for the previous calendar year:
   a. The source's name, description, mailing address, contact person and contact person phone number, and physical address and location, if different than the mailing address.
   b. Process information for the source, including design capacity, throughput, operations schedule, and emissions control devices, their description and efficiencies.
   c. Actual emissions of NO_x and VOC including documentation of the method of measurement, calculation, or estimation, determined pursuant to subsection (C).
   d. A certification by a responsible official of truth, accuracy, and completeness. This certification shall state that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.
3. If either NO_x or VOC annual emissions are greater than or equal to 25 tons, the other pollutant shall be included in the emissions statement even if less than 25 tons.
4. An amendment to an emissions statement, containing the documentation required by subsection (B)(2), shall be submitted to the Director by any source whenever it discovers or receives notice, within two years of the original submittal, that incorrect or insufficient information was submitted to the Director by a previous emissions statement. The amendment shall be submitted to the Director within 30 days of discovery or receipt of notice. The submittal of an amendment under this subsection shall not subject the owner or operator to an enforcement action or a civil or criminal penalty if the original submittal of incorrect or insufficient information was not due to willful neglect.
5. A source that submits an emissions inventory questionnaire under subsection (A) is exempt from subsection (B) requirements for that submission year.

C. Emissions Estimation Methodology

1. Actual quantities of emissions shall be determined using the following emission factors or data.
   a. Whenever available, emissions estimates shall either be calculated from continuous emissions monitors certified pursuant to 40 CFR 75, Subpart C and referenced appendices, or data quality assured pursuant to Appendix F of 40 CFR 60.
   b. When sufficient data pursuant to subsection (C)(1)(a) is not available, emissions estimates shall be calculated from data from source performance tests conducted pursuant to R18-2-312 in the calendar year being reported or, when not available, conducted in the most recent calendar year representing the operating conditions of the year being reported.
   c. When sufficient data pursuant to subsections (C)(1)(a) or (b) is not available, emissions estimates shall be calculated using emissions factors from EPA Publication No. AP-42 "Compilation of Air Pollutant Emission Factors," Volume I: Stationary Point and Area Sources, Fifth Edition, 1995, U.S. Environmental Protection Agency, Research Trian-

gle Park, NC, including Supplements A through F and all updates published through July 1, 2011 (and no future editions). AP-42 is incorporated by reference and is on file with the Department of Environmental Quality and can be obtained from the Government Printing Office, 732 North Capitol Street, NW, Washington, D.C. 20401, telephone (202) 512-1800, or by downloading the document from the website for the EPA Clearinghouse for Emission Inventories and Emission Factors.

d. When sufficient data pursuant to subsections (C)(1)(a) through (c) is not available, emissions estimates shall be calculated from material balance using engineering knowledge of process.

e. When sufficient data pursuant to subsections (C)(1)(a) through (d) is not available, emissions estimates shall be calculated by equivalent methods approved by the Director. The Director shall only approve methods that are demonstrated as accurate and reliable as one of the methods in subsections (C)(1)(a) through (d).

2. Actual quantities of emissions calculated under subsection (C) shall be determined on the basis of actual operating hours, production rates, in-place process control equipment, operational process control data, and types of materials processed, stored, or combusted.

Historical Note

Emergency rule adopted effective September 17, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-3). Emergency rule re-adopted without change effective December 16, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency expired; text deleted (Supp. 93-1). New Section adopted effective November 15, 1993 (Supp. 93-4). Amended effective December 7, 1995 (Supp. 95-4). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1). Amended by final rulemaking at 26 A.A.R. 3092, effective January 19, 2021 (Supp. 20-4.)

R18-2-328. Conditional Orders

A. The Director may grant to any person a conditional order for each air pollution source which allows such person to vary from any provision of A.R.S. Title 49, Chapter 3, Article 2, or this Chapter, for any non-federally enforceable requirement of a permit issued pursuant to this Chapter if the Director makes each of the following findings:

1. Issuance of the conditional order will not endanger public health or the environment, impede attainment or maintenance of the national ambient air quality standards, or constitute a violation of the Act; and
2. Either of the following is true:
   a. There has been a breakdown of equipment or upset of operations beyond the control of the petitioner which causes the source to be out of compliance with the requirements of this Chapter; the source was in compliance with the requirements of this Chapter before the breakdown or upset, and the breakdown or upset may be corrected within a reasonable time;
   b. There is no reasonable relationship between the economic and social cost of, and benefits to be obtained from, achieving compliance.

B. The following procedures shall apply to a person seeking a conditional order:

1. The person shall file a petition for a conditional order with the Director. The petition shall contain at a minimum:
   a. A description of the breakdown or upset;
   b. A description of corrective action being undertaken to bring the source back into compliance;
   c. An estimate of emissions related to the breakdown or upset;
   d. A compliance schedule with a date of final compliance and interim dates as appropriate;
   e. A detailed analysis of the economic and social costs and benefits of achieving compliance with the requirement for which the variance is sought, if the petition is based on subsection (A)(2)(b).
2. If the issuance of the conditional order requires a public hearing pursuant to R18-2-330, the Director shall set the hearing date within 30 days after the filing of the petition and the hearing shall be held within 60 days after the filing of the petition.
3. Notice of the filing of a petition for a conditional order and of the hearing date on said petition shall be published in the manner provided in A.R.S. § 49-444 and R18-2-330.

C. Decisions on petitions for a conditional order shall be made as follows:

1. For any conditional order that requires a revision to the SIP, the Director shall comply with the requirements contained in 40 CFR 51, Subpart F.
2. For any other conditional order, the Director shall grant or deny the petition with such terms and conditions as are listed in subsection (E)(2) within 30 days after the conclusion of any required hearing, or, if no hearing is held, within 60 days after the filing of the petition.

D. A fee to cover the costs of processing conditional orders may be charged by the Director prior to issuance consistent with R18-2-326(I) or (J). The fee shall be deposited in the permit administration fund established in A.R.S. § 49-455.

E. The terms of a conditional order or its renewal shall conform to the following:

1. A conditional order issued by the Director shall be valid for such period as the Director prescribes but in no event for more than one year in the case of a source that is required to obtain a permit pursuant to this Chapter and Title V of the Act, and three years in the case of any other source that is required to obtain a permit pursuant to this Chapter.
2. The terms and conditions which are imposed as a condition to the granting or the continued existence of a conditional order shall include:
   a. A detailed plan for completion of corrective steps needed to conform to the provisions of A.R.S. Title 49, Chapter 3, Article 2, this Chapter, and the requirements of any permit issued pursuant to this Chapter;
   b. A requirement that necessary construction shall begin as expeditiously as practicable and proceed as specified in the compliance schedule;
   c. Written reports, at least quarterly, of the status of the source and construction progress;
   d. The right of the Director to make periodic inspection of the facilities for which the conditional order is granted;

e. Such additional terms and conditions as the Director finds necessary to meet the requirements of this Section and A.R.S. § 49-437.

3. A holder of a conditional order may petition the Director to renew the order. The total term of the initial period and all renewals shall not exceed three years from the date of initial issuance of the order. Petitions for renewal may be filed at any time not more than 60 days nor less than 30 days prior to the expiration of the order. The Director, within 30 days of receipt of a petition, shall renew the conditional order for one year if the petitioner is in compliance and conforming with the terms and conditions imposed. The Director may refuse to renew the conditional order if, after a public hearing held within 30 days of receipt of a petition, the Director finds that the petitioner is not in compliance and conforming with the terms and conditions of the conditional order. If, after a period of three years from the date of original issuance, the petitioner is not in compliance and conforming with the terms and conditions, the Director may renew a conditional order for a total term of two additional years only if the Director finds that failure to comply and conform is due to conditions beyond the control of such petitioner.

4. If the Director amends or adopts any rule imposing conditions on the operation of an air pollution source which have become effective as to the source by reason of the action of the Director or otherwise, and which require the implementation of control strategies necessitating the installation of additional or different air pollution control equipment, the Director may renew a conditional order for an additional term. The term of the renewal shall be governed by the preceding subsections of this Section, except that the total term of the renewal shall not exceed two years.

5. A conditional order issued by the Director shall be effective when issued unless:
   a. The conditional order varies from the requirements of the applicable implementation plan, in which case the conditional order shall be submitted to the Administrator as a revision to the applicable implementation plan pursuant to Section 110(l) of the Act and shall become effective upon approval by the Administrator.
   b. The conditional order varies from the requirements of a permit issued for a facility that is required to obtain a permit pursuant to Title V of the Act, in which case the conditional order shall be submitted to the Administrator if required by Section 505 of the Act and shall be effective at the end of the review period specified in such section, unless objected to within such period by the Administrator.

F. Violation of the terms and conditions of the conditional order shall subject the source to suspension or revocation of the conditional order in accordance with A.R.S. § 49-441.

Historical Note
Adopted effective November 15, 1993 (Supp. 93-4).

R18-2-329. Permits Containing the Terms and Conditions of Federal Delayed Compliance Orders (DCO) or Consent Decrees

A. The terms and conditions of either a delayed compliance order (DCO) or consent decree shall be incorporated into a permit through a permit revision. In the event the permit expires prior to the expiration of the DCO or consent decree, the DCO or consent decree shall be incorporated into any permit renewal.

B. The owner or operator of a source subject to a DCO or consent decree shall submit to the Director a quarterly report of the status of the source and construction progress and copies of any reports to the Administrator required under the order or decree. The Director may require additional reporting requirements and conditions in permits issued under this Article.

C. For the purpose of this Chapter, sources subject to a consent decree issued by a federal court shall meet the same requirements as those subject to a DCO.

Historical Note
Adopted effective November 15, 1993 (Supp. 93-4).

R18-2-330. Public Participation

A. The Director shall provide public notice, an opportunity for public comment, and an opportunity for a hearing before taking any of the following actions:
1. The issuance or denial of a permit or permit renewal,
2. The issuance or denial of a significant permit revision,
3. The revocation and reissuance or reopening of a permit,
4. The grant of any conditional orders pursuant to R18-2-328,
5. The issuance or denial of a registration for the construction of a source, except as provided in R18-2-302.01(B)(5).

B. The Director shall provide public notice of receipt of complete applications for permits or permit revisions subject to Article 4 of this Chapter by publishing a notice in a newspaper of general circulation in the county where the source is or will be located.

C. The Director shall provide the notice required pursuant to subsection (A) as follows:
1. The Director shall publish the notice once each week for two consecutive weeks in two newspapers of general circulation in the county where the source is or will be located.
2. The Director shall mail a copy of the notice to persons on a mailing list developed by the Director consisting of those persons who have requested in writing to be placed on such a mailing list.
3. The notice shall include the following:
   a. Identification of the affected facility;
   b. Name and address of the permittee or applicant;
   c. Name and address of the permitting authority processing the permit action;
   d. The activity or activities involved in the permit action;
   e. The emissions change involved in any permit revisions;
   f. The air contaminants to be emitted;
   g. If applicable, that a notice of confidentiality has been filed under R18-2-305;
   h. If applicable, that the source has submitted a risk management analysis under R18-2-1708;
   i. A statement that any person may submit written comments, or a written request for a public hearing, or both, on the proposed permit action, along with the deadline for such requests or comments;
   j. The name, address, and telephone number of a person from the Department from whom additional information may be obtained;

k. Locations where the materials identified in subsection (D) may be reviewed and the times at which they shall be available for public inspection.
l. The Director shall include a statement in the public notice if the permit or permit revision would result in the generation of emission reduction credits under R18-2-1204, or the utilization of emission reduction credits under R18-2-1206.

D. By no later than the date notice is first published under subsection (A), the Department shall make copies of the following materials available at a public location in the same county as the stationary source that is the subject of the application and at the closest Department office:
1. The application;
2. The proposed permit or permit revision, if applicable;
3. The Department's analysis in support of the grant or denial of the permit or permit revision; and
4. All other materials available to the Director that are relevant to the permit decision.

E. The Director shall hold a public hearing to receive comments on petitions for conditional orders which would vary from requirements of the applicable implementation plan. For all other actions involving a proposed permit, the Director shall hold a public hearing only upon written request. If a public hearing is requested, the Director shall schedule the hearing and publish notice as described in A.R.S. § 49-444 and subsection (D). The Director shall give notice of any public hearing at least 30 days in advance of the hearing.

F. At the time the Director publishes the first notice under subsection (C)(1), the applicant shall post a notice containing the information required in subsection (C)(3) at the site where the source is or may be located. Consistent with federal, state, and local law, the posting shall be prominently placed at a location under the applicant's legal control, adjacent to the nearest public roadway, and visible to the public using the public roadway. If a public hearing is to be held, the applicant shall place an additional posting providing notice of the hearing. Any posting shall be maintained until the public comment period is closed.

G. The Director shall provide at least 30 days from the date of its first notice for public comment to receive comments and requests for a hearing. The Director shall keep a record of the commenters and of the issues raised during the public participation process and shall prepare written responses to all comments received. At the time a final proposed permit is submitted to EPA, in the case of a Class I permit, or a final decision is made, in the case of a Class II permit, the record and copies of the Director's responses shall be made available to the applicant and all commenters.

Historical Note
Adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 1815, effective March 18, 2002 (Supp. 02-1). R18-2-330 has been corrected to include subsection (D)(12), which was omitted when the Section was amended in the 02-1 supplement (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

R18-2-331. Material Permit Conditions

A. For the purposes of A.R.S. §§ 49-464(G) and 49-514(G), a "material permit condition" shall mean a condition which satisfies all of the following:
1. The condition is in a permit or permit revision issued by the Director or a control officer after November 15, 1993.
2. The condition is identified within the permit as a material permit condition.
3. The condition is one of the following:
a. An enforceable emission standard imposed to avoid classification as a major modification or major source or to avoid triggering any other applicable requirement;
b. A requirement to install, operate, or maintain a maximum achievable control technology or hazardous air pollutant reasonably available control technology required under Article 17 of this Chapter;
c. A requirement for the installation or certification of a monitoring device;
d. A requirement for the installation of air pollution control equipment;
e. A requirement for the operation of air pollution control equipment;
f. An opacity standard required by Section 111 or Title I, Part C or D of the Act.
4. Violation of the condition is not covered by A.R.S. § 49-464(A) through (F), or (H) through (J) or A.R.S. § 49-514(A) through (F), or (H) through (J).

B. For the purposes of subsections (A)(3)(c), (d), and (e), a permit condition shall not be material where the failure to comply resulted from circumstances which were outside the control of the source. As used in this Section, "circumstances outside the control of the source" shall mean circumstances where the violation resulted from a sudden and unavoidable breakdown of the process or the control equipment, resulted from unavoidable conditions during a start up or shut down or resulted from upset of operations.

C. For purposes of this Section, the term "emission standard" shall have the meaning specified in A.R.S. §§ 49-464(U) and 49-514(T).

Historical Note
Adopted effective November 15, 1993 (Supp. 93-4). Amended effective June 4, 1998 (Supp. 98-2). Amended by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2).

R18-2-332. Stack Height Limitation

A. The degree of emission limitation required of any source for control of any pollutant shall not be affected by so much of the source's stack height that exceeds good engineering practice or by any other dispersion technique, except as provided in subsection (B). This Section does not require the plan to restrict, in any manner, the actual stack height of any source.

B. Subsection (A) shall not apply to:
1. Stacks in existence, or dispersion techniques implemented, on or before December 31, 1970, unless the stationary source or emission unit emitting pollutants through the stack, or employing the dispersion technique, was constructed, reconstructed or underwent a major modification after December 31, 1970; or
2. Coal-fired steam electric generating units, subject to the provisions of Section 118 of the Act which commenced operation before July 1, 1957, with stacks constructed under a construction contract awarded before February 8, 1974.

C. Good engineering practice stack height is the greater of the following heights:
1. 213.25 feet (65 meters) measured from the ground-level elevation at the base of the stack;
2. The result of one of the following equations, where "Hg" = good engineering practice stack height measured from the ground-level elevation at the base of the stack; "H" = height of nearby structures measured from the ground-level elevation at the base of the stack; and "L" = lesser dimension (height or projected width) of nearby structures:
   a. For stacks in existence on January 12, 1979, and for which the owner or operator had obtained all applicable preconstruction permits or approvals required under 40 CFR 51 and 52, Hg = 2.5H, provided the owner or operator produces evidence that this equation was actually relied on in establishing an emission limitation; or
   b. For all other stacks, Hg = H + 1.5L, provided that EPA, the Director, or local control agency may require the use of a field study or fluid model to verify good engineering practice stack height for the source;
3. The height demonstrated by a fluid model or a field study approved by the reviewing agency, which ensures that the emissions from a stack do not result in excessive concentrations of any air pollutant as a result of atmospheric downwash, wakes, or eddy effects created by the source itself, nearby structures, or nearby terrain features.

D. As used in this Section:
1. For a specific structure or terrain feature, "nearby" means:
   a. For purposes of applying the formulae in subsection (C)(2), that distance up to five times the lesser of the height or the width dimension of a structure but not greater than 0.8 km (1/2 mile).
   b. For conducting demonstrations under subsection (C)(3), not greater than 0.8 km (1/2 mile). An exception is that the portion of a terrain feature may be considered to be nearby which falls within a distance of up to 10 times the maximum height (Ht) of the feature, not to exceed 2 miles if such feature achieved a height (Ht) 0.8 km from the stack that is at least 40% of the good engineering practice stack height determined by the formula provided in subsection (C)(2)(b), or 85 feet (26 meters), whichever is greater, as measured from the ground-level elevation at the base of the stack.
2. "Excessive concentrations" means:
   a. For sources seeking credit for stack height exceeding that established under subsection (C)(2), a maximum ground-level concentration due to emissions from a stack due in whole or in part to downwash, wakes, and eddy effects produced by nearby structures or nearby terrain features which individually is at least 40% in excess of the maximum concentration experienced in the absence of such downwash, wakes, or eddy effects and which contributes to a total concentration due to emissions from all sources that is greater than a national ambient air quality standard. For sources subject to R18-2-406, an excessive concentration alternatively means a maximum ground-level concentration due to emissions from a stack due in whole or part to downwash, wakes or eddy effects produced by nearby structures or nearby terrain features which individually is at least 40% in excess of the maximum concentration experienced in the absence of such downwash, wakes, or eddy effects and greater than the applicable maximum allowable increase contained in R18-2-218. The allowable emission rate to be used in making demonstrations under subsection (C)(3) shall be prescribed by the new source performance standard which is applicable to the source category unless the owner or operator demonstrates that this emission rate is infeasible. Where such demonstrations are approved by the Director, an alternative emission rate shall be established in consultation with the source owner or operator;
   b. For sources seeking credit after October 11, 1983, for increases in existing stack heights up to the heights established under subsection (C)(2), either:
      i. A maximum ground-level concentration due in whole or in part to downwash, wakes, or eddy effects as provided in subsection (D)(2)(a), except that emission rate specified by any applicable SIP (or, in the absence of such a limit, the actual emission rate) shall be used; or
      ii. The actual presence of a local nuisance caused by the existing stack, as determined by the Director; and
   c. For sources seeking credit after January 12, 1979, for a stack height determined under subsection (C)(2), where the Director requires the use of a field study or fluid model to verify good engineering practice stack height, for sources seeking stack height credit after November 9, 1984, based on the aerodynamic influence of cooling towers, and for sources seeking stack height credit after December 31, 1970, based on the aerodynamic influence of structures not adequately represented by the equations in subsection (C)(2), a maximum ground-level concentration due in whole or in part to downwash, wakes, or eddy effects that is at least 40% in excess of the maximum concentration experienced in the absence of such downwash, wakes, or eddy effects.

E. Before the Director issues a permit or permit revision under R18-2-334 or Article 4 to a source based on a good engineering practice stack height that exceeds the height allowed by subsections (B)(1) or (2), the Director shall notify the public of the availability of the demonstration study and provide opportunity for a public hearing in accordance with the requirements of R18-2-330.

Historical Note
Adopted effective November 15, 1993 (Supp. 93-4).
Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

R18-2-333. Acid Rain

A. 40 CFR 72, 74, 75 and 76 and all accompanying appendices, adopted as of June 28, 2013, (and no future amendments) are incorporated by reference as applicable requirements. These standards are on file with the Department and shall be applied by the Department. These standards can be obtained from the U.S. Government Printing Office, Superintendent of Documents, bookstore.gpo.gov, Mail Stop: SSOP IDCC-SSOM, Washington, D.C. 20402-9328.

B. When used in 40 CFR 72, 74, 75 or 76, "Permitting Authority" means the Arizona Department of Environmental Quality and "Administrator" means the Administrator of the United States Environmental Protection Agency.

C. If the provisions or requirements of the regulations incorporated in this Section conflict with any of the remaining portions of this Title, the regulations incorporated in this Section apply and take precedence.

Historical Note

Adopted effective October 7, 1994 (Supp. 94-4). Amended effective December 7, 1995 (Supp. 95-4). Amended effective December 4, 1997 (Supp. 97-4). Amended by final rulemaking at 5 A.A.R. 3221, effective August 12, 1999 (Supp. 99-3). Amended by final rulemaking at 6 A.A.R. 4170, effective October 11, 2000 (Supp. 00-4). Amended by final rulemaking at 8 A.A.R. 2543, effective May 24, 2002 (Supp. 02-2). Amended by final rulemaking at 10 A.A.R. 3281, effective September 27, 2004 (Supp. 04-3). Amended by final rulemaking at 11 A.A.R. 5504, effective February 4, 2006 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 4199, effective January 5, 2008 (Supp. 07-4). Amended by final expedited rulemaking at 21 A.A.R. 2747, effective December 13, 2015 (Supp. 15-4).

R18-2-334. Minor New Source Review

A. Applicability.
1. Except as provided in subsection (A)(4), this Section shall apply to the following activities:
   a. Construction of any new Class I or Class II source, including the construction of any source requiring a Class II permit under R18-2-302.01(C)(4); or
   b. Any minor NSR modification to a Class I or Class II source.
2. This Section shall apply to a regulated minor NSR pollutant emitted by a new stationary source subject to this Section, if the source will have the potential to emit that pollutant at an amount equal to or greater than the permitting exemption threshold.
3. This Section shall apply to an increase in emissions of a regulated minor NSR pollutant from a minor NSR modification, if the modification would increase the source's potential to emit that pollutant by an amount equal to or greater than the permitting exemption threshold.
4. This Section shall not apply to the emissions of a pollutant from any of the activities identified in this subsection, if the emissions of that pollutant are subject to Article 4 of this Chapter.

B. No person shall begin actual construction of a new stationary source, or minor NSR modification, subject to this Section without first obtaining a permit, a permit revision, a proposed final permit, or a proposed final permit revision from the Director in accordance with R18-2-304.

C. The Director shall not issue a proposed final Class I permit or permit revision or a Class II permit or permit revision subject to this Section to a person proposing to construct a new source or make a minor NSR modification unless the source or modification meets one of the following conditions for each regulated minor NSR pollutant subject to this Section:
1. The owner or operator elects to implement RACT.
   a. In the case of a new source, the owner or operator shall implement RACT for each emissions unit that has the potential to emit a regulated minor NSR pollutant in an amount equal to or greater than 20% of the permitting exemption threshold.
   b. In the case of a minor NSR modification, the owner or operator shall implement RACT for each emissions unit that will experience an increase in the potential to emit a regulated minor NSR pollutant equal to or greater than 20% of the permitting exemption threshold.
   c. When it is technically feasible and otherwise consistent with the definition of RACT to apply the same devices, systems, process modifications, work practices or other apparatus or techniques to a group of emissions units, that group of emissions units shall be treated as a single emissions unit for purposes of subsections (C)(1)(a) and (b). The following are examples of situations to which this subsection (may) apply:
      i. Emissions from a group of emissions units can be vented to a single control device.
      ii. A low-VOC coating can be used in several spray-painting booths.
2. An ambient air quality assessment demonstrates that emissions from the source or minor NSR modification will not interfere with attainment or maintenance of a national ambient air quality standard in any area.
   a. An owner or operator may elect to have the Director perform a screening model of its emissions. If the results of the screening model indicate that the source or minor NSR modification will interfere with attainment or maintenance of a national ambient air quality standard, the owner or operator may perform a more refined model to make the demonstration required by this subsection.
   b. The requirements of this subsection shall be satisfied, if the results of the screening or more refined model conducted pursuant to subsection (B)(2)(a) demonstrate either of the following:
      i. Ambient concentrations resulting from emissions from the source or modification combined with existing concentrations of regulated minor NSR pollutants will not interfere with attainment or maintenance of a national ambient air quality standard.
      ii. Emissions from the source or minor modification will have an ambient impact below the significance levels as defined in R18-2-401.
   c. The assessment required by this subsection shall take into account any limitations, controls or emissions decreases that are or will be enforceable in the permit or permit revision for the source.

D. RACT Determinations.
1. Except as otherwise provided in this subsection, the Director shall determine RACT on the basis of a case-by-case analysis performed by the permit applicant of the emission reduction methods available for each emission unit subject to the RACT requirement under subsection (C)(1).
2. The Director shall accept a requirement proposed by a permit applicant as RACT under subsection (C)(1) if it complies with the most recently adopted of the following guidelines or standards in effect at the time of the application:
   a. A control technique guideline issued by the Administrator under section 108(f)(1) of the Act.

b. An emissions standard established or revised by the Administrator for the same type of source under section 111 or 112 of the Act after November 15, 1990.
c. An applicable requirement of this Chapter or of air quality control regulations adopted by a County under A.R.S. § 49-479 that has been specifically identified as constituting RACT.
d. A RACT standard imposed on the same type of source by a general permit.
e. A RACT standard imposed on the same type of source under this Section no more than 10 years before submission of the application by the permit applicant. To facilitate identification of previously imposed RACT standards, the Director shall establish an online database of RACT determinations made under this Section.

E. Notwithstanding an election to adopt RACT under subsection (C)(1), a permit applicant subject to this Section shall conduct an ambient air quality impact assessment under subsection (C)(2) upon the Director's request. The Director shall make such a request, if there is reason to believe that a source or minor NSR modification could interfere with attainment or maintenance of a national ambient air quality standards. In making that determination, the Director shall take into consideration:
1. The source's emission rates.
2. The location of emission units within the facility and their proximity to the ambient air.
3. The terrain in which the source is or will be located.
4. The source type.
5. The location and emissions of nearby sources.
6. Background concentrations of regulated minor NSR pollutants.

F. The Director shall deny an application for a Class I permit or permit revision or a Class II permit or permit revision subject to this Section, if an assessment conducted pursuant to subsection (C)(2) demonstrates that the source or modification will interfere with attainment or maintenance of a national ambient air quality standard.

G. A copy of the notice required by R18-2-330 for permits or significant permit revisions subject to this Section must also be sent to the Administrator through the appropriate regional office, and to all other state and local air pollution control agencies having jurisdiction in the region in which the source subject to the permit or permit revision will be located. The notice also must be sent to any other agency in the region having responsibility for implementing the procedures required under 40 CFR 51, Subpart I.

H. All modeling required pursuant to this Section shall be conducted in accordance with 40 CFR 51, Appendix W as of June 30, 2017 (and no future amendments or additions).

I. The Director shall specify those conditions in the permit that are implemented pursuant to this Section. The specified conditions shall be included in subsequent permit renewals unless modified pursuant to this Section or Article 4 of this Chapter.

J. The issuance of a permit or permit revision under this Section shall not relieve the owner or operator of the responsibility to comply fully with applicable provisions of the SIP and any other requirements under local, state, or federal law.

Historical Note

New Section made by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1). Amended by final rulemaking at 25 A.A.R. 3630, effective February 1, 2020 (Supp. 19-4).

ARTICLE 4. PERMIT REQUIREMENTS FOR NEW MAJOR SOURCES AND MAJOR MODIFICATIONS TO EXISTING MAJOR SOURCES

R18-2-401. Definitions

The following definitions apply to this Article:

1. "Adverse impact on visibility" means visibility impairment that interferes with the management, protection, preservation, or enjoyment of the visitor's visual experience of a federal Class I area, as determined according to R18-2-410. This determination must be made on a case-by-case basis taking into account the geographic extent, intensity, duration, frequency and time of visibility impairments, and how these factors correlate with times of visitor use of the federal Class I area and the frequency and timing of natural conditions that reduce visibility. This term does not include effects on integral vistas.
2. "Baseline actual emissions" means the rate of emissions, in tons per year, of a regulated NSR pollutant, as determined in accordance with subsections (2)(a) through (d).
   a. For any existing electric utility steam generating unit, baseline actual emissions means the average rate, in tons per year, at which the unit actually emitted the pollutant during any consecutive 24-month period selected by the owner or operator within the five-year period immediately preceding when the owner or operator begins actual construction of the project. The Director shall allow the use of a different time period upon a determination that it is more representative of normal source operation.
      i. The average rate shall include fugitive emissions to the extent quantifiable, and emissions associated with startups, shutdowns, and malfunctions.
      ii. The average rate shall be adjusted downward to exclude any non-compliant emissions that occurred while the source was operating above any emission limitation that was legally enforceable during the consecutive 24-month period.
      iii. For a regulated NSR pollutant, when a project involves multiple emissions units, only one consecutive 24-month period must be used to determine the baseline actual emissions for the emissions units being changed. A different consecutive 24-month period can be used for each regulated NSR pollutant.
      iv. The average rate shall not be based on any consecutive 24-month period for which there is inadequate information for determining annual emissions, in tons per year, and for adjusting this amount if required by subsection (2)(a)(ii).
   b. For any existing emissions unit (other than an electric utility steam generating unit), baseline actual emissions means the average rate, in tons per year, at which the unit actually emitted the pollutant during any consecutive 24-month period selected by the owner or operator within the 10-year period immediately preceding either the date the owner or operator begins actual construction of the project, or the date a complete permit application is received by the Administrator for a permit required under 40 CFR

52.21 or by the Director for a permit required under the state implementation plan, whichever is earlier, except that the 10-year period shall not include any period earlier than November 15, 1990.

i. The average rate shall include fugitive emissions to the extent quantifiable, and emissions associated with startups, shutdowns, and malfunctions.

ii. The average rate shall be adjusted downward to exclude any non-compliant emissions that occurred while the source was operating above any emission limitation that was legally enforceable during the consecutive 24-month period. This provision applies to excess emissions associated with a malfunction.

iii. The average rate shall be adjusted downward to exclude any emissions that would have exceeded an emission limitation with which the major source must currently comply, had such major source been required to comply with such limitations during the consecutive 24-month period. However, if an emission limitation is part of a maximum achievable control technology standard that the Administrator proposed or promulgated under 40 CFR 63, the baseline actual emissions need only be adjusted if the state of Arizona has taken credit for such emissions reductions in an attainment demonstration or maintenance plan consistent with the requirements of 40 CFR 51.165(a)(3)(ii)(G).

iv. For a regulated NSR pollutant, when a project involves multiple emissions units, only one consecutive 24-month period must be used to determine the baseline actual emissions for all existing emissions units affected by the project. A different consecutive 24-month period may be used for each regulated NSR pollutant.

v. The average rate shall not be based on any consecutive 24-month period for which there is inadequate information for determining annual emissions, in tons per year, and for adjusting this amount if required by subsection (2)(b)(ii) or (iii).

c. For a new emissions unit, the baseline actual emissions for purposes of determining the emissions increase that will result from the initial construction and operation of such unit shall equal zero; and thereafter, for all other purposes, shall equal the unit's potential to emit.

d. For a PAL for a stationary source, the baseline actual emissions shall be calculated for existing electric utility steam generating units in accordance with the procedures in subsection (2)(a), for other existing emissions units in accordance with the procedures contained in subsection (2)(b), and for new emissions units in accordance with the procedures contained in subsection (2)(c).

3. "Basic design parameter" means:

a. Except as provided in subsection (3)(c), for a process unit at a steam electric generating facility, the owner or operator may select as its basic design parameters either maximum hourly heat input and maximum hourly fuel consumption rate or maximum hourly electric output rate and maximum steam flow rate. When establishing fuel consumption specifications in terms of weight or volume, the minimum fuel quality based on Btu content shall be used for determining the basic design parameters for a coal-fired electric utility steam generating unit.

b. Except as provided in subsection (3)(c), the basic design parameters for any process unit that is not at a steam electric generating facility are maximum rate of fuel or heat input, maximum rate of material input, or maximum rate of product output. Combustion process units will typically use maximum rate of fuel input. For sources having multiple end products and raw materials, the owner or operator should consider the primary product or primary raw material when selecting a basic design parameter.

c. If the owner or operator believes the basic design parameters in subsections (3)(a) and (b) are not appropriate for a specific industry or type of process unit, the owner or operator may propose to the Director an alternative basic design parameters for the source's process unit. If the Director approves of the use of an alternative basic design parameters, the Director shall issue a permit that is legally enforceable that records such basic design parameters and requires the owner or operator to comply with such parameters.

d. The owner or operator shall use credible information, such as results of historic maximum capability tests, design information from the manufacturer, or engineering calculations, in establishing the magnitude of the basic design parameters specified in subsections (3)(a) and (b).

e. If design information is not available for a process unit, then the owner or operator shall determine the process unit's basic design parameters using the maximum value achieved by the process unit in the five-year period immediately preceding the planned activity.

f. Efficiency of a process unit is not a basic design parameter.

g. The replacement activity shall not cause the process unit to exceed any emission limitation, or operational limitation that has the effect of constraining emissions, that applies to the process unit and that is legally enforceable.

4. "Complete" means, in reference to an application for a permit or permit revision, that the application contains all the information necessary for processing the application. Designating an application complete for purposes of permit processing does not preclude the Department from requesting or accepting any additional information.

5. "Dispersion technique" means any technique that attempts to affect the concentration of a pollutant in the ambient air by any of the following:

a. Using that portion of a stack that exceeds good engineering practice stack height;

b. Varying the rate of emission of a pollutant according to atmospheric conditions or ambient concentrations of that pollutant; or

c. Increasing final exhaust gas plume rise by manipulating source process parameters, exhaust gas parameters, stack parameters, or combining exhaust gases from several existing stacks into one stack; or other selective handling of exhaust gas streams that

increases the exhaust gas plume rise. This shall not include any of the following:

i. The reheating of a gas stream, following use of a pollution control system, for the purpose of returning the gas to the temperature at which it was originally discharged from the facility generating the gas stream.

ii. The merging of exhaust gas streams under any of the following conditions:

(1) The source owner or operator demonstrates that the facility was originally designed and constructed with the merged gas streams;

(2) After July 8, 1985, the merging is part of a change in operation at the facility that includes the installation of pollution controls and is accompanied by a net reduction in the allowable emissions of a pollutant, applying only to the emission limitation for that pollutant; or

(3) Before July 8, 1985, the merging was part of a change in operation at the facility that included the installation of emissions control equipment or was carried out for sound economic or engineering reasons. Where there was an increase in the emission limitation or, in the event that no emission limitation was in existence prior to the merging, an increase in the quantity of pollutants actually emitted prior to the merging, the Department shall presume that merging was significantly motivated by an intent to gain emissions credit for greater dispersion. Absent a demonstration by the source owner or operator that merging was not significantly motivated by such intent, the Department shall deny credit for the effects of the merging in calculating the allowable emissions for the source.

iii. Smoke management in agricultural or silvicultural prescribed burning programs.

iv. Episodic restrictions on residential woodburning and open burning.

v. Techniques that increase final exhaust gas plume rise if the resulting allowable emissions of sulfur dioxide from the facility do not exceed 5,000 tons per year.

6. "Existing emissions unit" is any emissions unit that is currently in existence and that is not a new emissions unit. A replacement unit is an existing emissions unit.
7. "Federal Class I area" means an area designated as Class I under R18-2-217.
8. "High terrain" means any area having an elevation of 900 feet or more above the base of the stack of a source.
9. "Innovative control technology" means any system of air pollution control that has not been adequately demonstrated in practice but would have a substantial likelihood of achieving greater continuous emissions reduction than any control system in current practice, or of achieving at least comparable reductions at lower cost in terms of energy, economics, or nonair quality environmental impacts.
10. "Low terrain" means any area other than high terrain.
11. "Lowest achievable emission rate" (LAER) means, for any source, the more stringent rate of emissions based on one of the following:
    a. The most stringent emissions limitation that is contained in any implementation plan approved or promulgated under sections 110 or 172 of the Act for the class or category of stationary source, unless the owner or operator of the proposed stationary source demonstrates that the limitation is not achievable; or
    b. The most stringent emissions limitation that is achieved in practice by the class or category of stationary source. This limitation, when applied to a modification, means the lowest achievable emissions rate for the new or modified emissions units within the stationary source. The application of this term shall not permit a proposed new or modified stationary source to emit any pollutant in excess of the amount allowable under the applicable new source performance standards.
12. "Major emissions unit" means:
    a. Any emissions unit that emits or has the potential to emit 100 tons per year or more of the PAL pollutant in an attainment area; or
    b. Any emissions unit that emits or has the potential to emit the PAL pollutant in an amount that is equal to or greater than the major source threshold for the PAL pollutant for nonattainment areas. For example, in accordance with the definition of major stationary source in section 182(c) of the Act, an emissions unit would be a major emissions unit for VOC if the emissions unit is located in a serious ozone nonattainment area and it emits or has the potential to emit 50 or more tons of VOC per year.
13. "Major source" is defined as follows:
    a. For purposes of determining the applicability of R18-2-403 through R18-2-405 or R18-2-411, major source means any stationary source that emits, or has the potential to emit, 100 tons per year or more of any regulated NSR pollutant, except that the following thresholds shall apply in areas subject to subpart 2, subpart 3 or subpart 4 of part D, Title I of the Act:

Pollutant Emitted	Nonattainment Pollutant and Classification	Quantity Threshold tons/year or more
Carbon Monoxide (CO)	CO, Serious, if stationary sources contribute significantly to CO levels in the area as determined under rules issued by the Administrator	50
VOC	Ozone, Serious	50
VOC	Ozone, Severe	25
PM_{10}	PM_{10}, Serious	70
$PM_{2.5}$	$PM_{2.5}$ Serious	70

Pollutant Emitted	Nonattainment Pollutant and Classification	Quantity Threshold tons/year or more
$PM_{2.5}$ precursors identified in R18-2-101(124)(a)	$PM_{2.5}$ Serious	70
NO_x	Ozone, Serious	50
NO_x	Ozone, Severe	25

b. For purposes of determining the applicability of R18-2-406 through R18-2-408 or R18-2-410, major source means any stationary source that emits, or has the potential to emit, 100 tons per year or more of any regulated NSR pollutant if the source is classified as a categorical source, or 250 tons per year or more of any regulated NSR pollutant if the source is not classified as a categorical source;
c. A major source includes a physical change that would occur at a stationary source, not otherwise qualifying under subsection (13)(a) or (b) as a major source, if the change would constitute a major source by itself.
d. A major source that is major for VOC or nitrogen oxides shall be considered major for ozone.
e. The fugitive emissions of a stationary source shall not be included in determining for any of the purposes of this Article whether it is a major source, unless the source belongs to a section 302(j) category.

14. "Mandatory federal Class I area" means an area identified in R18-2-217(B).
15. "New emissions unit" means any emissions unit which is (or will be) newly constructed and which has existed for less than two years from the date such emissions unit first operated.
16. "Plantwide applicability limitation" or "PAL" means an emission limitation that is based on the baseline actual emissions of all emissions units at the stationary source that emit or have the potential to emit the PAL pollutant, expressed in tons per year, for a pollutant at a major source, that is enforceable as a practical matter and established source-wide in accordance with this Section.
17. "PAL allowable emissions" means "allowable emissions" as defined in R18-2-101, except that the allowable emissions for any emissions unit shall be calculated considering any emission limitations that are enforceable as a practical matter on the emissions unit's potential to emit.
18. PAL effective date generally means the date of issuance of the PAL permit. However, the PAL effective date for an increased PAL is the date any emissions unit that is part of the PAL major modification becomes operational and begins to emit the PAL pollutant.
19. "PAL effective period" means the period beginning with the PAL effective date and ending 10 years later.
20. "PAL major modification" means any physical change in or change in the method of operation of the PAL source that causes it to emit the PAL pollutant at a level equal to or greater than the PAL.
21. "PAL permit" means the permit issued by the Director that establishes a PAL for a major source under Article 3 or 4 of this Chapter.
22. "PAL pollutant" means the pollutant for which a PAL is established at a major source.
23. "Projected actual emissions" means:
    a. The maximum annual rate, in tons per year, at which an existing emissions unit is projected to emit a regulated NSR pollutant during any 12-month period in the 60 calendar months following the date the unit resumes regular operation after the project, or in any 12-month period in the 120 calendar months following that date if the project involves increasing the design capacity or potential to emit of any emissions unit for that regulated NSR pollutant and full utilization of the unit would result in a significant emissions increase or a significant net emissions increase at the major source.
    b. In determining the projected actual emissions before beginning actual construction, the owner or operator of the major source:
        i. Shall consider all relevant information, including but not limited to, historical operational data, the company's own representations, the company's expected business activity and the company's highest projections of business activity, the company's filings with the county, state or federal regulatory authorities, and compliance plans under these regulations; and
        ii. Shall include fugitive emissions to the extent quantifiable;
        iii. Shall include emissions associated with start-ups, shutdowns, and malfunctions; and
        iv. Shall exclude, only for calculating any increase in emissions that results from the particular project, that portion of the unit's emissions following the project that an existing unit could have accommodated during the consecutive 24-month period used to establish the baseline actual emissions and that are also unrelated to the particular project, including any increased utilization due to product demand growth; or
    c. In lieu of using the method set out subsections 23(b)(i) through (iv), the owner or operator may elect to use the emissions unit's potential to emit, in tons per year.
24. "Replacement unit" means an emissions unit for which all the criteria listed in subsections (24)(a) through (d) are met. No creditable emission reductions shall be generated from shutting down the existing emissions unit that is replaced.
    a. The emissions unit is a reconstructed unit within the meaning of 40 CFR 60.15(b)(1), or the emissions unit completely takes the place of an existing emissions unit.
    b. The emissions unit is identical to or functionally equivalent to the replaced emissions unit.
    c. The replacement does not alter the basic design parameters of the process unit.
    d. The replaced emissions unit is permanently removed from the major source, otherwise permanently disabled, or permanently barred from operation by a permit that is enforceable as a practical matter. If the replaced emissions unit is brought back into operation, it shall constitute a new emissions unit.
25. "Resource recovery project" means any facility at which solid waste is processed for the purpose of extracting,

converting to energy, or otherwise separating and preparing solid waste for reuse. Only energy conversion facilities that utilize solid waste that provides more than 50% of the heat input shall be considered a resource recovery project under this Article.

26. "Significant emissions unit" means an emissions unit that emits or has the potential to emit a PAL pollutant in an amount that is equal to or greater than the significant level for that PAL pollutant, but less than the amount that would qualify the unit as a major emissions unit.
27. "Significance levels" means the following ambient concentrations for the enumerated pollutants:

	Averaging Time				
Pollutant	**Annual**	**24-Hour**	**8-Hour**	**3-Hour**	**1-Hour**
SO_2	1 μg/m^3	5 μg/m^3		25 μg/m^3	
NO_2	1 μg/m^3				
CO			0.5 mg/m^3		2 mg/m^3
PM_{10}	1 μg/m^3	5 μg/m^3			
$PM_{2.5}$ federal Class I area	0.06 μg/m^3	0.07 μg/m^3			
$PM_{2.5}$ federal Class II area	0.3 μg/m^3	1.2 μg/m^3			
$PM_{2.5}$ federal Class III area	0.3 μg/m^3	1.2 μg/m^3			
Except for the annual pollutant concentrations, the Department shall deem that exceedance of significance levels has occurred when the ambient concentration of the above pollutant is exceeded more than once per year at any one location. If the concentration occurs at a specific location and at a time when the national ambient air quality standards for the pollutant are not violated, the significance level does not apply.					

28. "Small emissions unit" means an emissions unit that emits or has the potential to emit the PAL pollutant in an amount less than the significant level for that PAL pollutant.

Historical Note

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Former Section R9-3-401 renumbered without change as Section R18-2-401 (Supp. 87-3). Section R18-2-401 renumbered to R18-2-601. New Section R18-2-401 adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 5 A.A.R. 4074, effective September 22, 1999 (Supp. 99-3). Typographical error corrected in R18-2-401(9)(a) (Supp. 00-4). Amended by final rulemaking at 13 A.A.R. 1134, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

R18-2-402. General

A. The preconstruction review requirements of this Article shall apply to the construction of any new major source or any project at an existing major source.

B. The requirements of R18-2-403 through R18-2-410 apply to the construction of any new major source or any major modification of any existing major source, except as this Article otherwise provides.

C. No person shall begin actual construction of a new major source or a major modification subject to the requirements of R18-2-403 through R18-2-410 without first obtaining a proposed final permit from the Director, pursuant to R18-2-307(A)(2), stating that the major source or major modification shall meet those requirements.

D. The requirements of this Article apply to projects at major sources in accordance with the following principles.

1. Except as otherwise provided in subsection (E), a project is a major modification for a regulated NSR pollutant if it causes both a significant emissions increase and a significant net emissions increase. The project is not a major modification if it does not cause a significant emissions increase. If the project causes a significant emissions increase, then the project is a major modification only if it also results in a significant net emissions increase.
2. The procedure for calculating before beginning actual construction whether a significant emissions increase will occur depends upon the types of emissions units being modified as set forth in subsections (D)(3) through (6). The procedure for calculating before beginning actual construction whether a significant net emissions increase will occur at the major source is set forth in the definition of net emissions increase in R18-2-101. Regardless of any such preconstruction projections, a major modification results if the project causes a significant emissions increase and a significant net emissions increase.
3. Actual-to-projected-actual applicability test for projects that only involve existing emissions units. A significant emissions increase of a regulated NSR pollutant is projected to occur if the sum of the difference between the projected actual emissions and the baseline actual emissions, for each existing emissions unit, equals or exceeds the significant amount for that pollutant.
4. Actual-to-potential applicability test for projects that only involve new emissions units. A significant emissions increase of a regulated NSR pollutant is projected to occur if the sum of the difference between the potential to emit from each new emissions unit following completion of the project and the baseline actual emissions of these units before the project equals or exceeds the significant amount for that pollutant.
5. [Reserved.]
6. Hybrid applicability test for projects that involve both new emissions units and existing emissions units. A significant emissions increase of a regulated NSR pollutant is projected to occur if the sum of the emissions increases for each emissions unit, using the method specified in subsections (D)(3) through (D)(4), as applicable with respect to each emissions unit, equals or exceeds the significant amount for that pollutant.

E. Any major source with a PAL for a regulated NSR pollutant shall comply with R18-2-412.

F. This subsection applies with respect to any regulated NSR pollutant emitted from projects at existing emissions units at a major stationary source (other than projects at a source with a PAL) in circumstances where there is a reasonable possibility,

within the meaning of subsection (F)(6), that a project that is not a part of a major modification may result in a significant emissions increase of such pollutant and the owner or operator elects to use the method specified in R18-2-401(23)(b)(i) through (iv) of the definition of projected actual emissions for calculating projected actual emissions.

1. Before beginning actual construction of the project, the owner or operator shall document and maintain a record of the following information:
   a. A description of the project;
   b. Identification of the emissions unit(s) with emissions of a regulated NSR pollutant that could be affected by the project;
   c. A description of the applicability test used to determine that the project is not a major modification for any regulated NSR pollutant, including the baseline actual emissions, the projected actual emissions the amount of emissions excluded under R18-2-401(23)(b)(iv) of the definition of projected actual emissions, and an explanation for why such amount was excluded; and
   d. Any netting calculations, if applicable.
2. If the emissions unit is an existing electric utility steam generating unit, before beginning actual construction, the owner or operator shall provide a copy of the information set out in subsection (F)(1) to the Director. Nothing in this subsection shall be construed to require the owner or operator of such a unit to obtain any determination from the Director before beginning actual construction.
3. The owner or operator shall monitor the emissions of any regulated NSR pollutant that could increase as a result of the project and that is emitted by any emissions unit identified in subsection (F)(1)(b); and calculate and maintain a record of the annual emissions, in tons per year on a calendar year basis, for a period of five years following resumption of regular operations after the change, or for a period of 10 years following resumption of regular operations after the change if the project increases the design capacity or potential to emit of that regulated NSR pollutant at such emissions unit. For purposes of this subsection, fugitive emissions (to the extent quantifiable) shall be monitored if the emissions unit is part of a section 302(j) category or if the emissions unit is located at a major stationary source that belongs to a section 302(j) category.
4. The owner or operator shall submit a report to the Director if for a calendar year the annual emissions, in tons per year, from the project identified in subsection (F)(1) exceed the sum of the baseline actual emissions, as documented and maintained under subsection (F)(1)(c), by a significant amount for that regulated NSR pollutant, and if the emissions differ from the preconstruction projection as documented and maintained under subsection (F)(1)(c). The owner or operator shall submit the report to the Director within 60 days after the end of the calendar year. The report shall contain the following:
   a. The name, address and telephone number of the major source;
   b. The annual emissions as calculated pursuant to subsection (F)(3); and
   c. Any other information that the owner or operator wishes to include in the report, such as an explanation as to why the emissions differ from the preconstruction projection.
5. Notwithstanding subsection (F)(4), if any existing emissions unit identified in subsection (F)(1)(b) is an electric utility steam generating unit, the owner or operator shall submit a report to the Director within 60 days after the end of each calendar year during which the owner or operator must generate records under subsection (F)(3). The report shall document the unit's post-project annual emissions during the calendar year that preceded submission of the report.
6. A "reasonable possibility" under subsection (F) occurs when the owner or operator calculates the project to result in one of the following:
   a. A projected actual emissions increase of at least 50% of the amount that is a significant emissions increase (without reference to the amount that is a significant net emissions increase) for the regulated NSR pollutant.
   b. A projected actual emissions increase that, added to the amount of emissions excluded under subsection R18-2-401(23)(b)(iv) of the definition of projected actual emissions, sums to at least 50% of the amount that is a significant emissions increase (without reference to the amount that is a significant net emissions increase) for the regulated NSR pollutant. For a project for which a reasonable possibility occurs only within the meaning of subsection (F)(6)(b), and not also within the meaning of subsection (F)(6)(a), subsections (F)(2) through (5) do not apply to the project.
7. The owner or operator of the source shall make the information required to be documented and maintained under subsection (F) available for review upon request for inspection by the Department or the general public.

G. An application for a permit or permit revision under this Article, other than a PAL permit pursuant to R18-2-412, shall not be considered complete unless the application demonstrates that:

1. The requirements in subsection (H) are met;
2. The more stringent of the applicable new source performance standards or the existing source performance standards in Article 7 of this Chapter are applied to the proposed new major source or major modification of a major source;
3. The visibility requirements contained in R18-2-410 are satisfied;
4. All applicable provisions of Article 3 of this Chapter are met;
5. The new major source or major modification will be in compliance with whatever emission limitation, design, equipment, work practice or operational standard, or combination thereof is applicable to the source or modification. The degree of emission limitation required for control of any pollutant under this Article shall not be affected in any manner by:
   a. Stack height in excess of GEP stack height except as provided in R18-2-332; or
   b. Any other dispersion technique, unless implemented prior to December 31, 1970;
6. The new major source or major modification will not exceed the applicable standards for hazardous air pollutants contained in this Chapter;
7. The new major source or major modification will not exceed the limitations, if applicable, on emission from nonpoint sources contained in Article 6 of this Chapter;

8. The new major source or major modification will not have an adverse impact on visibility, as determined according to R18-2-410.

H. Except for assessing air quality impacts within federal Class I areas, the air impact analysis required to be conducted as part of a permit application shall initially consider only the geographical area located within a 50 kilometer radius from the point of greatest emissions for the new major source or major modification. The Director, on his own initiative or upon receipt of written notice from any person shall have the right at any time to request an enlargement of the geographical area for which an air quality impact analysis is to be performed by giving the person applying for the permit or permit revision written notice thereof, specifying the enlarged radius to be so considered. In performing an air impact analysis for any geographical area with a radius of more than 50 kilometers, the person applying for the permit or permit revision may use monitoring or modeling data obtained from major sources having comparable emissions or having emissions which are capable of being accurately used in such demonstration, and which are subjected to terrain and atmospheric stability conditions which are comparable or which may be extrapolated with reasonable accuracy for use in such demonstration.

I. The Director shall comply with following requirements with respect to an application for a permit or permit revision subject to this Article:

1. Within 60 days after receipt of the application, or any addition to the application, the Director shall advise the applicant of any deficiency. The date of receipt of a complete application shall be, for the purpose of this Section, the date on which the Director receives all required information. The permit application shall not be deemed complete if the Director fails to meet the requirements of this subsection.
2. Within one year after receipt of a complete application, the Director shall do all of the following:
   a. Make a preliminary determination as to whether the permit or permit revision should be granted or denied.
   b. Make the application, all materials the applicant submitted, the preliminary determination, and materials relating to the application available under R18-2-330(D).
   c. Notify the public of the application, the preliminary determination and the opportunity for a public hearing and to submit written comments in accordance with R18-2-330(C). In the case of an application subject to R18-2-406, the notice shall include the degree of consumption of the maximum allowable increases allowed under R18-2-218 that is expected to occur as a result of emissions from the proposed source or modification.
   d. Take final action on the application by denying the permit or permit revision or issuing a proposed final permit or permit revision.
   e. Notify the applicant in writing of the approval or denial and make the notification, comments on the proposed action, and materials supporting the final action available for public inspection at the location where materials relating to the proposed action were placed under R18-2-330(D).
3. A copy of any notice required by R18-2-330 and subsection (I)(2)(c) shall be sent to the permit applicant, to the Administrator, and to the following officials and agencies having cognizance over the location where the proposed major source or major modification would occur:
   a. The air pollution control officer, if one exists, for the county wherein the proposed or existing source that is the subject of the permit or permit revision application is located;
   b. The county manager for the county wherein the proposed or existing source that is the subject of the permit or permit revision application is located;
   c. The city or town managers of the city or town which contains, and any city or town the boundaries of which are within 5 miles of, the location of the proposed or existing source that is the subject of the permit or permit revision application;
   d. Any regional land use planning agency with authority for land use planning in the area where the proposed or existing source that is the subject of the permit or permit revision application is located; and
   e. Any state, Federal Land Manager, or Indian governing body whose lands may be affected by emissions from the proposed source or modification.

J. The authority to construct and operate a new major source or major modification under a permit or permit revision issued under this Article shall terminate if the owner or operator does not commence the proposed construction or major modification within 18 months of issuance or if, during the construction or major modification, the owner or operator suspends work for more than 18 months. The Director may extend the 18-month period upon a satisfactory showing that an extension is justified. This provision does not apply to the time period between construction of the approved phases of a phased construction project; each phase must commence construction within 18 months of the projected and approved commencement date.

Historical Note

Amended effective August 6, 1976 (Supp. 76-4). Former Section R9-3-402 repealed, new Section R9-3-402 adopted effective May 14, 1979 (Supp. 79-1). Amended and adopted by reference Open Burning Guidelines for Air Pollution Control effective September 22, 1983 (Supp. 83-5). Former Section R9-3-402 renumbered without change as Section R18-2-402 (Supp. 87-3). Section R18-2-402 renumbered to R18-2-602, new Section R18-2-402 adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

R18-2-403. Permits for Sources Located in Nonattainment Areas

A. Except as provided in subsections (C) through (G) below, no permit or permit revision shall be issued under this Article to a person proposing to construct a new major source or make a major modification that is major for the pollutant for which the area is designated nonattainment unless:

1. The person demonstrates that the new major source or the major modification will meet an emission limitation which is the lowest achievable emission rate (LAER) for that source for that regulated NSR pollutant.
2. The person demonstrates that all existing major sources owned or operated by that person (or any entity controlling, controlled by, or under common control with that person) in the state are in compliance with, or on a sched-

ule of compliance for, all conditions contained in permits of each of the sources and all other applicable emission limitations and standards under the Act and this Chapter.

3. The person demonstrates that emission reductions for the specific pollutant(s) from source(s) in existence in the allowable offset area of the new major source or major modification (whether or not under the same ownership) meet the offset requirements of R18-2-404.
4. The Administrator has not determined that the applicable implementation plan is not being adequately implemented for the nonattainment area in which the proposed source is to be constructed or modified in accordance with the requirements in this Section.

B. No permit or permit revision under this Article shall be issued to a person proposing to construct a new major source or make a major modification to a major source located in a nonattainment area unless:

1. The person performs an analysis of alternative sites, sizes, production processes, and environmental control techniques for such new major source or major modification; and
2. The Director determines that the analysis demonstrates that the benefits of the new major source or major modification significantly outweigh the environmental and social costs imposed as a result of its location, construction, or modification.

C. At such time that a particular source or modification becomes a major source or major modification solely by virtue of a relaxation in any enforceable limitation which was established after August 7, 1980, on the capacity of the source or modification otherwise to emit a pollutant, such as restriction on hours of operation, then the requirements of this Section shall apply to the source or modification as though construction had not yet commenced on the source or modification.

D. Secondary emissions shall not be considered in determining the potential to emit of a new source or modification and therefore whether the new source or modification is major. However, if a new source or modification is subject to this Section on the basis of its direct emissions, a permit or permit revision under this Article to construct the new source or modification shall be denied unless the requirements of R18-2-403(A)(3) and R18-2-404 are met for reasonably quantifiable secondary emissions caused by the new source or modification.

E. A permit to construct a new major source or major modification shall be denied unless the conditions specified in subsections (A)(1), (2), and (3) are met for fugitive emissions caused by the new source or modification. However, these conditions shall not apply to a new major source or major modification that would be a major source or major modification only if fugitive emissions, to the extent quantifiable, are considered in calculating the potential emissions of the source or modification, and the source does not belong to a section 302(j) category.

F. The requirements of subsection (A)(3) shall not apply to temporary emissions units, such as pilot plants, portable facilities that will be relocated outside of the nonattainment area and the construction phase of a new source, if those units will operate for no more than 24 months in the nonattainment area, are otherwise in compliance with the requirement to obtain a permit under this Chapter and are in compliance with the conditions of that permit.

G. A decrease in actual emissions shall be considered in determining the potential of a new source or modification to emit only to the extent that the Director has not relied on it in issuing any permit or permit revision under this Article or the state has not relied on it in demonstrating attainment or reasonable further progress.

H. The Director shall transmit to the Administrator a copy of each permit application relating to a major stationary source or major modification under this Section. Within 30 days of the issuance of any permit under this Section, the Director shall also submit control technology information from the permit to the Administrator for the purposes listed in Section 173(d) of the Act.

I. The issuance of a permit or permit revision under this Article in accordance with this Section shall not relieve the owner or operator of the responsibility to comply fully with applicable provisions of the SIP and any other requirements under local, state, or federal law.

Historical Note

Former Section R9-3-403 repealed, new Section R9-3-403 adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-403 renumbered without change as Section R18-2-403 (Supp. 87-3). Section R18-2-403 renumbered to R18-2-603, new Section R18-2-403 adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

R18-2-404. Offset Standards

A. Increased emissions by a major source or major modification subject to R18-2-403 of each pollutant for which the area has been designated as nonattainment and for which the source or modification is classified as major shall be offset by real reductions in the actual emissions of the pollutant. Offsets shall be for the same regulated NSR Pollutant. Except as provided in R18-2-405 and subsection (J), the ratio of the total actual reductions to the emissions increase shall be at least 1 to 1.

B. Except as provided in subsections (B)(1) or (2), for sources and modifications subject to this Section, the baseline for determining credit for emissions reductions is the emissions limit for the source generating the offset credit under the applicable implementation plan in effect at the time the application for a permit or permit revision is filed.

1. The offset baseline shall be the actual emissions of the source from which offset credit is obtained where either of the following conditions is satisfied:
   a. The demonstration of reasonable further progress and attainment of ambient air quality standards is based upon the actual emissions of sources located within a designated nonattainment area for which the preconstruction review program was adopted.
   b. The applicable implementation plan does not contain an emissions limitation for that source or source category.
2. Where the emissions limit under the applicable implementation plan allows greater emissions than the potential to emit of the source, emissions offset credit will be allowed only for control below this potential.

C. For an existing fuel combustion source, emissions offset credit shall be based on the allowable emissions under the applicable implementation plan for the type of fuel being burned at the time the application to construct is filed. If the existing source commits to switch to a cleaner fuel at some future date, emissions offset credit based on the allowable or actual emissions for the fuels involved is not acceptable, unless the permit for

the existing source is conditioned to require the use of a specified alternative control measure which would achieve the same degree of emissions reduction should the source switch back to a fuel generating higher emissions. The owner or operator of the existing source must demonstrate that adequate long-term supplies of the new fuel are available before granting emissions offset credit for fuel switches.

D. Offset Credit for Shutdowns.
1. Emissions reductions achieved by shutting down an existing emission unit or curtailing production or operating hours may be credited for offsets if they meet both of the following conditions.
   a. The reductions are surplus, permanent, quantifiable, and federally enforceable.
   b. The shutdown or curtailment occurred after the last day of the base year for the SIP planning process. For purposes of this subsection, the Director may choose to consider a prior shutdown or curtailment to have occurred after the last day of the base year if the projected emissions inventory used to develop the attainment demonstration explicitly includes the emissions from such previously shutdown or curtailed emission units. However, in no event may credit be given for shutdowns that occurred before August 7, 1977.
2. Emissions reductions achieved by shutting down an existing emissions unit or curtailing production or operating hours and that do not meet the requirements in subsection (D)(1)(b) may be credited only if one of the following conditions is satisfied:
   a. The shutdown or curtailment occurred on or after the date the construction permit application is filed.
   b. The applicant can establish that the proposed new emissions unit is a replacement for the shutdown or curtailed emissions unit, and the emissions reductions achieved by the shutdown or curtailment met the requirements of subsection (D)(1)(a).

E. No emissions credit may be allowed for replacing one hydrocarbon compound with another of lesser reactivity, except for those compounds listed in Table 1 of EPA's "Recommended Policy on Control of Volatile Organic Compounds," 42 FR 35314 (July 8, 1977).

F. All emission reductions claimed as offset credits shall be federally enforceable by the time a proposed final permit is issued to the owner or operator of the major source subject to this Section and shall be in effect by the time the new or modified source subject to the permit commences operation.

G. The owner or operator of a major source or major modification subject to this Section must obtain offset credits from the same source or from other sources in the same nonattainment area, except that the Director may allow the owner or operator to obtain offset credits from another nonattainment area if both of the following conditions are satisfied:
1. The other area has an equal or higher nonattainment classification than the area in which the source is located.
2. Emissions from such other area contribute to a violation of the national ambient air quality standard in the nonattainment area in which the source is located.

H. Credit for an emissions reduction can be claimed to the extent that the Director has not relied on it in issuing any permit under this Article, R18-2-334, or the state has not relied on it in a demonstration of attainment or reasonable further progress.

I. The total tonnage of increased emissions, in tons per year, resulting from a major modification that must be offset under this Section shall be determined by summing the difference between the allowable emissions after the modification and the actual emissions before the modification for each emissions unit.

J. In ozone nonattainment areas classified as marginal, total emissions of VOC and oxides of nitrogen from other sources shall offset those proposed or permitted from the major source or major modification by a ratio of at least 1.10 to 1. In ozone nonattainment areas classified as moderate, total emissions of VOC and oxides of nitrogen from other sources shall offset those proposed or permitted from the major source or major modification by a ratio of at least 1.15 to 1. New major sources and major modifications in serious and severe ozone nonattainment areas shall comply with this Section and R18-2-405.

Historical Note

Former Section R9-3-404 repealed, new Section R9-3-404 adopted effective May 14, 1979 (Supp. 79-1). Amended by adding subsection (C) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-404 renumbered without change as Section R18-2-404 (Supp. 87-3). Amended subsection (C) effective December 1, 1988 (Supp. 88-4). Section R18-2-404 renumbered to R18-2-604, new Section R18-2-404 adopted effective November 15, 1993 (Supp. 93-4). Amended effective February 28, 1995 (Supp. 95-1). Amended by final rulemaking at 5 A.A.R. 4074, effective September 22, 1999 (Supp. 99-3). Amended by final rulemaking at 8 A.A.R. 1815, effective March 18, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1). Amended by final expedited rulemaking at 28 A.A.R. 1135 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2).

R18-2-405. Special Rule for Major Sources of VOC or Nitrogen Oxides in Ozone Nonattainment Areas Classified as Serious or Severe

A. Applicability. The provisions of this Section only apply to stationary sources of VOC or nitrogen oxides in ozone nonattainment areas classified as serious or severe. Unless otherwise provided in this Section, all requirements of Articles 3 and 4 of this Chapter apply.

B. "Significant" means, in reference to an emissions increase or a net emissions increase, any increase in actual emissions of volatile organic compounds or nitrogen oxides that would result from any physical change in, or change in the method of operation of, a major source, if the emissions increase of volatile organic compounds or nitrogen oxides exceeds 25 tons per year.

C. For any major source that emits or has the potential to emit less than 100 tons of VOC or oxides of nitrogen per year, a physical or operational change that results in a significant increase in VOC or oxides of nitrogen, respectively, from any discrete operation, unit, or other pollutant emitting activity at the source shall constitute a major modification, except that the increase shall not constitute a major modification, if the owner or operator of the source elects to offset the increase by a greater reduction in emissions of VOC or oxides of nitrogen, as applicable, from other operations, units or activities at the source at an internal offset ratio of at least 1.3 to 1. If the owner or operator does not make such an election, the change

shall constitute a major modification but BACT shall be substituted for LAER when applying R18-2-403(A)(1) to the major modification.

D. For any stationary source that emits or has the potential to emit 100 tons or more of VOC or oxides of nitrogen per year, a physical or operational change that results in any significant increase in VOC from any discrete operation, unit or other pollutant emitting activity at the source or oxides of nitrogen, respectively, shall constitute a major modification except that if the owner or operator of the source elects to offset the increase by a greater reduction in emissions of VOC or oxides of nitrogen, as applicable, from other operations, units or activities within the source at an internal offset ratio of at least 1.3 to 1, R18-2-403(A)(1) shall not apply to the change.

E. For any new major source or major modification that is classified as major because of emissions or potential to emit VOC or nitrogen oxides in an ozone nonattainment area classified as serious, the increase in emissions of these pollutants from the source or modification shall be offset at a ratio of 1.2 to 1. The offset shall be made in accordance with the provisions of R18-2-404.

F. For any new major source or major modification that is classified as such because of emissions or potential to emit VOC or nitrogen oxides in an ozone nonattainment area classified as severe, the increase in emissions of these pollutants from the source or modification shall be offset at a ratio of 1.3 to 1. These offsets shall be made in accordance with the provisions of R18-2-404.

Historical Note

Former R9-3-405, Other industries, renumbered R9-3-406, new Section adopted effective September 17, 1975 (Supp. 75-1). Former Section R9-3-405 repealed, new Section R9-3-405 adopted effective May 14,1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Former Section R9-3-405 renumbered without change as Section R18-2-405 (Supp. 87-3). Section R18-2-405 renumbered to R18-2-605, new Section R18-2-405 adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 5 A.A.R. 4074, effective September 22, 1999 (Supp. 99-3). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

R18-2-406. Permit Requirements for Sources Located in Attainment and Unclassifiable Areas

A. Except as provided in subsections (B) through (J) and R18-2-408 (Innovative control technology), no permit or permit revision under this Article shall be issued to a person proposing to construct a new major source or make a major modification to a major source that would be constructed in an area designated as attainment or unclassifiable for any regulated NSR pollutant unless the source or modification meets the following conditions:

1. A new major source shall apply best available control technology (BACT) for each regulated NSR pollutant for which the potential to emit is significant.
2. A major modification shall apply BACT for each regulated NSR pollutant for which the project would result in a significant net emissions increase at the source. This requirement applies to each proposed emissions unit at which a net emissions increase in the pollutant would occur as a result of a physical change or change in the method of operation in the unit.
3. For phased construction projects, the determination of BACT shall be reviewed and modified as appropriate at the latest reasonable time which occurs no later than 18 months prior to commencement of construction of each independent phase of the project. At such time the owner or operator of the applicable stationary source may be required to demonstrate the adequacy of any previous determination of BACT for the source.
4. BACT shall be determined on a case-by-case basis and may constitute application of production processes or available methods, systems, and techniques, including fuel cleaning or treatment, clean fuels, or innovative fuel combustion techniques, for control of such pollutant. In no event shall such application of BACT result in emissions of any pollutant, which would exceed the emissions allowed by any applicable new source performance standard or national emission standard for hazardous air pollutants or by the applicable implementation plan. If the Director determines that technological or economic limitations on the application of measurement methodology to a particular emissions unit would make the imposition of an emissions standard infeasible, a design, equipment, work practice, operational standard, or combination thereof may be prescribed instead to satisfy the requirement for the application of BACT. Such standard shall, to the degree possible, set forth the emissions reduction achievable by implementation of such design, equipment, work practice, or operation and shall provide for compliance by means which achieve equivalent results.
5. The person applying for the permit or permit revision under this Article performs an air impact analysis and monitoring as specified in R18-2-407, and the analysis demonstrates that allowable emission increases from the proposed new major source or major modification, in conjunction with all other applicable emission increases or reductions, including secondary emissions, would not cause or contribute to concentrations of conventional air pollutants in violation of:
   a. Any national ambient air quality standard in any air quality control region; or
   b. Any applicable maximum increase allowed under R18-2-218 over the baseline concentration in any area.
6. Air quality models:
   a. All estimates of ambient concentrations required under this Section shall be based on the applicable air quality models, databases, and other requirements specified in 40 CFR 51, Appendix W, "Guideline On Air Quality Models," as of June 30, 2017 (and no future amendments or editions), which shall be referred to hereinafter as "Guideline" and is adopted by reference and is on file with the Department.
   b. Where an air quality impact model specified in the "Guideline" is not applicable, the model may be modified or another model substituted. Such a change shall be subject to notice and opportunity for public comment under R18-2-330. Written approval of the EPA Administrator shall be obtained for any modification or substitution.

B. This Section and R18-2-407 shall not apply to a new major source or major modification to a source with respect to a particular pollutant if the person applying for the permit or permit revision under this Article demonstrates that, as to that pollut-

ant, the source or modification is located in an area designated as nonattainment for the pollutant. This exemption shall not apply to an area designated nonattainment for a revoked national ambient air quality standard in 40 CFR 81.

C. This Section, R18-2-407, and R18-2-410(B), (F), and (G) shall not apply to a new major source or a major modification if the source or modification would be a major source or major modification only if fugitive emissions, to the extent quantifiable, are considered in calculating the potential emissions of the source or modification, and the source does not belong to a section 302(j) category.

D. This Section, R18-2-407, and R18-2-410(B), (F), and (G) shall not apply to a new major source or major modification to a source when the owner or operator of the source is a nonprofit health or educational institution.

E. This Section, R18-2-407, and R18-2-410(B), (F) and (G) shall not apply to a portable source which would otherwise be a new major source or major modification to an existing source if all of the following conditions are satisfied:

1. The portable source proposes to relocate and will operate for no more than 24 months at its new location.
2. The source is subject to a permit or permit revision issued under this Section or 40 CFR 52.21.
3. The source is in compliance with the conditions of that permit or permit revision.
4. Emissions from the source will not impact a federal Class I area or an area where an applicable maximum increase allowed under R18-2-218 is known to be violated.
5. Reasonable notice is given to the Director prior to the relocation identifying the proposed new location and the probable duration of operation at the new location at least 10 calendar days in advance of the proposed relocation, unless a different time duration is previously approved by the Director.

F. Subsection (A)(5), R18-2-407, and R18-2-410(B) shall not apply to a proposed major source or major modification with respect to a particular pollutant, if the allowable emissions of that pollutant from the source, or the net emissions increase of that pollutant from the modification, would be temporary and impact no federal Class I area and no area where a maximum increase allowed under R18-2-218 is known to be violated.

G. Subsection (A)(5), R18-2-407, and R18-2-410(B) as they relate to any maximum allowable increase for a Class II area shall not apply to a modification of a major stationary source that was in existence on March 1, 1978, if the net increase in allowable emissions of each regulated NSR pollutant from the modification after the application of best available control technology would be less than 50 tons per year.

H. Subsection (A)(5)(b) shall not apply to a stationary source or modification with respect to any maximum increase allowed for nitrogen oxides under R18-2-218 if the owner or operator of the source or modification submitted an application for a permit under the applicable permit program approved or promulgated under the Act before the provisions embodying the maximum allowable increase took effect as part of the state implementation plan and the Director subsequently determined that the application as submitted before that date was complete.

I. Subsection (A)(5)(b) shall not apply to a stationary source or modification with respect to any maximum increase allowed for PM_{10} under R18-2-218 if the owner or operator of the source or modification submitted an application for a permit under the applicable permit program approved under the Act before the provisions embodying the maximum allowable increases for PM_{10} took effect as part of the state implementation plan and the Director subsequently determined that the application as submitted before that date was complete. Instead, subsection (A)(5)(b) shall apply with respect to the maximum allowable increases for total suspended particulate as in effect on the date the application was submitted.

J. Subsection (A)(5)(a) shall not apply to a stationary source or modification with respect to the national ambient air quality standards for $PM_{2.5}$ in effect on March 18, 2013 if either of the following is true:

1. The Director determined a permit application subject to this Section was complete on or before December 14, 2012. Instead, subsection (A)(5)(a) shall apply with respect to the national ambient air quality standards for $PM_{2.5}$ in effect at the time the Director determined the permit application to be complete.
2. The Director first published before March 18, 2013 a public notice of a proposed permit subject to this Section. Instead, subsection (A)(5)(a) shall apply with respect to the national ambient air quality standards for $PM_{2.5}$ in effect at the time of first publication of the public notice.

K. Subsection (A)(5)(a) shall not apply to a stationary source or modification with respect to the revised national ambient air quality standards for ozone published on October 26, 2015 if:

1. The Director has determined the permit application subject to this Section to be complete on or before October 1, 2015. Instead, subsection (A)(5)(a) shall apply with respect to the national ambient air quality standards for ozone in effect at the time the Director determined the permit application to be complete.
2. The Director has first published, before December 25, 2015, a public notice of a preliminary determination or draft permit for the permit application subject to this Section. Instead, subsection (A)(5)(a) shall apply with respect to the national ambient air quality standards for ozone in effect at the time the Director determined the permit application to be complete.

L. The owner or operator of a proposed source or modification shall submit all information necessary to perform any analysis or make a determination required under this Section. The owner or operator shall also provide information regarding:

1. The air quality impact of the source or modification, including meteorological and topographical data necessary to estimate such impact, and
2. The air quality impacts and the nature and extent of any or all general commercial, residential, industrial, and other growth which has occurred since August 7, 1977, in the area the source or modification would affect.

M. The issuance of a permit or permit revision under this Article in accordance with this Section shall not relieve the owner or operator of the responsibility to comply fully with applicable provisions of the SIP and any other requirements under local, state, or federal law.

N. At such time that a particular source or modification becomes a major source or major modification solely by virtue of a relaxation in any enforceable limitation which was established after August 7, 1980, on the capacity of the source or modification otherwise to emit a pollutant, such as a restriction on hours of operation, then the requirements of this Section shall apply to the source or modification as though construction had not yet commenced on the source or modification.

Historical Note

Former Section R9-3-405, renumbered effective September 17, 1975 (Supp. 75-1). Former Section R9-3-406

repealed, new Section R9-3-406 adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-406 renumbered without change as Section R18-2-406 (Supp. 87-3). Section R18-2-406 renumbered to R18-2-606, new Section R18-2-406 adopted effective November 15, 1993 (Supp. 93-4). Amended effective February 28, 1995 (Supp. 95-1). The references to R18-2-101(97)(a) in subsection (A)(1) and (2) amended to reference R18-2-101(104)(a) (Supp. 99-3). Amended by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1). Amended by final rulemaking at 25 A.A.R. 3630, effective February 1, 2020 (Supp. 19-4).

R18-2-407. Air Quality Impact Analysis and Monitoring Requirements

A. Any application for a permit or permit revision under R18-2-406 to construct a new major source or major modification to a major source shall contain an analysis of ambient air quality in the area that the new major source or major modification would affect for each of the following pollutants:
1. For the new source, each pollutant that it would have the potential to emit in a significant amount;
2. For the modification, each pollutant for which it would result in a significant net emissions increase.

B. With respect to any such pollutant for which no national ambient air quality standard exists, the analysis shall contain all air quality monitoring data as the Director determines is necessary to assess ambient air quality for that pollutant in any area that the emissions of the pollutant would affect.

C. With respect to any such pollutant (other than nonmethane hydrocarbons) for which such a standard does exist, the analysis shall contain continuous air quality monitoring data gathered for purposes of determining whether emissions of that pollutant would cause or contribute to a violation of the standard or any maximum allowable increase.

D. In general, the continuous air quality monitoring data that is required shall have been gathered over a period of at least one year and shall represent at least the year preceding receipt of the application, except that, if the Director determines that a complete and adequate analysis can be accomplished with monitoring data gathered over a period shorter than one year (but not to be less than four months), the data that is required shall have been gathered over at least that shorter period.

E. The owner or operator of a proposed stationary source or modification to a source of volatile organic compounds who satisfies all conditions of 40 CFR 51, Appendix S, Section IV, may provide post-approval monitoring data for ozone in lieu of providing preconstruction data as required under subsections (B), (C), and (D) above.

F. Post-construction monitoring. The owner or operator of a new major source or major modification shall, after construction of the source or modification, conduct such ambient monitoring as the Director determines is necessary to determine the effect emissions from the new source or modification may have, or are having, on air quality in any area.

G. Operations of monitoring stations. The owner or operator of a new major source or major modification shall meet the requirements of 40 CFR 58, Appendix B, during the operation of monitoring stations for purposes of satisfying subsections (B) through (F) above.

H. The requirements of subsections (B) through (G) above shall not apply to a new major source or major modification to an existing source with respect to monitoring for a particular pollutant if:
1. The emissions increase of the pollutant from the new source or the net emissions increase of the pollutant from the modification would cause, in any area, air quality impacts less than the following amounts:
   a. Carbon Monoxide - 575 $\mu g/m^3$, eight-hour average;
   b. Nitrogen dioxide - 14 $\mu g/m^3$, annual average;
   c. $PM_{2.5}$ – 0 $\mu g/m^3$, 24-hour average;
   d. PM_{10} - 10 $\mu g/m^3$, 24-hour average;
   e. Sulfur dioxide - 13 $\mu g/m^3$, 24-hour average;
   f. Lead - 0.1 $\mu g/m^3$, 3-month average;
   g. Fluorides - 0.25 $\mu g/m^3$, 24-hour average;
   h. Total reduced sulfur - 10 $\mu g/m^3$, one-hour average;
   i. Hydrogen sulfide - 0.04 $\mu g/m^3$, one-hour average;
   j. Reduced sulfur compounds - 10 $\mu g/m^3$, one-hour average;
   k. Ozone - net emissions increases of less than 100 tons per year of volatile organic compounds or oxides of nitrogen;
2. The concentrations of the pollutant in the area that the new source or modification would affect are less than the concentrations listed in subsection (H)(1); or
3. The pollutant is not listed in subsection (H)(1).

Historical Note

Adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-407 renumbered without change as Section R18-2-407 (Supp. 87-3). Section R18-2-407 renumbered to R18-2-607, new Section R18-2-407 adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

R18-2-408. Innovative Control Technology

A. Notwithstanding the provisions of R18-2-406(A)(1) through (3), the owner or operator of a proposed new major source or major modification may request that the Director approve a system of innovative control technology rather than the best available control technology requirements otherwise applicable to the new source or modification.

B. The Director shall approve the installation of a system of innovative control technology if the following conditions are met:
1. The owner or operator of the proposed source or modification satisfactorily demonstrates that the proposed control system would not cause or contribute to an unreasonable risk to public health, welfare, or safety in its operation or function;
2. The owner or operator agrees to achieve a level of continuous emissions reduction equivalent to that which would have been required under R18-2-406(A)(1) or (2) by a date specified in the permit or permit revision under this Article for the source. Such date shall not be later than four years from the time of start-up or seven years from the issuance of a permit or permit revision under this Article;
3. The source or modification would meet requirements equivalent to those in R18-2-406(A) based on the emissions rate that the stationary source employing the system of innovative control technology would be required to meet on the date specified in the permit or permit revision under this Article.
4. Before the date specified in the permit or permit revision under this Article, the source or modification would not:

a. Cause or contribute to any violation of an applicable national ambient air quality standard; or
b. Impact any area where an applicable maximum increase allowed under R18-2-208 is known to be violated.

5. All other applicable requirements including those for public participation have been met.
6. The Director receives the consent of the governors of other affected states.
7. The requirements of R18-2-410 for federal Class I areas will be met for all periods during the life of the source or modification.

C. The Director shall withdraw any approval to employ a system of innovative control technology made under this Section if:
1. The proposed system fails by the specified date to achieve the required continuous emissions reduction rate; or
2. The proposed system fails before the specified date so as to contribute to an unreasonable risk to public health, welfare, or safety; or
3. The Director decides at any time that the proposed system is unlikely to achieve the required level of control or to protect the public health, welfare, or safety.

D. If the new source or major modification fails to meet the required level of continuous emissions reduction within the specified time period, or if the approval is withdrawn in accordance with subsection (C) above, the Director may allow the owner or operator of the source or modification up to an additional three years to meet the requirement for the application of best available control technology through use of a demonstrated system of control.

Historical Note

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Former Section R9-3-408 renumbered without change as Section R18-2-408 (Supp. 87-3). Section R18-2-408 renumbered to R18-2-608, new Section R18-2-408 adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

R18-2-409. Air Quality Models

A. Where the Director requires a person requesting a permit or permit revision under this Article to perform air quality impact modeling to obtain such permit or permit revision under this Article, the modeling shall be performed in a manner consistent with the Guideline specified in R18-2-406(A)(6)(a).

B. Where the person requesting a permit or permit revision under this Article can demonstrate that an air quality impact model specified in the Guideline is inappropriate, the model may be modified or another model substituted. However, before such modification or substitution can occur, the Director shall make a written finding that:
1. No model in the Guideline is appropriate for a particular permit or permit revision under this Article under consideration, or
2. The data base required for the appropriate model in the Guideline is not available, and
3. The model proposed as a substitute or modification is likely to produce results equal or superior to those obtained by models in the Guideline, and
4. The model proposed as a substitute or modification has been approved by the Administrator.

C. The substitution or modification of an air quality model under this Section shall be included in the public notice under R18-2-330(C).

Historical Note

Adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-409 renumbered without change as Section R18-2-409 (Supp. 87-3). Section R18-2-409 renumbered to R18-2-609, new Section R18-2-409 adopted effective November 15, 1993 (Supp. 93-4).

R18-2-410. Visibility and Air Quality Related Value Protection

A. Applicability.
1. All of the requirements of this Section apply to a new major source or major modification that would be constructed in an area that is designated attainment or unclassifiable.
2. Subsections (B) to (D) apply to the following:
   a. A new major source or major modification that may have an impact on any integral vista of a mandatory federal Class I area, if it is identified in accordance with 40 CFR 51.304 by the Federal Land Manager at least twelve months before submission of a complete permit application for the source or modification, except where the Federal Land Manager has provided notice and opportunity for public comment on the integral vista, in which case the review must include impacts on any integral vista identified at least six months before submission of a complete permit application. This subsection shall not apply if the Director determines under 40 CFR 51.304(d) that the identification was not in accordance with the identification criteria.
   b. A new major source or major modification that proposes to locate in an area designated as nonattainment and that may have an impact on visibility in any mandatory federal Class I area.

B. Application Requirements. Any application for a permit or permit revision to construct a major source or major modification subject to this Section shall contain:
1. An analysis of the impairment to visibility, soils, and vegetation that would occur as a result of the new source or modification and general commercial, residential, industrial, and other growth associated with the new source or modification. The applicant need not provide an analysis of the impact on vegetation having no significant commercial or recreational value.
2. An analysis of the air quality impact projected for the area as a result of general commercial, residential, industrial, and other growth associated with the new source or modification.

C. Notification Requirements.
1. The Director shall provide written notice of the application for a permit or permit revision subject to this Section to the Administrator, the Federal Land Manager and the federal official charged with direct responsibility for management of any lands within any Class I area that may be affected by the source or modification. The notice shall be provided within 30 days of receipt of the application and at least 60 days before any public hearing on the application. The notice shall:
   a. Include a copy of the application and all information relevant to the permit or permit revision under this Article;

b. Include an analysis of the anticipated impacts of the proposed source on visibility in any federal Class I area; and
c. Provide for no less than a 30-day period within which written comments may be submitted.

2. The Director shall notify the individuals identified in subsection (C)(1) within 30 days of receipt of any advance notification of any such permit or permit revision.
3. The Director shall notify the individuals identified in subsection (C)(1) of the preliminary determination for the application under R18-2-402(I)(2)(c) and shall make available any materials used in making that determination.
4. The Director shall provide notice to the administrator of every action related to the consideration of such permit or permit revision.

D. Consideration of Federal Land Manager Analysis.

1. The Federal Land Manager and the federal official charged with direct responsibility for management of federal Class I areas have an affirmative responsibility to protect the air quality related values, including visibility, of any such areas and to consider, in consultation with the Administrator, whether a proposed source or modification would have an adverse impact on such values.
2. The Director shall consider any analysis performed by the Federal Land Manager and provided within 30 days of the notification required by subsection (C)(1) that shows that a proposed new major stationary source or major modification may have an adverse impact on visibility in a federal Class I area or integral vista.
3. In considering the analysis, the Director shall ensure that the source's emissions will be consistent with making reasonable progress toward the national visibility goal referred to in 40 CFR 51.300(a), taking into account the costs of compliance, the time necessary for compliance, the energy and nonair quality environmental impacts of compliance, and the useful life of the source.
4. If the Director concurs with the analysis, the Director shall deny the permit or permit revision.
5. If the Director finds that the analysis does not demonstrate to the satisfaction of the Director that an adverse impact on visibility will result in the federal Class I area or integral vista, the Director shall, in the notice required by R18-2-402(I)(2)(c), either explain that decision or give notice as to where the explanation can be obtained.

E. Federal Land Manager Analysis Showing Adverse Impact Despite Compliance with Maximum Allowable Increases for Class I Area.

1. Within 30 days after the notification required by subsection (C)(3), the Federal Land Manager may present to the Director a demonstration that the emissions attributed to a new major source or major modification would have an adverse impact on visibility or other specifically defined air quality related values of any mandatory federal Class I area, even though the change in air quality resulting from emissions attributable to the source or modification will not cause or contribute to concentrations that exceed the maximum increases allowed for the area in R18-2-218.
2. If the Director concurs with the demonstration, the Director shall not issue a permit or permit revision for the major source or major modification.

F. Class I Variance with Federal Land Manager Concurrence.

1. The owner or operator of a proposed source or modification may demonstrate to the Federal Land Manager that emissions from the source will have no adverse impact on the air quality related values (including visibility) of federal Class I areas, even though the change in air quality resulting from emissions from the source or modification are projected to cause or contribute to concentrations that exceed the maximum increases allowed for a Class I area under R18-2-218.
2. If the Federal land manager concurs with the demonstration and so certifies to the Director, the Director may issue the permit, provided that:
   a. Applicable requirements are otherwise met; and
   b. The permit contains emission limits necessary to assure that emissions of sulfur dioxide, $PM_{2.5}$, PM_{10}, and nitrogen oxides will not cause increases in ambient concentrations of those pollutants exceeding the following maximum allowable increases over minor source baseline concentrations:

Pollutant	Maximum allowable increase (micrograms per cubic meter)
$PM_{2.5}$:	
Annual arithmetic mean	4
24-hr maximum	9
PM_{10}:	
Annual arithmetic mean	17
24-hr maximum	30
Sulfur dioxide:	
Annual arithmetic mean	20
24-hr maximum	91
3-hr maximum	325
Nitrogen dioxide:	
Annual arithmetic mean	25

G. Class I Sulfur Dioxide Variance by Governor with Concurrence by Federal Land Manager or President.

1. The owner or operator of a proposed source or modification that cannot be approved under subsection (F) may demonstrate to the Governor that the source cannot be constructed by reason of any maximum allowable increase for sulfur dioxide for a period of twenty-four hours or less applicable to any Class I area and, in the case of mandatory federal Class I areas, that a variance under this clause would not adversely affect the air quality related values of the area (including visibility). The Governor, after consideration of the Federal Land Manager's recommendation (if any) and subject to his concurrence, may, after notice and public hearing, grant a variance from the maximum allowable increase. If the variance is granted, the Director shall issue a permit or permit to the source or modification pursuant to the requirements of subsection (G)(3), provided that the applicable requirements of R18-2-406 are otherwise met.
2. In any case where the Governor recommends a variance in which the Federal Land Manager does not concur, the recommendations of the Governor and the Federal Land Manager shall be transmitted to the President. The President may approve the Governor's recommendation if the President finds that the variance is in the national interest. If the variance is approved, the Director shall issue a per-

mit pursuant to subsection (G)(3), provided that the applicable requirements of R18-2-406 are otherwise met.

3. In the case of a permit issued pursuant to subsections (G)(1) or (G)(2) the source or modification shall comply with emission limitations necessary to assure that emissions of sulfur dioxide from the source or modification will not (during any day on which the otherwise applicable maximum allowable increases are exceeded) cause or contribute to concentrations that would exceed the following maximum allowable increases over the baseline concentration and to assure that the emissions will not cause or contribute to concentrations that exceed the otherwise applicable maximum allowable increases for periods of exposure of 24 hours or less for more than 18 days, not necessarily consecutive, during any annual period:

Maximum Allowable Increase [Micrograms per cubic meter]		
	Terrain areas	
Period of exposure	Low	High
24-hr maximum	36	62
3-hr maximum	130	221

H. Visibility Monitoring. The Director may require monitoring of visibility in any federal Class I area near a proposed major source or major modification for such purposes and by such means as the Director deems necessary and appropriate.

Historical Note
Adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-410 renumbered without change as Section R18-2-410 (Supp. 87-3). Section R18-2-410 renumbered to R18-2-610, new Section R18-2-410 adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

R18-2-411. Permit Requirements for Sources that Locate in Attainment or Unclassifiable Areas and Cause or Contribute to a Violation of Any National Ambient Air Quality Standard

A. Except as provided in subsections (C) or (D), the Director shall deny a permit or permit revision to any major source or major modification that would locate in any attainment or unclassified area, if the source or modification would cause or contribute to a violation of any national ambient air quality standard.

B. A major source or major modification will be considered to cause or contribute to a violation of a national ambient air quality standard when the source or modification would, at a minimum, cause an increase in the concentrations of a regulated NSR pollutant that exceeds the significance level at any locality that does not, or as a result of the increase would not, meet the standard.

C. A proposed major source or major modification subject to subsection (A) may reduce the impact of its emissions upon air quality by obtaining sufficient emission reductions to, at a minimum, compensate for its adverse ambient impact where the major source or major modification would otherwise cause or contribute to a violation of any national ambient air quality standard.

D. Subsection (A) shall not apply to a major stationary source or major modification with respect to a particular pollutant if the owner or operator demonstrates that, as to that pollutant, the source or modification is located in an area designated as nonattainment pursuant to section 107 of the Act.

Historical Note
Adopted effective November 15, 1993 (Supp. 93-4). Section repealed by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). New Section made by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

R18-2-412. PALs

A. Applicability.

1. The Director may approve the use of a PAL for any existing major source if the PAL meets the requirements of this Section.
2. Any physical change in or change in the method of operation of a major stationary source that maintains its total source-wide emissions below the PAL level, meets the requirements of this Section, and complies with the PAL permit:
   a. Is not a major modification for the PAL pollutant,
   b. Does not have to be approved under R18-2-403 or R18-2-406, and
   c. Is not subject to the provisions in R18-2-403(C) or R18-2-406(M).
3. Except as provided under subsection (A)(2)(c), a major stationary source shall continue to comply with all applicable federal or state requirements, emission limitations, and work practice requirements that were established prior to the effective date of the PAL.

B. Permit application requirements. As part of a permit application requesting a PAL, the owner or operator of a major source shall submit the following information to the Director for approval:

1. A list of all emissions units at the source designated as small, significant or major based on their potential to emit. In addition, the owner or operator of the source shall indicate which, if any, federal or state applicable requirements, emission limitations, or work practices apply to each unit.
2. Calculations of the baseline actual emissions (with supporting documentation). Baseline actual emissions shall include emissions associated not only with operation of the unit, but also emissions associated with the startup, shutdown and malfunction.
3. The calculation procedures that the major source owner or operator proposes to use to convert the monitoring system data to monthly emissions and annual emissions based on a 12-month rolling total for each month as required by subsection (L)(1).

C. General requirements for establishing PALs.

1. The Director is allowed to establish a PAL at a major source, provided that at a minimum, the following requirements are met:
   a. The PAL shall impose an annual emission limitation in tons per year, that is enforceable as a practical matter, for the entire major source. For each month during the PAL effective period after the first 12 months of establishing a PAL, the major source owner or operator shall show that the sum of the monthly emissions from each emissions unit under the PAL for the previous 12 consecutive months is less than the PAL (a 12-month sum, rolled monthly). For each month during the first 11 months from the PAL effective date, the major source owner or oper-

ator shall show that the sum of the preceding monthly emissions from the PAL effective date for each emissions unit under the PAL is less than the PAL.

b. The PAL shall be established in a PAL permit that meets the requirements in subsection (D).

c. The PAL permit shall contain all the requirements of subsection (F).

d. The PAL shall include fugitive emissions, to the extent quantifiable, from all emissions units that emit or have the potential to emit the PAL pollutant at the major source.

e. Each PAL shall regulate emissions of only one pollutant.

f. Each PAL shall have a PAL effective period of 10 years.

g. The owner or operator of the major source with a PAL shall comply with the monitoring, recordkeeping, and reporting requirements provided in subsections (K) through (M) for each emissions unit under the PAL through the PAL effective period.

2. At no time (during or after the PAL effective period) are emissions reductions of a PAL pollutant that occur during the PAL effective period creditable as decreases for purposes of offsets under R18-2-404 unless the level of the PAL is reduced by the amount of such emissions reductions and such reductions would be creditable in the absence of the PAL.

D. Action on PAL permit application. A PAL permit application shall be processed in accordance with one of the following:

1. As an initial Class I permit pursuant to R18-2-304.
2. As a renewal of a Class I permit pursuant to R18-2-322.
3. As a significant revision to a Class I permit pursuant to R18-2-320.

E. Setting the 10-year actuals PAL level.

1. Except as provided in subsection (E)(2), the PAL level for a major source shall be established as the sum of the baseline actual emissions of the PAL pollutant for each emissions unit at the source; plus an amount equal to the applicable significant level for the PAL pollutant. When establishing the PAL level, only one consecutive 24-month period must be used to determine the baseline actual emissions for all existing emissions units. However, a different consecutive 24-month period may be used for each different PAL pollutant. Emissions associated with units that were permanently shut down after this 24-month period must be subtracted from the PAL level. The Director shall specify a reduced PAL level(s) (in tons/yr) in the PAL permit to become effective on the future compliance date(s) of any applicable federal or state regulatory requirement(s) that the Director is aware of prior to issuance of the PAL permit. For instance, if the source owner or operator will be required to reduce emissions from industrial boilers in half from baseline emissions of 60 ppm NO_X to a new rule limit of 30 ppm, then the permit shall contain a future effective PAL level that is equal to the current PAL level reduced by half of the original baseline emissions of such unit(s).
2. For newly constructed units (which do not include modifications to existing units) on which actual construction began after the 24-month period, in lieu of adding the baseline actual emissions as specified in subsection (E)(1), the emissions must be added to the PAL level in an amount equal to the potential to emit of the units.

F. Contents of the PAL permit. The PAL permit must contain, at a minimum, the following information:

1. The PAL pollutant and the applicable source-wide emission limitation in tons per year.
2. The PAL permit effective date and the expiration date of the PAL (PAL effective period).
3. Specification in the PAL permit that if a major source owner or operator applies to renew a PAL in accordance with subsection (I) before the end of the PAL effective period, then the PAL shall not expire at the end of the PAL effective period. It shall remain in effect until a revised PAL permit is issued by the Director.
4. A requirement that emission calculations for compliance purposes must include emissions from startups, shutdowns, and malfunctions.
5. A requirement that, once the PAL expires, the major source is subject to the requirements of subsection (H).
6. The calculation procedures that the major source owner or operator shall use to convert the monitoring system data to monthly emissions and annual emissions based on a 12-month rolling total as required by subsection (L)(1).
7. A requirement that the major source owner or operator monitor all emissions units in accordance with the provisions under subsection (K).
8. A requirement to retain the records required under subsection (L) onsite. Such records may be retained in an electronic format.
9. A requirement to submit the reports required under subsection (M) by the required deadlines.
10. Any other requirements that the Director deems necessary to implement and enforce the PAL.

G. PAL effective period and reopening of the PAL permit.

1. PAL effective period. The Director shall specify a PAL effective period of 10 years.
2. Reopening of the PAL permit.
   a. During the PAL effective period, the Director must reopen the PAL permit to:
      i. Correct typographical/calculation errors made in setting the PAL or reflect a more accurate determination of emissions used to establish the PAL,
      ii. Reduce the PAL if the owner or operator of the major source creates creditable emissions reductions for use as offsets under R18-2-404, and
      iii. Revise the PAL to reflect an increase in the PAL as provided under subsection (J).
   b. The Director shall have discretion to reopen the PAL permit for the following:
      i. Reduce the PAL to reflect new federal applicable requirements with compliance dates after the PAL effective date;
      ii. Reduce the PAL consistent with any other requirement, that is enforceable as a practical matter, and that the state may impose on the major source under the State Implementation Plan; and
      iii. Reduce the PAL if the Director determines that a reduction is necessary to avoid causing or contributing to a violation of a national ambient air quality standard or a maximum increase allowed under R18-2-208, or to an adverse impact on an air quality related value that has been identified for a federal Class I area by a

Federal Land Manager and for which information is available to the general public.

c. Except for the permit reopening in subsection (G)(2)(a)(i) for the correction of typographical/calculation errors that do not increase the PAL level, all other reopenings shall be carried out in accordance with the public participation requirements of subsection (D).

H. Expiration of a PAL. Any PAL that is not renewed in accordance with the procedures in subsection (I) shall expire at the end of the PAL effective period, and the following requirements shall apply.

1. Each emissions unit (or each group of emissions units) that existed under the PAL shall comply with an allowable emission limitation under a revised permit established according to the following procedures.
   a. Within the time-frame specified for PAL renewals in subsection (I)(2), the major source shall submit a proposed allowable emission limitation for each emissions unit (or each group of emissions units, if such a distribution is more appropriate) by distributing the PAL allowable emissions for the major source among each of the emissions units that existed under the PAL. If the PAL had not yet been adjusted for an applicable requirement that became effective during the PAL effective period, as would be required under subsection (I)(5), such distribution shall be made as if the PAL had been adjusted.
   b. The Director shall decide how the PAL allowable emissions will be distributed and issue a revised permit incorporating allowable limits for each emissions unit, or each group of emissions units, as the Director determines is appropriate.
2. Each emissions unit(s) shall comply with the allowable emission limitation on a 12-month rolling basis. The Director may approve the use of monitoring systems (source testing, emission factors, etc.) other than CEMS, CERMS, PEMS, or CPMS to demonstrate compliance with the allowable emission limitation.
3. Until the Director issues the revised permit incorporating allowable limits for each emissions unit, or each group of emissions units, as required under subsection (H)(1)(b), the source shall continue to comply with a source-wide, multi-unit emissions cap equivalent to the level of the PAL emission limitation.
4. Any physical change or change in the method of operation at the major source will be subject to the nonattainment major NSR requirements if such change meets the definition of major modification.
5. The major source owner or operator shall continue to comply with any applicable requirements that may have applied either during the PAL effective period or before the PAL effective period except for those emission limitations that had been established pursuant to R18-2-403(C) or R18-2-406(H), but were eliminated by the PAL in accordance with subsection (A)(2)(c).

I. Renewal of a PAL.

1. The Director shall follow the procedures specified in subsection (D) in approving any request to renew a PAL for a major source, and shall provide both the proposed PAL level and a written rationale for the proposed PAL level to the public for review and comment. During such public review, any person may propose a PAL level for the source for consideration by the Director.
2. Application deadline. A major source owner or operator shall submit a timely application to the Director to request renewal of a PAL. A timely application is one that is submitted at least six months prior to, but not earlier than 18 months from, the date of permit expiration. This deadline for application submittal is to ensure that the permit will not expire before the permit is renewed. If the owner or operator of a major source submits a complete application to renew the PAL within this time period, then the PAL shall continue to be effective until the revised permit with the renewed PAL is issued.
3. Application requirements. The application to renew a PAL permit shall contain the following information.
   a. The information required in subsections (B)(1) through (3).
   b. A proposed PAL level.
   c. The sum of the potential to emit of all emissions units under the PAL (with supporting documentation).
   d. Any other information the owner or operator wishes the Director to consider in determining the appropriate level for renewing the PAL.
4. PAL adjustment. In determining whether and how to adjust the PAL, the Director shall consider the options outlined in subsections (I)(4)(a) and (b). However, in no case may any such adjustment fail to comply with subsection (I)(4)(c).
   a. If the emissions level calculated in accordance with subsection (E) is equal to or greater than 80% of the PAL level, the Director may renew the PAL at the same level without considering the factors set forth in subsection (I)(4)(b); or
   b. The Director may set the PAL at a level that the Director determines to be more representative of the source's baseline actual emissions, or that the Director determines to be more appropriate considering air quality needs, advances in control technology, anticipated economic growth in the area, desire to reward or encourage the source's voluntary emissions reductions, or other factors as specifically identified by the Director in the Director's written rationale.
   c. Notwithstanding subsections (I)(4)(a) and (b):
      i. If the potential to emit of the major source is less than the PAL, the Director shall adjust the PAL to a level no greater than the potential to emit of the source; and
      ii. The Director shall not approve a renewed PAL level higher than the current PAL, unless the PAL has been increased in accordance with subsection (J).
5. If the compliance date for an applicable requirement that applies to the PAL source occurs during the PAL effective period, and if the Director has not already adjusted for such requirement, the PAL shall be adjusted at the time of PAL permit renewal or renewal of the source's Class I permit, whichever occurs first.

J. Increasing a PAL during the PAL effective period.

1. The Director may increase a PAL emission limitation only if the following requirements are met:
   a. The owner or operator of the major source shall submit a complete application to request an increase in the PAL limit for a PAL major modification. Such application shall identify the emissions unit(s) con-

tributing to the increase in emissions so as to cause the major source's emissions to equal or exceed its PAL.

b. As part of this application, the major source owner or operator shall demonstrate that the sum of the baseline actual emissions of the small emissions units, plus the sum of the baseline actual emissions of the significant and major emissions units assuming application of BACT or LAER equivalent controls, plus the sum of the PAL allowable emissions of the new or modified emissions unit(s) exceeds the PAL. The level of control that would result from BACT or LAER equivalent controls on each significant or major emissions unit shall be determined by conducting a new BACT or LAER analysis at the time the application is submitted, as applicable for the particular PAL pollutant, unless the emissions unit is currently required to comply with a BACT or LAER requirement that was established within the preceding 10 years. In such a case, the assumed control level for that emissions unit shall be equal to the level of BACT or LAER with which that emissions unit must currently comply.

c. The owner or operator obtains a major NSR permit for all emissions unit(s) identified in subsection (J)(1)(a), regardless of the magnitude of the emissions increase resulting from them (that is, no significant levels apply). These emissions unit(s) shall comply with any emissions requirements resulting from the major NSR process (for example, BACT), even though they have also become subject to the PAL or continue to be subject to the PAL.

d. The PAL permit shall require that the increased PAL level shall be effective on the day any emissions unit that is part of the PAL major modification becomes operational and begins to emit the PAL pollutant.

2. The Director shall calculate the new PAL level as the sum of the PAL allowable emissions for each modified or new emissions unit, plus the sum of the baseline actual emissions of the significant and major emissions units (assuming application of BACT or LAER equivalent controls as determined in accordance with subsection (J)(1)(b), plus the sum of the baseline actual emissions of the small emissions units.

3. The PAL permit shall be revised to reflect the increased PAL level pursuant to the public notice requirements of subsection (D).

K. Monitoring requirements for PALs.

1. General requirements.

a. Each PAL permit must contain enforceable requirements for the monitoring system that accurately determines plantwide emissions of the PAL pollutant in terms of mass per unit of time. Any monitoring system authorized for use in the PAL permit must be based on sound science and meet generally acceptable scientific procedures for data quality and manipulation. Additionally, the information generated by such system must meet minimum legal requirements for admissibility in a judicial proceeding to enforce the PAL permit.

b. The PAL monitoring system must employ one or more of the four general monitoring approaches meeting the minimum requirements set forth in subsections (K)(2)(a) through (d) and must be approved by the Director.

c. Notwithstanding subsection (K)(1)(b), the owner or operator may also employ an alternative monitoring approach if approved by the Director as meeting the requirements of subsection (K)(1)(a).

d. Failure to use a monitoring system that meets the requirements of this Section renders the PAL invalid.

2. Minimum performance requirements for approved monitoring approaches. The following are acceptable general monitoring approaches when conducted in accordance with the minimum requirements in subsections (K)(3) through (9):

a. Mass balance calculations for activities using coatings or solvents,

b. CEMS,

c. CPMS or PEMS, and

d. Emission factors.

3. Mass balance calculations. An owner or operator using mass balance calculations to monitor PAL pollutant emissions from activities using coating or solvents shall meet the following requirements:

a. Provide a demonstrated means of validating the published content of the PAL pollutant that is contained in or created by all materials used in or at the emissions unit;

b. Assume that the emissions unit emits all of the PAL pollutant that is contained in or created by any raw material or fuel used in or at the emissions unit, if it cannot otherwise be accounted for in the process; and

c. Where the vendor of a material or fuel, which is used in or at the emissions unit, publishes a range of pollutant content from such material, the owner or operator must use the highest value of the range to calculate the PAL pollutant emissions unless the Director determines there is site-specific data or a site-specific monitoring program to support another content within the range.

4. CEMS. An owner or operator using CEMS to monitor PAL pollutant emissions shall meet the following requirements:

a. CEMS must comply with applicable Performance Specifications found in 40 CFR 60, Appendix B; and

b. CEMS must sample, analyze and record data at least every 15 minutes while the emissions unit is operating.

5. CPMS or PEMS. An owner or operator using CPMS or PEMS to monitor PAL pollutant emissions shall meet the following requirements:

a. The CPMS or the PEMS must be based on current site-specific data demonstrating a correlation between the monitored parameter(s) and the PAL pollutant emissions across the range of operation of the emissions unit; and

b. Each CPMS or PEMS must sample, analyze, and record data at least every 15 minutes, or at another less frequent interval approved by the Director, while the emissions unit is operating.

6. Emission factors. An owner or operator using emission factors to monitor PAL pollutant emissions shall meet the following requirements:

a. All emission factors shall be adjusted, if appropriate, to account for the degree of uncertainty or limitations in the factors' development;
b. The emissions unit shall operate within the designated range of use for the emission factor, if applicable; and
c. If technically practicable, the owner or operator of a significant emissions unit that relies on an emission factor to calculate PAL pollutant emissions shall conduct validation testing to determine a site-specific emission factor within six months of PAL permit issuance, unless the Director determines that testing is not required.

7. A source owner or operator must record and report maximum potential emissions without considering enforceable emission limitations or operational restrictions for an emissions unit during any period of time that there is no monitoring data, unless another method for determining emissions during such periods is specified in the PAL permit.
8. Notwithstanding the requirements in subsections (K)(3) through (7), where an owner or operator of an emissions unit cannot demonstrate a correlation between the monitored parameter(s) and the PAL pollutant emissions rate at all operating points of the emissions unit, the Director shall, at the time of permit issuance:
   a. Establish default value(s) for determining compliance with the PAL based on the highest potential emissions reasonably estimated at such operating point(s), or
   b. Determine that operation of the emissions unit during operating conditions when there is no correlation between monitored parameter(s) and the PAL pollutant emissions is a violation of the PAL.
9. Re-validation. All data used to establish the PAL pollutant must be re-validated through performance testing or other scientifically valid means approved by the Director. Such testing must occur at least once every five years after issuance of the PAL.

L. Recordkeeping requirements.
1. The PAL permit shall require an owner or operator to retain a copy of all records necessary to determine compliance with any requirement of this Section and with the PAL, including a determination of each emissions unit's 12-month rolling total emissions, for five years from the date of such record.
2. The PAL permit shall require an owner or operator to retain a copy of the following records for the duration of the PAL effective period plus five years:
   a. A copy of the PAL permit application and any applications for revisions to the PAL, and
   b. Each annual certification of compliance pursuant to R18-2-309(2) and the data relied on in certifying compliance.

M. Reporting and notification requirements. The owner or operator shall submit semi-annual monitoring reports and prompt deviation reports to the Director in accordance with R18-2-306(A)(5). The reports shall meet the following requirements:
1. Semi-annual report. The semi-annual report shall be submitted to the Director within 30 days of the end of each reporting period. This report shall contain the following information:
   a. The identification of owner and operator and the permit number.
   b. Total annual emissions (tons/year) based on a 12-month rolling total for each month in the reporting period recorded pursuant to subsection (L)(1).
   c. All data relied upon, including, but not limited to, any Quality Assurance or Quality Control data, in calculating the monthly and annual PAL pollutant emissions.
   d. A list of any emissions units modified or added to the major source during the preceding six-month period.
   e. The number, duration, and cause of any deviations or monitoring malfunctions (other than the time associated with zero and span calibration checks), and any corrective action taken.
   f. A notification of a shutdown of any monitoring system, whether the shutdown was permanent or temporary, the reason for the shutdown, the anticipated date that the monitoring system will be fully operational or replaced with another monitoring system, and whether the emissions unit monitored by the monitoring system continued to operate, and the calculation of the emissions of the pollutant or the number determined by method included in the permit, as provided by subsection (K)(7).
   g. A certification by the responsible official consistent with R18-2-304(I).
2. Deviation report. The major source owner or operator shall promptly submit reports of any deviations or exceedance of the PAL permit requirements, including periods where no monitoring is available, in accordance with R18-2-306(A)(5). The reports shall contain the following information:
   a. The identification of owner and operator and the permit number,
   b. The PAL permit requirement that experienced the deviation or that was exceeded,
   c. Emissions resulting from the deviation or the exceedance, and
   d. A certification by the responsible official consistent with R18-2-304(I).
3. Re-validation results. The owner or operator shall submit to the Director the results of any re-validation test or method within three months after completion of such test or method.

Historical Note
New Section made by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

ARTICLE 5. GENERAL PERMITS

R18-2-501. Applicability

A. The Director may issue general permits for a facility class that contains 10 or more facilities that are similar in nature, have substantially similar emissions, and would be subject to the same or substantially similar requirements governing operations, emissions, monitoring, reporting, or recordkeeping. "Similar in nature" refers to facility size, processes, and operating conditions.

B. The Director may issue general permits, in accordance with subsection (A), with emission limitations, controls, or other requirements that meet the requirements of R18-2-306.01 or R18-2-306.03. A source that seeks to vary from such a general

permit, and obtain an emission limitation, control, or other requirement not contained in that general permit, shall apply for a permit pursuant to Article 3 of this Chapter.

C. General permits shall not be issued for affected sources except as provided in regulations promulgated by the Administrator under Title IV of the Act.

D. Unless otherwise stated, the provisions of Article 3 shall apply to general permits.

Historical Note

Former Section R18-2-501 renumbered to R18-2-502, new Section R18-2-501 adopted effective September 26, 1990 (Supp. 90-3). Former Section R18-2-501 renumbered to R18-2-701; new Section adopted effective November 15, 1993 (Supp. 93-4). Amended effective August 1, 1995 (Supp. 95-3). Amended by final rulemaking at 32 A.A.R. 55 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

R18-2-502. General Permit Development

A. The Director may issue a general permit on the Director's own initiative or in response to a petition.

B. Any person may submit a petition to the Director requesting the issuance of a general permit for a defined class of facilities. The petition shall propose a particular class of facilities, and list the approximate number of facilities in the proposed class along with their size, processes, and operating conditions, and demonstrate how the class meets the criteria for a general permit as specified in R18-2-501 and A.R.S. § 49-426(H). The Director shall provide a written response to the petition within 120 days of receipt.

C. General permits shall be issued for classes of facilities using the same engineering principles that applies to permits for individual sources and following the public notice requirements of R18-2-504.

D. General permits shall include all of the following:

1. All elements required by R18-2-306(A) except R18-2-306(A)(2)(b) and (6).
2. The process for individual sources to apply for coverage under the general permit.

E. General permits may include conditions imposed under R18-2-515.

Historical Note

Former Section R9-3-501 repealed, new Section R9-3-501 adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Amended effective July 9, 1980 (Supp. 80-4). Amended subsection (D) effective June 19, 1981 (Supp. 81-3). Amended subsections (C) and (D) effective February 2, 1982 (Supp. 82-1). Amended subsection (D) effective May 25, 1982 (Supp. 82-3). Former Section R9-3-501 renumbered without change as Section R18-2-501 (Supp. 87-3). Former Section R18-2-502 repealed, new Section R18-2-502 renumbered from R18-2-501 and amended effective September 26, 1990 (Supp. 90-3). Former Section R18-2-502 renumbered to R18-2-702; new Section R18-2-502 adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

R18-2-503. Application for Coverage under General Permit

A. Once the Director has issued a general permit, any source which is a member of the class of facilities covered by the general permit may apply to the Director for authority to operate under the general permit. At the time the Director issues a general permit, the Director may also establish a specific application form with filing instructions for sources in the category covered by the general permit. Applicants shall complete the specific application form or, if a specific form has not been adopted, the standard application form provided under R18-2-304(B). The specific application form shall, at a minimum, require the applicant to submit the following information:

1. Information identifying and describing the source, its processes, and operating conditions in sufficient detail to allow the Director to determine qualification for, and to assure compliance with, the general permit.
2. A compliance plan that meets the requirements of R18-2-514.

B. For sources required to obtain a permit under Title V of the Act, the Director shall provide the Administrator with a permit application summary form and any relevant portion of the permit application and compliance plan. To the extent possible, this information shall be provided in computer-readable format compatible with the Administrator's national database management system.

C. The Director shall act on the application for coverage under a general permit as expeditiously as possible. The source may operate under the terms of the applicable general permit during that time. The Director may defer acting on an application under this subsection (if) the Director has provided notice of intent to renew or not renew the permit.

D. The Director shall deny an application for coverage from any Class I source that is subject to case-by-case standards or requirements.

E. Upon notification from the Director of the availability of a web portal to apply for and obtain a general permit, an applicant shall file all applications and conduct all transactions related to the general permit through the portal.

Historical Note

Former Section R9-3-503 repealed, new Section R9-3-503 adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Amended effective July 9, 1980 (Supp. 80-4). Amended subsection (C), paragraph (6) effective June 19, 1981 (Supp. 81-3). Amended subsection (C) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-503 renumbered without change as Section R18-2-503 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Former Section R18-2-503 renumbered to R18-2-703; new Section R18-2-503 adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

R18-2-504. Public Notice

A. This Section applies to issuance, revision, or renewal of a general permit.

B. The Director shall provide public notice for any proposed new general permit, for any revision of an existing general permit, and for renewal of an existing general permit.

C. The Director shall publish notice of the proposed general permit once each week for two consecutive weeks in a newspaper of general circulation in each county and shall provide at least

30 days from the date of the first notice for public comment. The notice shall describe the following:

1. The proposed permit;
2. The category of sources that would be affected;
3. The air contaminants which the Director expects to be emitted by a typical facility in the class and the class as a whole;
4. The Director's proposed actions and effective date for the actions;
5. Locations where documents relevant to the proposed permit will be available during normal business hours;
6. The name, address, and telephone number of a person within the Department who may be contacted for further information;
7. The address where any person may submit comments or request a public hearing and the date and time by which comments or a public hearing request are required to be received;
8. The process by which sources may obtain authorization to operate under the general permit.

D. A copy of the notice required by subsection (C), shall be sent to the Administrator through the appropriate regional office, and to all other state and local air pollution control agencies in the state. The notice shall also be sent to any other agency in the state having responsibility for implementing the procedures required under 40 CFR 51, I. For general permits under which operation may be authorized in lieu of Class I permits, the Director shall provide the proposed final permit to the Administrator after public and affected state review. No Class I permit shall be issued if the Administrator properly objects to its issuance in writing within 45 days from receipt of the proposed final permit and any necessary supporting information from the Director.

E. By no later than the date notice is first published under subsection (A), the Department shall make copies of the following materials available at a public location in each county and at each Department office:

1. The proposed general permit;
2. The Department's analysis in support of the grant of the general permit;
3. All other materials available to the Director that are relevant to the permit decision.

F. Written comments to the Director shall include the name of the person and the person's agent or attorney and shall clearly set forth reasons why the general permit should or should not be issued pursuant to the criteria for issuance in A.R.S. §§ 49-426 and 49-427 and this Chapter.

G. At the time a general permit is issued, the Director shall make available a response to all relevant comments on the proposed permit raised during the public comment period and during any requested public hearing. The response shall specify which provisions, if any, of the proposed permit have been changed and the reason for the changes. The Director shall also notify in writing any petitioner and each person who has submitted written comments on the proposed general permit or requested notice of the final permit decision.

Historical Note

Former Section R9-3-504 repealed, new Section R9-3-504 adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Amended effective July 9, 1980 (Supp. 80-4). Former Section R9-3-504 renumbered without change as Section R18-2-504 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Former Section R18-2-504 renumbered to R18-2-704; new Section R18-2-504 adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

R18-2-505. General Permit Renewal

A. The Director shall review and may renew general permits every five years. A source's authorization to operate under a general permit shall coincide with the term of the general permit regardless of when the authorization began during the five-year period, except as provided in R18-2-510(C). In addition to the public notice required to issue a proposed permit under R18-2-504, the Director shall notify in writing all sources who have been granted, or who have applications pending for, authorization to operate under the permit. The written notice shall describe the source's duty to reapply and may include requests for information required under the proposed permit.

B. At the time a general permit is renewed, the Director shall notify in writing all sources who were granted coverage under the previous permit and shall require them to submit a timely renewal application. For purposes of general permits, a timely application is one that is submitted within the time-frame specified by the Director in the written notification. Until such time that a timely application is submitted, the source shall continue to comply with the previously issued general permit coverage. Upon submittal of a timely application, the source shall comply with the renewed permit. Failure to submit a timely application terminates the source's right to operate.

Historical Note

Former Section R9-3-1007 renumbered effective January 13, 1976 (Supp. 76-1). Former Section R9-3-505 repealed, new Section R9-3-505 adopted effective May 14, 1979 (Supp. 79-1). Editorial corrections, subsection (B), paragraph (5), and subsection (D), paragraph (1), subparagraph (d) (Supp. 80-2). Amended effective July 9, 1980 (Supp. 80-4). Amended subsection (B) effective May 28, 1982 (Supp. 82-3). Amended subsection (B) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-505 renumbered without change as Section R18-2-505 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Former Section R18-2-505 renumbered to R18-2-705; new Section R18-2-505 adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2).

R18-2-506. Relationship to Individual Permits

Any source covered under a general permit may request to be excluded from coverage by applying for an individual source permit. Coverage under the general permit shall terminate on the date the individual permit is issued.

Historical Note

Former Section R9-3-1008 renumbered effective January 13, 1976 (Supp. 76-1). Former Section R9-3-506 repealed, new Section R9-3-506 adopted effective May 14, 1979 (Supp. 79-1). Amended effective July 9, 1980 (Supp. 80-4). Amended subsection (C), paragraph (1) effective June 19, 1981 (Supp. 81-3). Former Section R9-3-506 renumbered without change as Section R18-2-506 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Former Section R18-2-506 renumbered to R18-2-706; new Section R18-2-506 adopted effective November 15, 1993 (Supp. 93-4).

R18-2-507. Repealed

Historical Note
Adopted effective May 14, 1979 (Supp. 79-1). Amended effective July 9, 1980 (Supp. 80-4). Former Section R9-3-507 renumbered without change as Section R18-2-507 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Former Section R18-2-507 renumbered to R18-2-707; new Section R18-2-507 adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Repealed by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

R18-2-508. Repealed

Historical Note
Adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Amended effective July 9, 1980 (Supp. 80-4). Amended subsection (B) effective May 28, 1982 (Supp. 82-3). Amended subsection (B) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-508 renumbered without change as Section R18-2-508 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Former Section R18-2-508 renumbered to R18-2-708; new Section R18-2-508 adopted effective November 15, 1993 (Supp. 93-4). Repealed by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

R18-2-509. General Permit Appeals
Any person who filed a comment on a proposed general permit as provided in R18-2-504 may appeal the terms and conditions of the general permit, as they apply to the facility class covered under a general permit, by filing an appeal with the Office of Administrative Hearings within 30 days after receipt of notice that the general permit has been issued.

Historical Note
Adopted effective May 14, 1979 (Supp. 79-1). Amended effective July 9, 1980 (Supp. 80-4). Former Section R9-3-509 renumbered without change as Section R18-2-509 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Former Section R18-2-509 renumbered to R18-2-709; new Section R18-2-509 adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 12 A.A.R. 4698, effective February 3, 2007 (Supp. 06-4).

R18-2-510. Terminations of General Permits and Revocations of Authority to Operate under a General Permit

A. The Director may terminate a general permit at any time if:
1. The Director has determined that the emissions from the sources in the facility class cause or contribute to ambient air quality standard violations which are not adequately addressed by the requirements in the general permit, or
2. The Director has determined that the terms and conditions of the general permit no longer meet the requirements of A.R.S. §§ 49-426 and 49-427.

B. The Director shall provide written notice to all sources operating under a general permit prior to termination of a general permit. Such notice shall include an explanation of the basis for the proposed action. Within 180 days of receipt of the notice of the expiration, termination or cancellation of any general permit, sources notified shall submit an application to the Director for an individual permit.

C. The Director may require a source authorized to operate under a general permit to apply for and obtain an individual source permit at any time if the source is not in compliance with the terms and conditions of the general permit.

D. If the Director revokes a source's authority to operate under a general permit pursuant to subsection (C), the Director shall notify the permittee by certified mail, return receipt requested. The notice shall include a statement detailing the grounds for the revocation of authority and a statement that the permittee is entitled to a hearing. A source previously authorized to operate under a general permit may operate under the terms of the general permit until the earlier of the date it submits a complete application for an individual permit, at which time it may operate under that application, or 180 days after receipt of the notice of revocation of authority to operate under the general permit.

Historical Note
Adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Amended effective July 9, 1980 (Supp. 80-4). Amended subsections (E)(3) and (E)(4) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-510 renumbered without change as Section R18-2-510 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Former Section R18-2-510 renumbered to R18-2-710; new Section R18-2-510 adopted effective November 15, 1993 (Supp. 93-4).

R18-2-511. Fees Related to General Permits

A. Permit Processing Fee. The owner or operator of a source that applies for authority to operate under a general permit shall pay to the Director $500 with the submittal of each application. This fee applies to the owner or operator of any source who intends to continue operating under the authority of a general permit that has been proposed for renewal. This fee also applies to requests for new Authorizations to Operate (ATOs) for new equipment.

B. Administrative or Inspection Fee. The owner or operator of a source required to have a general permit, that has undergone initial startup by January 1, shall pay, for each calendar year, the applicable administrative or inspection fee from the table below, by February 1 or 60 days after the Director mails the invoice, whichever is later.

General Permit Source Category	**Administrative Fee**
Class I Title V General Permits	Administrative fee for category from R18-2-326(C)
Class II Title V Small Source	$750
Other Class II Title V General Permits	$4,520
	Inspection Fee
Class II Title V Air Curtain Incinerators	$750
Class II Non-Title V Crematories	$1,500
Other Class II Non-Title V General Permits	$3,020

Historical Note
Former Section R18-2-511 renumbered to R18-2-711; new Section R18-2-511 adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 7 A.A.R. 5670, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 10 A.A.R. 4767, effec-

tive November 4, 2004 (Supp. 04-4). Amended by final rulemaking at 13 A.A.R. 4379, effective December 4, 2007 (Supp. 07-4). Amended by final rulemaking at 32 A.A.R. 1245 (May 29, 2026, Issue 22), with an immediate effective date of May 5, 2026 (Supp. 26-2).

R18-2-512. Changes to Facilities Granted Coverage under General Permits

A. This Section applies to changes made at a facility that has been granted coverage under a general permit.

B. Facility Changes that Require New Authorization to Operate. The following changes at a source that has been granted coverage under a general permit shall be made only after the source requests new authorization to operate from the Director:
1. Adding new emissions units that require new authorization to operate,
2. Installing replacement emissions units that require authorization to operate.

C. Facility Changes that Do Not Require Authorization to Operate. The following changes at a source that has been granted coverage under a general permit shall be made only after the source provides notification to the Department:
1. Adding new emissions units that do not require authorization to operate,
2. Installing a replacement emissions unit with a higher capacity that does not require authorization to operate,
3. Adding or replacing air pollution control equipment.

D. A source that has been granted coverage under a general permit shall keep a record of any physical change or change in the method of operation that could affect emissions. The record shall include a description of the change and the date the change occurred.

E. For sources that submit a request or notification under subsections (B) or (C), the applicant shall provide information identifying and describing the source, its processes, and operating conditions in sufficient detail to allow the Director to determine continued qualification for, and to assure compliance with, the general permit. The Director shall act on a request for new authority to operate under a general permit as expeditiously as possible. The source may operate under the terms of the applicable general permit during that time.

Historical Note

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Amended effective July 9, 1980 (Supp. 80-4). Amended subsection (A) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-512 renumbered without change as Section R18-2-512 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-712 effective November 15, 1993 (Supp. 93-4). New Section made by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

R18-2-513. Portable Sources Covered under a General Permit

A. This Section applies to sources that have been granted coverage under a general permit that allows for the operation of a source at more than one location.

B. General permits developed by the Director for portable sources shall contain conditions that assure compliance with all applicable requirements at all authorized locations.

C. Owners and operators that hold multiple coverages under the same general permit:
1. Shall have separate coverage under the general permit for each location at which each portable source operates.
2. Until the Director notifies permittees of the availability of a web portal under R18-2-503(E), may move equipment between portable sources without obtaining a new authorization to operate. At no time shall an owner or operator move equipment to a portable source if the move would cause emissions from the portable source to exceed emission limitations in the general permit. Equipment from a portable source covered by one general permit shall not be moved to a portable source covered by a different general permit, unless the owner or operator obtains a new authorization to operate under the general permit covering the new location.
3. After the Director notifies permittees of the availability of a web portal under R18-2-503(E), must use the portal to obtain authorizations to operate for each location at which the equipment will operate.

D. A portable source that will operate for the duration of its permit solely in one county that has established a local air pollution control program pursuant to A.R.S. § 49-479 shall obtain a permit from that county. A portable source with a county permit shall not operate in any other county. A portable source that has been granted coverage under a general permit that subsequently obtains a county permit shall request that the Director terminate the coverage under the general permit. Upon issuance of the county permit, the coverage under the general permit issued by the Director is no longer valid.

E. A portable source which has a county permit but proposes to operate outside that county may obtain coverage under a general permit from the Director. A portable source that has a permit issued by a county and obtains coverage under a general permit issued by the Director shall request that the county terminate the permit. Upon issuance of coverage under a general permit by the Director, the county permit is no longer valid. Before commencing operation in the new county, the source shall notify the Director and the control officer who has jurisdiction in the county that includes the new location according to subsection (F).

F. A portable source granted coverage under a general permit that is required to obtain a Class I permit under R18-2-302(B)(1) may be transferred from one location to another provided that the owner or operator of such equipment notifies the Director and any control officer who has jurisdiction over the geographic area that includes the new location of the transfer at least 10 days in advance of the change in location. A portable source granted coverage under a general permit that is not required to obtain a Class I permit under R18-2-302(B)(1) may be transferred from one location to another provided that the owner or operator of the portable source notifies the Director and any control officer who has jurisdiction over the geographic area that includes the new location of the transfer prior to the transfer. The notification required under this subsection shall include:
1. A description of the equipment to be transferred including the permit number and as appropriate the Authorization-to-Operate number for each piece of equipment;
2. A description of the present location;
3. A description of the new location;
4. The date on which the equipment is to be moved;
5. The date on which operation of the equipment will begin at the new location;
6. A complete list of all equipment requiring authorization to operate that may be located at the new location; and

7. Revised emissions calculations demonstrating that the equipment at the new location continues to qualify for the general permit under which the portable source has coverage.

G. The operation must be temporary and involve at least one change of location during the term of the permit.

Historical Note

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Editorial correction, subsection (A), paragraph (2) (Supp. 80-2). Amended effective July 9, 1980 (Supp. 80-4). Amended subsection (A) effective May 28, 1982 (Supp. 82-3). Amended subsection (A) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-513 renumbered without change as Section R18-2-513 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-713 effective November 15, 1993 (Supp. 93-4). New Section made by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1). Amended by final rulemaking at 32 A.A.R. 55 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

R18-2-514. General Permit Compliance Certification

A. A compliance certification submitted by the owner or operator of a stationary source covered by a general permit shall be on a form provided by the Director and shall include the following information:

1. The source's name, mailing address, contact person and contact person phone number, permit number, compliance reporting period, and physical address and location, if different than the mailing address.
2. A certification of truth, accuracy, and completeness signed by the facility's responsible officer.
3. Process information for the source, including design capacity, operations schedule, hours of operation, and total production.
4. Method of documenting compliance and the status of compliance with all recordkeeping, reporting, monitoring, and testing requirements and all emission limitations and standards imposed in the permit.

B. Upon notification from the Director of the availability of a web portal to complete and submit a compliance certification, the owner or operator shall complete and submit all compliance certifications through the portal.

Historical Note

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Amended effective July 9, 1980 (Supp. 80-4). Former Section R9-3-514 renumbered without change as Section R18-2-514 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-714 effective November 14, 1993 (Supp. 93-4). New Section made by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

R18-2-515. Minor NSR in General Permits

A. A general permit may include emission standards designed to assure that a stationary source covered by the permit will comply with minor new source review under R18-2-334(C). The emission standards may consist of any combination of the following:

1. Limits designed to assure that emissions from a stationary source that is a member of the class of facilities covered by the permit will not interfere with attainment or maintenance of a NAAQS.
2. Limits imposing reasonably available control technology.

B. Except as provided in subsection (C), if a general permit includes emission standards under subsection (A), then any stationary source that is a member of the class of facilities covered by the permit or any minor NSR modification to such a source may comply with R18-2-334 by obtaining coverage under the permit.

C. An owner or operator seeking coverage under a general permit in order to obtain authorization to construct or make a minor NSR modification to a stationary source shall instead apply for an individual permit, if the Department determines there is reason to believe the source or modification could interfere with attainment or maintenance of any national ambient air quality standard. In making this determination, the Department:

1. Shall consider the factors in R18-2-334(E)(1) to (6).
2. Shall consider whether the dispersion characteristics of the source are likely to result in higher ambient concentrations of a conventional pollutant than the modeling assumptions used to establish an emission standard under subsection (A)(1).
3. May apply a screening model to the source's emissions.

Historical Note

Adopted effective May 14, 1979 (Supp. 79-1). Section R9-3-515 will be repealed and new Section R9-3-515 adopted effective following the adoption of Article 7. Nonferrous Smelter Orders, filed September 18, 1979 for public hearing (Supp. 79-5). Section R9-3-515 adopted effective May 14, 1979, amended effective October 2, 1979 (Supp. 79-5). Article 7. Nonferrous Smelter Orders adopted effective January 8, 1980. Section R9-3-515 filed September 18, 1979 for public hearing and effective following the adoption of Article 7 now amended and effective January 8, 1980 (Supp. 80-1). Amended as an emergency effective March 6, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-2). Emergency adoption effective March 6, 1980 now adopted and amended effective July 9, 1980. Amended subsection (C), paragraph (1) effective August 29, 1980 (Supp. 80-4). Amended as an emergency effective October 9, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 9, 1980, now adopted and amended effective June 19, 1981 (Supp. 81-3). Amended subsection (B), paragraph (1) effective February 2, 1982 (Supp. 82-1). Amended effective May 25, 1982 (Supp. 82-3). Amended subsections ((C)(3) and (C)(5) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-515 renumbered without change as Section R18-2-515 (Supp. 87-3). Section amended and subsections (C)(1)(h) through (C)(7) renumbered to R18-2-515.01 and subsections (C)(8) through (C)(9) renumbered to R18-2-515.02 effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-715 effective November 15, 1993 (Supp. 93-4). New Section made by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

R18-2-515.01. Renumbered

Historical Note
Section R18-2-515.01 renumbered from R18-2-515(C)(1)(h) through (C)(7) and amended effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-715.01 effective November 15, 1993 (Supp. 93-4).

R18-2-515.02. Renumbered

Historical Note
R18-2-515.02 renumbered from R18-2-515(C)(8) through (C)(9) and amended effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-715.02 effective November 15, 1993 (Supp. 93-4).

R18-2-516. Renumbered

Historical Note
Adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Amended effective July 9, 1980 (Supp. 80-4) Amended subsection (A) effective May 28, 1982 (Supp. 82-3). Amended subsection (A) effective September 22, 1983 (Supp. 83-4). Former Section R9-3-516 renumbered without change as Section R18-2-516 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-716 effective November 15, 1993 (Supp. 93-4).

R18-2-517. Renumbered

Historical Note
Adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Editorial correction, subsection (C), paragraph (1) (Supp. 80-1). Amended effective July 9, 1980 (Supp. 80-4). Amended subsection (A) effective May 28, 1982 (Supp. 82-3). Amended subsection (A) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-517 renumbered without change as Section R18-2-517 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-2). Renumbered to R18-2-717 effective November 15, 1993 (Supp. 93-4).

R18-2-518. Renumbered

Historical Note
Adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Amended effective July 9, 1980 (Supp. 80-4). Amended subsection (A) effective May 28, 1982 (Supp. 82-3). Amended effective September 22, 1983 (Supp. 83-4). Former Section R9-3-518 renumbered without change as Section R18-2-518 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-718 effective November 15, 1993 (Supp. 93-4).

R18-2-519. Renumbered

Historical Note
Adopted effective May 14, 1979 (Supp. 79-1). Editorial correction, subsection (A), paragraph (1) (Supp. 80-1). Amended effective July 9, 1980 (Supp. 80-4). Former Section R9-3-519 renumbered without change as Section R18-2-519 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-719 effective November 15, 1993 (Supp. 93-4).

R18-2-520. Renumbered

Historical Note
Adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Editorial correction, subsection (A), paragraph (1) (Supp. 80-2). Amended effective July 9, 1980 (Supp. 80-4). Amended subsection (A) effective May 28, 1982 (Supp. 82-3). Amended subsection (A) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-520 renumbered without change as Section R18-2-520 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-720 effective November 15, 1993 (Supp. 93-4).

R18-2-521. Renumbered

Historical Note
Adopted effective May 14, 1979 (Supp 79-1). Amended effective October 2, 1979 (Supp. 79-5). Amended effective July 9, 1980 (Supp. 80-4). Amended subsection (A) effective May 28, 1982 (Supp. 82-3). Amended subsection (A) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-521 renumbered without change as Section R18-2-521 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-721 effective November 15, 1993 (Supp. 93-4).

R18-2-522. Renumbered

Historical Note
Adopted effective May 14, 1979 (Supp. 79-1). Amended effective July 9, 1980 (Supp. 80-4). Amended subsection (A) effective May 28, 1982 (Supp. 82-3). Amended subsection (A) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-522 renumbered without change as Section R18-2-522 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-722 effective November 15, 1993 (Supp. 93-4).

R18-2-523. Renumbered

Historical Note
Adopted effective May 14, 1979 (Supp. 79-1). Amended effective July 9, 1980 (Supp. 80-4). Former Section R9-3-523 renumbered without change as Section R18-2-523 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-2). Renumbered to R18-2-723 effective November 15, 1993 (Supp. 93-4).

R18-2-524. Renumbered

Historical Note
Adopted effective May 14, 1979 (Supp. 79-1). Amended effective July 9, 1980 (Supp. 80-4). Amended subsection (A) effective September 22, 1983 (Supp. 83-5). Former Section R9-3-524 renumbered without change as Section R18-2-524 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-724 effective November 15, 1993 (Supp. 93-4).

R18-2-525. Renumbered

Historical Note
Adopted effective May 14, 1979 (Supp. 79-1). Editorial correction, subsection (B) (Supp. 79-6). Amended effective July 9, 1980 (Supp. 80-4). Former Section R9-3-525 renumbered without change as Section R18-2-525 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-725 effective November 15, 1993 (Supp. 93-4).

R18-2-526. Renumbered

Historical Note

Adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-526 renumbered without change as Section R18-2-526 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-726 effective November 15, 1993 (Supp. 93-4).

R18-2-527. Renumbered

Historical Note

Adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-527 renumbered without change as Section R18-2-527 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-727 effective November 15, 1993 (Supp. 93-4).

R18-2-528. Renumbered

Historical Note

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective July 9, 1980 (Supp. 80-4). Former Section R9-3-528 renumbered without change as Section R18-2-528 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-728 effective November 15, 1993 (Supp. 93-4).

R18-2-529. Renumbered

Historical Note

Adopted effective September 22, 1983 (Supp. 83-5). Former Section R9-3-529 renumbered without change as Section R18-2-529 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-729 effective November 15, 1993 (Supp. 93-4).

R18-2-530. Renumbered

Historical Note

Adopted effective September 26, 1990 (Supp. 90-3). Renumbered to R18-2-730 effective November 15, 1993 (Supp. 93-4).

ARTICLE 6. EMISSIONS FROM EXISTING AND NEW NONPOINT SOURCES

R18-2-601. General

For purposes of this Article, any source of air contaminants which due to lack of an identifiable emission point or plume cannot be considered a point source, shall be classified as a nonpoint source. In applying this criteria, such items as air curtain incinerators, heater-planners, and conveyor transfer points shall be considered to have identifiable plumes. Any affected facility subject to regulation under Article 7 of this Chapter or Title 18, Chapter 2, Article 9, shall not be subject to regulation under this Article.

Historical Note

Former Section R9-3-601 repealed, new Section R9-3-601 adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-601 renumbered without change as Section R18-2-601 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Former Section R18-2-601 renumbered to R18-2-801, new Section R18-2-601 renumbered from R18-2-401 and amended effective November 15, 1993 (Supp. 93-4). Section updated to reflect corrected citation reference (Supp. 08-1). Amended by final expedited rulemaking at 30 A.A.R. 2422 (July 26, 2024), with an immediate effective date of July 3, 2024 (Supp. 24-3).

R18-2-602. Unlawful Open Burning

A. In addition to the definitions contained in A.R.S. § 49-501, in this Section:

1. "Agricultural burning" means burning vegetative materials related to producing and harvesting crops and raising animals for the purpose of marketing for profit, or providing a livelihood, but does not include burning of household waste or prohibited materials. A person may conduct agricultural burns in fields, piles, ditch banks, fence rows, or canal laterals for purposes such as weed control, waste disposal, disease and pest prevention, or site preparation.
2. "Approved waste burner" means an incinerator constructed of fire resistant material with a cover or screen that is closed when in use, and has openings in the sides or top no greater than 1 inch in diameter.
3. "Class I Area" means any one of the Arizona mandatory federal Class I areas defined in A.R.S. § 49-401.01.
4. "Construction burning" means burning wood or vegetative material from land clearing, site preparation, or fabrication, erection, installation, demolition, or modification of any buildings or other land improvements, but does not include burning household waste or prohibited material.
5. "Dangerous material" means any substance or combination of substances that is capable of causing bodily harm or property loss unless neutralized, consumed, or otherwise disposed of in a controlled and safe manner.
6. "Delegated authority" means any of the following:
   a. A county, city, town, air pollution control district, or fire district that has been delegated authority to issue open burning permits by the Director under A.R.S. § 49-501(E); or
   b. A private fire protection service provider that has been assigned authority to issue open burning permits by one of the authorities in subsection (A)(6)(a).
7. "Director" means the Director of the Department of Environmental Quality, or designee.
8. "Emission reduction techniques" means methods for controlling emissions from open outdoor fires to minimize the amount of emissions output per unit of area burned.
9. "Flue," as used in this Section, means any duct or passage for air or combustion gases, such as a stack or chimney.
10. "Household waste" means any solid waste including garbage, rubbish, and sanitary waste from a septic tank that is generated from households including single and multiple family residences, hotels and motels, bunkhouses, ranger stations, crew quarters, campgrounds, picnic grounds, and day-use recreation areas, but does not include construction debris, landscaping rubble, or demolition debris.
11. "Independent authority to permit fires" means the authority of a county to permit fires by a rule adopted under Arizona Revised Statutes, Title 49, Chapter 3, Article 3, and includes only Maricopa, Pima, and Pinal counties.
12. "Open outdoor fire or open burning" means the combustion of material of any type, outdoors and in the open, where the products of combustion are not directed through a flue. Open outdoor fires include agricultural, residential, prescribed, and construction burning, and fires using air curtain incinerators.
13. "Prohibited materials" means nonpaper garbage from the processing, storage, service, or consumption of food; chemically treated wood; lead-painted wood; linoleum flooring, and composite counter-tops; tires; explosives or

ammunition; oleanders; asphalt shingles; tar paper; plastic and rubber products, including bottles for household chemicals; plastic grocery and retail bags; waste petroleum products, such as waste crankcase oil, transmission oil, and oil filters; transformer oils; asbestos; batteries; anti-freeze; aerosol spray cans; electrical wire insulation; thermal insulation; polyester products; hazardous waste products such as paints, pesticides, cleaners and solvents, stains and varnishes, and other flammable liquids; plastic pesticide bags and containers; and hazardous material containers including those that contained lead, cadmium, mercury, or arsenic compounds.

14. "Residential burning" means open burning of vegetative materials conducted by or for the occupants of residential dwellings, but does not include burning household waste or prohibited material.
15. "Prescribed burning" has the same meaning as in R18-2-1501.

B. Unlawful open burning. Notwithstanding any other rule in this Chapter, a person shall not ignite, cause to be ignited, permit to be ignited, allow, or maintain any open outdoor fire in a county without independent authority to permit fires except as provided in A.R.S. § 49-501 and this Section.

C. Open outdoor fires exempt from a permit. The following fires do not require an open burning permit from the Director or a delegated authority:

1. Fires used only for:
   a. Cooking of food,
   b. Providing warmth for human beings,
   c. Recreational purposes,
   d. Branding of animals,
   e. Orchard heaters for the purpose of frost protection in farming or nursery operations, and
   f. The proper disposal of flags under 4 U.S.C. 1, § 8.
2. Any fire set or permitted by any public officer in the performance of official duty, if the fire is set or permission given for the following purpose:
   a. Control of an active wildfire; or
   b. Instruction in the method of fighting fires, except that the person setting these fires must comply with the reporting requirements of subsection (D)(3)(f).
3. Fire set by or permitted by the Director of Department of Agriculture for the purpose of disease and pest prevention in an organized, area-wide control of an epidemic or infestation affecting livestock or crops.
4. Prescribed burns set by or assisted by the federal government or any of its departments, agencies, or agents, or the state or any of its agencies, departments, or political subdivisions, regulated under Article 15 of this Chapter.

D. Open outdoor fires requiring a permit.

1. The following open outdoor fires are allowed with an open burning permit from the Director or a delegated authority:
   a. Construction burning;
   b. Agricultural burning;
   c. Residential burning;
   d. Prescribed burns conducted on private lands without the assistance of a federal or state land manager as defined under R18-2-1501;
   e. Any fire set or permitted by a public officer in the performance of official duty, if the fire is set or permission given for the purpose of weed abatement, or the prevention of a fire hazard, unless the fire is exempt from the permit requirement under subsection (C)(3);
   f. Open outdoor fires of dangerous material under subsection (E);
   g. Open outdoor fires of household waste under subsection (F); and
   h. Open outdoor fires that use an air curtain incinerator, as defined in R18-2-101.
2. A person conducting an open outdoor fire in a county without independent authority to permit fires shall obtain a permit from the Director or a delegated authority unless exempted under subsection (C). Permits may be issued for a period not to exceed one year. A person shall obtain a permit by completing an ADEQ-approved application form.
3. Open outdoor fire permits issued under this Section shall include:
   a. A list of the materials that the permittee may burn under the permit;
   b. A means of contacting the permittee authorized by the permit to set an open fire in the event that an order to extinguish the open outdoor fire is issued by the Director or the delegated authority;
   c. A requirement that burns be conducted during the following periods, unless otherwise waived or directed by the Director on a specific day basis:
      i. Year-round: ignite fire no earlier than one hour after sunrise; and
      ii. Year-round: extinguish fire no later than two hours before sunset;
   d. A requirement that the permittee conduct all open burning only during atmospheric conditions that:
      i. Prevent dispersion of smoke into populated areas;
      ii. Prevent visibility impairment on traveled roads or at airports that result in a safety hazard;
      iii. Do not create a public nuisance or adversely affect public safety;
      iv. Do not cause an adverse impact to visibility in a Class I area; and
      v. Do not cause uncontrollable spreading of the fire;
   e. A list of the types of emission reduction techniques that the permittee shall use to minimize fire emissions.;
   f. A reporting requirement that the permittee shall meet by providing the following information in a format provided by the Director for each date open burning occurred, on either a daily basis on the day of the fire, or an annual basis in a report to the Director or delegated authority due on March 31 for the previous calendar year:
      i. The date of each burn;
      ii. The type and quantity of fuel burned for each date open burning occurred;
      iii. The fire type, such as pile or pit, for each date open burning occurred; and
      iv. For each date open burning occurred, the legal location, to the nearest section, or latitude and longitude, to the nearest degree minute, or street address for residential burns;
   g. A requirement that the person conducting the open burn notify the local fire-fighting agency or private fire protection service provider, if the service pro-

vider is a delegated authority, before burning. If neither is in existence, the person conducting the burn shall notify the state forester;

h. A requirement that the permittee start each open outdoor fire using items that do not cause the production of black smoke;

i. A requirement that the permittee attend the fire at all times until it is completely extinguished;

j. A requirement that the permittee provide fire extinguishing equipment on-site for the duration of the burn;

k. A requirement that the permittee ensure that a burning pit, burning pile, or approved waste burner be at least 50 feet from any structure;

l. A requirement that the permittee have a copy of the burn permit on-site during open burning;

m. A requirement that the permittee not conduct open burning when an air stagnation advisory, as issued by the National Weather Service, is in effect in the area of the burn or during periods when smoke can be expected to accumulate to the extent that it will significantly impair visibility in Class I areas;

n. A requirement that the permittee not conduct open burning when any stage air pollution episode is declared under R18-2-220;

o. A statement that the Director, or any other public officer, may order that the burn be extinguished or prohibit burning during periods of inadequate smoke dispersion, excessive visibility impairment, or extreme fire danger; and

p. A list of the activities prohibited and the criminal penalties provided under A.R.S. § 13-1706.

4. The Director or a delegated authority shall not issue an open burning permit under this Section:

a. That would allow burning prohibited materials other than under a permit for the burning of dangerous materials;

b. If the applicant has applied for a permit under this Section to burn a dangerous material which is also hazardous waste under 40 CFR 261, but does not have a permit to burn hazardous waste under 40 CFR 264, or is not an interim status facility allowed to burn hazardous waste under 40 CFR 265; or

c. If the burning would occur at a solid waste facility in violation of 40 CFR 258.24 and the Director has not issued a variance under A.R.S. § 49-763.01.

E. Open outdoor fires of dangerous material. A fire set for the disposal of a dangerous material is allowed by the provisions of this Section, when the material is too dangerous to store and transport, and the Director has issued a permit for the fire. A permit issued under this subsection shall contain all provisions in subsection (D)(3) except for subsections (D)(3)(e) and (D)(3)(f). The Director shall permit fires for the disposal of dangerous materials only when no safe alternative method of disposal exists, and burning the materials does not result in the emission of hazardous or toxic substances either directly or as a product of combustion in amounts that will endanger health or safety.

F. Open outdoor fires of household waste. An open outdoor fire for the disposal of household waste is allowed by provisions of this Section when permitted in writing by the Director or a delegated authority. A permit issued under this subsection shall contain all provisions in subsection (D)(3) except for subsections (D)(3)(e) and (D)(3)(f). The permittee shall conduct open outdoor fires of household waste in an approved waste burner and shall either:

1. Burn household waste generated on-site on farms or ranches of 40 acres or more where no household waste collection or disposal service is available; or
2. Burn household waste generated on-site where no household waste collection and disposal service is available and where the nearest other dwelling unit is at least 500 feet away.

G. Permits issued by a delegated authority. The Director may delegate authority for the issuance of open burning permits to a county, city, town, air pollution control district, or fire district. A delegated authority may not issue a permit for its own open burning activity. The Director shall not delegate authority to issue permits to burn dangerous material under subsection (E). A county, city, town, air pollution control district, or fire district with delegated authority from the Director may assign that authority to one or more private fire protection service providers that perform fire protection services within the county, city, town, air pollution control district, or fire district. A private fire protection provider shall not directly or indirectly condition the issuance of open burning permits on the applicant being a customer. Permits issued under this subsection shall comply with the requirements in subsection (D)(3) and be in a format prescribed by the Director. Each delegated authority shall:

1. Maintain a copy of each permit issued for the previous five years available for inspection by the Director;
2. For each permit currently issued, have a means of contacting the person authorized by the permit to set an open fire if an order to extinguish open burning is issued; and
3. Annually submit to the Director by May 15 a record of daily burn activity, excluding household waste burn permits, on a form provided by the Director for the previous calendar year containing the information required in subsections (D)(3)(e) and (D)(3)(f).

H. The Director shall hold an annual public meeting for interested parties to review operations of the open outdoor fire program and discuss emission reduction techniques.

I. Nothing in this Section is intended to permit any practice that is a violation of any statute, ordinance, rule, or regulation.

Historical Note

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective October 2, 1979 (Supp. 79-5). Correction, subsection (C) repealed effective October 2, 1979, not shown (Supp. 80-1). Former Section R9-3-602 renumbered without change as Section R18-2-602 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Former Section R18-2-602 renumbered to R18-2-802, new Section R18-2-602 renumbered from R18-2-401 effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 10 A.A.R. 388, effective March 16, 2004 (Supp. 04-1). Amended by final expedited rulemaking at 30 A.A.R. 2422 (July 26, 2024), with an immediate effective date of July 3, 2024 (Supp. 24-3).

R18-2-603. Repealed

Historical Note

Adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-603 renumbered without change as Section R18-2-603 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Former Section R18-2-603 renumbered to R18-2-803, new Section R18-2-603 renumbered from R18-2-403 effective November 15,

1993 (Supp. 93-4). Repealed effective October 8, 1996 (Supp. 96-4).

R18-2-604. Open Areas, Dry Washes, or Riverbeds

A. No person shall cause, suffer, allow, or permit a building or its appurtenances, or a building or subdivision site, or a driveway, or a parking area, or a vacant lot or sales lot, or an urban or suburban open area to be constructed, used, altered, repaired, demolished, cleared, or leveled, or the earth to be moved or excavated, without taking reasonable precautions to limit excessive amounts of particulate matter from becoming airborne. Dust and other types of air contaminants shall be kept to a minimum by good modern practices such as using an approved dust suppressant or adhesive soil stabilizer, paving, covering, landscaping, continuous wetting, detouring, barring access, or other acceptable means.

B. No person shall cause, suffer, allow, or permit a vacant lot, or an urban or suburban open area, to be driven over or used by motor vehicles, trucks, cars, cycles, bikes, or buggies, or by animals such as horses, without taking reasonable precautions to limit excessive amounts of particulates from becoming airborne. Dust shall be kept to a minimum by using an approved dust suppressant, or adhesive soil stabilizer, or by paving, or by barring access to the property, or by other acceptable means.

C. No person shall operate a motor vehicle for recreational purposes in a dry wash, riverbed or open area in such a way as to cause or contribute to visible dust emissions which then cross property lines into a residential, recreational, institutional, educational, retail sales, hotel or business premises. For purposes of this subsection "motor vehicles" shall include, but not be limited to trucks, cars, cycles, bikes, buggies and 3-wheelers. Any person who violates the provisions of this subsection shall be subject to prosecution under A.R.S. § 49-463.

Historical Note

Adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-604 renumbered without change as Section R18-2-604 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Former Section R18-2-604 renumbered to R18-2-804, new Section R18-2-604 renumbered from R18-2-404 and amended effective November 15, 1993 (Supp. 93-4).

R18-2-605. Roadways and Streets

A. No person shall cause, suffer, allow or permit the use, repair, construction or reconstruction of a roadway or alley without taking reasonable precautions to prevent excessive amounts of particulate matter from becoming airborne. Dust and other particulates shall be kept to a minimum by employing temporary paving, dust suppressants, wetting down, detouring or by other reasonable means.

B. No person shall cause, suffer, allow or permit transportation of materials likely to give rise to airborne dust without taking reasonable precautions, such as wetting, applying dust suppressants, or covering the load, to prevent particulate matter from becoming airborne. Earth or other material that is deposited by trucking or earth moving equipment shall be removed from paved streets by the person responsible for such deposits.

Historical Note

Adopted effective May 14, 1979 (Supp. 79-1). Former Section R9-3-605 renumbered without change as Section R18-2-605 (Supp. 87-3). Amended effective September 26, 1990 (Supp. 90-3). Former Section R18-2-605 renumbered to R18-2-805, new Section R18-2-605 renumbered from R18-2-405 effective November 15, 1993 (Supp. 93-4).

R18-2-606. Material Handling

No person shall cause, suffer, allow or permit crushing, screening, handling, transporting or conveying of materials or other operations likely to result in significant amounts of airborne dust without taking reasonable precautions, such as the use of spray bars, wetting agents, dust suppressants, covering the load, and hoods to prevent excessive amounts of particulate matter from becoming airborne.

Historical Note

Section R18-2-606 renumbered from R18-2-406 effective November 15, 1993 (Supp. 93-4).

R18-2-607. Storage Piles

A. No person shall cause, suffer, allow, or permit organic or inorganic dust producing material to be stacked, piled, or otherwise stored without taking reasonable precautions such as chemical stabilization, wetting, or covering to prevent excessive amounts of particulate matter from becoming airborne.

B. Stacking and reclaiming machinery utilized at storage piles shall be operated at all times with a minimum fall of material and in such manner, or with the use of spray bars and wetting agents, as to prevent excessive amounts of particulate matter from becoming airborne.

Historical Note

Section R18-2-607 renumbered from R18-2-407 effective November 15, 1993 (Supp. 93-4).

R18-2-608. Mineral Tailings

No person shall cause, suffer, allow, permit construction of, or otherwise own or operate, mineral tailing piles without taking reasonable precautions to prevent excessive amounts of particulate matter from becoming airborne. Reasonable precautions shall mean wetting, chemical stabilization, revegetation or such other measures as are approved by the Director.

Historical Note

Section R18-2-608 renumbered from R18-2-408, new Section R18-2-408 adopted effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 15 A.A.R. 228, effective March 7, 2009 (Supp. 09-1).

R18-2-609. Agricultural Practices

A person shall not cause, suffer, allow, or permit the performance of agricultural practices outside the Phoenix and Yuma planning areas, as defined in 40 CFR 81.303, which is incorporated by reference in R18-2-210, including tilling of land and application of fertilizers without taking reasonable precautions to prevent excessive amounts of particulate matter from becoming airborne.

Historical Note

Section R18-2-609 renumbered from R18-2-409 effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 6 A.A.R. 2009, effective May 12, 2000 (Supp. 00-2). Amended by final rulemaking at 11 A.A.R. 2210, effective July 18, 2005 (Supp. 05-2).

R18-2-610. Definitions for R18-2-610.01, R18-2-610.02, and R18-2-610.03

The definitions in R18-2-101 and the following definitions apply to R18-2-610.01, R18-2-610.02, and R18-2-610.03:

1. "Access restriction" means reducing PM emissions by reducing the number of trips driven on agricultural aprons and access roads by restricting or eliminating public access to noncropland or commercial farm roads with

signs or physical obstruction at locations that effectively control access to the area.

2. "Aggregate cover" means reducing PM emissions and wind erosion and stabilizing soil by applying and maintaining gravel, concrete, recycled road base, caliche, or other similar material to noncropland or commercial farm roads. The aggregate should be clean, hard and durable, and should be applied and maintained to a depth sufficient to reduce PM emissions.
3. "Area A" means the area delineated according to A.R.S. § 49-541(1).
4. "Best management practice" (BMP) means a technique verified by scientific research, that on a case-by-case basis is practical, economically feasible, and effective in reducing PM emissions from a regulated agricultural activity.
5. "Cessation of Night Tilling" means the discontinuation of tillage from sunset to sunrise on a day identified by the Maricopa or Pinal County Dust Control Forecast as being high risk of dust generation.
6. "Chemical irrigation" means reducing a minimum of one ground operation across a commercial farm by applying a fertilizer, pesticide, or other agricultural chemical to cropland through an irrigation system, which reduces soil disturbance and increases efficiency of application.
7. "Chips/ mulches" means reducing PM emissions and soil movement and preserving soil moisture by applying and maintaining nontoxic chemical or organic dust suppressants to a depth sufficient to reduce PM emissions. Materials shall meet all specifications required by federal, state, or local water agencies, and is not prohibited for use by any applicable regulations.
8. "Combining tractor operations" means reducing soil compaction and a minimum of one tillage or ground operation across a commercial farm by using a tractor, implement, harvester, or other farming support vehicle to perform two or more tillage, cultivation, planting, or harvesting operations at the same time. If Equipment modification is also chosen as a BMP, and uses the same practices as described in this BMP, this action is considered one BMP.
9. "Commercial farm" means 10 or more contiguous acres of land used for agricultural purposes within the boundary of the Maricopa PM nonattainment area and Maricopa County portion of Area A, a PM nonattainment area designated after June 1, 2009 as stated in A.R.S. § 49-457(O)(1)(f), or the Pinal County PM Nonattainment Area.
10. "Commercial farm road" means a road that is unpaved, owned by a commercial farmer, and is used exclusively to service a commercial farm.
11. "Commercial farmer" means an individual, entity, or joint operation in general control of a commercial farm.
12. "Committee" means the Governor's Agricultural Best Management Practices Committee as established by A.R.S. § 49-457.
13. "Conservation Tillage" means a tillage system that reduces a minimum of three tillage operations. This system reduces soil and water loss by planting into existing plant stubble on the field after harvest as well as managing the stubble so that it remains intact during the planting season.
14. "Cover crop" means establishing cover crops that maintain a minimum of 60 percent ground cover. Native or volunteer vegetation that meets the minimum ground cover requirement is acceptable. Compliance shall be determined by the Line Transect Test Method, NRCS National Agronomy Manual, Subpart 503.51, Estimating Crop Residue Cover, amended through February 2011 (and no future editions).
15. "Critical area planting" means reducing PM_{10} emissions and wind erosion by planting trees, shrubs, vines, grasses, or other vegetative cover on noncropland in order to maintain at least 60 percent ground cover. Compliance shall be determined by the Line Transect Test Method, NRCS National Agronomy Manual, Subpart 503.51, Estimating Crop Residue Cover, amended through February 2011 (and no future editions).
16. "Cropland" means land on a commercial farm that:
    a. Is within the time-frame of final harvest to plant emergence, but does not include tillage activities;
    b. Has been tilled in a prior year and is suitable for crop production, but is currently fallow; or
    c. Is a turn-row.
17. "Cross-wind ridges" means stabilizing soil and reducing PM emissions and wind erosion by creating soil ridges in a commercial farm by tillage or planting operations. Ridges should be at least four inches in height, and be aligned as perpendicular as possible to the prevailing wind direction.
18. "Dust Control Forecast" means a forecast, which shall identify a low, moderate or high risk of dust generation for the next five consecutive days and shall be issued by noon on each day the forecast is generated. When developing these forecasts, the Department shall consider all of the following:
    a. Projected meteorological conditions, including:
        i. Wind speed and direction,
        ii. Stagnation,
        iii. Recent precipitation, and
        iv. Potential for precipitation;
    b. Existing concentrations of air pollution at the time of the forecast; and
    c. Historic air pollution concentrations that have been observed during meteorological conditions similar to those that are predicted to occur in the forecast.
19. "Equipment modification" means reducing PM emissions and soil erosion during tillage or ground operations by modifying and maintaining an existing piece of agricultural equipment, installing shielding equipment, modifying land planting and land leveling, matching the equipment to row spacing, or grafting to new varieties or technological improvements. If combining tractor operations is also chosen as a BMP, and uses the same practices as described in this BMP, this action is considered one BMP.
20. "Fallow Field" means an area of land that is routinely cultivated, planted and harvested and is unplanted for one or more growing seasons or planting cycles, but is intended to be placed back in agricultural production.
21. "Field Capacity" means the amount of water remaining in the soil two days after having been saturated and after free drainage has ceased.
22. "Forage Crop" means a product grown for consumption by any domestic animal.
23. "Genetically Modified" (GMO) means a living organism whose genetic material has been altered, changing one or more of its characteristics.

24. "GPS: Global Position Satellite System" means using a satellite navigation system on farm equipment to calculate position in the field.
25. "Green chop" means reducing soil compaction, soil disturbance and a minimum of one ground operation across a commercial farm by harvesting a Forage Crop without allowing it to dry in the field.
26. "Ground operation" means an agricultural operation that is not a tillage operation, which involves equipment passing across the field. A ground operation includes harvest activities. A pass through the field may be a subset of a ground operation.
27. "Harvest" means the time after planting up through harvest, including gathering mature crops from a commercial farm, as well as all actions taken immediately after crop removal, such as cooling, sorting, cleaning, and packing.
28. "Integrated Pest Management" means reducing soil compaction and a minimum of one ground operation across a commercial farm for spraying by using a combination of techniques including organic, conventional, and biological farming practices to suppress pest problems.
29. "Limited harvest activity" means performing no ground operations on a day identified by the Maricopa or Pinal County Dust Control Forecast to be high risk for dust generation.
30. "Limited tillage activity" means performing no tillage operations on a day identified by the Maricopa or Pinal County Dust Control Forecast to be high risk for dust generation.
31. "Maricopa PM nonattainment area" means the Phoenix planning area as defined in 40 CFR 81.303, which is incorporated by reference in R18-2-210.
32. "Multi-year crop" means reducing PM emissions from wind erosion and a minimum of one tillage and ground operation across a commercial farm, by protecting the soil surface by growing a crop, pasture, or orchard that is grown, or will be grown, on a continuous basis for more than one year.
33. "Noncropland" means any commercial farm land that:
    a. Is no longer used for agricultural production;
    b. Is no longer suitable for production of crops;
    c. Is subject to a restrictive easement or contract that prohibits use for the production of crops; or
    d. Includes a ditch, or ditch bank, equipment yard, storage yard, or well head.
34. "NRCS" means the Natural Resource Conservation Service.
35. "Organic material cover" means reducing PM emissions and wind erosion and preserving soil moisture by applying and maintaining cover material such as animal waste or plant residue, to a soil surface to reduce soil movement. Material shall be evenly applied and maintained to a depth sufficient to reduce PM emissions and coverage should be a minimum of 70 percent.
36. "Permanent cover" means reducing PM emissions and wind erosion by maintaining a long-term perennial vegetative cover on cropland that is temporarily not producing a major crop. Perennial species such as grasses and/or legumes shall be used to establish at least 60 percent cover. Compliance shall be determined by the Line Transect Test Method, NRCS National Agronomy Manual, Subpart 503.51, Estimating Crop Residue Cover, amended through February 2011 (and no future editions).
37. "Pinal County PM Nonattainment Area" means the West Pinal PM_{10} planning area and the West Central $PM_{2.5}$ planning area, as defined in 40 CFR 81.303, and incorporated by reference in R18-2-210.
38. "Plant stubble" means stubble on the soil surface, which insulates soil to reduce evaporation of moisture, and also protects the soil from wind and water erosion.
39. "Planting based on soil moisture" means reducing PM emissions and wind erosion by applying water or having enough moisture in the soil to germinate the seed prior to planting. Soil must have a minimum soil moisture content of 60% of field capacity at planting depth. Compliance shall be determined by NRCS Estimating Soil Moisture by Feel and Appearance Method, amended through April 1998 (and no future editions).
40. "PM" includes both particulate matter with an aerodynamic diameter less than or equal to a nominal 2.5 micrometers as measured by a reference method based on 40 CFR 50 Appendix L, or by an equivalent method designated according to 40 CFR 53; and particulate matter with an aerodynamic diameter less than or equal to a nominal 10 micrometers as measured by a reference method contained within 40 CFR 50 Appendix J or by an equivalent method designated in accordance with 40 CFR 53, as incorporated by reference in Appendix 2.
41. "Precision Farming" means reducing the number of passes across a commercial farm by at least 12 inches per pass by using GPS to precisely guide farm equipment in the field.
42. "Reduce vehicle speed" means reducing PM emissions and soil erosion from the operation of farm vehicles or farm equipment on noncropland or commercial farm roads at speeds not to exceed 15 mph. This can be achieved through installation of engine speed governors, signage, or speed control devices.
43. "Reduced harvest activity" means reducing soil disturbance, soil and water loss, and the number of mechanical harvest passes by a minimum of one ground operation across a commercial farm, by means other than equipment modification or combining tractor operations.
44. "Reduced tillage system" means reducing soil disturbance, soil and water loss, by using a single piece of equipment that reduces a minimum of three tillage operations, by means other than equipment modification or combining tractor operations.
45. "Regulated agricultural activity" means a regulated agricultural activity as defined in A.R.S. § 49-457(O)(1)(a) through (O)(1)(d).
46. "Regulated area" means the regulated area as defined in A.R.S. § 49-457(O)(6).
47. "Residue management" means reducing PM emissions and wind erosion by maintaining a minimum of 60 percent ground cover of crop and other plant residues on a soil surface between the time of harvest of one crop and the commencement of tillage for a new crop. Compliance shall be determined by the Line Transect Test Method, NRCS National Agronomy Manual, Subpart 503.51, Estimating Crop Residue Cover, amended through February 2011 (and no future editions).
48. "Sequential cropping" means reducing PM emissions and wind erosion by growing crops in a sequence or close rotation that limits the amount of time bare soil is exposed on a commercial farm to 30 days or less.

49. "Shuttle System/Larger Carrier" means reducing one out of every four trips across a commercial farm by using multiple or larger bins/trailers to haul commodity from the field.
50. "Significant Agricultural Earth Moving Activities" means either leveling activities conducted on a commercial farm that disturb the soil more than 4 inches below the surface, or the creation, maintenance and relocation of: ditches, canals, ponds, irrigation lines, tailwater recovery systems (agricultural sumps) and other water conveyances, not to include activities performed on cropland for tillage, ground operations or harvest.
51. "Silt content test method" means the test method as described in Appendix 2.
52. "Stabilization of soil prior to plant emergence" means reducing PM emissions by applying water to soil prior to crop emergence in order to cause the soil to form a visible crust.
53. "Surface roughening" means reducing PM emissions or wind erosion by manipulating a soil surface by means such as rough discing or tillage in order to produce or maintain clods on the land surface. Compliance shall be determined by NRCS Practice Code 609, Surface Roughening, amended through November 2008 (and no future editions).
54. "Synthetic particulate suppressant" means reducing PM emissions and wind erosion by providing a stabilized soil surface on noncropland or commercial farm roads with a manufactured product such as lignosulfate, calcium chloride, magnesium chloride, an emulsion of a petroleum product, an enzyme product, or polyacrylamide that is used to control particulate matter.
55. "Tillage" means any mechanical practice that physically disturbs the soil, and includes preparation for planting, such as plowing, ripping, or discing.
56. "Tillage based on soil moisture" means reducing PM emissions by irrigating fields to the depth of the proposed cut prior to soil disturbances or conducting tillage to coincide with precipitation. Soil must have a minimum soil moisture content of 40-60% of field capacity at planting depth. Compliance shall be determined by NRCS Estimating Soil Moisture by Feel and Appearance Method, amended through April 1998 (and no future editions).
57. "Timing of a tillage operation" means reducing wind erosion and PM emissions by performing tillage operations that minimize the amount of time within 45 days.
58. "Tillage operation" means an agricultural operation that mechanically manipulates the soil for the enhancement of crop production. Examples include discing or bedding. A pass through the field may be a subset of a tillage operation.
59. "Track-out control system" means minimizing any and all material that adheres to and agglomerates on all vehicles and equipment from noncropland or commercial farm roads or and falls onto paved public roads or shoulders to paved public roads by using a device or system to remove mud or soil from a vehicle or equipment before the vehicle enters a paved public road. Devices such as a grizzly, a gravel pad or a wheel wash system can be used.
60. "Transgenic Crops" means reducing a minimum of one tillage or ground operation, the number of chemical spray applications, or soil disturbances by using plants that are genetically modified.
61. "Transplanting" means reducing a minimum of one ground operation across a commercial farm and minimizing soil disturbance by utilizing plants already in a growth state as compared to seeding.
62. "Unpaved vehicle or equipment traffic area" means any area of noncropland that is used for the fueling, servicing, receiving, transfer, parking or storing of equipment or vehicles.
63. "VDT" (Vehicle trips per day) means trips per day made by one vehicle, in one direction.
64. "Watering" means reducing PM emissions and wind erosion by applying water to noncropland or commercial farm road bare soil surfaces during periods of high traffic until the surfaces are visibly moist.
65. "Watering on a high risk day" means reducing PM emissions and wind erosion by applying water to commercial farm road bare soil surfaces until the surfaces are visibly moist, on a day forecast to be high risk for dust generation by the Maricopa or Pinal County Dust Control Forecast.
66. "Wind barrier" means reducing PM emissions and wind erosion by constructing a fence or structure, or providing a woody vegetative barrier by planting a row of trees or shrubs, perpendicular or across the prevailing wind direction to reduce wind speed by changing the pattern of air flow over the land surface. For fences and structures, the wind barrier shall have a density of no less than 50% and the height of the wind barrier must be proportionate to the downwind protected area. The downwind protected area is considered ten times the height of the wind barrier. For vegetative barriers, compliance shall be determined by NRCS Conservation Practice Standard, Code 380, Windbreak/Shelterbelt Establishment, amended through August 21, 2009 (and no future editions).

Historical Note

Former Section R18-2-610 renumbered to R18-2-612; new Section R18-2-610 adopted by final rulemaking at 6 A.A.R. 2009, effective May 12, 2000 (Supp. 00-2). Amended by exempt rulemaking at 13 A.A.R. 4326, effective November 14, 2007 (Supp. 07-4). Amended by exempt rulemaking at 18 A.A.R. 137, effective December 29, 2011 (Supp. 11-4). Subsection (A) corrected at the request of the Department, Office File No. M12-133, filed April 5, 2012 (Supp. 11-4). Amended by exempt rulemaking pursuant to Laws 2011, Ch. 214, § 4, at 21 A.A.R. 1156, effective July 2, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 27 A.A.R. 2747 (November 26, 2021), with an immediate effective date of November 3, 2021 (Supp. 21-4).

R18-2-610.01. Agricultural PM General Permit for Crop Operations; Maricopa County PM Nonattainment Area

A. A commercial farmer within the Maricopa County PM Nonattainment Area shall implement at least two best management practices from each category to reduce PM emissions.

B. A commercial farmer shall implement from the following best management practices, as described in subsection (A), to reduce PM emissions during tillage, harvest or ground operation activities:
1. Chemical irrigation,
2. Combining tractor operations,
3. Equipment modification,
4. Green Chop,
5. Integrated Pest Management,

6. Limited harvest activity,
7. Limited tillage activity,
8. Multi-year crop,
9. Cessation of Night Tilling,
10. Planting based on soil moisture,
11. Precision Farming,
12. Reduced harvest activity,
13. Reduced tillage system,
14. Tillage based on soil moisture,
15. Timing of a tillage operation,
16. Transgenic Crops,
17. Transplanting,
18. Shuttle System/Larger Carrier, or
19. Conservation Tillage.

C. A commercial farmer shall implement from the following best management practices, as described in subsection (A), to reduce PM emissions from noncropland and commercial farm roads:
1. Access restriction,
2. Aggregate cover,
3. Wind barrier,
4. Critical area planting,
5. Organic material cover,
6. Reduce vehicle speed,
7. Synthetic particulate suppressant,
8. Track-out control system, or
9. Watering.

D. A commercial farmer shall implement from the following best management practices, as described in subsection (A), to reduce PM emissions from cropland:
1. Wind barrier,
2. Cover crop,
3. Cross-wind ridges,
4. Chips/mulches,
5. Multi-year crop,
6. Permanent cover,
7. Stabilization of soil prior to plant emergence,
8. Residue management,
9. Sequential cropping, or
10. Surface roughening.

E. A commercial farmer shall implement from the following best management practices, as described in subsection (A), to reduce PM emissions when conducting Significant Agricultural Earth Moving Activities as defined in R18-2-610:
1. Apply water prior to conducting Significant Agricultural Earth Moving Activities and/or time Significant Agricultural Earth Moving Activities to coincide with precipitation. Soil must have a minimum soil moisture content of 50% of field capacity. Compliance shall be determined by NRCS Estimating Soil Moisture by Feel and Appearance Method, amended through April 1998 (and no future editions);
2. Apply water during Significant Agricultural Earth Moving Activities. Soil must have a minimum soil moisture content of 30% of field capacity. Compliance shall be determined by NRCS Estimating Soil Moisture by Feel and Appearance Method, amended through April 1998 (and no future editions);
3. Limit activities on a day identified by the Maricopa or Pinal County Dust Control Forecast to be high risk for dust generation; or
4. Conduct Significant Agricultural Earth Moving Activities in a manner to reduce a minimum of one ground operation across a commercial farm by using equipment that is the most efficient means of moving the soil.

F. From and after December 31, 2015, a commercial farmer who engages in a regulated agricultural activity shall complete and maintain a Best Management Practices Program General Permit Record Form demonstrating compliance with this Section. Thereafter, a new Best Management Practices Program General Permit Record Form shall be completed every year by March 31. The Form shall be provided to the Director within two business days of notice to the commercial farmer. The Best Management Practice Program General Permit Record Form shall include the following information:
1. The name of the commercial farmer, signature, and date signed;
2. The mailing address or physical address of the commercial farm; and
3. The best management practices selected for tillage, harvest, and ground operation activities, cropland, noncropland and commercial farm roads, and significant earth moving activities (if applicable).

G. Records of any changes to the Best Management Practices identified in the most recently submitted Best Management Practices Program General Permit Record Form shall be kept by the commercial farmer onsite and made available for review by the Director within two business days of notice to the commercial farmer.

H. A person may develop different practices to control PM emissions not contained in subsections (B), (C), (D), or (E) and may submit such practices that are proven effective through on-farm demonstration trials to the Committee. The proposed new practices shall not become effective unless submitted as described in A.R.S. § 49-457(L).

I. A commercial farmer shall maintain a record demonstrating compliance with this Section for three years. Records shall include a copy of the complete Best Management Practice Program General Permit Record Form to confirm implementation of each best management practice.

J. The Director shall not assess a fee to a commercial farmer for coverage under the agricultural PM_{10} general permit.

K. A commercial farmer shall ensure that the implementation of all selected best management practices does not violate any other local, state, or federal law.

L. The Director shall document noncompliance with this Section before issuing a compliance order.

M. A commercial farmer who is not in compliance with this Section is subject to the provisions in A.R.S. § 49-457(I), (J), and (K).

Historical Note

New Section made by exempt rulemaking at 18 A.A.R. 137, effective December 29, 2011 (Supp. 11-4). Amended by exempt rulemaking pursuant to Laws 2011, Ch. 214, § 4, at 21 A.A.R. 1156, effective July 2, 2015 (Supp. 15-3).

R18-2-610.02. Agricultural PM General Permit for Crop Operations; Moderate PM Nonattainment Areas, Designated After June 1, 2009

A. A commercial farmer within a PM Moderate Nonattainment Area, designated after June 1, 2009, shall implement at least one best management practice from each category to reduce PM emissions.

B. A commercial farmer shall implement from the following best management practices, as described in subsection (A), to

reduce PM emissions during tillage, harvest and ground operation activities:
1. Chemical irrigation,
2. Combining tractor operations,
3. Equipment modification,
4. Green Chop,
5. Integrated Pest Management,
6. Limited harvest activity,
7. Limited tillage activity,
8. Multi-year crop,
9. Cessation of Night Tilling,
10. Planting based on soil moisture,
11. Precision Farming,
12. Reduced harvest activity,
13. Reduced tillage system,
14. Tillage based on soil moisture,
15. Timing of a tillage operation,
16. Transgenic Crops,
17. Transplanting, or
18. Shuttle System/Larger Carrier, or
19. Conservation Tillage.

C. A commercial farmer shall implement from the following best management practices, as described in subsection (A), to reduce PM emissions from noncropland and commercial farm roads:
1. Access restriction,
2. Aggregate cover,
3. Wind barrier,
4. Critical area planting,
5. Organic material cover,
6. Reduce vehicle speed,
7. Synthetic particulate suppressant,
8. Track-out control system, or
9. Watering.

D. A commercial farmer shall implement from the following best management practices, as described in subsection (A), to reduce PM emissions from cropland:
1. Wind barrier,
2. Cover crop,
3. Cross-wind ridges,
4. Chips/mulches,
5. Multi-year crop,
6. Permanent cover,
7. Stabilization of soil prior to plant emergence,
8. Residue management,
9. Sequential cropping, or
10. Surface roughening.

E. A commercial farmer shall implement from the following best management practices, as described in subsection (A), when conducting Significant Agricultural Earth Moving Activities as defined in R18-2-610:
1. Apply water prior to conducting Significant Agricultural Earth Moving Activities and/or time Significant Agricultural Earth Moving Activities to coincide with precipitation. Soil must have a minimum soil moisture content of 50% of field capacity. Compliance shall be determined by NRCS Estimating Soil Moisture by Feel and Appearance Method, amended through April 1998 (and no future editions);
2. Apply water during Significant Agricultural Earth Moving Activities. Soil must have a minimum soil moisture content of 30% of field capacity. Compliance shall be determined by NRCS Estimating Soil Moisture by Feel and Appearance Method, amended through April 1998 (and no future editions);
3. Limit activities on a day identified by the Maricopa or Pinal County Dust Control Forecast to be high risk for dust generation; or
4. Conduct Significant Agricultural Earth Moving Activities in a manner to reduce a minimum of one ground operation across a commercial farm by using equipment that is the most efficient means of moving the soil.

F. From and after December 31, 2015, a commercial farmer who engages in a regulated agricultural activity shall complete and maintain a Best Management Practices Program General Permit Record Form demonstrating compliance with this Section. Thereafter, a new Best Management Practices Program General Permit Record Form shall be completed every year by March 31. The Form shall be provided to the Director within two business days of notice to the commercial farmer. The Best Management Practice Program General Permit Record Form shall include the following information:
1. The name of the commercial farmer, signature, and date signed;
2. The mailing address or physical address of the commercial farm; and
3. The best management practice selected for tillage, harvest and ground operation activities, cropland, noncropland and commercial farm roads, and significant earth moving activities (if applicable).

G. Records of any changes to the Best Management Practices shall be noted on the Best Management Practices Program General Permit Record Form and shall be kept by the commercial farmer onsite and made available for review by the Director within two business days of notice to the commercial farmer.

H. A person may develop different practices to control PM emissions not contained in subsections (B), (C), (D), or (E) and may submit such practices that are proven effective through on-farm demonstration trials to the Committee. The proposed new practices shall not become effective unless submitted as described in A.R.S. § 49-457(L).

I. A commercial farmer shall maintain a record demonstrating compliance with this Section for three years. Records shall include a copy of the complete Best Management Practice Program General Permit Record Form to confirm implementation of each best management practice.

J. The Director shall not assess a fee to a commercial farmer for coverage under the agricultural PM general permit.

K. A commercial farmer shall ensure that the implementation of all selected best management practices does not violate any other local, state, or federal law.

L. The Director shall document noncompliance with this Section before issuing a compliance order.

M. A commercial farmer who is not in compliance with this Section is subject to the provisions in A.R.S. § 49-457(I), (J), and (K).

Historical Note
New Section made by exempt rulemaking pursuant to Laws 2011, Ch. 214, § 4, at 21 A.A.R. 1156, effective July 2, 2015 (Supp. 15-3).

R18-2-610.03. Agricultural PM General Permit for Crop Operations; Pinal County PM Nonattainment Area

A. On the day before and during the day that is forecast to be high risk for dust generation by the Pinal County Dust Control Forecast, a commercial farmer shall ensure implementation of

best management practices as described in subsections (B)(1)(b), (B)(2)(b), (B)(3)(b), (B)(4)(b), and (B)(5)(b).

B. On all days, a commercial farmer shall implement at least two best management practices from each category to reduce PM emissions, as described in subsections (1)(a), (2)(a), (3)(a), (4)(a), (5)(a), and (6). If a commercial farmer implements the Conservation tillage or Reduced tillage system best management practice for the tillage category, they do not have to implement a best management practice from the subsections (2)(a), (2)(b), (5)(a) and (5)(b).

1. Tillage:
   a. A commercial farmer shall implement at least two of the following:
      i. Combining tractor operations,
      ii. Equipment modification,
      iii. Multi-year crop,
      iv. Cessation of night tilling,
      v. Planting based on soil moisture,
      vi. Precision farming,
      vii. Tillage based on soil moisture,
      viii. Timing of a tillage operation,
      ix. Transgenic crops,
      x. Transplanting,
      xi. Reduced tillage system, or
      xii. Conservation tillage.
   b. Unless choosing limited tillage activity (subsection (iv), below), on the day before and during the day that is forecast to be high risk for dust generation by the Pinal County Dust Control Forecast, a commercial farmer shall ensure implementation of at least one of the following:
      i. Multi-year crop,
      ii. Planting based on soil moisture,
      iii. Tillage based on soil moisture,
      iv. Limited tillage activity,
      v. Reduced tillage system, or
      vi. Conservation tillage.
2. Ground Operations and Harvest:
   a. A commercial farmer shall implement at least two of the following:
      i. Combining tractor operations,
      ii. Equipment modification,
      iii. Chemical irrigation,
      iv. Green chop,
      v. Integrated pest management,
      vi. Multi-year crop,
      vii. Precision farming,
      viii. Reduced harvest activity,
      ix. Transgenic crops, or
      x. Shuttle System/Larger Carrier.
   b. Unless choosing limited harvest activity in subsection (iv), on the day before and during the day that is forecast to be high risk for dust generation by the Pinal County Dust Control Forecast, a commercial farmer shall ensure implementation of at least one of the following:
      i. Green chop,
      ii. Integrated pest management,
      iii. Multi-year crop, or
      iv. Limited harvest activity.
3. Noncropland:
   a. A commercial farmer shall implement at least two of the following best management practices:
      i. Access restriction,
      ii. Aggregate cover,
      iii. Wind barrier,
      iv. Critical area planting,
      v. Organic material cover,
      vi. Reduce vehicle speed,
      vii. Synthetic particulate suppressant, or
      viii. Watering.
   b. Unless choosing watering on a high-risk day in subsection (vi), on the day before and during a day forecast to be high risk for dust generation by the Pinal County Dust Control Forecast, on a noncropland area that experiences more than 20 VDT from two or more axle vehicles, commercial farmer shall ensure implementation of at least one of the following best management practices:
      i. Aggregate cover,
      ii. Wind barrier,
      iii. Critical area planting,
      iv. Organic material cover,
      v. Synthetic particulate suppressant, or
      vi. Watering on a high-risk day.
   c. On each day that traffic accounts for 50 or more vehicle daily trips, or 20 or more vehicle daily trips with three or more axles, within an unpaved vehicle or equipment traffic area, the opacity of emissions shall be limited to no more than 20% measured according to 40 CFR 60, Appendix A, Reference Method 9.
4. Commercial farm roads:
   a. A commercial farmer shall implement at least two of the following best management practices:
      i. Access restriction,
      ii. Reduce vehicle speed,
      iii. Track-out control system,
      iv. Aggregate cover,
      v. Synthetic particulate suppressant,
      vi. Watering, or,
      vii. Organic material cover.
   b. Unless choosing watering on a high-risk day in subsection (vi), on the day before and during a day forecast to be high risk for dust generation by the Pinal County Dust Control Forecast, on a road that experiences more than 20 VDT from two or more axle vehicles, a commercial farmer shall ensure implementation of at least one of the following best management practices:
      i. Aggregate cover,
      ii. Synthetic particulate suppressant,
      iii. Wind barrier,
      iv. Organic material cover,
      v. Roads are stabilized as determined by the silt content test method,
      vi. Watering on a high-risk day.
5. Cropland:
   a. A commercial farmer shall implement at least two of the following best management practices, one from subsections (i) through (vii), and one from subsections (viii) through (x), to reduce PM emissions from cropland:
      i. Wind barrier,
      ii. Cover crop,
      iii. Cross-wind ridges,
      iv. Chips/mulches,
      v. Sequential cropping,

vi. Residue management,
vii. Surface roughening,
viii. Multi-year crop,
ix. Permanent cover, or
x. Stabilization of soil prior to plant emergence.

b. On the day before and during the day that is forecast to be high risk for dust generation by the Pinal County Dust Control Forecast, a commercial farmer shall ensure implementation of at least one of the following:
i. Wind barrier,
ii. Cover crop,
iii. Cross-wind ridges,
iv. Chips/mulches,
v. Surface roughening,
vi. Multi-year crop,
vii. Permanent cover,
viii. Stabilization of soil prior to plant emergence, or
ix. Residue management.

6. Significant Agricultural Earth Moving Activities:
a. Apply water prior to conducting Significant Agricultural Earth Moving Activities and/or time Significant Agricultural Earth Moving Activities to coincide with precipitation. Soil must have a minimum soil moisture content of 50% of field capacity. Compliance shall be determined by NRCS Estimating Soil Moisture by Feel and Appearance Method, amended through April 1998 (and no future editions);
b. Apply water during Significant Agricultural Earth Moving Activities. Soil must have a minimum soil moisture content of 30% of field capacity. Compliance shall be determined by NRCS Estimating Soil Moisture by Feel and Appearance Method, amended through April 1998 (and no future editions);
c. Limit activities on a day identified by the Pinal County Dust Control Forecast to be high risk for dust generation; or
d. Conduct Significant Agricultural Earth Moving Activities in a manner to reduce a minimum of one ground operation across a commercial farm by using equipment that is the most efficient means of moving the soil.

C. By no later than March 31 of each calendar year, a commercial farmer who engages in a regulated agricultural activity shall complete and submit a Best Management Practices Program General Permit Record Form on the form and in the manner established by the Department in consultation with the Committee. The manner of submission may include a process allowing the commercial farmer to submit the Form to the Arizona Department of Agriculture, in which case the Arizona Department of Agriculture shall forward the completed Form to the Department. The Best Management Practice Program General Permit Record Form shall include only the following information:
1. The name, signature and mailing address of the commercial farmer responsible for compliance at the commercial farms covered by the form;
2. The street addresses or a description of the physical locations of the commercial farms covered by the form;
3. The best management practices selected by the commercial farmer for the year beginning on the due date for the form for tillage, ground operations and harvest, noncropland, commercial farm roads, cropland and significant earth moving activities in order to comply with subsection (B);
4. Identification of the area or crop subject to each best management practice selected; and
5. Certification based on information reasonably available at the time of form submission that the best management practices selected for the year prior to the due date for the form were implemented in accordance with the prior year's Best Management Practice Program General Permit Record Form, including any changes to the form made according to subsection (D), or identification of any times and locations where the selected best management practices were not implemented.

D. Records of any changes to the Best Management Practices shall be noted on the Best Management Practices Program General Permit Record Form and shall be kept by the commercial farmer.

E. A person may develop different practices to control PM emissions not contained in subsections (B)(1) through (B)(6) and may submit such practices that are proven effective through on-farm demonstration trials to the Committee.

F. A commercial farmer shall maintain a record demonstrating compliance with this Section for three years. Records shall include a copy of the complete Best Management Practice Program General Permit Record Form and other records reasonably necessary and appropriate to confirm implementation of each best management practice. Complete and accurate records kept on forms developed by the Department in consultation with the Committee for a particular best management practice shall be deemed to comply with the requirements of this subsection with regard to that best management practice. If implementation of a best management practice can be confirmed through visual inspection, a record for that best management practice is not required. Records maintained under this subsection and subsection (D) shall be made available immediately on request during an inspection or within two business days of receipt of a written request from the Department.

G. The Director shall not assess a fee to a commercial farmer for coverage under the agricultural PM general permit.

H. A commercial farmer shall ensure that the implementation of all selected best management practices does not violate any other local, state, or federal law.

I. The Director shall document noncompliance with this Section before issuing a compliance order.

J. A commercial farmer who is not in compliance with this Section is subject to the provisions in A.R.S. § 49-457(J), (K), and (L).

K. If the administrator redesignates the Pinal County PM Nonattainment Area to attainment, the Committee may initiate a rulemaking to adjust the frequency of the reporting requirements under subsection (C) as appropriate.

Historical Note

New Section made by exempt rulemaking pursuant to Laws 2011, Ch. 214, § 4, at 21 A.A.R. 1156, effective July 2, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 27 A.A.R. 2747 (November 26, 2021), with an immediate effective date of November 3, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 32 A.A.R. 1131 (May 22, 2026, Issue 21), with an immediate effective date of April 27, 2026 (Supp. 26-2).

R18-2-611. Definitions for R18-2-611.01, R18-2-611.02, and R18-2-611.03

The definitions in R18-2-101 and the following definitions apply to R18-2-611.01, R18-2-611.02, and R18-611.03:

1. The following definitions apply to a commercial dairy operation, a commercial beef feedlot, a commercial poultry facility, and commercial swine facility:
   a. "Animal waste handling and transporting" means the processes by which any animal excretions and mixtures containing animal excretions are collected and transported.
   b. "Arenas, corrals and pens" means areas where animals are confined for the purposes of, but not limited to, feeding, displaying, safety, racing, exercising, or husbandry.
   c. "Commercial animal operation" means a commercial dairy operation, a commercial beef feedlot, a commercial poultry facility, and a commercial swine facility, as defined in this Section.
   d. "Commercial animal operator" means an individual, entity, or joint operation in general control of a commercial animal operation.
   e. "Dust Control Forecast" means a forecast, which shall identify a low, moderate or high risk of dust generation for the next five consecutive days and shall be issued by noon on each day the forecast is generated. When developing these forecasts, the Department shall consider all of the following:
      i. Projected meteorological conditions, including:
         (1) Wind speed and direction,
         (2) Stagnation,
         (3) Recent precipitation, and
         (4) Potential for precipitation;
      ii. Existing concentrations of air pollution at the time of the forecast; and
      iii. Historic air pollution concentrations that have been observed during meteorological conditions similar to those that are predicted to occur in the forecast.
   f. "High traffic areas" means areas that experience more than 20 VDT from two or more axle vehicles.
   g. "Maricopa PM nonattainment area" means the Phoenix planning area as defined in 40 CFR 81.303, which is incorporated by reference in R18-2-210.
   h. "Paved Public Road" means any paved roadways that are open to public travel and maintained by a City, County, State, or Federal entities.
   i. "Pinal County PM Nonattainment Area" means the West Pinal PM_{10} planning area and the West Central $PM_{2.5}$ planning area, as defined in 40 CFR 81.303, and incorporated by reference in R18-2-210.
   j. "PM" includes both particulate matter with an aerodynamic diameter less than or equal to a nominal 2.5 micrometers as measured by a reference method based on 40 CFR 50 Appendix L, or by an equivalent method designated according to 40 CFR 53; and particulate matter with an aerodynamic diameter less than or equal to a nominal 10 micrometers as measured by a reference method contained within 40 CFR 50, Appendix J or by an equivalent method designated in accordance with 40 CFR 53, as incorporated by reference in Appendix 2.
   k. "Regulated agricultural activity" means a regulated agricultural activity as defined in A.R.S. § 49-457(O)(5).
   l. "Regulated area" means the regulated area as defined in A.R.S. § 49-457(O)(6).
   m. "Track-out control device" means minimizing any and all material that adheres to and agglomerates on all vehicles and equipment from unpaved access connections and falls onto paved public roads or shoulders to paved public roads by using a device or system to remove mud or soil from a vehicle or equipment before the vehicle enters a paved public road. Devices such as a grizzly, a gravel pad or a wheel wash system can be used.
   n. "Unpaved access connections" means any unpaved road connection which connects to a paved public road.
   o. "Unpaved roads or feed lanes" means roads and feed lanes that are unpaved, owned by a commercial animal operator, and used exclusively to service a commercial animal operation.
   p. "Unpaved vehicle or equipment traffic area" means any area that is used for the fueling, servicing, receiving, transfer, parking or storing of equipment or vehicles.
   q. "VDT" (Vehicle trips per day) means trips per day made by one vehicle, in one direction.
2. The following definitions apply to a commercial dairy operation:
   a. "Aggregate cover" means reducing PM emissions, wind erosion and stabilizing soil by applying and maintaining gravel, concrete, recycled road base, caliche, or other similar material to unpaved roads or feed lanes. The aggregate should be clean, hard and durable, and should be applied and maintained to a minimum of three inches deep.
   b. "Apply a fibrous layer" means reducing PM emissions and soil movement, and preserving soil moisture by spreading shredded or deconstructed plant materials to cover loose soil in high animal traffic areas. Material shall be consistently applied to a minimum depth of two inches above the soil surface and coverage should be a minimum of 70 percent.
   c. "Bunkers" means below ground level storage systems for storing large amount of silage, which is covered with a plastic tarp.
   d. "Calves" means young dairy stock under two months of age.
   e. "Cement cattle walkways to milk barn" means reducing PM emissions by fencing pathways from the corrals to the milking barn, restricting dairy cattle to surfaces with concrete floors.
   f. "Commercial dairy operation" means a dairy operation:
      i. With more than 150 dairy cattle within the boundary of the Maricopa PM nonattainment area and Maricopa County portion of Area A or a PM nonattainment area designated after June 1, 2009, or
      ii. With more than 50 dairy cattle within the boundary of the Pinal County PM Nonattainment Area.
   g. "Cover manure hauling trucks" means reducing PM emissions by completely covering the top of the loaded area.

h. "Covers for silage" means reducing PM emissions and wind erosion by using large plastic tarps to completely cover silage.
i. "Do not run cattle" means reducing PM emissions by walking dairy cattle to the milking barn.
j. "Feed higher moisture feed to dairy cattle" means reducing PM emissions by feeding dairy cattle one or any combination of the following:
   i. Add water to ration mix to achieve a 20% minimum moisture level,
   ii. Add molasses or tallow to ration mix at a minimum of 1%,
   iii. Add silage, or
   iv. Add green chop.
k. "Feed green chop" means feeding high moisture feed that contains at least 30% moisture directly to dairy cattle.
l. "Groom manure surface" means reducing PM emissions and wind erosion by:
   i. Flushing or vacuuming lanes daily,
   ii. Scraping and harrowing pens on a weekly basis, and
   iii. Removing manure every four months with equipment that leaves an even corral surface of compacted manure on top of the soil.
m. "Hutches" means raised, roofed enclosures that protect the calves from the elements.
n. "Pile manure between cleanings" means reducing PM emissions by collecting loose surface materials within the confines of the surface area of the occupied feed pen every two weeks.
o. "Provide cooling in corral" means reducing PM emissions by using cooling systems under the corral shades to reduce the ambient air temperature, thereby increasing stocking density in the cool areas of the corrals.
p. "Provide shade in corral" means reducing PM emissions by increasing stocking density and reducing animal movement by using a permanent structure, which provides at least 16 square feet per animal of shaded pen surface.
q. "Push equipment" means manure harvesting equipment pushed in front of a tractor.
r. "Silage" means fermented, high-moisture fodder that can be fed to ruminants, such as cattle and sheep; usually made from grass crops including corn, sorghum or other cereals, by using the entire green plant.
s. "Store and maintain feed stock" means reducing PM emissions and wind erosion by storing feed stock in a covered area where the commodity is surrounded on at least three sides by a structure.
t. "Synthetic particulate suppressant" means reducing PM emissions and wind erosion by providing a stabilized soil surface on a commercial dairy operation with a manufactured product such as lignosulfate, calcium chloride, magnesium chloride, an emulsion of a petroleum product, an enzyme product, or polyacrylamide that is used to control particulate matter.
u. "Use drag equipment to maintain pens" means reducing PM emissions by using manure equipment pulled behind a tractor instead of using push equipment, which avoids dust accumulation in floor depressions.
v. "Use free stall housing" means reducing PM emissions by enclosing one cow per stall, which are outfitted with concrete floors.
w. "Water misting systems" means reducing PM emissions from dry manure by using systems that project a cloud of very small water particles onto the manure surface, keeping the surface visibly moist.
x. "Wind barrier" means reducing PM_{10} emissions and wind erosion by constructing a fence or structure, or providing a woody vegetative barrier by planting a row of trees or shrubs, perpendicular or across the prevailing wind direction to reduce wind speed by changing the pattern of air flow over the land surface. For fences and structures, the wind barrier shall have a density of no less than 50% and the height of the wind barrier must be proportionate to the downwind protected area. The downwind protected area is considered ten times the height of the wind barrier. For vegetative barriers, compliance shall be determined by NRCS Conservation Practice Standard, Code 380, Windbreak/Shelterbelt Establishment, amended through August 21, 2009 (and no future editions).

3. The following definitions apply to a commercial beef cattle feedlot:
   a. "Add moisture to pen surface" means reducing PM emissions and wind erosion by applying at least three to six gallons of water per head/per day in pens occupied by beef cattle.
   b. "Add molasses or tallow to feed" means reducing PM emissions by adding molasses or tallow so that it equals three percent of the total ration.
   c. "Aggregate cover" means reducing PM emissions, wind erosion and stabilizing soil by applying and maintaining gravel, concrete, recycled road base, caliche, or other similar material to unpaved roads or feed lanes. The aggregate should be clean, hard and durable, and should be applied and maintained to a minimum of three inches deep.
   d. "Apply a fibrous layer in working areas" means reducing PM emissions and soil movement, and preserving soil moisture by spreading shredded or deconstructed plant materials to cover loose soil in high animal traffic areas. Material shall be consistently applied to a minimum depth of two inches above the soil surface and coverage should be a minimum of 70%.
   e. "Bulk materials" means reducing PM emissions by using a closed conveyor system instead of vehicular means to move grain or other.
   f. "Commercial beef cattle feedlot" means a beef cattle feedlot:
      i. With more than 500 beef cattle within the boundary of the Maricopa PM nonattainment area and Maricopa County portion of Area A or a PM nonattainment area designated after June 1, 2009, or
      ii. With more than 50 beef cattle within the Pinal County PM Nonattainment Area.
   g. "Concrete apron" means reducing PM emissions by using solidly formed concrete surface, at least 4 inches thick on top of the soil surface, inside the feed pen for 8 feet approaching the feed bunk or water trough.

h. "Control cattle during movements" means reducing PM emissions by suppressing the animal's ability to run by driving them forward while intruding on their "flight zones" or restraining the animal's movement.
i. "Cover manure hauling trucks" means reducing PM emissions by completely covering the top of the loaded area.
j. "Feed higher moisture feed to beef cattle" means reducing PM emissions by feeding beef cattle feed that contains at least 30% moisture.
k. "Frequent manure removal" means reducing PM emissions and wind erosion by harvesting loose manure on top of the pen surface at least once every six months.
l. "Pile manure between cleanings" means reducing PM emissions by collecting loose manure surface materials, by scraping or pushing, within the confines of the surface area of the occupied feed pen at least four times per year.
m. "Provide shade in corral" means reducing PM emissions by increasing stocking density and reducing animal movement by using a permanent structure, which provides at least 16 square feet per animal of shaded pen surface.
n. "Push equipment" means manure harvesting equipment pushed in front of a tractor.
o. "Store and maintain feed stock" means reducing PM emissions and wind erosion by storing feed stock in a covered area where the commodity is surrounded on at least three sides by a structure.
p. "Synthetic particulate suppressant" means reducing PM emissions and wind erosion by providing a stabilized soil surface on a commercial beef feedlot with a manufactured product such as lignosulfate, calcium chloride, magnesium chloride, an emulsion of a petroleum product, an enzyme product, or polyacrylamide that is used to control particulate matter.
q. "Use drag equipment to maintain pens" means reducing PM emissions by using manure harvesting equipment pulled behind a tractor instead of using push equipment, which avoids dust accumulation in floor depressions.
r. "Wind barrier" means reducing PM_{10} emissions and wind erosion by constructing a fence or structure, or providing a woody vegetative barrier by planting a row of trees or shrubs, perpendicular or across the prevailing wind direction to reduce wind speed by changing the pattern of air flow over the land surface. For fences and structures, the wind barrier shall have a density of no less than 50% and the height of the wind barrier must be proportionate to the downwind protected area. The downwind protected area is considered ten times the height of the wind barrier. For vegetative barriers, compliance shall be determined by NRCS Conservation Practice Standard, Code 380, Windbreak/Shelterbelt Establishment, amended through August 21, 2009 (and no future editions).

4. The following definitions apply to a commercial poultry facility:
a. "Add moisture through ventilation systems" means reducing PM emissions by using a ventilation system that is designed to allow stock to maintain their normal body temperature without difficulty while maintaining a minimum of 20% moisture in the air within the housing system to bind small particles to larger particles.
b. "Add oil and/or moisture to the feed" means reducing PM emissions by adding a minimum of 1% edible oil and/or moisture to feed rations to bind small particles to larger particles.
c. "Aggregate cover" means reducing PM emissions, wind erosion and stabilizing soil by applying and maintaining gravel, concrete, recycled road base, caliche, or other similar material to unpaved roads or feed lanes. The aggregate should be clean, hard and durable, and should be applied and maintained to a minimum of 3 inches deep.
d. "Clean aisles between cage rows" means reducing PM emissions by cleaning the aisles between cage rows at least twice every 14 days to prevent dried manure, spilled feed, and debris accumulation.
e. "Clean fans, louvers, and soffit inlets in a commercial poultry facility" means reducing PM emissions by cleaning fans, louvers, and soffit inlets when the facility is empty between depopulating and populating the facility.
f. "Clean floors and walls in a commercial poultry facility" means reducing PM emissions by cleaning floors and walls to prevent dried manure, spilled feed, and debris accumulation when the facility is empty between depopulating and populating the facility.
g. "Commercial poultry facility" means a poultry operation with more than 25,000 egg laying hens within the boundary of the Maricopa PM nonattainment area and Maricopa County portion of Area A, a PM nonattainment area designated after June 1, 2009, as stated in A.R.S. § 49-457(O)(1)(f), or the Pinal County PM Nonattainment Area.
h. "Control vegetation on building exteriors" means reducing PM emissions by removing, cutting, or trimming vegetation that accumulates PM and restricts ventilation of the building, so as to leave approximately 3 feet between the vegetation and building.
i. "Enclose transfer points" means reducing PM emissions by enclosing the points of transfer between the enclosed, weatherproof storage structure and the enclosed feed distribution system, which reduce air contact with the feed rations during feed conveyance.
j. "House in fully enclosed ventilated buildings" means reducing PM emissions by utilizing fully enclosed buildings with sufficient ventilation.
k. "Maintain moisture in manure solids" means reducing PM emissions by maintaining a moisture content of a minimum of 15% in the solids sufficient to bind small particles to larger particles.
l. "Minimize drop distance" means reducing PM emissions by designing the feed distribution system so that the distance the feed ration drops from the feed distribution system into feeders is approximately 1 foot or less, which reduces air contact with the feed rations during feed conveyance.
m. "Poultry" means any domesticated bird including chickens, turkeys, ducks, geese, guineas, ratites and squabs.

n. "Remove spilled feed" means reducing PM emissions by removing spilled feed from the housing facility at least once every 14 days.
o. "Stack separated manure solids" means reducing PM emissions and wind erosion by reducing the amount of exposed surface area of manure solids.
p. "Store feed" means reducing PM emissions by storing feed in a structure that is enclosed and weatherproof, which reduces air contact with the feed rations during feed storage.
q. "Synthetic particulate suppressant" means reducing PM emissions and wind erosion by providing a stabilized soil surface on a commercial poultry operation with a manufactured product such as lignosulfate, calcium chloride, magnesium chloride, an emulsion of a petroleum product, an enzyme product, or polyacrylamide that is used to control particulate matter.
r. "Use enclosed feed distribution system" means reducing PM emissions by using an enclosed feed conveyance system that distributes feed rations throughout the housing facility, which reduces air contact with the feed rations during feed conveyance.
s. "Use a flexible discharge spout" means reducing PM emissions and wind erosion at the time of bulk feed deliveries to the housing units by using a flexible discharge spout on the end of the feed truck transfer auger.
t. "Use no bedding in the production facility" means reducing PM emissions by not using bedding such as wood shavings, sawdust, peanut hulls, straw, or other organic material.
u. "Use of a rotary dryer to dry manure waste" means reducing PM_{10} emissions by drying the manure waste in a rotary dryer fitted with a baghouse or wet scrubber. A commercial poultry facility using a rotary dryer must comply with all of the following:
    i. Install, maintain, and operate the baghouse or wet scrubber in a manner consistent with the manufacturer's specifications at all times the rotary dryer is operated. The manufacturer specifications must be available on site upon request.
    ii. Conduct monthly observations using EPA Method 22 on the control equipment to ensure proper operation. If improper operation is observed through EPA Method 22, the dryer must stop immediately and the equipment repaired before resuming operations.
    iii. For baghouses, conduct an annual black light inspection of the bags to detect broken or leaking bags. If broken or leaking bags are detected it must be repaired or replaced immediately.
    iv. Maintain a record of all repair activity required under (ii) and (ii) that must be made available within two days of Director's request for inspection.

5. The following definitions apply to a commercial swine facility:
    a. "Add oil and/or moisture to the feed" means reducing PM emissions by adding a minimum of 0.5% edible oil and/or moisture to feed rations to bind small particles to larger particles.
    b. "Add moisture through ventilation systems" means reducing PM emissions by using a ventilation system that is designed to allow stock to maintain their normal body temperature without difficulty while maintaining minimum of 15% moisture in the air within the housing system to bind small particles to larger particles.
    c. "Aggregate cover" means reducing PM emissions, wind erosion and stabilizing soil by applying and maintaining gravel, concrete, recycled road base, caliche, or other similar material to unpaved roads or feed lanes. The aggregate should be clean, hard and durable, and should be applied and maintained to a minimum of three inches deep.
    d. "Clean aisles between pens and stalls" means reducing PM emissions by cleaning the aisles between pens and stalls at least twice every 14 days to prevent dried manure, spilled feed, and debris accumulation.
    e. "Clean fans, louvers, and soffit inlets in a commercial swine facility" means reducing PM emissions by cleaning fans, louvers, and soffit inlets between transfer of animal groups, but in any case, at least every six months.
    f. "Clean pens, floors and walls in a commercial swine facility" means reducing PM emissions by cleaning pens, floors, and walls between transfer of animal groups to prevent dried manure, spilled feed, and debris accumulation, but in any case, at least every six months.
    g. "Commercial swine facility" means a swine operation with more than 50 animal units for more than 30 consecutive days within the boundary of the Maricopa PM nonattainment area and Maricopa County portion of Area A, a PM nonattainment area designated after June 1, 2009 as stated in A.R.S. § 49-457(O)(1)(f), or the Pinal County PM Nonattainment Area. One thousand pounds equals one animal unit.
    h. "Control vegetation on building exteriors" means reducing PM emissions by removing, cutting, or trimming vegetation that accumulates PM and restricts ventilation of the building, so as to leave approximately 3 feet between the vegetation and the building.
    i. "Enclose transfer points" means reducing PM emissions by enclosing the points of transfer between the enclosed, weatherproof storage structure and the enclosed feed distribution system, which reduces air contract with the feed rations during feed conveyance.
    j. "House in fully enclosed ventilated buildings" means reducing PM emissions by utilizing fully enclosed buildings with sufficient ventilation.
    k. "Lagoon" means a liquid manure storage and treatment pond.
    l. "Maintain moisture in manure solids" means reducing PM_{10} emissions by maintaining a minimum moisture content of 10% in the solids sufficient to bind small particles to larger particles.
    m. "Minimize drop distance" means reducing PM emissions by designing the feed distribution system so that the distance the feed ration drops from the feed distribution system into feeders is 3 feet or less,

which reduces air contact with the feed rations during feed conveyance.

n. "Remove spilled feed" means reducing PM emissions by removing spilled feed from the housing facility at least once every 14 days.

o. "Slatted flooring" means reducing PM emissions by using flooring that is a slotted concrete or wire-mesh floor set above a liquid manure collection pit, which allows the excrement to fall though the flooring into the liquid pit below, which prevents solids build-up. Slats 4 to 8 inches wide with spacing of about 1 inch in between are recommended.

p. "Sloped concrete flooring" means reducing PM emissions by pouring concrete with a minimum of 0.25% grade inside of the barns which provides drainage and easier cleaning of floor areas.

q. "Stack separated manure solids" means reducing PM emissions and wind erosion by reducing the amount of exposed surface area of manure solids.

r. "Store feed" means reducing PM emissions by storing feed in a structure that is enclosed and weatherproof, which reduces air contact with the feed rations during feed storage.

s. "Store separated manure solids" means reducing PM emissions by storing manure solids in a wind-blocked area behind a wall, structure, or area with natural wind protection to minimize blowing air movement over the manure stack.

t. "Synthetic particulate suppressant" means reducing PM emissions and wind erosion by providing a stabilized soil surface on a commercial swine operation with a manufactured product such as lignosulfate, calcium chloride, magnesium chloride, an emulsion of a petroleum product, an enzyme product, or polyacrylamide that is used to control particulate matter.

u. "Use a flexible discharge spout" means reducing PM emissions and wind erosion at the time of bulk feed deliveries to the housing units by using a flexible discharge spout on the end of the feed truck transfer auger.

v. "Use enclosed feed distribution system" means reducing PM emissions by using an enclosed feed conveyance system that distributes feed rations throughout the housing facility, which reduces air contact with the feed rations during the feed conveyance.

w. "Use no bedding in the production facility" means reducing PM emissions by not using bedding such as wood shavings, sawdust, peanut hulls, straw, or other organic material.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 2009, effective May 12, 2000 (Supp. 00-2). Amended by exempt rulemaking at 13 A.A.R. 4326, effective November 14, 2007 (Supp. 07-4). Section repealed; new Section made by exempt rulemaking at 18 A.A.R. 137, effective December 29, 2011 (Supp. 11-4). Subsection (2)(a) corrected at request of the Department, Office File No. M12-133, filed April 5, 2012 (Supp. 11-4). Amended by exempt rulemaking pursuant to Laws 2011, Ch. 214, § 4, at 21 A.A.R. 1156, effective July 2, 2015 (Supp. 15-3). Amended by exempt rulemaking pursuant to Laws 2011, Ch. 214, § 4, at 22 A.A.R. 987, effective April 5, 2016 (Supp. 16-2). Amended by final exempt rulemaking at 27 A.A.R. 2747 (November 26, 2021), with an immediate effective date of November 3, 2021 (Supp. 21-4).

R18-2-611.01. Agricultural PM General Permit for Animal Operations; Maricopa County Serious PM Nonattainment Areas

A. A commercial animal operator within a Serious PM Nonattainment Area shall implement at least two best management practices from each category to reduce PM emissions.

B. A commercial dairy operation shall implement the following best management practices, as described in subsection (A), from each of the following categories:

1. Arenas, Corrals, and Pens:
   a. Use free stall housing,
   b. Provide shade in corral,
   c. Provide cooling in corral,
   d. Cement cattle walkways to milk barn,
   e. Groom manure surface,
   f. Water misting systems,
   g. Use drag equipment to maintain pens,
   h. Pile manure between cleanings,
   i. Feed green chop,
   j. Keep calves in barns or hutches,
   k. Do not run cattle,
   l. Apply a fibrous layer, or
   m. Wind barrier.
2. Animal Waste (and Feed) Handling and Transporting:
   a. Feed higher moisture feed to dairy cattle,
   b. Store and maintain feed stock,
   c. Covers for silage,
   d. Store silage in bunkers,
   e. Cover manure hauling trucks, or
   f. Do not load manure trucks with dry manure when wind exceeds 15 mph.
3. Unpaved Access Connections:
   a. Install signage to limit vehicle speed to 15 mph,
   b. Install speed control devices,
   c. Restrict access to through traffic,
   d. Install and maintain a track-out control device,
   e. Apply and maintain pavement in high traffic areas,
   f. Apply and maintain aggregate cover,
   g. Apply and maintain synthetic particulate suppressant, or
   h. Apply and maintain water as a dust suppressant.
4. Unpaved Roads or Feed Lanes:
   a. Install engine speed governors on feed truck to 15 mph,
   b. Install signage to limit vehicle speed to 15 mph,
   c. Install speed control devices,
   d. Restrict access to through traffic,
   e. Apply and maintain pavement in high traffic areas,
   f. Apply and maintain aggregate cover,
   g. Apply and maintain synthetic particulate suppressant,
   h. Apply and maintain water as a dust suppressant,
   i. Use appropriate vehicles such as electric carts or small utility vehicles instead of trucks, or
   j. Apply and maintain pavement or cement feed lanes.

C. A commercial beef cattle feedlot shall implement the following best management practices, as described in subsection (A), from each of the following categories:

1. Arenas, Corrals, and Pens:
   a. Concrete aprons,
   b. Provide shade in corral,
   c. Add moisture to pen surface,

d. Manure removal,
e. Pile manure between cleanings,
f. Feed higher moisture feed to beef cattle,
g. Control cattle during movements,
h. Use drag equipment to maintain pens,
i. Apply a fibrous layer, or
j. Wind barrier.

2. Animal Waste (and Feed) Handling and Transporting:
a. Feed higher moisture feed to beef cattle,
b. Add molasses or tallow to feed,
c. Store and maintain feed stock,
d. Bulk materials,
e. Use drag equipment to maintain pens,
f. Cover manure hauling trucks, or
g. Do not load manure when wind exceeds 15 mph.

3. Unpaved Access Connections:
a. Install and maintain a track-out control device,
b. Apply and maintain pavement in high traffic areas,
c. Apply and maintain aggregate cover,
d. Apply and maintain synthetic particulate suppressant, or
e. Apply and maintain water as a dust suppressant.

4. Unpaved Roads or Feed Lanes:
a. Install engine speed governors on feed truck to 15 mph,
b. Install signage to limit vehicle speed to 15 mph,
c. Install speed control devices,
d. Restrict access to through traffic,
e. Apply and maintain pavement in high traffic areas,
f. Apply and maintain aggregate cover,
g. Apply and maintain synthetic particulate suppressant,
h. Apply and maintain water as a dust suppressant, or
i. Apply and maintain oil on roads or feed lanes.

D. A commercial poultry facility shall implement the following best management practices, as described in subsection (A), from each of the following categories:

1. Arenas, Corrals, and Pens (Housing):
a. Clean fans, louvers, and soffit inlets in a commercial poultry facility,
b. Use no bedding,
c. Control vegetation on building exteriors,
d. Add moisture through ventilation systems, or
e. House in fully enclosed ventilated buildings.

2. Animal Waste (and Feed) Handling and Transporting:
a. Remove spilled feed,
b. Store feed,
c. Add oil and/or moisture to the feed,
d. Use enclosed feed distribution system,
e. Use flexible discharge spout,
f. Minimize drop distance,
g. Enclose transfer points,
h. Clean floors and walls in a commercial poultry facility,
i. Clean aisles between cage rows,
j. Stack separated manure solids,
k. Maintain moisture in manure solids, or
l. Use of a rotary dryer to dry manure waste.

3. Unpaved Access Connections:
a. Install speed control devices,
b. Restrict traffic access,
c. Install and maintain a track-out control system, or
d. Install signage to limit vehicle speed to 15 mph.

4. Unpaved Roads or Feed Lanes:
a. Install engine speed governors on feed trucks to 15 mph,
b. Install signage to limit vehicle speed to 15 mph,
c. Install speed control devices,
d. Restrict traffic access,
e. Apply and maintain aggregate cover,
f. Apply and maintain synthetic particulate suppressant,
g. Apply and maintain water, or
h. Apply and maintain oil on roads or feed lanes.

E. A commercial swine facility shall implement the following best management practices, as described in subsection (A), from each of the following categories:

1. Arenas, Corrals, and Pens (Housing):
a. House in fully enclosed ventilated buildings,
b. Use no bedding,
c. Use a slatted floor system,
d. Use sloped concrete flooring,
e. Clean fans, louvers, and soffit inlets in a commercial swine facility,
f. Control vegetation on building exteriors, or
g. Add moisture through ventilation systems.

2. Animal Waste (and Feed) Handling and Transporting:
a. Remove spilled feed,
b. Store feed,
c. Add oil and/or moisture to feed,
d. Use enclosed feed distribution system,
e. Use flexible discharge spout,
f. Minimize drop distance,
g. Enclose transfer points,
h. Clean pens, floors, and walls in a commercial swine facility,
i. Clean aisles between pens and stalls,
j. Store separated manure solids in a wind-blocked area,
k. Stack separated manure solids,
l. Maintain moisture in manure solids, or
m. Maintain liquid lagoon level.

3. Unpaved Access Connections:
a. Install speed control devices,
b. Restrict traffic access,
c. Install and maintain a track-out control system,
d. Install signage to limit vehicle speed to 15 mph.

4. Unpaved Roads or Feed Lanes:
a. Install engine speed governors on feed trucks to 15 mph,
b. Install signage to limit vehicle speed to 15 mph,
c. Install speed control devices,
d. Restrict traffic access,
e. Apply and maintain aggregate cover,
f. Apply and maintain synthetic particulate suppressant,
g. Apply and maintain water,
h. Apply and maintain oil on roads or feed lanes, or
i. Wind barrier.

F. From and after December 31, 2015, a commercial animal operator who engages in a regulated agricultural activity shall complete a Best Management Practices Program General Permit Record Form. Thereafter, a new Best Management Practices Program General Permit Record Form shall be completed every year by March 31. The Form shall be provided to the Director within two business days of notice to the commercial animal operator. The Best Management Practice Program

General Permit Record form shall include the following information:
1. The name of the commercial animal operator, signature, and date signed,
2. The mailing address or physical address of the commercial animal operation, and
3. The best management practices selected for Arenas, Corrals, and Pens, Animal Waste Handling and Transporting, Unpaved Access Connections, and Unpaved Roads or Feed Lanes.

G. Beginning January 1, 2016, a commercial animal operator shall maintain records demonstrating compliance with this Section for three years. Records shall include a copy of the complete Best Management Practice Program General Permit Record Form to confirm implementation of each best management practice and any changes to the best management practices. Records shall be kept by the commercial animal operator onsite and made available for review by the Director within two business days of notice to the commercial animal operator.

H. A person may develop different practices not contained in subsection (B), (C), (D), or (E), that reduce PM and may submit such practices that are proven effective through on-operation demonstration trials to the Committee.

I. The Director shall not assess a fee to a commercial animal operator for coverage under the Best Management Practice Program General Permit Record Form.

J. A commercial animal operator shall ensure that the implementation of all selected best management practices does not violate any other local, state, or federal law.

K. The Director shall document noncompliance with this Section before issuing a compliance order.

L. A commercial animal operator who is not in compliance with this Section is subject to the provisions in A.R.S. § 49-457(I), (J), and (K).

Historical Note

New Section made by exempt rulemaking at 18 A.A.R. 137, effective December 29, 2011 (Supp. 11-4). Amended by exempt rulemaking pursuant to Laws 2011, Ch. 214, § 4, at 21 A.A.R. 1156, effective July 2, 2015 (Supp. 15-3). Amended by exempt rulemaking pursuant to Laws 2011, Ch. 214, § 4, at 22 A.A.R. 987, effective April 5, 2016 (Supp. 16-2).

R18-2-611.02. Agricultural PM General Permit for Animal Operations; Moderate PM Nonattainment Areas Designated After June 1, 2009, Except Pinal County PM Nonattainment Area

A. A commercial animal operator within a Moderate PM Nonattainment Area, designated after June 1, 2009, shall implement at least one best management practice from each category to reduce PM emissions.

B. A commercial dairy operation shall implement the following best management practices, as described in subsection (A), from each of the following categories:
1. Arenas, Corrals, and Pens:
   a. Use free stall housing,
   b. Provide shade in corral,
   c. Provide cooling in corral,
   d. Cement cattle walkways to milk barn,
   e. Groom manure surface,
   f. Water misting systems,
   g. Use drag equipment to maintain pens,
   h. Pile manure between cleanings,
   i. Feed green chop,
   j. Keep calves in barns or hutches,
   k. Do not run cattle,
   l. Apply a fibrous layer, or
   m. Wind barrier.
2. Animal Waste (and Feed) Handling and Transporting:
   a. Feed higher moisture feed to dairy cattle,
   b. Store and maintain feed stock,
   c. Covers for silage,
   d. Store silage in bunkers,
   e. Cover manure hauling trucks, or
   f. Do not load manure trucks with dry manure when wind exceeds 15 mph.
3. Unpaved Access Connections:
   a. Install signage to limit vehicle speed to 15 mph,
   b. Install speed control devices,
   c. Restrict access to through traffic,
   d. Install and maintain a track-out control device,
   e. Apply and maintain pavement in high traffic areas,
   f. Apply and maintain aggregate cover,
   g. Apply and maintain synthetic particulate suppressant, or
   h. Apply and maintain water as a dust suppressant.
4. Unpaved Roads or Feed Lanes:
   a. Install engine speed governors on feed truck to 15 mph,
   b. Install signage to limit vehicle speed to 15 mph,
   c. Install speed control devices,
   d. Restrict access to through traffic,
   e. Apply and maintain pavement in high traffic areas,
   f. Apply and maintain aggregate cover,
   g. Apply and maintain synthetic particulate suppressant,
   h. Apply and maintain water as a dust suppressant,
   i. Use appropriate vehicles such as electric carts or small utility vehicles instead of trucks, or
   j. Apply and maintain pavement or cement feed lanes.

C. A commercial beef cattle feedlot shall implement the following best management practices, as described in subsection (A), from each of the following categories:
1. Arenas, Corrals, and Pens:
   a. Concrete aprons,
   b. Provide shade in corral,
   c. Add moisture to pen surface,
   d. Manure removal,
   e. Pile manure between cleanings,
   f. Feed higher moisture feed to beef cattle,
   g. Control cattle during movements,
   h. Use drag equipment to maintain pens,
   i. Apply a fibrous layer, or
   j. Wind barrier.
2. Animal Waste (and Feed) Handling and Transporting:
   a. Feed higher moisture feed to beef cattle,
   b. Add molasses or tallow to feed,
   c. Store and maintain feed stock,
   d. Bulk materials,
   e. Use drag equipment to maintain pens,
   f. Cover manure hauling trucks, or
   g. Do not load manure when wind exceeds 15 mph.
3. Unpaved Access Connections:
   a. Install and maintain a track-out control device,
   b. Apply and maintain pavement in high traffic areas,
   c. Apply and maintain aggregate cover,
   d. Apply and maintain synthetic particulate suppressant, or

e. Apply and maintain water as a dust suppressant.
4. Unpaved Roads or Feed Lanes:
a. Install engine speed governors on feed truck to 15 mph,
b. Install signage to limit vehicle speed to 15 mph,
c. Install speed control devices,
d. Restrict access to through traffic,
e. Apply and maintain pavement in high traffic areas,
f. Apply and maintain aggregate cover,
g. Apply and maintain synthetic particulate suppressant,
h. Apply and maintain water as a dust suppressant, or
i. Apply and maintain oil on roads or feed lanes.

D. A commercial poultry facility shall implement the following best management practices, as described in subsection (A), from each of the following categories:
1. Arenas, Corrals, and Pens (Housing):
a. Clean fans, louvers, and soffit inlets in a commercial poultry facility,
b. Use no bedding,
c. Control vegetation on building exteriors;
d. Add moisture through ventilation systems, or
e. House in fully enclosed ventilated buildings.
2. Animal Waste (and Feed) Handling and Transporting:
a. Remove spilled feed,
b. Store feed,
c. Add oil and/or moisture to the feed,
d. Use enclosed feed distribution system,
e. Use flexible discharge spout,
f. Minimize drop distance,
g. Enclose transfer points,
h. Clean floors and walls in a commercial poultry facility,
i. Clean aisles between cage rows,
j. Stack separated manure solids, or
k. Maintain moisture in manure solids.
3. Unpaved Access Connections:
a. Install speed control devices,
b. Restrict traffic access,
c. Install and maintain a track-out control system, or
d. Install signage to limit vehicle speed to 15 mph.
4. Unpaved Roads or Feed Lanes:
a. Install engine speed governors on feed trucks to 15 mph,
b. Install signage to limit vehicle speed to 15 mph,
c. Install speed control devices,
d. Restrict traffic access,
e. Apply and maintain aggregate cover,
f. Apply and maintain synthetic particulate suppressant,
g. Apply and maintain water, or
h. Apply and maintain oil on roads or feed lanes.

E. A commercial swine facility shall implement the following best management practices, as described in subsection (A), from each of the following categories:
1. Arenas, Corrals, and Pens (Housing):
a. House in fully enclosed ventilated buildings,
b. Use no bedding,
c. Use a slatted floor system,
d. Use sloped concrete flooring,
e. Clean fans, louvers, and soffit inlets in a commercial swine facility,
f. Control vegetation on building exteriors, or
g. Add moisture through ventilation systems.
2. Animal Waste (and Feed) Handling and Transporting:
a. Remove spilled feed,
b. Store feed,
c. Add oil and/or moisture to feed,
d. Use enclosed feed distribution system,
e. Use flexible discharge spout,
f. Minimize drop distance,
g. Enclose transfer points,
h. Clean pens, floors, and walls in a commercial swine facility,
i. Clean aisles between pens and stalls,
j. Store separated manure solids in a wind-blocked area,
k. Stack separated manure solids,
l. Maintain moisture in manure solids, or
m. Maintain liquid lagoon level.
3. Unpaved Access Connections:
a. Install speed control devices,
b. Restrict traffic access,
c. Install and maintain a track-out control system,
d. Install signage to limit vehicle speed to 15 mph.
4. Unpaved Roads or Feed Lanes:
a. Install engine speed governors on feed trucks to 15 mph,
b. Install signage to limit vehicle speed to 15 mph,
c. Install speed control devices,
d. Restrict traffic access,
e. Apply and maintain aggregate cover,
f. Apply and maintain synthetic particulate suppressant,
g. Apply and maintain water,
h. Apply and maintain oil on roads or feed lanes, or
i. Wind barrier.

F. From and after December 31, 2015, a commercial animal operator who engages in a regulated agricultural activity shall complete a Best Management Practices Program General Permit Record Form. Thereafter, a new Best Management Practices Program General Permit Record Form shall be completed every year by March 31. The Form shall be provided to the Director within two business days of notice to the commercial animal operator. The Best Management Practices Program General Permit Record Form shall include the following information:
1. The name of the commercial animal operator, signature, and date signed,
2. The mailing address or physical address of the commercial animal operation, and
3. The best management practices selected for Arenas, Corrals, and Pens, Animal Waste Handling and Transporting, Unpaved Access Connections, and Unpaved Roads or Feed Lanes.

G. Beginning January 1, 2016, a commercial animal operator shall maintain records demonstrating compliance with this Section for three years. Records shall include a copy of the complete Best Management Practice Program General Permit Record Form to confirm implementation of each best management practice and any changes to the best management practices. Records shall be kept by the commercial animal operator onsite and made available for review by the Director within two business days of notice to the commercial animal operator.

H. A person may develop different practices not contained in subsection (B), (C), (D), or (F) that reduce PM and may submit such practices that are proven effective through on-operation demonstration trials to the Committee. The new best manage-

ment practices shall not become effective unless submitted as described in A.R.S. § 49-457(L).

I. The Director shall not assess a fee to a commercial animal operator for coverage under the agricultural PM general permit.

J. A commercial animal operator shall ensure that the implementation of all selected best management practices does not violate any other local, state, or federal law.

K. The Director shall document noncompliance with this Section before issuing a compliance order.

L. A commercial animal operator who is not in compliance with this Section is subject to the provisions in A.R.S. § 49-457(I), (J), and (K).

Historical Note

New Section made by exempt rulemaking pursuant to Laws 2011, Ch. 214, § 4, at 21 A.A.R. 1156, effective July 2, 2015 (Supp. 15-3).

R18-2-611.03. Agricultural PM General Permit for Animal Operations; Pinal County PM Nonattainment Area

A. A commercial animal operator within the Pinal County PM Nonattainment Area shall implement at least one best management practice from each of the categories identified in subsection (D)(5) and (E)(5) and two best management practices from each of the other categories to reduce PM emissions.

B. In addition to subsection (A), on the day that is forecast to be high risk for dust generation by the Pinal County Dust Control Forecast, commercial dairy operations within the Pinal County PM Nonattainment Area shall apply and maintain one of the four following BMPs on unpaved roads that experience more than 20 VDT from two or more axle vehicles:
1. Apply and maintain pavement in high traffic areas,
2. Apply and maintain aggregate cover,
3. Apply and maintain synthetic particulate suppressant, or
4. Apply and maintain water as a dust suppressant.

C. In addition to subsection (A), commercial beef feedlots within the Pinal County PM Nonattainment Area, shall add water to pen surface, as defined in R18-2-611(3)(a), on the day that is forecast to be high risk for dust generation by the Pinal County Dust Control Forecast.

D. A commercial dairy operation shall implement the following best management practices, as described in subsection (A), from each of the following categories:
1. Arenas, Corrals, and Pens:
   a. Use free stall housing,
   b. Provide shade in corral,
   c. Provide cooling in corral,
   d. Cement cattle walkways to milk barn,
   e. Groom manure surface,
   f. Water misting systems,
   g. Use drag equipment to maintain pens,
   h. Pile manure between cleanings,
   i. Feed green chop,
   j. Keep calves in barns or hutches,
   k. Do not run cattle,
   l. Apply a fibrous layer, or
   m. Wind barrier.
2. Animal Waste (and Feed) Handling and Transporting:
   a. Feed higher moisture feed to dairy cattle,
   b. Store and maintain feed stock,
   c. Covers for silage,
   d. Store silage in bunkers,
   e. Cover manure hauling trucks, or
   f. Do not load manure trucks with dry manure when wind exceeds 15 mph.
3. Unpaved Access Connections:
   a. Install signage to limit vehicle speed to 15 mph,
   b. Install speed control devices,
   c. Restrict access to through traffic,
   d. Install and maintain a track-out control device,
   e. Apply and maintain pavement in high traffic areas,
   f. Apply and maintain aggregate cover,
   g. Apply and maintain synthetic particulate suppressant, or
   h. Apply and maintain water as a dust suppressant.
4. Unpaved Roads or Feed Lanes:
   a. Install engine speed governors on feed truck to 15 mph,
   b. Install signage to limit vehicle speed to 15 mph,
   c. Install speed control devices,
   d. Restrict access to through traffic,
   e. Apply and maintain pavement in high traffic areas,
   f. Apply and maintain aggregate cover,
   g. Apply and maintain synthetic particulate suppressant,
   h. Apply and maintain water as a dust suppressant,
   i. Use appropriate vehicles such as electric carts or small utility vehicles instead of trucks, or
   j. Apply and maintain pavement or cement feed lanes.
5. Unpaved Vehicle or Equipment Traffic Area:
   a. Apply and maintain aggregate cover,
   b. Apply and maintain synthetic particulate suppressant,
   c. Apply and maintain water as a dust suppressant, or
   d. Use appropriate vehicles such as electric carts or small utility vehicles instead of trucks.

E. A commercial beef cattle feedlot shall implement the following best management practices, as described in subsection (A), from each of the following categories:
1. Arenas, Corrals, and Pens:
   a. Concrete aprons,
   b. Provide shade in corral,
   c. Add water to pen surface,
   d. Manure removal,
   e. Pile manure between cleanings,
   f. Feed higher moisture feed to beef cattle,
   g. Control cattle during movements,
   h. Use drag equipment to maintain pens,
   i. Apply a fibrous layer, or
   j. Wind barrier.
2. Animal Waste (and Feed) Handling and Transporting:
   a. Feed higher moisture feed to beef cattle;
   b. Add molasses or tallow to feed,
   c. Store and maintain feed stock,
   d. Bulk materials,
   e. Use drag equipment to maintain pens,
   f. Cover manure hauling trucks, or
   g. Do not load manure when wind exceeds 15 mph.
3. Unpaved Access Connections:
   a. Install and maintain a track-out control device,
   b. Apply and maintain pavement in high traffic areas,
   c. Apply and maintain aggregate cover,
   d. Apply and maintain synthetic particulate suppressant, or
   e. Apply and maintain water as a dust suppressant.
4. Unpaved Roads or Feed Lanes:

a. Install engine speed governors on feed truck to 15 mph,
b. Install signage to limit vehicle speed to 15 mph,
c. Install speed control devices,
d. Restrict access to through traffic,
e. Apply and maintain pavement in high traffic areas,
f. Apply and maintain aggregate cover,
g. Apply and maintain synthetic particulate suppressant,
h. Apply and maintain water as a dust suppressant, or
i. Apply and maintain oil on roads or feed lanes.

5. Unpaved Vehicle or Equipment Traffic Area:
a. Apply and maintain aggregate cover,
b. Apply and maintain synthetic particulate suppressant,
c. Apply and maintain water as a dust suppressant, or
d. Use appropriate vehicles such as electric carts or small utility vehicles instead of trucks.

F. A commercial poultry facility shall implement the following best management practices, as described in subsection (A), from each of the following categories:

1. Arenas, Corrals, and Pens (Housing):
a. Clean fans, louvers, and soffit inlets in a commercial poultry facility,
b. Use no bedding,
c. Control vegetation on building exteriors,
d. Add moisture through ventilation systems, or
e. House in fully enclosed ventilated buildings.

2. Animal Waste (and Feed) Handling and Transporting:
a. Remove spilled feed,
b. Store feed,
c. Add oil and/or moisture to the feed,
d. Use enclosed feed distribution system,
e. Use flexible discharge spout,
f. Minimize drop distance,
g. Enclose transfer points,
h. Clean floors and walls in a commercial poultry facility,
i. Clean aisles between cage rows,
j. Stack separated manure solids, or
k. Maintain moisture in manure solids.

3. Unpaved Access Connections:
a. Install speed control devices,
b. Restrict traffic access,
c. Install and maintain a track-out control system, or
d. Install signage to limit vehicle speed to 15 mph.

4. Unpaved Roads or Feed Lanes:
a. Install engine speed governors on feed trucks to 15 mph,
b. Install signage to limit vehicle speed to 15 mph,
c. Install speed control devices,
d. Restrict traffic access,
e. Apply and maintain aggregate cover,
f. Apply and maintain synthetic particulate suppressant,
g. Apply and maintain water, or
h. Apply and maintain oil on roads or feed lanes.

G. A commercial swine facility shall implement the following best management practices, as described in subsection (A), from each of the following categories:

1. Arenas, Corrals, and Pens (Housing):
a. House in fully enclosed ventilated buildings,
b. Use no bedding,
c. Use a slatted floor system,
d. Use sloped concrete flooring,
e. Clean fans, louvers, and soffit inlets in a commercial swine facility,
f. Control vegetation on building exteriors, or
g. Add moisture through ventilation systems.

2. Animal Waste (and Feed) Handling and Transporting:
a. Remove spilled feed,
b. Store feed,
c. Add oil and/or moisture to feed,
d. Use enclosed feed distribution system,
e. Use flexible discharge spout,
f. Minimize drop distance,
g. Enclose transfer points,
h. Clean pens, floors, and walls in a commercial swine facility,
i. Clean aisles between pens and stalls,
j. Store separated manure solids in a wind-blocked area,
k. Stack separated manure solids,
l. Maintain moisture in manure solids, or
m. Maintain liquid lagoon level.

3. Unpaved Access Connections:
a. Install speed control devices,
b. Restrict traffic access,
c. Install and maintain a track-out control system,
d. Install signage to limit vehicle speed to 15 mph.

4. Unpaved Roads or Feed Lanes:
a. Install engine speed governors on feed trucks to 15 mph,
b. Install signage to limit vehicle speed to 15 mph,
c. Install speed control devices,
d. Restrict traffic access,
e. Apply and maintain aggregate cover,
f. Apply and maintain synthetic particulate suppressant,
g. Apply and maintain water,
h. Apply and maintain oil on roads or feed lanes, or
i. Wind barrier.

H. By no later than March 31 of each calendar year, a commercial animal operator who engages in a regulated agricultural activity shall complete and submit a Best Management Practices Program General Permit Record Form on the form and in the manner established by the Department in consultation with the Committee. The Best Management Practices Program General Permit Record Form shall include only the following information:

1. The name, signature and mailing address of the commercial animal operator responsible for compliance at the commercial animal operations covered by the form,
2. The street addresses or a description of the physical locations of the commercial animal operations covered by the form,
3. The best management practices selected by the commercial animal operator for the year beginning on the due date for the form for Arenas, Corrals, and Pens, Animal Waste Handling and Transporting, Unpaved Access Connections, and Unpaved Roads or Feed Lanes in order to comply with this Section,
4. Identification of the area subject to each best management practice selected, and
5. Certification based on information reasonably available at the time of form submission that the best management practices selected for the year prior to the due date for the form were implemented in accordance with the prior

year's Best Management Practice Program General Permit Record Form, including any changes to the form made pursuant to subsection (I), or identification of any times and locations where the selected best management practices were not implemented.

I. Records of any changes to the Best Management Practices shall be noted on the Best Management Practices Program General Permit Record Form.

J. A commercial animal operator shall maintain records demonstrating compliance with this Section for three years. Records shall include a copy of the complete Best Management Practice Program General Permit Record Form and other records reasonably necessary and appropriate to confirm implementation of each best management practice. Complete and accurate records kept on forms developed by the Department in consultation with the Committee for a particular best management practice shall be deemed to comply with the requirements of this subsection with regard to that best management practice. If implementation of a best management practice can be confirmed through visual inspection, a record for that best management practice is not required. Records shall be kept by the commercial animal operator and made available immediately on request during an inspection or within two business days of receipt of a written request from the Department.

K. A person may develop different practices not contained in subsections (D), (E), (F), or (G) that reduce PM and may submit such practices that are proven effective through on-operation demonstration trials to the Committee.

L. The Director shall not assess a fee to a commercial animal operator for coverage under the agricultural PM general permit.

M. A commercial animal operator shall ensure that the implementation of all selected best management practices does not violate any other local, state, or federal law.

N. The Director shall document noncompliance with this Section before issuing a compliance order.

O. A commercial animal operator who is not in compliance with this Section is subject to the provisions in A.R.S. § 49-457(J), (K), and (L).

P. If the administrator redesignates the Pinal County PM Nonattainment Area to attainment, the Committee may initiate a rulemaking to adjust the frequency of the reporting requirements under subsection (H) as appropriate.

Historical Note

New Section made by exempt rulemaking pursuant to Laws 2011, Ch. 214, § 4, at 21 A.A.R. 1156, effective July 2, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 27 A.A.R. 2747 (November 26, 2021), with an immediate effective date of November 3, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 32 A.A.R. 1131 (May 22, 2026, Issue 21), with an immediate effective date of April 27, 2026 (Supp. 26-2).

R18-2-612. Definitions for R18-2-612.01

The definitions in R18-2-101 and the following definitions apply to R18-2-612.01:

1. "Access restriction" means reducing PM emission by reducing the number of trips driven on unpaved operation and maintenance and unpaved utility roads by restricting or eliminating public access by the use of signs or physical obstruction at locations that effectively control access to roads.
2. "Aggregate cover" means reducing PM emissions, wind erosion and stabilizing soil by applying and maintaining gravel, concrete, recycled road base, caliche, or other similar material to unpaved roads. The aggregate should be clean, hard and durable, and should be applied a depth sufficient to create soil stabilization in accordance with material specifications. A minimum depth of three inches is the standard in the absence of such specifications.
3. "Apply and maintain water" means reducing PM emissions and wind erosion by applying water to bare soil surfaces until the surfaces are visibly moist.
4. "Best management practice" means a technique verified by scientific research, that on a case-by-case basis is practical, economically feasible, and effective in reducing PM emissions from a regulated agricultural activity.
5. "Biological control of aquatic weeds" means reducing at least one trip, or to one trip if only one trip is needed, per treatment, made by vehicles for the purposes of removing aquatic weeds from canals by using fish, and other biologic means, within the canal through the use of to control the growth of aquatic weeds that reduce operating capacities and create debris that causes other operational issues.
6. "Canals" means facilities constructed for the sole purpose of the control, conveyance, and delivery of water. These facilities may be either open earthen channels, lined or unlined, or buried pipelines, which are used to convey water uphill and under obstructions, such as roadways and wash and river channels. These facilities include, but are not limited to, gate, inlet, outlet, safety, and measuring structures required to control water along the canals and deliver water to irrigation district customers, as well as compacted earthen banks constructed to protect these facilities from storm runoff events.
7. "Committee" means the Governor's Agricultural Best Management Practices Committee.
8. "Debris" means trash, rubble, and other non-soil materials.
9. "Dredge canals" means reducing PM emissions by mechanically removing muck, debris, and other foreign objects from canals while material is still wet or damp.
10. "Dust Control Forecast" means a forecast, which shall identify a low, moderate or high risk of dust generation for the next five consecutive days and shall be issued by noon on each day the forecast is generated. When developing these forecasts, the Department shall consider all of the following:
    a. Projected meteorological conditions, including:
        i. Wind speed and direction,
        ii. Stagnation,
        iii. Recent precipitation, and
        iv. Potential for precipitation;
    b. Existing concentrations of air pollution at the time of the forecast; and
    c. Historic air pollution concentrations that have been observed during meteorological conditions similar to those that are predicted to occur in the forecast.
11. "Earth materials" means natural materials covering the ground surface, which includes, but are not limited to, dirt, rocks, or soil.
12. "Grading roadways" means mechanically smoothing and compacting the roadway surface.
13. "Irrigation District" means a political subdivision, governed by A.R.S. Title 48, Chapter 19.
14. "Limit activity" means performing only critical operational or emergency activity on a day forecast to be high

risk for dust generation as forecasted by the Pinal County Dust Control Forecast.

15. "Major earth moving activities" means the mechanical movement of earth materials to reconstruct, relocate, reshape, reconfigure canals, including operation and maintenance roads and utility access roads.
16. "Maricopa PM nonattainment area" means the Phoenix planning area as defined in 40 CFR 81.303, which is incorporated by reference in R18-2-210.
17. "Minor earth moving activities" means the mechanical movement of earth materials to repair and maintain the existing configuration, location, bank slopes, or inclines of canals.
18. "Muck" means water that is saturated with mud, dirt, and soil, which accumulates over time along the bottom of canals.
19. "Paved Public Road" means any paved roadways that are open to public travel and maintained by a City, County, or the State.
20. "Pinal County PM Nonattainment Area" means the West Pinal PM_{10} planning area and the West Central $PM_{2.5}$ planning area, as defined in 40 CFR 81.303, and incorporated by reference in R18-2-210.
21. "PM" includes both particulate matter with an aerodynamic diameter less than or equal to a nominal 2.5 micrometers as measured by a reference method based on 40 CFR 50 Appendix L, or by an equivalent method designated according to 40 CFR 53; and particulate matter with an aerodynamic diameter less than or equal to a nominal 10 micrometers as measured by a reference method contained within 40 CFR 50, Appendix J or by an equivalent method designated in accordance with 40 CFR 53, as incorporated by reference in Appendix 2.
22. "Reduce vehicle speed" means reducing PM emissions and soil erosion from the use of vehicles owned or operated by the irrigation district on unpaved operation, maintenance, and utility access roads, at speeds not to exceed 25 mph. This can be achieved through worker behavior modifications, signage, or any other necessary means.
23. "Regulated agricultural activity" means activities of an irrigation district, which affects those lands and facilities that are under the jurisdiction and control of an irrigation district, as described in A.R.S. §§ 49-457(P)(1)(f) and 49-457(P)(5)(b).
24. "Regulated area" means a regulated area as defined in A.R.S. § 49-457(P)(6)(c).
25. "Sediment" means muck that has dried after removal from canals.
26. "Supervisory control system" means a system that allows the irrigation district to control operational structures from a remote computer location in order to reduce at least one trip made by vehicles to access structures for operational purposes.
27. "Synthetic or natural particulate suppressant" means reducing PM emissions and wind erosion by providing a stabilized soil surface with organic material, such as muck, animal waste or biosolids, or with a manufactured product such as lignosulfate, calcium chloride, magnesium chloride, an emulsion of a petroleum product, an enzyme product, or polyacrylamide.
28. "Track-out control system" means minimizing any and all material that adheres to and agglomerates on all vehicles and equipment and falls onto paved public roads or shoulders to paved public roads by using a device or system to remove mud or soil from a vehicle or equipment before the vehicle enters a paved public road. Devices such as a grizzly, a gravel pad or a wheel wash system can be used.
29. "Unauthorized use" means any travel or access by non-district personnel in non-district vehicles along roadways under the control of an irrigation district without the permission of the irrigation district.
30. "Unpaved operation and maintenance roads" means unpaved roadways that lay adjacent to canals, which provide access for irrigation district personnel and equipment for direct operation and maintenance of canals, and are under the control of the irrigation district.
31. "Unpaved utility access roads" means unpaved roadways used to provide access to canals, and also includes office and shop facilities, equipment yards, staging areas and other lands under the control of the irrigation district.
32. "Weed management" means reducing at least one trip made by vehicles for the purposes of removing weeds by using a combination of techniques, including organic, chemical, or biological means, to control weeds along canal banks and land surfaces not used for conveying water, excluding unpaved roadways.
33. "Wind barrier" means reducing PM_{10} emissions and wind erosion by constructing a fence or structure, or providing a woody vegetative barrier by planting a row of trees or shrubs, perpendicular or across the prevailing wind direction to reduce wind speed by changing the pattern of air flow over the land surface. For fences and structures, the wind barrier shall have a density of no less than 50% and the height of the wind barrier must be proportionate to the downwind protected area. The downwind protected area is considered ten times the height of the wind barrier. For vegetative barriers, compliance shall be determined by NRCS Conservation Practice Standard, Code 380, Windbreak/Shelterbelt Establishment, amended through August 21, 2009 (and no future editions).

Historical Note

New Section R18-2-612 renumbered from R18-2-610 at 6 A.A.R. 2009, effective May 12, 2000 (Supp. 00-2). Former Section R18-2-612 renumbered to R18-2-614; new Section R18-2-612 made by final rulemaking at 11 A.A.R. 2210, effective July 18, 2005 (Supp. 05-2). Amended by exempt rulemaking pursuant to Laws 2011, Ch. 214, § 4, at 21 A.A.R. 1156, effective July 2, 2015 (Supp. 15-3).

R18-2-612.01. Agricultural PM General Permit For Irrigation Districts; PM Nonattainment Areas Designated After June 1, 2009

A. An irrigation district within a PM Nonattainment Area, designated after June 1, 2009, shall implement at least one best management practice from each of the following categories to reduce PM emissions:

1. Unpaved operation and maintenance roads:
   a. Access restriction,
   b. Apply and maintain aggregate cover,
   c. Install supervisory control system to limit vehicle travel,
   d. Limit activity,
   e. Install signage to limit vehicle speed to 25 mph,
   f. Post warning signs for unauthorized use at point of entry to roads,
   g. Reduce vehicle speed,

h. Install and maintain a track-out control system,
i. Apply and maintain synthetic or natural particulate suppressant,
j. Apply and maintain water before, during, and after major and minor earth moving activities,
k. Apply and maintain water when grading roadways,
l. Use paved non-district or paved public roads to access structures, or
m. Install wind barriers.

2. Canals:
a. Dredge canals while muck or debris is still wet,
b. Dispose of muck or debris while still damp,
c. Weed management,
d. Biological control of aquatic weeds, or
e. Apply and maintain water before, during and after major and minor earth moving activities.

3. Unpaved utility access roads:
a. Access restriction,
b. Apply and maintain aggregate cover,
c. Limit activity,
d. Install signage to limit vehicle speed to 25 mph,
e. Post warning signs for unauthorized use at points of entry to roads,
f. Reduce vehicle speed,
g. Install and maintain a track-out control system,
h. Apply and maintain pavement,
i. Apply and maintain synthetic or natural particulate suppressant,
j. Apply and maintain water before, during and after major and minor earth moving activities,
k. Apply and maintain water when grading roadways,
l. Use paved non-district or paved public roads to access structures, or
m. Install wind barriers.

B. From and after December 31, 2015, an irrigation district engaged in a regulated agricultural activity shall complete a Best Management Practices Program General Permit Record Form. Thereafter, a new Best Management Practices Program General Permit Record Form shall be completed every year by March 31. The Form shall be provided to the Director within two business days of notice to the irrigation district. The Best Management Practice Program General Permit Record form shall include the following information:

1. The name, business address, and the irrigation district representative responsible for the preparation and implementation of the best management practices;
2. The signature of the irrigation district representative and the date the form was signed; and
3. The best management practice selected for unpaved operation and utility roads, canals, and unpaved utility access roads.

C. Beginning in calendar year 2017, and no more than once every subsequent three calendar years, the Director, in conjunction with the Arizona Department of Agriculture, shall provide the irrigation district with a Best Management Practices Program Three-year Survey. The irrigation district shall complete the Survey with data from the preceding calendar year and submit the Survey to the Arizona Department of Agriculture (ADA) by January 31, 2018, and every three years thereafter. The Survey information submitted to the ADA shall be compiled by the ADA then be submitted to the Department. The Three-year Survey shall include the following information:

1. The name, business address, and phone number of the irrigation district representative responsible for the preparation and implementation of the best management practices;
2. The signature of the irrigation district representative and the date the form was signed;
3. The total miles of canals that the irrigation district controls;
4. The total miles of unpaved operation and maintenance roads;
5. The total miles of the unpaved utility access roads; and
6. The best management practices selected for unpaved operation and utility roads, canals, and unpaved utility access roads.

D. Records of any changes to those Best Management Practices shall be noted on the Best Management Practices Program General Permit Record Form and shall be kept by the irrigation district onsite and made available for review by the Director within two business days of notice to the irrigation district by the Department.

E. An irrigation district may develop different practices not contained in either of the categories of subsections (A)(1), (A)(2), or (A)(3) that reduce PM and may submit such practices that are proven effective through in-district trials. The proposed new practices shall not become effective unless submitted as described in A.R.S. § 49-457(L).

F. An irrigation district shall maintain a record demonstrating compliance with this Section for three years. Records shall include a copy of the complete Best Management Practice Program General Permit Record Form to confirm implementation of each best management practice.

G. The Director shall not assess a fee to an irrigation district for coverage under the agricultural PM general permit.

H. An irrigation district shall ensure that the implementation of all selected best management practices does not violate any other local, state, or federal law.

I. The Director shall document noncompliance with this Section before issuing a compliance order.

J. An irrigation district that is not in compliance with this Section is subject to the provisions in A.R.S. § 49-457(I), (J), and (K).

Historical Note
New Section made by exempt rulemaking pursuant to Laws 2011, Ch. 214, § 4, at 21 A.A.R. 1156, effective July 2, 2015 (Supp. 15-3).

R18-2-613. Definitions for R18-2-613.01

1. "Access restriction" means restricting or eliminating public access to noncropland with signs or physical obstruction.
2. "Aggregate cover" means gravel, concrete, recycled road base, caliche, or other similar material applied to noncropland.
3. "Artificial wind barrier" means a physical barrier to the wind.
4. "Bed row spacing" means increasing or decreasing the size of a planting bed area to reduce the number of passes and soil disturbance by increasing plant density.
5. "Best management practice" means a technique verified by scientific research, that on a case-by-case basis is practical, economically feasible, and effective in reducing PM_{10} emissions from a regulated agricultural activity.
6. "Chemical irrigation" means applying a fertilizer, pesticide, or other agricultural chemical to cropland through an irrigation system.

7. "Combining tractor operations" means performing two or more tillage, cultivation, planting, or harvesting operations with a single tractor or harvester pass.
8. "Commercial farm" means 10 or more contiguous acres of land used for agricultural purposes within the boundary of the Yuma PM_{10} nonattainment area.
9. "Commercial farmer" means an individual, entity, or joint operation in general control of a commercial farm.
10. "Conservation irrigation" means the use of drips, sprinklers, or underground lines to conserve water, and to reduce the weed population, the need for tillage, and soil compaction.
11. "Conservation tillage" means types of tillage that reduce the number of passes and the amount of soil disturbance.
12. "Cover crop" means plants or a green manure crop grown for seasonal soil protection or soil improvement.
13. "Critical area planting" means using trees, shrubs, vines, grasses, or other vegetative cover on noncropland.
14. "Cropland" means land on a commercial farm that:
    a. Is within the time-frame of final harvest to plant emergence;
    b. Has been tilled in a prior year and is suitable for crop production, but is currently fallow; or
    c. Is a turn-row.
15. "Cross-wind ridges" means soil ridges formed by a tillage operation.
16. "Cross-wind strip-cropping" means planting strips of alternating crops within the same field.
17. "Cross-wind vegetative strips" means herbaceous cover established in one or more strips within the same field.
18. "Equipment modification" means modifying agricultural equipment to prevent or reduce particulate matter generation from cropland.
19. "Limited activity during a high-wind event" means performing no tillage or soil preparation activity when the measured wind speed at 6 feet in height is more than 25 mph at the commercial farm site.
20. "Manure application" means applying animal waste or biosolids to a soil surface.
21. "Mulching" means applying plant residue or other material that is not produced onsite to a soil surface.
22. "Multi-year crop" means a crop, pasture, or orchard that is grown, or will be grown, on a continuous basis for more than one year.
23. "Night farming" means performing regulated agricultural activities at night when moisture levels are higher and winds are lighter.
24. "Noncropland" means any commercial farmland that:
    a. Is no longer used for agricultural production;
    b. Is no longer suitable for production of crops;
    c. Is subject to a restrictive easement or contract that prohibits use for the production of crops; or
    d. Includes a private farm road, ditch, ditch bank, equipment yard, storage yard, or well head.
25. "Permanent cover" means a perennial vegetative cover on cropland.
26. "Planting based on soil moisture" means applying water to soil before performing planting operations.
27. "Precision farming" means use of satellite navigation to calculate position in the field, to reduce overlap during field operations, and allow operations to occur during nighttime and inclement weather, thus generating less PM_{10}.
28. "Reduce vehicle speed" means operating farm vehicles or farm equipment on unpaved farm roads at speeds not to exceed 20 mph.
29. "Reduced harvest activity" means reducing the number of harvest passes using a mechanized method to cut and remove crops from a field.
30. "Regulated agricultural activity" means a commercial farming practice that may produce PM_{10} within the Yuma PM_{10} nonattainment area.
31. "Residue management" means managing the amount and distribution of crop and other plant residues on a soil surface.
32. "Sequential cropping" means growing crops in a sequence that minimizes the amount of time bare soil is exposed on a field.
33. "Surface roughening" means manipulating a soil surface to produce or maintain clods.
34. "Synthetic particulate suppressant" means a manufactured product such as lignosulfate, calcium chloride, magnesium chloride, and polyacrylamide, an emulsion of a petroleum product, and an enzyme product that is used to control particulate matter.
35. "Tillage and harvest" means any mechanical practice that physically disturbs cropland or crops on a commercial farm.
36. "Tillage based on soil moisture" means applying water to soil before or during tillage, or delaying tillage to coincide with precipitation.
37. "Timing of a tillage operation" means performing tillage operations at a time that will minimize the soil's susceptibility to generate PM_{10}.
38. "Transgenic crops" means the use of genetically modified crops such as "herbicide ready" crops, which reduces the need for tillage or cultivation operations, and reduces soil disturbance.
39. "Track-out control system" means a device to remove mud or soil from a vehicle before the vehicle enters a paved public road.
40. "Tree, shrub, or windbreak planting" means providing a woody vegetative barrier to the wind.
41. "Watering" means applying water to noncropland.
42. "Yuma PM_{10} nonattainment area" means the Yuma PM_{10} planning area as defined in 40 CFR 81.303, which is incorporated by reference in R18-2-210.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 2210, effective July 18, 2005 (Supp. 05-2). Section R18-2-313 renumbered to R18-2-313.01; new Section made by exempt rulemaking pursuant to Laws 2011, Ch. 214, § 4, at 21 A.A.R. 1156, effective July 2, 2015 (Supp. 15-3).

R18-2-613.01. Yuma PM_{10} Nonattainment Area; Agricultural Best Management Practices

A. A commercial farmer shall comply with this Section by August 1, 2005.

B. A commercial farmer who begins a regulated agricultural activity after August 1, 2005, shall comply with this Section within 60 days after beginning the regulated agricultural activity.

C. A commercial farmer shall implement at least one of the best management practices from each of the following categories at each commercial farm:
1. Tillage and harvest, subsection (E);
2. Noncropland, subsection (F); and

3. Cropland, subsection (G).

D. A commercial farmer shall ensure that the implementation of each selected best management practice does not violate any other local, state, or federal law.

E. A commercial farmer shall implement at least one of the following best management practices to reduce PM_{10} emissions from tillage and harvest:
1. Bed row spacing,
2. Chemical irrigation,
3. Combining tractor operations,
4. Conservation irrigation,
5. Conservation tillage,
6. Equipment modification,
7. Limited activity during a high-wind event,
8. Multi-year crop,
9. Night farming,
10. Planting based on soil moisture,
11. Precision farming,
12. Reduced harvest activity,
13. Tillage based on soil moisture,
14. Timing of a tillage operation, or
15. Transgenic crops.

F. A commercial farmer shall implement at least one of the following best management practices to reduce PM_{10} emissions from noncropland:
1. Access restriction;
2. Aggregate cover;
3. Artificial wind barrier;
4. Critical area planting;
5. Manure application;
6. Reduce vehicle speed;
7. Synthetic particulate suppressant;
8. Track-out control system;
9. Tree, shrub, or windbreak planting; or
10. Watering.

G. A commercial farmer shall implement at least one of the following best management practices to reduce PM_{10} emissions from cropland:
1. Artificial wind barrier;
2. Cover crop;
3. Cross-wind ridges;
4. Cross-wind strip-cropping;
5. Cross-wind vegetative strips;
6. Manure application;
7. Mulching;
8. Multi-year crop;
9. Permanent cover;
10. Planting based on soil moisture;
11. Precision farming;
12. Residue management;
13. Sequential cropping;
14. Surface roughening; or
15. Tree, shrub, or windbreak planting.

H. A person may develop different practices not contained in subsections (E), (F), or (G) that reduce PM_{10}. A person may submit practices that are proven effective through demonstration trials to the Director. The Director shall review the submitted practices.

I. A commercial farmer shall maintain records demonstrating compliance with this Section. The commercial farmer shall provide the records to the Director within two business days of written notice to the commercial farmer. The records shall contain:
1. The name of the commercial farmer,
2. The mailing address or physical location of the commercial farm, and
3. The best management practices selected for tillage and harvest, noncropland, and cropland by the commercial farmer, and the date each best management practice was implemented.

Historical Note
New Section R18-2-313.01 renumbered from Section R18-2-313 by exempt rulemaking pursuant to Laws 2011, Ch. 214, § 4, at 21 A.A.R. 1156, effective July 2, 2015 (Supp. 15-3).

R18-2-614. Evaluation of Nonpoint Source Emissions
Opacity of an emission from any nonpoint source shall not be greater than 40% measured according to the 40 CFR 60, Appendix A, Reference Method 9. An open fire permitted under R18-2-602 or regulated under Article 15 is exempt from this requirement.

Historical Note
Section R18-2-614 renumbered from R18-2-612; amended by final rulemaking at 11 A.A.R. 2210, effective July 18, 2005 (Supp. 05-2). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2).

ARTICLE 7. EXISTING STATIONARY SOURCE PERFORMANCE STANDARDS

R18-2-701. Definitions
For purposes of this Article:
1. "Acid mist" means sulfuric acid mist as measured in the Arizona Testing Manual and 40 CFR 60, Appendix A.
2. "Architectural coating" means a coating used commercially or industrially for residential, commercial or industrial buildings and their appurtenances, structural steel, and other fabrications such as storage tanks, bridges, beams and girders.
3. "Asphalt concrete plant" means any facility used to manufacture asphalt concrete by heating and drying aggregate and mixing with asphalt cements. This is limited to facilities, including drum dryer plants that introduce asphalt into the dryer, which employ two or more of the following processes:
   a. A dryer.
   b. Systems for screening, handling, storing, and weighing hot aggregate.
   c. Systems for loading, transferring, and storing mineral filler.
   d. Systems for mixing asphalt concrete.
   e. The loading, transferring, and storage systems associated with emission control systems.
4. "Black liquor" means waste liquor from the brown stock washer and spent cooking liquor which have been concentrated in the multiple-effect evaporator system.
5. "Calcine" means the solid materials produced by a lime plant.
6. "Coal" means any solid fuel classified as anthracite, bituminous, subbituminous, or lignite by the ASTM Method D388-05 "Standard Classification of Coals by Rank" and coal refuse. Synthetic fuels derived from coal for the purpose of creating useful heat including but not limited to, coal derived gases (not meeting the definition of natural gas), solvent-refined coal, coal-oil mixtures, and coal-water mixtures, are considered "coal" for the purposes of this subpart.

7. "Coal refuse" means any by-product of coal mining, physical coal cleaning, and coal preparation operations (e.g., culm, gob, etc.) containing coal, matrix material, clay, and other organic and inorganic material with an ash content greater than 50 percent (by weight) and a heating value less than 13,900 kilojoules per kilogram (6,000 Btu per pound) on a dry basis.
8. "Concentrate" means enriched copper ore recovered from the froth flotation process.
9. "Concentrate dryer" means any facility in which a copper sulfide ore concentrate charge is heated in the presence of air to eliminate a portion of the moisture from the charge, provided less than 5% of the sulfur contained in the charge is eliminated in the facility.
10. "Concentrate roaster" means any facility in which a copper sulfide ore concentrate is heated in the presence of air to eliminate 5% or more of the sulfur contained in the charge.
11. "Condensate stripper system" means a column, and associated condensers, used to strip, with air or steam, TRS compounds from condensate streams from various processes within a kraft pulp mill.
12. "Control device" means the air pollution control equipment used to remove particulate matter or gases generated by a process source from the effluent gas stream.
13. "Converter" means any vessel to which copper matte is charged and oxidized to copper.
14. "Electric generating plant" means all electric generating units located at a stationary source.
15. "Electric generating unit" means a combustion unit of more than 25 megawatts electric that serves a generator that produces electricity for sale and that burns coal for more than 10.0 percent of the average annual heat input during any three consecutive calendar years or for more than 15.0 percent of the annual heat input during any one calendar year. A unit that cogenerates steam and electricity and supplies more than one-third of its potential electric output capacity and more than 25 megawatts electric output to any utility power distribution system for sale is considered an electric generating unit.
16. "Existing source" means any source which does not have an applicable new source performance standard under Article 9 of this Chapter.
17. "Facility" means an identifiable piece of stationary process equipment along with all associated air pollution equipment.
18. "Federal mercury standards" means the emissions limits, monitoring, testing, recordkeeping, reporting and notification requirements applicable or relating to emissions of mercury from electric generating units under 40 CFR Part 63, Subpart UUUUU.
19. "Fugitive dust" means fugitive emissions of particulate matter.
20. "High sulfur oil" means fuel oil containing 0.90% or more by weight of sulfur.
21. "Inlet mercury" means the average concentration of mercury in the coal burned at an electric generating unit, as determined by ASTM methods, EPA-approved methods or alternative methods approved by the Director.
22. "Lime kiln" means a unit used to calcinate lime rock or kraft pulp mill lime mud, which consists primarily of calcium carbonate, into quicklime, which is calcium oxide.
23. "Low sulfur oil" means fuel oil containing less than 0.90% by weight of sulfur.
24. "Matte" means a metallic sulfide made by smelting copper sulfide ore concentrate or the roasted product of copper sulfide ores.
25. "Mercury" means mercury or mercury compounds in either a gaseous or particulate form.
26. "Miscellaneous metal parts and products" for purposes of industrial coating include all of the following:
    a. Large farm machinery, such as harvesting, fertilizing and planting machines, tractors, and combines;
    b. Small farm machinery, such as lawn and garden tractors, lawn mowers, and rototillers;
    c. Small appliances, such as fans, mixers, blenders, crock pots, dehumidifiers, and vacuum cleaners;
    d. Commercial machinery, such as office equipment, computers and auxiliary equipment, typewriters, calculators, and vending machines;
    e. Industrial machinery, such as pumps, compressors, conveyor components, fans, blowers, and transformers;
    f. Fabricated metal products, such as metal-covered doors and frames;
    g. Any other industrial category which coats metal parts or products under the Code in the "Standard Industrial Classification Manual, 1987" of Major Group 33 (primary metal industries), Major Group 34 (fabricated metal products), Major Group 35 (non-electric machinery), Major Group 36 (electrical machinery), Major Group 37 (transportation equipment), Major Group 38 (miscellaneous instruments), and Major Group 39 (miscellaneous manufacturing industries), except all of the following:
        i. Automobiles and light-duty trucks;
        ii. Metal cans;
        iii. Flat metal sheets and strips in the form of rolls or coils;
        iv. Magnet wire for use in electrical machinery;
        v. Metal furniture;
        vi. Large appliances;
        vii. Exterior of airplanes;
        viii. Automobile refinishing;
        ix. Customized top coating of automobiles and trucks, if production is less than 35 vehicles per day;
        x. Exterior of marine vessels.
27. "Multiple-effect evaporator system" means the multiple-effect evaporators and associated condenser and hotwell used to concentrate the spent cooking liquid that is separated from the pulp.
28. "Neutral sulfite semichemical pulping" means any operation in which pulp is produced from wood by cooking or digesting wood chips in a solution of sodium sulfite and sodium bicarbonate, followed by mechanical defibrating or grinding.
29. "Petroleum liquids" means petroleum, condensate, and any finished or intermediate products manufactured in a petroleum refinery but does not mean Number 2 through Number 6 fuel oils as specified in ASTM D396-90a (Specification for Fuel Oils), gas turbine fuel oils Numbers 2-GT through 4-GT as specified in ASTM D2880-90a (Specification for Gas Turbine Fuel Oils), or diesel fuel oils Numbers 2-D and 4-D as specified in ASTM D975-90 (Specification for Diesel Fuel Oils).
30. "Potential electric output capacity" means 33% of a unit's maximum design heat input, divided by 3,413 Btu per

kilowatt-hour, divided by 1,000 kilowatt-hours/per megawatt-hour, and multiplied by 8,760 hours per year.

31. "Process source" means the last operation or process which produces an air contaminant resulting from either:
    a. The separation of the air contaminants from the process material, or
    b. The conversion of constituents of the process materials into air contaminants which is not an air pollution abatement operation.
32. "Process weight" means the total weight of all materials introduced into a process source, including fuels, where these contribute to pollution generated by the process.
33. "Process weight rate" means a rate established pursuant to R18-2-702(E).
34. "Recovery furnace" means the unit, including the direct-contact evaporator for a conventional furnace, used for burning black liquor to recover chemicals consisting primarily of sodium carbonate and sodium sulfide.
35. "Reid vapor pressure" means the absolute vapor pressure of volatile crude oil and volatile non-viscous petroleum liquids, except liquified petroleum gases, as determined by ASTM D-323-90 (Test Method for Vapor Pressure of Petroleum Products) (Reid Method).
36. "Reverbatory smelting furnace" means any vessel in which the smelting of copper sulfide ore concentrates or calcines is performed and in which the heat necessary for smelting is provided primarily by combustion of a fossil fuel.
37. "Rotary lime kiln" means a unit with an included rotary drum which is used to produce a lime product from limestone by calcination.
38. "Slag" means fused and vitrified matter separated during the reduction of a metal from its ore.
39. "Smelt dissolving tank" means a vessel used for dissolving the smelt collected from the kraft mill recovery furnace.
40. "Smelter feed" means all materials utilized in the operation of a copper smelter, including metals or concentrates, fuels and chemical reagents, calculated as the aggregate sulfur content of all fuels and other feed materials whose products of combustion and gaseous by-products are emitted to the atmosphere.
41. "Smelting" means processing techniques for the smelting of a copper sulfide ore concentrate or calcine charge leading to the formation of separate layers of molten slag, molten copper, or copper matte.
42. "Smelting furnace" means any vessel in which the smelting of copper sulfide ore concentrates or calcines is performed and in which the heat necessary for smelting is provided by an electric current, rapid oxidation of a portion of the sulfur contained in the concentrate as it passes through an oxidizing atmosphere, or the combustion of a fossil fuel.
43. "Standard conditions" means a temperature of 293K (68°F or 20°C) and a pressure of 101.3 kilopascals (29.92 in. Hg or 1013.25 mb).
44. "Supplementary control system" (SCS) means a system by which sulfur dioxide emissions are curtailed during periods when meteorological conditions conducive to ground-level concentrations in excess of ambient air quality standards for sulfur dioxide either exist or are anticipated.
45. "Vapor pressure" means the pressure exerted by the gaseous form of a substance in equilibrium with its liquid or solid form.

Historical Note

Former Section R18-2-701 repealed effective September 26, 1990 (Supp. 90-3). New Section R18-2-701 renumbered from R18-2-501 and amended effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 12 A.A.R. 4701, effective January 29, 2007 (Supp. 06-4). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2). Amended by final rulemaking at 21 A.A.R. 711, effective June 30, 2015 (Supp. 15-2).

R18-2-702. General Provisions

A. The provisions of this Article shall only apply to a source that is all of the following:
1. An existing source, as defined in R18-2-101;
2. A point source. For the purposes of this Section, "point source" means a source of air contaminants that has an identifiable plume or emissions point; and
3. A stationary source, as defined in R18-2-101.

B. Except as otherwise provided in this Chapter relating to specific types of sources, the opacity of any plume or effluent, from a source described in subsection (A), as determined by Reference Method 9 in 40 CFR 60, Appendix A, shall not be:
1. Greater than 20% in an area that is nonattainment or maintenance for any particulate matter standard, unless an alternative opacity limit is approved by the Director and the Administrator as provided in subsections (D) and (E), after February 2, 2004;
2. Greater than 40% in an area that is attainment or unclassifiable for each particulate matter standard; and
3. After April 23, 2006, greater than 20% in any area that is attainment or unclassifiable for each particulate matter standard except as provided in subsections (D) and (E).

C. If the presence of uncombined water is the only reason for an exceedance of any visible emissions requirement in this Article, the exceedance shall not constitute a violation of the applicable opacity limit.

D. A person owning or operating a source may petition the Director for an alternative applicable opacity limit. The petition shall be submitted to ADEQ by May 15, 2004.
1. The petition shall contain:
    a. Documentation that the affected facility and any associated air pollution control equipment are incapable of being adjusted or operated to meet the applicable opacity standard. This includes:
        i. Relevant information on the process operating conditions and the control devices operating conditions during the opacity or stack tests;
        ii. A detailed statement or report demonstrating that the source investigated all practicable means of reducing opacity and utilized control technology that is reasonably available considering technical and economic feasibility; and
        iii. An explanation why the source cannot meet the present opacity limit although it is in compliance with the applicable particulate mass emission rule.
    b. If there is an opacity monitor, any certification and audit reports required by all applicable subparts in 40 CFR 60 and in Appendix B, Performance Specification 1.

c. A verification by a responsible official of the source of the truth, accuracy, and completeness of the petition. This certification shall state that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

2. If the unit for which the alternative opacity standard is being applied is subject to a stack test, the petition shall also include:
   a. Documentation that the source conducted concurrent EPA Reference Method stack testing and visible emissions readings or is utilizing a continuous opacity monitor. The particulate mass emission test results shall clearly demonstrate compliance with the applicable particulate mass emission limitation by being at least 10% below that limit. For multiple units that are normally operated together and whose emissions vent through a single stack, the source shall conduct simultaneous particulate testing of each unit. Each control device shall be in good operating condition and operated consistent with good practices for minimizing emissions.
   b. Evidence that the source conducted the stack tests according to R18-2-312, and that they were witnessed by the Director or the Director's agent or representative.
   c. Evidence that the affected facility and any associated air pollution control equipment were operated and maintained to the maximum extent practicable to minimize the opacity of emissions during the stack tests.
3. If the source for which the alternative opacity standard is being applied is located in a nonattainment area, the petitioner shall include all the information listed in subsections (D)(1) and (D)(2), and in addition:
   a. In subsection (D)(1)(a)(ii), the detailed statement or report shall demonstrate that the alternative opacity limit fulfills the Clean Air Act requirement for reasonably available control technology; and
   b. In subsection (D)(2)(b), the stack tests shall be conducted with an opportunity for the Administrator or the Administrator's agent or representative to be present.

E. If the Director receives a petition under subsection (D) the Director shall approve or deny the petition as provided below by October 15, 2004:
1. If the petition is approved under subsection (D)(1) or (D)(2), the Director shall include an alternative opacity limit in a proposed significant permit revision for the source under R18-2-320 and R18-2-330. The proposed alternative opacity limit shall be set at a value that has been demonstrated during, and not extrapolated from, testing, except that an alternative opacity limit under this Section shall not be greater than 40%. For multiple units that are normally operated together and whose emissions vent through a single stack, any new alternative opacity limit shall reflect the opacity level at the common stack exit, and not individual in-duct opacity levels.
2. If the petition is approved under subsection (D)(3), the Director shall include an alternative opacity limit in a proposed revision to the applicable implementation plan, and submit the proposed revision to EPA for review and approval. The proposed alternative opacity limit shall be set at a value that has been demonstrated during, and not extrapolated from, testing, except that the alternative opacity limit shall not be greater than 40%.
3. If the petition is denied, the source shall either comply with the 20% opacity limit or apply for a significant permit revision to incorporate a compliance schedule under R18-2-309(5)(c)(iii) by April 23, 2006.
4. A source does not have to petition for an alternative opacity limit under subsection (D) to enter into a revised compliance schedule under R18-2-309(5)(c).

F. The Director, Administrator, source owner or operator, inspector or other interested party shall determine the process weight rate, as used in this Article, as follows:
1. For continuous or long run, steady-state process sources, the process weight rate is the total process weight for the entire period of continuous operation, or for a typical portion of that period, divided by the number of hours of the period, or portion of hours of that period.
2. For cyclical or batch process sources, the process weight rate is the total process weight for a period which covers a complete operation or an integral number of cycles, divided by the hours of actual process operation during the period.

Historical Note
Former Section R18-2-702 repealed effective September 26, 1990 (Supp. 90-3). New Section R18-2-702 renumbered from R18-2-502 and amended effective November 15, 1993 (Supp. 93-4). Amended by exempt rulemaking at 9 A.A.R. 5550, effective February 3, 2004 (Supp. 03-4).

R18-2-703. Standards of Performance for Existing Fossil-fuel Fired Steam Generators and General Fuel-burning Equipment

A. This Section applies to the following:
1. Installations in which fuel is burned for the primary purpose of producing power, steam, hot water, hot air or other liquids, gases or solids and in the course of doing so the products of combustion do not come into direct contact with process materials. When any products or by-products of a manufacturing process are burned for the same purpose or in conjunction with any fuel, the same maximum emission limitation shall apply, except for wood waste burners as regulated under R18-2-704.
2. All fossil-fuel fired steam generating units or general fuel burning equipment which are greater than or equal to 73 megawatts capacity.

B. For purposes of this Section, the heat input shall be the aggregate heat content of all fuels whose products of combustion pass through a stack or other outlet. The heat content of solid fuel shall be determined in accordance with R18-2-311. Compliance tests shall be conducted during operation at the nominal rated capacity of each unit.

C. No person shall cause, allow or permit the emission of particulate matter in excess of the amounts calculated by one of the following equations:
1. For equipment having a heat input rate of 4200 million Btu per hour or less, the maximum allowable emissions shall be determined by the following equation:

$$E = 1.02Q^{0.769}$$

where:
E = the maximum allowable particulate emissions rate in pounds-mass per hour.
Q = the heat input in million Btu per hour.

2. For equipment having a heat input rate greater than 4200 million Btu per hour, the maximum allowable emissions shall be determined by the following equation:

$$E = 17.0Q^{0.432}$$

where "E" and "Q" have the same meaning as in subsection (C)(1).

D. Actual values shall be calculated from the applicable equations and rounded off to two decimal places.

E. When low sulfur oil is fired:
1. Existing fuel-burning equipment or steam-power generating installations which commenced construction or a major modification prior to May 30, 1972, shall not emit more than 1.0 pounds sulfur dioxide maximum three-hour average, per million Btu (430 nanograms per joule) heat input.
2. Existing fuel-burning equipment or steam-power generating installations which commenced construction or a major modification after May 30, 1972, shall not emit more than 0.80 pounds of sulfur dioxide maximum three-hour average per million Btu (340 nanograms per joule) heat input.

F. When high sulfur oil is fired, all existing steam-power generating and general fuel-burning installations which are subject to the provisions of this Section shall not emit more than 2.2 pounds of sulfur dioxide maximum three-hour average per million Btu (946 nanograms per joule) heat input.

G. When solid fuel is fired:
1. Existing general fuel-burning equipment and steam-power generating installations which commenced construction or a major modification prior to May 30, 1972, shall not emit more than 1.0 pounds of sulfur dioxide maximum three-hour average, per million Btu (430 nanograms per joule) heat input.
2. Existing general fuel-burning equipment and steam-power generating installations which commenced construction or a major modification after May 30, 1972, shall not emit more than 0.80 pounds of sulfur dioxide, maximum three-hour average, per million Btu (340 nanograms per joule) heat input.

H. Any permit issued for the operation of an existing source, or any renewal or modification of such a permit, shall include a condition prohibiting the use of high sulfur oil by the permittee, unless the applicant demonstrates to the satisfaction of the Director that sufficient quantities of low sulfur oil are not available for use by the source and that it has adequate facilities and contingency plans to ensure that the sulfur dioxide ambient air quality standards set forth in R18-2-202 will not be violated.
1. The terms of the permit may authorize the use of high sulfur oil under such conditions as are justified.
2. In cases where the permittee is authorized to use high sulfur oil, it shall submit to the Department monthly reports detailing its efforts to obtain low sulfur oil.
3. When the conditions justifying the use of high sulfur oil no longer exists, the permit shall be modified accordingly.
4. Nothing in this Section shall be construed as allowing the use of a supplementary control system or other form of dispersion technology.

I. Existing steam-power generating installations which commenced construction or a major modification after May 30, 1972, shall not emit nitrogen oxides in excess of the following amounts:
1. 0.20 pounds of nitrogen oxides, maximum three-hour average, calculated as nitrogen dioxide, per million Btu heat input when gaseous fossil fuel is fired.
2. 0.30 pounds of nitrogen oxides, maximum three-hour average, calculated as nitrogen dioxide, per million Btu heat input when liquid fossil fuel is fired.
3. 0.70 pounds of nitrogen oxides, maximum three-hour average, calculated as nitrogen dioxide, per million Btu heat input when solid fossil fuel is fired.

J. Emission and fuel monitoring systems, where deemed necessary by the Director for sources subject to the provisions of this Section shall, conform to the requirements of R18-2-313.

K. The applicable reference methods given in the Appendices to 40 CFR 60 shall be used to determine compliance with the standards as prescribed in subsections (C) through (G) and (I). All tests shall be run at the heat input calculated under subsection (B).

Historical Note

Former Section R18-2-703 repealed effective September 26, 1990 (Supp. 90-3). New Section R18-2-703 renumbered from R18-2-503 and amended effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 13 A.A.R. 2157, effective August 4, 2007 (Supp. 07-2). Amended by final rulemaking at 15 A.A.R. 281, effective March 7, 2009 (Supp. 09-1).

R18-2-704. Standards of Performance for Incinerators

A. No person shall cause, allow or permit to be emitted into the atmosphere, from any type of incinerator, smoke, fumes, gases, particulate matter or other gas-borne material which exceeds 20% opacity except during the times specified in subsection (D).

B. No person shall cause, allow or permit the discharge of particulate matter into the atmosphere in any one hour from any incinerator, in excess of the following limits:
1. For multiple chamber incinerators, controlled atmosphere incinerators, fume incinerators, afterburners or other unspecified types of incinerators, emissions shall not exceed 0.1 grain per cubic foot, based on dry flue gas at standard conditions, corrected to 12% carbon dioxide.
2. For wood waste burners other than air curtain incinerators, emissions discharged from the stack or burner top opening shall not exceed 0.2 grain per cubic foot, based on dry flue gas at standard conditions, corrected to 12% carbon dioxide.

C. Air curtain incinerators shall not be used within 500 feet of the nearest dwelling.

D. Incinerators shall be exempt from the opacity and emission requirements described in subsections (A) and (B) as follows:
1. For multiple chamber incinerators, controlled atmosphere incinerators, fume incinerators, afterburners or other unspecified types of incinerators, such exemption shall be for not more than 30 seconds in any 60-minute period.
2. Wood waste burners shall be exempt both:
   a. For a period once each day for the purpose of building a new fire but not to exceed 60 minutes, and
   b. For an upset of operations not to exceed three minutes in any 60-minute period.

E. The owner or operator of any incinerator subject to the provisions of this Section shall record the daily charging rates and hours of operation.

F. The test methods and procedures required by this Section are as follows:

1. The reference methods in 40 CFR 60, Appendix A, shall be used to determine compliance with the standards prescribed in subsection (B) as follows:
   a. Method 5 for the concentration of particulate matter and the associated moisture content;
   b. Method 1 for sample and velocity traverses;
   c. Method 2 for velocity and volumetric flow rate;
   d. Method 3 for gas analysis and calculation of excess air, using the integrated sampling technique.
2. For Method 5, the sampling time for each run shall be at least 60 minutes and the minimum sample volume shall be 0.85 dscm (30.0 dscf) except that smaller sampling times or sample volumes, when necessitated by process variables or other factors, may be approved by the Director.

Historical Note

Former Section R18-2-704 repealed effective September 26, 1990 (Supp. 90-3). New Section R18-2-704 renumbered from R18-2-504 effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 13 A.A.R. 2157, effective August 4, 2007 (Supp. 07-2). Amended by final expedited rulemaking at 30 A.A.R. 2422 (July 26, 2024), with an immediate effective date of July 3, 2024 (Supp. 24-3).

R18-2-705. Standards of Performance for Existing Portland Cement Plants

A. The provisions of this Section are applicable to the following affected facilities in portland cement plants: kiln, clinker cooler, raw mill system, finish mill system, raw mill dryer, raw material storage, clinker storage, finished product storage, conveyor transfer points, bagging and bulk loading and unloading systems.

B. No person shall cause, allow or permit the discharge of particulate matter from any identifiable process source within any existing cement plant subject to the provisions of this Section which exceeds the amounts calculated by one of the following equations:
1. For process sources having a process weight rate of 60,000 pounds per hour (30 tons per hour) or less, the maximum allowable emissions shall be determined by the following equation:
   $E = 4.10P^{0.67}$
   where:
   E = the maximum allowable particulate emissions rate in pounds-mass per hour.
   P = the process weight rate in tons-mass per hour.
2. For process sources having a process weight rate greater than 60,000 pounds per hour (30 tons per hour), the maximum allowable emissions shall be determined by the following equation:
   $E = 55.0P^{0.11}-40$
   where "E" and "P" are defined as indicated in subsection (B)(1).

C. No process source within any portland cement plant shall exceed 20% opacity.

D. No person shall cause, allow or permit discharge into the atmosphere of an amount in excess of 6 pounds of sulfur oxides, calculated as sulfur dioxide, per ton cement kiln feed from cement plants subject to the provisions of this Section.

E. The owner or operator of any portland cement plant subject to the provisions of this Section shall record the daily production rates and the kiln feed rates.

F. The test methods and procedures required by this Section are as follows:
1. The reference methods in 40 CFR 60, Appendix A, except as provided for in R18-2-312 shall be used to determine compliance with the standards prescribed in subsection (B) as follows:
   a. Method 5 for the concentration of particulate matter and the associated moisture content;
   b. Method 1 for sample and velocity traverses;
   c. Method 2 for velocity and volumetric flow rate;
   d. Method 3 for gas analysis.
2. For Method 5, the minimum sampling time and minimum sample volume for each run except when process variables or other factors justifying otherwise to the satisfaction of the Director, shall be as follows:
   a. 60 minutes and 0.85 dscm (30.0 dscf) for the kiln,
   b. 60 minutes and 1.15 dscm (40.6 dscf) for the clinker cooler.
3. Total kiln feed rate, except fuels, expressed in metric tons per hour on a dry basis, shall be both:
   a. Determined during each testing period by suitable methods; and
   b. Confirmed by a material balance over the production system.
4. For each run, particulate matter emissions, expressed in g/metric ton of kiln feed, shall be determined by dividing the emission rate in g/hr by the kiln feed rate. The emission rate shall be determined by the equation, g/hr = Qs x c, where Qs = volumetric flow rate of the total effluent in dscm/hr as determined in accordance with subsection (F)(1)(c), and c = particulate concentration in g/dscm as determined in accordance with subsection (F)(1)(a).

Historical Note

Former Section R18-2-705 repealed effective September 26, 1990 (Supp. 90-3). New Section R18-2-705 renumbered from R18-2-505 effective November 15, 1993 (Supp. 93-4).

R18-2-706. Standards of Performance for Existing Nitric Acid Plants

A. No person shall cause, allow or permit discharge from any nitric acid plant producing weak nitric acid, which is either:
1. 30 to 70% in strength by either the increased pressure or atmospheric pressure process, or
2. More than 1.5 kg of total oxides of nitrogen per metric ton (3.0 lbs/ton) of acid produced expressed as nitrogen dioxide.

B. The opacity of any plume subject to the provisions of this Section shall not exceed 10%.

C. A continuous monitoring system for the measurement of nitrogen oxides shall be installed, calibrated, maintained and operated by the owner or operator, in accordance with Section R18-2-313.

D. The test methods and procedures required by this Section are as follows:
1. The reference methods in 40 CFR 60, Appendix A shall be used to determine compliance with the standard prescribed in subsection (A) as follows:
   a. Method 7 for the concentration of NO_x;
   b. Method 1 for sample and velocity traverses;
   c. Method 2 for velocity and volumetric flow rate;
   d. Method 3 for gas analysis.
2. For Method 7, the sample site shall be selected according to Method 1 and the sampling point shall be the centroid

of the stack or duct or at a point no closer to the walls than 1 m (3.28 ft.). Each run shall consist of at least four grab samples taken at approximately 15-minute intervals. The arithmetic mean of the samples shall constitute the run value. A velocity traverse shall be performed once per run.

3. Acid production rate, expressed in metric tons per hour of 100% nitric acid, shall be both:
   a. Determined during each testing period by suitable methods, and
   b. Confirmed by a material balance over the production system.
4. For each run, nitrogen oxides, expressed in g/metric ton of 100% nitric acid, shall be determined by dividing the emission rate in g/hr by the acid production rate. The emission rate shall be determined by the equation:

   $g/hr = Q_s \times c$

   where Q_s = volumetric flow rate of the effluent in dscm/hr, as determined in accordance with subsection (D)(1)(c), and c = NO_x concentration in g/dscm, as determined in accordance with subsection (D)(1)(a).

Historical Note
Former Section R18-2-706 repealed effective September 26, 1990 (Supp. 90-3). New Section R18-2-706 renumbered from R18-2-506 effective November 15, 1993 (Supp. 93-4).

R18-2-707. Standards of Performance for Existing Sulfuric Acid Plants

A. Facilities that produce sulfuric acid by the contact process by burning elemental sulfur, alkylation acid, hydrogen sulfide, organic sulfide and mercaptans or acid sludge shall not discharge into the atmosphere:
1. Greater than 2 kg of sulfur dioxide per metric ton (4 lbs/ton) of sulfuric acid produced (calculated as 100% H_2SO_4), or
2. Greater than 0.075 kg of sulfuric acid mist per metric ton (0.15 lbs/ton) or sulfuric acid produced (calculated as 100% H_2SO_4).

B. This Section shall not apply to metallurgical plants or other facilities where conversion to sulfuric acid is utilized as a means of controlling emissions to the atmosphere of sulfur dioxide or other sulfur compounds.

C. A continuous monitoring system for the measurement of sulfur dioxide shall be installed, calibrated, maintained and operated by the owner or operator, in accordance with R18-2-313.

D. The test methods and procedures required by this Section are as follows:
1. The reference methods in 40 CFR 60, Appendix A shall be used to determine compliance with standards prescribed in subsection (A) as follows:
   a. Method 8 for concentration of SO_2 and acid mist;
   b. Method 1 for sample and velocity traverses;
   c. Method 2 for velocity and volumetric flow rate;
   d. Method 3 for gas analysis.
2. The moisture content can be considered to be zero. For Method 8 the sampling time for each run shall be at least 60 minutes and the minimum sample volume shall be 1.15 dscm (40.6 dscf) except that smaller sampling times or sample volumes, when necessitated by process variables or other factors, may be approved by the Director.
3. Acid production rate, expressed in metric tons per hour of 100% H_2SO_4, shall be both:
   a. Determined during each testing period by suitable methods, and
   b. Confirmed by a material balance over the production system.
4. Acid mist and sulfur dioxide emissions, expressed in g/metric ton of 100% H_2SO_4, shall be determined by dividing the emission rate in g/hr by the acid production rate. The emission rate shall be determined by the equation, g/hr-Q_s x c, where Q_s = volumetric flow rate of the effluent in dscm/hr as determined in accordance with subsection (D)(1)(c), and c = acid mist and SO_2 concentrations in g/dscm as determined in accordance with subsection (D)(1)(a).

Historical Note
Former Section R18-2-707 repealed effective September 26, 1990 (Supp. 90-3). New Section R18-2-707 renumbered from R18-2-507 effective November 15, 1993 (Supp. 93-4).

R18-2-708. Standards of Performance for Existing Asphalt Concrete Plants

A. Fixed asphalt concrete plants and portable asphalt concrete plants shall meet the standards set forth in this Section.

B. No person shall cause, allow or permit the discharge of particulate matter into the atmosphere in any one hour from any existing asphalt concrete plant in total quantities in excess of the amounts calculated by one of the following equations:
1. For process sources having a process weight rate of 60,000 pounds per hour (30 tons per hour) or less, the maximum allowable emissions shall be determined by the following equation:

   $E = 4.10P^{0.67}$

   where:
   E = the maximum allowable particulate emission rate in pounds-mass per hour.
   P = the process weight rate in tons-mass per hour.
2. For process sources having a process weight rate greater than 60,000 pounds per hour (30 tons per hour), the maximum allowable emissions shall be determined by the following equation:

   $E = 55.0P^{0.11}-40$

   where “E” and “P” are defined as indicated in subsection (B)(1).

C. Actual values shall be calculated from the applicable equations and rounded off to two decimal places.

D. For purposes of this Section, the total process weight from all similar units employing a similar type process shall be used in determining the maximum allowable emission of particulate matter.

E. Liquid fuel containing greater than 0.9% sulfur by weight shall not be utilized for asphalt concrete plants subject to this Section.

F. Solid fuel containing greater than 0.5% sulfur by weight shall not be utilized for asphalt concrete plants subject to this Section.

G. The test methods and procedures required under this Section are:
1. The referenced methods given in 40 CFR 60, Appendix A, as incorporated by reference in Appendix 2 of this Chapter, shall be used to determine compliance with the standards prescribed in subsection (B).
   a. Method 5 for the concentration of particulate matter and the associated moisture content,
   b. Method 1 for sample and velocity traverses,

c. Method 2 for velocity and volumetric flow rate,
d. Method 3 for gas analysis.

2. For Method 5, the sampling time for each run shall be at least 60 minutes and the sampling rate shall be at least 0.9 dscm/hr (0.53 dscf/min) except that shorter sampling times, when necessitated by process variables or other factors, may be approved by the Director.
3. Percent sulfur in liquid fuel shall be determined by ASTM method D-129-91 (Test Method for Sulfur in Petroleum Products) (General Bomb Method), and the percent sulfur in solid fuel shall be determined by ASTM method D-3177-89 (Test Method for Total Sulfur in the Analysis Sample of Coal and Coke).

Historical Note

Former Section R18-2-708 repealed effective September 26, 1990 (Supp. 90-3). New Section R18-2-708 renumbered from R18-2-508 and amended effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 15 A.A.R. 281, effective March 7, 2009 (Supp. 09-1).

R18-2-709. Expired

Historical Note

Former Section R18-2-709 repealed effective September 26, 1990 (Supp. 90-3). New Section R18-2-709 renumbered from R18-2-509 and amended effective November 15, 1993 (Supp. 93-4). Section expired under A.R.S. § 41-1056(J) at 21 A.A.R. 15, effective September 30, 2015 (Supp. 15-4).

R18-2-710. Standards of Performance for Existing Storage Vessels for Petroleum Liquids

A. No person shall place, store or hold in any reservoir, stationary tank or other container having a capacity of 40,000 (151,400 liters) or more gallons any petroleum liquid having a vapor pressure of 1.5 pounds per square inch absolute or greater under actual storage conditions, unless such tank, reservoir or other container is a pressure tank maintaining working pressure sufficient at all times to prevent hydrocarbon vapor or gas loss to the atmosphere, or is equipped with one of the following vapor loss control devices, properly installed, in good working order and in operation:

1. A floating roof consisting of a pontoon type double-deck type roof resting on the surface of the liquid contents and equipped with a closure seal to close the space between the roof eave and tank wall and a vapor balloon or vapor dome, designed in accordance with accepted standards of the petroleum industry. The control equipment shall not be used if the petroleum liquid has a vapor pressure of 12 pounds per square inch absolute or greater under actual storage conditions.
   a. All tank gauging and sampling devices shall be gastight except when gauging or sampling is taking place.
   b. There shall be no visible holes, tears, or other openings in the seal or any seal fabric. Where applicable, all openings except drains shall be equipped with a cover, seal, or lid. The cover, seal, or lid shall be in a closed position at all times, except when the device is in actual use.
   c. Automatic bleeder vents shall be closed at all times, except when the roof is floated off or landed on the roof leg supports.
   d. Rim vents, if provided, shall be set to open when the roof is being floated off the roof leg supports, or at the manufacturer's recommended setting.
2. Other equipment proven to be of equal efficiency for preventing discharge of hydrocarbon gases and vapors to the atmosphere.

B. Any other petroleum liquid storage tank shall be equipped with a submerged filling device, or acceptable equivalent, for the control of hydrocarbon emissions.

C. All facilities for dock loading of petroleum products, having a vapor pressure of 1.5 pounds per square inch absolute or greater at loading pressure, shall provide for submerged filling or acceptable equivalent for control of hydrocarbon emissions.

D. All pumps and compressors which handle volatile organic compounds shall be equipped with mechanical seals or other equipment of equal efficiency to prevent the release of organic contaminants into the atmosphere.

E. The monitoring of operations required by this Section is as follows:

1. The owner or operator of any petroleum liquid storage vessel to which this Section applies shall for each such storage vessel maintain a file of each type of petroleum liquid stored, of the typical Reid vapor pressure of each type of petroleum liquid stored and of dates of storage. Dates on which the storage vessel is empty shall be shown.
2. The owner or operator of any petroleum liquid storage vessel to which this Section applies shall for such storage vessel determine and record the average monthly storage temperature and true vapor pressure of the petroleum liquid stored at such temperature if either:
   a. The petroleum liquid has a true vapor pressure, as stored, greater than 26 mm Hg (0.5 psia) but less than 78 mm Hg (1.5 psia) and is stored in a storage vessel other than one equipped with a floating roof, a vapor recovery system or their equivalents; or
   b. The petroleum liquid has a true vapor pressure, as stored, greater than 470 mm Hg (9.1 psia) and is stored in a storage vessel other than one equipped with a vapor recovery system or its equivalent.
3. The average monthly storage temperature shall be an arithmetic average calculated for each calendar month, or portion thereof, if storage is for less than a month, from bulk liquid storage temperatures determined at least once every seven days.
4. The true vapor pressure shall be determined by the procedures in American Petroleum Institute Bulletin 2517, amended as of February 1980 (and no future editions), which is incorporated herein by reference and on file with the Office of the Secretary of State. This procedure is dependent upon determination of the storage temperature and the Reid vapor pressure, which requires sampling of the petroleum liquids in the storage vessels. Unless the Director requires in specific cases that the stored petroleum liquid be sampled, the true vapor pressure may be determined by using the average monthly storage temperature and the typical Reid vapor pressure. For those liquids for which certified specifications limiting the Reid vapor pressure exist, the Reid vapor pressure may be used. For other liquids, supporting analytical data must be made available upon request to the Director when typical Reid vapor pressure is used.

Historical Note
Section R18-2-710 renumbered from R18-2-510 effective November 15, 1993 (Supp. 93-4).

R18-2-711. Expired

Historical Note
Section R18-2-711 renumbered from R18-2-511 effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 15 A.A.R. 281, effective March 7, 2009 (Supp. 09-1). Section expired under A.R.S. § 41-1056(J) at 21 A.A.R. 15, effective September 30, 2015 (Supp. 15-4).

R18-2-712. Expired

Historical Note
Section R18-2-712 renumbered from R18-2-512 effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 15 A.A.R. 281, effective March 7, 2009 (Supp. 09-1). Section expired under A.R.S. § 41-1056(J) at 21 A.A.R. 15, effective September 30, 2015 (Supp. 15-4).

R18-2-713. Expired

Historical Note
Section R18-2-713 renumbered from R18-2-513 effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 15 A.A.R. 281, effective March 7, 2009 (Supp. 09-1). Section expired under A.R.S. § 41-1056(J) at 21 A.A.R. 15, effective September 30, 2015 (Supp. 15-4).

R18-2-714. Standards of Performance for Existing Sewage Treatment Plants

A. No person shall cause, allow or permit to be emitted into the atmosphere, from any municipal sewage treatment plant sludge incinerator:
1. Smoke, fumes, gases, particulate matter or other gas-borne material which exceeds 20% opacity for more than 30 seconds in any 60-minute period.
2. Particulate matter in concentrations in excess of 0.1 grain per cubic foot, based on dry flue gas at standard conditions, corrected to 12% carbon dioxide.

B. The owner or operator of any sludge incinerator subject to the provisions of this Section shall monitor operations by doing all of the following:
1. Install, calibrate, maintain and operate a flow measuring device which can be used to determine either the mass or volume of sludge charged to the incinerator. The flow measuring device shall have an accuracy of ± 5% over its operating range.
2. Provide access to the sludge charged so that a well-mixed representative grab sample of the sludge can be obtained.
3. Install, calibrate, maintain and operate a weighing device for determining the mass of any municipal solid waste charged to the incinerator when sewage sludge and municipal solid wastes are incinerated together. The weighing device shall have an accuracy of ± 5% over its operating range.

C. The test methods and procedures required by this Section are as follows:
1. The reference methods set forth in 40 CFR 60, Appendix A shall be used to determine compliance with the standards prescribed in subsection (A) as follows:
   a. Method 5 for concentration of particulate matter and associated moisture content;
   b. Method 1 for sample and velocity traverses;
   c. Method 2 for volumetric flow rate; and
   d. Method 3 for gas analysis.
2. For Method 5, the sampling time for each run shall be at least 60 minutes and the sampling rate shall be at least 0.015 dscm/min (0.53 dscf/min), except that shorter sampling times, when necessitated by process variables or other factors, may be approved by the Director.

Historical Note
Section R18-2-714 renumbered from R18-2-514 effective November 15, 1993 (Supp. 93-4).

R18-2-715. Standards of Performance for Existing Primary Copper Smelters; Site-specific Requirements

A. No owner or operator of a primary copper smelter shall cause, allow or permit the discharge of particulate matter into the atmosphere from any process in total quantities in excess of the amount calculated by one of the following equations:
1. For process sources having a process weight rate of 60,000 pounds per hour (30 tons per hour) or less, the maximum allowable emissions shall be determined by the following equation:
   $E = 4.10P^{0.67}$
   where
   E = the maximum allowable particulate emissions rate in pounds-mass per hour.
   P = the process weight rate in tons-mass per hour.
2. For process sources having a process weight rate greater than 60,000 pounds per hour (30 tons per hour), the maximum allowable emissions shall be determined by the following equation:
   $E = 55.0P^{0.11}-40$
   where "E" and "P" are defined as indicated in subsection (A)(1).

B. Actual values shall be calculated from the applicable equations and rounded off to two decimal places.

C. For purposes of this Section, the total process weight from all similar units employing a similar type process shall be used in determining the maximum allowable emission of particulate matter for that process.

D. The opacity of emissions subject to the provisions of this Section shall not exceed 20%.

E. The reference methods set forth in the Arizona Testing Manual and 40 CFR 60, Appendix A, as incorporated by reference in Appendix 2 of this Chapter, shall be used to determine compliance with the standards prescribed in this Section as follows:
1. Method A1 or Reference Method 5 for concentration of particulate matter and associated moisture content,
2. Reference Method 1 for sample and velocity traverses,
3. Reference Method 2 for volumetric flow rate,
4. Reference Method 3 for gas analysis.

F. Except as provided in a consent decree or a delayed compliance order, the owner or operator of any primary copper smelter shall not discharge or cause the discharge of sulfur dioxide into the atmosphere from any stack required to be monitored by R18-2-715.01(K) in excess of the following:
1. For the copper smelter located near Hayden, Arizona at latitude 33°0'29"N and longitude 110°47'17" W:
   a. Annual average emissions, as calculated under R18-2-715.01(C), shall not exceed 6,882 pounds per hour.

b. The number of three-hour average emissions, as calculated under R18-2-715.01(C), shall not exceed n cumulative occurrences in excess of E, the emission level, shown in the following table in any compliance period as defined in R18-2-715.01(J):

n, Cumulative Occurrences	E, (lb/hr)
0	24,641
1	22,971
2	21,705
4	20,322
7	19,387
12	18,739
20	17,656
32	16,988
48	16,358
68	15,808
94	15,090
130	14,423
180	13,777
245	13,212
330	12,664
435	12,129
560	11,621
710	11,165
890	10,660
1100	10,205
1340	9,748
1610	9,319
1910	8,953
2240	8,556

2. For the copper smelter located near Miami, Arizona at latitude 33°24’50”N and longitude 110°51’25”W:
   a. Annual average emissions, as calculated under R18-2-715.01(C), shall not exceed 604 pounds per hour.
   b. The number of three-hour average emissions, as calculated under R18-2-715.01(C), shall not exceed n cumulative occurrences in excess of E, the emission level, shown in the following table in any compliance period as defined in R18-2-715.01(J):

n, Cumulative Occurrences	E, (lb/hr)
0	8678
1	7158
2	5903
4	4575
7	4074
12	3479
20	3017
32	2573
48	2111
68	1703
94	1461
130	1274
180	1145
245	1064
330	1015
435	968
560	933
710	896
890	862
1100	828
1340	797
1610	765
1910	739
2240	712

G. Except as provided in a consent decree or a delayed compliance order, for the copper smelter located near Hayden, Arizona at latitude 33°0’29”N and longitude 110°47’17”W, annual average fugitive emissions calculated under R18-2-715.01(T) shall not exceed 295 pounds per hour.

H. In addition to the limits in subsection (F)(3), except as provided in a consent decree or a delayed compliance order, the owner or operator of the copper smelter located near Miami, Arizona at latitude 33°24’50”N and longitude 110°51’25”W shall not discharge or cause the discharge of sulfur dioxide into the atmosphere from combined stack and fugitive emissions units in excess of the 2420 pounds per hour annual average calculated under R18-2-715.01(U).

I. The owner and operator of the copper smelter located near Hayden, Arizona at the latitude and longitude provided in R18-2-715(F)(1) shall comply with Section R18-2-715(F)(1) and R18-2-715(G) until the effective date of R18-2-B1302 as determined by R18-2-B1302(A)(2). The owner and operator of the copper smelter located near Miami, Arizona at the latitude and longitude provided in R18-2-715(F)(2) shall comply with Section R18-2-715(F)(2) and R18-2-715(H) until the effective date of R18-2-C1302 as determined by R18-2-C1302(A)(2).

Historical Note

Section R18-2-715 renumbered from R18-2-515 and amended effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 575, effective January 15, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 3365, effective July 18, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 2157, effective August 4, 2007 (Supp. 07-2). Amended by final rulemaking at 15 A.A.R. 281, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 23 A.A.R. 767, effective May 7, 2017, (Supp. 17-1).

R18-2-715.01. Standards of Performance for Existing Primary Copper Smelters; Compliance and Monitoring

A. The cumulative occurrence and emission limits in R18-2-715(F) apply to the total of sulfur dioxide emissions from the smelter processing units and sulfur dioxide control and removal equipment, but not uncaptured fugitive emissions or emissions due solely to the use of fuel for space heating or steam generation.

B. The owner or operator shall include periods of malfunction, startup, shutdown or other upset conditions when determining compliance with the cumulative occurrence or annual average emission limits in R18-2-715(F), (G), or (H).

C. The owner or operator shall determine compliance with the cumulative occurrence and emission limits contained in R18-2-715(F) as follows:

1. The owner or operator shall calculate annual average emissions at the end of each day by averaging the emissions for all hours measured during the compliance period defined in subsection (J) ending on that day. An annual emissions average in excess of the allowable annual average emission limit is a violation of R18-2-715(F) if either:
   a. The annual average is greater than the annual average computed for the preceding day; or
   b. The annual averages computed for the five preceding days all exceed the allowable annual average emission limit.
2. The owner or operator shall calculate a three-hour emissions average at the end of each clock hour by averaging the hourly emissions for the preceding three consecutive hours provided each hour was measured according to the requirements in subsection (K).

D. For purposes of this Section, the compliance date, unless otherwise provided in a consent decree or a delayed compliance order, shall be January 14, 1986, except that:

1. The compliance date for the cumulative occurrence and emissions limits in R18-2-715(F)(1) and R18-2-715(G) is January 15, 2002, and
2. The compliance date for the cumulative occurrence and emissions limits in R18-2-715(F)(2), (F)(3), (G), and (H) is the effective date of this rule.

E. For purposes of subsection (C), a three-hour emissions average in excess of an emission level E violates the associated cumulative occurrence limit n listed in R18-2-715(F) if:

1. The number of all three-hour emissions averages calculated during the compliance period in excess of that emission level exceeds the cumulative occurrence limit associated with the emission level; and
2. The average is calculated during the last operating day of the compliance period being reported.

F. A three-hour emissions average only violates the cumulative occurrence limit n of an emission level E on the day containing the last hour in the average.

G. Multiple violations of the same cumulative occurrence limit on the same day and violations of different cumulative occurrence limits on the same day constitute a single violation of R18-2-715(F).

H. The violation of any cumulative occurrence limit and an annual average emission limit on the same day constitutes only a single violation of the requirements of R18-2-715(F).

I. Multiple violations of a cumulative occurrence limit by different three-hour emissions averages containing any common hour constitutes a single violation of R18-2-715(F).

J. To determine compliance with subsections (C) through (I), the compliance period consists of the 365 calendar days immediately preceding the end of each day of the month being reported unless that period includes less than 300 operating days, in which case the number of days preceding the last day of the compliance period shall be increased until the compliance period contains 300 operating days. For purposes of this Section, an operating day is any day on which sulfur-containing feed is introduced into the smelting process.

K. To determine compliance with R18-2-715(F) or (H), the owner or operator of any smelter subject to R18-2-715(F) or (H) shall install, calibrate, maintain, and operate a measurement system for continuously monitoring sulfur dioxide concentrations and stack gas volumetric flow rates in each stack that could emit five percent or more of the allowable annual average sulfur dioxide emissions from the smelter.

1. The owner or operator shall continuously monitor sulfur dioxide concentrations and stack gas volumetric flow rates in the outlet of each piece of sulfur dioxide control equipment.
2. The owner or operator shall continuously monitor captured fugitive emissions for sulfur dioxide concentrations and stack gas volumetric flow rates and include these emissions as part of total plant emissions when determining compliance with the cumulative occurrence and emission limits in R18-2-715(F) and (H).
3. If the owner or operator demonstrates to the Director that measurement of stack gas volumetric flow in the outlet of any particular piece of sulfur dioxide control equipment would yield inaccurate results once operational or would be technologically infeasible, then the Director may allow measurement of the flow rate at an alternative sampling point.
4. For purposes of this subsection, continuous monitoring means the taking and recording of at least one measurement of sulfur dioxide concentration and stack gas flow rate reading from the effluent of each affected stack, outlet, or other approved measurement location in each 15-minute period. Fifteen-minute periods start at the beginning of each clock hour, and run consecutively. An hour of smelter emissions is considered continuously monitored if the emissions from all monitored stacks, outlets, or other approved measurement locations are measured for at least 45 minutes of any hour according to the requirements of this subsection.
5. The owner or operator shall demonstrate that the continuous monitoring system meets all of the following requirements:
   a. The sulfur dioxide continuous emission monitoring system installed and operated under this Section meets the requirements of 40 CFR 60, Appendix B, Performance Specification 6.
   b. The sulfur dioxide continuous emission monitoring system installed and operated under this Section meets the quality assurance requirements of 40 CFR 60, Appendix F.
   c. The owner or operator shall notify the Director in writing at least 30 days in advance of the start of relative accuracy test audit (RATA) procedures performed on the continuous monitoring system.
   d. The Director shall approve the location of all sampling points for monitoring sulfur dioxide concentrations and stack gas volumetric flow rates in writing

before installation and operation of measurement instruments.

e. The measurement system installed and used under this subsection is subject to the manufacturer's recommended zero adjustment and calibration procedures at least once per 24-hour operating period unless the manufacturer specifies or recommends calibration at shorter intervals, in which case specifications or recommendations shall be followed. The owner or operator shall make available a record of these procedures that clearly shows instrument readings before and after zero adjustment and calibration.

L. The owner or operator of a smelter subject to this Section shall measure at least 95 percent of the hours during which emissions occurred in any month.

M. Failure of the owner or operator of a smelter subject to this Section to measure any 12 consecutive hours of emissions according to the requirements of subsection (K) or (S) is a violation of this Section.

N. The owner or operator of any smelter subject to this Section shall maintain on hand and ready for immediate installation sufficient spare parts or duplicate systems for the continuous monitoring equipment required by this Section to allow for the replacement within six hours of any monitoring equipment part that fails or malfunctions during operation.

O. To determine total overall emissions, the owner or operator of any smelter subject to this Section shall perform material balances for sulfur according to the procedures prescribed by Appendix 8 of this Chapter.

P. The owner or operator of any smelter subject to this Section shall maintain a record of all average hourly emissions measurements and all calculated average monthly emissions required by this Section. The record of the emissions shall be retained for at least five years following the date of measurement or calculation. The owner or operator shall record the measurement or calculation results as pounds per hour of sulfur dioxide. The owner or operator shall summarize the following data monthly and submit the summary to the Director within 20 days after the end of each month:

1. For all periods described in subsection (C) and (R), the annual average emissions as calculated at the end of each day of the month;
2. The total number of hourly periods during the month in which measurements were not taken and the reason for loss of measurement for each period;
3. The number of three-hour emissions averages that exceeded each of the applicable emissions levels listed in R18-2-715(F) and (G) for the compliance periods ending on each day of the month being reported;
4. The date on which a cumulative occurrence limit listed in R18-2-715(F) or (G) was exceeded if the exceedance occurred during the month being reported; and
5. For all periods described in subsection (T) and (U), the annual average emissions as calculated at the end of the last day of each month.

Q. An owner or operator shall install instrumentation to monitor each point in the smelter facility where a means exists to bypass the sulfur removal equipment, to detect and record all periods that the bypass is in operation. An owner or operator of a copper smelter shall report to the Director, not later than the 15th day of each month, the recorded information required by this Section, including an explanation for the necessity of the use of the bypass.

R. The owner or operator shall determine compliance with the cumulative occurrence and fugitive emission limits contained in R18-2-715(G) as follows:

1. The owner or operator shall calculate annual average emissions at the end of each day by averaging the emissions for all hours measured during the compliance period, as defined in subsection (R)(8), ending on that day. An annual emissions average in excess of the allowable annual average emission limit is a violation of R18-2-715(G) if either:
   a. The annual average is greater than the annual average computed for the preceding day; or
   b. The annual averages computed for the five preceding days all exceed the allowable annual average emission limit.
2. The owner or operator shall calculate a three-hour emissions average at the end of each clock hour by averaging the hourly emissions for the preceding three consecutive hours provided each hour was measured according to the requirements contained in subsection (S).
3. For purposes of subsection (R)(2), a three-hour emissions average in excess of an emission level E_f violates the associated cumulative occurrence limit listed in R18-2-715(G) if:
   a. The number of all three-hour emissions averages calculated during the compliance period in excess of that emission level exceeds the cumulative occurrence limit associated with the emission level; and
   b. The average is calculated during the last operating day of the compliance period being reported.
4. A three-hour emissions average only violates the cumulative occurrence limit n of an emission level E_f on the day containing the last hour in the average.
5. Multiple violations of the same cumulative occurrence limit on the same day and violations of different cumulative occurrence limits on the same day constitute a single violation of R18-2-715(G).
6. The violation of any cumulative occurrence limit and an annual average emission limit on the same day constitutes only a single violation of the requirements of R18-2-715(G).
7. Multiple violations of a cumulative occurrence limit by different three-hour emissions averages containing any common hour constitutes a single violation of R18-2-715(G).
8. To determine compliance with subsections (R)(1) through (7), the compliance period consists of the 365 calendar days immediately preceding the end of each day of the month being reported unless that period includes less than 300 operating days, in which case the number of days preceding the last day of the compliance period shall be increased until the compliance period contains 300 operating days. For purposes of this Section, an operating day is any day on which sulfur-containing feed is introduced into the smelting process.

S. To determine compliance with R18-2-715(G), the owner or operator of the smelter subject to R18-2-715(G) shall install, calibrate, maintain, and operate a measurement system for continuously monitoring sulfur dioxide concentrations of the converter roof fugitive emissions.

1. For purposes of this subsection, continuous monitoring means the taking and recording of at least one measurement of sulfur dioxide concentration from an approved measurement location in each 15-minute period. Fifteen-

minute periods start at the beginning of each clock hour, and run consecutively. An hour of smelter emissions is considered continuously monitored if the emissions from all approved measurement locations are measured for at least 45 minutes of any hour according to the requirements of this subsection.

2. The owner or operator of a smelter subject to the requirements of this subsection shall conduct quality assurance procedures on the continuous monitoring system according to the methods in 40 CFR 60, Appendix F, except that an annual relative accuracy test audit (RATA) is not required.

T. The emission limit in R18-2-715(G) applies to the total of uncaptured fugitive sulfur dioxide emissions from the smelter processing units and sulfur dioxide control and removal equipment, but not emissions due solely to the use of fuel for space heating or steam generation. The owner or operator shall determine compliance with the emission limit contained in R18-2-715(G) as follows:

1. The owner or operator shall calculate annual average fugitive emissions at the end of the last day of each month by averaging the monthly emissions for the previous 12-month period ending on that day. To determine monthly fugitive emissions, the owner or operator shall perform material balances for sulfur according to the sulfur balance procedures prescribed in Appendix 8 of this Chapter.
2. An annual emissions average in excess of the allowable annual average emission limit violates R18-2-715(G) if the fugitive annual average computed at the end of each month exceeds the allowable annual average emission limit.

U. The emission limit in R18-2-715(H) applies to the total of stack and uncaptured fugitive sulfur dioxide emissions from the smelter processing units and sulfur dioxide control and removal equipment, but not emissions due solely to the use of fuel for space heating or steam generation. The owner or operator shall determine compliance with the emission limit contained in R18-2-715(H) as follows:

1. The owner or operator shall calculate annual average stack emissions at the end of the last day of each month by averaging the emissions for all hours measured during the previous 12-month period ending on that day according to the requirements contained in subsection (K).
2. The owner or operator shall calculate annual average fugitive emissions at the end of the last day of each month by averaging the monthly emissions for the previous 12-month period ending on that day. To determine monthly fugitive emissions, the owner or operator shall perform material balances for sulfur according to the sulfur balance procedures prescribed in Appendix 8 of this Chapter.
3. An annual emissions average in excess of the allowable annual average emission limit violates R18-2-715(H) if the total of the stack and fugitive annual averages computed at the end of each month exceeds the allowable annual average emission limit.

V. The owner and operator of the copper smelter located near Hayden, Arizona at the latitude and longitude provided in R18-2-715(F)(1) shall comply with Section R18-2-715.01 until the effective date of R18-2-B1302 as determined by R18-2-B1302(A)(2). The owner and operator of the copper smelter located near Miami, Arizona at the latitude and longitude provided in R18-2-715(F)(2) shall comply with Section R18-2-715.01 until the effective date of R18-2-C1302 as determined by R18-2-C1302(A)(2).

Historical Note

Section R18-2-715.01 renumbered from R18-2-515.01 and amended effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 575, effective January 15, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 3365, effective July 18, 2002 (Supp. 02-3). Amended by final rulemaking at 23 A.A.R. 767, effective May 7, 2017, (Supp. 17-1).

R18-2-715.02. Standards of Performance for Existing Primary Copper Smelters; Fugitive Emissions

A. For purposes of this Section, the compliance date, unless otherwise provided in a consent decree or a delayed compliance order, shall be January 14, 1986.

B. No later than 24 months before the compliance date, the owner or operator of a smelter subject to R18-2-715 shall submit to the Director the results of an evaluation of the fugitive emissions from the smelter. The evaluation results shall contain all of the following information:

1. A measurement or accurate estimate of total fugitive emissions from the smelter during typical operations, including planned start-up and shutdown. The measurement or estimate shall contain the amount of both average short-term (24 hours) and average long-term (monthly) fugitive emissions from the smelter. The evaluation plan shall be approved in advance by the Department and shall specify the method used to determine the fugitive emission amounts, including the conditions determined to be "typical operations" for the smelter.
2. A measurement or accurate estimate of the relative proportion, expressed as a percentage, of total fugitive emissions during typical operations, including planned start-up and shutdown, produced by any of the following smelter processes:
   a. Roaster or dryer operation;
   b. Calcine or dried concentrate transfer;
   c. Reverberatory furnace operations, including feeding, slag return, matte and slag tapping;
   d. Matte transfer; and
   e. Converter operations.
3. The measurement technique or method of estimation used to fulfill the requirement in subsection (B)(2) shall be approved in advance by the Department.
4. The results of at least a six-month fugitive emission impact analysis conducted during that part of the year when fugitive emissions are expected to have the greatest ambient air quality impact. The study shall utilize sufficient measurements of fugitive emissions, meteorological conditions and ambient sulfur dioxide concentrations to associate fugitive emissions with specific measured ambient concentrations of sulfur dioxide. The study shall describe in detail the techniques used to make the required determinations. The design of the study shall be approved in advance by the Department.

C. On the basis of the results of the evaluation as well as other data and information contained in the records of the Department, the Director shall determine whether fugitive emissions from a particular smelter have the potential to cause or significantly contribute to violations of the ambient sulfur dioxide standards in the vicinity of the smelter. If the Director finds that fugitive emissions from a particular smelter have the potential to cause or significantly contribute to violations of

ambient sulfur dioxide standards in the vicinity of a smelter, then the Director shall adopt rules specifying the emission limits and undertake other appropriate measures necessary to maintain ambient sulfur dioxide standards.

D. The requirements of subsection (B) shall not apply to a smelter subject to this Section if the owner or operator of that smelter can demonstrate to the Director both that:
1. Compliance with the applicable cumulative occurrence and emission limits listed in R18-2-715(F) will require the smelter to undergo major modifications to its physical configuration or work practices prior to the compliance date, and
2. That the modification will reduce fugitive emissions to such an extent that such emissions will not cause or significantly contribute to violations of ambient sulfur dioxide standards in the vicinity of the smelter.

E. In order to assess the sufficiency of the cumulative occurrence and emission limits contained in R18-2-715(F) to maintain the ambient air quality standards for sulfur dioxide set forth in R18-2-202, an owner or operator of a smelter subject to this Section shall continue to calibrate, maintain and operate any ambient sulfur dioxide monitoring equipment owned by the smelter owner or operator and in operation within the area of the smelter enclosed by a circle with 10-mile radius as calculated from a center point which shall be the point of the smelter's greatest sulfur dioxide emissions, for a period of at least three years after the compliance date.
1. Such monitors shall be operated and maintained in accordance with 40 CFR 50 and 58 and such other conditions as the Director deems necessary.
2. The location of ambient sulfur dioxide monitors and length of time such monitors remain at a location shall be determined by the Director.

F. The owner and operator of the copper smelter located near Hayden, Arizona at the latitude and longitude provided in R18-2-715(F)(1) shall comply with Section R18-2-715.02 until the effective date of R18-2-B1302 as determined by R18-2-B1302(A)(2). The owner and operator of the copper smelter located near Miami, Arizona at the latitude and longitude provided in R18-2-715(F)(2) shall comply with Section R18-2-715.02 until the effective date of R18-2-C1302 as determined by R18-2-C1302(A)(2).

Historical Note
Section R18-2-715.02 renumbered from R18-2-515.02 and amended effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 23 A.A.R. 767, effective May 7, 2017, (Supp. 17-1).

R18-2-716. Standards of Performance for Existing Coal Preparation Plants

A. The provisions of this Section are applicable to any of the following affected facilities in coal preparation plants: thermal dryers, pneumatic coal-cleaning equipment, coal processing and conveying equipment including breakers and crushers, coal storage systems, and coal transfer and loading systems. For purposes of this Section, the definitions contained in 40 CFR 60.251 are adopted by reference and incorporated herein.

B. No person shall cause, allow or permit the discharge of particulate matter into the atmosphere in any one hour from any existing coal preparation plant in total quantities in excess of the amounts calculated by one of the following equations:
1. For process sources having a process weight rate of 60,000 pounds per hour (30 tons per hour) or less, the maximum allowable emissions shall be determined by the following equation:
$E = 4.10P^{0.67}$
where:
E = the maximum allowable particulate emissions rate in pounds-mass per hour.
P = the process weight rate in tons-mass per hour.
2. For process sources having a process weight rate greater than 60,000 pounds per hour (30 tons per hour), the maximum allowable emissions shall be determined by the following equation:
$E = 55.0P^{0.11}-40$
where "E" and "P" are defined as indicated in subsection (B)(1).

C. Actual values shall be calculated from the applicable equations and rounded off to two decimal places.

D. For purposes of this Section, the total process weight from all similar units employing a similar type process shall be used in determining the maximum allowable emission of particulate matter.

E. Fugitive emissions from coal preparation plants shall be controlled in accordance with R18-2-604 through R18-2-607.

F. The test methods and procedures required by this Section are as follows:
1. The reference methods in the 40 CFR 60, Appendix A, as incorporated by reference in Appendix 2 of this Chapter, are used to determine compliance with standards prescribed in subsection (B) as follows:
a. Method 5 for the concentration of particulate matter and associated moisture content,
b. Method 1 for sample and velocity traverses,
c. Method 2 for velocity and volumetric flow rate,
d. Method 3 for gas analysis.
2. For Method 5, the sampling time for each run shall be at least 60 minutes and the minimum sample volume is 0.85 dscm (30 dscf) except that short sampling times or smaller volumes, when necessitated by process variables or other factors, may be approved by the Director. Sampling shall not be started until 30 minutes after start-up and shall be terminated before shutdown procedures commence. The owner or operator of the affected facility shall eliminate cyclonic flow during performance tests in a manner acceptable to the Director.
3. The owner or operator shall construct the facility so that particulate emissions from thermal dryers or pneumatic coal cleaning equipment can be accurately determined by applicable test methods and procedures under subsection (F)(1).

Historical Note
Section R18-2-716 renumbered from R18-2-516 and amended effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 15 A.A.R. 281, effective March 7, 2009 (Supp. 09-1).

R18-2-717. Expired

Historical Note
Section R18-2-717 renumbered from R18-2-517 effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 15 A.A.R. 281, effective March 7, 2009 (Supp. 09-1). Section expired under A.R.S. § 41-1056(J) at 21 A.A.R. 15, effective September 30, 2015 (Supp. 15-4).

R18-2-718. Repealed

Historical Note
Section R18-2-718 renumbered from R18-2-518 effective November 15, 1993 (Supp. 93-4). Section repealed by final rulemaking at 13 A.A.R. 2157, effective August 4, 2007 (Supp. 07-2).

R18-2-719. Standards of Performance for Existing Stationary Rotating Machinery

A. The provisions of this Section are applicable to the following affected facilities: all stationary gas turbines, oil-fired turbines, or internal combustion engines. This Section also applies to an installation operated for the purpose of producing electric or mechanical power with a resulting discharge of sulfur dioxide in the installation's effluent gases.

B. For purposes of this Section, the heat input shall be the aggregate heat content of all fuels whose products of combustion pass through a stack or other outlet. Compliance tests shall be conducted during operation at the normal rated capacity of each unit. The total heat input of all operating fuel-burning units on a plant or premises shall be used for determining the maximum allowable amount of particulate matter which may be emitted.

C. No person shall cause, allow or permit the emission of particulate matter, caused by combustion of fuel, from any stationary rotating machinery in excess of the amounts calculated by one of the following equations:

1. For equipment having a heat input rate of 4200 million Btu per hour or less, the maximum allowable emissions shall be determined by the following equation:
   $E = 1.02Q^{0.769}$
   where:
   E = the maximum allowable particulate emissions rate in pounds-mass per hour.
   Q = the heat input in million Btu per hour.
2. For equipment having a heat input rate greater than 4200 million Btu per hour, the maximum allowable emissions shall be determined by the following equation:
   $E = 17.0Q^{0.432}$
   where "E" and "Q" have the same meaning as in subsection (C)(1).

D. Actual values shall be calculated from the applicable equations and rounded off to two decimal places.

E. No person shall cause, allow or permit to be emitted into the atmosphere from any stationary rotating machinery, smoke for any period greater than 10 consecutive seconds which exceeds 40% opacity. Visible emissions when starting cold equipment shall be exempt from this requirement for the first 10 minutes.

F. When low sulfur oil is fired, stationary rotating machinery installations shall burn fuel which limits the emission of sulfur dioxide to 1.0 pound per million Btu heat input.

G. When high sulfur oil is fired, stationary rotating machinery installations shall not emit more than 2.2 pounds of sulfur dioxide per million Btu heat input.

H. Any permit issued for the operation of an existing source, or any renewal or modification of such a permit, shall include a condition prohibiting the use of high sulfur oil by the permittee. This condition may not be included in the permit if the applicant demonstrates to the satisfaction of the Director both that sufficient quantities of low sulfur oil are not available for use by the source and that it has adequate facilities and contingency plans to ensure that the sulfur dioxide ambient air quality standards set forth in R18-2-202 will not be violated.

1. The terms of the permit may authorize the use of high sulfur oil under such conditions as are justified.
2. In cases where the permittee is authorized to use high sulfur oil, it shall submit to the Department monthly reports detailing its efforts to obtain low sulfur oil.
3. When the conditions justifying the use of high sulfur oil no longer exist, the permit shall be modified accordingly.
4. Nothing in this Section shall be construed as allowing the use of a supplementary control system or other form of dispersion technology.

I. The owner or operator of any stationary rotating machinery subject to the provisions of this Section shall record daily the sulfur content and lower heating value of the fuel being fired in the machine.

J. The owner or operator of any stationary rotating machinery subject to the provisions of this Section shall report to the Director any daily period during which the sulfur content of the fuel being fired in the machine exceeds 0.8%.

K. The test methods and procedures required by this Section are as follows:

1. To determine compliance with the standards prescribed in subsections (C) through (H), the following reference methods shall be used:
   a. Reference Method 20 in 40 CFR 60, Appendix A, as incorporated by reference in Appendix 2 of this Chapter, for the concentration of sulfur dioxide and oxygen.
   b. ASTM Method D129-91 (Test Method for Sulfur in Petroleum Products) (General Bomb Method) for the sulfur content of liquid fuels.
   c. ASTM Method D1072-90 (Test Method for Total Sulfur in Fuel Gases for the sulfur content of gaseous fuels.
2. To determine compliance with the standards prescribed in subsection (J), the following reference methods shall be used:
   a. ASTM Method D129-91 (Test Method for Sulfur in Petroleum Products) (General Bomb Method) for the sulfur content of liquid fuels.
   b. ASTM Method D1072-90 (Test Method for Total Sulfur in Fuel Gases) for the sulfur content of gaseous fuels.

Historical Note
Section R18-2-719 renumbered from R18-2-519 and amended effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 15 A.A.R. 281, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 18 A.A.R. 1542, effective August 7, 2012 (Supp. 12-2).

R18-2-720. Standards of Performance for Existing Lime Manufacturing Plants

A. The provisions of this Section are applicable to the following affected facilities used in the manufacture of lime: rotary lime kilns, vertical lime kilns, lime hydrators, and limestone crushing facilities. This Section is also applicable to limestone crushing equipment which exists apart from other lime manufacturing facilities.

B. No person shall cause, allow or permit the discharge of particulate matter into the atmosphere in any one hour from any lime manufacturing or limestone crushing facility in total quantities in excess of the amounts calculated by one of the following equations:

1. For process sources having a process weight rate of 60,000 pounds per hour (30 tons per hour) or less, the

maximum allowable emissions shall be determined by the following equation:

$E = 4.10P^{0.67}$

where:

E = the maximum allowable particulate emissions rate in pounds-mass per hour.

P = the process weight rate in tons-mass per hour.

2. For process sources having a process weight rate greater than 60,000 pounds per hour (30 tons per hour), the maximum allowable emissions shall be determined by the following equation:

$E = 55.0P^{0.11}-40$

where "E" and "P" are defined as indicated in subsection (B)(1).

C. Actual values shall be calculated from the applicable equations and rounded off to two decimal places.

D. For purposes of this Section, the total process weight from all similar units employing a similar type process shall be used in determining the maximum allowable emission of particulate matter.

E. Fugitive emissions from lime plants shall be controlled in accordance with R18-2-604 through R18-2-607.

F. The owner or operator subject to the provisions of this Section shall install, calibrate, maintain, and operate a continuous monitoring system, except as provided in subsection (G), to monitor and record the opacity of the gases discharged into the atmosphere from any rotary lime kiln. The span of this system shall be set at 70% opacity.

G. The owner or operator of any rotary lime kiln using a wet scrubbing emission control device subject to the provisions of this Section shall not be required to monitor the opacity of the gases discharged as required in subsection (F).

H. The test methods and procedures required by this Section are as follows:

1. The reference methods in 40 CFR 60, Appendix A, as incorporated by reference in Appendix 2 of this Chapter, shall be used to determine compliance with this Section as follows:
   a. Method 5 for the measurement of particulate matter,
   b. Method 1 for sample and velocity traverses,
   c. Method 2 for velocity and volumetric flow rate,
   d. Method 3 for gas analysis,
   e. Method 4 for stack gas moisture,
   f. Method 9 for visible emissions.
2. For Method 5, the sampling time for each run shall be at least 60 minutes and the sampling rate shall be at least 0.85 dscm/hr (0.53 dscf/min), except that shorter sampling times, when necessitated by process variables or other factors, may be approved by the Director.
3. Because of the high moisture content of the exhaust gases from the hydrators, in the range of 40 to 85% by volume, the Method 5 sample train may be modified to include a calibrated orifice immediately following the sample nozzle when testing lime hydrators. In this configuration, the sampling rate necessary for maintaining isokinetic conditions can be directly related to exhaust gas velocity without a correction for moisture content.

Historical Note

Section R18-2-720 renumbered from R18-2-520 and amended effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 15 A.A.R. 281, effective March 7, 2009 (Supp. 09-1).

R18-2-721. Standards of Performance for Existing Nonferrous Metals Industry Sources

A. The provisions of this Section are applicable to the following affected facilities:

1. Mines,
2. Mills,
3. Concentrators,
4. Crusers,
5. Screens,
6. Material handling facilities,
7. Fine ore storage,
8. Dryers,
9. Roasters, and
10. Loaders.

B. No person shall cause, allow or permit the discharge of particulate matter into the atmosphere in any one hour from any process source subject to the provisions of this Section in total quantities in excess of the amounts calculated by one of the following equations:

1. For process sources having a process weight rate of 60,000 pounds per hour (30 tons per hour) or less, the maximum allowable emissions shall be determined by the following equation:

$E = 4.10P^{0.67}$

where:

E = the maximum allowable particulate emissions rate in pounds-mass per hour.

P = the process weight rate in tons-mass per hour.

2. For process sources having a process weight greater than 60,000 pounds per hour (30 tons per hour), the maximum allowable emissions shall be determined by the following equation:

$E = 55.0P^{0.11}-40$

where "E" and "P" are defined as indicated in subsection (B)(1).

C. Actual values shall be calculated from the applicable equations and rounded off to two decimal places.

D. For purposes of this Section, the total process weight from all similar units employing a similar type process shall be used in determining the maximum allowable emission of particulate matter.

E. No person shall cause, allow or permit to be discharged into the atmosphere from any dryer or roaster the operating temperature of which exceeds 700°F, reduced sulfur in excess of 10% of the sulfur entering the process as feed. Reduced sulfur includes sulfur equivalent from all sulfur emissions including sulfur dioxide, sulfur trioxide, and sulfuric acid.

F. The owner or operator of any mining property subject to the provisions of this Section shall record the daily process rates and hours of operation of all material handling facilities.

G. A continuous monitoring system for measuring sulfur dioxide emissions shall be installed, calibrated, maintained and operated by the owner or operator where dryers or roasters are not expected to achieve compliance with the standard under subsection (E).

H. The test methods and procedures required by this Section are as follows:

1. The reference methods in 40 CFR 60, Appendix A, as incorporated by reference in Appendix 2 of this Chapter, shall be used to determine compliance with the standard prescribed in this Section as follows:
   a. Method 5 for the concentration of particulate matter and the associated moisture content;
   b. Method 1 for sample and velocity traverses;
   c. Method 2 for velocity and volumetric flow rate;

d. Method 3 for gas analysis and calculation of excess air, using the integrated sample technique;
e. Method 6 for concentration of SO_2.

2. For Method 5, Method 1 shall be used to select the sampling site and the number of traverse sampling points. The sampling time for each run shall be at least 60 minutes and the minimum sampling volume shall be 0.85 dscm (30 dscf), except that smaller sampling times or volumes, when necessitated by process variables or other factors, may be approved by the Director. The probe and filter holder heating systems in the sampling train shall be set to provide a gas temperature no greater than 160°C. (320°F.).
3. For Method 6, the sampling site shall be the same as that selected for Method 5. The sampling point in the duct shall be at the centroid of the cross section or at a point no closer to the walls than 1 m (3.28 ft.). For Method 6, the sample shall be extracted at a rate proportional to the gas velocity at the sampling point.
4. For Method 6, the minimum sampling time shall be 20 minutes and the minimum sampling volume 0.02 dscm (0.71 dscf) for each sample. The arithmetic mean of two samples shall constitute one run. Samples shall be taken at approximately 30-minute intervals.

Historical Note
Section R18-2-721 renumbered from R18-2-521 effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 15 A.A.R. 281, effective March 7, 2009 (Supp. 09-1).

R18-2-722. Standards of Performance for Existing Gravel or Crushed Stone Processing Plants

A. The provisions of this Section are applicable to the following affected facilities: primary rock crushers, secondary rock crushers, tertiary rock crushers, screens, conveyors and conveyor transfer points, stackers, reclaimers, and all gravel or crushed stone processing plants and rock storage piles.

B. No person shall cause, allow or permit the discharge of particulate matter into the atmosphere except as fugitive emissions in any one hour from any gravel or crushed stone processing plant in total quantities in excess of the amounts calculated by one of the following equations:

1. For process sources having a process weight rate of 60,000 pounds per hour (30 tons per hour) or less, the maximum allowable emissions shall be determined by the following equation:
$E = 4.10P^{0.67}$
where:
E = the maximum allowable particulate emissions rate in pounds-mass per hour.
P = the process weight rate in tons-mass per hour.
2. For process sources having a process weight rate greater than 60,000 pounds per hour (30 tons per hour), the maximum allowable emissions shall be determined by the following equation:
$E = 55.0P^{0.11}-40$
where "E" and "P" are defined as indicated in subsection (B)(1).

C. Actual values shall be calculated from the applicable equations and rounded off to two decimal places.

D. Spray bar pollution controls shall be utilized in accordance with "EPA Control of Air Emissions From Process Operations In The Rock Crushing Industry" (EPA 340/1-79-002), "Wet Suppression System" (pages 15-34, amended as of January 1979 (and no future amendments or editions)), as incorporated herein by reference and on file with the Office of the Secretary of State, with placement of spray bars and nozzles as required by the Director to minimize air pollution.

E. Fugitive emissions from gravel or crushed stone processing plants shall be controlled in accordance with R18-2-604 through R18-2-607.

F. The owner or operator of any affected facility subject to the provisions of this Section shall install, calibrate, maintain, and operate monitoring devices which can be used to determine daily the process weight of gravel or crushed stone produced. The weighing devices shall have an accuracy of ± 5% over their operating range.

G. The owner or operator of any affected facility shall maintain a record of daily production rates of gravel or crushed stone produced.

H. The test methods and procedures required by this Section are as follows:

1. The reference methods in 40 CFR 60, Appendix A, as incorporated by reference in Appendix 2 of this Chapter, shall be used to determine compliance with the standards prescribed in this Section as follows:
a. Method 5 for concentration of particulate matter and moisture content,
b. Method 1 for sample and velocity traverses,
c. Method 2 for velocity and volumetric flow rate,
d. Method 3 for gas analysis.
2. For Method 5, the sampling time for each run shall be at least 60 minutes and the minimum sample volume is 0.85 dscm (30 dscf), except that shorter sampling times or smaller volumes, when necessitated by process variables or other factors, may be approved by the Director. Sampling shall not be started until 30 minutes after start-up and shall be terminated before shutdown procedures commence. The owner or operator of the affected facility shall eliminate cyclonic flow during performance tests in a manner acceptable to the Director.

Historical Note
Section R18-2-722 renumbered from R18-2-522 and amended effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 15 A.A.R. 281, effective March 7, 2009 (Supp. 09-1).

R18-2-723. Standards of Performance for Existing Concrete Batch Plants

Fugitive dust emitted from concrete batch plants shall be controlled in accordance with R18-2-604 through R18-2-607.

Historical Note
Section R18-2-723 renumbered from R18-2-523 and amended effective November 15, 1993 (Supp. 93-4).

R18-2-724. Standards of Performance for Fossil-fuel Fired Industrial and Commercial Equipment

A. This Section applies to industrial and commercial installations which are less than 73 megawatts capacity (250 million Btu per hour), but in the aggregate on any premises are rated at greater than 500,000 Btu per hour (0.146 megawatts), and in which fuel is burned for the primary purpose of producing steam, hot water, hot air or other liquids, gases or solids and in the course of doing so the products of combustion do not come into direct contact with process materials. When any products or by-products of a manufacturing process are burned for the same purpose or in conjunction with any fuel, the same maximum emission limitations shall apply.

B. For purposes of this Section, the heat input shall be the aggregate heat content of all fuels whose products of combustion pass through a stack or other outlet. The heat content of solid fuel shall be determined in accordance with R18-2-311. Compliance tests shall be conducted during operation at the nominal rated capacity of each unit. The total heat input of all fuel-burning units on a plant or premises shall be used for determining the maximum allowable amount of particulate matter which may be emitted.

C. No person shall cause, allow or permit the emission of particulate matter, caused by combustion of fuel, from any fuel-burning operation in excess of the amounts calculated by one of the following equations:

1. For equipment having a heat input rate of 4200 million Btu per hour or less, the maximum allowable emissions shall be determined by the following equation:

   $E = 1.02Q^{0.769}$

   where:

   E = the maximum allowable particulate emissions rate in pounds-mass per hour.

   Q = the heat input in million Btu per hour.
2. For equipment having a heat input rate greater than 4200 million Btu per hour, the maximum allowable emissions shall be determined by the following equation:

   $E = 17.0Q^{0.432}$

   where "E" and "Q" have the same meanings as in subsection (C)(1).

D. Actual values shall be calculated from the applicable equations and rounded off to two decimal places.

E. Fossil-fuel fired industrial and commercial equipment installations shall not emit more than 1.0 pounds of sulfur dioxide per million Btu heat input when low sulfur oil is fired.

F. Fossil-fuel fired industrial and commercial equipment installations shall not emit more than 2.2 pounds of sulfur dioxide per million Btu heat input when high sulfur oil is fired.

G. Any permit issued for the operation of an existing source, or any renewal or modification of such a permit, shall include a condition prohibiting the use of high sulfur oil by the permittee. This condition may be omitted from the permit if the applicant demonstrates to the satisfaction of the Director both that sufficient quantities of low sulfur oil are not available for use by the source and that it has adequate facilities and contingency plans to ensure that the sulfur dioxide ambient air quality standards set forth in R18-2-202 will not be violated.

1. The terms of the permit may authorize the use of high sulfur oil under such conditions as are justified.
2. In cases where the permittee is authorized to use high sulfur oil, it shall submit to the Department monthly reports detailing its efforts to obtain low sulfur oil.
3. When the conditions justifying the use of high sulfur oil no longer exist, the permit shall be modified accordingly.
4. Nothing in this Section shall be construed as allowing the use of a supplementary control system or other form of dispersion technology.

H. When coal is fired, fossil-fuel fired industrial and commercial equipment installations shall not emit more than 1.0 pounds of sulfur dioxide per million Btu heat input.

I. The owner or operator subject to the provisions of this Section shall install, calibrate, maintain and operate a continuous monitoring system for measurement of the opacity of emissions discharged into the atmosphere from the control device.

J. For the purpose of reports required under excess emissions reporting required by R18-2-310.01, the owner or operator shall report all six-minute periods in which the opacity of any plume or effluent exceeds 15%.

K. The test methods and procedures required by this Section are as follows:

1. The reference methods in 40 CFR 60, Appendix A, as incorporated by reference in Appendix 2 of this Chapter, shall be used to determine compliance with the standards as prescribed in this Section.
   a. Method 1 for selection of sampling site and sample traverses,
   b. Method 3 for gas analysis to be used when applying Reference Methods 5 and 6,
   c. Method 5 for concentration of particulate matter and the associated moisture content,
   d. Method 6 for concentration of SO_2.
2. For Method 5, Method 1 shall be used to select the sampling site and the number of traverse sampling points. The sampling time for each run shall be at least 60 minutes and the minimum sampling volume shall be 0.85 dscm (30 dscf), except that smaller sampling times or volumes, when necessitated by process variables or other factors, may be approved by the Director. The probe and filter holder heating systems in the sampling train shall be set to provide a gas temperature no greater than 160°C. (320°F.).
3. For Method 6, the sampling site shall be the same as that selected for Method 5. The sampling point in the duct shall be at the centroid of the cross section or at a point no closer to the walls than 1 m (3.28 ft). For Method 6, the sample shall be extracted at a rate proportional to the gas velocity at the sampling point.
4. For Method 6, the minimum sampling time shall be 20 minutes and the minimum sampling volume 0.02 dscm (0.71 dscf) for each sample. The arithmetic mean of two samples shall constitute one run. Samples shall be taken at approximately 30-minute intervals.
5. Gross calorific value shall be determined in accordance with the applicable ASTM methods: D-2015-91 (Test for Gross Calorific Value of Solid Fuel by the Adiabatic Bomb Calorimeter) for solid fuels; D-240-87 (Test Method for Heat of Combustion of Liquid Hydrocarbon Fuels by Bomb Calorimeter) for liquid fuels; and D-1826-88 (Test Method for Calorific Value of Gases in Natural Gas Range by Continuous Recording Calorimeter) for gaseous fuels. The rate of fuels burned during each testing period shall be determined by suitable methods and shall be confirmed by a material balance over the fossil-fuel fired system.

Historical Note

Section R18-2-724 renumbered from R18-2-524 and amended effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 7 A.A.R. 1164, effective February 15, 2001 (Supp. 01-1). Amended by final rulemaking at 15 A.A.R. 281, effective March 7, 2009 (Supp. 09-1).

R18-2-725. Standards of Performance for Existing Dry Cleaning Plants

A. No person shall conduct any dry cleaning operation using chlorinated synthetic solvents without minimizing organic solvent emissions by good modern practices including but not limited to the use of an adequately sized and properly maintained activated carbon absorber or other equally effective control device.

B. No person shall operate any dry cleaning establishment using petroleum solvents other than non-photochemically reactive solvents without reducing solvent emissions by at least 90%. For purposes of this subsection, a photochemically reactive solvent shall be any solvent with an aggregate of more than 20% of its total volume composed of the chemical compounds classified in subsections (B)(1) through (3), or which exceeds any of the following percentage composition limitations, referred to the total volume of solvent:
1. A combination of the following types of compounds having an olefinic or cyclo-olefinic type of unsaturation -- hydrocarbons, alcohols, aldehydes, esters, ethers, or ketones: 5%.
2. A combination of aromatic compounds with 8 or more carbon atoms to the molecule except ethylbenzene: 8%.
3. A combination of ethylbenzene, ketones having branched hydrocarbon structures, trichlorethylene or toluene: 20%.

C. Where a stack, vent or other outlet is at such a level that fumes, gas mist, odor, smoke, vapor or any combination thereof constituting air pollution is discharged to adjoining property, the Director may require the installation of abatement equipment or the alteration of such stack, vent, or other outlet by the owner or operator thereof to a degree that will adequately dilute, reduce or eliminate the discharge of air pollution to the adjoining property.

Historical Note
Section R18-2-725 renumbered from R18-2-525 effective November 15, 1993 (Supp. 93-4).

R18-2-726. Standards of Performance for Sandblasting Operations
No person shall cause or permit sandblasting or other abrasive blasting without minimizing dust emissions to the atmosphere through the use of good modern practices. Examples of good modern practices include wet blasting and the use of effective enclosures with necessary dust collecting equipment.

Historical Note
Section R18-2-726 renumbered from R18-2-526 effective November 15, 1993 (Supp. 93-4).

R18-2-727. Standards of Performance for Spray Painting Operations
A. No person shall conduct any spray paint operation without minimizing organic solvent emissions. Such operations other than architectural coating and spot painting, shall be conducted in an enclosed area equipped with controls containing no less than 96% of the overspray.

B. No person shall either:
1. Employ, apply, evaporate or dry any architectural coating containing photochemically reactive solvents for industrial or commercial purposes; or
2. Thin or dilute any architectural coating with a photochemically reactive solvent.

C. For purposes of subsection (B), a photochemically reactive solvent shall be any solvent with an aggregate of more than 20% of its total volume composed of the chemical compounds classified in subsections (1) through (3), or which exceeds any of the following percentage composition limitations, referred to the total volume of solvent:
1. A combination of the following types of compounds having an olefinic or cyclo-olefinic type of unsaturation -- hydrocarbons, alcohols, aldehydes, esters, ethers, or ketones: 5%.
2. A combination of aromatic compounds with 8 or more carbon atoms to the molecule except ethylbenzene: 8%.
3. A combination of ethylbenzene, ketones having branched hydrocarbon structures, trichlorethylene or toluene: 20%.

D. Whenever any organic solvent or any constituent of an organic solvent may be classified from its chemical structure into more than one of the groups or organic compounds described in subsection (C)(1) through (3), it shall be considered to be a member of the group having the least allowable percent of the total volume of solvents.

Historical Note
Section R18-2-727 renumbered from R18-2-527 effective November 15, 1993 (Supp. 93-4).

R18-2-728. Standards of Performance for Existing Ammonium Sulfide Manufacturing Plants
A. The provisions of this Section are applicable to the following affected facilities in ammonium sulfide manufacturing plants: sulfide unloading facilities, reactor-absorbers, bubble cap scrubbers, and fume incinerators.

B. No person shall cause, allow or permit to be emitted into the atmosphere, from any type of incinerator or other outlet smoke, fumes, gases, particulate matter or other gas-borne material, the opacity of which exceeds 20%.

C. No person shall cause, allow or permit to be emitted into the atmosphere from any emission point from any incinerator, or to pass a convenient measuring point near such emission point, particulate matter of concentrations in excess of 0.1 grain per cubic foot, based on dry flue gas at standard conditions, corrected to 12% carbon dioxide.

D. No person shall allow hydrogen sulfide to be emitted from any location in such manner and amount that the concentration of such emissions into the ambient air at any occupied place beyond the premises on which the source is located exceeds 0.03 parts per million by volume for any averaging period of 30 minutes or more.

E. Where a stack, vent or other outlet is at such a level that fumes, gas mist, odor, smoke, vapor or any combination thereof constituting air pollution are discharged to adjoining property, the Director may require the installation of abatement equipment or the alteration of such stack, vent, or other outlet by the owner or operator thereof to a degree that will adequately dilute, reduce or eliminate the discharge of air pollution to adjoining property.

F. The owner or operator of any ammonium sulfide tailgas incinerator subject to the provisions of this Section shall do both of the following:
1. Install, calibrate, maintain, and operate a flow measuring device which can be used to determine either the mass or volume of tailgas charged to the incinerator. The flow measuring device shall have an accuracy of ± 5% over its operating range.
2. Provide access to the tailgas charged so that a well-mixed representative grab sample can be obtained.

G. The test methods and procedures required by this Section are as follows:
1. The reference methods in 40 CFR 60, Appendix A shall be used to determine compliance with the standards prescribed in this Section as follows:
   a. Method 5 for the concentration of particulate matter and the associated moisture content;
   b. Method 1 for sample and velocity traverse;
   c. Method 2 for velocity and volumetric flow rate;

d. Method 3 for gas analysis and calculation of excess air, using the integrated sample technique;
e. Method 11 shall be used to determine the concentration of H_2S and Method 6 shall be used to determine the concentration of SO_2.

2. For Method 5, the sampling time for each run shall be at least 60 minutes and the minimum sample volume shall be 0.85 dscm (30.0 dscf) except that shorter sampling times and smaller sample volumes, when necessitated by process variables or other factors, may be approved by the Director.
3. Particulate matter emissions, expressed in g/dscm, shall be corrected to 12% CO_2 by using the following formula:

$$C_{12} = \frac{12c}{\%CO_2}$$

where:
C_{12} = the concentration of particulate matter corrected to 12% CO_2,
c = the concentration of particulate matter as measured by Method 5, and
$\%CO_2$= the percentage of CO_2 as measured by Method 3, or, when applicable, the adjusted outlet CO_2 percentage.

4. If Method 11 is used, the gases sampled shall be introduced into the sampling train at approximately atmospheric pressure. Where fuel gas lines are operating at pressures substantially above atmosphere, this may be accomplished with a flow control valve. If the line pressure is high enough to operate the sampling train without a vacuum pump, the pump may be eliminated from the sampling train. The sample shall be drawn from a point near the centroid of the fuel gas line. The minimum sampling time shall be 10 minutes and the minimum sampling volume 0.01 dscm (0.35 dscf) for each sample. The arithmetic average of two samples of equal sampling time shall constitute one run. Samples shall be taken at approximately one-hour intervals. For most fuel gases, sample times exceeding 20 minutes may result in depletion of the collecting solution, although fuel gases containing low concentrations of hydrogen sulfide may necessitate sampling for longer periods of time.
5. If Method 5 is used, Method 1 shall be used for velocity traverses and Method 2 for determining velocity and volumetric flow rate. The sampling site for determining CO_2 concentration by Method 3 shall be the same as for determining volumetric flow rate by Method 2. The sampling point in the duct for determining SO_2 concentration by Method 3 shall be at the centroid of the cross section if the cross sectional area is less than 5 m^2 (54 ft^2) or at a point no closer to the walls than 1 m (3.28 feet) if the cross sectional area is 5 m^2 or more and the centroid is more than 1 meter from the wall. The sample shall be extracted at a rate proportional to the gas velocity at the sampling point. The minimum sampling time shall be 10 minutes and the minimum sampling volume 0.01 dscm (0.36 dscf) for each sample. The arithmetic average of two samples of equal sampling time shall constitute one run. Samples shall be taken at approximately one-hour intervals.

Historical Note
Section R18-2-728 renumbered from R18-2-528 effective November 15, 1993 (Supp. 93-4).

R18-2-729. Standards of Performance for Cotton Gins

A. Fugitive dust, lint, bolls, cotton seed or other material emitted from a cotton gin or lying loose in a yard shall be collected and disposed of in an efficient manner or shall be treated in accordance with R18-2-604 through R18-2-607.
B. No person shall cause, allow or permit to be emitted into the atmosphere, from any type of incinerator, smoke, fumes, gases, particulate matter or other gas-borne material which exceeds 40% opacity.
C. No person shall cause, allow, or permit the discharge of particulate matter into the atmosphere in any one hour from any cotton gin in total quantities in excess of the amounts calculated by one of the following equations:
1. For process sources having a process weight rate of 60,000 pounds per hour (30 tons per hour) or less, the maximum allowable emissions shall be determined by the following equation:

$$E = 4.10P^{0.67}$$

where:
E = the maximum allowable particulate emissions rate in pounds-mass per hour.
P = the process weight rate in tons-mass per hour.

2. For process sources having a process weight rate greater than 60,000 pounds per hour (30 tons per hour), the maximum allowable emissions shall be determined by the following equation:

$$E = 55.0P^{0.11}-40$$

where "E" and "P" are defined as indicated in subsection (C)(1).

D. The test methods and procedures required by this Section are as follows:
1. The reference methods in the Arizona Testing Manual and 40 CFR 60, Appendix A shall be used to determine compliance with this Section as follows:
a. Method A-2 for the measurement of particulate matter,
b. Method 1 for sample and velocity traverses,
c. Method 2 for velocity and volumetric flow rate,
d. Method 3 for gas analysis,
e. Method 9 for visible emissions.
2. For Method A-2, the sampling time for each run shall be at least 60 minutes and the sampling rate shall be at least 0.85 dry standard cubic meters per hour (0.53 dry standard cubic feet per minute), except that shorter sampling times, when necessitated by progress variables or other factors, may be approved by the Director.

Historical Note
Section R18-2-729 renumbered from R18-2-529 and amended effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 13 A.A.R. 2157, effective August 4, 2007 (Supp. 07-2).

R18-2-730. Standards of Performance for Unclassified Sources

A. No existing source which is not otherwise subject to standards of performance under this Article or Article 9 or 11 of this Chapter, shall cause or permit the emission of pollutants at rates greater than the following:
1. For particulate matter discharged into the atmosphere in any one hour from any unclassified process source in total quantities in excess of the amounts calculated by one of the following equations:
a. For process sources having a process weight rate of 60,000 pounds per hour (30 tons per hour) or less,

the maximum allowable emissions shall be determined by the following equation:

$E = 4.10P^{0.67}$

where:

E = the maximum allowable particulate emissions rate in pounds-mass per hour.

P = the process weight rate in tons-mass per hour.

b. For process weight rate greater than 60,000 pounds per hour (30 tons per hour), the maximum allowable emissions shall be determined by the following equation:

$E = 55.0P^{0.11}-40$

where "E" and "P" are defined as indicated in subsection (A)(1)(a).

2. Sulfur dioxide – 600 parts per million.
3. Nitrogen oxides expressed as NO_2 – 500 parts per million.

B. For purposes of this Section, the total process weight from all similar units employing a similar type process shall be used in determining the maximum allowable emission of particulate matter.

C. Actual values shall be calculated from the applicable equations and rounded off to two decimal places.

D. No person shall emit gaseous or odorous materials from equipment, operations or premises under the person's control in such quantities or concentrations as to cause air pollution.

E. No person shall operate or use any machine, equipment, or other contrivance for the treatment or processing of animal or vegetable matter, separately or in combination, unless all gaseous vapors and gas entrained effluents from such operations, equipment, or contrivance have been either:

1. Incinerated to destruction, as indicated by a temperature measuring device, at not less than 1,200°F if constructed or reconstructed prior to January 1, 1989, or 1,600°F with a minimum residence time of 0.5 seconds if constructed or reconstructed thereafter; or
2. Passed through such other device which is designed, installed and maintained to prevent the emission of odors or other air contaminants and which is approved by the Director.

F. Materials including solvents or other volatile compounds, paints, acids, alkalies, pesticides, fertilizers and manure shall be processed, stored, used and transported in such a manner and by such means that they will not evaporate, leak, escape or be otherwise discharged into the ambient air so as to cause or contribute to air pollution. Where means are available to reduce effectively the contribution to air pollution from evaporation, leakage or discharge, the installation and use of such control methods, devices, or equipment shall be mandatory.

G. Where a stack, vent or other outlet is at such a level that fumes, gas mist, odor, smoke, vapor or any combination thereof constituting air pollution is discharged to adjoining property, the Director may require the installation of abatement equipment or the alteration of such stack, vent, or other outlet by the owner or operator thereof to a degree that will adequately dilute, reduce or eliminate the discharge of air pollution to adjoining property.

H. No person shall allow hydrogen sulfide to be emitted from any location in such manner and amount that the concentration of such emissions into the ambient air at any occupied place beyond the premises on which the source is located exceeds 0.03 parts per million by volume for any averaging period of 30 minutes or more.

I. No person shall cause, allow or permit discharge from any stationary source carbon monoxide emissions without the use of complete secondary combustion of waste gases generated by any process source.

J. No person shall allow hydrogen cyanide to be emitted from any location in such manner and amount that the concentration of such emissions into the ambient air at any occupied place beyond the premises on which the source is located exceeds 0.3 parts per million by volume for any averaging period of eight hours.

K. No person shall allow sodium cyanide dust or dust from any other solid cyanide to be emitted from any location in such manner and amount that the concentration of such emissions into the ambient air at any occupied place beyond the premises on which the source is located exceeds 140 micrograms per cubic meter for any averaging period of eight hours.

L. No owner or operator of a facility engaged in the surface coating of miscellaneous metal parts and products may operate a coating application system subject to this Section that emits volatile organic compounds in excess of any of the following:

1. 4.3 pounds per gallon (0.5 kilograms per liter) of coating, excluding water, delivered to a coating applicator that applies clear coatings.
2. 3.5 pounds per gallon (0.42 kilograms per liter) of coating, excluding water delivered to a coating applicator in a coating application system that is air dried or forced warm air dried at temperatures up to 194°F (90°C).
3. 3.5 pounds per gallon (0.42 kilograms per liter) of coating, excluding water, delivered to a coating applicator that applies extreme performance coatings.
4. 3.0 pounds per gallon (0.36 kilograms per liter) of coating, excluding water, delivered to a coating applicator for all other coatings and application systems.

M. If more than one emission limitation in subsection (L) applies to a specific coating, then the least stringent emission limitation shall be applied.

N. All VOC emissions from solvent washings shall be considered in the emission limitations in subsection (L), unless the solvent is directed into containers that prevent evaporation into the atmosphere.

Historical Note

Renumbered from R18-2-530 and amended effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 15 A.A.R. 281, effective March 7, 2009 (Supp. 09-1).

R18-2-731. Standards of Performance for Existing Municipal Solid Waste Landfills

A. This Section applies to each municipal solid waste landfill (MSW landfill) at which:

1. Construction, reconstruction, or modification began on or before July 17, 2014; and
2. Waste was accepted at any time since November 8, 1987, or additional design capacity is available for future waste deposition.

B. For the purposes of this Section, "Municipal solid waste landfill or MSW landfill" means an entire disposal facility in a contiguous geographical space where household waste is placed in or on land. An MSW landfill may also receive other types of RCRA (Resource Conservation and Recovery Act) Subtitle D wastes such as commercial solid waste, nonhazardous sludge, conditionally exempt small quantity generator waste, and industrial solid waste. Portions of an MSW landfill

may be separated by access roads. An MSW landfill may be publicly or privately owned.

C. MSW landfills covered by this Section shall comply with 40 CFR 60, Subpart Cf, effective as of the date of EPA approval of the state plan under section 111(d) of the Act. 40 CFR 60, Subpart WWW, "Standards of Performance for Municipal Solid Waste Landfills," will remain in effect until Arizona's state plan implementing Subpart Cf is approved by EPA. 40 CFR 60, Subpart Cf "Emissions Guidelines and Compliance Times for Municipal Solid Waste Landfills," as adopted on August 29, 2016 (and no future amendments) is hereby incorporated by reference as applicable requirements. MSW landfills may meet the requirements of Subpart Cf by complying with 40 CFR 60, Subpart XXX. 40 CFR 60, Subpart XXX "Standards of Performance for Municipal Solid Waste Landfills that Commenced Construction, Reconstruction or Modification After July 17, 2014," is incorporated by reference in R18-2-901.

Historical Note
Adopted effective April 4, 1997; filed with the Office of the Secretary of State March 14, 1997 (Supp. 97-1). Amended by final rulemaking at 24 A.A.R. 1864, effective August 10, 2018 (Supp. 18-2).

R18-2-732. Expired

Historical Note
New Section adopted by final rulemaking at 5 A.A.R. 3058, effective August 10, 1999 (Supp. 99-3). Amended by final rulemaking at 13 A.A.R. 2157, effective August 4, 2007 (Supp. 07-2). Section expired under A.R.S. § 41-1056(J) at 21 A.A.R. 15, effective September 30, 2015 (Supp. 15-4).

R18-2-733. Repealed

Historical Note
New Section made by final rulemaking at 12 A.A.R. 4701, effective January 29, 2007 (Supp. 06-4). Section repealed by final rulemaking at 21 A.A.R. 711, effective June 30, 2015 (Supp. 15-2).

R18-2-733.01. Repealed

Historical Note
New Section made by final rulemaking at 12 A.A.R. 4701, effective January 29, 2007 (Supp. 06-4). Section repealed by final rulemaking at 21 A.A.R. 711, effective June 30, 2015 (Supp. 15-2).

R18-2-734. Standards of Performance for Mercury Emissions from Electric Generating Units

A. Applicability and Purpose. The requirements of this Section apply to owners and operators of electric generating units. The purpose of this Section is to establish:
1. Interim standards for mercury emissions from electric generating units that shall apply until compliance with the emissions limits in the federal mercury standards is required.
2. State standards for mercury emissions from electric generating units that shall apply if the federal mercury standards are vacated by a federal court or repealed by the administrator.

B. Interim Standards. The following requirements shall apply until the date that compliance with the federal mercury standards or subsection (G) is required:
1. The owners and operators shall comply with the mercury control strategy operations and maintenance plan approved as part of the permit for the electric generating plant.
2. The owners and operators shall operate and maintain the electric generating plant, including any associated air pollution control equipment, in a manner consistent with good air pollution control practices for minimizing mercury emissions. This requirement shall apply to any air pollution control equipment installed pursuant to subsection (B)(1) or to any new air pollution control equipment installed to comply with the federal mercury standards if such equipment replaces equipment installed pursuant to subsection (B)(1).

C. Incorporation of Federal Mercury Standards. The federal mercury standards in 40 CFR Part 63, Subpart UUUUU, as of July 1, 2013 (and no future amendments or editions) are incorporated by reference and shall remain effective to the extent specified in this Section regardless of whether they are vacated by a federal court or repealed by the administrator. Subpart UUUU of 40 C.F.R. Part 63 is published by the United States Government Printing Office, 732 North Capital Street, NW, Washington, DC 20401-0001, is on file with the Department of Environmental Quality, 1110 West Washington Street, Phoenix, Arizona 85007, and is available at the Arizona State Library, Archives & Public Records, 1700 West Washington Street, Phoenix, Arizona 85007 and at other Federal depositary libraries in the state (see http://catalog.gpo.gov/fdlpdir/FDLPdir.jsp?st_12=AZ&flag=searchp). It is also available online at http://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR. The owners and operators shall provide to the director a copy of all notices and reports submitted to the Administrator under the federal mercury standards, except for any reports or data submitted to the Administrator through electronic systems (for example, Compliance and Emissions Data Reporting Interface (CEDRI), Emission Collection Monitoring Plan System Client Tool (ECMPS) or the Emissions Reporting Tool (ERT)).

D. Notice of State Standard Applicability. The director shall provide notice to the responsible official for each electric generating plant of any repeal or federal court vacatur of the federal mercury standards. If the repeal or vacatur occurred after the date the electric generating plant was required to comply with the emission limits in the federal mercury standards, the plant shall continue to comply with the federal mercury standards until the date that compliance with subsection (G) is required.

E. Application for Permit Revision. Within 120 days of receipt of written notice from the director under subsection (D), the owners and operators shall submit an application for a permit revision that proposes:
1. The mercury emission limit or limits in subsection (G) that shall apply to the electric generating plant.
2. A date for demonstrating compliance with the mercury emission limit consistent with subsection (F)(2).
3. A mercury monitoring plan consistent with subsection (H)(2).

F. Permit Revision Setting State Standard. A permit revision granted in response to the application submitted under subsection (E) shall contain the following conditions:
1. The mercury emission limit or limits in subsection (G) that shall apply to the electric generating plant.
2. The date compliance with the emission limit or limits shall be required. Unless the application requests an earlier date, the compliance date shall be the later of Decem-

ber 31, 2016 or the end of the first averaging period commencing no later than 180 days after permit issuance.
3. The date for demonstrating initial compliance with the emission limit or limits, which shall be 45 days after completion of the first full averaging period after the compliance date established under subsection (F)(2).
4. The date on which compliance with subsection (B), or the obligation to comply with the federal mercury standards in subsection (D), as applicable, shall no longer be required.
5. A mercury monitoring plan consistent with subsection (H).
6. Compliance reporting requirements consistent with subsection (I).

G. State Mercury Emission Limits. Emissions from an electric generating unit shall comply with one or more of the emission limits specified in the following table, as selected by the owners and operators under subsection (F).

No.	Limit	Averaging Period	Applicable To
1.	10 % of inlet mercury	Rolling 12-month	Electric generating plant
2.	0.0087 pounds per gigawatt-hour	Rolling 12-month	Electric generating plant
3.	0.011 pounds per gigawatt-hour	Rolling 90-boiler operating days	EGUs identified in averaging group
4.	1.0 pounds per Trillion Btu	Rolling 90-boiler operating days	EGUs identified in averaging group
5.	0.013 pounds per gigawatt-hour	Rolling 30-boiler operating days	Individual electric generating unit
6.	1.2 pounds per Trillion Btu	Rolling 30-boiler operating days	Individual electric generating unit

H. Compliance Monitoring and Recordkeeping.
1. Compliance with subsection (G) shall be determined using a mercury CEMS or sorbent trap monitoring system pursuant to Appendix A of the federal mercury standards and in accordance with an approved mercury monitoring plan.
2. The mercury monitoring plan shall include the following elements:
   a. Identification of the emission limit or limits in subsection (G) for which compliance will be demonstrated.
   b. Identification of whether a mercury CEMS or sorbent trap monitoring system will be used as the primary compliance method. Backup methods may be identified and approved in the plan.
   c. Description of the parameters that will be monitored, including mercury concentration, stack flow, fuel mercury content, fuel rate, electricity generation rate, moisture percent, and any diluent or other gas or process parameters necessary to calculate compliance in terms of the applicable emission limit.
   d. Description and example of the calculations required to convert monitored parameters to mercury emissions in terms of the emission limit.
   e. Establishment of CEMS analyzer data availability, and QA/QC requirements.
   f. Procedures for completing an initial demonstration of compliance, except as otherwise provided in subsection (I)(1).
2. At least once per month, the mercury emissions data shall be compiled into a record demonstrating compliance with the emission limit or limits established in the permit revision issued under subsection (F). This record shall be completed no later than the 15th day of the following month.
3. Records shall be maintained as follows:
   a. Records demonstrating compliance with the emissions limits shall be maintained for five years.
   b. If a mercury CEMS is used, daily CEMS data, QA/QC data identified in the mercury monitoring plan, any maintenance work conducted on the CEMS or data logging system, and a calculation of all mercury CEMS downtime shall be maintained for five years.
   c. If a sorbent trap monitoring system is used, all sorbent monitoring data and any maintenance work conducted on the system shall be maintained for five years.

I. Reporting. The owners and operators shall submit to the director the following reports:
1. An initial demonstration of compliance, which must be submitted to the director within 180 days after completion of the first full averaging period. This requirement shall not apply to an electric generating unit if an initial demonstration of compliance has been completed for that unit under 40 C.F.R. 63.10005(d)(3) and the demonstration shows compliance with subsection (G) for that unit. The report shall include:
   a. The name of the electric generating plant and electric generating units.
   b. The applicable emission limit or limits for the plant or the electric generating units.
   c. The mercury emissions for the plant, group of averaged units, or each unit, as applicable, during the initial compliance demonstration in terms of the applicable standard.
   d. A certification by a responsible official.
2. Semiannual compliance reports, which must be submitted to the director on the dates established in the electric generating plant's air quality permit. The report shall include:
   a. The name of the electric generating plant and electric generating units;
   b. The applicable emission limit or limits for the plant or the electric generating units.
   c. The mercury emissions for the plant, or each unit, as applicable, for each month during the six month period ending the month prior to the semiannual report in terms of the applicable standard.
   d. An explanation of any excess emissions, the duration of the excess emissions, and corrective actions taken, if any, to resolve those excess emissions.
   e. A certification by a responsible official.

J. Exemption. After receipt of notice under subsection (D), in lieu of submitting the permit revision application required by subsection (E), the owners and operators may notify the director in writing that they elect to comply with the vacated or

repealed federal mercury standards at an electric generating plant. If the owners and operators for an electric generating plant make this election, the plant shall be exempt from subsections (E) through (I). If the owners and operators of an electric plant elect this option:

1. "Administrator" shall mean "Director" whenever it appears in the federal mercury standards or regulations referenced therein.
2. "EPA" shall mean "ADEQ, Air Quality Division" whenever it appears in the federal mercury standards or regulations referenced therein.

3. In lieu of reports submitted to the Administrator through electronic systems (for example, Compliance and Emissions Data Reporting Interface (CEDRI), Emission Collection Monitoring Plan System Client Tool (ECMPS) or Emissions Reporting Tool (ERT)) pursuant to the federal mercury standards, the owners or operators shall submit to the Director, semiannually at the time required by permit, the RATA or the rolling 30-day or rolling 90-day average mercury value for each EGU or the plant, as applicable.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 4701, effective January 29, 2007 (Supp. 06-4). Amended by final rulemaking at 21 A.A.R. 711, effective June 30, 2015 (Supp. 15-2).

Table 1. Expired

Historical Note

Table 1 adopted by final rulemaking at 5 A.A.R. 3058, effective August 10, 1999 (Supp. 99-3). Table 1 expired under A.R.S. § 41-1056(J) at 23 A.A.R. 3427, effective October 10, 2017 (Supp. 17-4).

Table 2. Expired

Historical Note

Table 2 adopted by final rulemaking at 5 A.A.R. 3058, effective August 10, 1999 (Supp. 99-3). Table 2 expired under A.R.S. § 41-1056(J) at 23 A.A.R. 3427, effective October 10, 2017 (Supp. 17-4).

ARTICLE 8. EMISSIONS FROM MOBILE SOURCES (NEW AND EXISTING)

R18-2-801. Classification of Mobile Sources

A. This Article is applicable to mobile sources which either move while emitting air contaminants or are frequently moved during the course of their utilization but are not classified as motor vehicles, agricultural vehicles, or agricultural equipment used in normal farm operations. This subsection shall not apply to non-road engines or vehicles, as defined by 42 U.S.C. § 7550(10) and (11).

B. Unless otherwise specified, no mobile source shall emit smoke or dust the opacity of which exceeds 40%.

Historical Note

Adopted effective February 26, 1988 (Supp. 88-1). Amended effective September 26, 1990 (Supp. 90-3). Amended effective February 3, 1993 (Supp. 93-1). Former Section R18-2-801 renumbered to Section R18-2-901, new Section R18-2-801 renumbered from R18-2-601 effective November 15, 1993 (Supp. 93-4). Amended by final expedited rulemaking at 30 A.A.R. 2422 (July 26, 2024), with an immediate effective date of July 3, 2024 (Supp. 24-3).

R18-2-802. Off-road Machinery

A. No person shall cause, allow or permit to be emitted into the atmosphere from any off-road machinery, smoke for any period greater than 10 consecutive seconds, the opacity of which exceeds 40%. Visible emissions when starting cold equipment shall be exempt from this requirement for the first 10 minutes.

B. Off-road machinery shall include trucks, graders, scrapers, rollers, locomotives and other construction and mining machinery not normally driven on a completed public roadway. This subsection shall not apply to non-road engines or vehicles, as defined by 42 U.S.C. § 7550(10) and (11).

Historical Note

Adopted effective February 26, 1988 (Supp. 88-1). Amended effective September 26, 1990 (Supp. 90-3). Former Section R18-2-802 renumbered to Section R18-2-902, new Section R18-2-802 renumbered from R18-2-602 effective November 15, 1993 (Supp. 93-4). Amended by final expedited rulemaking at 30 A.A.R. 2422 (July 26, 2024), with an immediate effective date of July 3, 2024 (Supp. 24-3).

R18-2-803. Heater-planer Units

No person shall cause, allow or permit to be emitted into the atmosphere from any heater-planer operated for the purpose of reconstructing asphalt pavements smoke the opacity of which exceeds 20%. However three minutes' upset time in any one hour shall not constitute a violation of this Section.

Historical Note

Adopted effective February 26, 1988 (Supp. 88-1). Amended effective September 26, 1990 (Supp. 90-3). Former Section R18-2-803 renumbered to Section R18-2-903, new Section R18-2-803 renumbered from R18-2-603 effective November 15, 1993 (Supp. 93-4).

R18-2-804. Roadway and Site Cleaning Machinery

A. No person shall cause, allow or permit to be emitted into the atmosphere from any roadway and site cleaning machinery smoke or dust for any period greater than 10 consecutive seconds, the opacity of which exceeds 40%. Visible emissions when starting cold equipment shall be exempt from this requirement for the first 10 minutes. This subsection shall not apply to non-road engines or vehicles, as defined by 42 U.S.C. § 7550(10) and (11).

B. In addition to complying with subsection (A), no person shall cause, allow or permit the cleaning of any site, roadway, or alley without taking reasonable precautions to prevent particulate matter from becoming airborne. Reasonable precautions may include applying dust suppressants. Earth or other material shall be removed from paved streets onto which earth or other material has been transported by trucking or earth moving equipment, erosion by water or by other means.

Historical Note

Adopted effective February 26, 1988 (Supp. 88-1). Amended effective September 26, 1990 (Supp. 90-3). Amended effective February 3, 1993 (Supp. 93-1). Former Section R18-2-804 renumbered to Section R18-2-904, new Section R18-2-804 renumbered from R18-2-604 effective November 15, 1993 (Supp. 93-4). Amended by final expedited rulemaking at 30 A.A.R. 2422 (July 26, 2024), with an immediate effective date of July 3, 2024 (Supp. 24-3).

R18-2-805. Asphalt or Tar Kettles

A. No person shall cause, allow or permit to be emitted into the atmosphere from any asphalt or tar kettle smoke for any period greater than 10 consecutive seconds, the opacity of which exceeds 40%.

B. In addition to complying with subsection (A), no person shall cause, allow or permit the operation of an asphalt or tar kettle without minimizing air contaminant emissions by utilizing all of the following control measures:
1. The control of temperature recommended by the asphalt or tar manufacturer;
2. The operation of the kettle with lid closed except when charging;
3. The pumping of asphalt from the kettle or the drawing of asphalt through cocks with no dipping;
4. The dipping of tar in an approved manner;
5. The maintaining of the kettle in clean, properly adjusted, and good operating condition;
6. The firing of the kettle with liquid petroleum gas or other fuels acceptable to the Director.

Historical Note

Adopted effective February 26, 1988 (Supp. 88-1). Amended effective September 26, 1990 (Supp. 90-3). Former Section R18-2-805 renumbered to Section R18-2-905, new Section R18-2-805 renumbered from R18-2-605 effective November 15, 1993 (Supp. 93-4).

ARTICLE 9. NEW SOURCE PERFORMANCE STANDARDS

R18-2-901. Standards of Performance for New Stationary Sources

Except as provided in R18-2-902 through R18-2-905, the following subparts of 40 CFR 60, New Source Performance Standards (NSPS), and all accompanying appendices, adopted as of June 28, 2013, unless otherwise specified, and no future editions or amendments, are incorporated by reference as applicable requirements. These standards are on file with the Department and shall be applied by the Department. These standards can be obtained from the U.S. Government Printing Office, Superintendent of Documents, bookstore.gpo.gov, Mail Stop: SSOP IDCC-SSOM, Washington, D.C. 20402-9328.

1. Subpart A - General Provisions.
2. Subpart D - Standards of Performance for Fossil-Fuel-Fired Steam Generators for Which Construction is Commenced After August 17, 1971.
3. Subpart Da - Standards of Performance for Electric Utility Steam Generating Units for Which Construction is Commenced After September 18, 1978.
4. Subpart Db - Standards of Performance for Industrial-Commercial-Institutional Steam Generating Units.
5. Subpart Dc - Standards of Performance for Small Industrial- Commercial-Institutional Steam Generating Units.
6. Subpart E - Standards of Performance for Incinerators.
7. Subpart Ea - Standards of Performance for Municipal Waste Combustors for Which Construction is Commenced after December 20, 1989 and on or Before September 20, 1994.
8. Subpart Eb - Standards of Performance for Large Municipal Waste Combustors for Which Construction is Commenced after September 20, 1994 or for Which Modification or Reconstruction is Commenced After June 19, 1996.
9. Subpart Ec - Standards of Performance for Hospital/Medical/ Infectious Waste Incinerators for Which Construction is Commenced After June 20, 1996.
10. Subpart F - Standards of Performance for Portland Cement Plants.
11. Subpart G - Standards of Performance for Nitric Acid Plants.
12. Subpart Ga - Standards of Performance for Nitric Acid Plants for which Construction, Reconstruction, or Modification Commenced after October 14, 2011.
13. Subpart H - Standards of Performance for Sulfuric Acid Plants.
14. Subpart I - Standards of Performance for Hot Mix Asphalt Facilities.
15. Subpart J - Standards of Performance for Petroleum Refineries.
16. Subpart Ja - Standards of Performance for Petroleum Refineries for Which Construction, Reconstruction, or Modification Commenced After May 14, 2007.
17. Subpart K - Standards of Performance for Storage Vessels for Petroleum Liquids for Which Construction, Reconstruction, or Modification Commenced After June 11, 1973, and Prior to May 19, 1978.
18. Subpart Ka - Standards of Performance for Storage Vessels for Petroleum Liquids for Which Construction, Reconstruction, or Modification Commenced After May 18, 1978, and Prior to July 23, 1984.
19. Subpart Kb - Standards of Performance for Volatile Organic Liquid Storage Vessels (Including Petroleum Liquid Storage Vessels) for Which Construction, Reconstruction, or Modification Commenced after July 23, 1984.
20. Subpart L - Standards of Performance for Secondary Lead Smelters.
21. Subpart M - Standards of Performance for Secondary Brass and Bronze Production Plants.
22. Subpart N - Standards of Performance for Primary Emissions from Basic Oxygen Process Furnaces for Which Construction is Commenced After June 11, 1973.
23. Subpart Na - Standards of Performance for Secondary Emissions from Basic Oxygen Process Steelmaking Facilities for Which Construction is Commenced After January 20, 1983.
24. Subpart O - Standards of Performance for Sewage Treatment Plants.
25. Subpart P - Standards of Performance for Primary Copper Smelters.
26. Subpart Q - Standards of Performance for Primary Zinc Smelters.
27. Subpart R - Standards of Performance for Primary Lead Smelters.
28. Subpart S - Standards of Performance for Primary Aluminum Reduction Plants.
29. Subpart T - Standards of Performance for Phosphate Fertilizer Industry: Wet-Process Phosphoric AcidPlants.
30. Subpart U - Standards of Performance for Phosphate Fertilizer Industry: Superphosphoric Acid Plants.
31. Subpart V - Standards of Performance for Phosphate Fertilizer Industry: Diammonium Phosphate Plants.
32. Subpart W - Standards of Performance for Phosphate Fertilizer Industry: Triple Superphosphate Plants.
33. Subpart X - Standards of Performance for Phosphate Fertilizer Industry: Granular Triple Superphosphate Storage Facilities.

34. Subpart Y - Standards of Performance for Coal Preparation Plants.
35. Subpart Z - Standards of Performance for Ferroalloy Production Facilities.
36. Subpart AA - Standards of Performance for Steel Plants: Electric Arc Furnaces Constructed After October 21, 1974, and On or Before August 17, 1983.
37. Subpart AAa - Standards of Performance for Steel Plants: Electric Arc Furnaces and Argon-Oxygen Decarburization Vessels Constructed After August 7, 1983.
38. Subpart BB - Standards of Performance for Kraft Pulp Mills.
39. Subpart BBa – Standards of Performance for Kraft Pulp Mill Affected Sources for Which Construction, Reconstruction, or Modification Commenced After May 23, 2013
40. Subpart CC - Standards of Performance for Glass Manufacturing Plants.
41. Subpart DD - Standards of Performance for Grain Elevators.
42. Subpart EE - Standards of Performance for Surface Coating of Metal Furniture.
43. Subpart GG - Standards of Performance for Stationary Gas Turbines.
44. Subpart HH - Standards of Performance for Lime Manufacturing Plants.
45. Subpart KK - Standards of Performance for Lead-Acid Battery Manufacturing Plants.
46. Subpart LL - Standards of Performance for Metallic Mineral Processing Plants.
47. Subpart MM - Standards of Performance for Automobile and Light Duty Truck Surface Coating Operations.
48. Subpart NN - Standards of Performance for Phosphate Rock Plants.
49. Subpart PP - Standards of Performance for Ammonium Sulfate Manufacture.
50. Subpart QQ - Standards of Performance for Graphic Arts Industry: Publication Rotogravure Printing.
51. Subpart RR - Standards of Performance for Pressure Sensitive Tape and Label Surface Coating Operations.
52. Subpart SS - Standards of Performance for Industrial Surface Coating: Large Appliances.
53. Subpart TT - Standards of Performance for Metal Coil Surface Coating.
54. Subpart UU - Standards of Performance for Asphalt Processing and Asphalt Roofing Manufacture.
55. Subpart VV - Standards of Performance for Equipment Leaks of VOC in the Synthetic Organic Chemicals Manufacturing Industry.
56. Subpart VVa - Standards of Performance for Equipment Leaks of VOC in the Synthetic Organic Chemicals Manufacturing Industry for Which Construction, Reconstruction, or Modification Commenced after November 7, 2006.
57. Subpart WW - Standards of Performance for Beverage Can Surface Coating Industry.
58. Subpart XX - Standards of Performance for Bulk Gasoline Terminals.
59. Subpart AAA - Standards of Performance for New Residential Wood Heaters.
60. Subpart BBB - Standards of Performance for Rubber Tire Manufacturing Industry.
61. Subpart DDD - Standards of Performance for Volatile Organic Compound (VOC) Emissions from the Polymer Manufacturing Industry.
62. Subpart FFF - Standards of Performance for Flexible Vinyl and Urethane Coating and Printing.
63. Subpart GGG - Standards of Performance for Equipment Leaks of VOC in Petroleum Refineries.
64. Subpart GGGa - Standards of Performance for Equipment Leaks of VOC in Petroleum Refineries for Which Construction, Reconstruction, or Modification Commenced After November 7, 2006.
65. Subpart HHH - Standards of Performance for Synthetic Fiber Production Facilities.
66. Subpart III - Standards of Performance for Volatile Organic Compound (VOC) Emissions from the Synthetic Organic Chemical Manufacturing Industry (SOCMI) Air Oxidation Unit Processes.
67. Subpart JJJ - Standards of Performance for Petroleum Dry Cleaners.
68. Subpart KKK - Standards of Performance for Equipment Leaks of VOC from Onshore Natural Gas Processing Plants.
69. Subpart LLL - Standards of Performance for Onshore Natural Gas Processing; SO_2 Emissions.
70. Subpart NNN - Standards of Performance for Volatile Organic Compound (VOC) Emissions From Synthetic Organic Chemical Manufacturing Industry (SOCMI) Distillation Operations.
71. Subpart OOO - Standards of Performance for Nonmetallic Mineral Processing Plants.
72. Subpart PPP - Standards of Performance for Wool Fiberglass Insulation Manufacturing Plants.
73. Subpart QQQ - Standards of Performance for VOC Emissions From Petroleum Refinery Wastewater Systems.
74. Subpart RRR - Standards of Performance for Volatile Organic Compound Emissions From Synthetic Organic Chemical Manufacturing Industry (SOCMI) Reactor Processes.
75. Subpart SSS - Standards of Performance for Magnetic Tape Coating Facilities.
76. Subpart TTT - Standards of Performance for Industrial Surface Coating: Surface Coating of Plastic Parts for Business Machines.
77. Subpart UUU - Standards of Performance for Calciners and Dryers in Mineral Industries.
78. Subpart VVV - Standards of Performance for Polymeric Coating of Supporting Substrates Facilities.
79. Subpart WWW - Standards of Performance for Municipal Solid Waste Landfills.
80. Subpart XXX – Standards of Performance for Municipal Solid Waste Landfills that Commenced Construction, Reconstruction, or Modification After July 17, 2014. This subpart and all accompanying appendices are adopted as of August 29, 2016 (and no future amendments), and are incorporated by reference as applicable requirements.
81. Subpart AAAA - Standards of Performance for Small Municipal Waste Combustion Units for Which Construction Is Commenced after August 30, 1999, or for Which Modification or Reconstruction Is Commenced after June 6, 2001.
82. Subpart CCCC - Standards of Performance for Commercial and Industrial Solid Waste Incineration Units for Which Construction Is Commenced after November 30,

1999, or for Which Modification or Reconstruction Is Commenced on or after June 1, 2001.
83. Subpart EEEE - Standards of Performance for Other Solid Waste Incineration Units for Which Construction is Commenced After December 9, 2004, or for Which Modification or Reconstruction is Commenced on or After June 16, 2006.
84. Subpart IIII - Standards of Performance for Stationary Compression Ignition Combustion Engines.
85. Subpart JJJJ - Standards of Performance for Stationary Spark Ignition Internal Combustion Engines.
86. Subpart KKKK - Standards of Performance for Stationary Combustion Turbines.
87. Subpart LLLL - Standards of Performance for New Sewage Sludge Incineration Units.
88. Subpart OOOO - Standards of Performance for Crude Oil and Natural Gas Production, Transmission and Distribution.
89. Subpart OOOOa – Standards of Performance for Crude Oil and natural gas Facilities for which Construction, Modification or Reconstruction Commenced After September 18, 2015.
90. Subpart PPPP [Reserved].
91. Subpart QQQQ – Standards of Performance for New Residential Hydronic Heaters and Forced-Air Furnaces.
92. Subpart TTTT – Standards of Performance for Greenhouse Gas Emission for Electric Generating Units

Historical Note

Adopted effective February 26, 1988 (Supp. 88-1). Amended effective September 26, 1990 (Supp. 90-3). Amended effective February 3, 1993 (Supp. 93-1). Section R18-2-901 renumbered to R18-2-1101, new Section R18-2-901 renumbered from R18-2-801 and amended effective November 15, 1993 (Supp. 93-4). Amended effective June 10, 1994 (Supp. 94-2). Amended effective December 7, 1995 (Supp. 95-4). Amended effective May 9, 1996 (Supp. 96-2). Amended effective April 4, 1997; filed with the Office of the Secretary of State March 14, 1997 (Supp. 97-1). Amended effective December 4, 1997 (Supp. 97-4). Amended by final rulemaking at 5 A.A.R. 3058, effective August 10, 1999, and at 5 A.A.R. 3221, effective August 12, 1999 (Supp. 99-3). Amended by final rulemaking at 6 A.A.R. 4170, effective October 11, 2000 (Supp. 00-4). Amended by final rulemaking at 8 A.A.R. 2543, effective May 24, 2002 (Supp. 02-2). Amended by final rulemaking at 10 A.A.R. 3281, effective September 27, 2004 (Supp. 04-3). Amended by final rulemaking at 11 A.A.R. 5504, effective February 4, 2006 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 4199, effective January 5, 2008 (Supp. 07-4). Amended by final expedited rulemaking at 21 A.A.R. 2747, effective December 13, 2015 (Supp. 15-4). Amended by final expedited rulemaking at 24 A.A.R. 1564, with an immediate effective date of May 2, 2018 (Supp. 18-2). Amended by final rulemaking at 24 A.A.R. 1864, effective August 10, 2018 (Supp. 18-3).

R18-2-902. General Provisions

A. As used in 40 CFR 60: "Administrator" means the Director of the Arizona Department of Environmental Quality, except that the Director shall not be authorized to approve alternate or equivalent test methods or alternative standards or work practices.

B. From the general standards identified in R18-2-901, delete the following:
1. 40 CFR 60.4. All requests, reports, applications, submittals, and other communications to the Director pursuant to this Article shall be submitted to the Arizona Department of Environmental Quality, Air Quality Division, 1110 West Washington Street, Phoenix, Arizona 85007.
2. 40 CFR 60.5 and 60.6.

C. The Director shall not be delegated authority to deal with equivalency determinations or innovative technology waivers as covered in Sections 111(h)(3) and 111(j) of the Act.

Historical Note

Adopted effective February 26, 1988 (Supp. 88-1). Amended effective September 26, 1990 (Supp. 90-3). Section R18-2-902 renumbered to R18-2-1102, new Section R18-2-902 renumbered from R18-2-802 and amended effective November 15, 1993 (Supp. 93-4). Amended effective June 10, 1994 (Supp. 94-2). Amended by final rulemaking at 13 A.A.R. 4199, effective January 5, 2008 (Supp. 07-4).

R18-2-903. Standards of Performance for Fossil-fuel Fired Steam Generators

As exceptions to 40 CFR 60.40 through 60.47:
1. In place of 40 CFR 60.43(a)(2), the following language shall be substituted: 340 nanograms per joule heat input (0.8 pounds per million Btu) derived from solid fossil fuel or solid fossil fuel and wood residue.
2. Delete 40 CFR 60.43(b).
3. If an owner or operator of a fossil-fuel fired steam generator obtained an installation permit for two or more fuel-burning equipment or steam-power generating installations before May 14, 1979, that permitted the installation to comply with the sulfur dioxide emission standards specified in R18-2-901 and this Section as if the equipment or installations were one emission discharge point:
   a. The owner or operator shall comply with the applicable sulfur dioxide emission standards in the manner specified in the installation permit;
   b. The Department shall incorporate the emission standards under subsection (3)(a) into each owner's or operator's operating permit as an enforceable permit condition;
   c. No single fuel-burning equipment or steam-power generating installation shall emit sulfur dioxide in excess of:
      i. 520 nanograms per joule heat input (1.2 pounds per million BTU) for solid fossil fuel or solid fossil fuel and wood residue; or
      ii. 340 nanograms per joule heat input (0.8 pounds per million BTU) for liquid fossil fuel or liquid fossil fuel and wood residue.
4. When an owner or operator subject to subsection (3) changes the equipment configuration so that each fuel-burning equipment or steam-powered generating installation constitutes one emission discharge point:
   a. The owner or operator shall comply with the emissions standards specified in subsection (1) and R18-2-901; and
   b. The Department shall incorporate the emissions standards into the owner's or operator's operating permit as enforceable permit conditions.

Historical Note

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective May 28, 1982 (Supp. 82-3). Former Section R9-3-903 renumbered without change as Section R18-2-903 (Supp. 87-3). Repealed effective February 26, 1988 (Supp. 88-1). New Section R18-2-903 renumbered from R18-2-803 and amended effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 14 A.A.R. 230, effective March 8, 2008 (Supp. 08-1).

R18-2-904. Standards of Performance for Incinerators

A. Incinerators with a charging rate of more than 45 metric tons or 49.6 tons per day shall conform to the requirements of 40 CFR 60.50 through 60.54.

B. Incinerators with a charging rate of 45 metric tons or 49.6 tons per day or less that commence construction or modification after May 14, 1979, shall conform to the requirements of 40 CFR 60.52 through 60.54 and of R18-2-704(A).

Historical Note

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective May 28, 1982 (Supp. 82-3). Former Section R9-3-904 renumbered without change as Section R18-2-904 (Supp. 87-3). Repealed effective February 26, 1988 (Supp. 88-1). New Section R18-2-904 renumbered from R18-2-804 and amended effective November 15, 1993 (Supp. 93-4).

R18-2-905. Standards of Performance for Storage Vessels for Petroleum Liquids

In addition to 40 CFR 60.110 - 60.113:

1. Any petroleum liquid storage tank of less than 40,000 gallons (151,412 liters) capacity shall be equipped with a submerged filling device or acceptable equivalent as determined by the Director for the control of hydrocarbon emissions.
2. All facilities for dock loading of petroleum products having a vapor pressure of 2.0 pounds per square inch absolute, or greater, at loading pressure shall provide for submerged filling or other acceptable equivalent for control of hydrocarbon emissions.
3. All pumps and compressors which handle volatile organic compounds shall be equipped with mechanical seals or other equipment of equal efficiency to prevent the release of organic contaminants into the atmosphere.

Historical Note

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective May 28, 1982 (Supp. 82-3). Former Section R9-3-905 renumbered without change as Section R18-2-905 (Supp. 87-3). Repealed effective February 26, 1988 (Supp. 88-1). New Section R18-2-905 renumbered from R18-2-805 effective November 15, 1993 (Supp. 93-4).

R18-2-906. Repealed

Historical Note

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective May 28, 1982 (Supp. 82-3). Former Section R9-3-906 renumbered without change as Section R18-2-906 (Supp. 87-3). Repealed effective February 26, 1988 (Supp. 88-1).

R18-2-907. Reserved

R18-2-908. Reserved

R18-2-909. Reserved

R18-2-910. Repealed

Historical Note

Adopted effective August 9, 1985 (Supp. 85-4). Former Section R9-3-910 renumbered without change as Section R18-2-910 (Supp. 87-3). Repealed effective February 26, 1988 (Supp. 88-1).

R18-2-911. Reserved

R18-2-912. Reserved

R18-2-913. Repealed

Historical Note

Adopted effective August 9, 1985 (Supp. 85-4). Former Section R9-3-913 renumbered without change as Section R18-2-913 (Supp. 87-3). Repealed effective February 26, 1988 (Supp. 88-1).

R18-2-914. Reserved

R18-2-915. Reserved

R18-2-916. Reserved

R18-2-917. Reserved

R18-2-918. Reserved

R18-2-919. Reserved

R18-2-920. Reserved

R18-2-921. Reserved

R18-2-922. Repealed

Historical Note

Adopted effective August 9, 1985 (Supp. 85-4). Former Section R9-3-922 renumbered without change as Section R18-2-922 (Supp. 87-3). Repealed effective February 26, 1988 (Supp. 88-1).

ARTICLE 10. MOTOR VEHICLES; INSPECTIONS AND MAINTENANCE

R18-2-1001. Definitions

The following definitions apply to this Article:

1. Abbreviations and symbols are defined as follows:
   a. "A/F" means air/fuel,
   b. "CO" means carbon monoxide.
   c. "CO_2" means carbon dioxide.
   d. "EGR" means exhaust gas recirculation.
   e. "GVWR" means gross vehicle weight rating.
   f. "HC" means hydrocarbon.
   g. "HP" means horsepower.
   h. "LNG" means liquefied natural gas.
   i. "LPG" means liquid petroleum gas.
   j. "MIL" means malfunction indicator lamp.
   k. "MPH" means miles per hour.
   l. "MVD" means the Motor Vehicle Division of the Arizona Department of Transportation.
   m. "NDIR" means nondispersive infrared.
   n. "NO_x" means the sum of nitrogen oxide and nitrogen dioxide.
   o. "%" means percent.
   p. "OEM" means original equipment manufacturer.
   q. "OBD" means on-board diagnostics.
   r. "PCV" means positive crankcase ventilation.
   s. "PPM" means parts per million by volume.

t. "RPM" means revolutions per minute.
u. "VIN" means vehicle identification number.

2. "All-terrain vehicle" (ATV) means a vehicle that is defined as an "all-terrain vehicle" in A.R.S. § 28-101.
3. "Alternative fuel vehicle" means a vehicle powered by an alternative fuel as defined in A.R.S. § 1-215(4).
4. "Annual test" means a test for which an annual frequency is specified in the applicable table in R18-2-1006(B).
5. "Apportioned vehicle" means a vehicle that is subject to the proportional registration provisions of A.R.S. § 28-2233.
6. "Area A" has the meaning in A.R.S. § 49-541.
7. "Area B" has the meaning in A.R.S. § 49-541.
8. "Biennial test" means a test for which a biennial frequency is specified in the applicable table in R18-2-1006(B).
9. "Calibration gas" means a reference gas or gas mixture with assigned concentrations that is used to check the accuracy of emissions analyzers.
10. "Certificate of compliance" means a uniquely numbered document issued as part of the vehicle inspection report by a state station at the time of a vehicle inspection indicating that the vehicle has met the emissions standards.
11. "Certificate of exemption" means a uniquely numbered document issued by the Director providing an exemption from the testing requirements of this Article for a vehicle that is outside of the state on the emissions compliance expiration date.
12. "Certificate of inspection" means a uniquely numbered document issued by the Director indicating that a vehicle has been inspected under A.R.S. § 49-546 and has passed inspection.
13. "Certificate of waiver" means a uniquely numbered document issued by the Department indicating that the requirement of passing reinspection has been waived for a vehicle under A.R.S. § 49-542.
14. "CFR" means the Code of Federal Regulations, with standard reference in this Chapter by Title and Part, so that "40 CFR 280" means Title 40 of the Code of Federal Regulations, Part 280.
15. "Collectible vehicle" has the meaning in A.R.S. § 49-542(Z).
16. "Constant 4-wheel drive vehicle" means any 4-wheel drive vehicle that cannot be converted to 2-wheel drive except by disconnecting one of the vehicle's drive shafts, or any vehicle equipped with non-disengageable traction control which cannot be safely tested on conventional 2-wheel drive dynamometers.
17. "Constant volume sampler" means a system that dilutes engine exhaust to be sampled with ambient air so that the total combined flow rate of exhaust and dilution air mix is nearly constant for all engine operating conditions.
18. "Contractor" means a person, business, firm, partnership, or corporation with whom the Director has a contract that provides for the operation of one or more official emissions inspection stations.
19. "Dealer" means a person or organization licensed by the Arizona Department of Transportation as a new motor vehicle dealer or used motor vehicle dealer.
20. "Department" means the Department of Environmental Quality.
21. "Diagnostic Trouble Code" (DTC) means an alphanumeric code which is set in a vehicle's on-board diagnostic system when the OBD system detects an emissions control device or system failure.
22. "Diesel" or "Diesel Fuel" has the same meaning as in A.R.S. § 3-3401.
23. "Director" means the Director of the Department of Environmental Quality.
24. "Director's certificate" means a uniquely numbered document issued by the Director in certain circumstances for the vehicle to show evidence of meeting the minimum standards for registration.
25. "Electrically-powered vehicle" means a vehicle that uses electricity as the means of propulsion and does not require the combustion of fossil fuel within the confines of the vehicle to generate electricity.
26. "Emissions compliance expiration date" means:
    a. Each registration expiration date for a vehicle subject to an annual test; and
    b. The registration expiration date in the second year after the initial biennial test required under this Article or R18-2-1005(B) for a vehicle subject to a biennial test.
27. "Emissions inspection station permit" means a certificate issued by the Director authorizing the holder to perform vehicle emissions inspections under this Article.
28. "Exhaust emissions" means products of combustion emitted into the atmosphere from any opening in the exhaust system downstream of the exhaust ports of a motor vehicle engine.
29. "Exhaust pipe" means the pipe that attaches to the muffler and exits the vehicle.
30. "Fleet emissions inspection station" or "fleet station" means any vehicle emissions inspection facility operated under a permit issued pursuant to A.R.S. § 49-546.
31. "Fleet vehicle" means any vehicle owned, leased, or operated by an individual or entity granted a vehicle emissions testing license under A.R.S. § 49-546.
32. "Fuel" means any material that is burned within the confines of a vehicle to propel the vehicle.
33. "Fuel Cell Electric Vehicle" or "FCEV" means a zero-emission vehicle that runs on compressed hydrogen fed into a fuel cell stack that produces electricity to power the vehicle.
34. "Golf cart" means a motor vehicle that is defined as a "golf cart" in A.R.S. § 28-101.
35. "Government vehicle" means a registered motor vehicle exempt from the payment of a registration fee, or a federally owned or leased vehicle.
36. "Gross vehicle weight rating" (GVWR) means the maximum vehicle weight that a vehicle is designed for as established by the manufacturer.
37. "Idle test" means an exhaust emissions test conducted with the engine of the vehicle running at the manufacturer's idle speed ± 100 RPM but without pressure exerted on the accelerator.
38. "Inspection" means the mandatory vehicle emissions inspection including the tampering inspection.
39. "Mass emissions measurement" means measurement of a vehicle's exhaust in mass units such as grams.
40. "Maximum required repair cost" means the applicable maximum required repair cost under R18-2-1010(F) or (G) for a vehicle that has failed inspection.
41. "Model year" means the date of manufacture of the original vehicle within the annual production period of the

vehicle as designated by the manufacturer or, if a reconstructed vehicle, the first year of titling.

42. "Motorcycle" means a vehicle that is defined as a "motorcycle" as in A.R.S. § 28-101.
43. "New aftermarket catalytic converter" means a new catalytic converter manufactured as an OEM part that meets the standards under 40 CFR 86.
44. "On-board diagnostics" or "OBD" means an on-board diagnostic system required by Section 202(m) of the Clean Air Act. For the purposes of the Article, OBD certification refers to United States Environmental Protection Agency OBD certification.
45. "Opacity" means the degree of absorption of transmitted light.
46. "Reconditioned OEM catalytic converter" means a catalytic converter remanufactured, as a non-OEM part, with new catalytic material housed in the original catalyst casing.
47. "Recognized repair facility" means a business with an Arizona Department of Revenue transaction privilege tax license pursuant to Title 15, Chapter 5 of the Arizona Revised Statutes whose primary purpose is vehicle repair, and who has at least one employee with a nationally recognized certification for emissions-related diagnosis and repair.
48. "Reconstructed vehicle" means a vehicle that has been assembled or constructed largely by means of essential parts, new or used, derived from vehicles or makes of vehicles of various names, models and types or that, if originally otherwise constructed, has been materially altered by the removal of essential parts or by the addition or substitution of essential parts, new or used, derived from other vehicles or makes of vehicles. For the purposes of this paragraph, "essential parts" means integral and body parts, the removal, alteration or substitution of which will tend to conceal the identity or substantially alter the appearance of the vehicle.
49. "Specially constructed vehicle" means any vehicle not originally constructed under a distinctive name, make, model, or type by a generally recognized manufacturer of vehicles.
50. "State inspector" means an employee of the Department designated to perform quality assurance or waiver functions under this Article.
51. "State station" means a facility, other than a fleet emissions inspection station, established for the purpose of conducting inspections under A.R.S. § 49-542.
52. "Tampering" means removing, defeating, or altering an emissions control device that was installed on a vehicle at the time the vehicle was manufactured.
53. "Two-stroke vehicle" means a vehicle equipped with an engine that requires one revolution of the crankshaft for each power stroke.
54. "Vehicle" or "Motor Vehicle" means any automobile, truck, truck tractor, motor bus, or self-propelled or motor-driven vehicle registered or to be registered in this state and used upon the public highways of this state for the purpose of transporting persons or property, except implements of husbandry, roadrollers, or road machinery temporarily operated upon the highway.
55. "Vehicle emissions inspector" means an individual who is licensed by the Director to perform vehicle emissions inspections under this Article.
56. "Waiver inspector" means an employee of the contractor or the Department who is authorized to issue waivers under R18-2-1008.
57. "Zero Emissions Vehicle" means a battery electric vehicle that runs on electricity stored in the batteries and has only an electric motor rather than an internal combustion engine, or a fuel cell electric vehicle that produces no emissions from the on-board source of power.

Historical Note

Former Section R9-3-1001 repealed, new Section R9-3-1001 adopted effective January 13, 1976 (Supp. 76-1). Former Section R9-3-1001 repealed, former Section R9-3-1002 renumbered and amended as Section R9-3-1001 effective January 1, 1986 (Supp. 85-6). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Former Section R9-3-1001 renumbered as Section R18-2-1001 and amended effective August 1, 1988 (Supp. 88-3). Amended effective September 19, 1990 (Supp. 90-3). Amended effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 382, effective December 20, 1999 (Supp. 99-4). Amended by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

R18-2-1002. Applicable Implementation Plan

A. Substantive revisions to the rules in this Article that are included in the Arizona State Clean Air Act Implementation Plan cannot become effective until approved by the Administrator of the United States Environmental Protection Agency. Amendments adopted by the Department but not yet approved as of the date of the latest amendments are therefore identified in this Article as not applying until the Administrator approves them.

B. The Administrator's approvals of revisions to an applicable implementation plan are published as final rules in the Federal Register, which is available online at http://www.gpo.gov/fdsys/browse/collection.action?collectionCode=FR. The Department publishes a list of Article 10 provisions approved since the last revisions to the Article at: http://azdeq.gov/VECS/Rulemaking.

Historical Note

New Section made by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

R18-2-1003. Vehicles to be Inspected by the Mandatory Vehicle Emissions Inspection Program

A. The following vehicles shall be inspected according to this Article:

1. A vehicle to be registered within Area A or Area B. For the purposes of this Article, registration within Area A or Area B shall be determined by the vehicle owner's permanent and actual residence. The permanent address in the MVD database shall be presumed to be the owner's permanent and actual residence. A post office box address listed on a title or registration document under A.R.S. § 28-2051(C) is not evidence of the owner's permanent and actual residence;
2. Each vehicle delivered to a retail purchaser by a dealer licensed to sell used motor vehicles under A.R.S. Title 28 and whose place of business is located in Area A or Area B;

3. Each vehicle registered outside Area A and Area B but used to commute to the driver's principal place of employment located within Area A or Area B;
4. Each vehicle owned by a person who is subject to A.R.S. §§ 15-1444(C) or 15-1627(G); and
5. An Area A or Area B vehicle owned or operated by the United States, this state, or a political subdivision of this state without regard to whether those vehicles are required to be registered in this state.

B. The following vehicles are exempt from the inspection requirements of this Article:
1. A vehicle manufactured in or before the 1966 model year;
2. A vehicle leased to a person residing outside Area A and Area B by a leasing company whose place of business is in Area A or Area B, except as provided in subsection (A)(3);
3. A vehicle sold between motor vehicle dealers;
4. A zero-emissions vehicle;
5. An apportioned vehicle;
6. A golf cart;
7. A vehicle with an engine displacement of less than 90 cubic centimeters;
8. A vehicle registered at the time of change of name of ownership if an emissions test is current and valid, except when the change results from the sale by a dealership whose place of business is located in Area A or Area B;
9. A vehicle for which a current certificate of exemption or Director's certificate is issued;
10. A new vehicle before the sixth registration year after initial purchase or lease; except that:
    a. A reconstructed vehicle or specially constructed vehicle is not exempt.
    b. A vehicle converted to operate on an alternative fuel, as defined in A.R.S. § 1-215, is not exempt.
    c. A vehicle failing an emissions inspection the owner chooses to have under A.R.S. § 49-543 is not exempt for the current registration year.
11. A vehicle designed to operate exclusively on hydrogen, as defined in A.R.S. § 1-215;
12. A collectible vehicle;
13. A motorcycle;
14. An all-terrain vehicle (ATV);
15. These exemptions apply after the Administrator approves this subsection, (B)(15), into the applicable implementation plan:
    a. Cranes and oversized vehicles that require permits pursuant to A.R.S. §§ 28-1100, 28-1103, and 28-1144;
    b. A vehicle not in use and owned by a resident of this state while on active military duty outside of this state.

C. Government vehicles operated in Area A or Area B and not exempted by this Article shall be emissions inspected according to R18-2-1017.

Historical Note

Former Section R9-3-1003 repealed, new Section R9-3-1003 adopted effective January 13, 1976; Amended as an emergency effective January 19, 1976 (Supp. 76-1). Amended effective January 3, 1977 (Supp. 77-1). Amended effective January 3, 1979 (Supp. 79-1). Amended as an emergency effective January 2, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-1). Former Section R9-3-1003 as amended effective January 3, 1979 and amended as an emergency effective January 2, 1981 now amended effective April 15, 1981 (Supp. 81-2). Amended effective January 1, 1986 (Supp. 85-6). Amended subsection (A) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Former Section R9-3-1003 renumbered as Section R18-2-1003 and amended effective August 1, 1988 (Supp. 88-3). Amended effective September 19, 1990 (Supp. 90-3). Amended effective November 14, 1994 (Supp. 94-4). Amended effective October 15, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 382, effective December 20, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 2722, effective June 28, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

R18-2-1004. Repealed

Historical Note

Former Section R9-3-1004 repealed, new Section R9-3-1004 adopted effective January 13, 1976 (Supp. 76-1). Amended effective January 3, 1977 (Supp. 77-1). Former Section R9-3-1004 renumbered as Section R18-2-1004 and amended effective August 1, 1988 (Supp. 88-3). Section repealed by final rulemaking at 6 A.A.R. 382, effective December 20, 1999 (Supp. 99-4).

R18-2-1005. Time of Inspection

A. All Area A and Area B vehicles subject to an annual test shall be inspected at the following times:
1. For a non-fleet vehicle, within 90 days before each registration expiration date.
2. For a fleet vehicle inspected at a licensed fleet station, at least once within each 12 month period following any initial registration.
3. For a government vehicle:
    a. For a vehicle not exempt under R18-2-1003(B)(10), within 12 months after acquisition by the operating entity and then annually on or before the anniversary date of the previous inspection;
    b. For a vehicle exempt under R18-2-1003(B)(10), within 90 days after the vehicle becomes subject to testing, and then annually on or before the anniversary date of the previous inspection; and
    c. A government vehicle is subject to testing on the anniversary of its date of acquisition.
4. For a vehicle registered outside Area A and Area B and used to commute to the driver's principal place of work located in Area A or Area B, upon vehicle registration and annually thereafter.
5. For a vehicle owned by a person subject to A.R.S. §§ 15-1444(D) or 15-1627(G), within 30 calendar days following the date of initial registration at the institution located in Area A or Area B and annually thereafter.

B. All Area A and Area B vehicles subject to a biennial test shall be inspected at the following times:
1. For a non-fleet vehicle, within 90 days before the vehicle's emissions compliance expiration date.
2. For a fleet vehicle inspected at a fleet station, at least once within each successive 24 month period following initial registration.
3. For a government vehicle:
    a. For a vehicle not exempt under R18-2-1003(B)(10), within 12 months after acquisition by the operating

entity, and biennially thereafter, on or before the anniversary date of the previous inspection; or

b. For a vehicle exempt under R18-2-1003(B)(10), within 90 days after the vehicle becomes subject to testing, and biennially thereafter, on or before the anniversary date of the previous inspection.

4. For a vehicle registered outside Area A or Area B but used to commute to the driver's principal place of employment located in Area A or Area B, upon vehicle registration and biennially thereafter.
5. For a vehicle owned by a person subject to A.R.S. §§ 15-1444(D) or 15-1627(G), within 30 days following the date of initial registration at the institution located in Area A or Area B and biennially thereafter.

C. All vehicles sold by a dealer licensed to sell used motor vehicles under A.R.S. Title 28, whose place of business is located in Area A or Area B, shall pass the applicable emissions test prescribed by R18-2-1006 before delivery of the vehicle to a retail purchaser.

D. An Area B vehicle being registered in Area A is subject to the appropriate annual or biennial test from Area A before registration even if the Area A test, or test period, is different from the test required for the same vehicle in Area B.

E. Nothing in this Section shall be construed to waive a late registration fee because of failure to meet inspection requirements by the registration deadline, except that a motor vehicle that fails the initial or subsequent test shall not be subject to a penalty fee for late registration renewal if:

1. The initial test is accomplished before the emissions compliance expiration date; and
2. The registration renewal is received by MVD within 30 days of the initial test.

F. An owner of a vehicle may submit the vehicle for emissions inspection more than 90 days before the emissions compliance expiration date but the inspection does not satisfy the registration testing requirement under R18-2-1003.

Historical Note

Former Section R9-3-1005 repealed, new Section R9-3-1005 adopted effective January 31, 1976 (Supp. 76-1). Amended effective January 3, 1977 (Supp. 77-1). Amended effective March 2, 1978 (Supp. 78-2). Amended effective January 3, 1979 (Supp. 79-1). Amended effective February 20, 1980 (Supp. 80-1). Amended as an emergency effective January 2, 1981 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-2). Former Section R9-3-1005 as amended effective February 20, 1980 and amended as an emergency effective January 2, 1981, now amended effective April 15, 1981 (Supp. 81-2). Amended effective January 1, 1986 (Supp. 85-6). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Former Section R9-3-1005 renumbered as Section R18-2-1005 and subsections (A) and (C) amended effective August 1, 1988 (Supp. 88-3). Amended effective September 19, 1990 (Supp. 90-3). Amended effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 382, effective December 20, 1999 (Supp. 99-4). Amended by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

R18-2-1006. Emissions Test Procedures

A. This Section establishes the testing requirements for vehicles in the State of Arizona. Subsection (B) identifies which tests apply to a particular type and model year of vehicle. Subsection (C) establishes the procedures and criteria for, passing, failing, or being rejected from each test.

B. Test applicability.

1. Area A and Area B non-diesel. The following general requirements govern test applicability for non-diesel vehicles in both Area A and Area B:
   a. A rotary engine shall be inspected as a 4-stroke engine with four cylinders or less.
   b. For a vehicle in which an engine has been replaced:
      i. A vehicle owner shall not install a heavy-duty engine in a light-duty chassis.
      ii. A vehicle owner shall not install a light-duty engine in a heavy-duty chassis.
      iii. The replacement engine package shall include all emissions control equipment and devices that were required by the manufacturer for an engine-chassis certification. All emissions control equipment and devices shall be properly installed and in operating condition, and the resulting engine-chassis configuration shall be equivalent to a verified configuration of the same, or newer, model year as that of the vehicle chassis.
      iv. The Department shall inspect the vehicle according to the model year of the vehicle chassis.
2. Area A Non-Diesel. Non-diesel vehicles in Area A are subject to the test procedures identified in this subsection:
   a. Vehicles other than alternative fuel vehicles operated by a school district in Area A, heavy duty alternative fuel vehicles, reconstructed vehicles, and constant 4-wheel-drive vehicles that are not equipped with OBD, are subject to the following test procedures until the Administrator approves subsection (B)(2)(a)(i) into the applicable implementation plan:

Area A Non-Diesel Testing Procedures Until SIP Revision is Approved

Model Year	GVWR	Test Frequency	Tests Applicable	Test Subsection
1996 or later	8,500 pounds or less	Biennial	OBD Functional gas cap Tampering	C.4 C.16 C.17
1981 through 1995	8,500 pounds or less	Biennial	Transient loaded and evaporative system pressure Functional gas cap Tampering	C.5 C.16 C.17
1975 through 1980	8,500 pounds or less	Annual	Loaded test Functional gas cap Tampering	C.6 C.16 C.17

Area A Non-Diesel Testing Procedures Until SIP Revision is Approved				
Model Year	**GVWR**	**Test Frequency**	**Tests Applicable**	**Test Subsection**
1975 or later	More than 8,500 pounds	Annual	Loaded test Functional gas cap Tampering	C.6 C.16 C.17
1967 through 1974	Any	Annual	Loaded test Functional gas cap	C.6 C.16

i. Test procedures that apply after the Administrator approves this subsection, (B)(2)(a)(i), into the applicable implementation plan:

Area A Non-Diesel Testing Procedures After SIP Revision is Approved					
Model Year	**GVWR**	**OBD Certified?**	**Test Frequency**	**Tests Applicable**	**Test Subsection**
1996 or Later	Any	Yes	Biennial	OBD Functional gas cap Tampering	C.4 C.16 C.17
1981 or later	8,500 pounds or less	No	Biennial	Transient loaded and evaporative system pressure Functional gas cap Tampering	C.5 C.16 C.17
1975 through 1980	8,500 pounds or less	No	Annual	Loaded test Functional gas cap Tampering	C.6 C.16 C.17
1975 or later	More than 8,500 pounds	No	Annual	Loaded test Functional gas cap Tampering	C.6 C.16 C.17
1967 through 1974	Any	No	Annual	Loaded test Functional gas cap	C.6 C.16

b. Alternative fuel vehicles operated by a school district in Area A are subject to the following testing procedures until the Administrator approves subsection (B)(2)(b)(i) into the applicable implementation plan. After subsection (B)(2)(b)(i) has been approved into the applicable implementation plan, alternative fuel vehicles operated by a school district in Area A will be subject to subsection (B)(2)(b)(i).

Area A Alt. Fuel Vehicles Operated by a School District Testing Procedures Until SIP Revision is Approved				
Model Year	**OBD Certified?**	**Test Frequency**	**Tests Applicable**	**Test Subsection**
1975 or later	No	Annual	Loaded test Functional gas cap Tampering	C.6 C.16 C.17
1967 through 1974	No	Annual	Loaded test Functional gas cap	C.8 C.16

i. Test procedures that apply after the Administrator approves this subsection, (B)(2)(b)(i), into the applicable implementation plan.

Area A Alt. Fuel Vehicles Operated by a School District Testing Procedures After SIP Revision is Approved				
Model Year	**OBD Certified?**	**Test Frequency**	**Tests Applicable**	**Test Subsection**
Any	Yes	Biennial	OBD Functional gas cap Tampering	C.4 C.16 C.17
1975 or later	No	Annual	Loaded test Functional gas cap Tampering	C.6 C.16 C.17
1967 through 1974	No	Annual	Loaded test Functional gas cap	C.6 C.16

c. Heavy duty alternative fuel vehicles in Area A that are not owned by a school district are subject to the following testing procedures.

Model Year	GVWR	OBD Certified?	Test Frequency	Tests Applicable	Test Subsection
Any	More than 14,500 pounds	Yes	Biennial	OBD Functional gas cap Tampering	C.4 C.16 C.17
1975 or later	More than 14,500 pounds	No	Annual	Idle test Functional gas cap Tampering	C.8 C.16 C.17
1967 through 1974	More than 14,500 pounds	No	Annual	Idle test Functional gas cap	C.8 C.16

3. Area B Non-Diesel. Non-diesel vehicles in Area B are subject to the test procedures identified in this subsection:
   a. Vehicles other than reconstructed vehicles and constant 4-wheel-drive vehicles that are not equipped with OBD shall be subject to the following test procedures until the Administrator approves subsection (B)(2)(a)(i) into the applicable implementation plan:

Area B Non-Diesel Testing Procedures Until SIP Revision is Approved				
Model Year	**GVWR**	**Test Frequency**	**Tests Applicable**	**Test Subsection**
1996 or later	8,500 pounds or less	Annual	OBD Functional gas cap Tampering	C.4 C.16 C.17
1981 through 1995	8,500 pounds or less	Annual	Loaded test Functional gas cap Tampering	C.6 C.16 C.17
1975 through 1980	8,500 pounds or less	Annual	Idle test Functional gas cap Tampering	C.8 C.16 C.17
1975 or later	More than 8,500 pounds	Annual	Idle test Functional gas cap Tampering	C.8 C.16 C.17
1967 through 1974	Any	Annual	Idle test Functional gas cap	C.8 C.16

   i. Test procedures that apply after the Administrator approves this subsection (B)(2)(a)(i) into the applicable implementation plan:

Area B Non-Diesel Testing Procedures After SIP Revision is Approved					
Model Year	**GVWR**	**OBD Certified?**	**Test Frequency**	**Tests Applicable**	**Test Subsection**
Any	Any	Yes	Biennial	OBD Functional gas cap Tampering	C.4 C.16 C.17
1981 or later	8,500 pounds or less	No	Annual	Loaded test Functional gas cap Tampering	C.6 C.16 C.17
1975 through 1980	8,500 pounds or less	No	Annual	Loaded Test Functional gas cap Tampering	C.6 C.16 C.17
1975 or later	More than 8,500 pounds	No	Annual	Idle test Functional gas cap Tampering	C.8 C.16 C.17
1967 through 1974	Any	No	Annual	Idle test Functional gas cap	C.9 C.16

4. Reconstructed non-diesel vehicles. Reconstructed non-diesel vehicles in both Area A and Area B are subject to the tests specified in the following table:

Model Year	Test Frequency	Tests Applicable	Test Subsection
1967 or later	Annual	Loaded test Visual gas cap	C.6 C.18

5. Constant 4-wheel-drive vehicles. Constant 4-wheel-drive vehicles in both Area A and Area B that are not equipped with OBD are subject to the tests specified in the following table:

Model Year	Test Frequency	Tests Applicable	Test Subsection
1975 or later	Annual	Idle Test Functional gas cap Tampering	C.8 C.16 C.17
1967 through 1974	Annual	Idle Test Functional gas cap	C.8 C.16

6. Area A Diesel. Diesel vehicles that require inspection in Area A are subject to the test procedures specified in this subsection until the Administrator approves subsection (B)(8) into the applicable implementation plan:

Area A Diesel Testing Procedures Until SIP Revision is Approved					
GVWR	**OBD Certified?**	**Model Year**	**Test Frequency**	**Tests Applicable**	**Test Subsection**
8,500 and less	Yes	Any	Annual	OBD Tampering	C.4 C.17
More than 8,500 pounds	No	1975 or later	Annual	Snap idle Tampering	C.10 C.17
More than 8,500 pounds	No	1967 through 1974	Annual	Snap idle	C.10
More than 4,000 and less than or equal to 8,500 pounds	No	1975 or later	Annual	Loaded opacity B Tampering	C.12 C.17
More than 4,000 and less than or equal to 8,500 pounds	No	1967 through 1974	Annual	Loaded opacity B	C.12
4,000 pounds or less	No	1975 or later	Annual	Loaded opacity C Tampering	C.13 C.17
4,000 pounds or less	No	1967 through 1974	Annual	Loaded opacity C	C.13

7. Area B Diesel. Diesel vehicles that require inspection in Area B are subject to the test procedures specified in this subsection until the Administrator approves subsection (B)(8) into the applicable implementation plan:

Area B Diesel Testing Procedures Until SIP Revision is Approved				
GVWR	**Model Year**	**Test Frequency**	**Tests Applicable**	**Test Subsection**
More than 26,000 pounds	1975 or later	Annual	Loaded opacity A Tampering	C.12 C.18
More than 26,000 pounds	1967 through 1974	Annual	Loaded opacity A	C.12
More than 10,500 and less than or equal to 26,000 pounds	1975 or later	Annual	Any of the following: Loaded opacity A Loaded opacity B Tampering	 C.12 C.13 C.18
More than 10,500 and less than or equal to 26,000 pounds	1967 through 1974	Annual	Any of the following: Loaded opacity A Loaded opacity B	 C.12 C.13
More than 4,000 and less than or equal to 10,500	1975 or later	Annual	Loaded opacity B Tampering	C.13 C.18
More than 4,000 and less than or equal to 10,500	1967 through 1974	Annual	Loaded opacity B	C.13
4,000 pounds or less	1975 or later	Annual	Loaded opacity C Tampering	C.14 C.18
4,000 pounds or less	1967 through 1974	Annual	Loaded opacity C	C.14

8. Test procedures that apply for diesel vehicles in both Area A and Area B after the Administrator approves this

subsection (B)(8) into the applicable implementation plan:

Area A and Area B Diesel Testing Procedures After SIP Revision is Approved					
GVWR	**OBD Certified?**	**Model Year**	**Test Frequency**	**Tests Applicable**	**Test Subsection**
Any	Yes	Any	Biennial	OBD Tampering	C.4 C.17
More than 8,500 pounds	No	1975 or later	Annual	Snap idle Tampering	C.10 C.17
More than 8,500 pounds	No	1967 through 1974	Annual	Snap idle	C.10
More than 4,000 and less than or equal to 8,500 pounds	No	1975 or later	Annual	Loaded opacity B Tampering	C.12 C.17
More than 4,000 and less than or equal to 8,500 pounds	No	1967 through 1974	Annual	Loaded opacity B	C.12
4,000 pounds or less	No	1975 or later	Annual	Loaded opacity C Tampering	C.13 C.17
4,000 pounds or less	No	1967 through 1974	Annual	Loaded opacity C	C.13

9. Dealer Fleet Testing Procedures. The test procedures in the table in this Section apply until the administrator approves subsections (B)(2)(a)(i), (B)(3)(a)(i), and (B)(8) into the applicable implementation plan for used vehicles sold by a motor vehicle dealer who is a fleet operator and who has been issued a permit pursuant to A.R.S. § 49-546. After those sections are approved into the applicable implementation plan, used vehicles sold by a motor vehicle dealer who is a fleet operator and who has been issued a permit pursuant to A.R.S. § 49-546 will be subject to the same testing procedures as vehicles tested at state stations and the table in this Section will no longer be applicable.

Area A and Area B Dealer Fleet Testing Procedures Until SIP Revision is Approved			
Model Year	**Test Frequency**	**Test Frequency**	**Test Subsection**
1981 or later	Annual	Two speed idle test Functional gas cap Tampering	C.6 C.16 C.17
1975 through 1980	Annual	Idle Test Functional gas cap Tampering	C.7 C.16 C.17
1967 through 1974	Annual	Idle Test Functional gas cap	C.8 C.16

C. Test Requirements

1. Conditions for Pass. A vehicle passes inspection if the vehicle:
   a. Is subjected to all applicable tests required by subsection (B);
   b. Is not rejected from any of the tests for any of the reasons specified in (C)(2) or (C)(3) of this subsection; and
   c. Does not fail any of the applicable tests for any of the reasons specified in this subsection.
2. Pre-Test Safety Inspection
   a. The Department shall inspect each vehicle visually before the emissions test for any of the following unsafe or untestable conditions:
      i. A fuel leak that causes wetness or pooling of fuel;
      ii. A continuous engine or transmission oil leak onto the floor;
      iii. A continuous engine coolant leak onto the floor such that the engine is overheating or may overheat within a short time;
      iv. A tire on a driving wheel with less than 2/32-inch tread, metal protuberances, unmatched tire size, obviously low tire pressure as determined by visual inspection;
      v. An exhaust pipe that does not allow for safe exhaust probe insertion;
      vi. An exhaust pipe on a diesel-powered vehicle that does not allow for safe exhaust probe insertion and attachment of opacity meter sensor units;
      vii. Improperly operating brakes;
      viii. Any vehicle modification or mechanical condition that prevents dynamometer operation;
      ix. Loud internal engine noise;
      x. An obvious exhaust leak;
      xi. Towing a trailer or carrying a heavy load;
      xii. Carrying explosives or any hazardous material not used as a fuel for the vehicle; or
      xiii. Any other condition that in the judgment of the inspector makes testing unsafe or the vehicle untestable.
   b. If the inspector determines that a vehicle is unsafe or otherwise untestable by the visual inspection the following shall apply:

i. The vehicle shall be rejected without an emissions test;
ii. The inspector shall notify the vehicle owner or operator of all untestable or unsafe conditions found;
iii. A state station shall not charge a fee; and
iv. A state station shall not test the vehicle until the cause for rejection is repaired.

3. Test Operating Conditions. When conducting the emissions test required by this Section, the vehicle emissions inspector shall ensure that all of the following requirements are satisfied:
   a. The vehicle shall be tested in the condition presented, unless rejected under R18-2-1006(C)(2);
   b. The vehicle's engine shall be operating at normal temperature and not be overheating as indicated by a gauge, warning light, or boiling radiator; and
   c. All vehicle accessories shall be turned off during testing.
4. OBD Test.
   a. Test Procedure. The OBD test shall consist of:
      i. A visual inspection of the MIL function; and
      ii. An electronic examination of the OBD computer by connecting a scan tool to the data link connector and interrogating the OBD system to determine vehicle readiness status, MIL status, and the presence of diagnostic trouble codes.
   b. Equipment Specifications. The OBD equipment shall conform to the requirements of "Performing Onboard Diagnostic System Checks as Part of a Vehicle Inspection and Maintenance Program," EPA420-R-01-015, EPA, June 2001 (and no future editions or amendments), which is incorporated by reference. A copy of this incorporated material is on file with the Department, the Secretary of State, and is available online at http://azdeq.gov/VECS/Rulemaking.
   c. OBD scan tools shall have the most recent available software downloaded and installed before inspection.
   d. Test Rejection. A vehicle shall be rejected from an OBD test if any of the following conditions occurs:
      i. The number of unset readiness indicators, excluding continuous indicators, is three or more for a model year 1996-2000 vehicle, or two or more for a model year 2001 and newer vehicle;
      ii. The data link connector cannot be located or is inaccessible;
      iii. The data link connector is loose and the scan tool cannot be inserted into the connector;
      iv. The data link connector has no voltage; or
      v. The eVIN and monitors are mismatched.
   e. Test Failure. A vehicle fails the OBD test if any of the following conditions occurs:
      i. The vehicle's MIL does not illuminate when the ignition is on and the engine is off;
      ii. The vehicle's MIL illuminates continuously or flashes with the engine running;
      iii. The OBD system is not communicating;
      iv. The vehicle's OBD system reports the MIL as commanded on;
      v. The vehicle's OBD system data is inappropriate for the vehicle being tested; or
      vi. The vehicle's OBD system data does not match the original equipment manufacturer (OEM) or a Department exempted OBD software configuration.
5. Transient Loaded and Evaporative System Pressure Test.
   a. Transient Loaded Test Procedure.
      i. The transient loaded test shall consist of 147 seconds of mass emissions measurement using a constant volume sampler while the vehicle is driven by an inspector through a computer-monitored driving cycle on a dynamometer with inertial weight settings appropriate for the weight of the vehicle.
      ii. The driving cycle shall include the acceleration, deceleration, and idle operating modes described in Table 4.
      iii. The 147-second sequence may be ended earlier using a fast-pass or fast-fail algorithm.
      iv. A retest algorithm shall be used to determine if a test failure is due to insufficient vehicle preconditioning. As determined by the retest algorithm, an additional test may be performed on a failing vehicle.
      v. The highest selectable drive gear shall be used for automatic transmissions and first gear shall be used for manual transmission acceleration from idle.
      vi. Exhaust emissions concentrations in grams per mile for HC, CO, NO_x and CO_2 shall be recorded continuously beginning with the first second.
      vii. All testing and test equipment for the transient loaded emissions test shall conform to "IM240 & Evap Technical Guidance," EPA420-R-00-007, EPA, April 2000, and no future editions or amendments, which is incorporated by reference, except that the transient driving cycle in Table 4, the standards in Table 4, and the fast-pass, fast-fail retest algorithms described in subsection (C)(5)(a) shall be used. A copy of the incorporated material is on file with the Department, the Secretary of State, and is available online at http://azdeq.gov/VECS/Rulemaking.
      viii. In determining compliance under subsection (C)(5)(d) for a vehicle that operates on natural gas, HC emissions shall be multiplied by 0.19, when an analyzer with a flame ionization detector is used or 0.61, when an NDIR analyzer is used.
   b. Evaporative System Pressure Test Procedure. The evaporative system pressure test shall consist of the following steps in sequence:
      i. Connect the test equipment to either the fuel tank vent hose at the canister or the fuel tank filler neck;
      ii. Pressurize the system to 14 ± 0.5 inches of water without exceeding 26 inches of water system pressure; and
      iii. Close off the pressure source, seal the evaporative system, and monitor pressure decay for two minutes unless a failure is detected or a fast-pass determination is made as defined in EPA420-R-00-007, which is incorporated by

reference in subsection (C)(5)(a)(vii) of this rule.

c. Test Rejection. A vehicle shall be rejected from the transient loaded and evaporative system pressure test if it has an audible or visible exhaust leak during emissions testing, or if the vehicle displays unsafe behavior on the dynamometer during testing.

d. Transient Loaded Test Failure. A vehicle fails the transient loaded test if emissions measured during the test exceed the Table 3 standard applicable to the model year and type of the vehicle being tested as follows:

i. The average emissions measured for the entire test exceed the "composite standard" for any pollutant; or

ii. The average emissions measured during seconds 65 through 146 exceed the "phase-2" standard for any pollutant.

e. Evaporative System Pressure Test Failure. A vehicle fails the evaporative system pressure test if any of the following conditions occurs:

i. The evaporative system cannot maintain a system pressure above eight inches of water for two minutes after being pressurized to 14 ± 0.5 inches of water;

ii. The canister is missing or damaged; or

iii. The hose or electrical system is missing, routed incorrectly, or disconnected, according to the vehicle emissions control information label.

f. Test Failure. A vehicle fails the transient loaded and evaporative system pressure test if it fails the test under either subsection R10-2-1006(C)(5)(d) or R10-2-1006(C)(5)(e).

6. Loaded Test.

a. Loaded Cruise Test Procedure. The vehicle's drive wheels shall be placed on a dynamometer and the vehicle shall be operated according to the Table 1 of this Article.

b. Besides the Arizona specific dynamometer test schedule, loaded tests shall conform to the procedures listed at 40 CFR 51, Subpart S, Appendix B, Section III, amended as of July 1st, 2017, which is incorporated by reference and on file with the Department, the Secretary of State, and is available online at http://azdeq.gov/VECS/Rulemaking.

c. Loaded Test Equipment Specifications.

i. The equipment used in Area A state stations for loaded cruise and curb idle testing shall conform to "IM240 & Evap Technical Guidance," EPA420-R-00-007, EPA, April 2000, and no future editions or amendments, which is incorporated by reference in subsection (C)(5)(a)(vii) of this rule.

ii. The equipment used in Area B state stations and all Arizona fleet emission testing stations for the loaded test shall comply with 40 CFR 51, Subpart S, Appendix A, Section I, amended as of July 1, 2017, which is incorporated by reference and on file with the Department, the Secretary of State, and is available online at http://azdeq.gov/VECS/Rulemaking.

d. In determining whether a vehicle that operates on natural gas complies with the HC emissions standards in Table 2 of this Article, the results of the test shall be multiplied by 0.19, when an analyzer with a flame ionization detector is used or 0.61, when an NDIR analyzer is used.

e. Test Rejection. A vehicle shall be rejected from a loaded cruise and curb idle test, if the CO_2 plus CO reading during the curb idle test is less than 6%.

f. Test Failure. A vehicle fails the loaded cruise and curb idle test if tailpipe emissions measured by the test exceed the applicable standards in Table 2 for loaded cruise mode or curb idle mode for the type and model year of the vehicle being tested.

7. Two Speed Idle Test

a. All two speed idle testing shall conform to the procedures listed at 40 CFR 51, Subpart S, Appendix B, Section II, amended as of July 1, 2017, and no future editions or amendments, which is incorporated by reference and on file with the Department, the Secretary of State, and is available online at http://azdeq.gov/VECS/Rulemaking.

b. All equipment used for two speed idle testing shall conform with the requirements of 40 CFR 51, Subpart S, Appendix A, Section I, amended as of July 1, 2017, and no future editions or amendments, which is incorporated by reference and on file with the Department.

c. Test Failure. A vehicle fails the two speed idle test if tailpipe emissions measured by the test exceed the applicable standards in Table 2 for the type and model year of the vehicle being tested.

8. Idle Test

a. All idle testing shall conform to the procedures listed at 40 CFR 51, Subpart S, Appendix B, Section I, amended as of July 1, 2017, and no future editions or amendments, which is incorporated by reference and on file with the Department, the Secretary of State, and is available online at http://azdeq.gov/VECS/Rulemaking.

b. All equipment used for two speed idle testing shall conform with the requirements of 40 CFR 51, Subpart S, Appendix B, Section I, amended as of July 1, 2017, and no future editions or amendments, which is incorporated by reference and on file with the Department.

c. Test Failure. A vehicle fails the idle test if tailpipe emissions measured by the test exceed the applicable standards in Table 2 for the type and model year of the vehicle being tested.

9. Exhaust Sampling Requirements for Annual Tests on Non-Diesel Vehicles.

a. All CO and HC emissions analyzers shall have water traps incorporated in the sampling lines. Sampling probes shall be capable of taking undiluted exhaust samples from a vehicle exhaust system.

b. A vehicle, other than a diesel-powered vehicle, shall be inspected with a gas analyzer capable of determining concentrations of CO and HC within the ranges and tolerances specified in Table 5.

c. A vehicle with multiple exhaust pipes shall be inspected by collecting and averaging samples by one of the following methods:

i. Collecting separate samples from each exhaust pipe and use the average concentration to determine the test result;

ii. Using manifold exhaust probes to simultaneously sample approximately equal volumes from each exhaust pipe; or
iii. Using manifold exhaust pipe adapters to collect approximately equal volume samples from each exhaust pipe.

10. Snap Idle Test.
    a. Snap Idle Test Procedure.
        i. The Department shall test the vehicle with a procedure that conforms to Society of Automotive Engineers Recommended Practice J1667, February 1996, incorporated by reference and on file with the Department, the Secretary of State and is available online at http://azdeq.gov/VECS/Rulemaking. This incorporation by reference contains no future editions or amendments.
        ii. All testing and test equipment shall conform to the J1667 Recommended Practice.
        iii. The procedure shall use the corrections for ambient test conditions in Appendix B of the J1667 Recommended Practice for all tests.
        iv. To expedite testing throughput, the Department may implement rapid testing procedures.
        v. The test results shall be reported as the percentage of smoke opacity.
    b. Snap Idle Test Failure.
        i. Except as provided in subsection (C)(10)(c), a vehicle fails the snap idle test if the opacity of emissions exceeds the level specified in the following table:

Model Year	Standard
1991 or later	40%
1990 or earlier	55%

        ii. The engine model year is determined by the emission control label. If the emission control label is missing, illegible, or incorrect, the test standard shall be 40%, unless a correct, legible, emission control label replacement is attached to the vehicle within 30 days of the inspection.
    c. Alternative Opacity Standard. The Director shall identify an alternative, less stringent opacity standard for an engine family if the conditions of either subsection (C)(10)(c)(i) or (C)(10)(c)(ii) are satisfied.
        i. The engine family exhibits smoke opacity greater than the applicable standard in subsection (C)(10)(b)(i) when in good operating condition and adjusted to the manufacturer's specifications. If this condition is satisfied, the Director shall identify a technologically appropriate less stringent standard based on a review of data obtained from engines in good operating condition and adjusted to manufacturer's specifications.
        ii. The engine family has been granted an exemption from a standard equivalent to the applicable standard in subsection (C)(10)(b)(i) based on the J1667 Recommended Practice by the executive officer of the California Air Resources Board (CARB). If this condition is satisfied, the Director shall allow the engine family to comply with any technologically appropriate less stringent standard identified by the executive officer of CARB.
        iii. A demonstration under subsection (C)(10)(c)(i) shall be based on data from at least three vehicles. Data from official inspections under this subsection (C)(10) showing that vehicles in the engine family meet the standard may be used to rebut the demonstration.
        iv. The Director shall implement any new standard resulting from each exemption as soon as practicable for all subsequent tests and provide notice at all affected test stations and fleets.

11. Loaded Opacity A Test.
    a. Test Procedure.
        i. The vehicle shall be tested on a chassis dynamometer beginning with no power absorption by selecting a gear ratio that produces a maximum vehicle speed of 30-35 MPH at governed or maximum rated RPM.
        ii. If the vehicle has a manual transmission or an automatic transmission with individual gear selection, the engine shall be operated at governed or maximum rated engine RPM, at normal operating temperature under a power absorption load applied to the dynamometer until the loading reduces the engine RPM to 80% of the governed speed at wide-open throttle position.
        iii. If the vehicle has an automatic transmission and automatic gear kickdown, the engine shall be loaded to a speed just above the kickdown speed or 80% of the governed speed, whichever is greater.
        iv. If the chassis dynamometer does not have enough horsepower absorption capability to lug the engine down to these speeds, the vehicle's brakes may be used to assist the dynamometer.
    b. Test Failure. A vehicle fails the test if the opacity reading for a period of 10 consecutive seconds exceeds the applicable standard in R18-2-1030(B).
12. Loaded Opacity B Test.
    a. Test Procedure. The vehicle shall be tested by a loaded dynamometer test by applying a single load of 30 HP, ± 2 HP, while operated at 50 MPH.
    b. Test Failure. A vehicle fails the test if the opacity reading for a period of 10 consecutive seconds exceeds the applicable standard in R18-2-1030(B).
13. Loaded Opacity C Test.
    a. Test Procedure. The vehicle shall be tested by a loaded dynamometer test by applying a single load of between 6.4 - 8.4 HP while operated at 30 MPH.
    b. Test Failure. A vehicle fails the test if the opacity reading for a period of 10 consecutive seconds exceeds the applicable standard in R18-2-1030(B).
14. Exhaust Sampling Requirements for Diesel Vehicles Tests other than the Snap Idle Test.
    a. For a diesel-powered vehicle equipped with multiple exhaust pipes, separate measurements shall be made on each exhaust pipe. The reading taken from the exhaust pipe that has the highest opacity reading shall be used for comparison with the standard in R18-2-1030(B).

b. A vehicle shall be inspected with either a full-flow or sampling-type opacity meter. The opacity meter shall be a direct reading, continuous reading light extinction-type using a collimated light source and photo-electric cell, accurate to a value within ± 2% of full scale.

15. Functional Gas Cap Test.
    a. Test Procedure.
        i. The vehicle shall undergo a functional test of the gas cap to determine cap leakage.
        ii. A vehicle with a non-sealing gas cap shall be checked for the presence of a properly fitting gas cap.
    b. Exemption. A vehicle with a vented fuel system is exempt from this subsection.
    c. Exemption. A vehicle that is manufactured without a gas cap is exempt from this subsection.
    d. Test Failure.
        i. A vehicle fails the test if cap leakage exceeds 60 cubic centimeters of air per minute at a pressure of 30 inches of water gauge.
        ii. Notwithstanding subsection 18-2-1006(C)(15)(d)(i), a vehicle does not fail the test if the failing cap is immediately replaced at the state station by a gas cap that satisfies the requirements of this subsection.
16. Tampering Inspection.
    a. The inspection shall be based on the original configuration of the vehicle as manufactured. The Department shall verify the applicable emissions system requirements shall be verified by the "Vehicle Emission Control Information" label. "Original configuration" for a foreign manufactured vehicle means the design and construction of a vehicle produced by the manufacturer for original entry and sale in the United States.
    b. The Department's tampering inspection shall consist of the following:
        i. A visual inspection to determine the presence and proper installation of each required catalytic converter system or OEM equivalent;
        ii. An examination to determine the presence of an operational injection system, if applicable;
        iii. A visual inspection to determine the presence of an operational positive crankcase ventilation system or closed crankcase ventilation system, if applicable; and
        iv. A visual inspection to determine the presence of an operational evaporative control system, if applicable.
17. Visual Gas Cap Test. The visual gas cap test consists of the inspector's ocular verification that a gas cap is properly fitted to the vehicle.
18. Testing Vehicles that Operate on More than One Fuel. A vehicle, other than a vehicle for which an OBD test is required, designed to operate on more than one fuel, shall be tested on the fuel in use when the vehicle is presented for inspection, except vehicles that operate on alternative fuel, as defined in A.R.S. § 1-215.
19. Testing Vehicles that Operate on Alternative Fuels.
    a. The inspector shall test vehicles that operate on an alternative fuel, as defined in A.R.S. § 1-215, other than a vehicle for which an OBD test is required, on each fuel that the vehicle is intended to operate on, using the appropriate emissions test procedure and standards for that vehicle.
    b. The vehicle shall be operated for a minimum of 30 seconds after switching fuels and before testing begins. The vehicle shall be rejected for testing if it is not able to operate on each fuel that the vehicle is intended to operate on or if the vehicle operator cannot switch fuels.
    c. A vehicle that operates exclusively on propane or natural gas, as defined in A.R.S. § 1-215, shall be exempt from the functional gas cap test in subsection 10-2-1006(C)(15) and the evaporative pressure system test in subsection 10-2-1006(C)(5)(b).

Historical Note

Former Section R9-3-1006 repealed, new Section R9-3-1006 adopted effective January 13, 1976 (Supp. 76-1). Amended effective November 1, 1976 (Supp. 76-5). Amended effective March 2, 1978 (Supp. 78-2). Amended effective January 3, 1979 (Supp. 79-1). Amended effective February 20, 1980 (Supp. 80-1). Former Section R9-3-1006 repealed, new Section R9-3-1006 adopted as an emergency effective January 2, 1981 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-1). Former Section R9-3-1006 as amended effective February 20, 1980 repealed and a new Section R9-3-1006 adopted as an emergency effective January 2, 1981 now adopted and amended effective April 15, 1981 (Supp. 81-2). Amended effective January 1, 1986 (Supp. 85-6). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Former Section R9-3-1006 renumbered as Section R18-2-1006 and subsections (A), (C) and (D) amended effective August 1, 1988 (Supp. 88-3). Amended effective September 19, 1990 (Supp. 90-3). Amended effective November 14, 1994 (Supp. 94-4). Amended effective October 15, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 382, effective December 20, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 2722, effective June 28, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 14 A.A.R. 2834, effective July 1, 2008 (Supp. 08-3). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

R18-2-1007. Evidence of Meeting State Inspection Requirements

A. A vehicle required to be inspected under this Article shall pass inspection before registration by meeting the requirements of R18-2-1006, unless the vehicle owner obtains a certificate of waiver under R18-2-1008.

B. The MVD or its agent may use the MVD motor vehicles emissions database, if available, as evidence that a vehicle complies with the requirements of this Article.

C. If the MVD motor vehicles emissions database is not available, the MVD or its agent shall accept any of the following documents identified in subsections (C)(1) to (C)(5), when complete, unaltered, and dated no more than 90 days before registration expiration date, as evidence that a vehicle complies with the requirements of this Article unless the MVD or its agent has reason to believe it is false. Documents accompanying a late registration may be dated subsequent to the registration expiration date:

1. Certificate of compliance,

2. Certificate of waiver (except from auto dealers licensed to sell used motor vehicles under Title 28),
3. Certificate of exemption,
4. Director's certificate, or
5. The upper section of the vehicle inspection report with "PASS" in the final results block.

D. A complete certificate of inspection or government vehicle certificate of inspection dated within 12 months of registration for an annually tested vehicle and 24 months for a biennially tested vehicle shall be accepted by the MVD or its agent as evidence that a vehicle is in compliance with the requirements of this Article unless the MVD or its agent has reason to believe it is false.

E. Documents listed in subsection (C) and originating in Area B are not acceptable for meeting the inspection requirements in Area A, unless the tests required in Area A and Area B for the vehicle under R18-2-1006 are identical.

F. Government vehicles for which only weight fees are paid shall be registered without evidence of inspection.

Historical Note

Former Section R9-3-1007 repealed, new Section R9-3-1007 adopted effective January 13, 1976 (Supp. 76-1). Former Section R9-3-1007 repealed, new Section R9-3-1007 adopted effective January 3, 1977 (Supp. 77-1). Amended effective February 20, 1980 (Supp. 80-1). Amended effective January 1, 1986 (Supp. 85-6). Former Section R9-3-1007 renumbered without change as Section R18-2-1007 (Supp. 88-3). Amended effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 382, effective December 20, 1999 (Supp. 99-4). Amended by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

R18-2-1008. Procedure for Issuing Certificates of Waiver

A. Unless prohibited under subsection (D), a waiver inspector shall issue a certificate of waiver after reinspection at a state station to a vehicle that failed the emissions reinspection when the vehicle owner demonstrates any of the following conditions have been satisfied:
1. The requirements of R18-2-1009 and R18-2-1010, to the extent applicable, have been satisfied;
2. The vehicle owner has spent the maximum required repair cost on the maintenance and repair procedures required by R18-2-1010; or
3. Any further repairs within the maximum required repair cost would not enable the vehicle to pass the required vehicle emissions inspection.

B. The demonstration required by subsection (A) may consist of repair receipts, emissions test results, evidence of repairs performed, under hood verification, repair cost estimates, or similar evidence.

C. A temporary certificate of waiver may be issued to a vehicle failing the tampering inspection if the vehicle owner provides to a waiver inspector a written statement from an automobile parts or repair business that an emission control device necessary to repair the tampering is not available and cannot be obtained from any usual source of supply, and if all requirements of R18-2-1008(A) have been met. All written statements are subject to verification for authenticity and accuracy by the waiver inspector. The Department may deny a temporary certificate of waiver if the state inspector has any reason to believe the written statement is false or a usual source of supply exists and the device necessary to repair the tampering is available. Certificates of waiver may be issued under this subsection for a specified period, not to exceed 90 days, that allows sufficient time for the procurement and installation of a proper emissions control device. A receipt or bill from a vehicle repair facility or automobile parts store shall be an acceptable proof of purchase. Before the end of the specified time period, the vehicle owner shall present to the waiver inspector proof of purchase and installation of the device. The Department shall track all issued temporary certificates of waiver and if no proof of purchase and installation is received before the end of the specified time period, the Department shall forward to the MVD an order to cancel the vehicle's registration.

D. The Director shall not issue a waiver to a vehicle under any of the circumstances described in subsections (D)(1) through (4).
1. The vehicle failed the emissions test due to the catalytic converter system. A vehicle fails the emissions test due to the catalytic converter system if:
   a. The vehicle has a catalytic converter system that is missing or defeated;
   b. The vehicle is equipped with an on-board diagnostic computer (OBD) with a malfunction indicator light (MIL), "check engine" or "service engine soon" light commanded on by the computer and containing diagnostic trouble codes indicating the catalytic converter must be replaced; or
   c. A vehicle with a repair order or estimate paperwork provided the waiver technician at the time of waiver inspection shows that a diagnostic determination has been made by the mechanic that the catalytic converter must be replaced.
2. The vehicle failed the emissions test with an HC, CO, NO_x, or opacity emission level greater than two times the pass-fail standard in R18-2-1006.
3. The same vehicle has previously received a certificate of waiver.
4. The waiver request is based upon repair estimates and the waiver inspector demonstrates that a recognized repair facility can repair or improve the vehicle's test readings within the repair cost limit.

E. The fee for a certificate of waiver under this Section shall be fixed by the Director according to A.R.S. § 49-543, and shall be based upon the Director's estimated costs to the state for administering and enforcing the provisions of this Article for issuance of certificates of waiver under this Section. The fee shall be payable at the time the certificate of waiver is issued.

F. If a waiver inspector denies a certificate of waiver under this Section, the vehicle owner may request review of the denial by a state inspector.

Historical Note

Former Section R9-3-1008 repealed, new Section R9-3-1008 adopted effective January 13, 1976 (Supp. 76-1). Former R9-3-1008 repealed, new Section R9-3-1008 adopted effective January 3, 1977 (Supp. 77-1). Amended effective March 2, 1978 (Supp. 78-2). Amended effective January 3, 1979 (Supp. 79-1). Amended as an emergency effective January 2, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-1). Former Section R9-3-1008 as amended effective January 3, 1979, and amended as an emergency effective January 2, 1981, now amended effective April 15, 1981 (Supp. 81-2). Amended effective January 1, 1986 (Supp. 85-6). Amended subsection (A) and added subsection (D) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Former Sec-

tion R9-3-1008 renumbered as Section R18-2-1008 and amended effective August 1, 1988 (Supp. 88-3). Amended effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 382, effective December 20, 1999 (Supp. 99-4). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

R18-2-1009. Tampering Repair Requirements

A. When a vehicle fails the visual inspection for properly installed catalytic converters, the vehicle owner shall replace the converters with new or reconditioned OEM converters, or equivalent new aftermarket converters.

B. When a vehicle fails the visual inspection for the presence of an operational air injection system, the vehicle owner shall install a new, used, or reconditioned, operational air pump on the vehicle according to manufacturer specifications.

C. When a gasoline vehicle fails the visual inspection for the presence or malfunction of the positive crankcase ventilation system, the vehicle owner shall repair or replace the system with OEM or equivalent aftermarket parts.

D. When a diesel-powered vehicle fails the visual inspection for the presence or malfunction of the closed crankcase ventilation system, the vehicle owner shall repair or replace the system with OEM or equivalent aftermarket parts.

E. When a vehicle fails the visual inspection for the presence or malfunction of the evaporative control system, the vehicle owner shall repair or replace the system with OEM or equivalent aftermarket parts.

Historical Note

Adopted effective January 13, 1976 (Supp. 76-1). Repealed effective January 3, 1977 (Supp. 77-1). New Section R9-3-1009 adopted effective January 1, 1986 (Supp. 85-6). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Former Section R9-3-1009 renumbered without change as Section R18-2-1009 (Supp. 88-3). Amended effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 382, effective December 20, 1999 (Supp. 99-4). Amended by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 14 A.A.R. 2834, effective July 1, 2008 (Supp. 08-3). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

R18-2-1010. Low Emissions Tune-up, Emissions and Evaporative System Repair

A. Vehicle maintenance and repairs under subsection (B) and the failure-specific maintenance and repair requirements of subsection (C) must be performed before reinspection of a vehicle that fails a tailpipe emissions or OBD test under R18-2-1006.

B. Vehicle maintenance and repairs on a non-diesel powered vehicle consists of the following procedures:

1. Emissions Failure Diagnosis. For a computer-controlled vehicle, the on-board computer shall be accessed and any stored trouble codes recorded. For a model year 1996 or newer vehicle equipped with an OBD system, a compatible scan tool shall be used to access and record diagnostic trouble codes. The following instruments or equipment are required to complete a low emissions tune-up:
   a. Tachometer, although for 1996 and later vehicles an OBD scanner can be used to monitor engine RPMs;
   b. A compatible OBD scan tool, if appropriate;
   c. Engine analyzer or oscilloscope; and
   d. A HC/CO NDIR analyzer to make final A/F adjustments, if specified by the manufacturer.
2. Adjustment. All adjustments shall be made according to the manufacturer's specifications and procedures. Final adjustment shall be made on the vehicle engine only after the engine is at normal operating temperature.
3. Inspection of Air Cleaner, Choke, and Air Intake System. The vehicle owner shall repair or replace a dirty or plugged air cleaner, stuck choke, or restricted air intake system as required.
4. Dwell and Basic Timing Check. Dwell and basic engine timing shall be checked and the vehicle owner shall make adjustments, if necessary, according to manufacturer's specifications.
5. Inspection of PCV System. The PCV system shall be checked to ensure that it is the type recommended by the manufacturer and is correctly operating. Free flow through the PCV system passages and hoses shall be verified. The vehicle owner shall repair or replace the system as required.
6. Inspection of Vacuum Hoses. The vacuum hoses shall be inspected for leaks, obstruction, and proper routing and connection. The vehicle owner shall repair or replace as required.
7. Fuel Lines and System Components Inspection. A visual inspection for leaking fuel lines or system components shall be performed. The vehicle owner shall repair or replace any leaking lines or systems as required.
8. Idle Speed and A/F Mixture Check. The idle speed and A/F mixture shall be checked and the vehicle owner shall make adjustments according to manufacturer's specifications and procedures. If the vehicle is equipped with a fuel injection system or an alternate fuel (LPG or LNG), the manufacturer's recommended adjustment procedure shall be followed.

C. Failure-specific recommended repairs and maintenance. If the maximum required repair cost in subsection (F) or (G) is not exceeded after the diagnosis and vehicle maintenance and repairs described in subsection (B), then the following procedures apply:

1. CO failure.
   a. If a vehicle fails CO only, the vehicle shall be checked for:
      i. Proper canister purge system operation,
      ii. High float setting,
      iii. Leaky power valve, and
      iv. Faulty or worn needles, seats, jets or improper jet size.
   b. If applicable, the vehicle shall be checked for the following items:
      i. Computer,
      ii. Engine and computer sensors,
      iii. Engine solenoids,
      iv. Engine thermostats,
      v. Engine switches,
      vi. Coolant switches,
      vii. Throttle body or port fuel injection system,
      viii. Fuel injectors,
      ix. Fuel line routing and integrity,
      x. Air in fuel system including line and pump,
      xi. Fuel return system,
      xii. Injection pump,
      xiii. Fuel injection timing,
      xiv. Routing of vacuum hoses, and

xv. Electrical connections.

c. The items in subsections (C)(1)(a) and (b) shall be repaired or replaced as required.

2. HC, or HC and CO failure.

a. If a vehicle fails HC, or HC and CO emissions, the vehicle shall be checked for:

i. Faulty spark plugs and faulty, open, crossed, or disconnected plug wires;
ii. Distributor module;
iii. Vacuum hose routing and electrical connections;
iv. Distributor component malfunctions including vacuum advance;
v. Faulty points or condenser;
vi. Distributor cap crossfire;
vii. Catalytic converter efficiency air supply;
viii. Vacuum leaks at intake manifold, carburetor base gasket, EGR, and vacuum-operated components.

b. The vehicle owner shall repair or replace the items in subsection (C)(2)(a) as required.

3. NO_X failure.

a. If a vehicle fails for NO_X emissions, the vehicle shall be checked for:

i. Removed, plugged, or malfunctioning EGR valve, exhaust gas ports, lines, and passages;
ii. EGR valve electrical and vacuum control circuitry, components, and computer control, as applicable;
iii. Above normal engine operating temperature;
iv. Proper air management;
v. Lean A/F mixture;
vi. Catalytic converter efficiency; and
vii. Over-advanced off-idle timing.

b. The items in subsection (C)(3)(a) shall be repaired or replaced as required.

4. OBD failure. If the vehicle fails the OBD test, the vehicle owner shall repair the items indicated on the vehicle emissions report as causing the failure. If the failure results from diagnostic trouble codes (DTCs) that caused the malfunction indicator lamp (MIL) to be illuminated, the vehicle owner shall repair or replace the components or systems causing the DTCs. After repair of a DTC failure, and before reinspection, the vehicle shall be operated under conditions recommended by the vehicle manufacturer for the OBD computer to evaluate the repaired system.

D. For Evaporative System Failures, the following procedures apply:

1. If a vehicle fails the evaporative system pressure test, the vehicle shall be checked for leaking or disconnected vapor hoses, line, gas cap, and fuel tank.
2. If a vehicle fails a visual inspection of the evaporative system, the vehicle shall be checked for a missing or damaged canister, canister electrical and vacuum control circuits and components, disconnected, damaged, misrouted or plugged hoses, and damaged or missing purge valves. The vehicle owner shall repair or replace the system with OEM or equivalent aftermarket parts.

E. If a vehicle fails the functional gas cap pressure test described in R18-2-1006, the vehicle owner shall replace the gas cap with one that meets the requirements of that subsection. If a vehicle designed with a vented system fails a visual inspection for the presence of a gas cap, the vehicle owner shall install a properly fitting gas cap on the vehicle.

F. The maximum required repair cost for a vehicle in Area A, not including cost to repair the vehicle for failing an evaporative system pressure test due to tampering, or other tampering repair cost, is:

1. For a diesel-powered vehicle with a GVWR greater than 26,000 pounds or a diesel-powered vehicle with tandem axles: $500; and
2. For a vehicle that is not a diesel-powered vehicle with a GVWR greater than 26,000 pounds and is not a diesel-powered vehicle with tandem axles:
   a. Manufactured in or before the 1974 model year: $200;
   b. Manufactured in the 1975 through 1979 model years: $300; and
   c. Manufactured in or after the 1980 model year: $450.
3. Subsection (F) does not prevent a vehicle owner from authorizing or performing more than the required repairs. A vehicle operator who has a vehicle reinspected shall have the repair receipts available when requesting a certificate of waiver.

G. The maximum required repair cost for vehicles in Area B, not including tampering repair cost, is:

1. For a diesel-powered vehicle with a GVWR greater than 26,000 pounds or a diesel-powered vehicle with tandem axles: $300; and
2. For a vehicle that is not a diesel-powered vehicle with a GVWR greater than 26,000 pounds and is not a diesel-powered vehicle with tandem axles:
   a. Manufactured in or before the 1974 model year: $50;
   b. Manufactured in the 1975 through 1979 model years: $200; and
   c. Manufactured in or after the 1980 model year: $300.
3. Subsection (G) does not prevent a vehicle owner from authorizing or performing more than the required repairs. A vehicle operator who has a vehicle reinspected shall have the repair receipts available when requesting a certificate of waiver.

H. Before reinspection of a diesel vehicle that has failed an inspection, the vehicle owner shall comply with the following maintenance and repair requirements to the extent that the total cost of meeting the requirements does not exceed the maximum required repair cost in subsection (F) or (G):

1. Inspect for dirty or plugged air cleaner, or restricted air intake system. Repair or replace as required.
2. Check fuel injection system timing according to manufacturer's specifications. Adjust as required.
3. Check for fuel injector fouling, leaking, or mismatch. Repair or replace as required.
4. Check fuel pump and A/F ratio control according to manufacturer's specifications. Adjust as required.
5. If the vehicle fails the J1667 procedure, check smoke-limiting devices, if any, including the aneroid valve and puff limiter. Repair or replace as required.

I. The vehicle owner shall use any available warranty coverage for a vehicle to obtain needed repairs before an expenditure can be counted toward the cost limits in subsection (F) and (G). If the operator of a vehicle within the age and mileage coverage of section 207(b) of the Clean Air Act presents a written denial of warranty coverage from the manufacturer or authorized dealer, warranty coverage is not considered available under this subsection.

Historical Note

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R9-3-1010 repealed, new Section R9-3-1010 adopted effective January 3, 1977 (Supp. 77-1). Amended effective March 2, 1978 (Supp. 78-2). Amended effective January 3, 1979 (Supp. 79-1). Amended effective February 20, 1980 (Supp. 80-1). Amended as an emergency effective January 2, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-1). Former Section R9-3-1010 as amended effective February 20, 1980, and amended as an emergency effective January 2, 1981, now amended effective April 15, 1981 (Supp. 81-2). Amended effective January 1, 1986 (Supp. 85-6). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Former Section R9-3-1010 renumbered as Section R18-2-1010 and subsection (D) amended effective August 1, 1988 (Supp. 88-3). Amended effective November 14, 1994 (Supp. 94-4). Amended effective October 15, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 382, effective December 20, 1999 (Supp. 99-4). Amended by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 14 A.A.R. 2834, effective July 1, 2008 (Supp. 08-3). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

R18-2-1011. Vehicle Inspection Report

A. The Department shall provide a vehicle inspected at a state station with a uniquely numbered vehicle inspection report of a design approved by the Director that contains, at a minimum, the following information, as applicable to the tests required for the vehicle under R18-2-1006:

1. License plate number;
2. Vehicle identification number;
3. Model year of vehicle;
4. Make of vehicle;
5. Style of vehicle;
6. Type of fuel;
7. Odometer reading;
8. Emissions standards for idle and loaded cruise modes, if applicable;
9. Emissions measurements during idle and loaded cruise modes, if applicable;
10. Opacity measurements and standards, if applicable;
11. Emissions standards and measurements for the transient loaded test, and the evaporative system pressure test, if applicable;
12. Results of OBD test including all diagnostic trouble codes that commanded the illumination of the malfunction indicator lamp;
13. Tampering inspection results;
14. Repair requirements;
15. Final test results;
16. Repairs performed;
17. Cost of emissions-related repairs;
18. Cost of tampering-related repairs;
19. Name, address, and telephone number of the business or person making repairs;
20. Signature and certification number of person certifying repairs;
21. Date of inspection;
22. Test results of the previous inspection if the inspection is a reinspection;
23. Inspection station, lane locators; and
24. Test number and time of test.

B. A vehicle failing the initial inspection shall receive the Department's approved inspection report supplement containing, at a minimum, the following:

1. Diagnostic and tampering information including acceptable replacement units, and
2. Applicable maximum repair costs.

C. The inspection report shall include a section that may be used as a certificate of compliance for vehicles passing the inspection or as a certificate of waiver, if applicable. The section shall contain all of the following information:

1. License plate number,
2. Vehicle identification number,
3. Final results,
4. Serial number of the inspection report,
5. Date of inspection,
6. Model year,
7. Make,
8. Date of initial inspection,
9. Inspection fee, and
10. Label as either a certificate of compliance or a certificate of waiver.

D. At the time of registration, the certificate of compliance or certificate of waiver may be submitted to the Arizona Department of Transportation Motor Vehicle Division as evidence of meeting the requirements of this Article.

Historical Note

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R9-3-1011 repealed, new Section R9-3-1011 adopted effective January 3, 1977 (Supp. 77-1). Amended effective January 3, 1979 (Supp. 79-1). Amended as an emergency effective January 2, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-1). Former Section R9-3-1011 as amended effective January 3, 1979, and as amended as an emergency effective January 2, 1981 now amended effective April 15, 1981 (Supp. 81-2). Amended effective January 1, 1986 (Supp. 85-6). Amended subsections (A) and (B) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Former Section R9-3-1011 renumbered as Section R18-2-1011 and amended by removing subsection (E) effective August 1, 1988 (Supp. 88-3). Amended effective September 19, 1990 (Supp. 90-3). Amended effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 382, effective December 20, 1999 (Supp. 99-4). Amended by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 14 A.A.R. 2834, effective July 1, 2008 (Supp. 08-3). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

R18-2-1012. Inspection and Reinspections; Procedures and Fee

A. The fees vehicle owners are required to pay for emissions inspections at a state station shall be specified in the contract between the contractor and the state of Arizona according to A.R.S. § 49-543, and shall include the full cost of the vehicle emissions inspection program including administration, implementation, and enforcement. Each fee is payable by the vehicle owner directly to the contractor at the time and place of inspection as specified in the contract, and deposited into an account established by the Department for administration of fees. The contractor will be compensated by the Department for services provided on a schedule and in a manner defined in the contract.

B. A vehicle failing the initial paid inspection or any subsequent paid inspection is entitled to one reinspection at no additional charge under the following conditions:
1. The vehicle is presented for inspection within 60 calendar days of the initial or any subsequent paid inspection.
2. Emissions-related repairs or adjustments and any tampering repairs have been made.
3. The vehicle is accompanied by the vehicle inspection report from the initial or subsequent inspection.

C. A vehicle failing the reinspection shall be provided a vehicle inspection report and a vehicle inspection report supplement.

D. A state station emissions inspector shall not recommend repairs or repair facilities.

Historical Note
Adopted effective January 13, 1976 (Supp. 76-1). Former Section R9-3-1012 repealed, new Section R9-3-1012 adopted effective January 3, 1977 (Supp. 77-1). Amended effective January 3, 1979 (Supp. 79-1). Amended as an emergency effective January 2, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-1). Former Section R9-3-1012 as amended effective January 3, 1979, and amended as an emergency effective January 2, 1981, now amended effective April 15, 1981 (Supp. 81-2). Amended subsections (A) and (D) effective November 9, 1982 (Supp. 82-6). Amended effective January 1, 1986 (Supp. 85-6). Former Section R9-3-1012 renumbered as Section R18-2-1012 and amended effective August 1, 1988 (Supp. 88-3). Amended effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 382, effective December 20, 1999 (Supp. 99-4). Amended by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

R18-2-1013. Repealed

Historical Note
Adopted effective January 13, 1976 (Supp. 76-1). Former Section R9-3-1013 repealed, new Section R9-3-1013 adopted effective January 3, 1977 (Supp. 77-1). Amended as an emergency effective January 2, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-1). Former Section R9-3-1013 adopted effective January 3, 1977, and amended as an emergency effective January 2, 1981, now amended effective April 15, 1981 (Supp. 81-2). Amended effective January 1, 1986 (Supp. 85-6). Amended effective January 1, 1987, filed December 31, 1986 (Supp 86-6). Former Section R9-3-1013 renumbered as Section R18-2-1013 and amended effective August 1, 1988 (Supp. 88-3). Amended effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 382, effective December 20, 1999 (Supp. 99-4). Repealed by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

R18-2-1014. Repealed

Historical Note
Adopted effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 382, effective December 20, 1999 (Supp. 99-4). Section repealed by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4).

R18-2-1015. Repealed

Historical Note
Adopted effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 382, effective December 20, 1999 (Supp. 99-4). Section repealed by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4).

R18-2-1016. Licensing of Inspectors and Fleet Agents

A. Emissions inspectors shall be licensed as follows:
1. To obtain a license as a vehicle emissions inspector, an applicant shall pass a written test with a score greater than or equal to 80%. After passing the written test, the applicant shall pass a separate practical examination.
   a. Applications to become an emissions inspector may be obtained from the Department and an applicant must submit a completed application to the Department. The Department must deem an application administratively complete before an applicant will be allowed to sit for the written test. If the Department finds the application to be incomplete, the applicant shall be provided an opportunity to submit sufficient information to enable the Department to deem the application administratively complete.
   b. The written test shall cover the following subjects:
      i. The air pollution problem in Arizona, its causes and effects;
      ii. The purpose, function, and goals of the vehicle inspection program;
      iii. State vehicle inspection regulations and procedures;
      iv. Technical details of the test procedures and rationale for their design;
      v. Emission control device function, configuration, and inspection;
      vi. Test equipment operation, calibration, and maintenance;
      vii. Quality control procedures and their purpose;
      viii. Public relations; and
      ix. Safety and health issues related to the inspection process.
   c. After passing the written test, the inspector applicant shall pass a practical exam where the applicant shall demonstrate the ability to conduct a proper emissions inspection, including proper use of equipment and procedures, in accordance with the testing procedures in R18-2-1006(C). An inspector applicant shall pass a practical examination for each type of test the applicant intends to perform.
2. Licenses issued to vehicle emissions inspectors shall be renewed biannually, on or before the expiration date.
3. An inspector whose license is expired or suspended shall not inspect vehicles.
4. A vehicle emissions inspector shall submit an application for a renewal of the vehicle emissions inspector's license at least 90 days before the current license expiration date.
5. The Department may suspend, revoke, or refuse to renew a license if the licensee has violated any provision of A.R.S. Title 49, Chapter 3, Article 5, any provision of this Article, or fails to continue to demonstrate proficiency to the Department.
6. A vehicle emissions inspector shall notify the Department of any change in employment status no later than fourteen days after the change.

7. The Department shall assign a single, unique, nontransferable inspector's number to each vehicle emissions inspector.
8. If a licensed emissions inspector fails to demonstrate the ability to conduct a proper vehicle emissions inspection during any audit, the Department shall suspend the vehicle emissions inspector's license. The suspended emissions inspector shall pass a practical examination within 30 days after suspension or the inspector's license shall be revoked. An inspector's license may be reinstated once the inspector passes a written examination with a score of 80% or greater and demonstrates the ability to properly conduct a vehicle emissions test during a practical examination.

B. Fleet Agents shall be licensed as follows:
1. To obtain a license as a fleet agent, an applicant shall pass a written test with a score greater than or equal to 80%. A fleet agent is an individual associated with a fleet emissions testing permit who is ultimately responsible for making sure a fleet complies with the requirements of this Article. This license is separate and distinct from a fleet emissions inspector license.
   a. Applications to become a fleet agent may be obtained from the Department. An application must be administratively complete and submitted in the manner required by the Department before an applicant will be allowed to sit for the written test.
   b. The written test shall cover the following subjects:
      i. The statutes and rules governing the operation and administration of a fleet emissions inspection station.
      ii. The duties of a fleet agent.
      iii. How to operate an account on the Department's web portal.
      iv. Purchasing certificates of inspection.
2. If a licensed fleet agent fails to assure that the agent's fleet complies with this Article, the agent's license shall be suspended. The suspended agent shall pass a written test within 30 days of suspension or such license shall be revoked.
3. Licenses issued to fleet agents shall be renewed biannually, on or before the expiration date.
4. A fleet represented by an agent that has a suspended license may not inspect vehicles.
5. The Department may suspend, revoke, or refuse to renew a fleet agent's license if the licensee has violated any provision of A.R.S. Title 49, Chapter 3, Article 5, any provision of this Article, or fails to continue to demonstrate proficiency to the Department as required.
6. A fleet agent shall notify the Department of any change in employment status within seven days of the change.
7. The Department shall assign a single, unique, nontransferable agent's number to each fleet agent.

Historical Note

Adopted effective January 13, 1976 (Supp. 76-1). Amended effective January 3, 1977 (Supp. 77-1). Amended effective March 2, 1978 (Supp. 78-2). Amended as an emergency effective January 2, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-1). Former Section R9-3-1016 as amended effective March 2, 1978, and amended as an emergency effective January 2, 1981, now amended effective April 15, 1981 (Supp. 81-2). Amended effective January 1, 1986 (Supp. 85-6). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Former Section R9-3-1016 renumbered as Section R18-2-1016 and subsection (G) amended effective August 1, 1988 (Supp. 88-3). Amended effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 562, effective January 14, 2000 (Supp. 00-1). Amended by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

R18-2-1017. Inspection of Government Vehicles

A. Government vehicles operated in Area A and Area B shall be inspected as follows:
1. At a licensed fleet station operated by the government entity;
2. At a state station upon payment of the fee; or
3. At a state station upon payment of the contracted fee, either singly or in combination with other government fleet operators.

B. A government vehicle, except a federally owned vehicle that is excluded from the definition of motor vehicle under 40 CFR 85.1703, shall be inspected according to this Article and shall have a government vehicle certificate of inspection (GVCOI) affixed to the vehicle if in compliance with state emissions requirements.
1. The vehicle emissions inspector performing the inspection shall punch out the appropriate year and month on the GVCOI to designate the date of the vehicle's next annual or biennial inspection.
2. If the vehicle emissions inspection is performed at a fleet station, the emissions inspector shall record administratively complete results of the inspection into the Department's web portal on the day of the inspection. The unique number on the GVCOI sticker must be entered along with the emissions testing results for the vehicle.
3. A government vehicle, with the exception of a motorcycle or an undercover law enforcement vehicle, shall have the GVCOI affixed to the lower left side of the rear window as determined from a position facing the window, from outside the vehicle. If a vehicle does not have a rear window, the GVCOI shall be affixed to the lower left corner of the windshield as determined from the driver's position.

C. The GVCOI shall be purchased from the Department's web portal.
1. The fee for a certificate of inspection shall be fixed by the Director according to A.R.S. § 49-543, and shall be based upon the Director's estimated costs to the state of administering and enforcing the provisions of this Article as they apply to issuance of certificates of inspections.
2. Only the Department may sell or otherwise transfer GVCOI.

Historical Note

Adopted effective January 13, 1976 (Supp. 76-1). Amended effective January 3, 1977 (Supp. 77-1). Amended effective January 3, 1979 (Supp. 79-1). Amended effective January 1, 1986 (Supp. 85-6). Former Section R9-3-1017 renumbered as Section R18-2-1017 and subsection (E) amended effective August 1, 1988 (Supp. 88-3). Amended effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 562, effective January 14, 2000 (Supp. 00-1). Amended by final rulemaking at 8 A.A.R. 90, effective January 1,

2002 (Supp. 01-4). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

R18-2-1018. Certificate of Inspection

A. A fleet inspector shall submit and certify administratively complete certificates of inspection (COI) to the Department through the Department's web portal. A COI is used as evidence that the vehicle it is assigned to has passed the tests required by this Article and complies with the applicable state emissions standards for that vehicle. Inspection data may be electronically transmitted to MVD under A.R.S. § 49-542(Q).

B. On the day a vehicle is inspected, a licensed vehicle emissions inspector shall enter an administratively complete record of the inspection into the Department's web portal.

C. A certificate of inspection issued to a fleet vehicle is valid for a period of 180 days unless the vehicle is reregistered with a new owner.

D. The following individuals are authorized to purchase certificates of inspection as long as the fleet they are associated with meets the requirements of this Article:
1. A fleet agent who is licensed by the Department under R18-2-1016;
2. A responsible corporate officer; or
3. A designated responsible officer.

Historical Note

Adopted effective January 13, 1976 (Supp. 76-1). Amended effective January 3, 1977 (Supp. 77-1). Amended effective March 2, 1978 (Supp. 78-2). Amended subsection (A) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Former Section R9-3-1018 renumbered as Section R18-2-1018 and amended effective August 1, 1988 (Supp. 88-3). Amended effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 562, effective January 14, 2000 (Supp. 00-1). Amended by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

R18-2-1019. Fleet Station Procedures and Permits

A. A fleet emissions testing station applicant or permittee shall create and manage an account on the Department's web portal.

B. To obtain a fleet emissions inspection station permit, an applicant shall:
1. Be a registered owner or lessee of a fleet of at least 25 nonexempt vehicles.
   a. A motor vehicle dealer's business inventory of vehicles held for resale over the previous 12 months shall be used to determine compliance with this subsection.
   b. A motor vehicle dealer with less than 12 months of operations that applies for a fleet emissions testing permit shall certify that it intends to test at least 25 vehicles per year.
2. Be located within Area A, within 50 miles of the border of Area A, or within Area B. A dealer outside these areas who certifies to the Department that customers who reside in Area A are the primary source of the dealer's business may also apply for a fleet permit.
3. Maintain a facility that has space devoted principally to maintaining or repairing the fleet's motor vehicles.
   a. The space shall be large enough to conduct maintenance or repair of at least one motor vehicle.
   b. Any fleet station shall be exclusively rented, leased, or owned by the applicant.
4. Own or lease the machinery, tools, and equipment required for the specific tests the applicant wishes to perform. Equipment and testing requirements are listed in R18-2-1006(C).
5. Employ the following personnel:
   a. At least one fleet agent licensed pursuant to R18-2-1016.
   b. At least one emissions inspector licensed pursuant to R18-2-1016.
   c. At least one person who is able to perform necessary emissions related repairs for fleet vehicles.
   d. A single person may fill two or more of these roles for a fleet.
6. Provide data to the Department as required by this Section.
7. Pass an initial inspection to determine compliance with this Section.
8. Submit to the ongoing inspections and audits prescribed in this Article.

C. A fleet emissions inspection testing permittee shall continuously comply with all requirements of this Article.

D. The equipment used at a fleet emissions inspection station is subject to the following requirements:
1. A fleet emissions testing station applicant or permittee shall own or lease the equipment referenced in R18-2-1006 that is necessary for the specific type of testing that the permittee is licensed to perform.
2. All testing equipment and instruments shall be maintained in accurate working condition as required by the manufacturer. An instrument requiring periodic calibration shall be calibrated according to instruction and recommendations of the instrument or equipment manufacturer. Calibration records shall be submitted through the web portal for review by the Department. The calibration records shall be certified by the technician performing each calibration.
   a. Fleet station analyzers shall comply with, be calibrated, and be quality control checked according to 40 CFR 51, Subpart S, Appendix A, Section I, amended as of July 1, 2017, and no future editions or amendments, which is incorporated by reference in (C)(7)(b) and on file with the Department.
   b. A fleet station opacity meter used for emission inspections is required to read the equivalent opacity value of neutral density filter within +/- 5% opacity at any point in the range of meter.
3. Calibration gases used by the fleet station shall be subject to analysis and comparison to the Department's standard gases at any time.
4. Fleet testing equipment shall be subject to both scheduled and unscheduled audits by state inspectors.
5. A fleet's analyzer shall be calibrated at least monthly with calibration gases approved by the Department. A registered opacity meter shall be calibrated according to manufacturer's specifications before performing the first vehicle emissions inspection in any month.

E. For every test performed by a vehicle emissions inspector, that vehicle emissions inspector shall log into the Department's web portal the same day that the inspection takes place to report the results of the test to the Department.

F. A fleet's activities shall be governed by the following compliance and enforcement rules:
1. All requirements in this Article apply at all times after a fleet emissions testing license has been issued.

2. The Director may suspend or revoke a fleet emissions testing license according to A.R.S. § 49-546(F) and A.R.S. Title 41, Chapter 6, if the permittee, or any person employed by the permittee:
   a. Violates any provisions of A.R.S. Title 49, Chapter 3, Article 5 or any provision of this Article;
   b. Misrepresents a material fact in obtaining a permit;
   c. Fails to make, keep, and submit to the Department records for a vehicle tested; or
   d. Does not provide a state inspector access to the information required in this Article.
3. If a fleet emissions inspection permit is surrendered, suspended or revoked, all unused certificates of inspection shall be refunded.
4. Any fleet vehicle is subject to inspection by a state inspector.

G. A fleet emissions inspection station permit is non-transferable and does not expire.

Historical Note
Adopted effective January 13, 1976 (Supp. 76-1). Amended effective January 3, 1977 (Supp 77-1). Amended effective March 2, 1978 (Supp. 78-2). Amended effective January 3, 1979 (Supp. 79-1). Amended effective February 20, 1980 (Supp. 80-1). Amended as an emergency effective January 2, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-1). Former Section R9-3-1019 as amended effective February 20, 1980, and amended as an emergency effective January 2, 1981, now amended effective April 15, 1981 (Supp. 81-2). Amended effective January 1, 1986 (Supp. 85-6). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Former Section R9-3-1019 renumbered as Section R18-2-1019 and amended effective August 1, 1988 (Supp. 88-3). Amended effective September 19, 1990 (Supp. 90-3). Amended effective February 4, 1993 (Supp. 93-1). Amended effective November 14, 1994 (Supp. 94-4). Amended effective October 15, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 562, effective January 14, 2000 (Supp. 00-1). Amended by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 14 A.A.R. 2834, effective July 1, 2008 (Supp. 08-3). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

R18-2-1020. Department Issuance of Alternative Fuel Certificates

Issuing Alternative Fuel Certificates. The Department shall inspect a vehicle converted to run on alternative fuel and issue an alternative fuel certificate according to A.R.S. § 28-2416(2)(b) if the vehicle is currently powered by an alternative fuel.

Historical Note
New Section adopted by final rulemaking at 6 A.A.R. 562, effective January 14, 2000 (Supp. 00-1). Amended by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

R18-2-1021. Reserved

R18-2-1022. Procedure for Waiving Inspections Due to Technical Difficulties

A vehicle emissions station manager employed by an official emissions inspection station may issue a Director's certificate for a vehicle that cannot be inspected as required by this Article because of technical difficulties inherent in the manufacturer's design or construction of the vehicle.

Historical Note
Adopted effective January 13, 1976 (Supp. 76-1). Amended effective January 3, 1977 (Supp. 77-1). Amended effective March 2, 1978 (Supp. 78-2). Amended effective January 3, 1979 (Supp. 79-1). Amended effective January 1, 1986 (Supp. 85-6). Former Section R9-3-1022 renumbered without change as Section R18-2-1022 (Supp. 88-3). Amended by final rulemaking at 6 A.A.R. 562, effective January 14, 2000 (Supp. 00-1).

R18-2-1023. Certificate of Exemption for Out-of-State Vehicles

A. If a vehicle being registered in Area A or Area B requires an emission test and will not be physically available for inspection within the state during the 90-day period before the emissions compliance expiration date, the owner or owner's agent may submit an application to the Department for a certificate of exemption.

B. The owner or owner's agent shall apply for a certificate of exemption in the manner and form required by the Department.

C. The Department may issue a certificate of exemption:
1. For a vehicle that will not be located in the state during the 90-day period before the emissions compliance expiration date and is located in an area where emissions testing is not available. This exemption shall only be granted if an affidavit confirming the location of the vehicle is signed and submitted with the application.
2. For a vehicle that has passed an official emissions inspection in another state during the 90 days before emissions compliance expiration upon submission of the inspection compliance document issued by the entity conducting the inspection program.

D. The fee for a certificate of exemption shall be fixed by the Director according to A.R.S. § 49-543 and shall be based upon the Director's estimated costs to the state of administering and enforcing the provisions of this Article as they apply to issuance of certificates of exemption. The payment for the certificates shall be included with the application for certificates.

Historical Note
Adopted effective January 13, 1976 (Supp. 76-1). Amended effective January 3, 1977 (Supp. 77-1). Amended effective January 3, 1979 (Supp. 79-1). Amended as an emergency effective January 2, 1981 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-1). Former Section R9-3-1023 as amended effective January 3, 1979 and amended as an emergency effective January 2, 1981 now amended effective April 15, 1981 (Supp. 81-2). Amended effective January 1, 1986 (Supp. 85-6). Former Section R9-3-1023 renumbered without change as Section R18-2-1023 (Supp. 88-3). Amended effective February 4, 1993 (Supp. 93-1). Amended effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 562, effective January 14, 2000 (Supp. 00-1). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

R18-2-1024. Expired

Historical Note
New Section made by final rulemaking at 8 A.A.R. 84, effective December 14, 2001 (Supp. 01-4). Section expired under A.R.S. § 41-1056(E) at 15 A.A.R. 1128, effective April 30, 2008 (Supp. 09-2).

R18-2-1025. Inspection of Contractor's Equipment and Personnel

A. State inspectors shall conduct performance audits to determine whether a state station is correctly performing all inspection and functions related to inspections as follows:
1. Overt audits shall be completed at least two times each year for each inspection lane. Overt audits shall include:
   a. A check for the observance of appropriate document security;
   b. A check to see that required recordkeeping practices are being followed;
   c. A check for licenses, certificates, and other required display information;
   d. An observation and evaluation of each vehicle emissions inspector's ability to perform an inspection; and
   e. A check to ensure all emissions testing equipment is calibrated and operating correctly.
2. If a vehicle emissions inspector fails an audit, the vehicle emissions inspector's license may be suspended or revoked under R18-2-1016(A)(4).
3. Vehicle emissions inspection records shall be reviewed at least monthly to assess station performance and identify any problems, potential fraud, or incompetence.
4. Covert audits may be performed as necessary to confirm compliance with this Article.

B. If an equipment audit indicates that equipment is not calibrated and accurate, the equipment shall not be used to conduct emissions testing until it is replaced or repaired.

C. Equipment that is removed from testing may be returned to service upon its repair and a state inspector's verification of a passing calibration audit.

D. A state inspector shall inspect on-road emissions analyzers at least monthly.

Historical Note
Adopted effective January 3, 1977 (Supp. 77-1). Amended effective March 2, 1978 (Supp. 78-2). Amended as an emergency effective January 2, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-1). Former Section R9-3-1025 as amended effective March 2, 1978, and amended as an emergency effective January 2, 1981, now amended effective April 15, 1981 (Supp. 81-2). Amended effective January 1, 1986 (Supp. 85-6). Amended subsection (A) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Former Section R9-3-1025 renumbered as Section R18-2-1025 and subsection (C) amended effective August 1, 1988 (Supp. 88-3). Amended effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 562, effective January 14, 2000 (Supp. 00-1). Amended by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

R18-2-1026. Inspection of Fleet Stations

A. Equipment used to perform emissions testing shall meet the requirements for the type of testing a fleet station is licensed to perform.

B. A fleet station's gas analyzer shall not be used for an official emissions inspection if:
1. The calibration gases are not read within the following tolerances:
   a. Within plus 0.50% CO to minus 0.25% CO in the range from 0 to 2% CO; and
   b. Within plus 60 PPM HC to minus 30 PPM HC in the range from 0 to 500 PPM HC when read as N-HEXANE.
2. The calibration gases are not read within the manufacturer specified tolerances;
3. There is a leak in the sampling systems or the calibration port; or
4. The sample handling system is restricted.

C. The fleet emissions testing station shall acquire and utilize calibration gases with assigned HC and CO concentrations to calibrate fleet emission analyzers.

D. A state inspector shall fail a fleet emissions analyzer if the analyzer does not meet the requirements of this Section. A fleet emission inspector shall not use the analyzer for inspection until the analyzer is cleared for return to service by a state inspector.

E. A state inspector shall conduct performance audits to determine whether a fleet emissions inspection station is correctly performing inspections and functions related to inspections as follows:
1. Overt audits at least two times each year that include:
   a. A check for the observance of appropriate document security;
   b. A check to see that required recordkeeping practices are being followed;
   c. A check for licenses, certificates, and other required display information;
   d. An observation and evaluation of each vehicle emissions inspector's ability to perform an inspection; and
   e. A check to ensure all emissions testing equipment is calibrated and operating correctly.
2. Fleet station and vehicle emissions inspector records shall be reviewed at least monthly to assess fleet performance and identify any problems, potential fraud, or incompetence.
3. If a vehicle emissions inspector fails an audit, the vehicle emissions inspector's license may be suspended or revoked according to R18-2-1016(A)(4).
4. Covert audits may be performed as necessary to confirm compliance with this Article.

Historical Note
Adopted effective January 3, 1977 (Supp. 77-1). Amended effective January 1, 1986 (Supp. 85-6). Amended subsections (A) and (J) and added subsection (K) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Former Section R9-3-1026 renumbered as Section R18-2-1026 and subsections (B), (F), (G) and (H) amended effective August 1, 1988 (Supp. 88-3). Amended effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 562, effective January 14, 2000 (Supp. 00-1). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

R18-2-1027. Repealed

Historical Note
Adopted effective January 3, 1977 (Supp. 77-1). Amended effective March 2, 1978 (Supp. 78-2). Amended effective January 3, 1979 (Supp. 79-1). Amended as an emergency effective January 2, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-1). Former Section R9-3-1027 as amended effective January 3, 1979, and amended as an emergency effective January 2, 1981, now amended effective April 15, 1981 (Supp. 81-2). Amended effective January 1, 1986 (Supp. 85-6). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Former Section R9-3-1027 renumbered as Section R18-2-1027 and subsections (B), (D), (F) and (G) amended effective August 1, 1988 (Supp. 88-3). Amended effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 562, effective January 14, 2000 (Supp. 00-1). Amended by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4). Amended by final rulemaking at 14 A.A.R. 2834, effective July 1, 2008 (Supp. 08-3). Repealed by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

R18-2-1028. Repealed

Historical Note
Adopted effective January 1, 1986 (Supp. 85-6). Amended subsections (A) and (F) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Former Section R9-3-1028 renumbered as Section R18-2-1028 and subsection (D) amended effective August 1, 1988 (Supp. 88-3). Amended effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 562, effective January 14, 2000 (Supp. 00-1). Repealed by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

R18-2-1029. Vehicle Emission Control Devices
For the purposes of A.R.S. §§ 28-955 and 49-447, a registered motor vehicle shall have in operating condition all emission control devices installed by the vehicle manufacturer to comply with federal requirements for motor vehicle emissions or equivalent aftermarket replacement parts or devices.

Historical Note
Adopted effective January 3, 1977 (Supp. 77-1). Former Section R9-3-1029 renumbered as Section R18-2-1029 and amended effective August 1, 1988 (Supp. 88-3). Amended by final rulemaking at 6 A.A.R. 562, effective January 14, 2000 (Supp. 00-1).

R18-2-1030. Visible Emissions; Mobile Sources
A. A vehicle other than a diesel-powered vehicle or 2-stroke vehicle that emits any visible emissions for 10 consecutive seconds or more is "excessive" for the purposes of A.R.S. § 28-955(C).
B. A diesel-powered vehicle shall not emit any visible emissions in excess of:
1. Twenty percent visual opacity for 10 consecutive seconds or more at or below 2,000 feet elevation;
2. Thirty percent visual opacity for 10 consecutive seconds or more above 2,000 feet and at or below 4,000 feet elevation; and
3. Forty percent visual opacity for 10 consecutive seconds above 4,000 feet elevation.

C. A vehicle that exceeds the standards in subsection (B) fails the inspection under R18-2-1006 and is considered to have "excessive" emissions under A.R.S. § 28-955(C).

Historical Note
Adopted effective January 3, 1977 (Supp. 77-1). Amended as an emergency effective January 2, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-1). Former Section R9-3-1030 as adopted effective January 3, 1977, and amended as an emergency effective January 2, 1981, now amended effective April 15, 1981 (Supp. 81-2). Amended effective January 1, 1986 (Supp. 85-6). Amended subsection (C) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Former Section R9-3-1030 renumbered as Section R18-2-1030 and subsection (C) amended effective August 1, 1988 (Supp. 88-3). Amended effective September 19, 1990 (Supp. 90-3). Amended by final rulemaking at 6 A.A.R. 562, effective January 14, 2000 (Supp. 00-1).

R18-2-1031. Repealed

Historical Note
Adopted effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Former Section R9-3-1031 renumbered as Section R18-2-1031 and amended effective August 1, 1988 (Supp. 88-3). Amended effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 382, effective December 20, 1999 (Supp. 99-4). Repealed by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

Table 1. Dynamometer Loading Table - Annual Tests

Gross Vehicle Weight			
Rating (Pounds)	**Engine Size**	**Speed (MPH)**	**Load (HP)**
8500 or less	4 cyl. or less	22-25	2.8-4.1
8500 or less	5 or 6 cyl.	29-32	6.4-8.4
8500 or less	8 cyl. or more	32-35	8.4-10.8
8501 or more	All	37-40	12.7-15.8

Historical Note
Adopted effective November 14, 1994 (Supp. 94-4).

Table 2. Emissions Standards - Annual Tests

MAXIMUM ALLOWABLE

Motorcycles

Vehicle Engine Type	Vehicle Model Year	Number of Cylinders	Conditioning Mode		Curb Idle Mode Test		Loaded Cruise Mode Test	
			HC PPM	CO %	HC PPM	CO %	HC PPM	CO %
2-Stroke	All	All	18,000	5.00	18,000	5.00	N/A	N/A
4-Stroke	All	All	500	5.00	1,800	5.50	N/A	N/A

Reconstructed Vehicles

Vehicle Engine Type	Vehicle Model Year	Number of Cylinders	Conditioning Mode		Curb Idle Mode Test		Loaded Cruise Mode Test	
			HC PPM	CO %	HC PPM	CO %	HC PPM	CO %
4-Stroke	1967-1980	All	700	5.25	1,200	7.50	1,200	5.60
4-Stroke	1980 & newer	All	700	5.25	1,200	7.50	700	5.25

Light-Duty Vehicles

Vehicle Engine Type	Vehicle Model Year	Number of Cylinders	Conditioning Mode		Curb Idle Mode Test		Loaded Cruise Mode Test	
			HC PPM	CO %	HC PPM	CO %	HC PPM	CO %
2-Stroke	All	All	18,000	5.00	18,000	5.00	18,000	5.00
4-Stroke	1967-1971	4 or less	450	3.75	500	5.50	500	4.20
4-Stroke	1967-1971	more than 4	380	3.00	450	5.00	450	3.75
4-Stroke	1972-1974	4 or less	380	3.50	400	5.50	400	4.20
4-Stroke	1972-1974	more than 4	300	3.00	400	5.00	400	3.75
4-Stroke	1975-1978	4 or less	120	1.00	250	2.20	250	1.65
4-Stroke	1975-1978	more than 4	120	1.00	250	2.00	250	1.50
4-Stroke	1979	4 or less	120	1.00	220	2.20	220	1.65
4-Stroke	1979	more than 4	120	1.00	220	2.00	220	1.50
4-Stroke	1980 & newer	All	100	0.50	220	1.20	220	1.20

Light-Duty Truck 1 (0-6000 lbs GVWR)

Vehicle Engine Type	Vehicle Model Year	Number of Cylinders	Conditioning Mode		Curb Idle Mode Test		Loaded Cruise Mode Test	
			HC PPM	CO %	HC PPM	CO %	HC PPM	CO %
2-Stroke	All	All	18,000	5.00	18,000	5.00	18,000	5.00
4-Stroke	1967-1971	4 or less	450	3.75	500	5.50	500	4.20
4-Stroke	1967-1971	more than 4	380	3.00	450	5.00	450	3.75
4-Stroke	1972-1974	4 or less	380	3.50	400	5.50	400	4.20
4-Stroke	1972-1974	more than 4	300	3.00	400	5.00	400	3.75
4-Stroke	1975-1978	4 or less	120	1.00	250	2.20	250	1.65
4-Stroke	1975-1978	more than 4	120	1.00	250	2.00	250	1.50
4-Stroke	1979	4 or less	120	1.00	220	2.20	220	1.65
4-Stroke	1979	more than 4	120	1.00	220	2.00	220	1.50
4-Stroke	1980 & newer	All	100	0.50	220	1.20	220	1.20

Light-Duty Truck 2 (6001 - 8500 lbs GVWR)

Vehicle Engine Type	Vehicle Model Year	Number of Cylinders	Conditioning Mode		Curb Idle Mode Test		Loaded Cruise Mode Test	
			HC PPM	CO %	HC PPM	CO %	HC PPM	CO %
2-Stroke	All	All	18,000	5.00	18,000	5.00	18,000	5.00
4-Stroke	1967-1971	4 or less	450	3.75	500	5.50	500	4.20
4-Stroke	1967-1971	more than 4	380	3.00	450	5.00	450	3.75
4-Stroke	1972-1974	4 or less	380	3.50	400	5.50	400	4.20
4-Stroke	1972-1974	more than 4	300	3.00	400	5.00	400	3.75
4-Stroke	1975-1978	All	300	3.00	350	4.00	350	3.00
4-Stroke	1979	4 or less	120	1.00	220	2.20	220	1.65
4-Stroke	1979	more than 4	120	1.00	220	2.00	220	1.50
4-Stroke	1980 & newer	All	100	0.50	220	1.20	220	1.20

Heavy-Duty Truck (8501 lbs or greater GVWR)

Vehicle Engine Type	Vehicle Model Year	Number of Cylinders	Conditioning Mode		Curb Idle Mode Test		Loaded Cruise Mode Test	
			HC PPM	CO %	HC PPM	CO %	HC PPM	CO %
2-Stroke	All	All	18,000	5.00	18,000	5.00	18,000	5.00
4-Stroke	1967-1971	4 or less	450	3.75	500	5.50	500	4.20
4-Stroke	1967-1971	more than 4	380	3.00	450	5.00	450	3.75
4-Stroke	1972-1974	4 or less	380	3.50	400	5.50	400	4.20
4-Stroke	1972-1974	more than 4	300	3.00	400	5.00	400	3.75
4-Stroke	1975-1978	All	300	3.00	350	4.00	350	3.00
4-Stroke	1979 & newer	All	300	3.00	300	4.00	300	3.00

Historical Note

Renumbered from R18-2-1006 and amended effective November 14, 1994 (Supp. 94-4). See emergency amendment below (Supp. 94-4). Emergency amendment adopted effective December 23, 1994, pursuant to A.R.S. § 41-1026, valid for 180 days (Supp. 95-2). Emergency amendment expired, previous text placed back into effect effective June 21, 1995 (Supp. 95-3). Amended by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4).

Table 3. Emissions Standards - Transient Loaded Emissions Tests

FINAL STANDARDS (Standards are in grams per mile)

(i) Light Duty Vehicles

	Hydrocarbons		**Carbon Monoxide**		**Oxides of Nitrogen**	
Model Years	**Composite**	**Phase 2**	**Composite**	**Phase 2**	**Composite**	**Phase 2**
1981-1982	3.0	2.5	25.0	21.8	3.5	3.4
1983-1985	2.4	2.0	20.0	17.3	3.5	3.4
1986-1989	1.6	1.4	15.0	12.8	2.5	2.4
1990-1993	1.0	0.8	12.0	10.1	2.5	2.4
1994+	0.8	0.7	12.0	10.1	2.0	1.9

(ii) Light Duty Trucks 1 (less than 6000 pounds GVWR)

	Hydrocarbons		**Carbon Monoxide**		**Oxides of Nitrogen**	
Model Years	**Composite**	**Phase 2**	**Composite**	**Phase 2**	**Composite**	**Phase 2**
1981-1985	4.0	3.4	40.0	35.3	5.5	5.4
1986-1989	3.0	2.5	25.0	21.8	4.5	4.4
1990-1993	2.0	1.7	20.0	17.3	4.0	3.9
1994+	1.6	1.4	20.0	17.3	3.0	2.9

(iii) Light Duty Trucks 2 (greater than 6000 pounds GVWR)

	Hydrocarbons		Carbon Monoxide		Oxides of Nitrogen	
Model Years	Composite	Phase 2	Composite	Phase 2	Composite	Phase 2
1981-1985	4.4	3.7	48.0	42.5	7.0	6.9
1986-1987	4.0	3.4	40.0	35.3	5.5	5.4
1988-1989	3.0	2.5	25.0	21.8	5.5	5.4
1990-1993	3.0	2.5	25.0	21.8	5.0	4.9
1994+	2.4	2.0	25.0	21.8	4.0	3.9

Historical Note

Adopted effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 382, effective December 20, 1999 (Supp. 99-4). Table heading amended by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4).

Table 4. Transient Driving Cycle

Time second	**Speed mph**	**Time second**	**Speed mph**	**Time second**	**Speed mph**	**Time second**	**Speed mph**	**Time second**	**Speed mph**
0	0	30	20.7	60	26	90	51.5	120	54.9
1	0	31	21.7	61	26	91	52.2	121	55.4
2	0	32	22.4	62	25.7	92	53.2	122	55.6
3	0	33	22.5	63	26.1	93	54.1	123	56
4	0	34	22.1	64	26.5	94	54.6	124	56
5	3.3	35	21.5	65	27.3	95	54.9	125	55.8
6	6.6	36	20.9	66	30.5	96	55	126	55.2
7	9.9	37	20.4	67	33.5	97	54.9	127	54.5
8	13.2	38	19.8	68	36.2	98	54.6	128	53.6
9	16.5	39	17	69	37.3	99	54.6	129	52.5
10	19.8	40	17.1	70	39.3	100	54.8	130	51.5
11	22.2	41	15.8	71	40.5	101	55.1	131	50.8
12	24.3	42	15.8	72	42.1	102	55.5	132	48
13	25.8	43	17.7	73	43.5	103	55.7	133	44.5
14	26.4	44	19.8	74	45.1	104	56.1	134	41
15	25.7	45	21.6	75	46	105	56.3	135	37.5
16	25.1	46	22.2	76	46.8	106	56.6	136	34
17	24.7	47	24.5	77	47.5	107	56.7	137	30.5

Table 4. Transient Driving Cycle (Continued)

Time second	Speed mph	Time second	Speed mph	Time second	Speed mph	Time second	Speed mph	Time second	Speed mph
18	25.2	48	24.7	78	47.5	108	56.7	138	27
19	25.4	49	24.8	79	47.3	109	56.3	139	23.5
20	27.2	50	24.7	80	47.2	110	56	140	20
21	26.5	51	24.6	81	47.2	111	55	141	16.5
22	24	52	24.6	82	47.4	112	53.4	142	13
23	22.7	53	25.1	83	47.9	113	51.6	143	9.5
24	19.4	54	25.6	84	48.5	114	51.8	144	6
25	17.7	55	25.7	85	49.1	115	52.1	145	2.5
26	17.2	56	25.4	86	49.5	116	52.5	146	0
27	18.1	57	24.9	87	50	117	53		
28	18.6	58	25	88	50.6	118	53.5		
29	20	59	25.4	89	51	119	54		

Historical Note
Adopted effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 6 A.A.R. 382, effective December 20, 1999 (Supp. 99-4).

Table 5. Tolerances

	Range	State Station	Fleet Station
4 and 2 stroke vehicles: CO in MOL percent	0 to 2.0% 2 to 10.0%	±0.1% ±0.25%	±0.25% ±0.5%
4-stroke vehicles: HC as N-hexane in PPM	0 to 500 PPM 500 to 2000 PPM	±15 PPM ±50 PPM	±30 PPM ±100 PPM
2-stroke vehicles: HC as propane in PPM	0 to 25,000 PPM	±1250 PPM	±1250 PPM

Historical Note
Adopted effective November 14, 1994 (Supp. 94-4). Amended by final rulemaking at 25 A.A.R. 485, effective June 1, 2019 (Supp. 19-1).

Table 6. Repealed

Historical Note
Adopted effective November 14, 1994 (Supp. 94-4). See emergency amendment below (Supp. 94-4). Emergency amendment adopted effective December 23, 1994, pursuant to A.R.S. § 41-1026, valid for 180 days (Supp. 95-2). Emergency amendment expired, previous text placed back into effect effective June 21, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 382, effective December 20, 1999 (Supp. 99-4). Table 6 repealed by final rulemaking at 8 A.A.R. 90, effective January 1, 2002 (Supp. 01-4).

ARTICLE 11. FEDERAL HAZARDOUS AIR POLLUTANTS

R18-2-1101. National Emission Standards for Hazardous Air Pollutants (NESHAPs)

A. Except as provided in R18-2-1102, the following subparts of 40 CFR 61, National Emission Standards for Hazardous Air Pollutants (NESHAPs), and all accompanying appendices, adopted as of June 30, 2017, and no future editions or amendments, are incorporated by reference as applicable requirements. These standards are on file with the Department and shall be applied by the Department. These standards can be obtained from the U.S. Government Printing Office, Superintendent of Documents, bookstore.gpo.gov, Mail Stop: SSOP IDCC-SSOM, Washington, D.C. 20402-9328.

1. Subpart A - General Provisions.
2. Subpart B - Radon Emissions from Underground Uranium Mines.
3. Subpart C - Beryllium.
4. Subpart D - Beryllium Rocket Motor Firing.
5. Subpart E - Mercury.
6. Subpart F - Vinyl Chloride.
7. Subpart H - Radionuclides Other Than Radon from Department of Energy Facilities.
8. Subpart I - Radionuclide Emissions from Federal Other Than Nuclear Regulatory Commission Licensees and Not Covered by Subpart H.
9. Subpart J - Equipment Leaks (Fugitive Emission Sources) of Benzene.
10. Subpart K - Radionuclide Emissions From Elemental Phosphorus Plants.
11. Subpart L - Benzene Emissions from Coke By-Product Recovery Plants.
12. Subpart M - Asbestos.
13. Subpart N - Inorganic Arsenic Emissions from Glass Manufacturing Plants.
14. Subpart O - Inorganic Arsenic Emissions from Primary Copper Smelters.
15. Subpart P - Inorganic Arsenic Emissions from Arsenic Trioxide and Metallic Arsenic Production.
16. Subpart Q - Radon Emissions from Department of Energy Facilities.
17. Subpart R - Radon Emissions from Phosphogypsum Stacks.

18. Subpart T - Radon Emissions from the Disposal of Uranium Mill Tailings.
19. Subpart V - Equipment Leaks (Fugitive Emission Sources).
20. Subpart W - Radon Emissions from Operating Mill Tailings.
21. Subpart Y - Benzene Emissions From Benzene Storage Vessels.
22. Subpart BB - Benzene Emissions from Benzene Transfer Operations.
23. Subpart FF - Benzene Waste Operations.

B. Except as provided in R18-2-1102, the following subparts of 40 CFR 63, NESHAPs for Source Categories, and all accompanying appendices, adopted as of June 30, 2017, and no future editions or amendments, are incorporated by reference as applicable requirements. These standards are on file with the Department and shall be applied by the Department. These standards can be obtained from the U.S. Government Printing Office, Superintendent of Documents, bookstore.gpo.gov, Mail Stop: SSOP IDCC-SSOM, Washington, D.C. 20402-9328.

1. Subpart A - General Provisions.
2. Subpart F - National Emission Standards for Organic Hazardous Air Pollutants from the Synthetic Organic Chemical Manufacturing Industry.
3. Subpart G - National Emission Standards for Organic Hazardous Air Pollutants from the Synthetic Organic Chemical Manufacturing Industry for Process Vents, Storage Vessels, Transfer Operations, and Wastewater.
4. Subpart H - National Emission Standards for Organic Hazardous Air Pollutants for Equipment Leaks.
5. Subpart I - National Emission Standards for Organic Hazardous Air Pollutants for Certain Processes Subject to the Negotiated Regulation for Equipment Leaks.
6. Subpart J - National Emission Standards for Hazardous Air Pollutants for Polyvinyl Chloride and Copolymers Production.
7. Subpart L - National Emission Standards for Coke Oven Batteries.
8. Subpart M - National Perchloroethylene Air Emission Standards for Dry Cleaning Facilities.
9. Subpart N - National Emission Standards for Chromium Emissions From Hard and Decorative Chromium Electroplating and Chromium Anodizing Tanks.
10. Subpart O - Ethylene Oxide Emissions Standards for Sterilization Facilities.
11. Subpart Q - National Emission Standards for Hazardous Air Pollutants for Industrial Process Cooling Towers.
12. Subpart R - National Emission Standards for Gasoline Distribution Facilities (Bulk Gasoline Terminals and Pipeline Breakout Stations).
13. Subpart S - National Emission Standards for Hazardous Air Pollutants from the Pulp and Paper Industry.
14. Subpart T - National Emission Standards for Halogenated Solvent Cleaning.
15. Subpart U - National Emission Standards for Hazardous Air Pollutant Emissions: Group I Polymers and Resins.
16. Subpart W - National Emission Standards for Hazardous Air Pollutants for Epoxy Resins Production and Non-Nylon Polyamides Production.
17. Subpart Y -National Emission Standards for Marine Tank Vessel Loading Operations.
18. Subpart AA - National Emission Standards for Hazardous Air Pollutants From Phosphoric Acid Manufacturing Plants.
19. Subpart BB - National Emission Standards for Hazardous Air Pollutants From Phosphate Fertilizers Production Plants.
20. Subpart CC - National Emission Standards for Hazardous Air Pollutants from Petroleum Refineries.
21. Subpart DD - National Emission Standards for Hazardous Air Pollutants from Off-Site Waste and Recovery Operations.
22. Subpart EE - National Emission Standards for Magnetic Tape Manufacturing Operations.
23. Subpart GG - National Emission Standards for Aerospace Manufacturing and Rework Facilities.
24. Subpart HH - National Emission Standards for Hazardous Air Pollutants From Oil and Natural Gas Production Facilities.
25. Subpart JJ - National Emission Standards for Wood Furniture Manufacturing Operations.
26. Subpart KK - National Emission Standards for the Printing and Publishing Industry.
27. Subpart LL - National Emission Standards for Hazardous Air Pollutants for Primary Aluminum Reduction Plants.
28. Subpart MM - National Emission Standards for Hazardous Air Pollutants for Chemical Recovery Combustion Sources at Kraft, Soda, Sulfite, and Stand-Alone Semichemical Pulp Mills.
29. Subpart OO - National Emission Standards for Tanks - Level 1.
30. Subpart PP - National Emission Standards for Containers.
31. Subpart QQ - National Emission Standards for Surface Impoundments.
32. Subpart RR - National Emission Standards for Individual Drain Systems.
33. Subpart SS - National Emission Standards for Closed Vent Systems, Control Devices, Recovery Devices and Routing to a Fuel Gas System or a Process.
34. Subpart TT - National Emission Standards for Equipment Leaks - Control Level 1.
35. Subpart UU - National Emission Standards for Equipment Leaks - Control Level 2 Standards.
36. Subpart VV - National Emission Standards for Oil-Water Separators and Organic-Water Separators.
37. Subpart WW - National Emission Standards for Storage Vessels (Tanks) - Control Level 2.
38. Subpart XX - National Emission Standards for Ethylene Manufacturing Process Units: Heat Exchange Systems and Waste Operations.
39. Subpart YY - National Emission Standards for Hazardous Air Pollutants for Source Categories: Generic Maximum Achievable Control Technology Standards.
40. Subpart CCC - National Emission Standards for Hazardous Air Pollutants for Steel Pickling - HCl Process Facilities and Hydrochloric Acid Regeneration Plants.
41. Subpart DDD - National Emission Standards for Hazardous Air Pollutants for Mineral Wool Production.
42. Subpart EEE - National Emission Standards for Hazardous Air Pollutants From Hazardous Waste Combustors.
43. Subpart GGG - National Emission Standards for Pharmaceuticals Production.
44. Subpart HHH - National Emission Standards for Hazardous Air Pollutants From Natural Gas Transmission and Storage Facilities.

45. Subpart III - National Emission Standards for Hazardous Air Pollutants for Flexible Polyurethane Foam Production.
46. Subpart JJJ - National Emission Standards for Hazardous Air Pollutant Emissions: Group IV Polymers and Resins.
47. Subpart LLL - National Emission Standards for Hazardous Air Pollutants From the Portland Cement Manufacturing Industry.
48. Subpart MMM - National Emission Standards for Hazardous Air Pollutants for Pesticide Active Ingredient Production.
49. Subpart NNN - National Emission Standards for Hazardous Air Pollutants for Wool Fiberglass Manufacturing.
50. Subpart OOO - National Emission Standards for Hazardous Air Pollutant Emissions: Manufacture of Amino/Phenolic Resins.
51. Subpart PPP - National Emission Standards for Hazardous Air Pollutant Emissions for Polyether Polyols Production.
52. Subpart QQQ - National Emission Standards for Hazardous Air Pollutants for Primary Copper Smelting.
53. Subpart RRR - National Emission Standards for Hazardous Air Pollutants for Secondary Aluminum Production.
54. Subpart TTT - National Emission Standards for Hazardous Air Pollutants for Primary Lead Smelting.
55. Subpart UUU - National Emission Standards for Hazardous Air Pollutants for Petroleum Refineries: Catalytic Cracking Units, Catalytic Reforming Units, and Sulfur Recovery Units.
56. Subpart VVV - National Emission Standards for Hazardous Air Pollutants: Publicly Owned Treatment Works.
57. Subpart XXX - National Emission Standards for Hazardous Air Pollutants for Ferroalloys Production: Ferromanganese and Silicomanganese.
58. Subpart AAAA - National Emission Standards for Hazardous Air Pollutants: Municipal Solid Waste Landfills.
59. Subpart CCCC - National Emission Standards for Hazardous Air Pollutants: Manufacture of Nutritional Yeast.
60. Subpart DDDD - National Emission Standards for Hazardous Air Pollutants: Plywood and Composite Wood Products.
61. Subpart EEEE - National Emission Standards for Hazardous Air Pollutants: Organic Liquids Distribution (Non-Gasoline).
62. Subpart FFFF - National Emission Standards for Hazardous Air Pollutants: Miscellaneous Organic Chemical Manufacturing.
63. Subpart GGGG - National Emission Standards for Hazardous\ Air Pollutants: Solvent Extraction for Vegetable Oil Production.
64. Subpart HHHH - National Emissions Standards for Hazardous Air Pollutants for Wet-Formed Fiberglass Mat Production.
65. Subpart IIII - National Emission Standards for Hazardous Air Pollutants: Surface Coating of Automobiles and Light-Duty Trucks.
66. Subpart JJJJ - National Emission Standards for Hazardous Air Pollutants: Paper and Other Web Coating.
67. Subpart KKKK - National Emission Standards for Hazardous Air Pollutants: Surface Coating of Metal Cans.
68. Subpart MMMM - National Emission Standards for Hazardous Air Pollutants for Surface Coating of Miscellaneous Metal Parts and Products.
69. Subpart NNNN - National Emission Standards for Hazardous Air Pollutants: Surface Coating of Large Appliances.
70. Subpart OOOO - National Emission Standards for Hazardous Air Pollutants: Printing, Coating, and Dyeing of Fabrics and Other Textiles.
71. Subpart PPPP - National Emission Standards for Hazardous Air Pollutants for Surface Coating of Plastic Parts and Products.
72. Subpart QQQQ - National Emission Standards for Hazardous Air Pollutants: Surface Coating of Wood Building Products.
73. Subpart RRRR - National Emission Standards for Hazardous Air Pollutants: Surface Coating of Metal Furniture.
74. Subpart SSSS - National Emission Standards for Hazardous Air Pollutants: Surface Coating of Metal Coil.
75. Subpart TTTT - National Emission Standards for Hazardous Air Pollutants for Leather Finishing Operations.
76. Subpart UUUU - National Emission Standards for Hazardous Air Pollutants for Cellulose Products Manufacturing.
77. Subpart VVVV - National Emission Standards for Hazardous Air Pollutants for Boat Manufacturing.
78. Subpart WWWW - National Emissions Standards for Hazardous Air Pollutants: Reinforced Plastic Composites Production.
79. Subpart XXXX - National Emission Standards for Hazardous Air Pollutants: Rubber Tire Manufacturing.
80. Subpart YYYY - National Emission Standards for Hazardous Air Pollutants for Stationary Combustion Turbines.
81. Subpart ZZZZ - National Emission Standards for Hazardous Air Pollutants for Stationary Reciprocating Internal Combustion Engines.
82. Subpart AAAAA - National Emission Standards for Hazardous Air Pollutants for Lime Manufacturing Plants.
83. Subpart BBBBB - National Emission Standards for Hazardous Air Pollutants for Semiconductor Manufacturing.
84. Subpart CCCCC - National Emission Standards for Hazardous Air Pollutants for Coke Ovens: Pushing, Quenching, and Battery Stacks.
85. Subpart DDDDD - National Emission Standards for Hazardous Air Pollutants for Industrial, Commercial, and Institutional Boilers and Process Heaters.
86. Subpart EEEEE - National Emission Standards for Hazardous Air Pollutants for Iron and Steel Foundries.
87. Subpart FFFFF - National Emission Standards for Hazardous Air Pollutants: Integrated Iron and Steel Manufacturing.
88. Subpart GGGGG - National Emission Standards for Hazardous Air Pollutants: Site Remediation.
89. Subpart HHHHH - National Emission Standards for Hazardous Air Pollutants: Miscellaneous Coating Manufacturing.
90. Subpart IIIII - National Emission Standards for Hazardous Air Pollutants: Mercury Emissions From Mercury Cell Chlor-Alkali Plants.
91. Subpart JJJJJ - National Emission Standards for Hazardous Air Pollutants for Brick and Structural Clay Products Manufacturing.
92. Subpart KKKKK - National Emission Standards for Hazardous Air Pollutants for Clay Ceramics Manufacturing.

93. Subpart LLLLL - National Emission Standards for Hazardous Air Pollutants: Asphalt Processing and Asphalt Roofing Manufacturing.
94. Subpart MMMMM - National Emission Standards for Hazardous Air Pollutants: Flexible Polyurethane Foam Fabrication Operations.
95. Subpart NNNNN - National Emission Standards for Hazardous Air Pollutants: Hydrochloric Acid Production.
96. Subpart PPPPP - National Emission Standards for Hazardous Air Pollutants: Engine Test Cells/Stands.
97. Subpart QQQQQ - National Emission Standards for Hazardous Air Pollutants for Friction Materials Manufacturing Facilities.
98. Subpart RRRRR - National Emission Standards for Hazardous Air Pollutants: Taconite Iron Ore Processing.
99. Subpart SSSSS - National Emission Standards for Hazardous Air Pollutants for Refractory Products Manufacturing.
100. Subpart TTTTT - National Emissions Standards for Hazardous Air Pollutants for Primary Magnesium Refining.
101. Subpart WWWWW - National Emission Standards for Hospital Ethylene Oxide Sterilizers.
102. Subpart YYYYY - National Emission Standards for Hazardous Air Pollutants for Area Sources: Electric Arc Furnace Steelmaking Facilities.
103. Subpart ZZZZZ - National Emission Standards for Hazardous Air Pollutants for Iron and Steel Foundries Area Sources.
104. Subpart BBBBBB - National Emission Standards for Hazardous Air Pollutants for Source Category: Gasoline Distribution Bulk Terminals, Bulk Plants, and Pipeline Facilities.
105. Subpart CCCCCC - National Emission Standards for Hazardous Air Pollutants for Source Category: Gasoline Dispensing Facilities.
106. Subpart DDDDDD - National Emission Standards for Hazardous Air Pollutants for Polyvinyl Chloride and Copolymers Production Area Sources.
107. Subpart EEEEEE - National Emission Standards for Hazardous Air Pollutants for Primary Copper Smelting Area Sources.
108. Subpart FFFFFF - National Emission Standards for Hazardous Air Pollutants for Secondary Copper Smelting Area Sources.
109. Subpart GGGGGG - National Emission Standards for Hazardous Air Pollutants for Primary Nonferrous Metals Area Sources-Zinc, Cadmium, and Beryllium.
110. Subpart HHHHHH - National Emission Standards for Hazardous Air Pollutants: Paint Stripping and Miscellaneous Surface Coating Operations at Area Sources.
111. Subpart JJJJJJ - National Emission Standards for Hazardous Air Pollutants for Area Sources: Industrial, Commercial, and Institutional Boilers Area Sources.
112. Subpart LLLLLL - National Emission Standards for Hazardous Air Pollutants for Acrylic and Modacrylic Fibers Production Area Sources.
113. Subpart MMMMMM - National Emission Standards for Hazardous Air Pollutants for Carbon Black Production Area Sources.
114. Subpart NNNNNN - National Emission Standards for Hazardous Air Pollutants for Chemical Manufacturing Area Sources: Chromium Compounds.
115. Subpart OOOOOO - National Emission Standards for Hazardous Air Pollutants for Flexible Polyurethane Foam Production and Fabrication Area Sources.
116. Subpart PPPPPP - National Emission Standards for Hazardous Air Pollutants for Lead Acid Battery Manufacturing Area Sources.
117. Subpart QQQQQQ - National Emission Standards for Hazardous Air Pollutants for Wood Preserving Area Sources.
118. Subpart RRRRRR - National Emission Standards for Hazardous Air Pollutants for Clay Ceramics Manufacturing Area Sources.
119. Subpart SSSSSS - National Emission Standards for Hazardous Air Pollutants for Glass Manufacturing Area Sources.
120 Subpart TTTTTT - National Emission Standards for Hazardous Air Pollutants for Secondary Nonferrous Metals Processing Area Sources.
121. Subpart VVVVVV - National Emission Standards for Hazardous Air Pollutants for Chemical Manufacturing Area Sources.
122. Subpart WWWWWW - National Emission Standards for Hazardous Air Pollutants: Area Source Standards for Plating and Polishing Operations.
123. Subpart XXXXXX - National Emission Standards for Hazardous Air Pollutants Area Source Standards for Nine Metal Fabrication and Finishing Source Categories.
124. Subpart YYYYYY - National Emission Standards for Hazardous Air Pollutants for Area Sources: Ferroalloys Production Facilities.
125. Subpart ZZZZZZ - National Emission Standards for Hazardous Air Pollutants: Area Source Standards for Aluminum, Copper, and other Nonferrous Foundries.
126. Subpart AAAAAAA - National Emission Standards for Hazardous Air Pollutants for Area Sources: Asphalt Processing and Asphalt Roofing Manufacturing.
127. Subpart BBBBBBB - National Emission Standards for Hazardous Air Pollutants for Area Sources: Chemical Preparations Industry.
128. Subpart CCCCCCC - National Emission Standards for Hazardous Air Pollutants for Area Sources: Paints and Allied Products Manufacturing.
129. Subpart DDDDDDD - National Emission Standards for Hazardous Air Pollutants for Area Sources: Prepared Feeds Manufacturing.
130. Subpart EEEEEEE - National Emission Standards for Hazardous Air Pollutants: Gold Mine Ore Processing and Production Area Source Category.
131. Subpart HHHHHHH - National Emission Standards for Hazardous Air Pollutant Emissions for Polyvinyl Chloride and Copolymers Production.

Historical Note

Former Section R18-2-1101 repealed effective September 26, 1990 (Supp. 90-3). New Section R18-2-1101 renumbered from R18-2-901 and amended effective November 15, 1993 (Supp. 93-4). Amended effective June 10, 1994 (Supp. 94-2). Amended effective February 17, 1995 (Supp. 95-1). Amended effective December 7, 1995 (Supp. 95-4). Amended effective May 9, 1996 (Supp. 96-2). Amended effective April 4, 1997; filed with the Office of the Secretary of State March 14, 1997 (Supp. 97-1). Amended effective December 4, 1997 (Supp. 97-4). Amended by final rulemaking at 5 A.A.R. 3221, effective August 12, 1999 (Supp. 99-3). Amended by final

rulemaking at 6 A.A.R. 4170, effective October 11, 2000 (Supp. 00-4). Amended by final rulemaking at 8 A.A.R. 2543, effective May 24, 2002 (Supp. 02-2). Amended by final rulemaking at 10 A.A.R. 3281, effective September 27, 2004 (Supp. 04-3). Amended by final rulemaking at 11 A.A.R. 5504, effective February 4, 2006 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 4199, effective January 5, 2008 (Supp. 07-4). Amended by final expedited rulemaking at 21 A.A.R. 2747, effective December 13, 2015 (Supp. 15-4). Amended by final expedited rulemaking at 23 A.A.R. 1564, effective May 2, 2018 (Supp. 18-2).

R18-2-1102. General Provisions

A. When used in 40 CFR 61 or 63, "Administrator" means the Director of the Arizona Department of Environmental Quality except that the Director shall not be authorized to approve alternate or equivalent test methods or alternate standards or work practices, except as specifically provided in Part 63, Subpart B.

B. From the general standards identified in R18-2-1101(A), delete 40 CFR 61.04. All requests, reports, applications, submittals, and other communications to the Director pursuant to this Article shall be submitted to the Arizona Department of Environmental Quality, Air Quality Division, 1110 West Washington Street, Phoenix, Arizona 85007.

C. The Director shall not be delegated authority to deal with equivalency determinations that are nontransferable through Section 112(h)(3) of the Act.

Historical Note

Former Section R18-2-1102 repealed effective September 26, 1990 (Supp. 90-3). New Section R18-2-1102 renumbered from R18-2-902 and amended effective November 15, 1993 (Supp. 93-4). Amended effective June 10, 1994 (Supp. 94-2). Amended effective February 17, 1995 (Supp. 95-1). Amended by final rulemaking at 13 A.A.R. 4199, effective January 5, 2008 (Supp. 07-4).

ARTICLE 12. VOLUNTARY EMISSIONS BANK

R18-2-1201. Definitions

In addition to the definitions contained in Article 1 of this Chapter, and A.R.S. § 49-401.01, the following definitions apply to this Article:

"Account holder" means any person or entity who has opened an account in the emissions bank under R18-2-1206.

"Certification authority" means the Department or the county or multi-county district to which the Department has delegated authority to certify emission reduction credits under A.R.S. § 49-410(C).

"Certified credit" means an emission reduction credit that has been issued under R18-2-1203(C)(2), R18-2-1204(B), or R18-2-1205(E)(3).

"Conditional credit" means an emission reduction credit for a reduction in emissions by a plan generator that the certification authority has issued under R18-2-1205(D)(2) but the Administrator has not yet approved under R18-2-1205(E)(3).

"Emissions bank" means the system created by the Department to record and make publicly available information on the issuance, certification, transfer, retirement, and use of emission reduction credits.

"Emission reduction credit" or "credit" means a reduction in qualifying emissions expressed in tons per year for which the generator has submitted an application under R18-2-1203, R18-2-1204, or R18-2-1205 and which has not been withdrawn from the emissions bank under R18-2-1208(B)(5) or (C).

"Emission reduction plan" means a plan submitted under R18-2-1205 for assuring that reductions in qualifying emissions by a plan generator are permanent, quantifiable, surplus, enforceable, and real.

"Enforceable" means that specific measures for assessing compliance with an emissions limitation, control, or other requirement are established in a permit, offset-creation rule, or emission reduction plan in a manner that allows compliance to be readily determined by an inspection of records and reports.

"Form" means a paper document or online form provided through a web portal.

"Generator" means any permitted source or other activity that has made or proposes to make reductions in qualifying emissions.

"Issue," with respect to emission reduction credits, means to create and provide evidence of the creation of conditional credits or certified credits in the form or manner prescribed by the Department.

"Offset-creation rule" means a state, county, or multi-county district rule that has been approved into the state implementation plan and provides a method for allowing emission reductions from specific activities to qualify as offsets. Rule 242 of the Maricopa County Air Pollution Control Regulations is an example of an offset-creation rule.

"Offsets" means reductions in emissions required under R18-2-404 or the equivalent rule of a county or multi-county district.

"Pending credits" means emission reduction credits for which an application has been submitted under R18-2-1203, R18-2-1204, or R18-2-1205 but that have not yet been issued as conditional or certified credits.

"Permanent" means that the reduction in qualifying emissions are long-lasting and unchanging for the remaining life of the relevant activity.

"Permitted generator" means a generator that is a stationary source subject to a permit, other than a general permit, issued under A.R.S. § 49-426 or 49-480 and that seeks credits for reductions that are or will be made enforceable through permit condition.

"Plan generator" means a generator that intends to achieve or has achieved reductions in qualifying emissions in compliance with an emission reduction plan under R18-2-1205.

"Planning authority" means the organization responsible for preparing the state implementation plan for an area under A.R.S. § 49-404 or 49-406.

"Qualifying emissions" means emissions of any conventional air pollutant, other than elemental lead, or any precursor of a conventional air pollutant from any activity. Qualifying emissions does not include emissions from a fleet of motor vehicles if the fleet operates outside of a nonattainment area. A.R.S. § 49-410(H)(2).

"Quantifiable" means that the amount, rate, and characteristics of a reduction in qualifying emissions can be measured through reliable, replicable methods.

"Real" means that a reduction in qualifying emissions is a reduction in actual emissions released to the air resulting from a physical change or change in the method of operations of a generator.

"Regulatory generator" means a generator that has achieved reductions in qualifying emissions in compliance with an offset-creation rule.

"Surplus" means that a reduction in qualifying emissions is not otherwise required by an applicable requirement and not relied upon in the state implementation plan.

"Ton" includes fraction of a ton as necessary to reflect the total amount of emissions reductions achieved or to be achieved by a generator.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 1815, effective March 18, 2002 (Supp. 02-1). Amended by final rulemaking at 25 A.A.R. 1433, effective July 28, 2019 (Supp. 19-2).

R18-2-1202. Applicability

A. Applicability. This Article applies to the following persons and entities:
1. The owners or operators of generators.
2. The owners or operators of stationary sources that intend to use credits as offsets.
3. Other account holders.
4. Planning authorities.

B. Voluntary Participation. The certification of credits and registration of credits in the emissions bank under this Article is voluntary and is not a condition to the creation or use of emission reductions as offsets.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 1815, effective March 18, 2002 (Supp. 02-1). Amended by final rulemaking at 25 A.A.R. 1433, effective July 28, 2019 (Supp. 19-2).

R18-2-1203. Certification of Credits for Emission Reductions by Permitted Generators

A. Application.
1. The owner or operator of a permitted generator may apply for credits for reductions in qualifying emissions at any time after filing either:
   a. An application for a permit revision seeking the imposition of conditions to make the reductions in qualifying emissions enforceable; or
   b. A notice of permit termination seeking to make the shutdown of a stationary source, and the resulting reductions in qualifying emissions, enforceable.
2. An application for credits shall be filed with the certification authority on the form prescribed by the Department and shall include:
   a. The emissions bank account number obtained under R18-2-1206 for the owner or operator;
   b. Information on the identity, type, ownership, and location of the permitted generator;
   c. A description of the actions that have resulted or will result in the reductions in qualifying emissions;
   d. Information on the amount of and methodology for calculating the reductions in qualifying emissions for each pollutant subject to the application;
   e. Other information necessary to verify that the reductions in qualifying emissions qualify as permanent, quantifiable, surplus, enforceable, and real;
   f. The actual dates or anticipated dates of the reductions in qualifying emissions, as applicable; and
   g. A signed statement by a responsible official, as defined in R18-2-301, verifying the truthfulness and accuracy of all information provided in the application.

B. Notification and Consultation.
1. If the certification authority is not the permitting authority for the generator, the certification authority shall:
   a. Provide a copy of the application for credits to the permitting authority; and
   b. Consult with permitting authority on whether the reductions in qualifying emissions qualify as permanent, quantifiable, enforceable, surplus, and real.
2. If the owner or operator files the application for credits before final action on the permit revision or termination of the permit and the permitting authority for the generator is not the certification authority, the permitting authority shall provide notice of final action on the permit revision or termination of the permit to the certification authority.

C. Action on Application.
1. The certification authority shall deny the application for credits if:
   a. The permitting authority denies the permit revision or termination on which enforceability of the reductions in qualifying emissions is based; or
   b. None of the reductions in emissions qualify as permanent, quantifiable, surplus, enforceable, and real.
2. The certification authority shall grant the application and issue one certified credit for each ton per year of reduction that qualifies as permanent, quantifiable, surplus, enforceable, and real.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 1815, effective March 18, 2002 (Supp. 02-1). Amended by final rulemaking at 25 A.A.R. 1433, effective July 28, 2019 (Supp. 19-2).

R18-2-1204. Certification of Credits for Emission Reductions by Regulatory Generators

A. Application.
1. The owner or operator of a regulatory generator may apply for credits for reductions in qualifying emissions at any time after complying with the applicable offset-creation rule.
2. An application for credits shall be filed with the certification authority on the form prescribed by the Department and shall include:
   a. The emissions bank account number obtained under R18-2-1206 for the owner or operator;
   b. A copy of a determination of compliance with the offset-creation rule by the agency administering the rule; and
   c. A signed statement by a responsible official, as defined in R18-2-301, verifying the truthfulness and accuracy of all information provided in the application.

B. Action on Application. The certification authority shall grant the application and issue one certified credit for each ton per year of reduction that the agency administering the offset-creation rule has determined to be in compliance with the rule.

Historical Note
New Section made by final rulemaking at 8 A.A.R. 1815, effective March 18, 2002 (Supp. 02-1). Amended by final rulemaking at 25 A.A.R. 1433, effective July 28, 2019 (Supp. 19-2).

R18-2-1205. Certification of Credits for Emission Reductions by Plan Generators; Enforcement

A. Application. The owner or operator of a plan generator may apply for credits for reductions in qualifying emissions by filing an application with the certification authority. The application shall be filed on the form prescribed by the Department and shall include:
1. The emissions bank account number obtained under R18-2-1206 for the owner or operator;
2. Information on the identity, type, ownership, and location of the plan generator;
3. An emission reduction plan satisfying subsection (B); and
4. A signed statement by a responsible official, as defined in R18-2-301, verifying the truthfulness and accuracy of all information provided in the application.

B. Emission Reduction Plan Contents. An emission reduction plan for a program to reduce qualifying emissions at a plan generator shall include the following elements:
1. A clearly defined purpose and goal;
2. A clearly defined scope that identifies affected activities and assures that the program will not interfere with any other applicable requirements;
3. The composition of any fleet of mobile sources that will participate in the program;
4. A calculation of baseline emissions;
5. A calculation of projected emissions after implementation of the program;
6. Methods for accounting for uncertainty in the projection of program results;
7. Reliable, replicable procedures for quantifying emissions or emission-related parameters, as appropriate;
8. Monitoring, recordkeeping, and reporting requirements that are consistent with the specified quantification procedures and allow for compliance certification and enforcement;
9. An implementation schedule, administrative system, and enforcement provisions adequate for ensuring enforceability of the program; and
10. Such other elements as the Department may reasonably require in order to assure that reductions in qualifying emissions are permanent, quantifiable, surplus, enforceable, and real.

C. Proposed Action and Public Process.
1. The certification authority shall publish notice of the proposed action on an application submitted under this Section in the manner prescribed by A.R.S. § 49-444 and as follows:
   a. On the website for the certification authority; and
   b. By mail or email to persons on a mailing list who have requested notice of applications under this Section.
2. By no later than the date public notice is published under subsection (C)(1), the certification authority shall make a copy of the following materials available at a public location in the same county as the proposed program to reduce qualifying emissions, at the closest office of the certification authority, and on the certification authority's website:
   a. The application, including the emission reduction plan;
   b. The proposed action;
   c. The certification authority's analysis in support of the proposed action; and
   d. All other materials in the certification authority's possession that are relevant to the proposed action.
3. The certification authority shall accept public comment on the proposed action for at least 30 days after the first publication of the notice under subsection (C)(1).
4. The certification authority shall hold a public hearing no sooner than 30 days after the first publication of the notice under subsection (C)(1).
5. The notice shall include the following:
   a. The identity and location of the applicant;
   b. A concise description of the program for reducing qualifying emissions;
   c. The locations at which materials relating to the proposed action are available under subsection (C)(2);
   d. The date by and manner in which written comments on the proposed action may be submitted; and
   e. The location, date, and time for the hearing under subsection (C)(4).

D. Action on Application.
1. The certification authority shall deny the application for certification if none of the reductions in emissions qualifies as permanent, quantifiable, surplus, enforceable, and real.
2. The certification authority shall grant the application and issue one conditional credit for each ton per year of reductions that qualifies as permanent, quantifiable, surplus, enforceable, and real.

E. Approval by Administrator.
1. On grant of an application under subsection (D)(2) by a certification authority other than the Department, the certification authority shall transmit the conditional credits and the associated emission reduction plan to the Department for submission to the Administrator under subsection (E)(2). In addition to the credits and plan, the submission shall include all of the elements required for a revision to the state implementation plan under 40 CFR 51.
2. On issuance of conditional credits by the Department under subsection (D)(2) or receipt of conditional credits under subsection (E)(1), the Department shall submit the conditional credits and the associated emission reduction plan to the Administrator for approval as a revision to the state implementation plan.
3. On final action by the Administrator on the state implementation plan revision submitted under subsection (E)(2), the certification authority shall issue certified credits and revoke conditional credits as necessary to be consistent with the Administrator's action.

F. Enforcement. A violation of any provision of an emission reduction plan approved by the Administrator under subsection (E) is a violation of this rule by the owner or operator of the plan generator.

Historical Note
New Section made by final rulemaking at 8 A.A.R. 1815, effective March 18, 2002 (Supp. 02-1). Amended by final

rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1). Amended by final rulemaking at 25 A.A.R. 1433, effective July 28, 2019 (Supp. 19-2).

R18-2-1206. Opening Emissions Bank Accounts

A. Any person or entity may open an account in the emissions bank by submitting the form prescribed by the Department.

B. The owner or operator of a generator must open an account in the emissions bank before submitting an application under R18-2-1203(A), R18-2-1204(A), or R18-2-1205(A).

Historical Note

New Section made by final rulemaking at 8 A.A.R. 1815, effective March 18, 2002 (Supp. 02-1). Amended by final rulemaking at 25 A.A.R. 1433, effective July 28, 2019 (Supp. 19-2).

R18-2-1207. Registration of Emission Reduction Credits in Emissions Bank

A. Notice to Department. A certification authority other than the Department shall provide notice on the form prescribed by the Department of the following events related to emissions reduction credits:
1. Receipt of an application under R18-2-1203(A), R18-2-1204(A), or R18-2-1205(A);
2. Proposal to issue conditional credits;
3. Issuance of conditional credits;
4. Denial of an application for credits;
5. Issuance of certified credits; and
6. Revocation or reduction of credits.

B. Registration by Department.
1. The Department shall register pending credits in the emissions bank account for the owner or operator of the generator on:
   a. Receipt of an application under R18-2-1203(A), R18-2-1204(A), or R18-2-1205(A); or
   b. Receipt of notice under subsection (A)(1).
2. The Department shall register conditional credits in the emissions bank account for the owner or operator of the generator on:
   a. Approval of the application under R18-2-1205(D); or
   b. Receipt of notice under subsection (A)(3).
3. The Department shall register certified credits in the emissions bank account for the owner or operator of the generator on:
   a. Issuance of certified credits under R18-2-1203(C)(2), R18-2-1204(B), or R18-2-1205(E)(3).
   b. Receipt of notice under subsection (A)(5).
4. The Department shall adjust each account in which credits are deposited as necessary to reflect:
   a. The denial of an application for credits under R18-2-1203(C)(1) or R18-2-1205(D)(1);
   b. The Administrator's final action on a state implementation plan under R18-2-1205(E);
   c. The revocation or reduction of credits by a permitting authority or an agency responsible for administering an offset-creation rule.

C. Notice of Reductions. If reductions in qualifying emissions represented by credits have not occurred by the time pending credits are registered, the generator shall provide notice to the Department and the certifying authority on the form prescribed by the Department within five days after the reductions are achieved.

D. Registration Information. For credits registered in the emissions bank, the Department shall include the following information:
1. The name and contact information of the account holder;
2. The name, location, and description of the generator;
3. The name, contact information, and location of the owner or operator of the generator;
4. For each pollutant covered by the credits, the amount and date or expected date of the reductions;
5. The status of the credits, including whether the reductions in qualifying emissions represented by the credits have occurred and whether their use has been approved under R18-2-1208(B)(2).

Historical Note

New Section made by final rulemaking at 8 A.A.R. 1815, effective March 18, 2002 (Supp. 02-1). Amended by final rulemaking at 25 A.A.R. 1433, effective July 28, 2019 (Supp. 19-2).

R18-2-1208. Transfer, Use, and Retirement of Emission Reduction Credits

A. Transfer Procedures.
1. An account holder may transfer certified credits held in its account to any other account holder by filing the form prescribed by the Department.
2. On verification of the information in the transfer form, the Department shall adjust the emissions bank accounts of the transferor and transferee to reflect the transfer.

B. Use Procedures.
1. An account holder who intends to use credits held in its account as offsets shall file an application to use the credits on the form prescribed by the Department. The notice shall include:
   a. Information on the identity, location, ownership, and emissions of the stationary source;
   b. Specification of the amount of credits to be used;
   c. Identification of the permitting authority with jurisdiction over the stationary source;
   d. If the stationary source is seeking a permit revision, the identification number for the permit being revised.
2. On approval of the application, the Department shall:
   a. Issue a certificate representing the credits that may be included in the permit or permit revision application of the stationary source;
   b. Notify the permitting authority of the issuance of the certificate; and
   c. Change the status of the credits to use approved.
3. The permitting authority shall provide notice to the Department of final action on the stationary source's application for a permit or permit revision.
4. Reductions in qualifying emissions reflected in the credits must be implemented before actual construction of the new stationary source or modification begins.
5. The Department shall register a withdrawal and use of credits used under subsection (B) on the later of:
   a. Receipt of notice of approval of the application for a permit or permit revision for the stationary source; or
   b. Implementation of the reductions reflected in the credits.

C. Retirement.

1. An account holder may retire credits in its account without using them as offsets by submitting the form prescribed by the Department.
2. On verification of the information contained in the form, the Department shall register a withdrawal and retirement of the credits from the account.

D. Continuation of Credits. Except to the extent otherwise required by the act, certified credits do not expire and continue in effect until withdrawn under subsection (B) or (C).

Historical Note
New Section made by final rulemaking at 8 A.A.R. 1815, effective March 18, 2002 (Supp. 02-1). Section R18-2-1208 renumbered to R18-2-1210; new Section R18-2-1208 made by final rulemaking at 25 A.A.R. 1433, effective July 28, 2019 (Supp. 19-2).

R18-2-1209. Exclusion of Emission Reduction Credits from Planning

Except to the extent otherwise required by the act, with regard to credits for emission reductions in an area for which a planning authority has responsibility, the planning authority shall:

1. Include the emissions for which the credits have been issued in the emissions inventory for the area as if reductions in those emissions had not yet occurred;
2. Account for the emissions for which the credits have been issued in any reasonable further progress or attainment demonstration for the area as if the reductions had not yet occurred; and
3. Refrain from relying on the reductions in any revision to the state implementation plan for the area.

Historical Note
New Section R18-2-1209 made by final rulemaking at 25 A.A.R. 1433, effective July 28, 2019 (Supp. 19-2).

R18-2-1210. Fees

A. The owner or operator of a generator shall pay a non-refundable administrative fee of $200.00 to the Department when submitting an application for certification. This fee is in addition to the fees specified in R18-2-326.

B. An account holder using a credit under R18-2-1207(B) shall pay a non-refundable administrative fee of $200.00 to the Department when submitting the application for use. This fee is in addition to the fees specified in R18-2-326.

Historical Note
New Section R18-2-1210 renumbered from R18-2-1208 and amended by final rulemaking at 25 A.A.R. 1433, effective July 28, 2019 (Supp. 19-2).

ARTICLE 13. STATE IMPLEMENTATION PLAN RULES FOR SPECIFIC LOCATIONS

R18-2-1301. Expired

Historical Note
New Section made by final rulemaking at 9 A.A.R. 1295, effective April 2, 2003 (Supp. 03-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2856, effective April 30, 2013 (Supp. 13-3).

R18-2-1302. Expired

Historical Note
New Section made by final rulemaking at 9 A.A.R. 1295, effective April 2, 2003 (Supp. 03-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2856, effective April 30, 2013 (Supp. 13-3).

R18-2-1303. Expired

Historical Note
New Section made by final rulemaking at 9 A.A.R. 1295, effective April 2, 2003 (Supp. 03-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2856, effective April 30, 2013 (Supp. 13-3).

R18-2-1304. Expired

Historical Note
New Section made by final rulemaking at 9 A.A.R. 1295, effective April 2, 2003 (Supp. 03-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2856, effective April 30, 2013 (Supp. 13-3).

R18-2-1305. Expired

Historical Note
New Section made by final rulemaking at 9 A.A.R. 1295, effective April 2, 2003 (Supp. 03-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2856, effective April 30, 2013 (Supp. 13-3).

R18-2-1306. Expired

Historical Note
New Section made by final rulemaking at 9 A.A.R. 1295, effective April 2, 2003 (Supp. 03-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2856, effective April 30, 2013 (Supp. 13-3).

R18-2-1307. Expired

Historical Note
New Section made by final rulemaking at 9 A.A.R. 1295, effective April 2, 2003 (Supp. 03-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2856, effective April 30, 2013 (Supp. 13-3).

PART A. RESERVED

PART B. HAYDEN, ARIZONA, PLANNING AREA

R18-2-B1301. Limits on Lead Emissions from the Hayden Smelter

A. Applicability.

1. This Section applies to the owner or operator of the Hayden Smelter. It establishes limits on lead emissions from the Hayden Smelter and monitoring, recordkeeping and reporting requirements for those limits.
2. Effective date. With the exception of the following requirements, this rule is in effect. Additional requirements in subsections (C)(1), (C)(2), (D)(3), (D)(4), (D)(5), (E)(1), (E)(7), (F)(1), (F)(2), (F)(3), (F)(4) (F)(5), (F)(6), (G)(1), (G)(2), (G)(4), (G)(5), (H)(4), (H)(9), (H)(10), (I)(7), (I)(8), and (I)(9) take effect 60 days after the Hayden Smelter achieves maximum production after smelter restart or 180 days after smelter restart, whichever occurs first.

B. Definitions. In addition to general definitions contained in R18-2-101, the following definitions apply to this Section:

1. "ACFM" means actual cubic feet per minute.
2. "Anode furnace baghouse stack" means the dedicated stack that vents controlled off-gases from the anode furnaces to the Main Stack.
3. "Blowing" shall mean the introduction of air or oxygen-enriched air into the converter furnace molten bath through tuyeres that are submerged below the level of the molten bath. The flow of air through the tuyeres above

the level of the molten bath or into an empty converter shall not constitute blowing.

4. "Capture system" means the collection of components used to capture gases and fumes released from one or more emission units, and to convey the captured gases and fumes to one or more control devices or a stack. A capture system may include, but is not limited to, the following components as applicable to a given capture system design: duct intake devices, hoods, enclosures, ductwork, dampers, manifolds, plenums, and fans.
5. "Control device" means a piece of equipment used to clean and remove pollutants from gases and fumes released from one or more emission units that would otherwise be released to the atmosphere. Control devices may include, but are not limited to, baghouses, Electrostatic Precipitators (ESPs), and sulfuric acid plants.
6. "Fuming ladle" means a ladle emitting an abnormal amount of fume after discharge of material.
7. "Hayden Smelter" means the primary copper smelter located in Hayden, Gila County, Arizona at latitude 33º0'15"N and longitude 110º46'31"W.
8. "Ladle" means a piece of equipment used to move/pour molten material.
9. "Main Stack" means the center and annular portions of the 1,000-foot stack, which vents controlled off-gases from the INCO flash furnace, the converters, and anode furnaces and also vents exhaust from the tertiary hoods.
10. "Maintenance downturn" means a scheduled maintenance period lasting at least eight working hours.
11. "SCFM" means standard cubic feet per minute.
12. "SLAMS monitor" means an ambient air monitor part of the State and Local Air Monitoring Stations network operated by State or local agencies for the purpose of demonstrating compliance with the National Ambient Air Quality Standards.
13. "Smelter restart" means the first day after the issuance of Significant Permit Revision No. 97168 that concentrate is processed through the INCO flash furnace to produce matte.
14. "Smelting process-related fugitive lead emissions" means uncaptured and/or uncontrolled lead emissions that are released into the atmosphere from smelting copper in the INCO flash furnace, converters, and anode furnaces.
15. "Table 1" means the table labeled "Uptake Improvement System Flow Conditions and Damper Positions," in the attachment labeled "Hayden Smelter Site-Specific SIP Requirements," to the current Class I permit.
16. "Table 2" means the table labeled "Uptake Improvement System Interlock Timing," in the attachment labeled "Hayden Smelter Site-Specific SIP Requirements," to the current Class I permit.
17. "Table 3" means the table labeled "Anode Secondary Hood System Flow Conditions and Damper Positions," in the attachment labeled "Hayden Smelter Site-Specific SIP Requirements," to the current Class I permit.
18. "Table 4" means the table labeled "Emergency Shutdown Ventilation Flue Emissions," in the attachment labeled "Hayden Smelter Site-Specific SIP Requirements," to the current Class I permit.

C. Lead Emissions Limitations.

1. Notwithstanding the addition of emissions from the anode secondary hood baghouse, total lead emissions from the main stack shall not exceed 0.683 pounds of lead per hour.
2. Total process fugitive lead emissions from the Hayden Smelter furnaces and converters shall not exceed 0.326 pounds of lead per hour calculated as a three-month rolling average in accordance with subsection (F).

D. Operational Standards.

1. Process equipment and control device operations. At all times, including periods of startup, shutdown, and malfunction, the owner or operator shall, to the extent practicable, maintain and operate smelter processes and associated emission capture and/or control equipment in a manner consistent with good air pollution control practices for minimizing lead emissions to the level required by subsection (C). Determination of whether acceptable operating and maintenance procedures are being used shall be based on all information available to the Department and EPA Region IX, which may include, but is not limited to, monitoring results, review of operating and maintenance procedures and records, and inspection of the relevant equipment.
2. Capture system and control device operations and maintenance plan. The owner or operator shall develop and implement an operations and maintenance plan for each capture system and/or control device used to ventilate or control process gas or emissions from the flash furnace, including matte tapping, slag skimming and slag return operations; converter primary hoods, converter secondary hoods, tertiary ventilation system; and anode refining operations. The operations and maintenance plan must address the following requirements as applicable to each capture system and/or control device.
   a. Monitoring devices. The plan shall provide for installation, operation, calibration, and maintenance of appropriate monitoring devices to measure and record operating limit values or settings at all times the required capture and control system is operating, except during periods of monitor calibration, repair, and malfunction. The initial plan shall provide for volumetric flow monitoring on the vent gas baghouse (inlet or outlet), each converter primary hood, each converter secondary hood, the tertiary ventilation system, and the anode furnace baghouse (inlet or outlet). All monitoring devices shall be accurate within +/- 10 percent and calibrated according to manufacturer's instructions. If direct measurement of the exhaust flow is infeasible due to physical limitations or exhaust characteristics, the owner or operator may propose a reliable equivalent method for approval. Initial monitoring may be adjusted as provided in subsection (D)(2)(e). Dampers that are manually set and remain in the same position while the capture system is operating are exempt from these monitoring requirements. Capture system damper position setting or settings shall be specified in the plan.
   b. Operational limits. The owner or operator shall establish operating limits in the operations and maintenance plan for the capture systems and/or control devices that are representative and reliable indicators of the performance of the capture system and control device operations. Initial operating limits may be adjusted as provided in subsection (D)(2)(e). Initial operating limits shall include the following:

i. A minimum air flow for the furnace ventilation system and associated damper positions for each matte tapping hood or slag skimming hood when operating to ensure that the operation or operations are within the confines or influence of the capture system.
ii. A minimum air flow for the secondary hood baghouse and associated damper positions for each slag return hood to ensure that the operation is within the confines or influence of the capture system's ventilation draft during times when the associated process is operating.
iii. A minimum air infiltration ratio for the converter primary hoods of 1:1 averaged over 24 converter Blowing hours, rolled hourly measured as volumetric flow in primary hood less the volumetric flow of tuyere Blowing compared to the volumetric flow of tuyere Blowing.
iv. A minimum secondary hood exhaust rate of 35,000 SCFM during converter Blowing, averaged over 24 converter Blowing hours, rolled hourly.
v. A minimum secondary hood exhaust rate of 133,000 SCFM during all non-Blowing operating hours, averaged over 24 non-Blowing hours, rolled hourly.
vi. A minimum negative pressure drop across the secondary hood when the doors are closed equivalent to 0.007 inches of water.
vii. A minimum exhaust rate on the tertiary hooding of 400,000 ACFM during all times material is processed in the converter aisle, averaged over 24 hours and rolled hourly.
viii. Fan amperes or minimum air flow for the anode furnace baghouse and associated damper positions for each anode furnace hood to ensure that the anode furnace off-gas port is within the confines or influence of the capture system's ventilation draft during times when the associated furnace is operating.
ix. The anode furnace charge mouth shall be kept covered when the tuyeres are submerged in the metal bath except when copper is being charged to or transferred from the furnace.

c. Preventative maintenance. The owner or operator shall perform preventative maintenance on each capture system and control device according to written procedures specified in the operations and maintenance plan. The procedures must include a preventative maintenance schedule that is consistent with the manufacturer's or engineer's instructions, or operator's experience working with the equipment, and frequency for routine and long-term maintenance. This provision does not prohibit additional maintenance beyond that required by the plan.
d. Inspections. The owner or operator shall perform inspections in accordance with written procedures in the operations and maintenance plan for each capture system and control device that are consistent with the manufacturer's, engineer's, or operator's instructions for each system and device.
e. Plan development and revisions.
i. The owner or operator shall develop and keep current the plan required by this Section. Any plan or plan revision shall be consistent with this Section, shall be designed to ensure that the capture and control system performance conforms to the attainment demonstration in the State Implementation Plan Revision: 2024 Hayden Lead (Pb) Nonattainment Area for 2008 Pb NAAQS, and shall be submitted to the Department for review. Any plan or plan revision submitted shall include the associated manufacturer's, engineer's or operator's recommendations and/or instructions used for capture system and control device operations and maintenance.
ii. The owner or operator shall submit the initial plan to the Department no later than May 1, 2018 and shall include the initial volumetric flow monitoring provisions in subsection (D)(2)(a), the initial operational limits in subsection (D)(2)(b), the preventative maintenance procedures in subsection (D)(2)(c), and the inspection procedures in subsection (D)(2)(d).
iii. The owner or operator shall submit to the Department for approval a plan revision with changes, if any, to the initial volumetric flow monitoring provisions in subsection (D)(2)(a) and initial operational limits in subsection (D)(2)(b) not later than six months after completing a fugitive emissions study conducted in accordance with Appendix 14. The Department shall submit the approved changes to the volumetric flow monitoring provisions and operational limits pursuant to this subsection to EPA Region IX as a SIP revision not later than 12 months after completion of a fugitive emissions study.
iv. Other plan revisions may be submitted at any time when necessary. All plans and plan revisions shall be designed to achieve operation of the capture system and/or control device consistent with the attainment demonstration in the State Implementation Plan Revision: 2024 Hayden Lead (Pb) Nonattainment Area for 2008 Pb NAAQS. Except for changes to the volumetric flow monitoring provisions in subsection (D)(2)(a) and operational limits in subsection (D)(2)(b), which shall require prior approval, plans and plan revisions may be implemented upon submittal and shall remain in effect until superseded or until disapproved by the Department. Disapprovals are appealable Department actions.

3. Flash Furnace Area Capture Improvements.
a. The owner or operator shall install additional hooding and interceptor walls (the "Uptake Improvement System") to improve the capture of fugitive emissions from the flash furnace area, matte tapping and slag skimming areas, route them to the existing converter secondary hood baghouse for fabric filter and high surface area lime injection control, and then to the annulus of the main stack.
b. The Uptake Improvement System shall have a design evacuation rate of 50,000 to 60,000 ACFM hourly average and shall operate when the flash furnace is in operation except for brief periods when

slag is being returned to the flash furnace using the slag launder return. At those times, the ventilation for this system shall be switched to the slag return capture system and then switched back automatically to the Uptake Improvement System at the conclusion of the slag return cycle.

c. Establishment of Operational Ranges.
   i. The owner or operator shall establish a range of damper positions based upon the secondary hood baghouse flow monitor that provides reasonable assurance that the Uptake Improvement System exhaust flow is within the design range specified in subsection (D)(3)(b). The ranges shall be established and verified by a stack test no later than 180 days after smelter restart and may be revised thereafter in the same fashion. The proposed ranges, stack test verifying evacuation rates compliant with subsection (D)(3)(b) and proposed revision to Table 1 shall be submitted to the Department within 45 days of the stack test. If the Director concurs that the proposed damper position ranges assure an exhaust flow compliant with subsection (D)(3)(b), the Director shall issue a revised Table 1 reflecting the new damper position range. Thereafter, the owner or operator shall comply with the approved Table 1 range. Until the first submittal is approved, the owner or operator shall use ranges specified by the air pollution control designer. The current ranges can be found in Table 1 of the attachment labeled "Hayden Smelter Site-Specific SIP Requirements," to the current Class I permit.
   ii. The owner or operator shall establish a timed interlock on the slag return launder such that when slag is returned to the flash furnace the ventilation air from the Uptake Improvement System is switched to the slag return capture system for a defined period of not less than five minutes nor more than 10 minutes and then returns to the Uptake Improvement System automatically. The owner or operator shall optimize the period within the five to 10-minute range during the initial 60-day optimization period by observation and analysis and thereafter as necessary. The first analysis, proposed time period, and proposed revisions to Table 2 shall be submitted no later than 75 days after smelter restart. The Director shall approve any period that falls within both the five to 10-minute range and a range between the mean and mean plus one standard deviation of observed slag return durations. If the Director concurs that the proposed range meets these requirements, the Director shall issue a revised Table 2. All analyses shall be submitted and approved by the Director. Until the first report is approved, the owner or operator shall use ranges specified by the air pollution control designer. The current ranges are specified in Table 2 of the attachment labeled "Hayden Smelter Site-Specific SIP Requirements" to the current Class I permit.

d. Operational requirements.
   i. The owner or operator shall operate the Uptake Improvement/Launder Return combined damper in accordance with the approved Table 1 range or ranges at all times the flash furnace is operating and at all times matte tapping, slag skimming or slag returning is occurring.
   ii. The owner or operator shall operate the timed interlock in accordance with the approved Table 2 value. Operators shall trigger the interlock prior to starting slag return and may trigger the timed interlock again if slag is still returning at the end of the interlock cycle to minimize emissions.
   iii. The owner or operator shall inspect the Uptake Improvement System during each scheduled maintenance downturn to ensure that the hooding and walls are in proper position and that there are no visible accretions of material in the mouth of the hooding that would preclude efficient operation. The owner or operator shall quarterly, evaluate the damper controlling air between the Uptake Improvement System and the slag return capture system to ensure it is operating properly. Records of these inspections shall be maintained for five years.

4. Converter and Material Transfer Area Capture Improvements.
   a. The owner or operator shall install a hood and interceptor walls (the "Fuming Ladle Capture System") to provide a system for the capture of fugitive emissions from fuming ladles in the converter aisle and material transfer areas, route them to the existing converter secondary hood baghouse for fabric filter and high surface area lime injection control, and then to the annulus of the main stack.
   b. The Fuming Ladle Capture System shall have a design evacuation rate of 40,000 to 50,000 ACFM when a ladle is present within the hooded area. The capture system shall run until the ladle is removed or for at least 20 minutes after the ladle is placed in the containment. Fuming ladles shall not be removed from the fuming Ladle Capture System containment unless transported directly to the tunnel or within the capture area of a secondary hood.
   c. The owner or operator shall, whenever a fuming ladle is detected, promptly move the fuming ladle into the Fuming Ladle Capture System, the tunnel or within the capture area of a secondary hood.
      i. The owner or operator shall develop training for its employees responsible for ladle movement on identification of fuming ladles. The training shall be developed within 60 days of smelter restart. Existing employees shall be trained within 90 days of smelter restart and any new employees shall be trained before working ladle operations unsupervised by a trained operator. Employees shall be retrained once every five years. Training records for the operators shall be kept for five years. The training and records shall be available for inspections.
      ii. The training program curriculum required for subsection (D)(4)(b)(i) above shall include:
         (1) Identification of fuming ladles, including

oral description from experienced operators, written descriptions and, after smelter restart, photographs and video of fuming and nonfuming ladles;
(2) Procedures on observing ladles to determine when they are fuming;
(3) Instruction on when marginal ladles may be moved to the matte tunnels or a secondary hood for control and when they should be moved to the Fuming Ladle Capture System (FLCS);
(4) Prompt movement of ladles to, placement in, and operation of the FLCS;
(5) When and how ladles may be removed from the FLCS;
(6) Steps to take if a ladle remains fuming after initial time out of the FLCS; and
(7) Procedures for additional scrutiny of first slag and shell out ladles.

iii. The owner or operator shall submit the curriculum required under subsection (D)(4)(b)(ii) above and any written and photographic/video training materials to the Department within 10 days of development of the curriculum and thereafter shall provide the curriculum and materials to inspectors upon request.
iv. The owner or operator shall keep a log of the occurrences of fuming ladle events. The log shall include the date of the event, duration of the event, severity of the fuming ladle, and the time elapsed between identification of the fuming ladle and the operator moving the fuming ladle into the Fuming Ladle Capture System, within a secondary hood or into the matte tunnel.
v. Training records for the operators shall be kept for five years. The training and records shall be available for inspection.

d. The owner or operator shall conduct an initial flow test within 180 days of smelter restart to verify that the system achieves the design flow. The results of this flow test shall be reported to the Department within 45 days of completion of the test.
e. The owner or operator shall inspect the Fuming Ladle Capture System during each scheduled maintenance downturn to ensure that it is actuating properly, that the hoods and walls are in proper position, and there are no visible accretions of material in the mouth of the hood that would preclude efficient operation. Records of these inspections shall be maintained for five years.

5. Anode Furnace Secondary Hood Capture Control System.
a. The owner or operator shall install secondary hoods around each of the anode furnaces to improve the capture of fugitive emissions from the anode furnaces during charging, holding and processing, route the emissions to a new anode secondary hood baghouse for fabric filter control, and then to the annulus of the main stack. This is the Anode Secondary Hood system.
b. The Anode Secondary Hood System.
i. The Anode Secondary Hood System shall have an overall design evacuation rate for the total system of 150,000 ACFM hourly average.
ii. The anode secondary hood baghouse shall have a maximum design particulate matter emission rate of 0.002 gr/scf.
iii. Each secondary hood shall be equipped with dampers that can close completely and operate with a range from 20 to 100 percent to modulate flows to the individual anode furnace.
iv. The Anode Secondary Hood System shall be operated to achieve balanced flows (± 15 percent) on the two operating anode furnaces when neither are charging. When one anode furnace is charging, the Anode Secondary Hood System shall be balanced so that the charging furnace achieves a minimum of 100,000 ACFM and the other operating furnace gets the balance.
c. The owner or operator shall establish a range of damper positions and total flow conditions based upon the anode secondary hood baghouse flow monitor that provides reasonable assurance that the Anode Secondary Hood system exhaust flow is within the design range. These ranges and flow conditions shall be verified during a performance test within 180 days of smelter restart and may be revised thereafter in the same fashion. The proposed ranges and flow conditions, stack test verifying evacuation rates compliant with subsection (D)(5)(b)(iii) and subsection (D)(5)(b)(iv) and proposed revision to Table 3 shall be submitted to the Department within 45 days of the stack test. If the Director concurs that the proposed damper position and flow ranges assure an exhaust flow compliant with subsection (D)(5)(b)(iii) and subsection (D)(5)(b)(iv), the Director shall issue a revised Table 3 reflecting the new approved Table 3 ranges. Until the first performance test, the owner or operator shall use ranges specified by the air pollution control designer. The current flows shall be specified in Table 3. Damper positions shall be logged and the logs kept for five years.
d. Operational requirements.
i. The owner or operator shall operate the Anode Secondary Hoods in accordance with the approved Table 3 range or ranges at all times the anode furnaces are operating.
ii. The owner or operator shall inspect the Anode Secondary Hood System during which scheduled maintenance down turn to ensure that the dampers are working properly, the hoods and walls are in proper position and that there are no visible accretions of material in the mouth of the hoods that would preclude efficient operation. Records of these inspections shall be maintained for five years.

6. Emissions from the anode furnace baghouse stack shall be routed to the Main Stack.

E. Performance Test Requirements.
1. Main stack performance tests. No later than 180 calendar days after smelter restart, the owner or operator shall conduct initial performance tests on the following:

a. The gas stream exiting the anode furnaces baghouse prior to mixing with other gas streams routed to the Main Stack.
b. The gas stream exiting the acid plant at a location prior to mixing with other gas streams routed to the Main Stack.
c. The gas stream exiting the converter secondary baghouse at a location prior to mixing with other gas streams routed to the Main Stack.
d. The gas stream collected by the tertiary hooding at a location prior to mixing with other gas streams routed to the Main Stack.
e. The gas stream exiting the vent gas baghouse at a location prior to mixing with other gas streams routed to the Main Stack.
f. The gas stream exiting the anode secondary hood baghouse at a location prior to mixing with the other gas streams routed to the Main Stack.

2. Subsequent performance tests on the gas streams specified in subsection (E)(1) shall be conducted at least annually.
3. Performance tests shall be conducted under such conditions as the Department specifies to the owner or operator based on representative performance of the affected sources and in accordance with 40 CFR 60, Appendix A, Reference Method 29.
4. At least 30 calendar days prior to conducting a performance test pursuant to subsections (E)(1) and (E)(2), the owner or operator shall submit a test plan, in accordance with R18-2-312(B) and the Arizona Testing Manual, to the Department for approval. The test plan must include the following:
   a. Test duration;
   b. Test location or locations;
   c. Test method or methods, including those for test method performance audits conducted in accordance with subsection (E)(6); and
   d. Source operation and other parameters that may affect the test result.
5. The owner or operator may use alternative or equivalent performance test methods as defined in 40 CFR § 60.2 when approved by the Department and EPA Region IX, as applicable, prior to the test.
6. The owner or operator shall include a test method performance audit during every performance test in accordance with 40 CFR § 60.8(g).
7. The owner or operator shall evaluate opacity at the time of each performance test. The opacity evaluation shall evaluate both the opacity at the roofline monitor and note the opacity exiting from the walls or other openings but shall not include dust entrained from vehicles passing through an entryway. The opacity evaluation of the flash furnace building and anode aisle shall be conducted in accordance with 40 CFR 60.13 and the opacity evaluation of the converter aisle shall be conducted in accordance with 40 CFR 63.1450(c). If complying with 40 CFR Part 63, Subpart QQQ, then testing to demonstrate compliance with that standard shall satisfy this requirement for the converter aisle.

F. Monitoring Requirements.

1. The owner or operator shall install, calibrate, maintain and operate a monitoring device that continuously records the volumetric flow rate, or alternative parameter that has a direct relationship to volumetric flow rate such as pressure drop (delta P), if approved by the Department, at a representative point in the anode secondary hood system, fuming ladle control system and uptake improvement hood system.
2. If the owner or operator seeks an alternative to a volumetric flow monitor, the owner or operator shall submit a proposal to the Department for review and approval. The proposal shall include the following:
   a. Identification of the parameter or parameters to be monitored in lieu of volumetric flow rate;
   b. Identification of the location in the hooding system where such monitors would be placed and how such location will give appropriate and representative measurements in accordance with good engineering practices;
   c. A detailed explanation, including sample calculations, of how such parameters or a parameter has a direct relationship to volumetric flow rate in the hooding system and how such parameter or parameters will ensure proper operation in accordance with design at all times, including detecting any degraded performance over time; and
   d. Proposed limit or limits including sample calculations, for the selected parameters that would be an enforceable demonstration of acceptable performance. Upon the Department's approval within 180 days of the effective date in subsection (A)(2), this limit shall take effect and be enforceable thereafter until changed in accordance with this subsection.
3. The owner or operator shall monitor the pressure drop across the anode secondary hood baghouse.
4. The owner or operator shall monitor the damper positions for the Uptake Improvement System and Fuming Ladle Control System at all times.
5. The owner or operator shall install, certify, calibrate, maintain and operate PM continuous emission monitoring systems (CEMS) at the locations specified in subsection (F)(1) according to EPA Performance Specification 11 in 40 CFR Part 60, Appendix B (PS-11) and the quality assurance requirements of Procedure 2 in 40 CFR Part 60, Appendix F and in accordance with the requirements of the following subsections.
   a. No later than 180 days after the effective date of this rule, the owner or operator shall submit to the Department for review and approval a proposed Installation, Certification, and Quality Assurance/ Quality Control (Installation, Certification, and QA/ QC) Protocol, developed in consultation with the PM CEMS vendor or vendors, for the PM CEMS required on the anode secondary hood baghouse in subsection (F)(4).
   b. The Installation, Certification, and QA/QC Protocol shall include a schedule and specifically describe a proposed testing plan that is designed to maximize the likelihood of successful certification of the PM CEMS. If certification is not approved, then the owner or operator shall consult with the PM CEMS vendor and the Department. Within 60 days of completion of the PS-11 testing (including receipt of the results) that was conducted pursuant to the original Installation, Certification, and QA/QC Protocol for that PM CEMS, the owner or operator shall submit a revised Installation, Certification, and QA/QC Pro-

tocol for that PM CEMS to the Department and the EPA for review and approval.

c. Each PM CEMS shall include a continuous particle mass monitor to measure and record PM concentration, directly or indirectly, and gas stream flow rates on an hourly average basis.

d. The owner or operator shall maintain, in an electronic database, the hourly average emission values of all PM CEMS in milligrams per dry standard cubic meter (mg/dscm) and pounds per hour (lbs/hr).

e. In the event that no PM CEMS is successfully certified after the first round of testing, the owner or operator shall, within 90 days of certification failure, submit an updated Installation, Certification and QA/QC Protocol to EPA and the Department for review and approval. Upon completion of the second round of PS-11 testing (including receipt of the results), if the PM CEMS fails to certify, the owner or operator shall submit an alternative PM monitoring plan for such gas streams or stream for review and approval by the EPA and the Department. The alternative monitoring plan shall propose a methodology for using data from the PM CEMS as a continuous parametric monitoring system (CPMS) and stack performance test to ensure continuous compliance with operational limits in (D)(5). Upon approval by the EPA and Department, the owner or operator shall continuously operate the PM CEMS as a CPMS.

f. The owner or operator shall use reasonable efforts to keep each PM CEMS running and producing data whenever any gas at that location is being exhausted to the atmosphere. If operation of the PM CEMS cannot be maintained for a minimum of 12 months, the owner or operator may submit a demonstration to the Department and EPA that identifies the cause or causes of and explanation or explanations why the PM CEMS is infeasible to operate. The demonstration shall include an alternative PM monitoring plan for review and approval by the Department and the EPA. Operation of the PM CEMS shall be considered infeasible if:

i. The PM CEMS cannot be kept in working condition for sufficient periods of time to produce reliable, adequate, or useful data consistent with the Quality Assurance/Quality Control protocol (including, without limitation, PS-11 and Procedure 2); or

ii. Recurring, chronic, or unusual equipment adjustment, servicing, or replacement needs in relation to other types of continuous emission monitors cannot be resolved through reasonable expenditures of resources. If the Department and the EPA approve the owner or operator's demonstration that it is infeasible to continue operating a PM CEMS, the owner or operator shall be entitled to discontinue operation of and remove the PM CEMS. At that point, the owner or operator shall comply with the approved alternative PM monitoring plan. The Department's and the EPA's disapproval of the owner or operator's demonstration or alternative monitoring plan shall constitute and appealable agency action.

6. The owner or operator shall complete two fugitive emissions studies as required by Appendix 14.

a. The studies shall be completed according to the updated Fugitive Emissions Study Protocol submitted to the EPA on January 20, 2017 and approved by the EPA on May 31, 2017. The owner or operator may submit modifications to the protocol six months prior to each study for EPA approval and Department comment. Upon EPA approval, the modified protocol shall take effect.

b. The first fugitive study shall commence no later than six months after smelter restart or three months after EPA approval of a modified protocol. The owner or operator shall complete 12 months of monitoring and submit a report to the Department and EPA no later than three months after the conclusion of the study. The study shall evaluate the effectiveness of MiniVol samplers in providing high quality, replicable data; compare the MiniVol sampler data to estimates derived from lb/ton emission factors or other process parameters or surrogates; evaluate the accuracy and cost effectiveness of various monitoring approaches; and recommend either a new lb/ton concentrate emission factor or a SIP revision to incorporate an improved monitoring methodology. If the study concludes that the lb/ton concentrate emission factor should be retained, the owner or operator shall submit a justification for why an improved monitoring methodology (e.g., MiniVols) is not feasible and a justification for the selected lb/ton concentrate factor and how it may be revised to maintain accuracy representativeness. If the study concludes that a new methodology should be proposed, the owner or operator shall submit a petition to the Department to revise the SIP within 90 days after submitting the report unless either EPA or the Department provides comments upon the report, in which case the deadline is 60 days after the receipt of the final comments but no earlier than 90 days after the report submittal.

c. The second fugitive study shall be commenced within the same calendar quarter, but five years after, the date of commencement of the first study or three months after EPA approval of the protocol, if later, and shall run for 12 months. The second fugitive study shall evaluate whether the monitoring methodology remains appropriate. The owner or operator shall submit a report to EPA and the Department on the adequacy of the monitoring methodology within 90 days after completion of the fugitive monitoring. Based upon the study results, the owner or operator may petition the Department for a SIP revision. The Department or EPA may require the owner or operator to submit a revised monitoring methodology if, based upon the second fugitive study or other credible evidence, the then-current methodology underestimates emissions by 15 percent or more or overestimates emissions by 20 percent or more.

G. Compliance Demonstration Requirements.

1. For purposes of determining compliance with the Main Stack emission limit in subsection (C)(1), the owner or operator shall calculate the combined lead emissions in pounds per hour from the gas streams identified in subsection (E)(1) based on the most recent performance tests

conducted in accordance with subsection (E). Continuous compliance with the emission limit in subsection (C)(1) is demonstrated if the most recent performance test under (E)(1) was 0.683 lbs/hr or less.

2. The owner or operator shall determine compliance with the requirements in subsection (D)(2) as follows:
   a. By maintaining and operating the emissions capture and control equipment in accordance with the capture system and control device operations and maintenance plan required in subsection (D)(2) and recording operating parameters for capture and control equipment as required in subsection (D)(2)(b); and
   b. By conducting a fugitive emissions study in accordance with Appendix 14 starting not later than six months after smelter restart or three months after EPA approval of a modified protocol. The fugitive emissions study shall demonstrate, as set forth in Appendix 14, that fugitive emissions from the smelter are consistent with estimates used in the attainment demonstration in the State Implementation Plan Revision: 2024 Hayden Lead (Pb) Nonattainment Area for 2008 Pb NAAQS.
3. The owner or operator shall include periods of startup, shutdown, malfunction, or other upset conditions when determining compliance with the emission limit in subsection (C).
4. Proper operation of the control and capture system shall be verified as follows:
   a. For each outlet identified in subsection (E)(1) that is equipped with a certified PM CEMS, a 30-day average of PM CEMS mg/dscm shall be calculated based on the average of all valid hour data during the prior 30 operating days for each outlet and then across all outlets on a flow-weighted basis using the following equation:

$$E = \frac{\left(\sum_{i=1}^{n} C_i \times VF_i\right)}{\sum_{i=1}^{n} VF_i}$$

   Where:
   E = Main stack concentration PM, mg/dscm.
   i = ith certified PM CEMS identified in (G)(1).
   n = number of certified PM CEMS covered by (G)(1).
   C = 30-day average of PM CEMS i, mg/dcsm.
   VF1 = 30-day average of volumetric flow measured at PM CEMS i, dscm.
   b. For each outlet identified in subsection (E)(1) that is not equipped with a certified PM CEMS, a 30-day average of the continuous parametric data shall be calculated based on the approved alternative monitoring rate.
   c. Proper operation of the control and capture system is verified if "E" in subsection (G)(4)(a) is 23 mg/dscm or less, and any outlet subject to an approved alternative monitoring plan is in compliance.
5. The owner or operator shall demonstrate compliance with the process fugitive limit in subsection (D)(5)(f):
   a. By demonstrating that all work practice standards set forth in subsections (D)(5), (F)(1), (F)(2), and (F)(3) are being met with no more than a three-hour consecutive period out of manufacturer's specification before the underlying process unit was shut down or idled; and
   b. Until the fugitive study required under subsection (F)(5) is completed, by the fifth working day of each month, the owner or operator shall calculate rates of process fugitive lead emissions by multiplying the tons of concentrate processed through the flash furnaces during the three prior calendar months by 0.0018 lb lead/ton of concentrate and then dividing that value by the number of operating hours during the same three calendar months, where an operating is defined as 24 hours for each operating day as defined in R18-2-B1302(B)(2) less any maintenance downturn hours during an operating day in that month, with compliance demonstrated if the calculated value is 0.326 lb/hr or less. The lb/ton concentrate factor provisions in (G)(5) shall remain in effect until a SIP revision replacing them is approved, as modified by subsection (G)(5)(c).
   c. After the fugitive emissions studies described in subsection (F)(5) are completed, by the fifth working day of each month, the owner or operator shall calculate rates of process fugitive lead emissions by multiplying the tons of concentrate processed during the three prior calendar months by the factor for lead that is developed in the most recent fugitive study and then dividing that value by the number of operating hours, as defined in subsection (F)(5), in the same three calendar months to calculate an average pound/hour with compliance demonstrated if the calculated value is 0.326 lb/hr or less.

H. Recordkeeping. The owner or operator shall maintain the following records for at least five years and keep on-site for at least two years:

1. All records as specified in the operations and maintenance plan required under subsection (D).
2. All records of major maintenance activities and inspections conducted on emission units, capture systems, monitoring devices, and air pollution control equipment, including those set forth in the operations and maintenance plan required by subsection (D).
3. All records of performance tests, test plans, and audits required by subsection (E).
4. The output of the PM CEMS and 30-day flow weighted average value required by subsection (D)(3).
5. All records of compliance calculations required by subsection (G).
6. All records of fugitive emission studies and study protocols conducted in accordance with Appendix 14.
7. All records of the occurrence and duration of any startup, shutdown, or malfunction in the operation of concentrate drying, smelting, converting, anode refining, and casting emission units; and any malfunction of the associated air pollution control equipment that is inoperative or not operating correctly.
8. All records of reports and notifications required by subsection (I).
9. Records of the fugitive studies and their supporting data required by (F)(5), in accordance with Appendix 14.
10. Records of daily concentrate processed and operating hours and the corresponding calculation of 90-day average fugitive lead emissions required by (G)(5).

I. Reporting. The owner or operator shall provide the following to the Department:

1. Notification of commencement of construction of any equipment necessary to comply with the operational or emission limits.
2. Semiannual progress reports on construction of any such equipment postmarked by July 30 for the preceding January-June period and January 30 for the preceding July-December period.
3. Notification of initial startup of any such equipment within 15 business days of such startup.
4. Whenever the owner or operator becomes aware of any exceedance of the emission limit set forth in subsection (C), the owner or operator shall notify the Department orally or by electronic or facsimile transmission as soon as practicable, but no later than two business days after the owner or operator first knew of the exceedance.
5. Within 30 days after the end of each calendar-year quarter, the owner or operator shall submit a quarterly report to the Department for the preceding quarter that shall include dates, times, and descriptions of deviations when the owner or operator operated smelting processes and related control equipment in a manner inconsistent with the operations and maintenance plan required by subsection (D)(2).
6. Reports from performance testing conducted pursuant to subsection (E) shall be submitted to the Department within 60 calendar days of completion of the performance test. The reports shall be submitted in accordance with the Arizona Testing Manual and A.A.C. R18-2-312(A).
7. The owner or operator shall submit reports to the Department providing the results of the fugitive studies required in subsection (F)(5) within six months of completion of each study.
8. The owner or operator shall submit quarterly, by 30 days after the end of each calendar quarter, a summary report showing the date, time and magnitude of any exceedance of the PM CEMS (or approved alternative monitoring system) calculated in accordance with subsection (G)(4) and any exceedance of the fugitive parameters calculation in accordance with subsection (G)(5).
9. The owner or operator shall submit a report to the Department showing that contingency measures required in R18-2-B1301.01(E) were implemented within 90 days of receipt of notice from the Department or EPA Region 9 that the requirement for implementing the contingency measures is triggered.

Historical Note

New Section R18-2-B1301 made by final rulemaking at 23 A.A.R. 767, effective on the earlier of July 1, 2018, or 180 calendar days after completion of all Converter Retrofit Project improvements authorized by Significant Permit Revision No. 60647 (Supp. 17-1). Amended by final rulemaking at 32 A.A.R. 93 (January 2, 2026), effective February 7, 2026 (Supp. 25-4). Subsection (I)(9) corrected at the request of the Department at 32 A.A.R. 1454 (June 26, 2026, Issue 26), in Supp. 26-2.

R18-2-B1301.01.Limits on Lead-Bearing Fugitive Dust from the Hayden Smelter

A. Applicability.
1. This Section applies to the owner or operator of the Hayden Smelter.
2. Effective Date. Except as otherwise provided, the requirements of this Section shall become applicable on December 1, 2018.

B. Definitions. In addition to definitions contained in R18-2-101 and R18-2-B1301, the following definitions apply to this Section:
1. "Acid plant scrubber blowdown drying system" means the process in which Venturi scrubber blowdown solids are dried and packaged via a thickener, filter press, electric dryer, and supersack filling stations.
2. "Control measure" means a piece of equipment used, or actions taken, to minimize lead-bearing fugitive dust emissions that would otherwise be released to the atmosphere. Control equipment may include, but are not limited to, wind fences, chemical dust suppressants, and water sprayers. Actions may include, but are not limited to, relocating sources, curtailing operations, or ceasing operations.
3. "Hayden Lead Nonattainment Area" means the townships in Gila and Pinal Counties, as identified and codified in 40 CFR § 81.303, that are designated nonattainment for the 2008 Lead National Ambient Air Quality Standards.
4. "High wind event" means any period of time beginning when the average wind speed, as measured at a meteorological station maintained by the owner or operator that is approved by the Department, is greater than or equal to 15 mph over a 15 minute period, and ending when the average wind speed, as measured at the approved meteorological station maintained by the owner or operator, falls below 15 mph over a 15 minute period.
5. "Lead-bearing fugitive dust" means uncaptured and/or uncontrolled particulate matter containing lead that is entrained in the ambient air and is caused by activities, including, but not limited to, the movement of soil, vehicles, equipment, and wind.
6. "Material pile" means material, including concentrate, uncrushed reverts, crushed reverts, and bedding material, that is stored in a pile outside a building or warehouse and is capable of producing lead-bearing fugitive dust.
7. "Non-smelting process sources" means sources of lead-bearing fugitive dust that are not part of the hot metal process, which includes smelting in the INCO flash furnace, converting, and anode refining and casting. Non-smelting process sources include storage, handling, and unloading of concentrate, uncrushed reverts, crushed reverts, and bedding material; acid plant scrubber blowdown solids; and paved and unpaved roads.
8. "Ongoing visible emissions" means observed emissions to the outside air that are not brief in duration.
9. "Road" means any surface on which vehicles pass for the purpose of carrying people or materials from one place to another in the normal course of business at the Hayden Smelter.
10. "Slag" means the inorganic molten material that is formed during the smelting process and has a lower specific gravity than copper-bearing matte.
11. "Slag hauler" means any vehicle used to transport molten slag.
12. "Storage and handling" means all activities associated with the handling and storage of materials that take place at the Hayden Smelter, including, but not limited to, stockpiling, transport on conveyor belts, transport or storage in rail cars, crushing and milling, arrival and handling of offsite concentrate, bedding, and handling of reverts.
13. "Trackout/carry-out" means any materials that adhere to and agglomerate on the surfaces of motor vehicles, haul

trucks, and/or equipment (including tires) and that may then fall onto the road.

C. Operational Standards.

1. Equipment operations. At all times, the owner or operator shall operate and maintain all non-smelting process sources, including all associated air pollution control equipment, control measures, and monitoring equipment, in a manner consistent with good air pollution control practices for minimizing lead-bearing fugitive dust, and in accordance with the fugitive dust plan required by subsection (C)(2) and performance and housekeeping requirements in subsection (D). A determination of whether acceptable operating and maintenance procedures are being used shall be based on all available information to the Department and EPA Region IX, which may include, but is not limited to, monitoring results, review of operating and maintenance procedures and records, review of fugitive dust plans, and inspection of the relevant equipment.
2. Fugitive dust plan. The owner or operator shall develop, implement, and follow a fugitive dust plan that is designed to minimize lead-bearing fugitive dust from non-smelting process sources. At minimum, the fugitive dust plan shall contain the following:
   a. Performance and housekeeping requirements in subsection (D).
   b. Design plans and specifications for each wind fence to be installed to control lead-bearing fugitive dust from non-smelting process sources identified in subsections (D)(11) through (D)(14). The dust plan shall contain height limits for the materials being stored in each wind fence, consistent with the design plans and specifications for that particular wind fence. Wind fence design and specifications shall:
      i. Require full encircling of the source to be controlled, with reasonable and sufficient openings for ingress and egress;
      ii. Consider the orientation of the wind fence to the prevailing winds;
      iii. Consider the strength of the winds in the area where the fence will be located;
      iv. Consider the porosity of the material to be used, which shall not exceed 50 percent; and
      v. Consider the height of the fence relative to the height of the material being stored. At minimum, wind fence height shall be greater than or equal to the material pile height.
   c. Design plans and specifications for each new or modified water sprayer system used to control lead-bearing fugitive dust from non-smelting process sources specified in subsections (D)(11) through (D)(14). The number, type, location, watering intensity, flow rates, and other operational parameters of the water sprayers must meet moisture content objectives for sources specified in subsections (D)(11) through (D)(14). The owner or operator may include in the dust plan an exemption to the water requirements at times when the materials are sufficiently moist or it is raining and thus there is no need for additional wetting until the next scheduled watering to meet moisture content objectives. The dust plan shall include the following for each water sprayer:
      i. Watering schedule;
      ii. Watering intensity;
      iii. Minimum flow rate or pressure drop;
      iv. Appropriate and/or continuous monitoring;
      v. Schedule for calibration based on the manufacturer's recommended calibration schedule;
      vi. Preventative maintenance schedule; and
      vii. Other applicable operational parameters.
   d. Necessary improvements and/or modifications to material conveyor systems, along with a schedule for implementing improvements or modifications, targeted to minimize lead-bearing fugitive dust from non-smelting process sources specified in subsections (D)(11) through (D)(14), as applicable, to the greatest extent practicable. The improvements or modifications may include, but is not limited to, hooding of transfer points, utilizing water sprayers, and employing scrapers, brushes, or cleaning systems at all points where belts loop around themselves to catch and contain material before it falls to the ground.
   e. Design plans for the concrete pads for the non-smelting process sources specified in subsections (D)(11) and (D)(13). The concrete pads shall be designed to capture, store, and control stormwater or sprayed water to minimize emissions to the greatest extent practicable, including curbing around the outer edges of the concrete pad where feasible.
   f. Additional controls and measures for sources specified in subsections (D)(11) through (D)(14) to be implemented during high wind events. These additional controls or measures, which must include curtailment or other alteration of activity when appropriate, must be implemented at these sources during all periods of high wind.
   g. Sample inspection sheets, checklists, or logsheets for each of the inspections identified in subsection (D)(6), and in accordance with the following:
      i. The inspection sheets or checklists shall include:
         (1) Specific descriptions of the equipment being inspected and the specific functions being evaluated;
         (2) The findings of the inspection;
         (3) The date, time, and location of inspections; and
         (4) An identification of who performed the inspection or logged the results.
      ii. The logsheets for high wind events shall include:
         (1) High wind event start time;
         (2) High wind event end time;
         (3) Description of area or activity inspected; and
         (4) Description of corrective action taken if necessary.
   h. Design plans of the new acid plant scrubber blowdown drying system specified in subsection (D)(15).
   i. The name and location of the meteorological station, which must be approved by the Department, that is to be used by the owner or operator for determining high wind events pursuant to subsection (B)(4) and for implementing control requirements pursuant to subsection (D)(5).

3. Plan development and revisions. The owner or operator shall develop and keep current the fugitive dust plan required by subsection (C)(2). Any plan or plan revision shall be consistent with this Section and shall be submitted to the Department for review. The initial plan shall be submitted to the Department for review no later than May 1, 2017. Plans and plan revisions shall be consistent with good air pollution control practice for fugitive dust. Except for the meteorological station to be used for high wind events pursuant to subsection (D)(5), which shall require prior approval, plans and plan revisions may be implemented upon submittal and shall remain in effect until superseded or until disapproved by the Department. Disapprovals are appealable Department actions.

D. Performance and Housekeeping Requirements. The owner or operator shall comply with these requirements at all times regardless of a fugitive dust plan.

1. Water sprayers. The owner or operator shall implement a recordkeeping system to capture sprayer operations, including identification of the particular operation, lead-bearing fugitive dust source, timing and intensity of watering, and data regarding the quantity of water used at each water sprayer.
2. Wind fences. The owner or operator shall ensure that wind fences used to control lead-bearing fugitive dust from the non-smelting process sources specified in subsections (D)(11) through (D)(14) meet the following requirements:
   a. Wind fence height shall be greater than or equal to the material pile height. The allowed material pile height shall be posted in a readily visible location at each wind fence.
   b. Wind fence porosity shall not exceed 50 percent.
3. Material conveyor systems. For sources specified in subsections (D)(11) through (D)(14), as applicable, the owner or operator shall:
   a. Minimize conveyor drop heights to the greatest extent practicable.
   b. Clean any spills from conveyors within 30 minutes of discovery. The material collected must be handled in such a way so as to minimize lead-bearing fugitive dust to the maximum extent practicable.
4. Vehicle transport of materials. The owner or operator shall maintain vehicle cargo compartments used to transport materials capable of producing lead-bearing fugitive dust so that the cargo compartment is free of holes or other openings and is covered by a tarp.
5. High wind event requirements.
   a. During high wind events, the owner or operator shall evaluate the non-smelting process sources specified in subsections (D)(11) through (D)(14) for ongoing visible emissions using the appropriate logsheet for each source.
   b. If ongoing visible emissions are observed, the owner or operator shall promptly wet the source of emissions with the objective of mitigating further emissions.
   c. If wetting does not appear to mitigate the ongoing visible emissions to 20 percent opacity or less, the owner or operator shall postpone associated handling of the source until the high wind event has ceased.
6. Physical inspections. The owner or operator shall conduct physical inspections as follows:
   a. Daily inspections of all water sprayers to make sure they are functioning and are in accordance with the dust plan;
   b. Daily visual inspections of all material piles to make sure they are maintained within areas protected by a wind fence, that they are not higher than allowed for the wind fence, and to verify that moisture content requirements are met;
   c. Daily inspections of all material handling areas to identify and clean up track out or spills of materials;
   d. Daily inspections of conveyor systems to identify and clean up material spills;
   e. Daily inspections of rumble grates sump levels;
   f. Daily spot inspections of vehicles carrying lead-bearing fugitive dust-producing materials when vehicles are in use to ensure that material is not overloaded, is properly covered, and cargo compartments are intact;
   g. Weekly inspections of wind fences for material integrity and structural stability;
   h. Daily inspections of all paved roads to identify and clean up track out or spills of materials;
   i. Daily inspections of unpaved roads in subsection (D)(10)(a) to identify areas where chemical dust suppressant coverage has broken down; and
   j. Bi-weekly inspections of the acid plant scrubber blowdown drying system enclosure.
7. Opacity limit and Method 9 readings.
   a. Opacity from lead-bearing fugitive dust emissions shall not exceed 20 percent from any part of the facility at any time. Opacity shall be determined by using 40 CFR 60, Appendix A, Reference Method 9, except for unpaved roads, in which opacity shall be determined pursuant to subsection (D)(10)(c).
   b. In the event that an employee observes ongoing visible emissions at a non-smelting process source covered by this Section, that employee shall promptly contact a Reference Method 9-certified observer, who shall promptly evaluate the emissions and conduct a Reference Method 9 reading, if possible.
   c. A Reference Method 9-certified observer shall conduct a weekly visible emissions survey of all non-smelting process sources covered by this Section and perform a Reference Method 9 reading for any plumes that on an instantaneous basis appear to exceed 15 percent opacity.
8. Corrective actions.
   a. At any time that visible emissions from the non-smelting process sources covered by this Section appear to exceed 15 percent opacity, the owner or operator shall take prompt corrective action to identify the source of the emissions and abate such emissions, with the corrective action starting within 30 minutes after discovery. For any non-smelting process source that produces visible emissions that appear to exceed 15 percent opacity, the owner or operator shall perform an analysis of the root cause, and implement a strategy designed to prevent, to the extent feasible, the ongoing recurrence of the source of visible emissions. Within 14 days of completion of its analysis, if appropriate, the owner or operator shall modify the fugitive dust plan in subsection (C)(2) for any changes identified from the analysis

differing from the current provisions of the fugitive dust plan.

b. At any time that the owner or operator becomes aware that provisions of the fugitive dust plan and/or performance and housekeeping provisions required by this Section are not being met, the owner or operator shall take prompt action to return to compliance, which may include modifications to monitoring, recordkeeping, and reporting requirements in the fugitive dust plan. This includes, but is not limited to, the following actions:
   i. Return water sprayers to full operational status;
   ii. Repair damaged conveyor hoodings or other enclosures;
   iii. Apply additional water to ensure that sources are meeting moisture content requirements;
   iv. Clean any trackout or spillage of dust-producing material, including dropoff of dust producing material from conveyors, using a street sweeper, vacuum, or wet broom with sufficient water and at the speed recommended by the manufacturer;
   v. Reapplication of chemical dust suppressants in areas where the coating has broken down on unpaved roads; and
   vi. Revisions to the fugitive dust plan to undertake improved monitoring, recordkeeping, and reporting requirements necessary to ensure that the controls contained in the fugitive dust plan are being implemented as contemplated by the fugitive dust plan.

9. Paved Roads. These requirements apply to all roads at the facility currently paved and roads to be paved in the future. The owner or operator shall:
   a. Clean roads at least once daily with a sweeper, vacuum, or wet broom in accordance with applicable manufacturer recommendations.
   b. Maintain the integrity of the road surface.
   c. Clean up trackout and carry-out of material on the following schedule:
      i. As expeditiously as practicable, when trackout and carry-out extends a cumulative distance of 50 linear feet or more; and
      ii. At the end of the workday, for all other trackout and carry-out.
   d. Comply with a speed limit not to exceed 15 mph for all vehicular traffic. At minimum, speed limit signs shall be posted at all entrances and truck loading and unloading areas and/or at conspicuous areas along the roadway.
10. Unpaved Roads. These requirements apply to the unpaved roads identified in subsections (D)(10)(a)(i) through (D)(10)(a)(iii) below, including any access points where the unpaved roads adjoin paved roads and any areas of vehicular handling of material. The owner or operator shall:
   a. Implement a chemical dust suppressant application intensity and schedule, which at minimum shall be:
      i. For the slag hauler road and all other unpaved roads used or to be used by the slag hauler, chemical dust suppressant shall be applied at least once per week during the summer, and once per every two weeks during the winter.
      ii. For the main road to the secondary crusher, chemical dust suppressant shall be applied at least once every six weeks, year-round.
      iii. For unpaved roads near reverts and silica flux crushing operations, chemical dust suppressant shall be applied at least once per two weeks during the summer, and once per month in the winter.
   b. Increase the frequency of chemical dust suppressant application if necessary to reduce fugitive dust emissions from unpaved roads.
   c. Not allow visible emissions to exceed 20 percent opacity and shall not allow silt loading equal to or greater than 0.33 oz/ft2. However, if silt loading is equal to or greater than 0.33 oz/ft2, then the owner or operator shall not allow the average percent silt content to exceed 6 percent. Compliance with these requirements shall be determined by the test methods described in Appendix 15.
   d. Maintain sufficient watering trucks and personnel to operate such trucks to be employed as an interim measure whenever visible emissions or a breakdown in dust suppressant covering are observed at any point along the treated unpaved road system.
   e. Immediately, but no later than 30 minutes after initial observation of any visible emissions, apply water or chemical dust suppressant to the portion of the unpaved road where the visible emissions were observed.
   f. Reapply chemical dust suppressant within 24 hours of discovery of any area where the surface chemical dust suppressant coverage has broken down.
   g. Collect and prevent from becoming airborne any runoff or material from rinsing or sweeping as soon as practicable.
   h. Comply with a speed limit not to exceed 15 mph for all vehicular traffic. At minimum, speed limit signs shall be posted at all entrances and truck loading and unloading areas and/or at conspicuous areas along the roadway.
11. Concentrate Storage, Handling, and Unloading. The owner or operator shall:
   a. Consolidate and manage all concentrate storage piles in one or more concrete storage pads.
   b. Store concentrate in an area with a wind fence in accordance with requirements set forth in the fugitive dust plan and pursuant to subsection (D)(2).
   c. Maintain water sprayers in accordance with requirements set forth in the fugitive dust plan and to ensure the surfaces of concentrate piles are wetted to maintain a nominal 10 percent surface moisture content as determined from representative samples using ASTM Method D2216-10 or other equivalent methods approved by the Department and EPA Region IX.
   d. Minimize the footprint of the concentrate storage piles by pushing into the stockpile with a front end loader and sweeping open areas of the pads with a self-powered vacuum sweeper at least daily during use.
12. Uncrushed Reverts Handling and Storage. The owner or operator shall:
   a. Manage uncrushed revert material only in areas protected by a wind fence in accordance with require-

ments set forth in the fugitive dust plan and pursuant to subsection (D)(2).

b. Maintain water sprayers in accordance with requirements set forth in the fugitive dust plan and to ensure the surface of uncrushed revert material is wetted with the objective to minimize lead-bearing fugitive dust emissions to the greatest extent practicable.

13. Reverts Crushing Operations and Crushed Reverts Storage. The owner or operator shall:
    a. Crush revert and store crushed revert only on one or more concrete pads.
    b. Crush revert and store crushed revert only within an area protected by a wind fence in accordance with requirements set forth in the fugitive dust plan and pursuant to subsection (D)(2).
    c. Maintain water sprayers in accordance with requirements set forth in the fugitive dust plan and to ensure the surfaces of all crushed revert material, including revert managed after it is crushed, is wetted to maintain a nominal 10 percent surface moisture content as determined from representative samples using ASTM Method D2216-10 or other equivalent methods approved by the Department and EPA Region IX.
    d. By October 2017, relocate all revert crushing operations to 33º 00’ 25.84” N, 110º 46’ 26.55” W and shall crush revert only at this new location.
14. Bedding Operations, Including Handling, Storage, and Unloading. The owner or operator shall:
    a. Perform all bedding activities, including loading and unloading of materials to be blended, only within an area protected by a wind fence in accordance with requirements set forth in the fugitive dust plan and pursuant to subsection (D)(2). These activities include the storage and handling areas for potentially lead-bearing fugitive dust-producing material within the bedding plant area.
    b. Maintain water sprayers in accordance with requirements set forth in the fugitive dust plan and to ensure the surfaces of material in the bedding area is wetted to maintain a nominal 10 percent surface moisture content as determined from representative samples using ASTM Method D2216-10 or other equivalent methods approved by the Department and EPA Region IX.
    c. Maintain rumble grates at all of the bedding plant’s entrances and exits to shake off material on the loader tires as they enter and exit the area. Material that is tracked out of the bedding area must be cleaned up at the end of the workday.
    d. Operate its bedding activities in a manner designed to avoid any trackout outside an area protected by a wind fence. Areas of material spillage or trackout, whether inside or outside of an area protected by a wind fence, shall be rinsed or cleaned daily.
15. Acid Plant Scrubber Blowdown Drying System.
    a. The owner or operator shall dry acid plant scrubber blowdown solids only in an enclosed system that uses a venturi scrubber, thickener, filter press, and electric dryer that is maintained under negative pressure at all times that materials are being dried.
    b. The owner or operator shall maintain the negative pressure of the electric dryer using a 2,500 ACFM dryer ventilation fan that must run at all times the electric dryer is operational. Monitoring of the negative pressure shall be demonstrated through the run and stop states of the ventilation fan and electric dryer.
    c. The acid plant scrubber blowdown drying system shall include the following elements:
        i. Venturi scrubber slurry that reports to a new thickener.
        ii. Underflow from the thickener that goes to a filter press for further liquid removal, with the resulting filter cake sent to two electric dryers operating in parallel to provide final drying of the dust cake.
        iii. Exhaust from the dryers sent to the packed gas cooling tower inlet duct.
        iv. Dried cake discharged directly into bags.
    d. The owner or operator shall clean all areas previously used for scrubber blowdown drying and no longer use previous areas for scrubber blowdown drying.

E. Contingency Requirements.

1. Contingency measures.
    a. The owner or operator shall install wind fencing starting west of the filter plant and proceeding around its northern perimeter for an approximate length of 790 feet. The fence shall be at least 20 feet high or greater than or equal to the material pile height at the filter plant, whichever is greater. The allowed material pile height shall be posted in a readily visible location at the wind fence. Wind fence porosity shall not exceed 50 percent.
    b. The owner or operator shall install a wind fence along the south perimeter road starting at the east end of the former SmithCo processing area and extending for an approximate length of 655 feet. The fence shall be at least 20 feet high or greater than or equal to the material pile height, whichever is greater. The allowed material pile height shall be posted in a readily visible location at the wind fence. Wind fence porosity shall not exceed 50 percent.
    c. The owner or operator shall install a new perimeter fence on the southwest corner of the property extending from the south entry gateway area toward the chlorinator area and then reconnecting to the existing perimeter at the former SmithCo area. The fence shall be at least six feet high and shall be posted for no trespassing.
    d. The fencing shall approximate that shown in Figure 4-3 of the State Implementation Plan Revision: 2024 Hayden Lead (Pb) Nonattainment Area for 2008 Pb NAAQS.
2. Triggers. The owner or operator shall implement the contingency measures set forth in subsection (H)(1) no later than 60 days after receiving notice from the Department or EPA Region 9 that any of the following have occurred:
    a. Failure to attain the 2008 Pb NAAQS by the January 31, 2027, attainment date.
    b. Failure to make reasonable further progress (RFP).
3. The owner or operator shall complete construction of the contingency measures as expeditiously as possible, but no later than 120 to 180 days after initiation.

F. Ambient Air and Meteorological Monitoring Requirements.

1. The owner or operator shall conduct ambient air monitoring and sampling for lead as follows:

a. At minimum, the owner or operator shall continue to maintain and operate the ambient lead monitors located at ST-14 (the smelter parking lot), ST-23 (Hillcrest area), ST-26 (post office), and ST-18 (next to the concentrate handling area).
b. Samples must be collected continuously at all monitor sites specified in subsection (F)(1)(a). For the purposes of this requirement, "continuously" means that 24-hour filters are placed and collected at minimum, every six calendar days at all sites consistent with 40 CFR § 58.12.
c. The owner or operator shall follow the Hayden Smelter's Quality Assurance Project Plan (QAPP) applicable to these monitors.
d. The monitors must be operated and maintained in accordance with 40 CFR 58, Appendix A.
e. The owner or operator shall submit each filter removed from each monitor to a certified laboratory for analysis no later than 18 calendar days after the filter's removal. The owner or operator shall ensure that the laboratory performs its analysis and submits the results to the owner or operator no later than 21 calendar days from the lab's receipt of the filter.
f. The owner or operator shall calculate, update, and maintain as a record the following data within 14 calendar days of receipt of any results pertaining to the monitor filters received from a certified lab:
i. The total pollutants on the filters collected and analyzed; and
ii. Calculations of 30-day rolling average ambient air levels of lead for the ST-23, ST-26, and ST-18 monitors, and 60-day rolling average ambient air levels of lead for the ST-14 monitor, expressed as µg/m3.
g. The owner or operator shall retain lead samples collected pursuant to this Section for at least three years. The samples shall be stored in individually sealed containers and labeled with the applicable monitor and date. Upon request, the samples shall be provided to the Department within five business days.

2. The owner or operator shall conduct meteorological monitoring as follows:
a. Continuously monitor and record wind speed and direction data using equipment and a meteorological station approved by the Department.
b. The owner or operator shall calculate and record average wind speed in miles per hour over 15 minutes, rolled each minute.
c. Conduct wind speed and direction measurements using methods in accordance with EPA's Quality Assurance Handbook for Air Pollution Measurement Systems, Volume IV, Meteorological Measurements, Version 2.0.

3. The ambient air and meteorological monitoring stations required by this Section may be discontinued at the end of three full calendar years after the Hayden Lead Nonattainment Area is redesignated attainment for the 2008 Lead National Ambient Air Quality Standards.

G. Compliance Demonstration Requirements. The owner or operator shall demonstrate compliance with this Section by complying with all requirements in the fugitive dust plan pursuant to subsection (C)(2) and implementing all housekeeping and performance requirements pursuant to subsection (D).

H. Recordkeeping.
1. The owner or operator shall maintain the following records for at least five years and keep on-site for at least two years:
a. Current and past fugitive dust plans required by subsection (C)(2).
b. Physical inspection sheets, checklists, and logsheets for inspections conducted in accordance with subsection (D)(6).
c. All records of opacity and stabilization tests, if any, conducted in accordance with subsection (D)(10)(c).
d. All records of surface moisture content tests, if any, conducted in accordance with subsection (D)(11), subsection (D)(13), and subsection (D)(14).
e. All records of major maintenance activities and inspections conducted on monitors required by subsection (F).
f. All records of quality assurance and quality control activities for the monitors required by subsection (F).
g. All air quality monitoring samples, rolling averages of ambient lead concentrations and necessary calculations, and data required by subsection (F).
h. All records of wind data from the meteorological station required by subsection (F).
i. All records of any periods during which a monitoring device required by subsection (F) is inoperative or not operating correctly.
j. All records of reports and notifications required by subsection (I).

2. All of the following records maintained for the purposes of the fugitive dust plan required by subsection (C)(2) must be maintained in a recordkeeping log or recordkeeping system. As part of the records, the owner or operator shall include the dates and times for each of the following observations or activities, the name of the employee documenting each activity or observation, and the nature and location of each observation activity:
a. Each instance of observed visible emissions of 15 percent opacity or greater, along with a description of any corrective action undertaken and its success.
b. Water sprayer operations, including timing and intensity of watering to be captured in the water sprayer recordkeeping system.
c. Timing, location, type, and amount of chemical suppressant and water applied to unpaved roads, and a description of the nature and timing of any additional corrective action taken, as necessary, to minimize emissions to the greatest extent practicable.
d. Timing and location of all sweeping and cleaning of trackout or spillage material.
e. Timing and location of all washdown of concrete areas.
f. Timing and location of sump cleanouts.
g. Results of all visible emissions surveys and Reference Method 9 readings.
h. Appropriate records for operating conditions, including electric dryer ventilation fan start and stop times for the newly designed acid plant scrubber blowdown drying system.
i. Calibration records for all measurement devices, including maintenance of manufacturer's manuals or other documentation for suggested calibration

schedules and accuracy levels for each measurement device.

j. Dates, times, and descriptions of deviations when the owner or operator's operations was carried out in a manner inconsistent with the fugitive dust plan required by subsection (C)(2).

I. Reporting. Within 30 days after the end of each calendar-year quarter, the owner or operator shall submit a report to the Department covering the prior quarter that includes the following:

1. All instances where observed fugitive emissions coming from sources covered in this Section were 15 percent or greater.
2. The date of all high wind events, with an identification of the location of the reading, wind speed, and duration of the event, and a description of actions taken as a result of the event on a source-by-source basis.
3. All instances where corrective action was required with identification of the emission source involved, what triggered the corrective action, what action the owner or operator undertook to abate or mitigate the problem, and whether the corrective action achieved the intended results.
4. A summary of all times when the electronic recordkeeping system was not recording data, and a summary and indication of the period when recorded data was outside of established operating parameters.
5. A summary of progress of all new construction, installation, upgrades, or modifications to equipment or structures at the facility required by the fugitive dust plan and subsection (D), including dates of commencement and completion of construction, dates of operations of new or modified equipment or structures, and dates old or outdated equipment or structures were permanently retired.
6. Raw monitoring data and calculated ambient lead concentrations from the ambient air monitoring stations required by subsection (F).

Historical Note

New Section R18-2-B1301.01 made by final rulemaking at 23 A.A.R. 767, effective December 1, 2018 (Supp. 17-1). Amended by final rulemaking at 32 A.A.R. 93 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

R18-2-B1302. Limits on SO_2 Emissions from the Hayden Smelter

A. Applicability.

1. This Section applies to the owner or operator of the Hayden Smelter. It establishes limits on sulfur dioxide emissions from the Hayden Smelter and monitoring, recordkeeping and reporting requirements for those limits.
2. Effective date. Except as otherwise provided, the requirements of this Section shall become applicable upon smelter restart.
3. The sulfur dioxide emissions limitations contained in subsection (C)(3) shall become effective 60 days after the Hayden smelter achieves maximum production after smelter restart or 180 days after smelter restart, whichever occurs first.
4. The operational controls and limitations contained in subsection (D) shall be implemented upon smelter restart or the time specified as otherwise provided in subsection (D).

B. Definitions. In addition to definitions contained in R18-2-101 and R18-2-B1301, the following definitions apply to this Section.

1. "Anode Secondary Hood System" means the secondary hoods installed around each of the anode furnaces to improve the capture of fugitive emissions from the anode furnaces during charging, holding and processing, route the emissions to a new anode secondary hood baghouse for fabric filter control, and then to the annulus of the main stack.
2. "Continuous emissions monitoring system" or "CEMS" means the total equipment, required under the emission monitoring provisions in this Chapter, used to sample, condition (if applicable), analyze, and to provide, on a continuous basis, a permanent record of emissions.
3. "Fuming ladle" means a ladle emitting an abnormal amount of fume after discharge of material.
4. "Maintenance downturn" means a scheduled maintenance period lasting at least eight working hours.
5. "Operating day" means any calendar day in which any of the following occurs:
   a. Concentrate is smelted in the smelting furnace;
   b. Copper or sulfur bearing materials are processed in the converters;
   c. Blister or scrap copper is processed in the anode furnaces;
   d. Molten metal, including slag, matte or blister copper, is transferred between vessels; or
   e. Molten metal is cast into anodes or other intermediate or final products.
6. "Out of control period" means the time that begins with the completion of the fifth, consecutive, daily calibration drift check with a calibration drift in excess of two times the allowable limit, or the time corresponding to the completion of the daily calibration drift check preceding the daily calibration drift check that results in a calibration drift in excess of four times the allowable limit, and the time that ends with the completion of the calibration check following corrective action that results in the calibration drifts at both the zero (or low-level) and high-level measurement points being within the corresponding allowable calibration drift limit.
7. "Smelter restart" means the first day after the issuance of Significant Permit Revision No. 96410 that concentrate is processed through the INCO flash furnace to produce matte.
8. "Table 1" means the table labeled "Uptake Improvement System, Flow Conditions and Damper Positions," in Appendix 1 of the attachment labeled "Hayden Smelter Site-Specific SIP Requirements," in the current Class I Air Quality Permit issued to the Hayden smelter.
9. "Table 2" means the table labeled "Uptake Improvement System Interlock Timing," in Appendix 1 of the attachment labeled "Hayden Smelter Site-Specific SIP Requirements," in the current Class I Air Quality Permit issued to the Hayden smelter.
10. "Table 3" means the table labeled "Anode Secondary Hood System Flow Conditions and Damper Positions," in Appendix 1 of the attachment labeled "Hayden Smelter Site-Specific SIP Requirements," in the current Class I Air Quality Permit issued to the Hayden smelter.
11. "Table 4" means the table labeled "Emergency Shutdown Ventilation Flue Emissions," in Appendix 1 of the attachment labeled "Hayden Smelter Site-Specific SIP Require-

ments," in the current Class I Air Quality Permit issued to the Hayden smelter.

C. Sulfur Dioxide Emissions Limitations.

1. Sulfur dioxide emissions from the Main Stack shall not exceed 1069.1 pounds per hour on a 14-operating day average.
2. The owner or operator shall not cause to be discharged into the atmosphere from any affected unit subject to 40 CFR 60 subpart P any gases which contain sulfur dioxide in excess of the limit set forth in 40 CFR § 60.163(a) (as in effect on July 1, 2016 and no later editions).
3. Fugitive emissions limits. These limits shall apply when the underlying processes are in operation, including periods of startup, shutdown and malfunction:
   a. Fugitive emissions of SO_2 from the flash furnace, matte tapping and slag skimming areas shall not exceed 38.5 pounds/hour, as measured by the flash furnace roofline monitoring system.
   b. Fugitive emissions of SO_2 from the converter aisle area shall not exceed 10.0 pounds/hour, as measured by the converter aisle roofline monitoring system.
   c. Fugitive emissions of SO_2 from the anode furnaces shall not exceed 9.0 pounds/hour, as measured by the anode furnace roofline monitoring system.
   d. The owner or operator may apply for a significant permit revision to change the applicable fugitive emissions limits in subsections (a), (b), and (c) to another set of limits provided in the following table:

Rebalanced Fugitive Emissions Limits	**Fugitive emissions of SO_2 from the flash furnace, matte tapping, and slag skimming areas (pounds/hour)**	**Fugitive emissions of SO_2 from the converter aisle area (pounds/hour)**	**Fugitive emissions of SO_2 from the anode furnaces (pounds/hour)**
Scenario 1	37	10	10
Scenario 2	35.5	10	11
Scenario 3	34	10	12
Scenario 4	36.5	11	9
Scenario 5	35	11	10
Scenario 6	34	11	11
Scenario 7	32.5	11	12
Scenario 8	35	12	9
Scenario 9	33.5	12	10
Scenario 10	32	12	11
Scenario 11	30.5	12	12
Scenario 12	33	13	9
Scenario 13	32	13	10
Scenario 14	30.5	13	11
Scenario 15	29.1	13	12

   e. Unless and until the Department issues a significant permit revision replacing the applicable fugitive emissions limits in subsections (a), (b), and (c) with another set of limits provided in subsection (d), the limits in subsections (a), (b), and (c) shall remain the applicable fugitive emissions limits.

D. Operational Standards.

1. Process equipment and control device operations. At all times, including periods of startup, shutdown, and malfunction, the owner or operator shall, to the extent practicable, maintain and operate smelter processes and associated emission capture and/or control equipment in a manner consistent with good air pollution control practices for minimizing SO_2 emissions to the levels required by subsection (C). Determination of whether acceptable operating and maintenance procedures are being used will be based on all information available to the Director and EPA Region IX, which may include, but is not limited to, monitoring results, review of operating and maintenance procedures and records, and inspection of the relevant equipment.
2. Capture system and control device operations and maintenance plan. The owner or operator shall develop and implement an operations and maintenance plan for each capture system and/or control device used to ventilate or control process gas or emissions from the flash furnace including matte tapping, slag skimming, and slag return operations; converter primary hoods, converter secondary hoods, tertiary ventilation system, and anode refining operations. The operations and maintenance plan must address the following requirements as applicable to each capture system and/or control device.
   a. Monitoring devices. The plan shall provide for installation, operation, calibration, and maintenance of appropriate monitoring devices to measure and record operating limit values or settings at all times the required capture and control system is operating, except during periods of monitor calibration, repair and malfunction. The initial plan shall provide for volumetric flow monitoring on the vent gas baghouse (inlet or outlet), each converter primary hood, each converter secondary hood, the tertiary ventilation system and the anode furnace baghouse (inlet or outlet). All monitoring devices shall be accurate within +/- 10 percent and calibrated according to manufacturer's instructions. If direct measurement

of the exhaust flow is infeasible due to physical limitations or exhaust characteristics, the owner or operator may propose a reliable equivalent method for approval. Initial monitoring may be adjusted as provided in subsection (D)(2)(e). Dampers that are manually set and remain in the same position while the capture system is operating are exempt from these monitoring requirements. Capture system damper position setting or settings shall be specified in the plan.

b. Operational limits. The owner or operator shall establish operating limits in the operations and maintenance plan for the capture systems and/or control devices that are representative and reliable indicators of the performance of the capture system and control device operations. The initial operating limits may be adjusted as provided in subsection (D)(2)(e). Initial operating limits shall include the following:
   i. Identification of those modes of operation when the double dampers between the flash furnace vessel and the vent gas system will be closed and the interstitial space evacuated to the acid plant.
   ii. A minimum air flow for the furnace ventilation system and associated damper positions for each matte tapping hood or slag skimming hood when operating to ensure that the operation or operations are within the confines or influence of the capture system.
   iii. A minimum air flow for the secondary hood baghouse and associated damper positions for each slag return hood to ensure that the operation is within the confines or influence of the capture system's ventilation draft during times when the associated process is operating.
   iv. A minimum air infiltration ratio for the converter primary hoods of 1:1 averaged over 24 converter Blowing hours, rolled hourly measured as volumetric flow in primary hood less the volumetric flow of tuyere Blowing compared to the volumetric flow of tuyere Blowing.
   v. A minimum secondary hood exhaust rate of 35,000 SCFM during converter Blowing, averaged over 24 converter Blowing hours, rolled hourly.
   vi. A minimum secondary hood exhaust rate of 133,000 SCFM during all non-Blowing operating hours, averaged over 24 non-Blowing hours, rolled hourly.
   vii. A minimum negative pressure drop across the secondary hood when the doors are closed equivalent to 0.007 inches of water.
   viii. A minimum exhaust rate on the tertiary hooding of 400,000 ACFM during all times material is processed in the converter aisle, averaged over 24 hours and rolled hourly.
   ix. Fan amperes or minimum air flow for the anode furnace baghouse and associated damper positions for each anode furnace hood to ensure that the anode furnace off-gas port is within the confines or influence of the capture system's ventilation draft during times when the associated furnace is operating.
   x. The anode furnace charge mouth shall be kept covered when the tuyeres are submerged in the metal bath except when copper is being charged to or transferred from the furnace.
   xi. The temperatures of the acid plant catalyst bed, which shall at minimum, meet the manufacturer's recommendations.
   xii. The acid plant catalyst replenishment criteria, which shall at minimum, meet the manufacturer's recommendations.

c. Preventative maintenance. The owner or operator must perform preventative maintenance on each capture system and control device according to written procedures specified in the operation and maintenance plan. The procedures must include a preventative maintenance schedule that is consistent with the manufacturer's or engineer's instructions, or operator's experience working with equipment, and frequency for routine and long-term maintenance. This provision does not prohibit additional maintenance beyond that required by the plan.

d. Inspections. The owner or operator must perform inspections in accordance with written procedures in the operations and maintenance plan for each capture system and control device that are consistent with the manufacturer's, engineer's or operator's instructions for each system and device.

e. Plan development and revisions.
   i. The owner or operator shall develop and keep current the plan required by this Section. Any plan or plan revision shall be consistent with this Section, shall be designed to ensure that the capture and control system performance conforms to the attainment demonstration in the Final SIP Revision: 2023 Hayden Sulfur Dioxide Nonattainment Area for the 1971 and 2010 SO_2 NAAQS, and shall be submitted to the Department for review. Any plan or plan revision submitted shall include the associated manufacturer's recommendations and/or instructions used for capture system and control device operations and maintenance.
   ii. The owner or operator shall submit the revised plan to the Department within 180 days of smelter restart and shall include the initial volumetric flow monitoring provisions in subsection (D)(2)(a), the initial operational limits in subsection (D)(2)(b), the preventative maintenance procedures in subsection (D)(2)(c), and the inspection procedures in subsection (D)(2)(d).
   iii. The owner or operator shall submit to the Department for approval a plan revision with changes, if any, to the initial volumetric flow monitoring provisions in subsection (D)(2)(a) and initial operational limits in subsection (D)(2)(b) not later than six months after completing a fugitive emissions study conducted in accordance with Appendix 14. The Department shall submit the approved changes to the volumetric flow monitoring provisions and operational limits pursuant to this subsection to EPA Region IX as a SIP revision not later than 12

months after completion of a fugitive emissions study.

iv. Other plan revisions may be submitted at any time when necessary. All plans and plan revisions shall be designed to achieve operation of the capture system and/or control device consistent with the attainment demonstration in the Final SIP Revision: 2023 Hayden Sulfur Dioxide Nonattainment Area for the 1971 and 2010 SO_2 NAAQS. Except for changes to the volumetric flow monitoring provisions in subsection (D)(2)(a) and operational limits in subsection (D)(2)(b), which shall require prior approval, plans and plan revisions may be implemented upon submittal and shall remain in effect until superseded or until disapproved by the Department. Disapprovals are appealable Department actions.

3. Flash Furnace Area Capture Improvements.
   a. Prior to smelter restart after issuance of Significant Permit Revision No. 96410, the owner or operator shall install additional hooding and interceptor walls (the "Uptake Improvement System") to improve the capture of fugitive emissions from the flash furnace area, matte tapping and slag skimming areas, route them to the existing converter secondary hood baghouse for fabric filter and high surface area lime injection control, and then to the annulus of the main stack.
   b. The Uptake Improvement System shall have a design evaluation rate of 50,000 to 60,000 ACFM hourly average and shall operate when the flash furnace is in operation except for brief periods when slag is being returned to the flash furnace using the slag launder return. At those times, the ventilation for this system shall be switched to the slag return capture system and then switched back automatically to the Uptake Improvement System at the conclusion of the slag return cycle.
   c. Establishment of Operational Ranges.
      i. The owner or operator shall establish a range of damper positions based upon the secondary hood baghouse flow monitor that provides reasonable assurance that the Uptake Improvement System exhaust flow is within the design range specified in (D)(3)(b). The ranges shall be established and verified by a stack test no later than 180 days after smelter restart and may be revised thereafter in the same fashion. The proposed ranges, stack test verifying evacuation rates compliant with (D)(3)(b) and proposed revision to Table 1 shall be submitted to the Department within 45 days of the stack test. If the Director concurs that the proposed damper position ranges assure an exhaust flow compliant with (D)(3)(b), the Director shall issue a revised Table 1 reflecting the new damper position range. Thereafter, the owner or operator shall comply with the approved Table 1 range. Until the first submittal is approved, the owner or operator shall use ranges specified in Table 1 of Appendix I of Significant Permit Revision 96410. The current ranges shall be specified in Table 1 of the "Hayden Smelter Site-Specific SIP Requirements" attachment to the Class I Air Quality Permit for the smelter.
      ii. The owner or operator shall establish a timed interlock on the slag return launder such that when slag is returned to the flash furnace the ventilation air from the Uptake Improvement System is switched to the slag return capture system for a defined period of not less than 5 minutes nor more than 10 minutes and then returns to the Uptake Improvement System automatically. The owner or operator shall optimize the period within the five to 10-minute range established during the initial 60-day optimization period by observation and analysis and thereafter as necessary. The first analysis, proposed time period, and proposed revisions to Table 2 shall be submitted no later than 75 days after the smelter restart. The Director shall approve any period that falls within both the five to 10-minute range and a range between the mean and mean plus a standard deviation of the observed slag return durations. If the Director concurs that the proposed range meets these requirements, the Director shall issue a revised Table 2. All analyses shall be submitted and approved by the Director. Until the first report is approved, the owner or operator shall use ranges specified in Table 2 of Appendix I of Significant Permit Revision No. 96410. The current ranges shall be specified in Table 2 the "Hayden Smelter Site-Specific SIP Requirements" attachment to the Class I Air Quality Permit for the smelter.
   d. Operational requirements.
      i. The owner or operator shall operate the Uptake Improvement/Launder Return combined damper in accordance with the approved Table 1 range or ranges at all times the flash furnace is operating and at all times matte tapping, slag skimming or slag returning is occurring.
      ii. The owner or operator shall operate the timed interlock in accordance with the approved Table 2 value. Operators shall trigger the interlock prior to starting slag return and may trigger the timed interlock again if slag is still returning at the end of the interlock cycle to minimize emissions.
      iii. The owner or operator shall inspect the Uptake Improvement System during each scheduled maintenance downturn to ensure that the hooding and walls are in proper position and that there are no visible accretions of material in the mouth of the hooding that would preclude efficient operation. The owner or operator shall quarterly, evaluate the damper controlling air between the Uptake Improvement System and the slag return capture system to ensure it is operating properly. Records of these inspections shall be maintained for five years.
4. Converter and Material Transfer Area Capture Improvements.
   a. Prior to smelter restart after issuance of significant Permit Revision No. 96410, the owner or operator shall install a Fuming Ladle Capture System, which

shall have a design evacuation rate of 40,000 to 50,000 ACFM when a ladle is present within the hooded area. The capture system shall run until the ladle is removed or for at least 20 minutes after the ladle is placed in the containment. Fuming ladles shall not be removed from the fuming Ladle Capture System containment unless fuming has stopped or the ladle is transported directly to the tunnel or within the capture area of a secondary hood.

b. The owner or operator shall develop training for its employees responsible for ladle movement on identification of fuming ladles. The training shall be developed within 60 days of smelter restart. Existing employees shall be trained within 90 days of smelter restart and any new employees shall be trained before working ladle operations unsupervised by a trained operator. Employees shall be retrained once every five years. Training records for the operators shall be kept for five years. The training and records shall be available for inspections.

c. The owner or operator shall, whenever a fuming ladle is detected, promptly move the fuming ladle into the Fuming Ladle Capture System.

d. The owner or operator shall conduct an initial flow test within 180 days of smelter restart to verify that the system achieves the design flow. The results of this flow test shall be reported to the Department within 45 days of completion of the test.

e. The owner or operator shall inspect the Fuming Ladle Capture System during each scheduled maintenance downturn to ensure that it is actuating properly, that the hoods and walls are in proper position, and there are no visible accretions of material in the mouth of the hood that would preclude efficient operation. Records of these inspections shall be maintained for five years.

5. Anode Furnace Secondary Hood Capture Control System.

a. Prior to smelter restart after issuance of Significant Permit Revision No. 96410, the owner or operator shall install secondary hoods around each of the anode furnaces to improve the capture of fugitive emissions from the anode furnaces during charging, holding and processing, route the emissions to a new anode secondary hood baghouse for fabric filter control, and then to the annulus of the main stack. This is the Anode Secondary Hood system.

b. The Anode Secondary Hood System.

i. The Anode Secondary Hood System shall have an overall design evacuation rate for the total system of 150,000 ACFM hourly average.

ii. The anode secondary hood baghouse shall have a maximum design emission rate of 0.002 gr/scf.

iii. Each secondary hood shall be equipped with dampers that can close completely and operate with a range from 20 to 100 percent to modulate flows to the individual anode furnace.

iv. The Anode Secondary Hood System shall be operated to achieve balanced flows (± 15 percent) on the two operating anode furnaces when neither are charging. When one anode furnace is charging, the Anode Secondary Hood System shall be balanced so that the charging furnace achieves a minimum of 100,000 ACFM and the other operating furnace gets the balance.

c. The owner or operator shall establish a range of damper positions and total flow conditions based upon the anode secondary hood baghouse flow monitor that provides reasonable assurance that the Anode Secondary Hood system exhaust flow is within the design range. These ranges and flow conditions shall be verified during a performance test within 180 days of smelter restart and may be revised thereafter in the same fashion. The proposed ranges and flow conditions, stack test verifying evacuation rates compliant with (D)(5)(b)(i) and (D)(5)(b)(iv) and proposed revision to Table 3 of Appendix 1 shall be submitted to the Department within 45 days of the stack test. If the Director concurs that the proposed damper position and flow ranges assure an exhaust flow compliant with (D)(5)(b)(i) and (D)(5)(b)(iv), the Director shall issue a revised Table 3 of Appendix 1 reflecting the new approved Table 3 ranges. Until the first performance test, the owner or operator shall use ranges specified by the air pollution control designer in Table 3 of Attachment I of Significant Permit Revision 96410. The current flows shall be specified in Table 3 of Appendix 1 of the "Hayden Smelter Site-specific SIP attachment" to the Class I air quality permit for the smelter. Damper positions shall be logged and the logs kept for five years.

d. Operational requirements. The owner or operator shall operate the Anode Secondary Hoods in accordance with the approved Table 3 range or ranges at all times the anode furnaces are operating.

e. The owner or operator shall inspect the Anode Secondary Hood System during scheduled maintenance down turn to ensure that the dampers are working properly, the hoods and walls are in proper position and that there are no visible accretions of material in the mouth of the hoods that would preclude efficient operation. Records of these inspections shall be maintained for five years.

6. Emissions from the anode furnace baghouse stack shall be routed to the Main Stack.

E. Main Stack Monitoring.

1. To determine compliance with subsection (C)(1) the owner or operator of the Hayden Smelter shall install, calibrate, maintain, and operate a CEMS for continuously monitoring and recording SO_2 concentrations and stack gas volumetric flow rates at the following locations.

a. The exit of the acid plant;

b. The exit of the secondary hood particulate control device after the High Surface Area (HSA) lime injection system;

c. The exit of the flash furnace particulate control device after the HSA lime injection system;

d. The tertiary ventilation system prior to mixing with any other exhaust streams;

e. The anode furnace baghouse stack prior to mixing with any other exhaust streams; and

f. The exit of the Anode Secondary Hood Baghouse. This system shall be installed and a relative accuracy test audit (RATA) successfully completed within 180 days of the effective date provided in subsection (A)(3).

2. Except during periods of systems breakdown, repairs, maintenance, out-of-control periods, calibration checks, and zero and span adjustments, the owner or operator shall continuously monitor SO_2 concentrations and stack gas volumetric flow rates at each location in subsection (E)(1).
3. For purposes of this Section, continuous monitoring means the taking and recording of at least one measurement of SO_2 concentration and stack gas flow rate reading from the effluent of each affected stack, outlet, or other approved measurement location in each 15-minute period when the associated process units are operating. Fifteen-minute periods start at the beginning of each clock hour, and run consecutively. All CEMS required by subsection (E)(1) shall complete at least one cycle of operation (sampling, analyzing, and data recording) for each successive 15-minute period.
4. The owner or operator shall demonstrate that the CEMS required by subsection (E)(1) meet all of the following requirements:
   a. The SO_2 CEMS installed and operated under this Section meets the requirements of 40 CFR 60, Appendix B, Performance Specification 2 and Performance Specification 6. The CEMS on the anode furnace baghouse stack and tertiary ventilation system shall complete an initial Relative Accuracy Test Audit (RATA) in accordance with Performance Specification 2. The RATA runs shall be tied to when the anode furnace is in use and, for the tertiary system, when the converters are in operation and/or material is being transferred in the converter aisle. Asarco may petition the Department and EPA Region IX on the criteria for subsequent RATAs for the anode furnace baghouse stack or tertiary ventilation system CEMS. The petition shall include submittal of CEMS data during the year.
   b. The SO_2 CEMS installed and operated under this Section meets the quality assurance requirements of 40 CFR 60, Appendix F.
   c. The owner or operator shall notify the Director in writing at least 30 days in advance of the start of the relative accuracy test audit (RATA) performed on the CEMS.
   d. The Director shall approve the location of all sampling points for monitoring SO_2 concentration and stack gas volumetric flow rates and the appropriate span values for the monitoring systems. This approval shall be in writing before installation and operation of the measurement instruments.
   e. The measurement system installed and used under this subsection is subject to the manufacturer's recommended zero adjustment and calibration procedures at least once per operating day unless the manufacturer specifies or recommends calibration at shorter intervals, in which case the owner or operator shall follow those specifications or recommendations. The owner or operator shall make available a record of these procedures that clearly shows instrument readings before and after zero adjustment and calibration.
   f. The owner or operator shall maintain on hand and ready for immediate installation sufficient spare parts or duplicate systems for the CEMS required by this Section to allow for the replacement within six hours of any monitoring equipment part that fails or malfunctions during operation.
5. Annual stack testing shall use EPA Methods 1, 4, and 6C in 40 CFR 60 Appendix A or an alternate method approved by the Department and EPA Region IX. Annual stack testing shall commence no later than the one year after the date the continuous emission monitoring system was removed. The owner or operator shall submit a test protocol to the Department at least 30 days in advance of testing. The protocol shall provide for three or more 24-hour runs unless the owner or operator justifies a different period and the Department approves such different period. Reports of testing shall be submitted to the Department no later than 60 days after testing or 30 days after receipt, whichever is later. The report shall provide an emissions rate, in the form of a pound per hour or pound per unit of production factor, that shall be used in the compliance demonstration in subsection (H)(1). Except as provided herein, the owner or operator shall otherwise comply with Section R18-2-312 in conducting such testing.

F. Fugitive Emissions Monitoring.

1. To determine compliance with subsection (C)(3) the owner or operator of the Hayden Smelter shall install, calibrate, maintain and operate a CEMS for continuously monitoring and recording SO_2 emissions and volumetric flows at the roofline of the following areas when the underlying process units are operating:
   a. Flash furnace roofline system, located on the penthouse and roof of the flash furnace building;
   b. Converter aisle roofline system, located at the north and south ends of the converter aisle; and
   c. Anode aisle roofline system, located over the anode furnaces.
2. These systems shall be installed and certified successfully completed within 180 days of the effective date of this section under (C)(3). The owner or operator shall notify the Director in writing at least 30 days in advance of the initial certification testing performed on the CEMS.
3. The CEMS shall meet the requirements of (E)(4) except that everywhere those provisions specify a relative accuracy test audit (RATA) a cylinder gas audit (CGA) shall be used instead.
4. The owner or operator shall develop a roofline monitoring system operations and maintenance plan (Roofline Plan) that addresses the roofline monitoring system required by (F)(1). The roofline Plan shall include the following elements:
   a. A diagram showing the location of each intake point and which intake points are directed to which CEMS;
   b. A protocol for how the intake points will be sampled by the CEMS;
   c. A description of each CEMS, its required Quality Assurance/Quality Control procedures and span;
   d. Manufacturer's or installer's recommended zero adjustment and calibration procedures, which must provide for instrument readings before and after zero adjustments and calibrations, to be implemented at least once per operating day on the CEMS and at a frequency set forth in the protocol for flow meters;
   e. A list of replacement parts that shall be maintained on hand and ready for immediate installation on the

CEMs within 6 hours and to allow fabrication of new sample runs and installation within 10 days; and

f. Equations showing how mass emission rates will be calculated.

5. The owner or operator shall submit the roofline Plan to the Department and EPA Region IX at least 90 days prior to smelter restart. The owner or operator may submit other revisions at any time when necessary. All revisions shall be designed to achieve data collection at the roofline monitoring system consistent with the attainment demonstration in Final SIP Revision: 2023 Hayden Sulfur Dioxide Nonattainment Area for the 1971 and 2010 SO_2 NAAQS. Plans and plan revisions may be implemented upon submittal and shall remain in effect until superseded or until disapproved by the Department or EPA Region IX.

G. Emergency Shutdown Ventilation Flue Monitoring. The owner or operator shall install instrumentation on the Emergency Shutdown Ventilation Flue to detect and record all periods that the bypass is in operation. The owner or operator shall keep a log of all times of both damper positions and, when both dampers are open, whether the period is a planned or unplanned maintenance period. The owner or operator shall log any periods when one damper is open and the other damper is closed stating when the malfunctioning damper was repaired. For purposes of this Section, "planned maintenance" means any period where the owner or operator has shut down the associated emissions units and run the evacuation system until the inlet meter at the acid plant registers the equivalent of 53.5 lbs/hr or less before opening the emergency Shutdown Ventilation Flue. The inlet concentration shall be documented in the operating log.

H. Compliance Demonstration Requirements.

1. For purposes of determining compliance with the emission limit in subsection (C)(1) the owner or operator shall calculate emissions for each operating day as follows:
   a. Sum the hourly pounds of SO_2 vented to each uncontrolled shutdown ventilation flue and through each monitoring point listed in subsection (E)(1) for the current operating day and the preceding 13-operating days to calculate the total pounds of SO_2 emissions over the 14-operating day averaging period, as applicable.
   b. Divide the total amount of SO_2 emissions calculated from subsection (H)(1)(a) by 336 to calculate the 14-operating day average SO_2 emissions.
2. When no valid hour or hours of data have been recorded by a continuous monitoring system required by subsections (E)(1) and (E)(2) and the associated process unit is operating, the owner or operator shall calculate substitute data for each such period according to the following procedures:
   a. For a missing data period less than or equal to 24 hours, substitute the average of the hourly SO_2 concentrations recorded by the system for the hour before and the hour after the missing data period.
   b. For a missing data period greater than 24 hours, substitute the greater of:
      i. The 90th percentile hourly SO_2 concentrations recorded by the system during the previous 720 quality-assured monitor operating hours.
      ii. The average of the hourly SO_2 concentrations recorded by the system for the hour before and the four hours after the missing data period.
   c. Notwithstanding subsections (H)(3)(a) and (H)(3)(b), the owner or operator may present any credible evidence as to the quantity or concentration of emissions during any period of missing data.
3. The owner or operator shall determine compliance with the requirements in subsection (D)(2) as follows: maintaining and operating the emissions capture and control equipment in accordance with the capture system and control device operations and maintenance plan required in subsection (D)(2) and recording operating parameters for capture and control equipment as required in subsection (D)(2)(b).
4. The owner or operator shall include periods of startup, shutdown, malfunction, or other upset conditions when determining compliance with the emission limits in subsection (C).
5. The owner and operator shall demonstrate compliance with the limit in subsection (C)(2) in accordance with 40 CFR §§ 60.165 and 60.166 (as in effect on July 1, 2016 and not later editions).
6. Notwithstanding subsections (H)(2)(a) and (H)(2)(b), the owner or operator may present any credible evidence as to the quantity or concentration of emissions during any period of missing data.
7. For purposes of demonstrating compliance with the main stack limit in (C)(1) and (H)(2)(a), the pounds of SO_2 in the emergency shutdown vent shall be calculated for unplanned use of the emergency shutdown ventilation system as the total volume of the emergency shutdown system at the maximum expected SO_2 concentrations in each segment and 10 percent of that amount for planned shutdowns when the evacuation system is run until SO_2 emissions shown on the combined CEMS system are less than 53.5 lb/hr. Future changes to the design volume of the emergency shutdown system or to the maximum SO_2 concentrations used in the calculation shall be submitted to the Department with a written justification for the change and revised calculations showing the newly calculated planned and unplanned shutdown emissions. This justification may be included as part of a required permit or permit revision. The change shall not be made until approved by the Director. A copy of the current calculations and planned and unplanned shutdown emissions values shall be included in Table 4.

I. Fugitive Limit Compliance Demonstration Requirements.

1. Compliance with the fugitive emission limits in (C)(3) shall be demonstrated as follows:
   a. Each valid hour of calculated emissions from the flash furnace roofline system in (F)(1)(a) shall be compared to the limit in (C)(3) to demonstrate compliance.
   b. Each valid hour of calculated emissions from the converter aisle roofline system in (F)(1)(b) shall be compared to the limit in (C)(3) to demonstrate compliance.
   c. Each valid hour of calculated emissions from the anode aisle roofline system in (F)(1)(c) shall be compared to the limit in (C)(3).
   d. The owner or operator shall maintain 95 percent or more valid hours for each system listed in (F)(1).
   e. The owner or operator shall include periods of startup, shutdown, malfunction, or other upset condition when determining compliance with the limits in (C)(3).

2. Conducting a fugitive study in accordance with Appendix 14 starting not later than six months after completion of the Converter Retrofit Project authorized by Significant Permit Revision No. 60647. The fugitive study shall demonstrate, as set forth in Appendix 14, that fugitive emissions from the smelter are consistent with estimates used in the attainment demonstration in the Final SIP Revision: 2023 Hayden Sulfur Dioxide Nonattainment Area for the 1971 and 2010 SO_2 NAAQS.

J. For the purposes of demonstrating compliance with the limits in subsection (C), all CEMS listed in (C), (E), and (F) shall use the following data validity requirements:

1. Except as provided under (J)(3) for a full operating hour (any clock hour with 60 minutes of unit operation), at least four valid data points are required to calculate the hourly average, i.e., one data point in each of the 15-minute quadrants of the hour.
2. Except as provided under (J)(3) for a partial operating hour (any clock hour with less than 60 minutes of unit operation), at least one valid data point in each 15-minute quadrant of the hour in which the unit operates is required to calculate the hourly average.
3. For any operating hour in which required maintenance or quality-assurance activities are performed:
   a. If the unit operates in two or more quadrants of the hour, a minimum of two valid data points, separated by at least 15 minutes, is required to calculate the hourly average; or
   b. If the unit operates in only one quadrant of the hour, at least one valid data point is required to calculate the hourly average.
4. If a daily calibration error check is failed during any operating hour, all data for that hour shall be invalidated, unless a subsequent calibration error test is passed in the same hour and the requirements of (J)(3) are met, based solely on valid data recorded after the successful celebration.
5. For each full or partial operating hour, all valid data points shall be used to calculate the hourly average.
6. Data recorded during periods of continuous monitoring system breakdown, repair, maintenance, out of control periods, calibration checks, and zero and span adjustments shall not be included in the data averages computed under (H) and (I).
7. Either arithmetic or integrated averaging of all data may be used to calculate the hourly average. The data may be recorded in reduced or non-reduced form.

K. Recordkeeping.

1. The owner or operator shall maintain a record of each operation and maintenance plan required under subsection (D)(1).
2. The owner or operator shall maintain the following records for at least five years:
   a. All measurements from the continuous monitoring system required by subsections (E)(1) and (F)(1), including the date, place, and time of sampling or measurement; parameters sampled or measured; and results. All measurements will be calculated daily.
   b. All records of quality assurance and quality control activities for emissions measuring systems required by subsections (E)(1) and (F)(1).
   c. All records of calibration checks, adjustments, maintenance, and repairs conducted on the continuous monitoring systems required by subsection (E); including records of all compliance calculations required by subsection (F).
   d. All records of the occurrence and duration of any startup, shutdown, or malfunction in the operation of concentrate drying, smelting, converting, anode refining and casting emission units; any malfunction of the associated air pollution control equipment; or any periods during which a continuous monitoring system or monitoring device required by subsections (E)(1) or (F)(1) is inoperative or not operating correctly.
   e. All records of planned and unplanned shutdown ventilation flue utilization events and calculations used to determine emissions from shutdown ventilation flue utilization events if the owner or operator chooses to use the alternative compliance determination method.
   f. All records of major maintenance activities and inspections conducted on emission units, capture system, air pollution control equipment, and CEMS, including those set forth in the operations and maintenance plan required by subsection (D)(2).
   g. All records of operating days and production records required for calculations in subsection (I).
   h. All records of fugitive emissions studies and study protocols conducted in accordance with Appendix 14.
   i. All records of reports and notifications required by subsection (L).

L. Reporting.

1. The owner or operator shall notify the Director in writing at least 30 days in advance of the start of relative accuracy test audit (RATA) procedures performed on the continuous monitoring systems required by subsection (E)(1).
2. Within 30 days after the end of each calendar quarter, the owner or operator shall submit a data assessment report to the Director in accordance with 40 CFR Part 60, Appendix F for the continuous monitoring systems required by subsections (E) and (F).
3. The owner or operator shall submit an excess emissions and monitoring systems performance report or summary report form in accordance with 40 CFR § 60.7(c) to the Director quarterly for the continuous monitoring systems required by subsection (E)(1). Excess emissions means any 14-operating day average as calculated in subsection (H) in excess of the emission limit in subsection (C)(1), any period in which the capture and control system was operating outside of its parameters specified in the capture system and control device operation and maintenance plan in subsection (D)(2). All reports shall be postmarked by the 30th day following the end of each calendar quarter time period.
4. The owner or operator shall provide the following to the Director:
   a. The owner or operator shall notify the Director of commencement of construction of any equipment necessary to comply with the operational or emission limits.
   b. The owner or operator shall submit semiannual progress reports on construction of any such equipment postmarked by July 30 for the preceding January-June period and January 30 for the preceding July-December period.

c. The owner or operator shall submit notification of initial startup of any such equipment within 15 business days of such startup.

5. The owner or operator shall notify the Director of any control equipment malfunctions that cause an exceedance of an applicable limit within two working days within discovery.

M. Preconstruction review. This Section is determined to be Reasonably Available Control Technology (RACT) for SO_2 emissions from the operations subject to subsection (C) for purposes of minor source NSR requirement addressed in R18-2-334.

Historical Note

New Section R18-2-B1302 made by final rulemaking at 23 A.A.R. 767, effective on the earlier of July 1, 2018, or 180 calendar days after completion of all Converter Retrofit Project improvements authorized by Significant Permit Revision No. 60647 (Supp. 17-1). Amended by final rulemaking at 32 A.A.R. 93 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

PART C. MIAMI, ARIZONA, PLANNING AREA

R18-2-C1301. Reserved

Historical Note

New Section R18-2-C1301 reserved at 23 A.A.R. 767 (Supp. 17-1).

R18-2-C1302. Limits on SO_2 Emissions from the Miami Smelter

A. Applicability.

1. This Section applies to the owner or operator of the Miami Smelter. It establishes limits on SO_2 emissions from the Miami Smelter and monitoring, recordkeeping and reporting requirements for those limits.
2. Effective date. Except as otherwise provided, the provisions of this Section shall take effect on the later of the effective date of the Administrator's action approving it as part of the state implementation plan or January 1, 2018.

B. Definitions. In addition to general definitions contained in R18-2-101, the following definitions apply to this rule.

1. "Capture system" means the collection of components used to capture gases and fumes released from one or more emission points, and to convey the captured gases and fumes to one or more control devices. A capture system may include, but is not limited to, the following components as applicable to a given capture system design: duct intake devices, hoods, enclosures, ductwork, dampers, manifolds, plenums, and fans.
2. "Electric furnace" means a furnace in which copper matte and slag are heated by electrical resistance without the mechanical introduction of air or oxygen.
3. "IsaSmelt® furnace" means a furnace in which air, oxygen, and fuel are injected through a top-submerged lance into a molten slag bath to produce slag and copper matte.
4. "Miami Smelter" means the primary copper smelter located near Miami, Gila County, Arizona at latitude 33º24'50"N and longitude 110°51'25"W.
5. "Out of control period" means the time that begins with the completion of the fifth, consecutive, daily calibration drift check with a calibration drift in excess of two times the allowable limit, or the time corresponding to the completion of the daily calibration drift check preceding the daily calibration drift check that results in a calibration drift in excess of four times the allowable limit, and the time that ends with the completion of the calibration check following corrective action that results in the calibration drifts at both the zero (or low-level) and high-level measurement points being within the corresponding allowable calibration drift limit.
6. "Operating day" means any calendar day in which any of the following occurs:
   a. Concentrate is smelted in the Electric furnace or IsaSmelt® furnace;
   b. Copper or sulfur bearing materials are processed in the converters;
   c. Blister or scrap copper is processed in the anode furnaces or mold vessel;
   d. Molten metal, including slag, matte or blister copper, is transferred between vessels;
   e. Molten metal is cast into molds, anodes, or other intermediate or final products;
   f. Power is provided to the electric furnace to make or maintain a molten bath; or
   g. The anode furnace is heated to make or maintain a molten bath.

C. Sulfur Dioxide Emission Limitations. Combined SO_2 emissions from the tail gas stack, vent fume stack, aisle scrubber stack, bypass stack, and smelter roofline fugitives shall not exceed 142.45 pounds per hour on a 30-day rolling average basis.

D. Operational Standards.

1. Process Equipment and control device operations. At all times, including periods of startup, shutdown, and malfunction, the owner or operator shall, to the extent practicable, maintain and operate smelter processes and associated emission control devices in a manner consistent with good air pollution control practices for minimizing SO_2 emissions from the process gases associated with the IsaSmelt® furnace, electric furnace, and converters at least to the levels required by subsection (C). Determination of whether acceptable operating and maintenance procedures are being used will be based on information available to the Director and EPA Region IX, which may include, but is not limited to, monitoring results, review of operating and maintenance procedures and records, and inspection of the relevant equipment.
2. Capture system and control device operations and maintenance plan. The owner or operator shall develop and implement an operations and maintenance plan for each capture system and control device used to ventilate or control process gas or emissions associated with the IsaSmelt® furnace, electric furnace, and converters. The owner or operator shall submit the initial plan to the Department and EPA Region IX for review and approval by July 1, 2017.
   a. The operations and maintenance plan must address the following requirements as applicable to each capture system and control device:
      i. Monitoring devices. The plan shall provide for installation, operation, calibration, and maintenance of appropriate monitoring devices to measure and record operating limit or range values at all times the required system is operating. Dampers that are manually set and remain in the same position while the capture system is operating are exempt from these monitoring requirements.

ii. Operational limits and ranges. The owner or operator shall establish operating limits and ranges in the plan for each capture system and control device that are representative and reliable indicators of capture system performance and control device operation. If selected as an operational limit or range, capture system damper position settings shall be specified in the plan.

iii. Preventative maintenance. The owner or operator must perform preventative maintenance for each capture system and control device according to written procedures in the plan. The procedures must include a preventative maintenance schedule that is consistent with the manufacturer's or engineer's instructions and specified frequency for routine and long-term maintenance.

iv. Inspections. The owner or operator must perform inspections in accordance with written procedures in the plan for each capture system and control device, including position verification of any manual damper settings specified in the plan, that are consistent with the manufacturer's or engineer's instructions for each system and device.

b. The owner or operator shall operate and maintain each capture system and each control device in accordance with the plan required by subsection (D)(2) and as approved by the Department and EPA Region IX, except as provided herein. Until receiving initial approval of the plan, the owner or operator shall operate and maintain each capture system and each control device in accordance with the plan as initially submitted pursuant to subsection (D)(2). The owner or operator shall submit plan revisions for review by the Department and EPA Region IX. At any time, the Department and/or EPA Region IX may require the owner or operator to revise the plan if determined to be inconsistent with subsection (D)(2)(a). Within 60 days of receiving written notification from the Department or EPA Region IX specifying such inconsistency, the owner or operator shall submit a proposal to the Department and EPA Region IX that addresses the inconsistency. The owner or operator shall maintain a current copy of the plan onsite and available for review and inspection upon request.

E. Monitoring.

1. To determine compliance with subsection (C), the owner or operator shall install, calibrate, maintain, and operate continuous monitoring systems to monitor and record SO_2 concentrations and stack gas volumetric flow rates at the following locations.
   a. The acid plant tail gas stack;
   b. The vent fume stack;
   c. The aisle scrubber stack; and
   d. The bypass stack.
2. To determine compliance with the emission limit in subsection (C), the owner or operator shall install, calibrate, maintain, and operate a continuous monitoring system to monitor and record fugitive SO_2 concentrations at the Miami Smelter roofline.
3. Except during periods of continuous monitoring system breakdown, repairs, maintenance, out-of-control periods, calibration checks, and zero and span adjustments, the owner or operator shall continuously monitor SO_2 concentrations and stack gas volumetric flow rates at each location specified in subsection (E)(1) and use the monitored concentrations and volumetric flow rates when demonstrating compliance with the SO_2 emission limit in subsection (C) in accordance with subsection (F).
4. Except during periods of continuous monitoring system breakdown, repairs, maintenance, out-of-control periods, calibration checks and zero and span adjustments, the owner or operator shall continuously monitor fugitive SO_2 emissions at the Miami Smelter roofline and use the monitored concentrations and volumetric flow rates when demonstrating compliance with the SO_2 emission limit in subsection (C) in accordance with subsection (F).
5. For purposes of subsections (E)(3) and (E)(4), continuous monitoring means the taking and recording of at least one measurement of SO_2 concentration and stack gas flow rate reading from the effluent of each affected stack, outlet, or other approved measurement location in each 15-minute period when the associated process units are operating. Fifteen-minute periods start at the beginning of each clock hour, and run consecutively. All continuous monitoring systems required by subsection (E)(1) shall complete at least one cycle of operation (sampling, analyzing, and data recording) for each successive 15-minute period.
6. If the owner or operator can demonstrate to the Director and EPA Region IX that measurement of stack gas volumetric flow rate in the outlet of any particular piece of SO_2 control equipment would yield inaccurate results or would be technologically infeasible, then the Director and EPA Region IX may allow measurement of the flow rate at an alternative sampling point.
7. The owner or operator shall demonstrate that the continuous monitoring systems required by subsection (E)(1) meet all of the following requirements:
   a. Each SO_2 continuous monitoring system shall meet the specifications under 40 CFR 60, Appendix B, Performance Specification 6.
   b. Each SO_2 continuous monitoring system installed and operated under this Section shall also meet the quality assurance requirements of 40 CFR 60, Appendix F, Procedure 1.
   c. The owner or operator shall notify the Director in writing at least 30 days in advance of the start of the relative accuracy test audit (RATA) procedures performed on each continuous monitoring system.
   d. The Director shall approve the location of all sampling points for monitoring SO_2 concentrations and stack gas volumetric flow rates in writing before installation and operation of measurement instruments.
   e. The span of each continuous monitoring system for the acid plant tail stack, vent fume stack, and aisle scrubber stack shall be set at a SO_2 concentration of zero to 0.20% by volume.
   f. The span of the continuous monitoring system for the bypass stack shall be set at a SO_2 concentration of zero to 20% by volume.
   g. The zero (or low-level value between 0 and 20% of the span value) and span (50% to 100% of span

value) calibration drifts shall be checked at least once each operating day in accordance with a written procedure. The zero and span must, at a minimum, be adjusted whenever either the 24-hour zero drift or the 24-hour span drift exceeds two times the limit in 40 CFR Part 60, Appendix B, Performance Specification 2. The system must allow the amount of the excess zero and span drift to be recorded and quantified.

h. The owner or operator shall maintain on hand and ready for immediate installation sufficient spare parts or duplicate systems for the continuous monitoring system equipment required by this Section to allow for the replacement within six hours of any monitoring system equipment part that fails or malfunctions during operation.

8. The owner or operator shall develop and implement a roofline fugitive emissions monitoring plan for the continuous monitoring system required by subsection (E)(2). The owner or operator shall submit the initial plan to the Department and EPA Region IX for review and approval by July 1, 2017.
   a. The roofline fugitive emissions monitoring plan must address the following requirements:
      i. The continuous monitoring system required by subsection (E)(2) must include measurement of fugitive emissions from, at a minimum, the Converter, Electric Furnace, Anode Furnace, and IsaSmelt® systems that is representative of total fugitive emissions.
      ii. Each measurement system shall include at least one SO_2 analyzer and sufficient sampling locations that ensure collection of a representative sample along the roof monitor for each monitor system. The number of sample probes and their locations for each monitoring system shall account for the physical configuration of the vent, the locations of emitting activities relative to the vent, and heat generated by the equipment served by the vent.
      iii. Each measurement system shall include validation of adequate velocity for flow measurements and sufficient flow and temperature sensors to ensure calculation of representative exhaust flows through each vent. The number of such sensors and their locations for each monitoring system shall account for the physical configuration of the vent, the locations of emitting activities relative to the vent, and heat generated by the equipment served by the vent.
      iv. Each measurement system shall include an on-site data collection system that continuously logs and stores the measured SO_2 concentration, the measured flow velocity, and the measured temperature.
      v. An appropriate range for zero-span drift shall be established for all SO_2 analyzers to ensure proper calibration and operation. Unless otherwise provided in the roofline fugitive emissions monitoring plan required by subsection (E)(8), the zero (or low-level) value determination shall be made using a gas containing between zero to 20% of the span value for SO_2 and the span (or high-level) value determination shall be made using a certified gas with a value between 50% and 100% of the span value for SO_2. For each SO_2 analyzer, a daily zero-span check shall be performed by introducing zero gas and a known concentration of span gas to the analyzer. If the zero or span drift for an analyzer is greater than 5% of the span gas concentration for five consecutive days or greater than 10% of the span gas concentration for one day, the analyzer shall be found to be operating improperly and appropriate measures shall be taken to return the analyzer to proper operation. The zero-span check shall be repeated after any such corrective action is taken.
      vi. All SO_2 analyzers shall be inspected quarterly by the owner or operator and inspected annually by an independent auditor. The inspections shall be conducted in accordance with the data accuracy assessment requirements of 40 CFR 60, Appendix F, Procedure 1, Section 5 or as otherwise provided in the roofline fugitive emissions monitoring plan required by subsection (E)(8). The quarterly inspections consist of two certified concentrations of SO_2 to each sample probe system and comparing the known concentrations to the concentrations logged by the corresponding on-site data collection system to generate a relative error for each system.
      vii. The flow and temperature data shall be checked daily for proper operation of flow and temperature sensors in accordance with the roofline fugitive emissions monitoring plan required by subsection (E)(8). If a flow or temperature sensor is found to be operating improperly, appropriate measures shall be taken to return the sensor to proper operation.
      viii. All temperature sensors shall be inspected annually. The inspection shall be conducted according to the manufacturer's specification. A temperature sensor tolerance range representative of proper sensor operation shall be established in the roofline fugitive emissions monitoring plan required by subsection (E)(8). If a temperature sensor is found to measure outside of an established tolerance range, the sensor shall be found to be operating improperly and appropriate measures shall be taken to return the sensor to proper operation.
      ix. All flow sensors shall be calibrated semi-annually with calibration tools according to the manufacturer's specifications. A calibration tool range representative of proper sensor operation shall be established in the roofline fugitive emissions monitoring plan required by subsection (E)(8). If a flow sensor is found to measure outside of an established range, the sensor shall be found to be operating improperly and appropriate measures shall be taken to return the sensor to proper operation.
   b. The owner or operator shall operate and maintain the continuous monitoring system required by subsection (E)(2) in accordance with the roofline fugitive emissions monitoring plan required by subsection (E)(2) and as approved by the Department and EPA

Region IX, except as provided herein. Until receiving initial approval of the plan, the owner or operator shall operate and maintain the continuous monitoring system required by subsection (E)(2) in accordance with the plan as initially submitted pursuant to subsection (E)(2). The owner or operator shall keep the plan current and consistent with subsection (E)(8)(a). The owner or operator shall maintain a current copy of the plan onsite and available for review and inspection upon request. The Department and/or EPA Region IX may require the owner or operator to revise the plan if determined to be inconsistent with subsection (E)(8)(a). Within 60 days of receiving written notification from the Department or EPA Region IX specifying such inconsistency, the owner or operator shall submit a proposal to the Department and EPA Region IX that addresses the inconsistency.

F. Compliance Demonstration Requirements.

1. Within 180 days of the effective date set forth in subsection (A)(2), the owner or operator shall demonstrate compliance with the emission limit in subsection (C) by calculating SO_2 emissions for each operating day as follows:
   a. Sum the hourly pounds of SO_2 measured by the continuous monitoring systems required by subsection (E)(1) and (E)(2) for the current operating day and the preceding 29 operating days to calculate the total pounds of SO_2 emissions over the 30-operating day averaging period.
   b. Multiply the operating days occurring during a 30-day averaging period by 24 to calculate the total operating hours over the most recent 30-operating day period.
   c. Divide the total amount of SO_2 emissions calculated from subsection (F)(1)(a) by the total operating hours calculated from subsection (F)(1)(b) to calculate the 30-day rolling hourly average SO_2 emissions.
2. For the continuous monitoring systems required by subsections (E)(1) and (E)(2), hourly emissions shall be computed as follows:
   a. Except as provided under subsection (F)(2)(c), for a full operating hour (any clock hour with 60 minutes of unit operation), at least four valid data points are required to calculate the hourly average, i.e., one data point in each of the 15-minute quadrants of the hour.
   b. Except as provided under subsection (F)(2)(c), for a partial operating hour (any clock hour with less than 60 minutes of unit operation), at least one valid data point in each 15-minute quadrant of the hour in which the unit operates is required to calculate the hourly average.
   c. For any operating hour in which required maintenance or quality-assurance activities are performed:
      i. If the unit operates in two or more quadrants of the hour, a minimum of two valid data points, separated by at least 15 minutes, is required to calculate the hourly average; or
      ii. If the unit operates in only one quadrant of the hour, at least one valid data point is required to calculate the hourly average.
   d. If a daily calibration error check is failed during any operating hour, all data for that hour shall be invalidated, unless a subsequent calibration error test is passed in the same hour and the requirements of subsection (F)(2)(c) are met, based solely on valid data recorded after the successful calibration.
   e. For each full or partial operating hour, all valid data points shall be used to calculate the hourly average.
   f. Data recorded during periods of continuous monitoring system breakdown, repair, maintenance, out of control periods, calibration checks, and zero and span adjustments shall not be included in the data averages computed under subsection (F)(3).
   g. Either arithmetic or integrated averaging of all data may be used to calculate the hourly average. The data may be recorded in reduced or non-reduced form.
3. When no valid hour or hours of data have been recorded by a continuous monitoring system required by subsections (E)(1) and (E)(2) and the associated process unit is operating, the owner or operator shall calculate substitute data for each such period according to the following procedures:
   a. For a missing data period less than or equal to 24 hours, substitute the average of the hourly SO_2 concentrations recorded by the system for the hour before and the hour after the missing data period.
   b. For a missing data period greater than 24 hours, substitute the greater of:
      i. The 90th percentile hourly SO_2 concentrations recorded by the system during the previous 720 quality-assured monitor operating hours; or
      ii. The average of the hourly SO_2 concentrations recorded by the system for the hour before and the hour after the missing data period.
4. The owner or operator shall include periods of startup, shutdown, malfunction, or other upset conditions when determining compliance with the emission limit in subsection (C).

G. Recordkeeping.

1. The owner or operator shall maintain records as specified in the capture system and control device operations and maintenance plan required under subsection (D)(2) and the roofline fugitive emissions monitoring plan required under subsection (E)(8).
2. The owner or operator shall maintain the following records for at least five years:
   a. All measurements from the continuous monitoring systems required by subsection (E)(1) and (E)(2); including the date, place, and time of sampling or measurement, parameters sampled or measured, and results.
   b. All records of all compliance calculations required by subsection (F).
   c. All records of quality assurance and quality control activities conducted on the continuous monitoring systems required by subsection (E)(1) and (E)(2).
   d. All records of continuous monitoring system breakdowns, repairs, maintenance, out of control periods, calibration checks, and zero and span adjustments for the continuous monitoring systems required by subsection (E)(1) and (E)(2).
   e. All records of the occurrence and duration of any startup, shutdown, or malfunction in the operation of

Smelter processes; any malfunction of the associated air pollution control equipment; or any periods during which a continuous monitoring system or monitoring device required by subsection (E)(1) and (E)(2) is inoperative.

f. All records of all major maintenance activities conducted on emission units, capture system, air pollution control equipment, and continuous monitoring systems; including those set forth in the operations and maintenance plan required by subsection (D)(2).

g. All records of reports and notifications required by subsection (H).

H. Reporting

1. Within 30 days after the end of each calendar quarter, the owner or operator shall submit a data assessment report to the Director in accordance with 40 CFR Part 60, Appendix F, Procedure 1 for the continuous monitoring systems required by subsection (E).
2. The owner or operator shall submit an excess emissions and monitoring systems performance report and-or summary report form in accordance with 40 CFR § 60.7(c) to the Director semiannually for the continuous monitoring systems required by subsection (E)(1) and (E)(2). All reports shall be postmarked by the 30th day following the end of each six-month period.
3. The owner or operator shall provide the following to the Director:
   a. Notification of commencement of construction of the project improvements and equipment authorized by Significant Permit Revision No. 53592 to comply with the operational or emission limits in this Section no later than 30 days after such date.
   b. Semiannual progress reports on construction of any such improvements and equipment on January 1 and July 1 of each calendar year until construction is complete.
   c. Notification of initial startup of any such improvements and equipment within 15 days after such date.

I. Preconstruction review. This Section is determined to be Reasonably Available Control Technology (RACT) for SO_2 emissions from the operations subject to subsection (C) for purposes of minor source NSR requirements addressed in R18-2-334.

Historical Note

New Section R18-2-C1302 made by final rulemaking at 23 A.A.R. 767, on the later of the effective date of the Administrator's action approving it as part of the state implementation plan or January 1, 2018.

PART D. ARIZONA REGIONAL HAZE CLASS I AREAS

R18-2-D1301. Definitions for R18-2-D1302 and R18-2-D1303

The following definitions apply to R18-2-D1302 and R18-2-D1303:

1. "Average Daily Vehicle Trips (ADT)" means the average number of vehicles that cross a given point on a road over a 24-hour period.
2. "Bulk material" means any material, including but not limited to earth, rock, silt, sediment, sand, gravel, soil, fill, aggregate less than 2 inches in length or diameter, dirt, mud, demolition debris, trash, cinders, pumice, saw dust, and dry concrete, which are capable of producing fugitive dust.
3. "Class I area" means any international park, national wilderness area and national memorial park that exceeds 5,000 acres, or any national park that exceeds 6,000 acres, which are designated under the Clean Air Act as mandatory Federal Class I areas in order to preserve, protect and enhance air quality. The full list of Arizona Federal Class I areas as of the effective date of this Part is defined at 40 CFR 81.403.
4. "Chemical stabilizer/dust suppressant" means hygroscopic material, solution of water and chemical surfactant foam, non-toxic chemical stabilizer or any other dust palliative, which is not prohibited by the U.S. Environmental Protection Agency (EPA), the Arizona Department of Environmental Quality (ADEQ), or any applicable law or regulation, as a treatment material for reducing fugitive dust emissions.
5. "Clean gravel" means a mineral or rock aggregate ranging in size from 0.25 to 3 inches on its longest dimension that is either natural or the product of a mineral processing operation and contains no more than 6% silt by weight.
6. "Construction" means building a capital improvement resting upon, connected to or buried in the earth; modifications to existing structures, including additions, alterations, conversions, expansions, reconstruction, renovations, rehabilitations, and major replacements; or installing infrastructure associated with a new or modified structure, such as roads, flood structures, drainage works and irrigation works, and installation of above- or below-ground utilities.
7. "Construction site" means any property or portion of a property upon which dust generating operations occur as a result of construction.
8. "Disturbed Surface Area" means any portion of the earth's surface that has been physically moved, uncovered, destabilized, or otherwise modified from its undisturbed natural condition.
9. "Dust generating operations" means any activity capable of generating fugitive dust, including but not limited to:
   a. Earthmoving activities;
   b. Land clean-up, leveling, back filling;
   c. Drilling;
   d. Construction;
   e. Demolition;
   f. Bulk material handling, storage or transporting operations;
   g. Operation of motorized machinery used in Construction;
   h. Establishing or using unpaved parking lots, haul/access roads within a construction site; or
   i. Installing initial landscapes using mechanized equipment.
10. "Dust Visibility Protection Areas" means the following townships associated with the Chiricahua National Monument and Wilderness Area, Galiuro Wilderness Area, Saguaro National Park (Wilderness Area), and Superstition Wilderness Area, (except those areas in Tribal Nations and Communities land, which has the same meaning as the term defined in 18 U.S.C. 1151):
    a. In Cochise County: Township 12 South, Range 19 through 25 East (T12S, R19-25E); T12S, R27-32E; T13S, R19-32E; T14S, R19-32E; T15S, R19-32E; T16S, R19-22E; T16S, R24-32E; T17S, R19-22E; T17S, R24-32E; T18S, R19-21E; T18S, R24-32E; T19S, R19-20E; T19S, R25-32E; T20S, R25-32E;

T21S, R26-32E; T22S, R26-32E; T23S, R27-32E; T24S, R28-32E.
b. In Graham County: T4S, R19-21E; T5S, R19-22E; T6S, R19-23E; T7S, R19-24E; T8S, R19-24E; T9S, R19-25E; T10S, R19 – 25E; T11S, R19-25E.
c. In Gila County: T7N, R9-14E; T6N, R9-15E; T5N, R9-15.5E; T4.5N, R15.5-16E; T4N, R10-16E; T3N, R11-17E; T2N, R13-17E; T1N, R13-17E; T1S, R13-17E; T2S, R14-17E; T3S, R14-16E; T4S, R14-16E; T5S, R15-16E.
d. In Maricopa County: T7N, R9E; T6N, R7-10E; T5N, R6-10E; T4N, R5-12E; T3N, R5-12E; T2N, R4-13E; T1N, R4-7E; T1S, R5-7E; T2S, R5-7E.
e. In Pima County: T11S, R7-18E; T12S, R7-18E; T13S, R7-18E; T14S, R7-18E; T15S, R7-18E; T16S, R8-18E; T17S, R9-18E; T18S, R11-18E; T19S, R15-18E.
f. In Pinal County: T1N, R8-13E; T1S, R8-14E; T2S, R8-14E; T3S, R6-14E; T3S, R17-18E; T4S, R7-18E; T5S, R9-18E; T6S, R15-18E; T7S, R15-18E; T8S, R10-18E; T9S, R9-18E; T10S, R8-18E.

11. "Earthmoving activity" means any land clearing, land cutting and filling operations, blasting, trenching, road construction, grading, landscaping, landfill operations, weed abatement through discing, soil mulching, or any other activity associated with land development where the objective is to disturb the surface of the earth.
12. "Modified unpaved access point" means a project where paving operations are an integral part of new construction, reconstruction, or a pavement rehabilitation project on the paved public road.
13. "Nonresidential construction site" means a construction site where industrial, commercial, or institutional construction is taking place, including roads on the project site and excluding single family or multifamily home construction. Nonresidential construction does not include:
    a. Dust generating activities associated with the emergency repair of utilities;
    b. Roadway construction, unless it is associated with a nonresidential construction site; or
    c. Ongoing mining and quarrying activities, except construction of new structures.
14. "Owner or operator" means any person including, but not limited to, the property owner, lessee, developer, responsible official, general or prime contractor, supervisor, management company, or any person who owns, leases, operates, controls, or supervises a dust generating operation subject to the requirements of this Part.
15. "Pave/Pavement" means the application and maintenance of asphalt, concrete, or other similar material to a roadway surface, such as asphaltic concrete, concrete pavement, chip seal, or rubberized asphalt.
16. "Paved public road" means a public road that is covered with asphalt, recycled asphalt, asphaltic concrete, concrete, or any other pavement.
17. "Private road" means any road, equipment path or travel way used for motorized vehicle travel that is not a "public road" defined in R18-2-D1301.18.
18. "Public road" means any road, equipment path or travel way used for motorized vehicle travel that is owned by federal, state, county, municipal or other governmental or quasi-governmental agencies.
19. "Trackout" means any and all bulk materials that adhere to and agglomerate on the exterior surface of motor vehicles, haul trucks, or equipment (including tires) and that have fallen onto a paved roadway.
20. "Unpaved access point" means a location where an "unpaved public road" intersects with, adjoins, or otherwise connects to a "paved public road."
21. "Unpaved haul/access road" means any on-site unpaved road used by commercial, industrial, institutional, and/or governmental traffic.
22. "Unpaved parking and staging area" means any nonresidential area that is not covered by asphalt, recycled asphalt, asphaltic concrete, concrete, or any other pavement that is used for fueling and servicing; shipping, receiving and transfer; or parking or storing equipment, haul trucks, vehicles, and any conveyances, including on-site unpaved access routes to such an area.
23. "Unpaved public road" means a public road that is not covered with asphalt, recycled asphalt, asphaltic concrete, concrete, or any other pavement.

Historical Note
New Section made by final rulemaking at 29 A.A.R. 1658 (July 28, 2023), effective September 10, 2023 (Supp. 23-3).

R18-2-D1302. Fugitive Dust Emissions from Nonresidential Construction

A. Applicability.
1. This Section applies to the owner or operator of a nonresidential construction site, as defined in R18-2-D1301(13), within the Dust Visibility Protection Areas, as defined in R18-2-D1301(10).
2. Effective date. Except as otherwise provided, the provisions of this Section shall take effect on January 1, 2025.

B. Exemptions. This Section shall not apply to:
1. Areas subject to Maricopa County Air Pollution Control Regulations, Rule 310 Fugitive Dust From Dust-Generating Operations (as amended January 27, 2010);
2. Areas subject to Pinal County Air Quality Control District Code of Regulations, Chapter 4, Article 3. Construction Sites - Fugitive Dust (as amended October 28, 2015) and Chapter 4, Article 7. Construction Sites in Nonattainment Areas – Fugitive Dust (as amended June 3, 2009);

C. Notification.
1. The owner or operator of a nonresidential construction site shall notify the Director at least 30 days before beginning any construction activity by submitting a notification form prescribed by the Director.
2. Notification under subsection (C)(1) shall include:
    a. Applicant name, organization/company, address, phone number, and email address;
    b. Location of the construction site (street address or GPS coordinates of the center of the site);
    c. The total area of the property upon which construction activities occur and an estimate of the area expected to be used for parking and staging activities;
    d. Expected start and completion date of any construction activities;
    e. Control measures selected from subsections (D)(1) and (2).
3. The owner or operator shall notify the director of any changes to the information included in the notification required under subsection (C)(1) as soon as practicable.

Notification of a change to the construction start date must be provided no later than 30 days before the new start date.

D. Standards.
1. Unpaved parking and staging areas. The owner or operator of a nonresidential construction site with unpaved parking and staging areas that have a cumulative area of one acre or more shall implement and use at least one of the following measures to reduce emissions of fugitive dust:
   a. Apply and maintain chemical stabilizers/dust suppressants;
   b. Apply and maintain clean gravel to a depth of two inches;
   c. Install and maintain pavement.
2. Application and maintenance of chemical stabilizers/dust suppressants under subsection (D)(1)(a) shall be made in accordance with the manufacturer's recommendation.
3. Speed limit. To reduce emissions of fugitive dust, the owner or operator of a nonresidential construction site with 10 acres or more of disturbed surface area associated with the construction project shall restrict maximum vehicular speeds to 15 miles per hour on all unpaved traffic areas of the site including unpaved easements, right of way, unpaved haul/access roads and parking areas by installing speed limit signs at each entrance and along haul/access roads, with a minimum of four signs per site.

E. Monitoring.
1. To demonstrate compliance with subsection (D)(1), the owner or operator shall perform inspections on each day dust-generating operations are conducted of all parking and staging areas, including routinely traveled surfaces as evidenced by tire tracks, to ensure continued implementation of required control measures.
2. To demonstrate compliance with subsection (D)(2), the owner or operator shall perform inspections on each day dust-generating operations are conducted of vehicular traffic at the construction site to ensure continued implementation of required control measures.

F. Recordkeeping and Reporting.
1. The owner or operator shall maintain the following records:
   a. Records of control measures implemented and maintained as required by subsection (D) including:
      i. The types of surface treatments, extent of coverage, and frequency/date of application/installation;
      ii. Copies of manufacturer specifications for chemical stabilizers/dust suppressants, if applicable; and
      iii. The number and placement of speed limit signs.
   b. Written records of self-inspection required by subsections (E)(1) and (E)(2) on each day dust-generating operations are conducted. Inspection records shall, at a minimum, include:
      i. Identification of inspector;
      ii. Inspection date and time;
      iii. General findings of inspection;
      iv. Gravel coverage and measurements of depth, if applicable;
      v. A description of how vehicle speed limits are restricted and enforced, such as, speed checks with radar guns, or other effective means; and
      vi. Any corrective action or preventive measures taken as a result of the self-inspection, such as, application of additional dust suppressants or gravel and maintenance or replacement of speed limit signs.
2. Records required by subsections (F)(1)(a) and (F)(1)(b) shall be kept onsite and made available for review by the Director within two business days of notice to the owner or operator. For onsite requests by the Director, the owner or operator shall provide such records without delay.
3. The owner or operator shall retain all records, including supporting documentation, required by this Section for five years from the date of such record.

Historical Note
New Section made by final rulemaking at 29 A.A.R. 1658 (July 28, 2023), effective September 10, 2023 (Supp. 23-3).

R18-2-D1303. Fugitive Dust Emissions from Paved Roads

A. Applicability. This Section applies to the owner or operator of an unpaved access point within the Dust Visibility Protection Areas, as defined in R18-2-D1301(10).

B. Exemptions. The provisions of subsection (C)(2) shall not apply to areas subject to Pinal County Air Quality Control District Code of Regulations, Chapter 4, Article 1. West Pinal PM_{10} Moderate Nonattainment Area Fugitive Dust (as amended October 28, 2015).

C. Standards.
1. Application of dust controls measures to unpaved access points. The owner or operator of a new or modified unpaved access point with a paved road exceeding 2,700 ADT shall apply dust controls measures to the unpaved access point by implementing and using at least one of the following measures to reduce trackout onto the paved roadway:
   a. Apply and maintain chemical stabilizers/dust suppressants;
   b. Apply and maintain clean gravel to a depth of two inches;
   c. Install and maintain pavement.
2. Control measures under subsections (C)(1)(a) through (C)(1)(c) shall be applied for the full width of the unpaved roadway and up to the right-of-way limits of the paved road or up to 100 ft. from the centerline of the adjoining paved road, whichever is less. Application and maintenance of chemical stabilizers/dust suppressants under subsection (C)(1)(a) shall be made in accordance with the manufacturer's recommendation.
3. Cleanup of trackout, spillage, and erosion-caused deposition of any bulk material on paved public roadways. The owner or operator of the property within the Dust Visibility Protection Areas from which the trackout, spillage, or erosion caused deposition came shall, upon discovery of bulk material that extends 50 feet or more from the nearest unpaved surface exit onto the paved public roadway:
   a. Within 24 hours of discovery, remove the bulk material from the paved public roadway with one of the following control measures:
      i. Manual sweeping and pickup; or
      ii. Operating a rotary brush or broom accompanied or preceded by sufficient wetting to limit fugitive dust emissions; or
      iii. Operating a street sweeper; or

iv. Flushing with water, if curb and gutters are not present and where the use of water will not result in a source of trackout material or result in adverse impacts on storm water drainage systems or violate any Arizona Pollutant Discharge Elimination System permit program.

b. During removal of bulk material, do so in a manner that does not cause another source of fugitive dust.

c. If needed, restrict vehicles from traveling over the bulk material until such time as the material can be removed from the travel lanes of the paved public roadway pursuant to subsection (C)(2)(a). In the event unsafe travel conditions would result from restricting traffic and:

i. Removal of such material isn't possible within 72 hours due to a weekend or holiday condition; or

ii. After reasonable effort, the owner or operator of the property is unable to obtain state or local agency approval to restrict vehicle traffic and removal of such material isn't possible within 72 hours, the provisions of subsection (C)(2)(a) may be extended upon notification to and approval of the Director.

d. The removal of carryout and trackout from paved public roads does not exempt an owner/operator from obtaining state or local agency permits which may be required for the cleanup of bulk material on paved public roads.

D. Recordkeeping and Reporting.

1. The owner or operator shall maintain records of control measures implemented and maintained as required by subsection (C) including the date and time of application/installation, and copies of manufacturer specifications for chemical stabilizers/dust suppressants, if applicable.
2. Records required by subsection (D)(1) shall be made available for review by the Director within two business days of notice to the owner or operator.
3. The owner or operator shall retain all records, including supporting documentation, required by this Section for five years from the date of such record.
4. Initial inventory. Within one year from the effective date of this Section, each city, county, state, or federal agency with primary responsibility for any existing paved public roadway with 2,700 ADT or greater shall provide the Director with a list of all unpaved access points under its jurisdiction. Evaluation of ADT shall be based on actual collected ADT data if available, or estimated based on state roadway functional classification designations or other similar means. The evaluation method shall be reported in the initial inventory.
5. Annual report. By April 1 of each year the owner or operator of a public roadway shall submit to the Director a report containing the following information:
   a. Location of any unpaved access points to which control measures were applied during the previous calendar year according to subsection (C)(1) (street address or GPS coordinates);
   b. Actual or estimated ADT of the intersecting paved public roadway portion of each access point and the evaluation method used;
   c. The control measure applied/installed according to subsection (C)(1);
   d. The length and width of the unpaved roadway upon which control measures were applied/installed according to subsection (C)(1);
   e. The start and completion date of initial application/installation of controls according to subsection (C)(1); and
   f. An update to the list of unpaved access points required under subsection (D)(4) to include any new access points that become subject to this Section due to changes in ADT.

Historical Note
New Section made by final rulemaking at 29 A.A.R. 1658 (July 28, 2023), effective September 10, 2023 (Supp. 23-3).

ARTICLE 14. CONFORMITY DETERMINATIONS

R18-2-1401. Definitions

Terms used in this Article but not defined in this Article, Article 1 of this Chapter, or A.R.S. § 49-401.01 shall have the meaning given them by the CAA, Titles 23 and 40 U.S.C., other EPA regulations, or other USDOT regulations, in that order of priority. The following definitions and the definitions contained in Article 1 of this Chapter and in A.R.S. § 49-401.01 shall apply to this Article:

1. "ADEQ" means the Arizona Department of Environmental Quality.
2. "ADOT" means the Arizona Department of Transportation.
3. "Applicable implementation plan" is defined in § 302(q) of the CAA and means the portion (or portions) of the implementation plan, or most recent revision thereof, which has been approved under § 110, or promulgated under § 110(c), or promulgated or approved pursuant to regulations promulgated under § 301(d) and which implements the relevant requirements of the CAA.
4. "CAA" means the Clean Air Act, as amended.
5. "Cause or contribute to a new violation" for a project means either of the following:
   a. To cause or contribute to a new violation of a standard in the area substantially affected by the project or over a region which would otherwise not be in violation of the standard during the future period in question, if the project were not implemented.
   b. To contribute to a new violation in a manner that would increase the frequency or severity of a new violation of a standard in such area.
6. "Consultation" means that one party confers with another identified party, provides access to all appropriate information to that party needed for meaningful input, and, prior to taking any action, considers the views of that party and responds in accordance with the procedures established in R18-2-1405.
7. "Control strategy implementation plan revision" is the applicable implementation plan which contains specific strategies for controlling the emissions of and reducing ambient levels of pollutants in order to satisfy CAA requirements for demonstrations of reasonable further progress and attainment (CAA §§ 182(b)(1), 182(c)(2)(A), 182(c)(2)(B), 187(a)(7), 189(a)(1)(B), and 189(b)(1)(A); and §§ 192(a) and 192(b), for nitrogen dioxide).
8. "Control strategy period" with respect to particulate matter less than 10 microns in diameter (PM_{10}), carbon monoxide (CO), nitrogen dioxide (NO_2), or ozone precursors

(volatile organic compounds (VOC) and oxides of nitrogen (NO_x)), means that period of time after EPA approves control strategy implementation plan revisions containing strategies for controlling PM_{10}, NO_2, CO, or ozone, as appropriate. This period ends when the state submits and EPA approves a request under § 107(d) of the CAA for redesignation to an attainment area.

9. "Design concept" means the type of facility identified by the project, e.g., freeway, expressway, arterial highway, grade-separated highway, reserved right-of-way rail transit, mixed traffic rail transit, exclusive busway, etc.
10. "Design scope" means the design aspects of a facility which will affect the proposed facility's impact on regional emissions, usually as they relate to vehicle or person carrying capacity and control, e.g., number of lanes or tracks to be constructed or added, length of project, signalization, access control including approximate number and location of interchanges, preferential treatment for high-occupancy vehicles, etc.
11. "EPA" means the United States Environmental Protection Agency.
12. "FHWA" means the Federal Highway Administration of USDOT.
13. "FHWA or FTA project" means any highway or transit project which is proposed to receive funding assistance and approval through the Federal-Aid Highway program or the federal mass transit program, or requires Federal Highway Administration (FHWA) or Federal Transit Administration (FTA) approval for some aspect of the project, such as connection to an interstate highway or deviation from applicable design standards on the interstate system.
14. "FTA" means the Federal Transit Administration of USDOT.
15. "Forecast period" with respect to a transportation plan means the period covered by the transportation plan pursuant to 23 CFR 450.
16. "Highway project" means an undertaking to implement or modify a highway facility or highway-related program. Such an undertaking consists of all required phases necessary for implementation. For analytical purposes, it shall be defined sufficiently to:
    a. Connect logical termini and be of sufficient length to address environmental matters on a broad scope.
    b. Have independent utility or significance, i.e., be usable and be a reasonable expenditure even if no additional transportation improvements in the area are made.
    c. Not restrict consideration of alternatives for other reasonably foreseeable transportation improvements.
17. "Horizon year" means a year for which the transportation plan describes the envisioned transportation system in accordance with R18-2-1406.
18. "Hot-spot analysis" means an estimation of likely future localized CO and PM_{10} pollutant concentrations and a comparison of those concentrations to the national ambient air quality standards. Pollutant concentrations to be estimated should be based on the total emissions burden which may result from the implementation of a single, specific project, summed together with future background concentrations (which can be estimated using the ratio of future to current traffic multiplied by the ratio of future to current emission factors) expected in the area. The total concentration shall be estimated and analyzed at appropriate receptor locations in the area substantially affected by the project. Hot-spot analysis assesses impacts on a scale smaller than the entire nonattainment or maintenance area, including, for example, congested roadway intersections and highways or transit terminals, and uses an air quality dispersion model to determine the effects of emissions on air quality.
19. "Incomplete data area" means any ozone nonattainment area which EPA has classified, in 40 CFR 81, as an incomplete data area.
20. "Increase the frequency or severity of a violation" means to cause a location or region to exceed a standard more often or to cause a violation at a greater concentration than previously existed or would otherwise exist during the future period in question, if the project were not implemented.
21. "ISTEA" means the Intermodal Surface Transportation Efficiency Act of 1991.
22. "Local transportation agency" means a city, town, or county.
23. "Maintenance area" means any geographic region of the United States previously designated nonattainment pursuant to the CAA Amendments of 1990 and subsequently redesignated to attainment subject to the requirement to develop a maintenance plan under § 175A of the CAA.
24. "Maintenance period" with respect to a pollutant or pollutant precursor means that period of time beginning when a state submits and EPA approves a request under § 107(d) of the CAA for redesignation to an attainment area, and lasting for 20 years, unless the applicable implementation plan specifies that the maintenance period shall last for more than 20 years.
25. "Metropolitan planning organization (MPO)" means the organization designated as being responsible, together with the state, for conducting the continuing, cooperative, and comprehensive planning process under 23 U.S.C. 134 and 49 U.S.C. 1607.
26. "Milestone" means an emissions level and the date on which it is required to be achieved as described in § 182(g)(1) and § 189(c) of the CAA.
27. "Motor vehicle emissions budget" means that portion of the total allowable emissions defined in a revision to the applicable implementation plan (or in an implementation plan revision which was endorsed by the Governor or Director of ADEQ, subject to a public hearing, and submitted to EPA, but not yet approved by EPA) for a certain date for the purpose of meeting reasonable further progress milestones or attainment or maintenance demonstrations, for any criteria pollutant or its precursors, allocated by the applicable implementation plan to highway and transit vehicles. The applicable implementation plan for an ozone nonattainment area may also designate a motor vehicle emissions budget for oxides of nitrogen (NO_x) for a reasonable further progress milestone year if the applicable implementation plan demonstrates that this NO_x budget will be achieved with measures in the implementation plan (as an implementation plan must do for VOC milestone requirements). The applicable implementation plan for an ozone nonattainment area includes a NO_x budget if NO_x reductions are being substituted for reductions in volatile organic compounds in milestone years required for reasonable further progress.

28. "National ambient air quality standards (NAAQS)" means those standards established pursuant to § 109 of the CAA.
29. "NEPA" means the National Environmental Policy Act of 1969, as amended (42 U.S.C. 4321 et seq.).
30. "NEPA process completion" with respect to FHWA or FTA, means the point at which there is a specific action to do any of the following:
    a. Make a formal final determination that a project is categorically excluded.
    b. Make a Finding of No Significant Impact.
    c. Issue a record of decision on a Final Environmental Impact Statement under NEPA.
31. "Nonattainment area" means any geographic region of the United States which has been designated as nonattainment under § 107 of the CAA for any pollutant for which a national ambient air quality standard exists.
32. "Not classified area" means any carbon monoxide nonattainment area which EPA has not classified as either moderate or serious.
33. "Phase II of the interim period" with respect to a pollutant or pollutant precursor means that period of time after December 27, 1993, lasting until the earlier of the following:
    1. Submission to EPA of the relevant control strategy implementation plan revisions which have been endorsed by the Governor or the Director of ADEQ and have been subject to a public hearing.
    2. The date that the CAA requires relevant control strategy implementation plans to be submitted to EPA, provided EPA has made a finding of the state's failure to submit any such plans and the state, MPO, and USDOT have received notice of such finding of the state's failure to submit any such plans.
34. "Project" means a highway project or transit project.
35. "Recipient of funds designated under 23 U.S.C. or the Federal Transit Act" means any agency at any level of state, county, or city government, including any political subdivision or MPO, that routinely receives 23 U.S.C. or Federal Transit Act funds to construct FHWA or FTA projects, operate FHWA or FTA projects or equipment, purchase equipment, or undertake other services or operations via contracts or agreements. This definition does not include private landowners or developers, or contractors or entities that are only paid for services or products created by their own employees.
36. "Regional transportation agency" means a regional transit authority established pursuant to A.R.S. Title 28, Chapter 20 or Chapter 24, or a formal association of political subdivisions involved in regional transportation issues.
37. "Regionally significant transportation project" means a transportation project (other than an exempt project) that is on a facility which serves regional transportation needs (such as access to and from the area outside of the region, major activity centers in the region, major planned developments such as new retail malls, sports complexes, etc., or transportation terminals, as well as most terminals themselves) and would normally be included in the modeling of a metropolitan area's transportation network, including at a minimum all principal arterial highways and all fixed guideway transit facilities that offer an alternative to regional highway travel.
38. "Rural transport ozone nonattainment area" means an ozone nonattainment area that does not include, and is not adjacent to, any part of a Metropolitan Statistical Area or, where one exists, a Consolidated Metropolitan Statistical Area (as defined by the United States Bureau of the Census) and is classified under CAA § 182(h) as a rural transport area.
39. "Standard" means a national ambient air quality standard.
40. "Statewide transportation improvement program (STIP)" means a staged, multi-year, intermodal program of transportation projects covering the state, which is consistent with the statewide transportation plan and metropolitan transportation plans, and developed pursuant to 23 CFR 450.
41. "Statewide transportation plan" means the official intermodal statewide transportation plan that is developed through the statewide planning process for the state, developed pursuant to 23 CFR 450.
42. "Submarginal area" means any ozone nonattainment area which EPA has classified as submarginal in 40 CFR 81.
43. "Transit" is mass transportation by bus, rail, or other conveyance which provides general or special service to the public on a regular and continuing basis. It does not include school buses or charter or sightseeing services.
44. "Transit project" means an undertaking to implement or modify a transit facility or transit-related program, purchase transit vehicles or equipment, or provide financial assistance for transit operations. It does not include actions that are solely within the jurisdiction of local transit agencies, such as changes in routes, schedules, or fares. It may consist of several phases. For analytical purposes, it shall be defined inclusively enough to:
    a. Connect logical termini and be of sufficient length to address environmental matters on a broad scope.
    b. Have independent utility or independent significance, i.e., be a reasonable expenditure even if no additional transportation improvements in the area are made.
    c. Not restrict consideration of alternatives for other reasonably foreseeable transportation improvements.
45. "Transitional area" means any ozone nonattainment area which EPA has classified as transitional in 40 CFR 81.
46. "Transitional period" with respect to a pollutant or pollutant precursor means that period of time which begins after submission to EPA of the relevant control strategy implementation plan which has been endorsed by the Governor or Director of ADEQ and has been subject to a public hearing. The transitional period lasts until EPA takes final approval or disapproval action on the control strategy implementation plan submission or finds it to be incomplete. The precise beginning and end of the transitional period is defined in R18-2-1428.
47. "Transportation control measure (TCM)" means any measure that is specifically identified and committed to in the applicable implementation plan that is either one of the types listed in § 108 of the CAA, or any other measure for the purpose of reducing emissions or concentrations of air pollutants from transportation sources by reducing vehicle use or changing traffic flow or congestion conditions. Notwithstanding the above, vehicle technology-based, fuel-based, and maintenance-based measures which control the emissions from vehicles under fixed traffic conditions are not TCMs for the purposes of this Part.

48. "Transportation improvement program (TIP)" means a staged, multi-year, intermodal program of transportation projects covering a metropolitan planning area which is consistent with the metropolitan transportation plan and developed pursuant to 23 CFR 450.
49. "Transportation plan" means the official intermodal metropolitan transportation plan that is developed through the metropolitan planning process for the metropolitan planning area, developed pursuant to 23 CFR 450.
50. "Transportation project" means a highway project or a transit project.
51. "USDOT" means the United States Department of Transportation.
52. "VMT" means the number of vehicle miles traveled.

Historical Note
Adopted effective June 15, 1995 (Supp. 95-2).

R18-2-1402. Applicability

A. Except as provided for in subsection (F) or R18-2-1434, conformity determinations are required for all of the following:
1. The adoption, acceptance, approval, or support of transportation plans developed pursuant to 23 CFR 450 or 49 CFR 613 by an MPO or USDOT.
2. The adoption, acceptance, approval, or support of TIPs developed pursuant to 23 CFR 450 or 49 CFR 613 by an MPO or USDOT.
3. The approval, funding, or implementation of FHWA or FTA projects.

B. Conformity determinations are not required under this Article for individual projects which are not FHWA or FTA projects. However, R18-2-1429 applies to such projects if they are regionally significant.

C. The provisions of this Article shall apply in all nonattainment and maintenance areas for transportation-related criteria pollutants for which the area is designated nonattainment or has a maintenance plan.

D. The provisions of this Article apply with respect to emissions of the following criteria pollutants: ozone, carbon monoxide, nitrogen dioxide, and particles with an aerodynamic diameter less than or equal to a nominal 10 micrometers (PM_{10}).

E. The provisions of this Article apply with respect to emissions of the following precursor pollutants:
1. Volatile organic compounds and nitrogen oxides in ozone areas (unless the Administrator determines under § 182(f) of the CAA that additional reductions of NO_x would not contribute to attainment).
2. Nitrogen oxides in nitrogen dioxide areas.
3. Volatile organic compounds, nitrogen oxides, and PM_{10} in PM_{10} areas if either of the following apply:
   a. During the interim period, the EPA Regional Administrator or the Director of ADEQ has made a finding (including a finding in an applicable implementation plan or a submitted implementation plan revision) that transportation-related precursor emissions within the nonattainment area are a significant contributor to the PM_{10} nonattainment problem and has so notified ADOT or the MPO where one exists and USDOT.
   b. During the transitional, control strategy, and maintenance periods, the applicable implementation plan or implementation plan submission establishes a budget for such emissions as part of the reasonable further progress, attainment, or maintenance strategy.

F. Projects subject to this Article for which the NEPA process and a conformity determination have been completed by FHWA or FTA may proceed toward implementation without further conformity determinations if one of the following major steps has occurred within the most recent three-year period: NEPA process completion; formal start of final design; acquisition of a significant portion of the right-of-way; or approval of the plans, specifications, and estimates. All phases of such projects which were considered in the conformity determination are also included, if those phases were for the purpose of funding, final design, right-of-way acquisition, construction, or any combination of these phases.

G. A new conformity determination for the project will be required if there is a significant change in project design concept and scope, if a supplemental environmental document for air quality purposes is initiated, or if no major steps to advance the project have occurred within the most recent three-year period.

Historical Note
Adopted effective June 15, 1995 (Supp. 95-2).

R18-2-1403. Priority

When assisting or approving any action with air quality-related consequences, FHWA and FTA shall give priority to the implementation of those transportation portions of an applicable implementation plan prepared to attain and maintain the NAAQS. This priority shall be consistent with statutory requirements for allocation of funds among states or other jurisdictions.

Historical Note
Adopted effective June 15, 1995 (Supp. 95-2).

R18-2-1404. Frequency of Conformity Determinations

A. Conformity determinations and conformity redeterminations for transportation plans, TIPs, and FHWA or FTA projects shall be made according to the requirements of this Section and the applicable implementation plan.

B. Each new transportation plan shall be found to conform before the transportation plan is approved by the MPO or accepted by USDOT.

C. All transportation plan revisions shall be found to conform before the transportation plan revisions are approved by the MPO or accepted by USDOT, unless the revision merely adds or deletes exempt projects listed in R18-2-1434 and has been made in accordance with the notification provisions contained in R18-2-1405. The conformity determination shall be based on the transportation plan and the revision taken as a whole.

D. An existing conformity determination shall lapse unless conformity of existing transportation plans is redetermined:
1. By May 25, 1995, unless previously redetermined consistent with 40 CFR 51, subpart T.
2. Within 18 months after EPA approval of an implementation plan revision which either:
   a. Establishes or revises a transportation-related emissions budget (as required by CAA §§ 175A(a), 182(b)(1), 182(c)(2)(A), 182(c)(2)(B), 187(a)(7), 189(a)(1)(B), and 189(b)(1)(A); and §§ 192(a) and 192(b), for nitrogen dioxide); or
   b. Adds, deletes, or changes TCMs.
3. Within 18 months after EPA promulgation of an implementation plan which establishes or revises a transportation-related emissions budget or adds, deletes, or changes TCMs.

E. In any case, conformity determinations shall be made no less frequently than every three years, or the existing conformity determination will lapse.

F. A new TIP shall be found to conform before the TIP is approved by the MPO or accepted by USDOT.

G. A TIP amendment requires a new conformity determination for the entire TIP before the amendment is approved by the MPO or accepted by USDOT, unless the amendment merely adds or deletes exempt projects listed in R18-2-1434 and has been made in accordance with the notification procedures under R18-2-1405.

H. After an MPO adopts a new or revised transportation plan, TIP conformity shall be redetermined by the MPO and USDOT within six months from the date of adoption of the plan, unless the new or revised plan merely adds or deletes exempt projects listed in R18-2-1434. Otherwise, the existing conformity determination for the TIP shall lapse.

I. In any case, TIP conformity determinations shall be made no less frequently than every three years or the existing TIP conformity determination shall lapse.

J. FHWA or FTA projects shall be found to conform before they are adopted, accepted, approved, or funded. Conformity shall be redetermined for any FHWA or FTA project if none of the following major steps has occurred within the most recent three-year period:
1. NEPA process completion,
2. Start of final design,
3. Acquisition of a significant portion of the right-of-way,
4. Approval of the plans, specifications, and estimates.

Historical Note
Adopted effective June 15, 1995 (Supp. 95-2).

R18-2-1405. Consultation

A. Consultation procedures as described in this Section shall be undertaken by all of the following entities and shall include the public and affected local and regional transportation agencies in preparing for and making conformity determinations and in developing applicable implementation plans:
1. An MPO where one exists.
2. The Arizona Department of Transportation (ADOT).
3. The United States Department of Transportation (USDOT).
4. The Arizona Department of Environmental Quality (ADEQ).
5. The county air pollution control agency established pursuant to A.R.S. Title 49 where one exists.
6. The United States Environmental Protection Agency (EPA).

B. The following elements shall be used to implement the consultation processes under subsection (M), with the exception of subsection (M)(8), and under subsection (N), with the exception of subsections (N)(2) and (N)(3), and shall include all affected agencies and interested members of the public, and may be conducted at separate times or in combination:
1. Providing to the affected agencies and interested members of the public information describing the upcoming decision process,
2. Distributing or providing access to draft documents,
3. Providing an opportunity for informal question and answer on the draft document or proposed decision,
4. Providing an opportunity for formal written comment,
5. Writing and distributing both a response to comments and the final document or decision.

C. An MPO where one exists, ADEQ, a county air pollution control agency where one exists, ADOT, a transit authority where one exists, and any local transportation agency shall undertake a consultation process in accordance with this Section with each other, with the local or regional offices of EPA, FHWA and FTA, with affected regional transportation agencies, and with the public on the development of the following as described in subsections (D) through (G):
1. The implementation plan, including the emission budget and list of TCMs in the applicable implementation plan;
2. The unified planning work program under 23 CFR § 450.314;
3. The transportation plan and TIP;
4. The statewide transportation plan and STIP;
5. Any revisions to the preceding documents;
6. All transportation conformity determinations.

D. ADEQ, or the MPO in a county having a population greater than 250,000 persons, shall be the lead agency responsible for preparing an implementation plan, the associated emission budgets, and the list of TCMs in the plan. The lead agency shall also be responsible for assuring the adequacy of the consultation process. The concurrence of ADEQ on each implementation plan is required before ADEQ adopts the plan and transmits it to EPA for inclusion in the state implementation plan pursuant to A.R.S. § 49-406.

E. ADOT, or the MPO where one exists, shall be the lead agency responsible for preparing the final document or decision and for assuring the adequacy of the consultation process with respect to the development of the transportation plan and the TIP. The MPO shall be the lead agency responsible for preparing the final document or decision and for assuring the adequacy of the consultation process with respect to the development of the unified planning work program under 23 CFR 450.314.

F. ADOT shall be the lead agency responsible for preparing the final document or decision and for assuring the adequacy of the consultation process with respect to the development of the statewide transportation plan and the STIP.

G. ADOT, or the MPO where one exists, shall be the lead agency responsible for preparing the final document or decision and for assuring the adequacy of the consultation process with respect to determinations of transportation conformity, except that the entity authorized to adopt or approve a project shall be the lead agency responsible for project-level conformity determinations for projects outside of the transportation plan or TIP and shall assure the adequacy of the consultation process.

H. Each lead agency described in subsections (D) through (G) shall:
1. Confer with all other agencies having an interest in the document or decision to be developed;
2. Provide access to all information needed for meaningful input;
3. Solicit early and continuing input from those agencies;
4. Conduct the public consultation process described in subsection (P);
5. Assure policy-level contact with agencies;
6. With the exception of notifications pursuant to subsection (M)(8), prior to taking any action required pursuant to subsections (D) through (G), consider the views of each agency and the public and respond to significant comments in a timely, substantive written manner prior to taking any final action and assure that such views and written response are made part of the record of any action.

I. FHWA and FTA shall be responsible for assuring timely action on final findings of conformity for transportation plans, TIPs, and federally funded projects, including the basis for those findings, after consulting with other agencies as provided in this Section. FHWA and FTA shall also be responsible for providing guidance on conformity and the transportation planning process to agencies in consultation. FHWA and FTA may rely on the consultation process initiated by ADOT or the MPO where one exists and shall not be required to duplicate that process.

J. EPA shall be responsible for reviewing and approving updated motor vehicle emissions factors and providing guidance on conformity criteria and procedures to agencies in consultation.

K. Each lead agency subject to a consultation process under this Section, including any federal agency, shall provide or notice the availability of each final document that is the product of the consultation process, together with all supporting information, to each other agency and members of the public that have participated in the consultation process within 15 days of adopting or approving the document or making the determination. An agency may supply a checklist of available supporting information, which other participating agencies or the public may use to request all or part of the supporting information, in lieu of generally distributing all supporting information.

L. A meeting that is scheduled or required for another purpose may be used for the purposes of consultation if the conformity consultation purpose is identified in the public notice for the meeting.

M. A consultation process involving an MPO where one exists, ADEQ, a county air pollution control agency where one exists, ADOT, a transit authority where one exists, local and regional transportation agencies, EPA, USDOT, and the public shall be undertaken for the following:

1. Evaluating and choosing each model and associated methods and assumptions to be used in hot-spot analyses and regional emissions analyses including vehicle miles traveled (VMT) forecasting. The consultation process pursuant to this subsection shall be initiated by ADOT or the MPO where one exists.
2. Determining whether the responsible agency identified in R18-2-1433 has demonstrated that the requirements of R18-2-1416, R18-2-1418 and R18-2-1419 are satisfied without a particular mitigation or control measure. The consultation process pursuant to this subsection shall be initiated by the responsible agency.
3. Making a determination, as required by R18-2-1429(C)(2), whether the project is included in the regional emissions analysis supporting the currently conforming TIP's conformity determination, even if the project is not included in the TIP for the purposes of MPO project selection or endorsement, and whether the project's design concept and scope have changed significantly from those which were included in the regional emissions analysis, or in a manner which would significantly impact use of the facility. The consultation process pursuant to this subsection shall be initiated by the MPO. In nonattainment areas where no MPO exists, ADOT shall initiate the consultation process for making a determination, as required by R18-2-1429(C)(2), whether a project that is outside of a TIP is included in the regional emissions analysis, and whether the project's design concept and scope have changed significantly from those which were included in the regional emissions analysis, or in a manner which would significantly impact use of the facility.
4. Determining pursuant to subsection (R) which minor arterials and other transportation projects should be considered "regionally significant" for the purposes of regional emissions analysis and which projects should be considered to have a significant change in design concept and scope from the transportation plan or TIP. The consultation process pursuant to this subsection shall be initiated by the MPO. In nonattainment areas where no MPO exists, ADOT shall initiate the consultation process for determining pursuant to subsection (R) which minor arterials and other transportation projects should be considered "regionally significant" for the purposes of regional emissions analysis.
5. Evaluating whether exempt projects as described in R18-2-1434 and R18-2-1435 should be treated as non-exempt in cases where potential adverse emissions impacts may exist for any reason. The consultation process pursuant to this subsection shall be initiated by ADOT or the MPO where one exists.
6. Making a determination, as required by R18-2-1413, whether past obstacles to implementation of TCMs which are behind the schedule established in the applicable implementation plan have been identified and are being overcome, and whether state and local agencies with influence over approvals or funding for TCMs are giving maximum priority to approval or funding for TCMs. This consultation process shall also consider whether delays in TCM implementation necessitate revisions to the applicable implementation plan to remove TCMs or to substitute TCMs or other emission reduction measures. The consultation process pursuant to this subsection shall be initiated by ADOT or the MPO where one exists.
7. Identifying, as required by R18-2-1431, projects located at sites in PM_{10} nonattainment areas which have vehicle and roadway emission and dispersion characteristics which are essentially identical to those at sites which have violations verified by monitoring, and therefore require quantitative PM_{10} hot-spot analysis. The consultation process pursuant to this subsection shall be initiated by ADOT or the MPO where one exists.
8. Notification of transportation plan or TIP revisions or amendments which merely add or delete exempt projects listed in R18-2-1434. Notice shall be provided by the MPO and need not be provided prior to final action. Notice shall be provided by ADOT for revisions and amendments affecting the state transportation plan and the state TIP. The public involvement process described in subsection (P) is not required for the purposes of this subsection.
9. Project-level conformity determinations pursuant to R18-2-1416. The consultation process pursuant to this subsection shall be initiated by the recipient of the funds designated under 23 U.S.C. or the Federal Transit Act.

N. A consultation process involving the MPO, ADEQ, a county air pollution control agency where one exists, ADOT, appropriate political subdivisions, regional transportation agencies, if any, and the public shall be undertaken for the following:

1. Evaluating events which will trigger new conformity determinations in addition to those triggering events established in R18-2-1404 and including any changes in planning assumptions that may trigger a new conformity determination. The consultation process pursuant to this

subsection shall be initiated by ADOT or the MPO where one exists.

2. Consulting on emissions analysis for transportation activities which cross the borders of MPOs or nonattainment areas or air basins. The consultation process pursuant to this subsection shall be initiated by ADOT or the MPO where one exists. The public involvement process described in subsection (P) is not required for the purposes of this subsection.
3. Where the metropolitan planning area does not include the entire nonattainment or maintenance area, a consultation process involving the MPO and ADOT for cooperative planning and analysis for purposes of determining conformity of all projects outside the metropolitan area and within the nonattainment or maintenance area. The consultation process pursuant to this subsection shall be initiated by ADOT. The public involvement process described in subsection (P) is not required for the purposes of this subsection.
4. The design, schedule, and funding of research and data collection efforts and regional transportation model development. The consultation process pursuant to this subsection shall be initiated by ADOT or the MPO where one exists.
5. Determining that a conforming project approved with mitigation no longer requires mitigation. The consultation process pursuant to this subsection shall be initiated by ADOT or the MPO where one exists.

O. The following consultation processes involve recipients of funds designated under 23 U.S.C. or the Federal Transit Act:

1. A consultation process involving the MPO, ADEQ, a county air pollution control agency where one exists, ADOT, recipients of funds designated under 23 U.S.C. or the Federal Transit Act and any agency created under state law that sponsors or approves transportation projects shall be undertaken to assure that plans for construction of regionally significant projects which are not FHWA or FTA projects, including projects for which alternative locations, design concept or scope, or the no-build option are still being considered, are disclosed as soon as practicable to ADOT or the MPO where one exists, so as to assure that any significant changes to the design concept or scope of those plans are disclosed as soon as practicable. The political subdivision having authority to adopt or approve a regionally significant transportation project, and any agency that becomes aware of any such project through applications for approval, permitting, funding, or otherwise shall disclose such project to ADOT or the MPO if one exists as soon as practicable. To help assure timely disclosure, the political subdivision having authority to adopt or approve any potential regionally significant transportation project shall disclose to ADOT or the MPO on a schedule prescribed by ADOT or the MPO, whichever is appropriate, each project for which alternatives have been identified through the NEPA process and, in particular, any preferred alternative that may be a regionally significant project. The consultation process shall include assuming the location, design concept, and scope of the project, where the sponsor has not yet decided these features, in sufficient detail to allow ADOT or the MPO to perform a regional emissions analysis. The consultation process pursuant to this subsection shall be initiated by ADOT or the MPO where one exists.
2. A consultation process involving the MPO, ADEQ, a county air pollution control agency where one exists, ADOT, recipients of funds designated under 23 U.S.C. or the Federal Transit Act, any agency created under state law that sponsors or approves transportation projects, and the public shall be undertaken for the development of procedures as described in R18-2-1429. The consultation process pursuant to this subsection shall be initiated by ADOT or the MPO where one exists.

P. Public involvement processes shall be conducted according to the requirements of this subsection.

1. ADOT or the MPO, where one exists, when making conformity determinations on transportation plans, programs, and projects shall establish and continuously implement a proactive public involvement process which provides opportunity for public review and comment prior to taking formal action on a conformity determination for all transportation plans and TIPs, that meets the following minimum requirements:
   a. Includes a process that provides complete information, timely public notice, full public access to key decisions and supports early and continuing involvement of the public in developing plans and TIPs.
   b. Requires a minimum public comment period of 45 days before the public involvement process is initially adopted or revised.
   c. Provides timely information about transportation issues and processes to citizens, affected public agencies, representatives of transportation agency employees, private providers of transportation, other interested parties and segments of the community affected by transportation plans, programs, and projects, including but not limited to central city and other local jurisdiction concerns.
   d. Provides reasonable public access to technical and policy information used in the development of plans and TIPs and open public meetings where matters related to the federal-aid highway and transit programs are being considered.
   e. Requires adequate public notice of public involvement activities and time for public review and comment at key decision points, including, but not limited to, approval of plans and TIPs and approval of changes in plans and TIPs. In nonattainment areas classified as serious and above, the comment period shall be at least 30 days for the plan, TIP, and major amendments. Public notice shall include mailing of notice to a list of all persons who have requested notice of actions covered by this Article.
   f. Demonstrates explicit consideration and response to public input received during the planning and program development processes.
   g. Seeks out and considers the needs of those traditionally underserved by existing transportation systems, including but not limited to low-income and minority households.
   h. When significant written and oral comments are received on a draft transportation plan or TIP, including the financial plan, as a result of the public involvement process or the consultation process required by this Section, a summary, analysis, and report on the disposition of comments shall be made part of the final plan and TIP.

i. If the final transportation plan or TIP differs significantly from the one which was made available for public comment by the MPO and it raises new material issues which interested parties could not reasonably have foreseen from the public involvement efforts, an additional opportunity for public comment on the revised plan or TIP shall be made available.
j. ADOT or the MPO where one exists shall specifically address in writing all public comments that known plans for a regionally significant transportation project which is not receiving FHWA or FTA funding or approval have not been properly reflected in the emissions analysis supporting a proposed conformity finding for a transportation plan or TIP.
k. Public involvement processes shall be periodically reviewed by ADOT or the MPO in terms of their effectiveness in assuring that the process provides full and open access to all.
l. These procedures will be reviewed by the FHWA and the FTA during certification reviews for TMAs, and as otherwise necessary for all MPOs, to assure that full and open access is provided to MPO decisionmaking processes.
m. Metropolitan public involvement processes shall be coordinated with statewide public involvement processes wherever possible to enhance public consideration of the issues, plans, and programs and to reduce redundancies and costs.

2. Local and regional transportation agencies when making conformity determinations on regionally significant transportation projects shall establish and implement a public involvement process which meets, at a minimum, the following requirements:
a. Provides to the affected agencies and interested members of the public information describing the upcoming decision process.
b. Distributes or provides access to draft documents and all information needed for meaningful input.
c. Solicits early and continuing input from interested agencies and the public.
d. Provides an opportunity for informal question and answer on the draft document or proposed decision.
e. Provides an opportunity for formal written comment.
f. Provides for writing and distributing both a response to comments and the final document or decision. The response to comments shall consider the views of each agency and the public. The response to comments shall be made in a timely, substantive written manner prior to taking any final action and shall be made part of the record of any action.

Q. Any conflict among state agencies or between state agencies and an MPO shall be escalated to the Governor if the conflict cannot be resolved by the directors of the involved agencies. In the first instance, such entities shall make every effort to resolve any differences, including personal meetings between the directors of such entities or their policy-level representatives, to the extent possible. Within 14 calendar days after ADOT or the MPO has notified ADEQ of its decision, ADEQ may appeal a proposed determination of conformity, or other policy decision under this Article, to the Governor. ADEQ must provide notice of any appeal under this subsection to ADOT or the MPO. If ADEQ does not appeal to the Governor within 14 days, ADOT or the MPO may proceed with the final determination or decision. If ADEQ appeals to the Governor, the final conformity determination or policy decision shall have the concurrence of the Governor. The Governor may delegate to another official or agency within the state the role of hearing any appeal under this subsection and of deciding whether to concur in the determination or decision but may not delegate these functions to the director or staff of ADEQ, to any local air quality agency, to ADOT, to any state transportation commission or board, to an MPO, or to any agency that has responsibility for any of these functions.

R. The following procedures shall govern the consultation process regarding regionally significant transportation projects as defined in R18-2-1401(37):

1. By September 1, 1995, ADOT or the MPO where one exists shall develop and make available, for each nonattainment or maintenance area, consistent with A.R.S. § 49-408(A), the following:
a. A map of the highway or transit facilities in the nonattainment or maintenance area that serve regional transportation needs.
b. Guidance on which undertakings to implement or modify a highway facility are not transportation projects as defined in this Article, because they are not of sufficient length to address environmental matters on a broad scope.
c. Guidance on which types of transportation projects are normally included in the regional transportation model.

2. The map and guidance described in subsection (R)(1) shall be produced only after consultation with ADEQ, a county air pollution control agency where one exists, ADOT, a transit authority where one exists, local and regional transportation agencies, and the public. The map developed pursuant to subsection (R)(1) shall be updated prior to the commencement of the next TIP or STIP development cycle, unless no changes have occurred. The guidance developed pursuant to subsection (R)(3) shall be revised as necessary to reflect changes in the regional transportation model.

3. ADOT or the MPO where one exists shall develop and initiate the consultation process described in subsection (H) for a proposed list of transportation projects to be considered regionally significant. The consultation process shall include the MPO where one exists, ADEQ, a county air pollution control agency where one exists, ADOT, a transit authority where one exists, local and regional transportation agencies, EPA, USDOT, and the public. The list shall include information supporting the proposed classification.

4. In determining whether a facility serves regional transportation needs, ADOT or the MPO where one exists shall consider at a minimum whether the facility:
a. Would be classified as a principal arterial based on average daily traffic or other factors, if not for limitations that the USDOT places on the percentage of streets that can be so classified.
b. For all other roadways, whether the facility:
i. Serves regional mobility needs, as opposed to local access.
ii. Carries regional traffic from one principal arterial to another.

iii. Is a modification that expands a facility such that it would serve regional transportation needs.

5. For the purposes of this Article, a street with a lower classification than a collector street, as specified in the most recent federal classification map for the region, does not serve regional transportation needs.
6. None of the following attributes, by itself, shall require a transportation project to be included in the modeling of a metropolitan area's transportation network:
   a. The connection of a facility that does not serve regional transportation needs to a facility that does serve regional transportation needs.
   b. The addition or modification of a lane other than a through lane.

S. An agency having a role or responsibility under this Section may delegate that role or responsibility to another entity pursuant to the applicable state law but shall notify all other parties to the consultation process of this fact when the delegation occurs and shall also provide to the other parties the name, address, and telephone number of one or more contact persons representing the entity that is accepting the delegated role or responsibility.

T. The provisions of this Section apply only to TIP and STIP planning cycles beginning with the cycles next following the effective date of this Section. The provisions of 40 CFR 51, Subpart T, continue to apply to all TIP and STIP planning cycles in progress at the time of the effective date of this Section. The provisions of this Section apply to consultation on projects and TIP amendments as of the effective date of this Section.

Historical Note
Adopted effective June 15, 1995 (Supp. 95-2).

R18-2-1406. Content of Transportation Plans

A. For transportation plans adopted after January 1, 1995, in serious, severe, or extreme ozone nonattainment areas and in serious carbon monoxide nonattainment areas, the following shall apply:
1. The transportation plan shall specifically describe the transportation system envisioned for certain future years which shall be called horizon years.
2. The agency or organization developing the transportation plan, after consultation pursuant to R18-2-1405, may choose any years to be horizon years, subject to the following restrictions:
   a. Horizon years may be no more than 10 years apart.
   b. The first horizon year may be no more than 10 years from the base year used to validate the transportation demand planning model.
   c. If the attainment year is in the time span of the transportation plan, the attainment year shall be a horizon year.
   d. The last horizon year shall be the last year of the transportation plan's forecast period.
3. For these horizon years all of the following apply:
   a. The transportation plan shall quantify and document the demographic and employment factors influencing expected transportation demand, including land-use forecasts, in accordance with implementation plan provisions and R18-2-1405.
   b. The highway and transit system shall be described in terms of the regionally significant additions or modifications to the existing transportation network which the transportation plan envisions to be operational in the horizon years. Additions and modifications to the highway network shall be sufficiently identified to indicate intersections with existing regionally significant facilities and to determine their effect on route options between transportation analysis zones. Each added or modified highway segment shall also be sufficiently identified in terms of its design concept and design scope to allow modeling of travel times under various traffic volumes, consistent with the modeling methods for area-wide transportation analysis in use by the MPO. Transit facilities, equipment, and services envisioned for the future shall be identified in terms of design concept, design scope, and operating policies sufficiently to allow modeling of their transit ridership. The description of additions and modifications to the transportation network shall also be sufficiently specific to show that there is a reasonable relationship between expected land use and the envisioned transportation system.
   c. Other future transportation policies, requirements, services, and activities, including intermodal activities, shall be described.

B. Ozone or CO nonattainment areas which are reclassified from moderate to serious shall meet the requirements of subsection (A) within two years from the date of reclassification.

C. Transportation plans for other areas shall meet the requirements of subsection (A) at least to the extent it has been the previous practice of the MPO to prepare plans which meet those requirements. Otherwise, transportation plans shall describe the transportation system envisioned for the future specifically enough to allow determination of conformity according to the criteria and procedures of R18-2-1409 through R18-2-1427.

D. The requirements of this Section supplement other requirements of applicable law or regulation governing the format or content of transportation plans.

Historical Note
Adopted effective June 15, 1995 (Supp. 95-2).

R18-2-1407. Expired

Historical Note
Adopted effective June 15, 1995 (Supp. 95-2). Section R18-2-1407 expired under A.R.S. § 41-1056(J) at 32 A.A.R. 1686 (July 24, 2026, Issue 30), effective June 2, 2026 (Supp. 26-3).

R18-2-1408. Expired

Historical Note
Adopted effective June 15, 1995 (Supp. 95-2). Section R18-2-1408 expired under A.R.S. § 41-1056(J) at 32 A.A.R. 1686 (July 24, 2026, Issue 30), effective June 2, 2026 (Supp. 26-3).

R18-2-1409. Expired

Historical Note
Adopted effective June 15, 1995 (Supp. 95-2). Section R18-2-1409 and Table 1 Conformity Criteria expired under A.R.S. § 41-1056(J) at 32 A.A.R. 1686 (July 24, 2026, Issue 30), effective June 2, 2026 (Supp. 26-3).

R18-2-1410. Expired

Historical Note
Adopted effective June 15, 1995 (Supp. 95-2). Section R18-2-1410 expired under A.R.S. § 41-1056(J) at 32 A.A.R. 1686 (July 24, 2026, Issue 30), effective June 2, 2026 (Supp. 26-3).

R18-2-1411. Expired

Historical Note
Adopted effective June 15, 1995 (Supp. 95-2). R18-2-1411 expired under A.R.S. § 41-1056(J) at 32 A.A.R. 1686 (July 24, 2026, Issue 30), effective June 2, 2026 (Supp. 26-3).

R18-2-1412. Expired

Historical Note
Adopted effective June 15, 1995 (Supp. 95-2). R18-2-1412 expired under A.R.S. § 41-1056(J) at 32 A.A.R. 1686 (July 24, 2026, Issue 30), effective June 2, 2026 (Supp. 26-3).

R18-2-1413. Expired

Historical Note
Adopted effective June 15, 1995 (Supp. 95-2). R18-2-1413 expired under A.R.S. § 41-1056(J) at 32 A.A.R. 1686 (July 24, 2026, Issue 30), effective June 2, 2026 (Supp. 26-3).

R18-2-1414. Expired

Historical Note
Adopted effective June 15, 1995 (Supp. 95-2). R18-2-1414 expired under A.R.S. § 41-1056(J) at 32 A.A.R. 1686 (July 24, 2026, Issue 30), effective June 2, 2026 (Supp. 26-3).

R18-2-1415. Expired

Historical Note
Adopted effective June 15, 1995 (Supp. 95-2). R18-2-1415 expired under A.R.S. § 41-1056(J) at 32 A.A.R. 1686 (July 24, 2026, Issue 30), effective June 2, 2026 (Supp. 26-3).

R18-2-1416. Expired

Historical Note
Adopted effective June 15, 1995 (Supp. 95-2). R18-2-1416 expired under A.R.S. § 41-1056(J) at 32 A.A.R. 1686 (July 24, 2026, Issue 30), effective June 2, 2026 (Supp. 26-3).

R18-2-1417. Expired

Historical Note
Adopted effective June 15, 1995 (Supp. 95-2). R18-2-1417 expired under A.R.S. § 41-1056(J) at 32 A.A.R. 1686 (July 24, 2026, Issue 30), effective June 2, 2026 (Supp. 26-3).

R18-2-1418. Expired

Historical Note
Adopted effective June 15, 1995 (Supp. 95-2). R18-2-1418 expired under A.R.S. § 41-1056(J) at 32 A.A.R. 1686 (July 24, 2026, Issue 30), effective June 2, 2026 (Supp. 26-3).

R18-2-1419. Expired

Historical Note
Adopted effective June 15, 1995 (Supp. 95-2). R18-2-1419 expired under A.R.S. § 41-1056(J) at 32 A.A.R. 1686 (July 24, 2026, Issue 30), effective June 2, 2026 (Supp. 26-3).

R18-2-1420. Expired

Historical Note
Adopted effective June 15, 1995 (Supp. 95-2). R18-2-1420 expired under A.R.S. § 41-1056(J) at 32 A.A.R. 1686 (July 24, 2026, Issue 30), effective June 2, 2026 (Supp. 26-3).

R18-2-1421. Expired

Historical Note
Adopted effective June 15, 1995 (Supp. 95-2). R18-2-1421 expired under A.R.S. § 41-1056(J) at 32 A.A.R. 1686 (July 24, 2026, Issue 30), effective June 2, 2026 (Supp. 26-3).

R18-2-1422. Expired

Historical Note
Adopted effective June 15, 1995 (Supp. 95-2). R18-2-1422 expired under A.R.S. § 41-1056(J) at 32 A.A.R. 1686 (July 24, 2026, Issue 30), effective June 2, 2026 (Supp. 26-3).

R18-2-1423. Expired

Historical Note
Adopted effective June 15, 1995 (Supp. 95-2). R18-2-1423 expired under A.R.S. § 41-1056(J) at 32 A.A.R. 1686 (July 24, 2026, Issue 30), effective June 2, 2026 (Supp. 26-3).

R18-2-1424. Expired

Historical Note
Adopted effective June 15, 1995 (Supp. 95-2). R18-2-1424 expired under A.R.S. § 41-1056(J) at 32 A.A.R. 1686 (July 24, 2026, Issue 30), effective June 2, 2026 (Supp. 26-3).

R18-2-1425. Expired

Historical Note
Adopted effective June 15, 1995 (Supp. 95-2). R18-2-1425 expired under A.R.S. § 41-1056(J) at 32 A.A.R. 1686 (July 24, 2026, Issue 30), effective June 2, 2026 (Supp. 26-3).

R18-2-1426. Expired

Historical Note
Adopted effective June 15, 1995 (Supp. 95-2). R18-2-1426 expired under A.R.S. § 41-1056(J) at 32 A.A.R. 1686 (July 24, 2026, Issue 30), effective June 2, 2026 (Supp. 26-3).

R18-2-1427. Expired

Historical Note
Adopted effective June 15, 1995 (Supp. 95-2). R18-2-1427 expired under A.R.S. § 41-1056(J) at 32 A.A.R. 1686 (July 24, 2026, Issue 30), effective June 2, 2026 (Supp. 26-3).

R18-2-1428. Expired

Historical Note
Adopted effective June 15, 1995 (Supp. 95-2). R18-2-1428 expired under A.R.S. § 41-1056(J) at 32 A.A.R. 1686 (July 24, 2026, Issue 30), effective June 2, 2026 (Supp. 26-3).

R18-2-1429. Expired

Historical Note
Adopted effective June 15, 1995 (Supp. 95-2). R18-2-1429 expired under A.R.S. § 41-1056(J) at 32 A.A.R. 1686 (July 24, 2026, Issue 30), effective June 2, 2026 (Supp. 26-3).

R18-2-1430. Expired

Historical Note
Adopted effective June 15, 1995 (Supp. 95-2). R18-2-1430 expired under A.R.S. § 41-1056(J) at 32 A.A.R. 1686 (July 24, 2026, Issue 30), effective June 2, 2026 (Supp. 26-3).

R18-2-1431. Expired

Historical Note
Adopted effective June 15, 1995 (Supp. 95-2). R18-2-1431 expired under A.R.S. § 41-1056(J) at 32 A.A.R. 1686 (July 24, 2026, Issue 30), effective June 2, 2026 (Supp. 26-3).

R18-2-1432. Expired

Historical Note
Adopted effective June 15, 1995 (Supp. 95-2). R18-2-1432 expired under A.R.S. § 41-1056(J) at 32 A.A.R. 1686 (July 24, 2026, Issue 30), effective June 2, 2026 (Supp. 26-3).

R18-2-1433. Expired

Historical Note
Adopted effective June 15, 1995 (Supp. 95-2). R18-2-1433 expired under A.R.S. § 41-1056(J) at 32 A.A.R. 1686 (July 24, 2026, Issue 30), effective June 2, 2026 (Supp. 26-3).

R18-2-1434. Expired

Historical Note
Adopted effective June 15, 1995 (Supp. 95-2). R18-2-1434 and Table 2 Exempt Projects expired under A.R.S. § 41-1056(J) at 32 A.A.R. 1686 (July 24, 2026, Issue 30), effective June 2, 2026 (Supp. 26-3).

R18-2-1435. Expired

Historical Note
Adopted effective June 15, 1995 (Supp. 95-2). R18-2-1435 and Table 3 Projects Exempt from Regional Emissions Analyses expired under A.R.S. § 41-1056(J) at 32 A.A.R. 1686 (July 24, 2026, Issue 30), effective June 2, 2026 (Supp. 26-3).

R18-2-1436. Expired

Historical Note
Adopted effective June 15, 1995 (Supp. 95-2). R18-2-1436 expired under A.R.S. § 41-1056(J) at 32 A.A.R. 1686 (July 24, 2026, Issue 30), effective June 2, 2026 (Supp. 26-3).

R18-2-1437. Reserved

R18-2-1438. General Conformity for Federal Actions
The following subparts of 40 CFR 93, Determining Conformity of Federal Actions to State or Federal Implementation Plans, and all accompanying appendices, adopted as of July 1, 1994, and no future editions, are incorporated by reference. These standards are on file with the Office of the Secretary of State and with the Department and shall be applied by the Department.

Subpart B - Determining Conformity of General Federal Actions to State or Federal Implementation Plans (58 FR 63253, November 30, 1993).

Historical Note
Adopted effective January 31, 1995 (Supp. 95-1).

ARTICLE 15. FOREST AND RANGE MANAGEMENT BURNS

R18-2-1501. Definitions
In addition to the definitions contained in A.R.S. § 49-501 and R182-101, in this Article:

1. "Activity fuels" means those fuels created by human activities such as thinning or logging.
2. "ADEQ" means the Arizona Department of Environmental Quality.
3. "Annual emissions goal" means the annual establishment in cooperation with the F/SLMs, under R18-2-1503(G), of a planned quantifiable value of emissions reduction from prescribed fires and fuels management activities.
4. "Assisting" means an agency or organization providing personnel, services, or other resources to the agency with direct responsibility for prescribed fire management.
5. "Burn Accomplishment Form" means the online database form as provided by the director to be completed for each approved or approved with conditions Daily Burn Request, with details of the conducted prescribed burn.
6. "Burn plan" for the purposes of this Article means the ADEQ online database form as provided by the director that includes information on the conditions under which a burn will occur with details of the burn and smoke management prescriptions.
7. "Burn prescription" means, with regard to a burn project, the pre-determined area, fuel, and weather conditions required to attain planned resource management objectives.
8. "Burn project" means an active or planned prescribed burn.
9. "Daily Burn Request" means the online database form as provided by the director that allows burners to request for permission to ignite on a single specific day, submitted under an acknowledged Burn Plan.
10. "Daily Burn Authorization Process" means the daily process by which ADEQ reviews and approves, approves with conditions, or disapproves "Daily Burn Requests" for the following day.
11. "Director" means the Director of ADEQ.
12. "Duff" means forest floor material consisting of decomposing needles and other natural materials.
13. "Emission reduction techniques (ERT)" means methods for controlling emissions from prescribed fires to minimize the amount of emission output per unit of area burned.
14. "Federal land manager (FLM)" means any department, agency, delegee, or agent of the federal government, including the following:
    a. United States Forest Service,

b. United States Fish and Wildlife Service,
c. National Park Service,
d. Bureau of Land Management,
e. Bureau of Reclamation,
f. Department of Defense,
g. Bureau of Indian Affairs, and
h. Natural Resources Conservation Service.

15. "F/SLM" means a federal land manager or a state land manager.
16. "Local fire management officer" means a person designated by a F/SLM as responsible for fire management in a local district or area.
17. "National Wildfire Coordinating Group" means the national inter-agency group of federal and state land managers that shares similar wildfire management programs and has established standardized inter-agency training courses and qualifications for fire management positions.
18. "New Burn Plan" means a Burn Plan that has never been submitted to ADEQ.
19. "Non-burning alternatives to fire" means techniques that replace fire for at least five years as a means to treat activity fuels created to achieve a particular land management objective (e.g., reduction of fuel-loading, manipulation of fuels, enhancement of wildlife habitat, and ecosystem restoration). These alternatives are not used in conjunction with fire. Techniques used in conjunction with fire are referred to as emission reduction techniques (ERTs).
20. "Planned resource management objectives" means public interest goals in support of land management agency objectives including silviculture, wildlife habitat management, grazing enhancement, fire hazard reduction, wilderness management, cultural scene maintenance, weed abatement, watershed rehabilitation, vegetative manipulation, and disease and pest prevention.
21. "Prescribed burning" means the controlled application of fire to wildland fuels that are in either a natural or modified state, under certain burn and smoke management prescription conditions that have been specified by the F/SLM in charge of or assisting the burn, to attain planned resource management objectives. Prescribed burning does not include a fire set or permitted by a public officer to provide instruction in fire-fighting methods, or construction or residential burning under R18-2-602.
22. "Prescribed Fire Burn Boss" means a person designated by their respective F/SLM with the requisite training and certification to ensure that all ADEQ prescribed fire burn plan specifications and requirements are met before, during, and after a prescribed fire. This includes the following NWCG positions: Prescribed Fire Burn Boss Type 1, Prescribed Fire Burn Boss Type 2, and Prescribed Fire Burn Boss Type 3. A private burner does not qualify as a Burn Boss under this Article.
23. "Private Burner" means a private person or company assisted by a F/SLM in conducting a prescribed burn under this Article. A person not covered under this definition shall be regulated under A.R.S. § 49-501 and A.A.C. R18-2-602.
24. "Revised Burn Plan" means any Burn Plan that has been submitted to ADEQ by way of the online database which has remaining un-accomplished acres available and has been revised.
25. "Smoke management prescription" means the predetermined meteorological conditions that affect smoke transport and dispersion under which a burn could occur without adversely affecting public health and welfare, including transportation networks, considering such factors as National Ambient Air Quality Standard and Class I Visibility Areas.
26. "Smoke management techniques (SMT)" means management and dispersion practices used during a prescribed burn which affect the direction, duration, height, or density of smoke.
27. "Smoke management unit" means any of the geographic areas defined by ADEQ whose area is based on primary watershed boundaries and whose outline is determined by diurnal windflow patterns that allow smoke to follow predictable drainage patterns. A map of the state divided into the smoke management units is on file with ADEQ.
28 "State land manager (SLM)" means any department, agency, or political subdivision of the state government including the following:
    a. State Land Department,
    b. Department of Transportation,
    c. Department of Game and Fish,
    d. Parks Department,
    e. Local and Municipal Governments and Agencies,
    f. Arizona Department of Forestry and Fire Management, and
    g. Fire Districts.
29. "Smoke Sensitive Area" means areas where ADEQ determines that smoke and air pollutants can adversely affect public health or welfare. Such areas may include, but are not limited to cities, towns, villages, campgrounds, trails, populated recreational areas, hospitals, nursing homes, schools, roads, airports, public events, shopping centers, and mandatory Class I areas.
30. "Wildfire" means an unplanned ignition, such as lightning, unauthorized and accidental human fires. Wildfires include those incidents where suppression may be limited for safety, economic, or resource concerns.

Historical Note
Adopted effective October 8, 1996 (Supp. 96-4).
Amended by final rulemaking at 10 A.A.R. 388, effective March 16, 2004 (Supp. 04-1). Amended by final rulemaking at 29 A.A.R. 1427 (June 30, 2023), effective August 7, 2023 (Supp. 23-2).

R18-2-1502. Applicability

A. A F/SLM that is conducting or assisting a prescribed burn shall follow the requirements of this Article.
B. A private burner may conduct burns under this Article if assisted by an F/SLM.
C. The provisions of this Article apply to all areas of the state except Tribal Nations and Communities land which has the same meaning as the term defined in 18 U.S.C. § 1151. All federally managed lands and all state lands, parks, and forests are under the jurisdiction of ADEQ in matters relating to air pollution from prescribed burning.
D. Notwithstanding subsection (C), any Tribal Nations and Communities may enter into a memorandum of agreement with ADEQ to implement this Article.

Historical Note
Adopted effective October 8, 1996 (Supp. 96-4).
Amended by final rulemaking at 10 A.A.R. 388, effective March 16, 2004 (Supp. 04-1). Amended by final rulemaking at 29 A.A.R. 1427 (June 30, 2023), effective August 7, 2023 (Supp. 23-2).

R18-2-1503. Annual, Program Evaluation and Planning

A. ADEQ shall hold a meeting after January 31 and before April 1 of each year between ADEQ and F/SLM to evaluate the program and set the annual emissions goals to minimize prescribed fire emissions to the maximum extent feasible using emission reduction techniques and non-burning alternatives to fire subject to economic, technical, and safety feasibility criteria, and consistent with land management objectives.

B. Outside of the annual meeting, ADEQ may request additional information about future prescribed burns to support regional coordination of smoke management, annual emission goal setting using ERTs, and non-burning alternatives to fire.

C. At least once every five years, ADEQ shall request long-term projections of future prescribed fire activity from the F/SLM to support planning for visibility impairment and assessment of air quality concerns by ADEQ.

D. F/SLM may submit topics to discuss at the yearly meeting by contacting ADEQ.

Historical Note

Adopted effective October 8, 1996 (Supp. 96-4). Amended by final rulemaking at 10 A.A.R. 388, effective March 16, 2004 (Supp. 04-1). Amended by final rulemaking at 29 A.A.R. 1427 (June 30, 2023), effective August 7, 2023 (Supp. 23-2).

R18-2-1504. Prescribed Burn Plan

Each F/SLM planning a prescribed burn shall complete and submit to ADEQ the "Burn Plan" form supplied by ADEQ no later than 14 days before the date on which the F/SLM requests permission to burn. ADEQ shall consider the information supplied on the Burn Plan Form as binding conditions under which the burn shall be conducted. A Burn Plan shall be maintained by ADEQ until notification from the F/SLM of the completion of the burn project. The Burn Plan provisions listed in A.A.C. R18-2-1504(1) through (5), may be revised no later than 2:00 p.m. the business day before the burn. Any other revision to the Burn Plan for a burn project shall be submitted in writing no later than 14 days before the date on which the F/SLM requests permission to burn. ADEQ shall not act on the Daily Burn Request until the Burn Plan is submitted by the F/SLM and acknowledged as complete by ADEQ. To facilitate the Daily Burn Authorization Process under R18-2-1505, the Burn Plan Form shall include:

1. An emergency telephone number that is answered 24 hours a day, seven days a week;
2. Burn prescription;
3. Smoke management prescription;
4. The name of the person submitting the Burn Plan on behalf of the F/SLM;
5. Any other information to support the Burn Plan needed by ADEQ to assist in the Daily Burn Authorization Process for smoke management purposes, prevention of negative impacts on smoke sensitive areas, or assessment of contribution to visibility impairment of Class I areas.
6. The total number of acres in the project to be burned, the quantity and type of fuel, type of burn, and the ignition technique to be used;
7. The land management objective or purpose for the burn such as restoration or maintenance of ecological function and indicators of fire resiliency;
8. A map depicting the potential impact of the smoke unless waived either orally or in writing by ADEQ. The potential impact shall be determined by mapping both the daytime and nighttime smoke path and down-drainage flow for 15 miles from the burn site, with smoke-sensitive areas delineated. The map shall use the appropriate scale to show the impacts of the smoke adequately;
9. Modeling of smoke impacts unless waived either orally or in writing by ADEQ, for burns greater than 250 acres per day, or greater than 50 acres per day if the burn is within 15 miles of a Class I Area, an area that is nonattainment for particulates, a carbon monoxide nonattainment area, or other smoke-sensitive area. In consultation with the F/SLM, ADEQ shall provide guidelines on modeling.

Historical Note

Adopted effective October 8, 1996 (Supp. 96-4). Amended by final rulemaking at 10 A.A.R. 388, effective March 16, 2004 (Supp. 04-1). Amended by final rulemaking at 29 A.A.R. 1427 (June 30, 2023), effective August 7, 2023 (Supp. 23-2).

R18-2-1505. Prescribed Burn Requests and Authorization

A. Each F/SLM planning a prescribed burn, shall complete and submit to ADEQ the "Daily Burn Request" form supplied by ADEQ for each day the F/SLM will complete ignitions. The Daily Burn Request form shall include:

1. The contact information of the F/SLM conducting the burn;
2. Acknowledgement that a qualified Prescribed Fire Burn Boss is conducting the burn;
3. Date of the ignition;
4. The area to be burned on the day for which the Burn Request is submitted, with reference to the Burn Plan, including size, legal location to the section, and latitude and longitude to the minute;
5. Projected smoke impacts; and
6. Any local conditions or circumstances known to the F/SLM that, could impact the Daily Burn Authorization Process or the burn.

B. After consultation and upon request by ADEQ, the F/SLM shall provide additional information related to the burn or any ongoing prescribed fires or wildfires such as: reports, digital photographs, meteorological, smoke dispersion, or air quality conditions to supplement the Daily Burn Request form and to aid in the Daily Burn Authorization Process. F/SLM may coordinate with ADEQ prior to submitting a Daily Burn Request to discuss potential air quality impacts or other concerns.

C. The F/SLM shall submit the Daily Burn Request form to ADEQ as expeditiously as practicable, but no later than 2:00 p.m. of the business day preceding the burn.

D. An F/SLM shall not ignite a prescribed burn without receiving the approval of ADEQ, as follows:

1. ADEQ shall only approve, approve with conditions, or disapprove a burn on the business day before the burn is to take place.
2. If ADEQ fails to address a Burn Request by 10:00 p.m. the business day before the burn is to take place the Burn Request is approved by default after the burner makes a good faith effort to contact ADEQ to confirm that the Burn Request was received by exhausting available methods of communication, which may include contracting the ADEQ smoke management team directly, as well as the main number for the ADEQ air quality division, and leaving voicemails if there is no response.
3. ADEQ may communicate its decision by verbal, written, or electronic means. ADEQ shall provide a written or electronic reply if requested by the F/SLM.

E. If weather conditions cease to conform to those in the smoke management prescription of either the Burn Plan or any conditions on the approval of the applicable Burn Request, the F/SLM shall take appropriate action to reduce further smoke impacts, ensure safe and appropriate fire mitigation, and notify the public as per the requirements established by the National Wildfire Coordinating Group or F/SLM equivalent. The F/SLM may modify the smoke management prescription in the Burn Plan after consultation with ADEQ. A F/SLM conducting a burn shall contact ADEQ if there is any change in the burn conditions that ceases to conform with the Burn Plan and could cause negative impacts to smoke sensitive areas and communicate what areas of the submitted smoke management prescription in the Burn Plan need to be modified.

F. The F/SLM shall ensure that there is industry-standard signage and notification to protect public safety on transportation corridors including roadways and airports during a prescribed fire.

Historical Note

Adopted effective October 8, 1996 (Supp. 96-4). Amended by final rulemaking at 10 A.A.R. 388, effective March 16, 2004 (Supp. 04-1). Amended by final rulemaking at 29 A.A.R. 1427 (June 30, 2023), effective August 7, 2023 (Supp. 23-2).

R18-2-1506. Smoke Dispersion Evaluation

ADEQ shall approve, approve with conditions, or disapprove a Daily Burn Request submitted under R18-2 1505, by using the following factors for each smoke management unit:

1. Analysis of the emissions from burns in progress and residual emissions from previous burns on a day-to-day basis;
2. Analysis of the emissions from wildfires and consideration of their potential long-term growth;
3. Local burn conditions;
4. Burn prescription and smoke management prescription from the applicable Burn Plan;
5. Existing and predicted local air quality, i.e. meteorological or smoke modeling;
6. Local and synoptic meteorological conditions;
7. Type and location of areas to be burned;
8. Protection of the national visibility goal for Class I Areas under § 169A(a)(1) of the Clean Air Act and 40 CFR 51.309;
9. Assessment of duration and intensity of smoke emissions to minimize cumulative impacts;
10. Minimization of smoke impacts in Class I Areas, areas that are non-attainment for particulate matter, carbon monoxide, and ozone non-attainment areas, or other smoke sensitive areas including transportation corridors;
11. Protection of the National Ambient Air Quality Standards.

Historical Note

Adopted effective October 8, 1996 (Supp. 96-4). Amended by final rulemaking at 10 A.A.R. 388, effective March 16, 2004 (Supp. 04-1). Amended by final rulemaking at 29 A.A.R. 1427 (June 30, 2023), effective August 7, 2023 (Supp. 23-2).

R18-2-1507. Prescribed Burn Accomplishment; Wildfire Reporting

A. Each F/SLM conducting a prescribed burn shall complete and submit to ADEQ the "Burn Accomplishment" form supplied by ADEQ. For each burn approval, the F/SLM shall submit a Burn Accomplishment form to ADEQ within seven calendar days following the approved burn. The F/SLM shall include the following information on the Burn Accomplishment form:

1. Any known conditions or circumstances that could impact subsequent Daily Burn approvals;
2. The date, location, fuel type, fuel loading, and acreage accomplishments;
3. The ERTs and SMTs described in R18-2-1509 and may include any further ERTs and SMTs that become available, that the F/SLM used to reduce emissions or manage the smoke from the burn.

B. The F/SLM shall submit the Burn Accomplishment form as an electronic submittal.

C. ADEQ shall maintain a record of Daily Burn Requests, Burn Plan Form Burn Approvals with Conditions, Denials, and Burn Accomplishments data for five years.

D. ADEQ may request information about a burn prior to the submission of the Burn Accomplishment Form.

E. The F/SLM in whose jurisdiction a wildfire occurs shall, upon request, make available to ADEQ no later than the day after the request is made and may include any necessary information for wildfire incidents, including the location, and estimate of predominant fuel type and quantity consumed, and an estimate of the area blackened that day. The F/SLM shall participate in air quality coordination calls upon request by ADEQ.

Historical Note

Adopted effective October 8, 1996 (Supp. 96-4). Amended by final rulemaking at 10 A.A.R. 388, effective March 16, 2004 (Supp. 04-1). Amended by final rulemaking at 29 A.A.R. 1427 (June 30, 2023), effective August 7, 2023 (Supp. 23-2).

R18-2-1508. Repealed

Historical Note

Adopted effective October 8, 1996 (Supp. 96-4). Amended by final rulemaking at 10 A.A.R. 388, effective March 16, 2004 (Supp. 04-1). Repealed by final rulemaking at 29 A.A.R. 1427 (June 30, 2023), effective August 7, 2023 (Supp. 23-2).

R18-2-1509. Emission Reduction and Smoke Management Techniques

A. Each F/SLM conducting a prescribed burn shall implement as many Emission Reduction Techniques and Smoke Management Techniques as are feasible subject to economic, technical, and safety feasibility criteria, and land management objectives.

B. Emission Reduction Techniques include:

1. Reducing biomass to be burned by use of techniques such as yarding or consolidation of unmerchandisable material, multi-product timber sales, or public firewood access, when economically feasible;
2. Reducing biomass to be burned by fuel exclusion practices such as preventing the fire from consuming dead snags or dead and downed woody material through lining, application of fire-retardant foam, or water;
3. Using mass ignition techniques such as aerial ignition by helicopter to produce high intensity fires of high fuel density areas such as logging slash decks;
4. Burning only fuels essential to meet resource management objectives;
5. Minimizing consumption and smoldering by burning under conditions of high fuel moisture of duff and litter;

6. Minimizing fuel consumption and smoldering by burning under conditions of high fuel moisture of large woody fuels;
7. Minimizing soil content when slash piles are constructed by using brush blades on material-moving equipment and by constructing piles under dry soil conditions or by using hand piling methods;
8. Burning fuels in piles or windrows;
9. Using a backing fire in grass fuels;
10. Burning fuels with an air curtain incinerator, as defined in R18-2-101, operated according to manufacturer specifications and meeting applicable state or local opacity requirements;
11. Extinguishing or mopping-up of smoldering fuels;
12. Chunking of piles and other consolidations of burning material to enhance flaming and fuel consumption, and to minimize smoke production;
13. Burning before litter fall, green-up of fuels, recently cut large fuels cure in areas with fuels reduction activity, and just before precipitation to reduce fuel smoldering and consumption;
14. Reduce the area burned, by only burning a portion of the area within a designated perimeter or through mosaic burning.

C. Smoke management techniques include:
1. Burning from March 15 through September 15, when meteorological conditions allow for good smoke dispersion;
2. Igniting burns under good-to-excellent ventilation conditions;
3. Suspending operations under poor smoke dispersion conditions;
4. Considering smoke impacts on local community activities and land users;
5. Burning piles when other burns are not feasible, such as when snow or rain is present;
6. Using mass ignition techniques such as aerial ignition by helicopter to produce high combustion efficiency with short duration impacts;
7. Using all opportunities that meet the burn prescription and all burn locations to spread smoke impacts over a broader time period and geographic area;
8. Burning during optimum mid-day dispersion hours, with all ignitions in a burn unit completed by 3:00 p.m. to prevent trapping smoke in inversion or diurnal windflow patterns;
9. Providing information on the adverse impacts of using green or wet wood as fuel when public firewood access is allowed;
10. Implementing maintenance burning in a periodic rotation to shorten prescribed fire duration and reduce excessive fuel accumulations that could result in excessive smoke production in a wildfire; and
11. Using fire-management strategies to shift smoke into more favorable smoke dispersion seasons.

Historical Note
Adopted effective October 8, 1996 (Supp. 96-4). Amended by final rulemaking at 10 A.A.R. 388, effective March 16, 2004 (Supp. 04-1). Amended by final rulemaking at 29 A.A.R. 1427 (June 30, 2023), effective August 7, 2023 (Supp. 23-2). Amended by final expedited rulemaking at 30 A.A.R. 2422 (July 26, 2024), with an immediate effective date of July 3, 2024 (Supp. 24-3).

R18-2-1510. Repealed

Historical Note
Adopted effective October 8, 1996 (Supp. 96-4). Former Section R18-2-1510 renumbered to R18-2-1511; new R18-2-1510 made by final rulemaking at 10 A.A.R. 388, effective March 16, 2004 (Supp. 04-1). Repealed by final rulemaking at 29 A.A.R. 1427 (June 30, 2023), effective August 7, 2023 (Supp. 23-2). Amended by final expedited rulemaking at 30 A.A.R. 2422 (July 26, 2024), with an immediate effective date of July 3, 2024 (Supp. 24-3).

R18-2-1511. Monitoring

A. ADEQ may require a F/SLM to monitor air quality before, during, or after a prescribed burn as reasonably necessary to assess smoke impacts. Air quality monitoring may be conducted using both federal and non-federal reference methods, as well as other techniques including but not limited to digital photographs, video calling, webcams, visibility monitors, and air quality sensors.

B. Unless waived by ADEQ, a F/SLM shall conduct a test burn at the burn site to verify the needed wind speed, direction, and stability, for burns greater than 250 acres per day, or greater than 50 acres per day if the burn is within 15 miles of a Class I Area, an area that is non-attainment for particulate matter, carbon monoxide, or ozone, or other smoke sensitive area.

C. An F/SLM shall make monitoring information required under subsection (B) available to ADEQ on the business day following the burn ignition, if an instantaneous method was not used to convey the information.

D. The F/SLM shall keep on file for one year following the burn date any monitoring information required under this Section.

Historical Note
Adopted effective October 8, 1996 (Supp. 96-4). Former Section R18-2-1511 renumbered to R18-2-1512; new R18-2-1511 renumbered from R18-2-1510 and amended by final rulemaking at 10 A.A.R. 388, effective March 16, 2004 (Supp. 04-1). Amended by final rulemaking at 29 A.A.R. 1427 (June 30, 2023), effective August 7, 2023 (Supp. 23-2).

R18-2-1512. Burner Qualifications

A. All burn projects shall be conducted by personnel trained and certified in prescribed fire and smoke management techniques. Burn project personnel shall be trained in the fire and smoke management techniques required by the F/SLM in charge of the burn or the training requirements established by the National Wildfire Coordinating Group.

B. A Prescribed Fire Burn Boss of the F/SLM with jurisdiction over the prescribed burn shall have smoke management training obtained through one of the following:
1. Successful completion of a National Wildfire Coordinating Group or F/SLM-equivalent course addressing smoke management; or
2. Attendance at an ADEQ-approved smoke management workshop.

Historical Note
Adopted effective October 8, 1996 (Supp. 96-4). Former Section R18-2-1512 renumbered to R18-2-1513; new R18-2-1512 renumbered from R18-2-1511 and amended by final rulemaking at 10 A.A.R. 388, effective March 16, 2004 (Supp. 04-1). Amended by final rulemaking at 29 A.A.R. 1427 (June 30, 2023), effective August 7, 2023 (Supp. 23-2).

R18-2-1513. Public Notification and Awareness Program; Regional Coordination

A. The Director shall maintain a public education and awareness program webpage, in cooperation with the F/SLM and other interested parties, to inform the general public of the smoke management program described by this Article. The webpage shall inform the public about the health risks and impacts from smoke and prescribed fires; how smoke management techniques can protect air quality; and the role of prescribed fire in natural ecosystems.

B. ADEQ shall make prescribed burn approval, and wildfire activity information readily available to the public and to facilitate regional coordination efforts and public notification.

C. ADEQ shall ensure all publicly available information concerning smoke management, including electronic material, is updated annually, or as new information is published.

Historical Note

Adopted effective October 8, 1996 (Supp. 96-4). Former Section R18-2-1513 renumbered to R18-2-1514; new R18-2-1513 renumbered from R18-2-1512 and amended by final rulemaking at 10 A.A.R. 388, effective March 16, 2004 (Supp. 04-1). Amended by final rulemaking at 29 A.A.R. 1427 (June 30, 2023), effective August 7, 2023 (Supp. 23-2).

R18-2-1514. Surveillance and Enforcement

A. An F/SLM conducting a prescribed burn shall permit and provide safe escort to ADEQ for the purpose of entering and inspecting burn sites to verify the accuracy of the Daily Burn Request, Burn Plan, or Accomplishment data as well as matching burn approval with actual conditions, smoke dispersion, and air quality impacts. Onground site inspection procedures and aerial surveillance shall be coordinated by ADEQ and the F/SLM for safety purposes.

B. ADEQ may use remote automated weather station data if necessary to verify current and previous meteorological conditions at or near the burn site.

C. ADEQ may audit burn accomplishment data, smoke dispersion measurements, or weather measurements from previously conducted burns, if necessary to verify conformity with, or deviation from, procedures and authorizations approved by ADEQ.

D. Deviation from procedures and authorizations approved by ADEQ constitute a violation of this Article. Violations may require containment or appropriate smoke mitigation action of any active burns and may also require, in the Director's discretion, a five-day moratorium on ignitions by the responsible F/SLM. Violations of this Article are also subject to a civil penalty of not more than $10,000 per day per violation under A.R.S. § 49-463.

Historical Note

Adopted effective October 8, 1996 (Supp. 96-4). Former Section R18-2-1514 repealed; new R18-2-1514 renumbered from R18-2-1513 and amended by final rulemaking at 10 A.A.R. 388, effective March 16, 2004 (Supp. 04-1). Amended by final rulemaking at 29 A.A.R. 1427 (June 30, 2023), effective August 7, 2023 (Supp. 23-2).

R18-2-1515. Forms and Information Transfers

A. ADEQ shall make all forms for completion by a F/SLM available in electronic format as provided by the Director.

B. After consultation with an F/SLM, ADEQ may require the F/SLM to provide data or completed forms in an electronic format as provided by the Director.

Historical Note

Adopted effective October 8, 1996 (Supp. 96-4). Amended by final rulemaking at 10 A.A.R. 388, effective March 16, 2004 (Supp. 04-1). Amended by final rulemaking at 29 A.A.R. 1427 (June 30, 2023), effective August 7, 2023 (Supp. 23-2).

ARTICLE 16. EXPIRED

Article 16, consisting of Sections R18-2-1601 through R18-2-1606, made by final rulemaking at 9 A.A.R. 4541, effective December 2, 2003 (Supp. 03-4).

R18-2-1601. Expired

Historical Note

New Section made by final rulemaking at 9 A.A.R. 4541, effective December 2, 2003 (Supp. 03-4). Section expired under A.R.S. § 41-1056(J) at 24 A.A.R. 2500, effective August 14, 2018 (Supp. 18-3).

R18-2-1602. Expired

Historical Note

New Section made by final rulemaking at 9 A.A.R. 4541, effective December 2, 2003 (Supp. 03-4). Section expired under A.R.S. § 41-1056(J) at 24 A.A.R. 2500, effective August 14, 2018 (Supp. 18-3).

R18-2-1603. Expired

Historical Note

New Section made by final rulemaking at 9 A.A.R. 4541, effective December 2, 2003 (Supp. 03-4). Section expired under A.R.S. § 41-1056(J) at 24 A.A.R. 2500, effective August 14, 2018 (Supp. 18-3).

R18-2-1604. Expired

Historical Note

New Section made by final rulemaking at 9 A.A.R. 4541, effective December 2, 2003 (Supp. 03-4). Section expired under A.R.S. § 41-1056(J) at 24 A.A.R. 2500, effective August 14, 2018 (Supp. 18-3).

R18-2-1605. Expired

Historical Note

New Section made by final rulemaking at 9 A.A.R. 4541, effective December 2, 2003 (Supp. 03-4). Section expired under A.R.S. § 41-1056(J) at 24 A.A.R. 2500, effective August 14, 2018 (Supp. 18-3).

R18-2-1606. Expired

Historical Note

New Section made by final rulemaking at 9 A.A.R. 4541, effective December 2, 2003 (Supp. 03-4). Section expired under A.R.S. § 41-1056(J) at 24 A.A.R. 2500, effective August 14, 2018 (Supp. 18-3).

R18-2-1607. Expired

Historical Note

Section reserved at 11 A.A.R. 386, effective December 20, 2004, expired under A.R.S. § 41-1056(J) at 24 A.A.R. 2500, effective August 14, 2018 (Supp. 18-3).

R18-2-1608. Expired

Historical Note
Section reserved at 11 A.A.R. 386, effective December 20, 2004, expired under A.R.S. § 41-1056(J) at 24 A.A.R. 2500, effective August 14, 2018 (Supp. 18-3).

R18-2-1609. Expired

Historical Note
Section reserved at 11 A.A.R. 386, effective December 20, 2004, expired under A.R.S. § 41-1056(J) at 24 A.A.R. 2500, effective August 14, 2018 (Supp. 18-3).

R18-2-1610. Expired

Historical Note
New Section made by final rulemaking at 11 A.A.R. 386, effective December 20, 2004 (Supp. 04-4). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2856, effective April 30, 2013 (Supp. 13-3).

R18-2-1611. Expired

Historical Note
New Section made by final rulemaking at 11 A.A.R. 386, effective December 20, 2004 (Supp. 04-4). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2856, effective April 30, 2013 (Supp. 13-3).

R18-2-1612. Expired

Historical Note
New Section made by final rulemaking at 11 A.A.R. 386, effective December 20, 2004 (Supp. 04-4). Section heading corrected at request of the Department, Office File No. M12-134, filed April 5, 2012 (Supp. 11-4). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2856, effective April 30, 2013 (Supp. 13-3).

R18-2-1613. Expired

Historical Note
New Section made by final rulemaking at 11 A.A.R. 386, effective December 20, 2004 (Supp. 04-4). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2856, effective April 30, 2013 (Supp. 13-3).

ARTICLE 17. EXPIRED

R18-2-1701. Expired

Historical Note
New Section made by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R.135, effective August 26, 2016; filed in the Office of the Secretary of State December 23, 2016 (Supp. 16-4).

Table 1. Expired

Historical Note
Table 1 made by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Table 1 expired under A.R.S. § 41-1056(J) at 23 A.A.R.135, effective August 26, 2016; filed in the Office of the Secretary of State December 23, 2016 (Supp. 16-4).

R18-2-1702. Expired

Historical Note
New Section made by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R.135, effective August 26, 2016; filed in the Office of the Secretary of State December 23, 2016 (Supp. 16-4).

Table 2. Expired

Historical Note
Table 2 made by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Table 2 expired under A.R.S. § 41-1056(J) at 23 A.A.R.135, effective August 26, 2016; filed in the Office of the Secretary of State December 23, 2016 (Supp. 16-4).

R18-2-1703. Expired

Historical Note
New Section made by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R.135, effective August 26, 2016; filed in the Office of the Secretary of State December 23, 2016 (Supp. 16-4).

R18-2-1704. Expired

Historical Note
New Section made by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R.135, effective August 26, 2016; filed in the Office of the Secretary of State December 23, 2016 (Supp. 16-4).

R18-2-1705. Expired

Historical Note
New Section made by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R.135, effective August 26, 2016; filed in the Office of the Secretary of State December 23, 2016 (Supp. 16-4).

R18-2-1706. Expired

Historical Note
New Section made by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R.135, effective August 26, 2016; filed in the Office of the Secretary of State December 23, 2016 (Supp. 16-4).

R18-2-1707. Expired

Historical Note
New Section made by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R.135, effective August 26, 2016; filed in the Office of the Secretary of State December 23, 2016 (Supp. 16-4).

R18-2-1708. Expired

Historical Note
New Section made by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R.135, effective August 26, 2016; filed in the Office of the Secretary of State December 23, 2016 (Supp. 16-4).

Table 3. Expired

Historical Note
Table 3 made by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Table 3 expired under A.R.S. § 41-1056(J) at 23 A.A.R.135, effective

August 26, 2016; filed in the Office of the Secretary of State December 23, 2016 (Supp. 16-4).

R18-2-1709. Expired

Historical Note
New Section made by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R.135, effective August 26, 2016; filed in the Office of the Secretary of State December 23, 2016 (Supp. 16-4).

ARTICLE 18. REPEALED

R18-2-1801. Repealed

Historical Note
New Section made by final rulemaking at 14 A.A.R. 2404, effective July 8, 2008 (Supp. 08-2). Section repealed by final rulemaking at 18 A.A.R. 250, effective January 10, 2012 (Supp. 12-1).

R18-2-1802. Repealed

Historical Note
New Section made by final rulemaking at 14 A.A.R. 2404, effective July 8, 2008 (Supp. 08-2). Section repealed by final rulemaking at 18 A.A.R. 250, effective January 10, 2012 (Supp. 12-1).

R18-2-1803. Repealed

Historical Note
New Section made by final rulemaking at 14 A.A.R. 2404, effective July 8, 2008 (Supp. 08-2). Section repealed by final rulemaking at 18 A.A.R. 250, effective January 10, 2012 (Supp. 12-1).

R18-2-1804. Repealed

Historical Note
New Section made by final rulemaking at 14 A.A.R. 2404, effective July 8, 2008 (Supp. 08-2). Section repealed by final rulemaking at 18 A.A.R. 250, effective January 10, 2012 (Supp. 12-1).

R18-2-1805. Repealed

Historical Note
New Section made by final rulemaking at 14 A.A.R. 2404, effective July 8, 2008 (Supp. 08-2). Section repealed by final rulemaking at 18 A.A.R. 250, effective January 10, 2012 (Supp. 12-1).

R18-2-1806. Repealed

Historical Note
New Section made by final rulemaking at 14 A.A.R. 2404, effective July 8, 2008 (Supp. 08-2). Section repealed by final rulemaking at 18 A.A.R. 250, effective January 10, 2012 (Supp. 12-1).

R18-2-1807. Repealed

Historical Note
New Section made by final rulemaking at 14 A.A.R. 2404, effective July 8, 2008 (Supp. 08-2). Section repealed by final rulemaking at 18 A.A.R. 250, effective January 10, 2012 (Supp. 12-1).

R18-2-1808. Repealed

Historical Note
New Section made by final rulemaking at 14 A.A.R. 2404, effective July 8, 2008 (Supp. 08-2). Section repealed by final rulemaking at 18 A.A.R. 250, effective January 10, 2012 (Supp. 12-1).

R18-2-1809. Repealed

Historical Note
New Section made by final rulemaking at 14 A.A.R. 2404, effective July 8, 2008 (Supp. 08-2). Section repealed by final rulemaking at 18 A.A.R. 250, effective January 10, 2012 (Supp. 12-1).

R18-2-1810. Repealed

Historical Note
New Section made by final rulemaking at 14 A.A.R. 2404, effective July 8, 2008 (Supp. 08-2). Section repealed by final rulemaking at 18 A.A.R. 250, effective January 10, 2012 (Supp. 12-1).

R18-2-1811. Repealed

Historical Note
New Section made by final rulemaking at 14 A.A.R. 2404, effective July 8, 2008 (Supp. 08-2). Section repealed by final rulemaking at 18 A.A.R. 250, effective January 10, 2012 (Supp. 12-1).

R18-2-1812. Repealed

Historical Note
New Section made by final rulemaking at 14 A.A.R. 2404, effective July 8, 2008 (Supp. 08-2). Section repealed by final rulemaking at 18 A.A.R. 250, effective January 10, 2012 (Supp. 12-1).

CHAPTER APPENDICES

Appendix 1. Repealed

Historical Note
Former Appendix 1 repealed, new Appendix 1 adopted effective October 2, 1979 (Supp. 79-5). Amended effective May 28, 1982 (Supp. 82-3). Amended effective September 22, 1983 (Supp. 83-5). Amended effective December 1, 1988 (Supp. 88-4). Appendix 1 repealed, new Appendix 1 adopted effective November 15, 1993 (Supp. 93-4). Amended effective October 7, 1994 (Supp. 94-4). Amended effective August 1, 1995 (Supp. 95-3). The reference to R18-2-101(80) amended to reference R18-2-101(84) (Supp. 99-3). Amended by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Repealed by final rulemaking at 23 A.A.R. 333, effective March 21, 2017 (Supp. 17-1).

Appendix 2. Test Methods and Protocols
The following test methods and protocols are approved for use as directed by the Department under this Chapter. These standards are incorporated by reference as applicable requirements revised as of June 30, 2017, and no future editions or amendments. These standards are on file with the Department, and are also available from the U.S. Government Printing Office, Superintendent of Documents, bookstore.gpo.gov, Mail Stop: SSOP IDCC-SSOM, Washington, D.C. 20402-9328.

A. 40 CFR 50;
B. 40 CFR 50, all appendices;
C. 40 CFR 51, Appendix M, Section IV of Appendix S, and Appendix W;

D. 40 CFR 52, Appendices D and E;
E. 40 CFR 53;
F. 40 CFR 58;
G. 40 CFR 58, all appendices;
H. 40 CFR 60, all appendices;
I. 40 CFR 61, all appendices;
J. 40 CFR 63, all appendices;
K. 40 CFR 75, all appendices.
L. 40 CFR 51.128, Appendix A(1)(B).
M. Silt Content Test Method. The purpose of this test method is to estimate the silt content of the trafficked parts of commercial farm roads, as defined in R18-2-610. The higher the silt content, the more fine dust particles that are released when cars and trucks drive on commercial farm roads.
1. Equipment:
   a. A set of sieves with the following openings: 4 millimeters (mm), 2mm, 1 mm, 0.5 mm and 0.25 mm and a lid and collector pan
   b. A small whisk broom or paintbrush with stiff bristles and dustpan 1 ft. in width. (The broom/brush should preferably have one, thin row of bristles no longer than 1.5 inches in length.)
   c. A spatula without holes A small scale with half ounce increments (e.g. postal/package scale)
   d. A shallow, lightweight container (e.g. plastic storage container)
   e. A sturdy cardboard box or other rigid object with a level surface
   f. Basic calculator
   g. Cloth gloves (optional for handling metal sieves on hot, sunny days)
   h. Sealable plastic bags (if sending samples to a laboratory)
   i. Pencil/pen and paper
2. Step 1: Look for a routinely-traveled surface, as evidenced by tire tracks. [Only collect samples from surfaces that are not wet or damp due to precipitation, dew or watering.] Use caution when taking samples to ensure personal safety with respect to passing vehicles. Gently press the edge of a dustpan (1 foot in width) into the surface four times to mark an area that is 1 square foot. Collect a sample of loose surface material using a whisk broom or brush and slowly sweep the material into the dustpan, minimizing escape of dust particles. Use a spatula to lift heavier elements such as gravel. Only collect dirt/gravel to an approximate depth of 3/8 inch or 1 cm in the 1 square foot area. If you reach a hard, underlying subsurface that is < 3/8 inch in depth, do not continue collecting the sample by digging into the hard surface. In other words, you are only collecting a surface sample of loose material down to 1 cm. In order to confirm that samples are collected to 1 cm. in depth, a wooden dowel or other similar narrow object at least 1 foot in length can be laid horizontally across the survey area while a metric ruler is held perpendicular to the dowel. At this point, you can choose to place the sample collected into a plastic bag or container and take it to an independent laboratory for silt content analysis. A reference to the procedure the laboratory is required to follow is in subsection (10) below.
3. Step 2: Place a scale on a level surface. Place a lightweight container on the scale. Zero the scale with the weight of the empty container on it. Transfer the entire sample collected in the dustpan to the container, minimizing escape of dust particles. Weigh the sample and record its weight.
4. Step 3: Stack a set of sieves in order according to the size openings specified above, beginning with the largest size opening (4 mm) at the top. Place a collector pan underneath the bottom (0.25 mm) sieve.
5. Step 4: Carefully pour the sample into the sieve stack, minimizing escape of dust particles by slowly brushing material into the stack with a whisk broom or brush. (On windy days, use the trunk or door of a car as a wind barricade.) Cover the stack with a lid. Lift up the sieve stack and shake it vigorously up, down and sideways for at least 1 minute.
6. Step 5: Remove the lid from the stack and disassemble each sieve separately, beginning with the top sieve. As you remove each sieve, examine it to make sure that all of the material has been sifted to the finest sieve through which it can pass; e.g. material in each sieve (besides the top sieve that captures a range of larger elements) should look the same size. If this is not the case, re-stack the sieves and collector pan, cover the stack with the lid, and shake it again for at least 1 minute. (You only need to reassemble the sieve(s) that contain material which requires further sifting.)
7. Step 6: After disassembling the sieves and collector pan, slowly sweep the material from the collector pan into the empty container originally used to collect and weigh the entire sample. Take care to minimize escape of dust particles. You do not need to do anything with material captured in the sieves -- only the collector pan. Weigh the container with the material from the collector pan and record its weight.
8. Step 7: If the source is an unpaved road, multiply the resulting weight by 0.38. If the source is an unpaved parking lot, multiply the resulting weight by 0.55. The resulting number is the estimated silt loading. Then, divide by the total weight of the sample you recorded earlier in Step 2 and multiply by 100 to estimate the percent silt content.
9. Step 8: Select another two routinely-traveled portions of the unpaved road or unpaved parking lot and repeat this test method. Once you have calculated the silt loading and percent silt content of the three samples collected, average your results together.
10. Step 9: Examine Results. If the average silt loading is less than 0.33 oz/ft&sup2, the surface is STABLE. If the average silt loading is greater than or equal to 0.33 oz/ft&sup2, then proceed to examine the average percent silt content. If the source is an unpaved road and the average percent silt content is 6% or less, the surface is STABLE. If the source is an unpaved parking lot and the average percent silt content is 8% or less, the surface is STABLE. If your field test results are within 2% of the standard (for example, 4%-8% silt content on an unpaved road), it is recommended that you collect three additional samples from the source according to Step 1 and take them to an independent laboratory for silt content analysis.
11. Independent Laboratory Analysis: You may choose to collect 3 samples from the source, according to Step 1, and send them to an independent laboratory for silt content analysis rather than conduct the sieve field procedure. If so, the test method the laboratory is required to use comes from the from the following text: *Procedures For Laboratory Analysis Of Surface/Bulk Dust Loading*

Samples, (Fifth Edition, Volume I, Appendix C.2.3 "Silt Analysis", 1995), AP-42, Office of air Quality Planning & Standards, U.S. Environmental Protection Agency, Research Triangle Park, North Carolina.

Historical Note

Former Appendix 2 repealed, new Appendix 2 adopted effective October 2, 1979 (Supp. 79-5). Amended effective May 28, 1982 (Supp. 82-3). Amended effective December 1, 1988 (Supp. 88-4). Repealed effective November 15, 1993 (Supp. 93-4). New Appendix 2 adopted effective December 7, 1995 (Supp. 95-4). Amended effective May 9, 1996 (Supp. 96-2). Amended effective April 4, 1997; filed with the Office of the Secretary of State March 14, 1997 (Supp. 97-1). Amended effective December 4, 1997 (Supp. 97-4). Amended by final rulemaking at 5 A.A.R. 3221, effective August 12, 1999 (Supp. 99-3). Amended by final rulemaking at 6 A.A.R. 4170, effective October 11, 2000 (Supp. 00-4). Amended by final rulemaking at 8 A.A.R. 2543, effective May 24, 2002 (Supp. 02-2). Amended by final rulemaking at 10 A.A.R. 3281, effective September 27, 2004 (Supp. 04-3). Amended by final rulemaking at 11 A.A.R. 3305, effective October 3, 2005 (Supp. 05-3). Amended by final rulemaking at 13 A.A.R. 4199, effective January 5, 2008 (Supp. 07-4). Amended by exempt rulemaking pursuant to Laws 2011, Ch. 214, § 4, at 21 A.A.R. 1156, effective July 2, 2015 (Supp. 15-3). Amended by final expedited rulemaking at 21 A.A.R. 2747, effective December 13, 2015 (Supp. 15-4). Amended by final expedited rulemaking at 23 A.A.R. 1564, effective May 2, 2018 (Supp. 18-2). Missing subsection number in (M) added at Step 4, as (5), subsections following (M)(5) corrected (Supp. 21-4).

Appendix 3. Logging

1. Each log entry required by a change under R18-2-317.02(B) shall include at least the following information:
   a. A description of the change, including:
      i. A description of any process change.
      ii. A description of any equipment change, including both old and new equipment descriptions, model numbers and serial numbers, or any other unique equipment number.
      iii. A description of any process material change.
   b. The date and time that the change occurred.
   c. The provision of R18-2-317.02(B) that authorizes the change to be made with logging.
   d. The date the entry was made and the first and last name of the person making the entry.
2. Logs shall be kept for five years from the date created. Logging shall be performed in indelible ink in a bound log book with sequentially numbered pages, or in any other form, including electronic format, approved by the Director.

Historical Note

Appendix 3 adopted by final rulemaking at 5 A.A.R. 4074, effective September 22, 1999 (Supp. 99-3).

Appendix 4. Reserved

Appendix 5. Repealed

Historical Note

Appendix 5 repealed effective November 15, 1993 (Supp. 93-4).

Appendix 6. Repealed

Historical Note

Adopted effective August 7, 1975 (Supp. 75-1). Former Appendix 6 repealed, new Appendix 6 adopted effective July 7, 1978 (Supp. 78-4). Former Appendix 6 repealed effective May 14, 1979 (Supp. 79-1).

Appendix 7. Repealed

Historical Note

Adopted effective December 22, 1976 (Supp. 76-5). Former Appendix 7 repealed, new Appendix 7 adopted effective January 8, 1980 (Supp. 80-1). Editorial correction, Instructions for Schedule 2, paragraph (15) (Supp. 80-2). Repealed effective September 26, 1990 (Supp. 90-3).

A8 Appendix 8. Procedures for Utilizing the Sulfur Balance Method for Determining Sulfur Emissions

PROCEDURES FOR UTILIZING THE SULFUR BALANCE METHOD FOR DETERMINING SULFUR EMISSIONS

A8.1. Calculating Input Sulfur

Total sulfur input is the sum of the product of the weight of each sulfur bearing material introduced into the smelting process as calculated in A8.1.1. multiplied by the fraction of sulfur contained in that material as calculated in A8.1.2. plus the amount of sulfur contained in fuel utilized in the smelting process as calculated in A8.1.3.

A8.1.1. Material Weight

The owner or operator of a copper smelter shall weigh all sulfur-bearing materials, other than fuels, introduced into the smelting process. The weighing shall be subject to the following conditions:

A8.1.1.1. Weight shall be determined on a belt scale, rail or truck scales, or other weighing device.

A8.1.1.2. Weight shall be determined within an accuracy of ± 5%.

A8.1.1.3. All devices or scales used for weighing shall be calibrated to manufacturer's specifications at least once a month.

A8.1.1.4. Sulfur-bearing materials subject to being weighed include concentrate, cement copper, reverts that are discarded and not part of the internal circulating load and precipitates. Materials such as limestone and silica flux that are mixed with a charge of sulfur bearing materials shall be weighed and reported by the owner or operator.

A8.1.2. Sulfur Content

The owner or operator shall calculate the sulfur content of all sulfur-bearing materials introduced into the smelting process using the following steps or an alternative method approved according to A8.4.1.

A8.1.2.1. Sampling

The procedures followed by the owner or operator in sampling are dependent upon the input vehicles for the sulfur-bearing material.

A8.1.2.1.1. Beltfeed
The smelter owner or operator shall collect a five-pound sample each hour. The owner or operator shall combine hourly samples for a total daily sample.

A8.1.2.1.2. Railcar
The smelter owner or operator shall collect a 24-pound sample from each car by the auger method at a minimum of four locations. The owner or operator shall combine each car sample with all other car samples for a total lot sample.

A8.1.2.1.3. Truck
The owner or operator shall collect a 12-pound sample from each truck load. The owner or operator shall take samples at two locations during unloading. If more than one truck delivers a single lot, the samples from each truck shall be combined for a total lot sample.

A8.1.2.2. Sample Preparation
The owner or operator shall prepare each total sample for analysis in the following manner:

A8.1.2.2.1. The sample shall be crushed to minus 1/4 inch particles.

A8.1.2.2.2. 2000 gm of the sample shall be split out using a Jones Riffle Splitter or similar device.

A8.1.2.2.3. The 2000 gm sample shall be pulverized to minus 150 mesh.

A8.1.2.2.4. The pulverized mass shall be mixed using a rolling cloth.

A8.1.2.2.5. 500 gm shall be split out for sample analysis.

A8.1.2.3. Sample Analysis

A8.1.2.3.1. The owner or operator shall analyze the sample to determine sulfur content using the Barium Sulfate ($BaSO_4$) Gravimetric Method according to A8.4.3. The analysis shall be accurate to within ± 1%.

A8.1.2.3.2. For purposes of comparison, the owner or operator shall analyze the sample for copper content using the Potassium Iodide (KI) Titration Method according to A8.4.3. The analysis shall be accurate to within ± 1%.

A8.1.3. Fuel Sulfur Content
The owner or operator shall calculate sulfur in fuels by multiplying the amount of fuel that enters the process by the fraction of sulfur in the fuel, as reported to the smelter operator by the fuel's supplier. The sulfur content determination shall be accurate to within ± 5%.

A8.2. Calculating Removed Sulfur
Total removed sulfur is the sum of the removed sulfur in each of the following products as determined by each process set forth below, or by other processes approved according to A8.4.1.

A8.2.1. Furnace and Convertor Slags

A8.2.1.1. The owner or operator shall determine the weight of each slag using a scale with an accuracy within ± 5%.

A8.2.1.2. The owner or operator shall collect a five-pound sample from each slag pot during tapping operations.

A8.2.1.3. The owner or operator shall prepare the sample and determine the amount of sulfur and copper using the procedures specified in A8.1.2.2. and A8.1.2.3.

A8.2.2. Dust Collection Equipment Dusts

A8.2.2.1. After the owner or operator collects the dust and places it in a rail car or truck they shall weigh it using a scale with an accuracy within ± 5%.

A8.2.2.2. The owner or operator shall sample the dust and prepare and analyze a sample for sulfur and copper using the procedures specified in A8.1.2.1., A8.1.2.2., and A8.1.2.3.

A8.2.3. Strong Acids

A8.2.3.1. The owner or operator shall take an inventory of strong acids daily by means of a manometer or sight glass, and increase the inventory by the amounts of acid shipped or otherwise transferred during that day.

A8.2.3.2. The owner or operator shall ensure the daily inventory will be accurate to within ± 5%.

A8.2.3.3. The owner or operator shall take a sample of each batch of the inventoried acid and analyze the sample for sulfur, according to the procedures in A8.1.2.3.

A8.2.4. Weak Acids

A8.2.4.1. The owner or operator shall determine the amount of weak acid discharged from an acid plant and scrubber systems by a time volumetric method of measurement in gallons per minute and to an accuracy of within ±20%.

A8.2.4.2. The owner or operator shall analyze a 500 ml sample of the weak acid daily for sulfur content according to the procedures in A8.1.2.3.

A8.2.5. Sulfur in Copper Production

A8.2.5.1. The owner or operator shall determine the weight of copper produced by weight of copper cast to an accuracy of within ± 5%.

A8.2.5.2. The owner or operator shall record the weight and number of castings.

A8.2.5.3. The owner or operator shall obtain a sample of the copper, either by the grab sample method while casting, or by the use of at least three drill holes on a representative casting from each charge.

A8.2.5.4. The owner or operator shall obtain at least one sample from each charge.

A8.2.5.5. The owner or operator shall analyze each sample for sulfur content using the Barium Sulfate ($BaSO_4$) Gravimetric Method according to A8.4.3. The analysis shall be accurate to within ± 50%.

A8.2.6. Materials in Process

A8.2.6.1. The owner or operator shall determine the total tonnage of materials in process by physical inventory on the first or last day of each month.

A8.2.6.2. The owner or operator shall calculate a monthly change in in-process inventory for each material in process by taking the difference between the inventory from each material in process on the first or last day of the preceding month and multiplying that difference by the monthly composite sulfur assay for that material.

A8.2.6.3. The change in monthly in-process inventory shall be accurate to within ± 50%.

A8.3. Sulfur Dioxide Emissions Monitoring

A8.3.1. The sulfur dioxide emissions monitoring and recording system required under R18-2-715.01(K) through R18-2-715.01(N) shall meet the following specifications:

A8.3.1.1. The monitoring system shall be capable of continuously monitoring sulfur dioxide emissions with an accuracy of within ±20% and a confidence level of 95%.

A8.3.1.2. The owner or operator shall operate and calibrate the sulfur dioxide emission monitoring and recording equipment according to manufacturer's specifications for the equipment except that calibration shall be done at least once every 24 hours.

A8.3.2. The sulfur removal equipment bypass monitoring required under R18-2-715.01(Q) shall consist of a detector and recorder system capable of producing a permanent record of all periods that the bypass is in operation.

A8.4. General Provisions

A8.4.1. For purposes of this Appendix, an approved alternative method, process, or procedure, must be approved in writing by the Director and the U.S. Environmental Protection Agency.

A8.4.2. The processes and procedures specified in this Appendix shall be available for inspection, review and verification by the Department at all reasonable times.

A8.4.3. The barium sulfate gravimetric test method and potassium iodide titration test method provided in *Standard Methods of Chemical Analysis,* Volume One, *The Elements,* Sixth Edition, N. Howell Furman (ed.), D. Van Nostrand Company, Inc., Princeton, New Jersey, 1962, pages 410-411, 1006-1011, and 1342-1343 (and no future editions or amendments) is incorporated by reference and available at the Department.

Historical Note

Adopted effective December 22, 1976 (Supp. 76-5). Correction, Appendix 8, A8-2-1.1 (Supp. 77-2). Amended effective May 28, 1982 (Supp. 82-3). Amended effective November 15, 1993 (Supp. 93-4). Amended by final rulemaking at 11 A.A.R. 2216, effective July 18, 2005 (Supp. 05-2). Subsection levels updated for clarity. No other changes have been made to Appendix 8 (Supp. 21-4).

A9. Appendix 9. Monitoring Requirements

MONITORING REQUIREMENTS

A9.1. Unless otherwise approved by the Director or specified in applicable Sections, the requirements of this Appendix shall apply to all continuous monitoring systems required under applicable Sections.

A9.2. All continuous monitoring systems and monitoring devices shall be installed and operational prior to conducting performance tests under rule R18-2-312. Verification of operational status shall, as a minimum, consist of the following:

A9.2.1. For continuous monitoring systems referenced in A9.3.1. below, completion of the conditioning period specified by applicable requirements in the Arizona Testing Manual and 40 CFR 60.

A9.2.2. For continuous monitoring systems referenced in A9.3.2. below, completion of seven days of operation.

A9.2.3. For monitoring devices referenced in other applicable Sections, completions of the manufacturer's written requirements or recommendations for checking the operation or calibration of the device.

A9.3. During any performance tests required under rule R18-2-312 or within 30 days thereafter and at such other times as may be required by the Director, the owner or operator of any affected facility shall conduct continuous monitoring system performance evaluations and furnish the Director within 60 days thereof, 2, or upon request, more copies of a written report of the results of such tests. The continuous monitoring system performance evaluations shall be conducted in accordance with the following specifications and procedures:

A9.3.1. Continuous monitoring systems listed within this subsection, except as provided in A9.3.2. below shall be evaluated in accordance with the requirements and procedures contained in the applicable performance specification of the Arizona Testing Manual and 40 CFR 60.

A9.3.1.1. Continuous monitoring systems for measuring opacity of emissions shall comply with Performance Specification 1.

A9.3.1.2. Continuous monitoring systems for measuring nitrogen oxides emissions shall comply with Performance Specification 2.

A9.3.1.3. Continuous monitoring systems for measuring sulfur dioxide emissions shall comply with Performance Specification 2.

A9.3.1.4. Continuous monitoring systems for measuring the oxygen content or carbon dioxide content of effluent gases shall comply with Performance Specification 3.

A9.3.2. An owner or operator who, prior to September 11, 1974, entered into a binding contractual obligation to purchase specific continuous monitoring system components except as referenced by A9.3.2.3. below shall comply with the following requirements:

A9.3.2.1. Continuous monitoring systems for measuring opacity of emissions shall be capable of measuring emission levels within ± 20%. The Calibration Error Test and associated calculation procedures set forth in Performance Specification 1 of 40 CFR 60, Appendix B shall be used for demonstrating compliance with this specification.

A9.3.2.2. Continuous monitoring systems for measurement of nitrogen oxides or sulfur dioxide shall be capable of measuring emission levels within ± 20% with a confidence level of 95%. The Calibration Error Test, the Field Test for Accuracy (Relative), and associated operating and calculation procedures set forth in Performance Specification 2 of 40 CFR 60, Appendix B shall be used for demonstrating compliance with this specification.

A9.3.2.3. Owners or operators of all continuous monitoring systems installed on an affected facility prior to October 6, 1975, are not required to conduct tests under A9.3.2.1. and/or A9.3.2.2. above unless requested by the Director.

A9.3.3. All continuous monitoring systems referenced by A9.3.2. above shall be upgraded or replaced (if necessary) with new continuous monitoring systems, and such improved systems shall be demonstrated to comply with applicable performance specifications under A9.3.1. above by September 11, 1979.

A9.4. Owners or operators of all continuous monitoring systems installed in accordance with the provisions of these rules shall check the zero and span drift at least once daily in accordance with the method prescribed by the manufacturer of such systems unless the manufacturer recommends adjustments at shorter intervals, in which case such recommendations shall be followed. The zero and span shall, as a minimum, be adjusted whenever the 24-hour zero drift or 24-hour calibration drift limits of the applicable performance specifications in 40 CFR 60, Appendix B are exceeded. For continuous monitoring systems measuring opacity of emissions, the optical surfaces exposed to the effluent gases shall be cleaned prior to performing the zero or span drift adjustments except that for systems using automatic zero adjustments, the optical surfaces shall be cleaned when the cumulative automatic zero compensation exceeds 4% opacity. Unless otherwise approved by the Director, the following procedures, as applicable, shall be followed:

A9.4.1. For extractive continuous monitoring systems measuring gases, minimum procedures shall include introducing applicable zero and span gas mixtures into the measurement system as near the probe as practical. Span and zero gases certified by their manufacturer to be traceable to the National Bureau of Standards reference gases will be used whenever these reference gases are available. The span and zero gas mixtures shall be the same composition as specified in the 40 CFR 60, Appendix B. Every six months from date of manufacture, span and zero gases shall be re-analyzed by conducting triplicate analyses with Reference Methods 6 for SO_2, 7 for NO_x and 3 for O_2 and CO_2, respectively. The gases may be analyzed at less frequent intervals if longer shelf lives are guaranteed by the manufacturer.

A9.4.2. For nonextractive continuous monitoring systems measuring gases, minimum procedures shall include upscale check(s) using a certified calibration gas cell or test cell which is functionally equivalent to a known gas concentration. The zero check may be performed by computing the zero

value from upscale measurements or by mechanically producing a zero condition.

A9.4.3. For continuous monitoring systems measuring opacity of emissions, minimum procedures shall include a method for producing a simulated zero opacity condition and an upscale (span) opacity condition using a certified neutral density filter or other related technique to produce a known obscuration of the light beam. Such procedures shall provide a system check of the analyzer internal optical surfaces and all electronic circuitry including the lamp and photodetector assembly.

A9.5. Except for system breakdowns, repairs, calibration checks, and zero and span adjustments required under A9.4. above, all continuous monitoring systems shall be in continuous operation and shall meet minimum frequency of operation requirements as follows:

A9.5.1. All continuous monitoring systems referenced by A9.3.1. and A9.3.2. above for measuring opacity of emissions shall complete a minimum of one cycle of operation (sampling, analyzing, and data recording) for each successive 10-second period.

A9.5.2. All continuous monitoring systems referenced by A9.3.1. above for measuring oxides of nitrogen, sulfur dioxide, carbon dioxide, or oxygen shall complete a minimum of one cycle of operation (sampling, analyzing, and data recording) for each successive 15-minute period.

A9.5.3. All continuous monitoring systems referenced by A9.3.2. above, except opacity, shall complete a minimum of one cycle of operation (sampling, analyzing, and data recording) for each successive one-hour period.

A9.6. All continuous monitoring systems for monitoring devices shall be installed such that representative measurements of emissions or process parameters from the affected facility are obtained. Additional procedures for location of continuous monitoring systems contained in the applicable Performance Specifications of 40 CFR 60, Appendix B shall be used.

A9.7. When the effluents from a single affected facility or two or more affected facilities subject to the same emission standards are combined before being released to the atmosphere, the owner or operator may install applicable continuous monitoring systems on each effluent or on the combined effluent. When the affected facilities are not subject to the same emission standards, separate continuous monitoring systems shall be installed on each effluent. When the effluent from one affected facility is released to the atmosphere through more than one point, the owner or operator shall install applicable continuous monitoring systems on each separate effluent unless the installation of fewer systems is approved by the Director.

A9.8. Owners or operators of all continuous monitoring systems for measurement of opacity shall reduce all data to six-minute averages and for systems other than opacity to one-hour averages, respectively. Six minute opacity averages shall be calculated from 24 or more data points equally spaced over each six-minute period. For systems other than opacity, one-hour averages shall be computed from four or more data points equally spaced over each one-hour period. Data recorded during periods of system breakdowns, repairs, calibration checks, and zero and span adjustments shall not be included in the data averages computed under this subsection. An arithmetic or integrated average of all data may be used. The data output of all continuous monitoring systems may be recorded in reduced or nonreduced form (e.g. ppm pollutant and percent O_2 or lb/million Btu of pollutant). All excess emissions shall be converted into units of the standard using the applicable conversion procedures specified in subparts. After conversion into units of the standard, the data may be rounded to the same number of significant digits used in these rules to specify the applicable standard (e.g., rounded to the nearest 1% opacity).

A9.9. Upon written application by an owner or operator, the Director may approve alternatives to any monitoring procedures or requirements of these rules including, but not limited to the following:

A9.9.1. Alternative monitoring requirements when installation of a continuous monitoring system or monitoring device specified by these rules would not provide accurate measurements due to liquid water or other interferences caused by substances with the effluent gases.

A9.9.2. Alternative monitoring requirements when the affected facility is infrequently operated.

A9.9.3. Alternative monitoring requirements to accommodate continuous monitoring systems that require additional measurements to correct for stack moisture conditions.

A9.9.4. Alternative locations for installing continuous monitoring systems or monitoring devices when the owner or operator can demonstrate that installation at alternate locations will enable accurate and representative measurements.

A9.9.5. Alternative methods of converting pollutant concentration measurements to units of the standards.

A9.9.6. Alternative procedures for performing daily checks of zero and span drift that do not involve use of span gases or test cells.

A9.9.7. Alternatives to the ASTM test methods or sampling procedures specified by any subpart.

A9.9.8. Alternative continuous monitoring systems that do not meet the design or performance requirements in Performance Specification 1 in 40 CFR 60, Appendix B but adequately demonstrate a definite and consistent relationship between its measurements and the measurements of opacity by a system complying with the requirements in Performance Specification 1. The Director may require that such demonstration be performed for each affected facility.

A9.9.9. Alternative monitoring requirements when the effluent from a single affected facility or the combined effluent from two or more affected facilities are released to the atmosphere through more than one point.

Historical Note

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective September 26, 1990 (Supp. 90-3). Amended effective June 15, 1995 (Supp. 95-2). Subsection levels updated for clarity. No other changes have been made to Appendix 9 (Supp. 21-4).

Appendix 10. Repealed

Historical Note

Adopted effective May 14, 1979 (Supp. 79-1). Amended effective July 9, 1980 (Supp. 80-4). Amended effective

June 19, 1981 (Supp. 81-3). Repealed by final rulemaking at 15 A.A.R. 281, effective March 7, 2009 (Supp. 09-1).

Appendix 11. Repealed

Historical Note
Adopted effective May 14, 1979 (Supp. 79-1). Amended effective September 11, 1983 (Supp. 83-5). Repealed by final rulemaking at 15 A.A.R. 281, effective March 7, 2009 (Supp. 09-1).

Appendix 12. Expired

Historical Note
New Appendix 12 made by final rulemaking at 12 A.A.R. 1953, effective January 1, 2007 (Supp. 06-2). Appendix 12 expired under A.R.S. § 41-1056(J) at 23 A.A.R. 3427, effective October 10, 2017 (Supp. 17-4).

Appendix 13. Repealed

Historical Note
New Appendix 13 made by final rulemaking at 14 A.A.R. 2404, effective July 8, 2008 (Supp. 08-2). Appendix repealed by final rulemaking at 18 A.A.R. 250, effective January 10, 2012 (Supp. 12-1).

A14. Appendix 14. Procedures for Sulfur Dioxide and Lead Fugitive Emissions Studies for the Hayden Smelter

A14.1. Applicability
This Appendix applies to the owner or operator of the primary copper smelter located in Hayden, Arizona at latitude 33º0'15"N and longitude 110º46'31"W.

A14.2. Study Objectives
The owner or operator shall conduct fugitive emissions studies to derive a measurement or accurate estimate of total fugitive sulfur dioxide and lead emissions from the Hayden smelter during operations, including planned and unplanned start-up and shutdown periods and malfunctions, for the processes identified in A14.3 below. The studies shall include uncaptured fugitive sulfur dioxide emissions from the smelter processing units, but not emissions due solely to the use of fuel for space heating or steam generation, burners at anode casting, or slag pouring at the slag dump. The studies shall evaluate the extent to which correlations may exist between fugitive sulfur dioxide, lead, and particulate matter ($PM/PM_{10}/PM_{2.5}$) emissions, and shall develop such correlations as feasible.

The studies shall also be used to help validate that the operating conditions or ranges specified in the capture and control device maintenance and operations plans required in R18-2-B1301(D)(2) and R18-2-B1302(D)(2) are consistent with operating conditions demonstrating attainment of the 2008 Lead National Ambient Air Quality Standards (NAAQS) in the State Implementation Plan Revision: 2024 Hayden Lead (Pb) Nonattainment Area for 2008 Pb NAAQS and the Final State Implementation Plan Revision: 2023 Hayden Sulfur Dioxide Nonattainment Area for the 1971 and 2010 SO_2 NAAQS.

A14.3. Processes Evaluated
From the fugitive emissions studies, the owner or operator shall develop an emission factor or accurate estimate of fugitive emissions for sulfur dioxide and lead during operations, including planned and unplanned start-up and shutdown periods and malfunctions, produced by each of the following smelting processes:

i. Flash furnace building, including flash furnace and dryer operations
ii. Converter aisle, including converter and related operations
iii. Anode furnace aisle, including oxidizing, poling and related operations

A14.4. Averaging Periods
The emission estimate shall include the average pounds per hour emission factor for the fugitive lead and sulfur dioxide emissions from each step in the smelting process identified in A14.3. The estimate shall include all time periods, including planned and unplanned start-up and shutdown periods and malfunctions.

A14.5. Methods and Study Protocols

A14.5.1. Sulfur Dioxide Fugitive Emissions Studies
The fugitive emissions studies for Sulfur Dioxide shall be completed according to the updated Fugitive Emissions Study Protocol submitted to the EPA on January 20, 2017 and approved by the EPA on May 31, 2017. The owner or operator may submit modifications to the protocol six months prior to each study for EPA approval and Department comment. Upon EPA approval, the modified protocol shall take effect. Study protocols shall specify the method or methods used to meet the study objectives as described in A14.2, including during all recurring operating scenarios from all processes identified in A14.3.

Each fugitive emissions measurement system shall include validation of adequate velocity for flow measurements (i.e., the expected exhaust velocity is within the measurement range of the instrument), and have a sufficient number of flow and temperature sensors to ensure calculation of representative exhaust flows through each roof monitor vent. The number of such sensors and their locations for each monitoring system shall account for the physical configuration of the roof monitor vent, the locations of emitting activities relative to the roof monitor vent, and heat generated by the equipment served by the roof monitor vent.

The fugitive emissions studies shall include operation and process information to help understand the emission impacts of startup, shutdown, malfunctions, and significant changes in process operations. This shall include, for example, dates, times and duration of these events, cause of malfunctions, and descriptions of process changes.

After the completion of each fugitive emissions study, the owner or operator shall modify study methods based on data and lessons learned from previous studies, and submit such modified methods in the proceeding study protocols prior to conducting future emissions studies.

A14.5.2. Lead Fugitive Emissions Studies
The fugitive emissions studies for Lead shall be completed according to the updated Fugitive Emissions Study Protocol submitted to the EPA on January 20, 2017 and approved by the EPA on May 31, 2017. The owner or operator may submit modifications to the protocol six months prior to each study for EPA approval and Department comment. Upon EPA approval, the modified protocol shall take effect. Study protocols shall specify the method or methods used to meet the study objectives as described in A14.2, including during all recurring operating scenarios from all processes identified in A14.3.

Each fugitive emissions measurement system shall include validation of adequate velocity for flow measurements (i.e., the expected exhaust velocity is within the measurement range of the instrument), and have a sufficient number of flow and temperature sensors to ensure calculation of representative exhaust flows through each roof monitor vent. The number of such sensors and their locations for each monitoring system shall account for the physical configuration of the roof monitor vent, the locations of emitting activities relative to the roof monitor vent, and heat generated by the equipment served by the roof monitor vent.

The fugitive emissions studies shall include operation and process information to help understand the emission impacts of startup, shutdown, malfunctions, and significant changes in process operations. This shall include, for example, dates, times and duration of these events, cause of malfunctions, and descriptions of process changes.

After the completion of each fugitive emissions study, the owner or operator shall modify study methods based on data and lessons learned from previous studies, and submit such modified methods in the proceeding study protocols prior to conducting future emissions studies.

A14.6. Study Duration, Frequency, and Submission Schedule

A14.6.1. Sulfur Dioxide Fugitive Emissions Studies

The first fugitive emissions study must commence not later than six months after the completion of all project improvements authorized by Significant Permit Revision No. 96410. The second study commencement date shall occur within the same calendar quarter, but five years later from the date of commencement of the first study. The owner or operator shall submit the results of each fugitive emissions study in a report to the Department and EPA Region IX for review and approval not later than six months after completing a study. The data collection portion of the first and second fugitive emissions studies shall be conducted for a period of 12 months to assess the content and quantity of fugitive sulfur dioxide and lead emissions.

A14.6.2. Lead Fugitive Emissions Studies

The first fugitive emissions study must commence within six months after restart of the smelter following the 2019 shutdown or three months after EPA approval of a modified protocol, whichever is later. The second study commencement date shall occur within the same calendar quarter, but five years after the date of commencement of the first study. The owner or operator shall submit the results of each fugitive emissions study in a report to the Department and EPA Region IX for review and approval not later than six months after completing a study. The data collection portion of the first and second fugitive emissions studies shall be conducted for a period of 12 months to assess the content and quantity of fugitive lead emissions.

A14.7. Study Reports and Subsequent Studies

At minimum, fugitive emission study reports submitted pursuant to A14.6 must include:

i. Resultant emission factors used to determine fugitive emissions of sulfur dioxide and lead.
ii. Resultant average fugitive lead emissions for each process identified in A14.3.
iii. Resultant peak one-hour fugitive sulfur dioxide emissions for each process identified in A14.3.
iv. Seasonal differences, if any.
v. Comparisons of results from past studies, if any.
vi. Descriptions and identification of volumetric flow monitoring provisions in R18-2-B1301(D)(2)(a) and R18-2-B1302(D)(2)(a) and operational limits R18-2-B1301(D)(2)(b) and R18-2-B1302(D)(2)(b) that are associated with fugitive emissions.
vii. An analysis of whether the results from a study demonstrate that the volumetric flow monitoring provisions in R18-2-B1301(D)(2)(a) and R18-2-B1302(D)(2)(a) and the operational limits in R18-2-B1301(D)(2)(b) and R18-2-B1302(D)(2)(b) continuously ensure that actual fugitive sulfur dioxide and lead emissions are consistent with the modeled emission rates used in the attainment demonstrations in the State Implementation Plan Revision: 2024 Hayden Lead (Pb) Nonattainment Area for 2008 Pb NAAQS and the Final State Implementation Plan Revision: 2023 Hayden Sulfur Dioxide Nonattainment Area for the 1971 and 2010 SO_2 NAAQS. The analysis must also identify subsequent fugitive emissions studies, if any, needed to remedy inaccurate operational limits and volumetric flow monitoring provisions and to ensure attainment of the 2008 Lead NAAQS and 2010 Sulfur Dioxide NAAQS. The scope, duration, and frequency of any subsequent fugitive emissions studies must also be identified. This provision and the report's conclusion neither require nor prohibit future fugitive emission studies.
viii. An analysis of whether supplemental modeling is needed to evaluate whether the 2010 Sulfur Dioxide NAAQS and/or 2008 Lead NAAQS will be attained at the emissions rates determined by the study.
ix. A summary of methods as followed per approved study protocols.

A14.7.1. Lead Specific

For lead fugitive emissions, a study shall also:

i. Evaluate the effectiveness of MiniVol samplers in providing high quality, replicable data.
ii. Compare the MiniVol sampler data to estimates derived from lb/ton emission factors or other process parameters or surrogates.
iii. Evaluate the accuracy and cost effectiveness of various monitoring approaches.
iv. Recommend either a new lb/ton concentrate emission factor or a SIP revision to incorporate an improved monitoring methodology.

If the lead fugitive emissions study concludes that the lb/ton concentrate emission factor should be retained, permittee shall submit a justification for why an improved monitoring methodology (e.g., MiniVols) is not feasible and a justification for the selected lb/ton concentrate factor and how it may be revised to maintain accuracy and representativeness. If the study concludes that a new methodology should be proposed, the owner or operator shall submit a petition to the Department to revise the SIP within 90 days after submitting the report unless either EPA or the Department provides comments upon the report, in which case the deadline is 60 days after the receipt of the final comments but no earlier than 90 days after the report submittal.

A14.8. Revisions to Operations and Maintenance Plan

If an analysis conducted in accordance with A14.7(vi) demonstrates that fugitive emissions associated with volumetric flow monitoring provisions in R18-2-B1301(D)(2)(a) and R18-2-B1302(D)(2)(a) and operational limits in R18-2-B1301(D)(2)(b) and R18-2-B1302(D)(2)(b) may exceed the modeled emission rates used in the State Implementation Plan Revision: 2024 Hayden Lead (Pb) Nonattainment Area for 2008 Pb NAAQS or the Final State Implementation Plan Revision: 2023 Hayden Sulfur Dioxide Nonattainment Area for the 1971 and 2010 SO_2 NAAQS, and result in an increased likelihood of a NAAQS exceedance based on modeling required under A14.9, then the owner or operator shall submit to the Department for approval, not later than six months after completing a study, recommended changes to operational limits and volumetric flow monitoring provisions as an operations and maintenance plan revision pursuant to R18-2-B1301(D)(2)(e) and R18-2-B1302(D)(2)(e) that would achieve necessary fugitive emissions levels to demonstrate attainment of the NAAQS at the same level of assurance as in the attainment demonstrations. Until receiving approval of the plan revision, the owner or operator shall operate and maintain the volumetric flow monitoring provisions and the operational limits in accordance with the plan as initially submitted pursuant to R18-2-B1301(D)(2)(e) and R18-2-B1302(D)(2)(e). Additionally, the owner and operator shall submit new attainment demonstrations pursuant to A14.9, making appropriate demonstrations of attainment at adjusted fugitive emissions levels.

Similarly, if an analysis conducted in accordance with A14.7(vi) demonstrates that fugitive emissions associated with the volumetric flow monitoring provisions in R18-2-B1301(D)(2)(a) and R18-2-B1302(D)(2)(a) and operational limits in R18-2-B1301(D)(2)(b) and R18-2-B1302(D)(2)(b) may exceed the modeled emission rates used in the State Implementation Plan Revision: 2024 Hayden Lead (Pb) Nonattainment Area for 2008 Pb NAAQS or the Final State Implementation Plan Revision: 2023 Hayden Sulfur Dioxide Nonattainment Area for the 1971 and 2010 SO_2 NAAQS, and result in an increased likelihood of a NAAQS exceedance based on modeling required under A14.9, then the Department shall submit appropriate changes to the operational limits and volumetric flow monitoring provisions, and any revised attainment demonstration pursuant to A14.9, if applicable, to EPA Region IX as a SIP revision not later than 12 months after completion of a fugitive emissions study.

A14.9. Supplemental Modeling

If an analysis conducted in accordance with A14.7(vii) demonstrates that fugitive emissions associated with volumetric flow monitoring provisions in R18-2-B1301(D)(2)(a) and R18-2-B1302(D)(2)(a) and operational limits in R18-2-B1301(D)(2)(b) and R18-2-B1302(D)(2)(b) are greater than the modeled emission rates used in the State Implementation Plan Revision: 2024 Hayden Lead (Pb) Nonattainment Area for 2008 Pb NAAQS or the Final State Implementation Plan Revision: 2023 Hayden Sulfur Dioxide Nonattainment Area for the 1971 and 2010 SO_2 NAAQS, the owner or operator shall remodel to evaluate whether the 2010 Sulfur Dioxide NAAQS and/or 2008 Lead NAAQS will be attained as such higher rates. The owner or operator shall submit such modeling to the Department and EPA Region IX for review and approval not later than six months after completing a fugitive emissions study.

If the revised modeling demonstrates that the 2010 Sulfur Dioxide NAAQS and/or 2008 Lead NAAQS will be attained, the Department shall submit such modeling demonstration and revised fugitive emissions assumptions as a SIP revision to EPA Region IX not later than 12 months after completion of a fugitive emissions study. Alternatively, the owner or operator shall propose additional emission control requirements to revise the SIP, or any combination of revised control measures and modeled attainment, to demonstrate attainment of the 2010 Sulfur Dioxide NAAQS and/or 2008 Lead NAAQS.

Historical Note

A14, Appendix 14 made by final rulemaking at 23 A.A.R. 722, effective May 7, 2017 (Supp. 17-1). Because of a clerical error in Supp. 17-1, A14. Appendix 14 was inadvertently published at the end of Article 13. At the request of the Department it has been moved to the end of this Chapter (Supp. 17-3). Subsection levels updated for clarity. No other changes have been made to Appendix 14 (Supp. 21-4). Amended by final rulemaking at 32 A.A.R. 93 (January 2, 2026), effective February 7, 2026 (Supp. 25-4).

A15. Appendix 15. Test Methods for Determining Opacity and Stabilization of Unpaved Roads

A15.1. Applicability

This Appendix applies to unpaved roads at the primary copper smelter located in Hayden, Arizona at latitude 33º0'15"N and longitude 110º46'31"W.

A15.2. Opacity Test Method

The purpose of this test method is to estimate the percent opacity of fugitive dust plumes caused by vehicle movement on unpaved roads. This method can only be conducted by an individual who has received certification as a qualified observer. Qualification and testing requirements can be found in Section A15.4 of this Appendix.

A15.2.1. Step 1

Stand at least 16.5 feet from the fugitive dust source in order to provide a clear view of the emissions with the sun oriented in the 140º sector to the back. Following the above requirements, make opacity observations so that the line of vision is approximately perpendicular to the dust plume and wind direction. If multiple plumes are involved, do not include more than one plume in the line of sight at one time.

A15.2.2. Step 2

Record the fugitive dust source location, source type, method of control used, if any, observer's name, certification data and affiliation, and a sketch of the observer's position relative to the fugitive dust source. Also record the time, estimated distance to the fugitive dust source location, approximate wind direction, estimated wind speed, description of the sky condition (presence and color of clouds), observer's position to the fugitive dust source, and color of the plume and type of background on the visible emission observation from both when opacity readings are initiated and completed.

A15.2.3. Step 3

Make opacity observations, to the extent possible, using a contrasting background that is perpendicular to the line of vision. Make opacity observations approximately 1 meter above the surface from which the plume is generated. Note that the observation is to be made at only one visual point upon generation of a plume, as opposed to visually tracking the entire length of a dust plume as it is created along a surface. Make two observations per vehicle, beginning with the first reading at zero seconds and the second reading at five seconds. The zero-second observation should begin immediately after a plume has been created above the surface involved. Do not look continuously at the plume but, instead, observe the plume briefly at zero seconds and then again at five seconds.

A15.2.4. Step 4

Record the opacity observations to the nearest 5% on an observational record sheet. Each momentary observation recorded represents the average opacity of emissions for a 5-second period. While it is not required by the test method, EPA recommends that the observer estimate the size of vehicles which generate dust plumes for which readings are taken (e.g. midsize passenger car or heavy-duty truck) and the approximate speeds the vehicles are traveling when readings are taken.

A15.2.5. Step 5

Repeat Step 3 (Section A15.2.3 of this Appendix) and Step 4 (Section A15.2.4 of this Appendix) until you have recorded a total of 12 consecutive opacity readings. This will occur once six vehicles have driven on the source in your line of observation for which you are able to take proper readings. The 12 consecutive readings must be taken within the same period of observation but must not exceed 1 hour. Observations immediately preceding and following interrupted observations can be considered consecutive.

A15.2.6. Step 6

Average the 12 opacity readings together. If the average opacity reading equals 20% or lower, the source is in compliance.

A15.3. Silt Content Test Method

The purpose of this test method is to estimate the silt content of the trafficked parts of unpaved roads. The higher the silt content, the more fine dust particles that are released when cars and trucks drive on unpaved roads.

A15.3.1. Equipment

A15.3.1.1. A set of sieves with the following openings: 4 millimeters (mm), 2 mm, 1 mm, 0.5 mm and 0.25 mm (or a set of standard/commonly available sieves), a lid, and collector pan.

A15.3.1.2. A small whisk broom or paintbrush with stiff bristles and dustpan 1 ft. in width. (The broom/brush should preferably have one, thin row of bristles no longer than 1.5 inches in length).

A15.3.1.3. A spatula without holes.

A15.3.1.4. A small scale with half-ounce increments (e.g., postal/package scale).

A15.3.1.5. A shallow, lightweight container (e.g., plastic storage container).

A15.3.1.6. A sturdy cardboard box or other rigid object with a level surface.

A15.3.1.7. A basic calculator.

A15.3.1.8. Cloth gloves (optional for handling metal sieves on hot, sunny days).

A15.3.1.9. Sealable plastic bags (if sending samples to a laboratory).

A15.3.1.10. A pencil/pen and paper.

A15.3.2. Step 1

Look for a routinely traveled surface, as evidenced by tire tracks. (Only collect samples from surfaces that are not damp due to precipitation or dew. This statement is not meant to be a standard in itself for dampness where watering is being used as a control measure. It is only intended to ensure that surface testing is done in a representative manner.) Use caution when taking samples to ensure personal safety with respect to passing vehicles. Gently press the edge of a dustpan (1 foot in width) into the surface four times to mark an area that is 1 square foot. Collect a sample of loose surface material using a whiskbroom or brush and slowly sweep the material into the dustpan, minimizing escape of dust particles. Use a spatula to lift heavier elements such as gravel. Only collect dirt/gravel to an approximate depth of 3/8 inch or 1 cm in the 1 square foot area. If you reach a hard, underlying subsurface that is < 3/8 inch in depth, do not continue collecting the sample by digging into the hard surface. In other words, you are only collecting a surface sample of loose material down to 1 cm. In order to confirm that samples are collected to 1 cm in depth, a wooden dowel or other similar narrow object at least 1 foot in length can be laid horizontally across the survey area while a metric ruler is held perpendicular to the dowel.

At this point, you can choose to place the sample collected into a plastic bag or container and take it to an independent laboratory for silt content analysis. A reference to the procedure the laboratory is required to follow is at the end of this section.

A15.3.3. Step 2

Place a scale on a level surface. Place a lightweight container on the scale. Zero the scale with the weight of the empty container on it. Transfer the entire sample collected in the dustpan to the container, minimizing escape of dust particles. Weigh the sample and record its weight.

A15.3.4. Step 3

Stack a set of sieves in order according to the size openings specified above, beginning with the largest size opening (4 mm) at the top. Place a collector pan underneath the bottom (0.25 mm) sieve.

A15.3.5. Step 4

Carefully pour the sample into the sieve stack, minimizing escape of dust particles by slowly brushing material into the stack with a whiskbroom or brush. (On windy days, use the trunk or door of a car as a wind barricade.) Cover the stack with a lid. Lift up the sieve stack and shake it vigorously up, down and sideways for at least 1 minute.

A15.3.6. Step 5
Remove the lid from the stack and disassemble each sieve separately, beginning with the top sieve. As you remove each sieve, examine it to make sure that all of the material has been sifted to the finest sieve through which it can pass (e.g., material in each sieve [besides the top sieve that captures a range of larger elements] should look the same size). If this is not the case, re-stack the sieves and collector pan, cover the stack with the lid, and shake it again for at least 1 minute. (You only need to reassemble the sieve(s) that contain material, which requires further sifting.)

A15.3.7. Step 6
After disassembling the sieves and collector pan, slowly sweep the material from the collector pan into the empty container originally used to collect and weigh the entire sample. Take care to minimize escape of dust particles. You do not need to do anything with material captured in the sieves; only the collector pan. Weigh the container with the material from the collector pan and record its weight.

A15.3.8. Step 7
If the source is an unpaved road, multiply the resulting weight by 0.38. The resulting number is the estimated silt loading. Then, divide by the total weight of the sample you recorded earlier in Step 2 (Section A15.3.3 of this Appendix) and multiply by 100 to estimate the percent silt content.

A15.3.9. Step 8
Select another two routinely traveled portions of the unpaved road and repeat this test method. Once you have calculated the silt loading and percent silt content of the three samples collected, average your results together.

A15.3.10. Step 9
Examine results. If the average silt loading is less than 0.33 oz/ft^2, the surface is STABLE. If the average silt loading is greater than or equal to 0.33 oz/ft^2, then proceed to examine the average percent silt content. If the source is an unpaved road and the average percent silt content is 6% or less, the surface is STABLE. If your field test results are within 2% of the standard (for example, 4%–8% silt content on an unpaved road), it is recommended that you collect three additional samples from the source according to Step 1 (Section A15.3.2 of this Appendix) and take them to an independent laboratory for silt content analysis.

A15.3.11. Independent Laboratory Analysis
You may choose to collect 3 samples from the source, according to Step 1 (Section A15.3.2 of this Appendix), and send them to an independent laboratory for silt content analysis rather than conduct the sieve field procedure. If so, the test method the laboratory is required to use is: U.S. Environmental Protection Agency (1995), "Procedures for Laboratory Analysis of Surface/Bulk Dust Loading Samples", (AP-42 Fifth Edition, Volume I, Appendix C.2.3 "Silt Analysis"), Office of Air Quality Planning and Standards, Research Triangle Park, North Carolina.

A15.4. Qualification and Testing

A15.4.1. Certification Requirements
To receive certification as a qualified observer, a candidate must be tested and demonstrate the ability to assign opacity readings in 5% increments to 25 different black plumes and 25 different white plumes, with an error not to exceed 15% opacity on any one reading and an average error not to exceed 7.5% opacity in each category. Candidates shall be tested according to the procedures described in Section A15.4.2 of this Appendix. Any smoke generator used pursuant to Section A15.4.2 of this Appendix shall be equipped with a smoke meter which meets the requirements of Section A15.4.3 of this Appendix. Certification tests that do not meet the requirements of Sections A15.4.2 and A15.4.3 of this Appendix are not valid. The certification shall be valid for a period of six months, and after each six-month period the qualification procedures must be repeated by an observer in order to retain certification.

A15.4.2. Certification Procedure
The certification test consists of showing the candidate a complete run of 50 plumes, 25 black plumes and 25 white plumes, generated by a smoke generator. Plumes shall be presented in random order within each set of 25 black and 25 white plumes. The candidate assigns an opacity value to each plume and records the observation on a suitable form. At the completion of each run of 50 readings, the score of the candidate is determined. If a candidate fails to qualify, the complete run of 50 readings must be repeated in any retest. The smoke test may be administered as part of a smoke school or training program, and may be preceded by training or familiarization runs of the smoke generator, during which candidates are shown black and white plumes of known opacity.

A15.4.3. Smoke Generator Specifications
Any smoke generator used for the purpose of Section A15.4.2 of this Appendix shall be equipped with a smoke meter installed to measure opacity across the diameter of the smoke generator stack. The smoke meter output shall display in-stack opacity, based upon a path length equal to the stack exit diameter on a full 0% to 100% chart recorder scale. The smoke meter optical design and performance shall meet the specifications shown in Table 1 of this Appendix. The smoke meter shall be calibrated as prescribed in Section A15.4.3.1 of this Appendix prior to conducting each smoke reading test. At the completion of each test, the zero and span drift shall be checked, and if the drift exceeds plus or minus 1% opacity, the condition shall be corrected prior to conducting any subsequent test runs. The smoke meter shall be demonstrated, at the time of installation, to meet the specifications listed in Table 1 of this Appendix. This demonstration shall be repeated following any subsequent repair or replacement of the photocell or associated electronic circuitry, including the chart recorder or output meter, or every six months, whichever occurs first.

A15.4.3.1. Calibration

The smoke meter is calibrated after allowing a minimum of 30 minutes warm-up by alternately producing simulated opacity of 0% and 100%. When stable response at 0% or 100% is noted, the smoke meter is adjusted to produce an output of 0% or 100%, as appropriate. This calibration shall be repeated until stable 0% and 100% readings are produced without adjustment. Simulated 0% and 100% opacity values may be produced by alternately switching the power to the light source on and off while the smoke generator is not producing smoke.

A15.4.3.2. Smoke Meter Evaluation

The smoke meter design and performance are to be evaluated as follows:

A15.4.3.2.1. Light Source

Verify, from manufacturer's data and from voltage measurements made at the lamp, as installed, that the lamp is operated within plus or minus 5% of the nominal rated voltage.

A15.4.3.2.2. Spectral Response of Photocell

Verify from manufacturer's data that the photocell has a photopic response (i.e., the spectral sensitivity of the cell shall closely approximate the standard spectral-luminosity curve for photopic vision which is referenced in (b) of Table 1 of this Appendix).

A15.4.3.2.3. Angle of View

Check construction geometry to ensure that the total angle of view of the smoke plume, as seen by the photocell, does not exceed 15º. Calculate the total angle of view (φv) as follows:

Total Angle of View = $2 \tan^{-1}$ (d/2L)

where:

d = The photocell diameter + the diameter of the limiting aperture; and

L = The distance from the photocell to the limiting aperture. The limiting aperture is the point in the path between the photocell and the smoke plume where the angle of view is most restricted. In smoke generator smoke meters, this is normally an orifice plate.

A15.4.3.2.4. Angle of Projection

Check construction geometry to ensure that the total angle of projection of the lamp on the smoke plume does not exceed 15º. Calculate the total angle of projection (φp) as follows:

Total Angle of Projection = $2 \tan^{-1}$ (d/2L)

where:

d = The sum of the length of the lamp filament + the diameter of the limiting aperture; and

L = The distance from the lamp to the limiting aperture.

A15.4.3.2.5. Calibration Error

Using neutral-density filters of known opacity, check the error between the actual response and the theoretical linear response of the smoke meter. This check is accomplished by first calibrating the smoke meter, according to Section A15.4.3.1 of this Appendix, and then inserting a series of three neutral-density filters of nominal opacity of 20%, 50%, and 75% in the smoke meter path length. Use filters calibrated within plus or minus 2%. Care should be taken when inserting the filters to prevent stray light from affecting the meter. Make a total of five nonconsecutive readings for each filter. The maximum opacity error on any one reading shall be plus or minus 3%.

A15.4.3.2.6. Zero and Span Drift

Determine the zero and span drift by calibrating and operating the smoke generator in a normal manner over a 1-hour period. The drift is measured by checking the zero and span at the end of this period.

A15.4.3.2.7. Response Time

Determine the response time by producing the series of five simulated 0% and 100% opacity values and observing the time required to reach stable response. Opacity values of 0% and 100% may be simulated by alternately switching the power to the light source off and on while the smoke generator is not operating.

Historical Note

A15, Appendix 15, made by final rulemaking at 23 A.A.R. 767, effective May 7, 2017 (Supp. 17-1). Because of a clerical error in Supp. 17-1, A15. Appendix 15 was inadvertently published at the end of Article 13. At the request of the Department it has been moved to the end of this Chapter (Supp. 17-3). Subsection levels updated for clarity. No other changes have been made to Appendix 15 (Supp. 21-4).

Table 1. Smoke Meter Design and Performance Specifications

Parameter	Specification
a. Light source	Incandescent lamp operated at nominal rated voltage
b. Spectral response of photocell	Photopic (daylight spectral response of the human eye)
c. Angle of view	15º maximum total angle

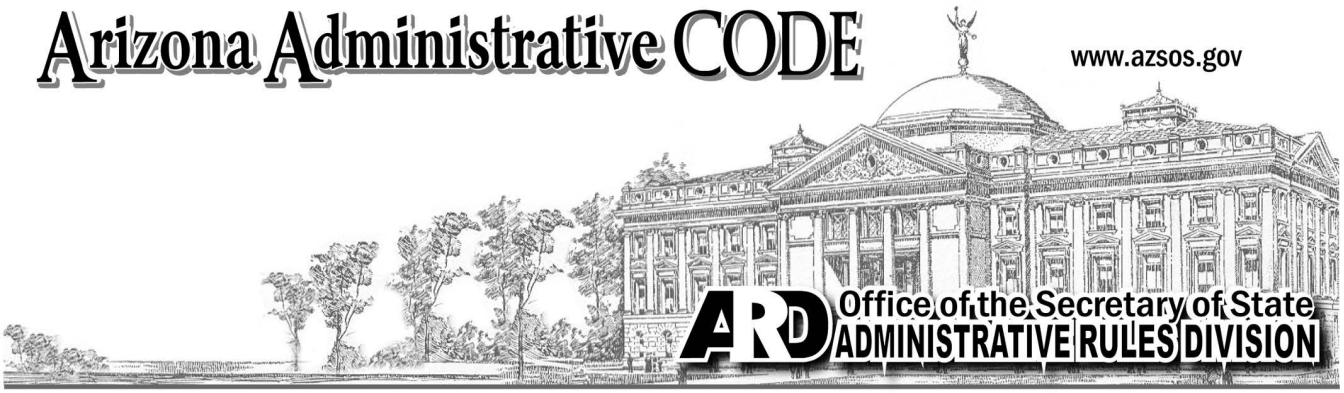
Table 1. Smoke Meter Design and Performance Specifications (Continued)

Parameter	Specification
d. Angle of projection	15º maximum total angle
e. Calibration error	Plus or minus 3% opacity; maximum
f. Zero and span drift	Plus or minus 1% opacity, 30 minutes
g. Response time	Less than or equal to 5 seconds

Historical Note

Table 1 made by final rulemaking at 23 A.A.R. 767, effective May 7, 2017 (Supp. 17-1). Table 1 separated from Appendix 15. No other changes have been made to Table 1 (Supp. 21-4).

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ARIZONA ADMINISTRATIVE CODE
TITLE 18. ENVIRONMENTAL QUALITY
CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS
18 A.A.C. 11

Supplement Information
Supp. 26-3

Rules filed between July 1, 2026 through September 30, 2026 are codified in this Chapter.

For questions, contact:

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The release of this Chapter in Supp. 26-3 replaces Supp. 26-1, 1-100 pages. Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained and archived for future reference.

Preface

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

Rules

The definition for a rule is provided for under A.R.S. § 41-1001. "'*Rule' means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.*"

The *Arizona Administrative Code*

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then a Section number with a heading. The "R" at the beginning of the Section number stands for "rule." The rule itself includes sequential letters and numbers in an outline. Each lettered or numbered Section is called a subsection of the rule.

Rules are codified quarterly in the *Code*. For example:

Rules codified in the first quarter are filed between January 1 through March 31.

Rules codified in the second quarter are filed between April 1 through June 30.

Rules codified in the third quarter are filed between July 1 through September 30.

Rules codified in the fourth quarter are filed between October 1 through December 31.

Supplement release dates are included in the footers of each Chapter. The first supplement for the first quarter of 2026 is cited as Supp. 26-1. Supplements are released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

How to Use the *Code*

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Rule History

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Arizona Administrative Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

Arizona Revised Statutes References

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature's website, www.azleg.gov. An agency's authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

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Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.

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TITLE 18. ENVIRONMENTAL QUALITY

CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS

Authority: A.R.S. §§49-202(A), 49-203(A)(1)

Supp. 26-3

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Article 1, consisting of Section R18-11-103, reserved effective April 24, 1996 (Supp. 96-2).

Article 1, consisting of Sections R18-11-105 and R18-11-106, and Appendices A and B, adopted April 24, 1996 (Supp. 96-2).

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Article 1, consisting of Sections R18-11-101 through R18-11-121 and Appendices A through C, adopted effective February 18, 1992 (Supp. 92-1).

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Article 3, consisting of Sections R18-11-301 through R18-11-304 repealed effective February 18, 1992 (Supp. 92-1).

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ARTICLE 1. WATER QUALITY STANDARDS FOR SURFACE WATERS

R18-11-101. Definitions

The following terms apply to this Article:

1. "Acute toxicity" means toxicity involving a stimulus severe enough to induce a rapid response. In aquatic toxicity tests, an effect observed in 96 hours or less is considered acute.
2. "Agricultural irrigation (AgI)" means the use of a surface water for crop irrigation.
3. "Agricultural livestock watering (AgL)" means the use of a surface water as a water supply for consumption by livestock.
4. "Annual mean" is the arithmetic mean of monthly values determined over a consecutive 12-month period, provided that monthly values are determined for at least three months. A monthly value is the arithmetic mean of all values determined in a calendar month.
5. "Aquatic and wildlife (cold water) (A&Wc)" means the use of a surface water by animals, plants, or other cold-water organisms, generally occurring at an elevation greater than 5000 feet, for habitation, growth, or propagation.
6. "Aquatic and wildlife (effluent-dependent water) (A&Wedw)" means the use of an effluent-dependent water by animals, plants, or other organisms for habitation, growth, or propagation.
7. "Aquatic and wildlife (ephemeral) (A&We)" means the use of an ephemeral water by animals, plants, or other organisms, excluding fish, for habitation, growth, or propagation.
8. "Aquatic and wildlife (warm water) (A&Ww)" means the use of a surface water by animals, plants, or other warm-water organisms, generally occurring at an elevation less than 5000 feet, for habitation, growth, or propagation.
9. "Arizona Pollutant Discharge Elimination System (AZPDES)" means the point source discharge permitting program established under A.R.S. § 49-255, et seq., and 18 A.A.C. 9, Article 9.
10. "Assimilative capacity" means the difference between the baseline water quality concentration for a pollutant and the most stringent applicable water quality criterion for that pollutant.
11. "Clean Water Act" means the Federal Water Pollution Control Act [33 U.S.C. 1251 to 1387].
12. "Complete Mixing" means the location at which concentration of a pollutant across a transect of a surface water differs by less than five percent.
13. "Criteria" means elements of water quality standards that are expressed as pollutant concentrations, levels, or narrative statements representing a water quality that supports a designated use.
14. "Critical flow conditions of the discharge" means the hydrologically based discharge flow averages that the director uses to calculate and implement applicable water quality criteria to a mixing zone's receiving water as follows:
    a. For acute aquatic water quality standard criteria, the discharge flow critical condition is represented by the maximum one-day average flow analyzed over a reasonably representative timeframe.
    b. For chronic aquatic water quality standard criteria, the discharge flow critical flow condition is represented by the maximum monthly average flow analyzed over a reasonably representative timeframe.
    c. For human health based water quality standard criteria, the discharge flow critical condition is the longterm arithmetic mean flow, averaged over several years so as to simulate long-term exposure.
15. "Critical flow conditions of the receiving water" means the hydrologically based receiving water low flow averages that the director uses to calculate and implement applicable water quality criteria:
    a. For acute aquatic water quality standard criteria, the receiving water critical condition is represented as the lowest one-day average flow event expected to occur once every ten years, on average (1Q10).
    b. For chronic aquatic water quality standard criteria, the receiving water critical flow condition is represented as the lowest seven-consecutive-day average flow expected to occur once every 10 years, on average (7Q10), or
    c. For human health based water quality standard criteria, in order to simulate long-term exposure, the receiving water critical flow condition is the harmonic mean flow.
16. "Deep lake" means a lake or reservoir with an average depth of more than 6 meters.
17. "Designated use" means a use specified in Appendix B of this Article for a surface water.
18. "Domestic water source (DWS)" means the use of a surface water as a source of potable water. Treatment of a surface water may be necessary to yield a finished water suitable for human consumption.
19. "Effluent-dependent water (EDW)" means a surface water or portion of a surface water, that consists of a point source discharge without which the surface water would be ephemeral. An effluent-dependent water may be perennial or intermittent depending on the volume and frequency of the point source discharge of treated wastewater.
20. "Ephemeral water" means a surface water or portion of surface water that flows or pools only in direct response to precipitation.
21. "Existing use" means a use attained in the waterbody on or after November 28, 1975, whether or not it is included in the water quality standards.
22. "Fish consumption (FC)" means the use of a surface water by humans for harvesting aquatic organisms for consumption. Harvestable aquatic organisms include, but are not limited to, fish, clams, turtles, crayfish, and frogs.
23. "Full-body contact (FBC)" means the use of a surface water for swimming or other recreational activity that causes the human body to come into direct contact with the water to the point of complete submergence. The use is such that ingestion of the water is likely and sensitive body organs, such as the eyes, ears, or nose, may be exposed to direct contact with the water.
24. "Geometric mean" means the nth root of the product of n items or values. The geometric mean is calculated using the following formula:

$$GM_Y = \sqrt[n]{(Y_1)(Y_2)(Y_3)\ldots(Y_n)}$$

25. "Hardness" means the sum of the calcium and magnesium concentrations, expressed as calcium carbonate (CaCO3) in milligrams per liter.

26. "Igneous lake" means a lake located in volcanic, basaltic, or granite geology and soils.
27. "Intermittent water" means a surface water or portion of surface water that flows continuously during certain times of the year and more than in direct response to precipitation, such as when it receives water from a spring, elevated groundwater table or another surface source, such as melting snowpack.
28. "Mixing zone" means an area or volume of a surface water that is contiguous to a point source discharge where dilution of the discharge takes place.
29. "Oil" means petroleum in any form, including crude oil, gasoline, fuel oil, diesel oil, lubricating oil, or sludge.
30. "Outstanding Arizona water (OAW)" means a surface water that is classified as an outstanding state resource water by the Director under R18-11-112.
31. "Partial-body contact (PBC)" means the recreational use of a surface water that may cause the human body to come into direct contact with the water, but normally not to the point of complete submergence (for example, wading or boating). The use is such that ingestion of the water is not likely and sensitive body organs, such as the eyes, ears, or nose, will not normally be exposed to direct contact with the water.
32. "Perennial water" means a surface water or portion of surface water that flows continuously throughout the year.
33. "Pollutant" means fluids, contaminants, toxic wastes, toxic pollutants, dredged spoil, solid waste, substances and chemicals, pesticides, herbicides, fertilizers and other agricultural chemicals, incinerator residue, sewage, garbage, sewage sludge, munitions, petroleum products, chemical wastes, biological materials, radioactive materials, heat, wrecked or discarded equipment, rock, sand, cellar dirt, and mining, industrial, municipal, and agricultural wastes or any other liquid, solid, gaseous, or hazardous substance A.R.S § 49-201(35).
34. "Pollutant Minimization Program" means a structured set of activities to improve processes and pollutant controls that will prevent and reduce pollutant loadings.
35. "Practical quantitation limit" means the lowest level of quantitative measurement that can be reliably achieved during a routine laboratory operation.
36. "Reference condition" means a set of abiotic physical stream habitat, water quality, and site selection criteria established by the Director that describe the typical characteristics of stream sites in a region that are least disturbed by environmental stressors. Reference biological assemblages of macroinvertebrates and algae are collected from these reference condition streams for calculating the Arizona Indexes of Biological Integrity thresholds.
37. "Regional Administrator" means the Regional Administrator of Region IX of the U.S. Environmental Protection Agency.
38. "Regulated discharge" means a point-source discharge regulated under an AZPDES permit, a discharge regulated by a § 404 permit, and any discharge authorized by a federal permit or license that is subject to state water quality certification under § 401 of the Clean Water Act.
39. "Riffle habitat" means a stream segment where moderate water velocity and substrate roughness produce moderately turbulent conditions that break the surface tension of the water and may produce breaking wavelets that turn the surface water into white water.
40. "Run habitat" means a stream segment where there is moderate water velocity that does not break the surface tension of the water and does not produce breaking wavelets that turn the surface water into white water.
41. "Sedimentary lake" means a lake or reservoir in sedimentary or karst geology and soils.
42. "Shallow lake" means a lake or reservoir, excluding an urban lake, with a smaller, flatter morphology and an average depth of less than 3 meters and a maximum depth of less than 4 meters.
43. Significant degradation" means:
    a. The consumption of 20 percent or more of the available assimilative capacity for a pollutant of concern at critical flow conditions, or
    b. Any consumption of assimilative capacity beyond the cumulative cap of 50 percent of assimilative capacity.
44. "Surface water" means "WOTUS" as defined in A.R.S. § 49-201(53).
45. "Total nitrogen" means the sum of the concentrations of ammonia (NH3), ammonium ion (NH4+), nitrite (NO2), and nitrate (NO3), and dissolved and particulate organic nitrogen expressed as elemental nitrogen.
46. "Total phosphorus" means all of the phosphorus present in a sample, regardless of form, as measured by a persulfate digestion procedure.
47. "Toxic" means a pollutant or combination of pollutants, that after discharge and upon exposure, ingestion, inhalation, or assimilation into an organism, either directly from the environment or indirectly by ingestion through food chains, may cause death, disease, behavioral abnormalities, cancer, genetic mutations, physiological malfunctions (including malfunctions in reproduction), or physical deformations in the organism or its offspring.
48. "Urban lake" means a manmade lake within an urban landscape.
49. "Use attainability analysis" means a structured scientific assessment of the factors affecting the attainment of a designated use including physical, chemical, biological, and economic factors.
50. "Variance" means a time-limited designated use and criterion for a specific pollutant or pollutants or water quality parameter or parameters that reflect the highest attainable condition during the term of the variance.
51. "Wadable" means a surface water can be safely crossed on foot and sampled without a boat.
52. "Wastewater" does not mean:
    a. Stormwater,
    b. Discharges authorized under a De Minimis General Permit, or
    c. Other allowable non-stormwater discharges permitted under a Construction General Permit or Multisector General Permit, or Stormwater discharges from a municipal separate storm sewer system (MS4) containing incidental amounts of non-stormwater that the MS4 is not required to prohibit.
53. "Wetland" means an area that is inundated or saturated by surface or groundwater at a frequency and duration sufficient to support, and that under normal circumstances does support, a prevalence of vegetation typically adapted for life in saturated soil conditions. A wetland

includes a swamp, marsh, bog, cienega, tinaja, and similar areas.

54. "Zone of initial dilution" means a small area in the immediate vicinity of an outfall structure in which turbulence is high and causes rapid mixing with the surrounding water.

Historical Note

Former Section R9-21-101 repealed, new Section R9-21-101 adopted effective January 29, 1980 (Supp. 80-1). Amended effective April 17, 1984 (Supp. 84-2). Amended effective January 7, 1985 (Supp. 85-1). Amended by adding subsection (C) effective August 12, 1986 (Supp. 86-4). Former Section R9-21-101 renumbered without change as Section R18-11-101 (Supp. 87-3). Former Section R18-11-101 repealed, new Section R18-11-101 adopted effective February 18, 1992 (Supp. 92-1). Amended effective April 24, 1996 (Supp. 96-2). Deleted first definition to R18-11-101(32) "Navigable Water", previously printed in error (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3). Amended by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4). Amended by final expedited rulemaking at 31 A.A.R. 1008 (March 28, 2025), with an immediate effective date of March 7, 2025 (Supp. 25-1).

R18-11-102. Applicability

A. The water quality standards prescribed in this Article apply to surface waters.

B. The water quality standards prescribed in this Article do not apply to the following:

1. A waste treatment system, including an impoundment, pond, lagoon, or constructed wetland that is a part of the waste treatment system;
2. A man-made surface impoundment and any associated ditch and conveyance used in the extraction, beneficiation, or processing of metallic ores that is not a surface water or is located in an area that once was a surface water but is no longer a surface water because it has been and remains legally converted, including:
   a. A pit,
   b. Pregnant leach solution pond,
   c. Raffinate pond,
   d. Tailing impoundment,
   e. Decant pond,
   f. Pond or a sump in a mine pit associated with dewatering activity,
   g. Pond holding water that has come into contact with a process or product and that is being held for recycling,
   h. Spill or upset catchment pond, or
   i. A pond used for onsite remediation;
3. A man-made cooling pond that is neither created in a surface water nor results from the impoundment of a surface water; or
4. A surface water located on tribal lands.

Historical Note

Adopted effective February 18, 1992 (Supp. 92-1). Amended effective April 24, 1996 (Supp. 96-2). Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4).

R18-11-103. Repealed

Historical Note

Adopted effective February 18, 1992 (Supp. 92-1). Repealed effective April 24, 1996 (Supp. 96-2).

R18-11-104. Designated Uses

A. The Director shall adopt or remove a designated use or subcategory of a designated use by rule.

B. Designated uses of a surface water may include full-body contact, partial-body contact, domestic water source, fish consumption, aquatic and wildlife (cold water), aquatic and wildlife (warm water), aquatic and wildlife (ephemeral), aquatic and wildlife (effluent-dependent water), agricultural irrigation, and agricultural livestock watering. The designated uses for specific surface waters are listed in Appendix B of this Article.

C. Numeric water quality criteria to maintain and protect water quality for the designated uses are prescribed in Appendix A, R18-11-109, R18-11-110, and R18-11-112. Narrative water quality standards to protect all surface waters are prescribed in R18-11-108.

D. If a surface water has more than one designated use listed in Appendix B, the most stringent water quality criterion applies.

E. The Director shall revise the designated uses of a surface water if water quality improvements result in a level of water quality that permits a use that is not currently listed as a designated use in Appendix B.

F. In designating uses of a surface water and in establishing water quality criteria to protect the designated uses, the Director shall take into consideration the applicable water quality standards for downstream surface waters and shall ensure that the water quality standards that are established for an upstream surface water also provide for the attainment and maintenance of the water quality standards of downstream surface waters.

G. A use attainability analysis shall be conducted prior to removal of a designated use or adoption of a subcategory of a designated use that requires less stringent water quality criteria.

H. The Director may remove a designated use or adopt a subcategory of a designated use that requires less stringent water quality criteria, provided the designated use is not an existing use and it is demonstrated through a use attainability analysis that attaining the designated use is not feasible for any of the following reasons:

1. A naturally-occurring pollutant concentration prevents the attainment of the use;
2. A natural, ephemeral, intermittent, or low-flow condition or water level prevents the attainment of the use;
3. A human-caused condition or source of pollution prevents the attainment of the use and cannot be remedied or would cause more environmental damage to correct than to leave in place;
4. A dam, diversion, or other type of hydrologic modification precludes the attainment of the use, and it is not feasible to restore the surface water to its original condition or to operate the modification in a way that would result in attainment of the use;
5. A physical condition related to the natural features of the surface water, such as the lack of a proper substrate, cover, flow, depth, pools, riffles, and the like, unrelated to water quality, precludes attainment of an aquatic life designated use; or

6. Controls more stringent than those required by § 301 (b) and § 306 of the Clean Water Act [33 U.S.C. § 1311 and § 1316] are necessary to attain the use and implementation of the controls would result in substantial and widespread economic and social impact.

Historical Note

Adopted effective February 18, 1992 (Supp. 92-1). Amended effective April 24, 1996 (Supp. 96-2). Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1).

R18-11-105. Tributaries; Designated Uses

The following water quality standards apply to a surface water that is not listed in Appendix B but that is a tributary to a listed surface water.

1. The aquatic and wildlife (ephemeral) and partial-body contact standards apply to an unlisted tributary that is an ephemeral water.
2. The aquatic and wildlife (cold water), full-body contact, and fish consumption standards apply to an unlisted tributary that is a perennial or intermittent surface water and is above 5000 feet in elevation.
3. The aquatic and wildlife (warm water), full-body contact, and fish consumption standards apply to an unlisted tributary that is a perennial or intermittent surface water and is below 5000 feet in elevation.

Historical Note

Adopted effective April 24, 1996 (Supp. 96-2). Section heading amended per instructions of the Department of Environmental Quality, August 9, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1).

R18-11-106. Net Ecological Benefit

A. The Director may, by rule, modify a water quality standard on the ground that there is a net ecological benefit associated with the discharge of effluent to support or create a riparian and aquatic habitat in an area where water resources are limited. The Director may modify a water quality standard for a pollutant if it is demonstrated that:

1. The discharge of effluent creates or supports an ecologically valuable aquatic, wetland, or riparian ecosystem in an area where these resources are limited;
2. The ecological benefits associated with the discharge of effluent under a modified water quality standard exceed the environmental costs associated with the elimination of the discharge of effluent;
3. The cost of treatment to achieve compliance with a water quality standard is so high that it is more cost effective to eliminate the discharge of effluent to the surface water. The discharger shall demonstrate that it is feasible to eliminate the discharge of effluent that creates or supports the ecologically valuable aquatic, wetland, or riparian ecosystem;
4. The discharge of effluent to the surface water will not cause or contribute to a violation of a water quality standard that has been established for a downstream surface water;
5. All practicable point source discharge control programs, including local pretreatment, waste minimization, and source reduction programs are implemented; and
6. The discharge of effluent does not produce or contribute to the concentration of a pollutant in the tissues of aquatic organisms or wildlife that is likely to be harmful to humans or wildlife through food chain concentration.

B. The Director shall not modify a water quality criterion for a pollutant to be less stringent than a technology-based effluent limitation that applies to the discharge of that effluent. The discharge of effluent shall, at a minimum, comply with applicable technology-based effluent limitations.

Historical Note

Adopted effective April 24, 1996 (Supp. 96-2). Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

R18-11-107. Antidegradation

A. The Director shall, using R18-11-107.01 and this Section, determine whether there is degradation of water quality in a surface water on a pollutant-by-pollutant basis.

B. Tier 1: The level of water quality necessary to support an existing use shall be maintained and protected. No degradation of existing water quality is permitted in a surface water where the existing water quality does not meet the applicable water quality standards.

C. Tier 2: Where existing water quality in a surface water is better than the applicable water quality standard the existing water quality shall be maintained and protected. The Director may allow degradation of existing water quality in the surface water, if the Director makes all of the following findings:

1. The water quality necessary for existing uses is fully protected and water quality is not lowered to a level that does not comply with applicable water quality standards,
2. The highest statutory and regulatory requirements for new and existing point sources are achieved,
3. All cost-effective and reasonable best management practices for nonpoint source pollution control are implemented, and
4. Allowing lower water quality is necessary to accommodate important economic or social development in the area where the surface water is located.

D. Tier 3: Existing water quality shall be maintained and protected in a surface water that is classified as an OAW under R18-11-112. Degradation of an OAW under subsection (C) is prohibited.

E. The Director shall implement this Section in a manner consistent with § 316 of the Clean Water Act [33 U.S.C. 1326] if a potential water quality impairment associated with a thermal discharge is involved.

Historical Note

Adopted effective February 18, 1992 (Supp. 92-1). Amended effective April 24, 1996 (Supp. 96-2). Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4).

R18-11-107.01. Antidegradation Criteria

A. Tier 1 antidegradation protection.

1. Tier 1 antidegradation protection applies to the following surface waters:
   a. A surface water listed on the 303(d) list for the pollutant that resulted in the listing,
   b. An effluent dependent water,
   c. An ephemeral water,
   d. An intermittent water, and
   e. A canal listed in Appendix B.

2. A regulated discharge shall not cause a violation of a surface water quality standard or a wasteload allocation in a total maximum daily load approved by EPA.
3. Except as provided in subsections (E) and (F), Tier 1 antidegradation review requirements are satisfied for a point-source discharge regulated under an individual AZPDES permit to an ephemeral water, effluent dependent water, intermittent water, or a canal listed in Appendix B, if water quality-based effluent limitations designed to achieve compliance with applicable surface water quality standards are established in the permit and technology-based requirements of the Clean Water Act for the point source discharge are met.

B. Tier 2 antidegradation protection.
1. Tier 2 antidegradation protection applies to a perennial water with existing water quality that is better than applicable water quality standards. A perennial water that is not listed in subsection (A)(1) nor classified as an OAW under A.A.C. R18-9-112(G) has Tier 2 antidegradation protection for all pollutants of concern.
2. A regulated discharge that meets the following criteria, at critical flow conditions, does not cause significant degradation:
   a. The regulated discharge consumes less than 20 percent of the available assimilative capacity for each pollutant of concern, and
   b. At least 50 percent of the assimilative capacity for each pollutant of concern remains available in the surface water for each pollutant of concern.
3. Antidegradation review. Any person proposing a new or expanded regulated discharge under an individual AZPDES permit that may cause significant degradation shall provide ADEQ with the following information:
   a. Baseline characterization. A person seeking authorization to discharge under an individual AZPDES permit to a perennial water shall provide baseline water quality data on pollutants of concern where no data exists or there are insufficient data to characterize baseline water quality and to determine available assimilative capacity. A discharger shall characterize baseline water quality at a location upstream of the proposed discharge location;
   b. Alternative analysis.
      i. The person seeking authorization for the discharge shall prepare and submit a written analysis of alternatives to the discharge. The analysis shall provide information on all reasonable, cost-effective, less-degrading or non-degrading discharge alternatives. Alternatives may include wastewater treatment process changes or upgrades, pollution prevention measures, source reduction, water reclamation, alternative discharge locations, groundwater recharge, land application or treatment, local pretreatment programs, improved operation and maintenance of existing systems, seasonal or controlled discharge to avoid critical flow conditions, and zero discharge;
      ii. The alternatives analysis shall include cost information on base pollution control measures associated with the regulated discharge and cost information for each alternative;
      iii. The person shall implement the alternative that is cost-effective and reasonable, results in the least degradation, and is approved by the Director. An alternative is cost-effective and reasonable if treatment costs associated with the alternative are less than a 10 percent increase above the cost of base pollution control measures;
      iv. For purposes of this subsection, "base pollution control measures" are water pollution control measures required to meet technology-based requirements of the Clean Water Act and water quality-based effluent limits designed to achieve compliance with applicable water quality standards; and
   c. Social and economic justification. The person shall demonstrate to the Director that significant degradation is necessary to accommodate important economic or social development in the local area. The person seeking authorization for the discharge shall prepare a written social and economic justification that includes a description of the following:
      i. The geographic area where significant degradation of existing water quality will occur;
      ii. The current baseline social and economic conditions in the local area;
      iii. The net positive social and economic effects of development associated with the regulated discharge and allowing significant degradation;
      iv. The negative social, environmental, and economic effects of allowing significant degradation of existing water quality; and
      v. Alternatives to the regulated discharge that do not significantly degrade water quality yet may yield comparable social and economic benefits.
4. For purposes of this Section, the term "pollutant of concern" means a pollutant with either a numeric or narrative water quality standard.
5. Public participation. The Director shall provide public notice and an opportunity to comment on an antidegradation review under subsection (B)(3) and shall provide an opportunity for a public hearing under A.A.C. R18-9-A908(B).

C. Tier 3 antidegradation protection.
1. Tier 3 antidegradation protection applies only to an OAW listed in R18-11-112(G).
2. A new or expanded point-source discharge directly to an OAW is prohibited.
3. A person seeking authorization for a regulated discharge to a tributary to, or upstream of, an OAW shall demonstrate in a permit application or in other documentation submitted to ADEQ that the regulated discharge will not degrade existing water quality in the downstream OAW.
4. A discharge regulated under a § 404 permit that may affect existing water quality of an OAW requires a determination by the Director to ensure that existing water quality is maintained and protected and any water quality impacts are temporary. Temporary water quality impacts are those impacts that occur for a period of six months or less and are not regularly occurring. The form of such a determination shall be as follows:
   a. For Corps-issued § 404 permits, an individual § 401 water quality certification.
   b. For Director-issued § 404 permits, a § 404 permit action, wherein the Director shall conduct a water quality evaluation as a part of the state's require-

ments for issuing § 404 permits and in accordance with this Section.

D. Antidegradation review of a § 404 permit shall be conducted as follows:
1. For a Corps-issued § 404 permit. The Director shall conduct the antidegradation review of any discharge authorized under a nationwide or regional § 404 permit as part of the § 401 water quality certification prior to issuance of the nationwide or regional permit. The Director shall conduct the antidegradation review of an individual § 404 permit if the discharge may degrade existing water quality in an OAW or a water listed on the 303(d) List of impaired waters. For regulated discharges that may degrade water quality in an OAW or a water that is on the 303(d) List of impaired waters, the Director shall conduct the antidegradation review as part of the § 401 water quality certification process.
2. For a Director-issued § 404 permit. The Director shall conduct the antidegradation review of any discharge authorized under a general § 404 permit as a part of its determination whether to issue a general permit in accordance with state requirements for issuing a § 404 general permit and with this Section. The Director shall conduct the antidegradation review of an individual § 404 permit as part of the § 404 permit action in accordance with state requirements for issuing a § 404 permit and in accordance with this Section.

E. Antidegradation review of an AZPDES stormwater permit. An individual stormwater permit for a municipal separate storm sewer system (MS4) meets antidegradation requirements if the permittee complies with the permit, including developing a stormwater management plan containing controls that reduce the level of pollutants in stormwater discharges to the maximum extent practicable.

F. Antidegradation review of a general permit. The Director shall conduct the antidegradation review of a regulated discharge authorized by a general permit at the time the general permit is issued or renewed. A person seeking authorization to discharge under a general permit is not required to undergo an individual antidegradation review at the time the Notice of Intent is submitted unless the discharge may degrade existing water quality in an OAW or a water listed on the 303(d) List of impaired waters.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

R18-11-108. Narrative Water Quality Standards

A. A surface water shall not contain pollutants in amounts or combinations that:
1. Settle to form bottom deposits that inhibit or prohibit the habitation, growth, or propagation of aquatic life;
2. Cause objectionable odor in the area in which the surface water is located;
3. Cause off-taste or odor in drinking water;
4. Cause off-flavor in aquatic organisms;
5. Are toxic to humans, animals, plants, or other organisms;
6. Cause the growth of algae or aquatic plants that inhibit or prohibit the habitation, growth, or propagation of other aquatic life or that impair recreational uses;
7. Cause or contribute to a violation of an aquifer water quality standard prescribed in R18-11-405 or R18-11-406; or
8. Change the color of the surface water from natural background levels of color.

B. A surface water shall not contain oil, grease, or any other pollutant that floats as debris, foam, or scum; or that causes a film or iridescent appearance on the surface of the water; or that causes a deposit on a shoreline, bank, or aquatic vegetation. The discharge of lubricating oil or gasoline associated with the normal operation of a recreational watercraft is not a violation of this narrative standard.

C. A surface water shall not contain a discharge of suspended solids in quantities or concentrations that interfere with the treatment processes at the nearest downstream potable water treatment plant or substantially increase the cost of handling solids produced at the nearest downstream potable water treatment plant.

D. A surface water shall not contain solid waste such as refuse, rubbish, demolition or construction debris, trash, garbage, motor vehicles, appliances, or tires.

E. A wadeable, perennial stream shall support and maintain a community of organisms having a taxa richness, species composition, tolerance, and functional organization comparable to that of a stream with reference conditions in Arizona.

Historical Note

Adopted effective February 18, 1992 (Supp. 92-1). Amended effective April 24, 1996 (Supp. 96-2). Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4).

R18-11-108.01. Narrative Biological Criteria for Wadeable, Perennial Streams

A. The narrative biological criteria in this Section apply to a wadeable, perennial stream with either an aquatic and wildlife (cold water) or an aquatic and wildlife (warm water) designated use.

B. The biological standard in R18-11-108(E) is met when a bioassessment result, as measured by the Arizona Index of Biological Integrity (IBI), for cold or warm water is:
1. Greater than or equal to the 25th percentile of reference condition, or
2. Greater than the 10th percentile of reference condition and less than the 25th percentile of reference condition and a verification bioassessment result is greater than or equal to the 25th percentile of reference condition.

C. Arizona Index of Biological Integrity (IBI) scores:

	Index of Biological Integrity Scores	
Bioassessment Result	A&Wc	A&Ww
Greater than or equal to the 25th percentile of reference condition	≥52	≥50
Greater than the 10th and less than the 25th percentile of reference condition	46 - 51	40 - 49

Historical Note

New Section made by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4).

R18-11-108.02. Narrative Bottom Deposit Criteria for Wadeable, Perennial Streams

A. The narrative bottom deposit criteria in this Section apply to wadeable, perennial streams with an aquatic and wildlife (cold water) or an aquatic and wildlife (warm water) designated use.
B. The narrative water quality standard for bottom deposits at R18-11-108(A)(1) is met when:
1. The percentage of fine sediments in the riffle habitats of a wadeable, perennial stream with an A&Wc designated use, as determined by a riffle pebble count, is less than or equal to 30 percent.
2. The percentage of fine sediments in all stream habitats of a wadeable, perennial stream with an A&Ww designated use, as determined by a reach level pebble count, is equal to or less than 50 percent.

Historical Note
New Section made by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4).

R18-11-108.03. Narrative Nutrient Criteria for Lakes and Reservoirs
A. The narrative nutrient criteria in this Section apply to those lakes and reservoirs categorized in Appendix B.
B. The narrative water quality standard for nutrients at R18-11-108(A)(6) is met when, based on a minimum of two lake sample events conducted during the peak season based on lake productivity, the results show an average chlorophyll-*a* value below the applicable threshold for designated use and lake and reservoir category in subsection (D).
1. The mean chlorophyll-*a* concentration is less than the lower value in the target range chlorophyll-*a* for the lake and reservoir category, or
2. The mean chlorophyll-*a* concentration is within the target range for the lake and reservoir category and:
   a. The mean blue green algae count is at or below 20,000 per milliliter, and
   b. The blue green algae count is less than 50 percent of the total algae count, and
   c. There is no evidence of nutrient-related impairments such as:
      i. An exceedance of dissolved oxygen or pH standards;
      ii. A fish kill coincident with a dissolved oxygen or pH exceedance;
      iii. A fish kill or other aquatic organism mortality coincident with algal toxicity;
      iv. Secchi depth is less than the lower value prescribed for the lake and reservoir category;
      v. A nuisance algal bloom is present in the limnetic portion of the lake or reservoir; or
      vi. The concentration of total phosphorous, total nitrogen, or total Kjehldal nitrogen (TKN) is greater than the upper value in the range prescribed for the lake and reservoir category; or
3. For a shallow lake. In addition to meeting the mean chlorophyll-*a* concentrations in subsections (B)(1) or (2), submerged aquatic vegetation covers 50 percent or less of the lake bottom and there is less than a 5 mg/L swing in diel-dissolved oxygen concentration measured within the photic zone.

C. The following threshold ranges apply during the peak season for lake productivity:
1. Warm water lakes peak season, April – October;
2. Cold water lakes peak season, May – September.

D. The following table lists the numeric targets for lakes and reservoirs.

NUMERIC TARGETS FOR LAKES AND RESERVOIRS

Designated Use	Lake Category	Chl-*a* (µg/L)	Secchi Depth (m)	Total Phosphorus (µg/L)	Total Nitrogen (mg/L)	Total Kjehldal Nitrogen (TKN) (mg/L)	Blue-Green Algae (per ml)	Blue-Green Algae (% of total count)	Dissolved Oxygen (mg/L)	pH (SU)
FBC and PBC	Deep	10-15	1.5-2.5	70-90	1.2-1.4	1.0-1.1	20,000			6.5-9.0
	Shallow	10-15	1.5-2.0	70-90	1.2-1.4	1.0-1.1				
	Igneous	20-30	0.5-1.0	100-125	1.5-1.7	1.2-1.4				
	Sedimentary	20-30	1.5-2.0	100-125	1.5-1.7	1.2-1.4				
	Urban	20-30	0.5-1.0	100-125	1.5-1.7	1.2-1.4				
A&Wc	All	5-15	1.5-2.0	50-90	1.0-1.4	0.7-1.1		<50	7 (top m)	6.5-9.0
A&Ww	All (except urban lakes)	25-40	0.8-1.0	115-140	1.6-1.8	1.3-1.6			6 (top m)	
	Urban	30-50	0.7-1.0	125-160	1.7-1.9	1.4-1.7				
A&Wedw	All	30-50	0.7-1.0	125-160	1.7-1.9	1.4-1.7				6.5-9.0
DWS	All	10-20	0.5-1.5	70-100	1.2-1.5	1.0-1.2	20,000			5.0-9.0

Historical Note
New Section made by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4).

R18-11-109. Numeric Water Quality Standards
A. *E. coli* bacteria. The following water quality standards for *Escherichia coli* (*E. coli*) are expressed in colony forming units per 100 milliliters of water (cfu / 100 ml) or as a Most Probable Number (MPN):

E. coli	**FBC**	**PBC**
Geometric mean (minimum of four samples in 30 days)	126	126
Statistical threshold value	410	576

B. pH. The following water quality standards for pH are expressed in standard units:

pH	**DWS**	**FBC, PBC, A&W [1]**	**AgI**	**AgL**
Maximum	9.0	9.0	9.0	9.0
Minimum	5.0	6.5	4.5	6.5

Footnotes:
1. "1" Includes A&Wc, A&Ww, A&Wedw, and A&We.

C. The maximum allowable increase in ambient water temperature, due to a thermal discharge is as follows:

A&Ww	A&Wedw	A&Wc
3.0° C	3.0° C	1.0° C

D. Suspended sediment concentration.

1. The following water quality standards for suspended sediment concentration, expressed in milligrams per liter (mg/L), are expressed as a median value determined from a minimum of four samples collected at least seven days apart:

A&Wc	A&Ww
25	80

2. The Director shall not use the results of a suspended sediment concentration sample collected during or within 48 hours after a local storm event to determine the median value.

E. Dissolved oxygen. A surface water meets the water quality standard for dissolved oxygen when either:

1. The percent saturation of dissolved oxygen is equal to or greater than 90 percent, or
2. The single sample minimum concentration for the designated use, as expressed in milligrams per liter (mg/L) is as follows:

Designated Use	Single sample minimum concentration in mg/L
A&Ww	6.0
A&Wc	7.0
A&W edw for a sample taken from three hours after sunrise to sunset	3.0
A&W edw for a sample taken from sunset to three hours after sunrise	1.0

The single sample minimum concentration is the same for the designated use in a lake, but the sample must be taken from a depth no greater than one meter.

F. Nutrient criteria. The following are water quality standards for total phosphorus and total nitrogen (expressed in milligrams per liter (mg/L)) that apply to the surface waters listed below. A minimum of 10 samples, each taken at least 10 days apart in a consecutive 12-month period, are required to determine a 90th percentile. Not more than 10 percent of the samples may exceed the 90th percentile value listed below. The Director will apply these water quality standards for total phosphorus and total nitrogen to the surface waters listed below, and to their perennial tributaries, if listed. The Director may also apply these total phosphorus and total nitrogen standards to any source discharging to any tributary (ephemeral, intermittent, effluent dependent water, or perennial) of the surface waters listed below, if necessary to protect nutrient water quality in the listed surface water, based on the volume, frequency, magnitude and duration of the discharge, and distance to the downstream surface water listed below:

1. Verde River and its perennial tributaries from the Verde headwaters to Bartlett Lake:

Surface Water	Annual Mean	90th Percentile	Single Sample Maximum
Total phosphorus	0.10	0.30	1.00
Total nitrogen	1.00	1.50	3.00

2. Black River, Tonto Creek and their perennial tributaries for any segments that are not located on tribal lands:

Surface Water	Annual Mean	90th Percentile	Single Sample Maximum
Total phosphorus	0.10	0.20	0.80
Total nitrogen	0.50	1.00	2.00

3. Salt River and its perennial tributaries above Roosevelt Lake for any segments that are not located on tribal lands:

Surface Water	Annual Mean	90th Percentile	Single Sample Maximum
Total phosphorus	0.12	0.30	1.00
Total nitrogen	0.60	1.20	2.00

4. Salt River below Stewart Mountain Dam to its confluence with the Verde River:

Surface Water	Annual Mean	90th Percentile	Single Sample Maximum
Total phosphorus	0.05	–	0.20
Total nitrogen	0.60	–	3.00

5. Little Colorado River and its perennial tributaries upstream from:
   a. The headwaters to River Reservoir,
   b. South Fork of Little Colorado River at 34°00’49”/109°24’18” to above South Fork Campground at 34°04’49”/109°24’18”, and
   c. The headwaters of Water Canyon Creek to the Apache-Sitgreaves National Forest boundary:

Surface Water	Annual Mean	90th Percentile	Single Sample Maximum
Total phosphorus	0.08	0.10	0.75
Total nitrogen	0.60	0.75	1.10

6. From the Little Colorado River and State Route 260 at 34°06’39”/109°18’55” to Lyman Lake:

Surface Water	Annual Mean	90th Percentile	Single Sample Maximum
Total phosphorus	0.20	0.30	0.75
Total nitrogen	0.70	1.20	1.50

7. Colorado River at the Northern International Boundary near Morelos Dam:

Surface Water	Annual Mean	90th Percentile	Single Sample Maximum
Total phosphorus	–	0.33	–
Total nitrogen	–	2.50	–

8. Oak Creek from its headwaters at 35°01'30"/111°44'12" to its confluence with the Verde River and the West Fork of Oak Creek from its headwaters at 35°02'44"/111°54'48" to its confluence with Oak Creek.

Surface Water	Annual Mean	90th Percentile	Single Sample Maximum
Total phosphorus	0.1	0.25	0.30
Total nitrogen	1.00	1.50	2.50

9. No discharge of wastewater to Show Low Creek or its perennial tributaries upstream of and including Fools Hollow Lake shall exceed 0.16 mg/L total phosphates as P.
10. No discharge of wastewater to the San Francisco River or its perennial tributaries upstream of Luna Lake Dam shall exceed 1.0 mg/L total phosphates as P.

Historical Note

Adopted effective February 18, 1992 (Supp. 92-1). Amended effective April 24, 1996 (Supp. 96-2). Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp.

08-4). Amended by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

R18-11-110. Salinity Standards for the Colorado River

A. The flow-weighted average annual salinity in the lower main stem of the Colorado River shall not exceed the following criteria:

Location	Total Dissolved Solids
Below Hoover Dam	723 mg/L
Below Parker Dam	747 mg/L
At Imperial Dam	879 mg/L

B. The plan of implementation contained in the "2014 Review, Water Quality Standards for Salinity, Colorado River System," approved October 2014, is incorporated by reference to preserve the basin-wide approach to salinity control developed by the Colorado River Basin Salinity Control Forum and to ensure compliance with the numeric criteria for salinity in subsection (A). This material does not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 West Washington Street, Phoenix, Arizona 85007 or may be obtained from the Colorado River Basin Salinity Control Forum, 106 West 500 South, Suite 101, Bountiful, Utah 84010-6232 or at http://www.coloradoriversalinity.org/.

Historical Note

Adopted effective February 18, 1992 (Supp. 92-1). Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Amended by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

R18-11-111. Analytical Methods

A. A person conducting an analysis of a sample taken to determine compliance with a water quality standard shall use an analytical method prescribed in A.A.C. R9-14-610, 40 CFR 136.3, or an alternative analytical method approved under A.A.C. R9-14-610(C).

B. A test result from a sample taken to determine compliance with a water quality standard is valid only if the sample is analyzed by a laboratory that is licensed by the Arizona Department of Health Services, an out-of-state laboratory licensed under A.R.S. § 36-495.14, or a laboratory exempted under A.R.S. § 36-495.02, for the analysis performed.

Historical Note

Adopted effective February 18, 1992 (Supp. 92-1). Amended effective April 24, 1996 (Supp. 96-2). Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4).

R18-11-112. Outstanding Arizona Waters

A. The Director shall classify a surface water as an outstanding Arizona water (OAW) by rule.

B. The Director may adopt, under R18-11-115, a site-specific standard to maintain and protect existing water quality in an OAW.

C. Any person may nominate a surface water for classification as an OAW by filing a nomination with the Director. The nomination shall include:

1. A map and a description of the surface water;
2. A written statement in support of the nomination, including specific reference to the applicable criteria for an OAW classification prescribed in subsection (D);
3. Supporting evidence demonstrating that the criteria prescribed in subsection (D) are met; and
4. Available water quality data relevant to establishing the baseline water quality of the proposed OAW.

D. The Director may classify a surface water as an OAW based upon the following criteria:

1. The surface water is a perennial or intermittent water;
2. The surface water is in a free-flowing condition. For purposes of this subsection, "in a free-flowing condition" means that a surface water does not have an impoundment, diversion, channelization, rip-rapping or other bank armor, or another hydrological modification within the reach nominated for an OAW classification;
3. The surface water has good water quality. For purposes of this subsection, "good water quality" means that the surface water has water quality that meets or is better than applicable surface water quality standards. A surface water that is listed as impaired under R18-11-604(E) is ineligible for OAW classification; and
4. The surface water meets one or both of the following conditions:
   a. The surface water is of exceptional recreational or ecological significance because of its unique attributes, such as the geology, flora and fauna, water quality, aesthetic value, or the wilderness characteristic of the surface water;
   b. An endangered or threatened species is associated with the surface water and the existing water quality is essential to the species' maintenance and propagation or the surface water provides critical habitat for the threatened or endangered species. An endangered or threatened species is identified in "Endangered and Threatened Wildlife," 50 CFR 17.11 (revised 2005), and "Endangered and Threatened Plants," 50 CFR 17.12 (revised 2005). This material is incorporated by reference and does not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 West Washington Street, Phoenix, Arizona 85007 or may be obtained from the National Archives and Records Administration at http://www.access.gpo.gov/nara/cfr/cfr-table-search.html#page1.

E. The Director shall hold at least one public meeting in the local area of a surface water that is nominated for classification as an OAW to solicit public comment on the nomination.

F. The Director shall consider the following factors when deciding whether to classify a surface water as an OAW:

1. Whether there is the ability to manage the surface water and its watershed to maintain and protect existing water quality;
2. The social and economic impact of Tier 3 antidegradation protection;
3. The public comments in support of, or in opposition to, an OAW classification;
4. The timing of the nomination relative to the triennial review of surface water quality standards;
5. The consistency of an OAW classification with applicable water quality management plans; and

6. Whether the nominated surface water is located within a national or state park, national monument, national recreation area, wilderness area, riparian conservation area, area of critical environmental concern, or it has another special use designation (for example, Wild and Scenic River).

G. The following surface waters are classified as OAWs:

1. The West Fork of the Little Colorado River, from its headwaters to Government Springs (approximately 9.1 river miles);
2. Oak Creek, from its headwaters to its confluence with the Verde River (approximately 50.3 river miles);
3. West Fork of Oak Creek, from its headwaters to its confluence with Oak Creek (approximately 15.8 river miles);
4. Peeples Canyon Creek, from its headwaters to its confluence with the Santa Maria River (approximately 8.1 river miles);
5. Burro Creek, from its headwaters to its confluence with Boulder Creek (approximately 29.5 miles);
6. Francis Creek, from its headwaters to its confluence with Burro Creek (approximately 22.9 river miles);
7. Bonita Creek, from its boundary of the San Carlos Indian Reservation to its confluence with the Gila River (approximately 14.7 river miles);
8. Cienega Creek, from its confluence with Gardner Canyon to the USGS gaging station (#09484600) (approximately 28.3 river miles);
9. Aravaipa Creek, from its confluence with Stowe Gulch to the downstream boundary of the Aravaipa Canyon Wilderness Area (approximately 15.5 river miles);
10. Cave Creek, from its headwaters to the Coronado National Forest boundary (approximately 10.4 river miles);
11. South Fork of Cave Creek, from its headwaters to its confluence with Cave Creek (approximately 8.6 river miles);
12. Buehman Canyon Creek, from its headwaters to its confluence with unnamed tributary at 32°24'31"/110°32'08" (approximately 9.8 river miles);
13. Lee Valley Creek, from its headwaters to Lee Valley Reservoir (approximately 1.6 river miles);
14. Bear Wallow Creek, from its headwaters to the boundary of the San Carlos Indian Reservation (approximately 4.25 river miles);
15. North Fork of Bear Wallow Creek, from its headwaters to its confluence with Bear Wallow Creek (approximately 3.8 river miles);
16. South Fork of Bear Wallow Creek, from its headwaters to its confluence with Bear Wallow Creek (approximately 3.8 river miles);
17. Snake Creek, from its headwaters to its confluence with the Black River (approximately 6.2 river miles);
18. Hay Creek, from its headwaters to its confluence with the West Fork of the Black River (approximately 5.5 river miles);
19. Stinky Creek, from the White Mountain Apache Indian Reservation boundary to its confluence with the West Fork of the Black River (approximately 3.0 river miles);
20. KP Creek, from its headwaters to its confluence with the Blue River (approximately 12.7 river miles);
21. Davidson Canyon, from the unnamed spring at 31°59'00"/110°38'49" to its confluence with Cienega Creek; and
22. Fossil Creek, from its headwaters at the confluence of Sandrock and Calf Pen Canyons above Fossil Springs to its confluence with the Verde River (approximately 17.2 river miles).
23. Verde River, from its confluence with Granite Creek to its confluence with Sycamore Creek (approximately 35.9 river miles).
24. Sycamore Creek, from its confluence with Cedar Creek to its confluence with the Verde River (approximately 11.7 river miles).

Historical Note

Adopted effective February 18, 1992 (Supp. 92-1). Amended effective April 24, 1996 (Supp. 96-2). Added "water quality standards" to R18-11-112, previously omitted in error (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Amended by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Amended by final rulemaking at 32 A.A.R. 2318 (September 25, 2026, Issue 39), effective November 2, 2026 (Supp. 26-3).

R18-11-113. Effluent-Dependent Waters

A. The Director shall classify a surface water as an effluent-dependent water by rule.

B. The Director may adopt, under R18-11-115, a site-specific water quality standard for an effluent-dependent water.

C. Any person may submit a petition for rule adoption requesting that the Director classify a surface water as an effluent-dependent water. The petition shall include:

1. A map and a description of the surface water;
2. Information that demonstrates that the surface water consists of a point source discharge of wastewater; and
3. Information that demonstrates that, without a point source discharge of a wastewater, the receiving water is an ephemeral water.

D. The Director shall use the water quality standards that apply to an effluent-dependent water to derive water quality-based effluent limits for a point source discharge of wastewater to an ephemeral water.

E. The Director may use aquatic and wildlife (edw) acute standards only to derive water quality based effluent limits for a sporadic, infrequent, or emergency point source discharge to an ephemeral water or to an effluent-dependent water. The Director shall consider the following factors when deciding whether to apply A&Wedw (acute) standards:

1. The amount, frequency, and duration of the discharge;
2. The length of time water may be present in the receiving water;
3. The distance to a downstream water with aquatic and wildlife chronic standards; and
4. The likelihood of chronic exposure to pollutants.

F. The Director may establish alternative water quality-based effluent limits in an AZPDES permit based on seasonal differences in the discharge.

Historical Note

Adopted effective February 18, 1992 (Supp. 92-1). Amended effective December 18, 1992 (Supp. 92-4). Amended effective April 24, 1996 (Supp. 96-2). Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4).

R18-11-114. Mixing Zones

A. The Director may establish a mixing zone for a point source discharge to a surface water as a condition of an individual AZPDES permit on a pollutant-by-pollutant basis. A mixing zone is prohibited in an ephemeral water or where there is no water for dilution, or as prohibited pursuant to subsection (H).

B. The owner or operator of a point source seeking the establishment of a mixing zone shall submit a request to the Director for a mixing zone as part of an application for an AZPDES permit. The request shall include:
1. An identification of the pollutant for which the mixing zone is requested;
2. A proposed outfall design;
3. A definition of the boundary of the proposed mixing zone. For purposes of this subsection, the boundary of a mixing zone is where complete mixing occurs; and
4. A complete and detailed description of the existing physical, biological, and chemical conditions of the receiving water and the predicted impact of the proposed mixing zone on those conditions. The description shall also address the factors listed in subsection (D) that the Director must consider when deciding to grant or deny a request and shall address the mixing zone requirements in subsection (H).

C. The Director shall consider the following factors when deciding whether to grant or deny a request for a mixing zone:
1. The assimilative capacity of the receiving water;
2. The likelihood of adverse human health effects;
3. The location of drinking water plant intakes and public swimming areas;
4. The predicted exposure of biota and the likelihood that resident biota will be adversely affected;
5. Bioaccumulation;
6. Whether there will be acute toxicity in the mixing zone, and, if so, the size of the zone of initial dilution;
7. The known or predicted safe exposure levels for the pollutant for which the mixing zone is requested;
8. The size of the mixing zone;
9. The location of the mixing zone relative to biologically sensitive areas in the surface water;
10. The concentration gradient of the pollutant within the mixing zone;
11. Sediment deposition;
12. The potential for attracting aquatic life to the mixing zone; and
13. The cumulative impacts of other mixing zones and other discharges to the surface water.

D. Director determination.
1. The Director shall deny a request to establish a mixing zone if a water quality standard will be violated outside the boundaries of the proposed mixing zone.
2. If the Director approves the request to establish a mixing zone, the Director shall establish the mixing zone as a condition of an AZPDES permit. The Director shall include any mixing zone condition in the AZPDES permit that is necessary to protect human health and the designated uses of the surface water.

E. Any person who is adversely affected by the Director's decision to grant or deny a request for a mixing zone may appeal the decision under A.R.S. § 49-321 et seq. and A.R.S. § 41-1092 et seq.

F. The Director shall reevaluate a mixing zone upon issuance, reissuance, or modification of the AZPDES permit for the point source or a modification of the outfall structure.

G. Mixing zone requirements.
1. A mixing zone shall be as small as practicable in that it shall not extend beyond the point in the waterbody at which complete mixing occurs under the critical flow conditions of the discharge and of the receiving water.
2. The total horizontal area allocated to all mixing zones on a lake shall not exceed 10 percent of the surface area of the lake.
3. Adjacent mixing zones in a lake shall not overlap or be located closer together than the greatest horizontal dimension of the largest mixing zone.
4. The design of any discharge outfall shall maximize initial dilution of the wastewater in a surface water.
5. The size of the zone of initial dilution in a mixing zone shall prevent lethality to organisms passing through the zone of initial dilution. The mixing zone shall prevent acute toxicity and lethality to organisms passing through the mixing zone.

H. The Director shall not establish a mixing zone in an AZPDES permit for the following persistent, bioaccumulative pollutants:
1. Chlordane,
2. DDT and its metabolites (DDD and DDE),
3. Dieldrin,
4. Dioxin,
5. Endrin,
6. Endrin aldehyde,
7. Heptachlor,
8. Heptachlor epoxide,
9. Lindane,
10. Mercury,
11. Polychlorinated biphenyls (PCBs), and
12. Toxaphene.

Historical Note
Adopted effective February 18, 1992 (Supp. 92-1). Amended effective April 24, 1996 (Supp. 96-2). Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

R18-11-115. Site-Specific Standards

A. The Director shall adopt a site-specific standard by rule.

B. The Director may adopt a site-specific standard based upon a request or upon the Director's initiative for any of the following reasons:
1. Local physical, chemical, or hydrological conditions of a surface water such as pH, hardness, fate and transport, or temperature alters the biological availability or toxicity of a pollutant;
2. The sensitivity of resident aquatic organisms that occur in a surface water to a pollutant differs from the sensitivity of the species used to derive the numeric water quality standards to protect aquatic life in Appendix A;
3. Resident aquatic organisms that occur in a surface water represent a narrower mix of species than those in the dataset used by ADEQ to derive numeric water quality standards to protect aquatic life in Appendix A;
4. The natural background concentration of a pollutant is greater than the numeric water quality standard to protect aquatic life prescribed in Appendix A. "Natural background" means the concentration of a pollutant in a surface water due only to non-anthropogenic sources; or

5. Other factors or combination of factors that upon review by the Director warrant changing a numeric water quality standard for a surface water.

C. Site-specific standard by request. To request that the Director adopt a site-specific standard, a person must conduct a study to support the development of a site-specific standard using a scientifically-defensible procedure.

1. Before conducting the study, a person shall submit a study outline to the Director for approval that contains the following elements:
   a. Identifies the pollutant;
   b. Describes the reach's boundaries;
   c. Uses one of the following procedures, as defined by the most recent EPA guidance documents:
      i. The recalculation procedure,
      ii. The water effects ratio for metals,
      iii. The streamlined water effects ratio, or
      iv. The Biotic ligand model.
   d. Demonstrates that all designated uses are protected.
2. Alternatively, a study outline submitted for the Director's approval must contain the following elements:
   a. Identifies the pollutant;
   b. Describes the reach's boundaries;
   c. Describes the hydrologic regime of the waterbody;
   d. Describes the scientifically-defensible procedure, which can include relevant aquatic life studies, ecological studies, laboratory tests, biological translators, fate and transport models, and risk analyses;
   e. Describes and compares the taxonomic composition, distribution and density of the aquatic biota within the reach to a reference reach and describes the basis of any major taxonomic differences;
   f. Describes the pollutant's effect on the affected species or appropriate surrogate species and on the other designated uses listed for the reach;
   g. Demonstrates that all designated uses are protected; and
   h. A person seeking to develop a site-specific standard based on natural background may use statistical or modeling approaches to determine natural background concentration. Modeling approaches include Better Assessment Science Integrating Source and Nonpoint Sources (Basins), Hydrologic Simulation Program-Fortran (HSPF), and Hydrologic Engineering Center (HEC) programs developed by the U.S. Army Corps of Engineers.

Historical Note

Adopted effective February 18, 1992 (Supp. 92-1). Amended effective April 24, 1996 (Supp. 96-2). Section repealed by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). New Section made by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Amended by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

R18-11-116. Resource Management Agencies

Nothing in this Article prohibits fisheries management activities by the Arizona Game and Fish Department or the U.S. Fish and Wildlife Service. This Article does not exempt fish hatcheries from AZPDES permit requirements.

Historical Note

Adopted effective February 18, 1992 (Supp. 92-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4).

R18-11-117. Canals and Urban Park Lakes

A. Nothing in this Article prevents the routine physical or mechanical maintenance of canals, drains, and the urban lakes identified in Appendix B. Physical or mechanical maintenance includes dewatering, lining, dredging, and the physical, biological, or chemical control of weeds and algae. Increases in turbidity that result from physical or mechanical maintenance activities are permitted in canals, drains, and the urban lakes identified in Appendix B.

B. The discharge of lubricating oil associated with the start-up of well pumps that discharge to canals is not a violation of R18-11-108(B).

Historical Note

Adopted effective February 18, 1992 (Supp. 92-1). Amended effective April 24, 1996 (Supp. 96-2). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4).

R18-11-118. Dams and Flood Control Structures

Increases in turbidity that result from the routine physical or mechanical maintenance of a dam or flood control structure are not violations of this Article. Nothing in this Article requires the release of water from a dam or a flood control structure.

Historical Note

Adopted effective February 18, 1992 (Supp. 92-1). Amended effective April 24, 1996 (Supp. 96-2). Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4).

R18-11-119. Natural background

Where the concentration of a pollutant exceeds a water quality standard and the exceedance is not caused by human activity but is due solely to naturally-occurring conditions, the exceedance shall not be considered a violation of the water quality standard.

Historical Note

Adopted effective February 18, 1992 (Supp. 92-1).

R18-11-120. Enforcement of Non-permitted Discharges

A. The Department may establish a numeric water quality standard at a concentration that is below the practical quantitation limit. Therefore, in enforcement actions pursuant to subsection (B), the water quality standard is enforceable at the practical quantitation limit.

B. Except for chronic aquatic and wildlife criteria, for non-permitted discharge violations, the Department shall determine compliance with numeric water quality standard criteria from the analytical result of a single sample, unless additional samples are required under this article. For chronic aquatic and wildlife criteria, compliance for non-permitted discharge violations shall be determined from the geometric mean of the analytical results of the last four samples taken at least 24 hours apart. For the purposes of this Section, a "non-permitted discharge violation" does not include a discharge regulated under an AZPDES permit.

Historical Note

Adopted effective February 18, 1992 (Supp. 92-1). Amended effective April 24, 1996 (Supp. 96-2). Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemak-

ing at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

R18-11-121. Schedules of Compliance

A compliance schedule in an AZPDES permit shall require the permittee to comply with a discharge limitation based upon a new or revised water quality standard as soon as possible to achieve compliance. The permittee shall demonstrate that all requirements under § 301(b) and § 306 of the Clean Water Act [33 U.S.C. 1311(b) and 1316] are achieved and that the point source cannot comply with a discharge limitation based upon the new or revised water quality standard through the application of existing water pollution control technology, operational changes, or source reduction. In establishing a compliance schedule, the Director shall consider:

1. How much time the permittee has already had to meet any effluent limitations under a prior permit;
2. The extent to which the permittee has made good faith efforts to comply with the effluent limitations and other requirements in a prior permit;
3. Whether treatment facilities, operations, or measures must be modified to meet the effluent limitations;
4. How long any necessary modifications would take to implement; and
5. Whether the permittee would be expected to use the same treatment facilities, operations or other measures to meet the effluent limitations as it would have used to meet the effluent limitations in a prior permit.

Historical Note

Adopted effective February 18, 1992 (Supp. 92-1). Amended effective April 24, 1996 (Supp. 96-2). Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Amended by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

R18-11-122. Variances

A. Upon request, the Director may establish, by rule, a discharger-specific or water segment(s)-specific variance from a water quality standard if requirements pursuant to this Section are met.

B. A person who requests a variance must demonstrate all of the following information:

1. Identification of the specific pollutant and water quality standard for which a variance is sought.
2. Identification of the receiving surface water segment or segments to which the variance would apply.
3. A detailed discussion of the need for the variance, including the reasons why compliance with the water quality standard cannot be achieved over the term of the proposed variance, and any other useful information or analysis to evaluate attainability.
4. A detailed discussion of the discharge control technologies that are available for achieving compliance with the water quality standard for which a variance is sought.
5. Documentation that more advanced treatment technology than applicable technology-based effluent limitations is necessary to achieve compliance with the water quality standard for which a variance is sought.
6. A detailed description of proposed interim discharge limitations and pollutant control activities that represent the highest level of treatment achievable by a point source discharger or dischargers during the term of the variance.
7. Documentation that the proposed term is only as long as necessary to achieve the highest attainable condition.
8. Documentation that is appropriate to the type of use to which the variance would apply as follows:
   a. For a water quality standard variance to a use specified in Clean Water Act § 101(a)(2), documentation must include demonstration of at least one of the following factors that preclude attainment of the use during the term of the variance:
      i. Naturally occurring pollutant concentrations prevent attainment of the use;
      ii. Natural, ephemeral, intermittent or low flow conditions or water levels prevent the attainment of the use, unless these conditions may be compensated for by the discharge of sufficient volume of effluent discharges without violating state water conservation requirements to enable uses to be met;
      iii. That human-caused conditions or sources of pollution prevent the attainment of the water quality standard for which the variance is sought and either (1) it is not possible to remedy the conditions or sources of pollution or (2) remedying the human-caused conditions would cause more environmental damage to correct than to leave in place;
      iv. Dams, diversions or other types of hydrologic modifications preclude the attainment of the use, and it is not feasible to restore the water body to its original condition or to operate such modification n a way that would result in the attainment of the use;
      v. Physical conditions related to the natural features of the water body, such as the lack of a proper substrate, cover, flow, depth, pools, riffles, and the like, unrelated to water quality, preclude attainment of aquatic life protection uses;
      vi. That installation and operation of each of the available discharge technologies more advanced than those required to comply with technology-based effluent limitations to achieve compliance with the water quality standard would result in substantial and widespread economic and social impact; or
      vii. Actions necessary to facilitate lake, wetland, or stream restoration through dam removal or other significant reconfiguration activities preclude attainment of the designated use and criterion while the actions are being implemented.
   b. For a water quality standard variance to a use other than those uses specified in Clean Water Act § 101(a)(2), documentation must justify how consideration and value of the water subject to the use appropriately supports the variance and term. A demonstration consistent with (B)(8)(a) of this Section may be used to satisfy this requirement.
9. For a waterbody segment(s)-specific variance, the following information is required before the Director may issue a variance, in addition to all other required documentation pursuant to this Section:
   a. Identification and documentation of any cost-effective and reasonable best management practices for nonpoint source controls related to the pollutant(s) or water quality parameter(s) and water body or waterbody segment(s) specified in the variance that

could be implemented to make progress towards attaining the underlying designated use and criterion; and

b. If any variance pursuant to subsection (B)(9)(a) previously applied to the water body or waterbody segment(s), documentation must also demonstrate whether and to what extent best management practices for nonpoint source controls were implemented to address the pollutant(s) or water quality parameter(s) subject to the water quality variance and the water quality progress achieved.

10. For a discharger-specific variance, the following information is required before the Director may issue a variance, in addition to all other required documentation pursuant to this Section:
    a. Identification of the permittee subject to the variance;
    b. For an existing point source discharge, a detailed description of the existing discharge control technologies that are used to achieve compliance with applicable water quality standards. For a new point source discharge, a detailed description of the proposed discharge control technologies that will be used to achieve compliance with applicable water quality standards; and
    c. Documentation that the existing or proposed discharge control technologies will comply with applicable technology-based effluent limitations.

C. The Director shall consider the following factors when deciding whether to grant or deny a variance request:
1. Bioaccumulation,
2. The predicted exposure of biota and the likelihood that resident biota will be adversely affected,
3. The known or predicted safe exposure levels for the pollutant for which the variance is requested, and
4. The likelihood of adverse human health effects.

D. The variance shall represent the highest attainable condition of the water body or water body segment applicable throughout the term of the variance.

E. A variance shall not result in any lowering of the currently attained ambient water quality, unless the variance is necessary for restoration activities, consistent with subsection (B)(8)(a)(vii). The Director must specify the highest attainable condition of the water body or waterbody segment as a quantifiable expression of one of the following:
1. The highest attainable interim criterion,
2. The interim effluent condition that reflects the greatest pollutant reduction achievable; or
3. If no additional feasible pollutant control technology can be identified, the interim criterion or interim effluent condition that reflects the greatest pollutant reduction achievable with the pollutant control technologies installed at the time of the issuance of the variance, and the adoption and implementation of a Pollutant Minimization Program.

F. A variance shall not modify the underlying designated use and criterion. A variance is only a time limited exception to the underlying standard. For discharge-specific variances, other point source dischargers to the surface water that are not granted a variance shall still meet all applicable water quality standards.

G. Point source discharges shall meet all other applicable water quality standards for which a variance is not granted.

H. The Director may not grant a variance for a point source discharge to an OAW listed in R18-11-112(G).

I. Each variance established by the Director is subject to review and approval by the Regional Administrator.

J. The term of the water quality variance may only be as long as necessary to achieve the highest attainable condition and must be consistent with the supporting documentation in subsection (E). The variance term runs from the approval of the variance by the Regional Administrator.

K. The Director shall reevaluate, in its triennial review, whether each variance continues to represent the highest attainable condition. Comment on the variance shall be considered regarding whether the variance continues to represent the highest attainable condition. If the Director determines that the requirements of the variance do not represent the highest attainable condition, then the Director shall modify or repeal the variance in its triennial review rulemaking.

L. If the variance is modified by rulemaking, the requirements of the variance shall represent the highest attainable condition at the time of initial adoption of the variance, or the highest attainable condition identified during the current reevaluation, whichever is more stringent.

M. Upon expiration of a variance, point source dischargers shall comply with the water quality standard.

N. The following are discharger-specific variances adopted by the Director:

O. The following are water body and waterbody segment-specific variances adopted by the Director:

Historical Note

Adopted effective April 24, 1996 (Supp. 96-2). Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

R18-11-123. Discharge Prohibitions

A. The discharge of wastewater to the following surface waters is prohibited:
1. Sabino Canyon Creek;
2. Vekol Wash, upstream of the Ak-Chin Indian Reservation; and
3. Smith Wash, upstream of the Ak-Chin Indian Reservation.

B. The discharge to Lake Powell of human body wastes and the wastes from toilets and other receptacles intended to receive or retain wastes from a vessel is prohibited.

Historical Note

Adopted effective April 24, 1996 (Supp. 96-2). Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4).

Appendix A. Numeric Water Quality Standards

Table 1. Water Quality Criteria By Designated Use (see f) Footnotes

Parameter	CAS NUMBER	DWS (µg/L)	FC (µg/L)	FBC (µg/L)	PBC (µg/L)	A&Wc Acute (µg/L)	A&Wc Chronic (µg/L)	A&Ww Acute (µg/L)	A&Ww Chronic (µg/L)	A&Wedw Acute((µg/L)	A&Wedw Chronic (µg/L)	A&We Acute (µg/L)	AgI (µg/L)	AgL (µg/L)
Acenaphthene	83329	420	198	56,000	56,000	850	550	850	550	850	550			
Acrolein	107028	3.5	1.9	467	467	3	3	3	3	3	3			
Acrylonitrile	107131	0.06	0.2	3	37,333	3,800	250	3,800	250	3,800	250			
Alachlor	15972608	2		9,333	9,333	2,500	170	2,500	170	2,500	170			
Aldrin	309002	0.002	0.00005	0.08	28	3		3		3		4.5	0.003	See (b)
Alpha Particles (Gross) Radioactivity		15 pCi/L See (h)												
Ammonia	7664417					See (e) & Tables 11 (present) & 14 (absent)	See (e) & Tables 13 (present) & 17 (absent)	See (e) & Tables 12 (present) & 15 (absent)	See (e) & Tables 13 (present) & 16 (absent)	See (e) & Table 15 (absent)	See (e) & Table 16 (absent)			
Anthracene	120127	2,100	74	280,000	280,000									
Antimony	7440360	6 T	640 T	747 T	747 T	88 D	30 D	88 D	30 D	1,000 D	600 D			
Arsenic	7440382	10 T	80 T	30 T	280 T	340 D	150 D	340 D	150 D	340 D	150 D	440 D	2,000 T	200 T
Asbestos	1332214	See (a)												
Atrazine	1912249	3		32,667	32,667									
Barium	7440393	2,000 T		98,000 T	98,000 T									
Benz(a)anthracene	56553	0.005	0.02	0.2	0.2									
Benzene	71432	5	140	93	3,733	2,700	180	2,700	180	8,800	560			
Benzo[b]fluoranthene	205992	0.005	0.02	1.9	1.9									
Benzidine	92875	0.0002	0.0002	0.01	2,800	1,300	89	1,300	89	1,300	89	10,000	0.01	0.01
Benzo(a)pyrene	50328	0.2	0.02	0.2	0.2									
Benzo(k)fluoranthene	207089	0.005	0.02	1.9	1.9									
Beryllium	7440417	4 T	84 T	1,867 T	1,867 T	65 D	5.3 D	65 D	5.3 D	65 D	5.3 D			
Beta particles and photon emitters		4 millirems / year See (i)												
Bis(2-chloroethyl) ether	111444	0.03	0.5	1	1	120,000	6,700	120,000	6,700	120,000	6,700			
Bis(2-chloroisopropyl) ether	108601	280	3,441	37,333	37,333									
Boron	7440428	1,400 T		186,667 T	186,667 T								1,000 T	
Bromodichloromethane	75274	TTHM See (g)	17	TTHM	18,667									
4-Bromophenyl phenyl ether	101553					180	14	180	14	180	14			
Bromoform	75252	TTHM See (g)	133	180	18,667	15,000	10,000	15,000	10,000	15,000	10,000			
Bromomethane	74839	9.8	299	1,307	1,307	5,500	360	5,500	360	5,500	360			
Butyl benzyl phthalate	85687	1,400	386	186,667	186,667	1,700	130	1,700	130	1,700	130			
Cadmium	7440439	5 T	84 T	700 T	700 T	See (d) & Table 2	See (d) & Table 3	See (d) & Table 2	See (d) & Table 3	See (d) & Table 2	See (d) & Table 3	See (d) & Table 2	50	50
Carbaryl	63252					2.1	2.1	2.1	2.1	2.1	2.1	2.1		
Carbofuran	1563662	40		4,667	4,667	650	50	650	50	650	50			
Carbon tetrachloride	56235	5	2	11	980	18,000	1,100	18,000	1,100	18,000	1,100			
Chlordane	57749	2	0.0008	4	467	2.4	0.004	2.4	0.2	2.4	0.2	3.2		
Chlorine (total residual)	7782505	4,000		4,000	4,000	19	11	19	11	19	11			
Chlorobenzene	108907	100	1,553	18,667	18,667	3,800	260	3,800	260	3,800	260			
2-Chloroethyl vinyl ether	110758					180,000	9,800	180,000	9,800	180,000	9,800			
Chloroform	67663	TTHM See (g)	470	230	9,333	14,000	900	14,000	900	14,000	900			
p-Chloro-m-cresol	59507					15	4.7	15	4.7	15	4.7	48,000		
Chloromethane	74873					270,000	15,000	270,000	15,000	270,000	15,000			
beta-Chloronaphthalene	91587	560	1267 317	74,667	74,667									
2-Chlorophenol	95578	35	30	4,667	4,667	2,200	150	2,200	150	2,200	150			
Chloropyrifos	2921882	21		2,800	2,800	0.08	0.04	0.08	0.04	0.08	0.04			
Chromium III	16065831		75,000 T	1,400,000 T	1,400,000 T	See (d) & Table 4	See (d) & Table 4	See (d) & Table 4	See (d) & Table 4	See (d) & Table 4	See (d) & Table 4	See (d) & Table 4		
Chromium VI	18540299	21 T	150 T	2,800 T	2,800 T	16 D	11 D	16 D	11 D	16 D	11 D	34 D		
Chromium (Total)	7440473	100 T											1,000	1,000
Chrysene	218019	0.005	0.02	19	19									
Copper	7440508	1,300 T		1,300 T	1,300 T	See (d) & Table 5	See (d) & Table 5	See (d) & Table 5	See (d) & Table 5	See (d) & Table 5	See (d) & Table 5	See (d) & Table 5	5,000 T	500 T

Table 1. Water Quality Criteria By Designated Use (see f) Footnotes (Continued)

Parameter	CAS NUMBER	DWS (µg/L)	FC (µg/L)	FBC (µg/L)	PBC (µg/L)	A&Wc Acute (µg/L)	A&Wc Chronic (µg/L)	A&Ww Acute (µg/L)	A&Ww Chronic (µg/L)	A&Wedw Acute| (µg/L)	A&Wedw Chronic (µg/L)	A&We Acute (µg/L)	AgI (µg/L)	AgL (µg/L)
Cyanide (as free cyanide)	57125	200 T	16,000 T	18,667 T	18,667 T	22 T	5.2 T	41 T	9.7 T	41 T	9.7 T	84 T		200 T
Dalapon	75990	200	8,000	28,000	28,000									
DDT and its breakdown products	50293	0.1	0.0002	4	467	1.1	0.001	1.1	0.001	1.1	0.001	1.1	0.001	0.001
Demeton	8065483						0.1		0.1		0.1			
Diazinon	333415					0.17	0.17	0.17	0.17	0.17	0.17	0.17		
Dibenz (ah) anthracene	53703	0.005	0.02	1.9	1.9									
Dibromochloromethane	124481	TTHM See (g)	13	TTHM	18,667									
1,2-Dibromo-3-chloropro- pane	96128	0.2		2,800	2,800									
1,2-Dibromoethane	106934	0.05		8,400	8,400									
Dibutyl phthalate	84742	700	899	93,333	93,333	470	35	470	35	470	35	1,100		
1,2-Dichlorobenzene	95501	600	205	84,000	84,000	790	300	1,200	470	1,200	470	5,900		
1,3-Dichlorobenzene	541731					2,500	970	2,500	970	2,500	970			
1,4-Dichlorobenzene	106467	75	5755	373,333	373,333	560	210	2,000	780	2,000	780	6,500		
3,3'-Dichlorobenzidine	91941	0.08	0.03	3	3									
1,2-Dichloroethane	107062	5	37	15	186,667	59,000	41,000	59,000	41,000	59,000	41,000			
1,1-Dichloroethylene	75354	7	7,143	46,667	46,667	15,000	950	15,000	950	15,000	950			
1,2-cis-Dichloroethylene	156592	70		70	70									
1,2-trans-Dichloroethylene	156605	100	10,127	18,667	18,667	68,000	3,900	68,000	3,900	68,000	3,900			
Dichloromethane	75092	5	593	190	56,000	97,000	5,500	97,000	5,500	97,000	5,500			
2,4-Dichlorophenol	120832	21	59	2,800	2,800	1,000	88	1,000	88	1,000	88			
2,4-Dichlorophenoxyacetic acid (2,4-D)	94757	70		9,333	9,333									
1,2-Dichloropropane	78875	5	17,518	84,000	84,000	26,000	9,200	26,000	9,200	26,000	9,200			
1,3-Dichloropropene	542756	0.7	42	420	28,000	3,000	1,100	3,000	1,100	3,000	1,100			
Dieldrin	60571	0.002	0.00005	0.09	47	0.2	0.06	0.2	0.06	0.2	0.06	4	0.003	See (b)
Diethyl phthalate	84662	5,600	8,767	746,667	746,667	26,000	1,600	26,000	1,600	26,000	1,600			
Di (2-ethylhexyl) adipate	103231	400		560,000	560,000									
Di (2-ethylhexyl) phthalate	117817	6	3	100	18,667	400	360	400	360	400	360	3,100		
2,4-Dimethylphenol	105679	140	171	18,667	18,667	1,000	310	1,000	310	1,000	310	150,000		
Dimethyl phthalate	131113					17,000	1,000	17,000	1,000	17,000	1,000			
4,6-Dinitro-o-cresol	534521	28	582	3,733	3,733	310	24	310	24	310	24			
2,4-Dinitrophenol	51285	14	1,067	1,867	1,867	110	9.2	110	9.2	110	9.2			
2,4-Dinitrotoluene	121142	14	421	1,867	1,867	14,000	860	14,000	860	14,000	860			
2,6-Dinitrotoluene	606202	0.05		2	3,733									
Di-n-octyl phthalate	117840	2,800		373,333	373,333									
Dinoseb	88857	7		933	933									
1,2-Diphenylhydrazine	122667	0.04	0.2	1.8	1.8	130	11	130	11	130	11			
Diquat	85007	20		2,053	2,053									
Endosulfan sulfate	1031078	42	18	5,600	5,600	0.2	0.06	0.2	0.06	0.2	0.06	3		
Endosulfan (Total)	115297	42	18	5,600	5,600	0.2	0.06	0.2	0.06	0.2	0.06	3		
Endothall	145733	100		18,667	18,667									
Endrin	72208	2	0.06	280	280	0.09	0.04	0.09	0.04	0.09	0.04	0.7	0.004	0.004
Endrin aldehyde	7421934					0.09	0.04	0.09	0.04	0.09	0.04	0.7		
Ethylbenzene	100414	700	2,133	93,333	93,333	23,000	1,400	23,000	1,400	23,000	1,400			
Fluoranthene	206440	280	28	37,333	37,333	2,000	1,600	2,000	1,600	2,000	1,600			
Fluorene	86737	280	1,067	37,333	37,333									
Fluoride	7782414	4,000		140,000	140,000									
Glyphosate	1071836	700	266,667	93,333	93,333									
Guthion	86500						0.01		0.01		0.01			
Heptachlor	76448	0.4	0.00008	0.4	467	0.5	0.004	0.5	0.004	0.6	0.01	0.9		
Heptachlor epoxide	1024573	0.2	0.00004	0.2	12	0.5	0.004	0.5	0.004	0.6	0.01	0.9		
Hexachlorobenzene	118741	1	0.0003	1	747	6	3.7	6	3.7	6	3.7			
Hexachlorobutadiene	87683	0.4	18	18	187	45	8.2	45	8.2	45	8.2			
Hexachlorocyclohexane alpha	319846	0.006	0.005	0.22	7,467	1,600	130	1,600	130	1,600	130	1,600		
Hexachlorocyclohexane beta	319857	0.02	0.02	0.78	560	1,600	130	1,600	130	1,600	130	1,600		
Hexachlorocyclohexane delta	319868					1,600	130	1,600	130	1,600	130	1,600		
Hexachlorocyclohexane gamma (lindane)	58899	0.2	1.8	280	280	1	0.08	1	0.28	1	0.61	11		

Table 1. Water Quality Criteria By Designated Use (see f) Footnotes (Continued)

Parameter	CAS NUMBER	DWS (µg/L)	FC (µg/L)	FBC (µg/L)	PBC (µg/L)	A&Wc Acute (µg/L)	A&Wc Chronic (µg/L)	A&Ww Acute (µg/L)	A&Ww Chronic (µg/L)	A&Wedw Acute| (µg/L)	A&Wedw Chronic (µg/L)	A&We Acute (µg/L)	AgI (µg/L)	AgL (µg/L)
Hexachlorocyclopentadiene	77474	50	580	9,800	9,800	3.5	0.3	3.5	0.3	3.5	0.3			
Hexachloroethane	67721	2.5	3.3	100	933	490	350	490	350	490	350	850		
Hydrogen sulfide	7783064						2 See (c)		2 See (c)		2 See (c)			
Indeno (1,2,3-cd) pyrene	193395	0.05	0.49	1.9	1.9									
Iron	7439896						1,000 D		1,000 D		1,000 D			
Isophorone	78591	37	961	1,500	186,667	59,000	43,000	59,000	43,000	59,000	43,000			
Lead	7439921	15 T		15 T	15 T	See (d) & Table 6	See (d) & Table 6	See (d) & Table 6	See (d) & Table 6	See (d) & Table 6	See (d) & Table 6	See (d) & Table 6	10,000 T	100 T
Malathion	121755	140		18,667	18,667		0.1		0.1		0.1			
Manganese	7439965	980		130,667	130,667								10,000	
Mercury	7439976	2 T		280 T	280 T	2.4 D	0.01 D	2.4 D	0.01 D	2.4 D	0.01 D	5 D		10 T
Methoxychlor	72435	40		4,667	4,667		0.03		0.03		0.03			
Methylmercury	22967926		0.3 mg/kg											
Mirex	2385855	1		187	187		0.001		0.001		0.001			
Naphthalene	91203	140	1,524	18,667	18,667	1,100	210	3,200	580	3,200	580			
Nickel	7440020	140 T	4,600 T	28,000 T	28,000 T	See (d) & Table 7	See (d) & Table 7	See (d) & Table 7	See (d) & Table 7	See (d) & Table 7	See (d) & Table 7	See (d) & Table 7		
Nitrate	14797558	10,000		3,733,333	3,733,333									
Nitrite	14797650	1,000		233,333	233,333									
Nitrate + Nitrite		10,000												
Nitrobenzene	98953	3.5	138	467	467	1,300	850	1,300	850	1,300	850			
p-Nitrophenol	100027					4,100	3,000	4,100	3,000	4,100	3,000			
N-nitrosodimethylamine	62759	0.001	3	0.03	0.03									
N-Nitrosodiphenylamine	86306	7.1	6	290	290	2,900	200	2,900	200	2,900	200			
N-nitrosodi-n-propylamine	621647	0.005	0.5	0.2	88,667									
Nonylphenol	104405					28	6.6	28	6.6	28	6.6	28		
Oxamyl	23135220	200		23,333	23,333									
Parathion	56382					0.07	0.01	0.07	0.01	0.07	0.01			
Paraquat	1910425	32		4,200	4,200	100	54	100	54	100	54			
Pentachlorophenol	87865	1	1,000	12	28,000	See (e), (j) & Table 10	See (e), (j) & Table 10	See (e), (j) & Table 10	See (e), (j) & Table 10	See (e), (j) & Table 10	See (e), (j) & Table 10	See (e), (j) & Table 10		
Permethrin	52645531	350		46,667	46,667	0.3	0.2	0.3	0.2	0.3	0.2			
Phenanthrene	85018					30	6.3	30	6.3	30	6.3			
Phenol	108952	2,100	37	280,000	280,000	5,100	730	7,000	1,000	7,000	1,000	180,000		
Picloram	1918021	500	2,710	65,333	65,333									
Polychlorinatedbiphenyls (PCBs)	1336363	0.5	0.00006	19	19	2	0.01	2	0.02	2	0.02	11	0.001	0.001
Pyrene	129000	210	800	28,000	28,000									
Radium 226 + Radium 228		5 pCi/L												
Selenium	7782492	50 T	667 T	4,667 T	4,667 T		2 T		2 T		2 T	33 T	20 T	50 T
Silver	7440224	35 T	8,000 T	4,667 T	4,667 T	See (d) & Table 8		See (d) & Table 8		See (d) & Table 8		See (d) & Table 8		
Simazine	112349	4		4,667	4,667									
Strontium	7440246	8 pCi/L												
Styrene	100425	100		186,667	186,667	5,600	370	5,600	370	5,600	370			
Sulfides												100		
2,3,7,8-Tetrachlorod-ibenzo-p-dioxin (2,3,7,8-TCDD)	1746016	0.00003	5x10-9	0.00003	0.0009	0.01	0.005	0.01	0.005	0.01	0.005	0.1		
1,1,2,2-Tetrachloroethane	79345	0.2	4	7	56,000	4,700	3,200	4,700	3,200	4,700	3,200			
Tetrachloroethylene	127184	5	261	9,333	9,333	2,600	280	6,500	680	6,500	680	15,000		
Thallium	7440280	2 T	7.2 T	75 T	75 T	700 D	150 D	700 D	150 D	700 D	150 D			
Toluene	108883	1,000	201,000	280,000	280,000	8,700	180	8,700	180	8,700	180			
Toxaphene	8001352	3	0.0003	1.3	933	0.7	0.0002	0.7	0.0002	0.7	0.0002	11	0.005	0.005
Tributyltin						0.5	0.07	0.5	0.07	0.5	0.07			
1,2,4-Trichlorobenzene	120821	70	70	9,333	9,333	750	130	1,700	300	1,700	300			
1,1,1-Trichloroethane	71556	200	428,571	1,866,667	1,866,667	2,600	1,600	2,600	1,600	2,600	1,600		1,000	
1,1,2-Trichloroethane	79005	5	16	25	3,733	18,000	12,000	18,000	12,000	18,000	12,000			

Table 1. Water Quality Criteria By Designated Use (see f) Footnotes (Continued)

Parameter	CAS NUMBER	DWS (µg/L)	FC (µg/L)	FBC (µg/L)	PBC (µg/L)	A&Wc Acute (µg/L)	A&Wc Chronic (µg/L)	A&Ww Acute (µg/L)	A&Ww Chronic (µg/L)	A&Wedw Acute| (µg/L)	A&Wedw Chronic (µg/L)	A&We Acute (µg/L)	AgI (µg/L)	AgL (µg/L)
Trichloroethylene	79016	5	29	280,000	280	20,000	1,300	20,000	1,300	20,000	1,300			
2,4,6-Trichlorophenol	88062	3.2	2	130	130	160	25	160	25	160	25	3,000		
2,4,5-Trichlorophenoxy proprionic acid (2,4,5-TP)	93721	50		7,467	7,467									
Trihalomethanes (T)		80												
Tritium	10028178	20,000 pCi/L												
Uranium	7440611	30 D		2,800	2,800									
Vinyl chloride	75014	2	5	2	2,800									
Xylenes (T)	1330207	10,000		186,667	186,667									
Zinc	7440666	2,100 T	5,106 T	280,000 T	280,000 T	See (d) & Table 9	See (d) & Table 9	See (d) & Table 9	See (d) & Table 9	See (d) & Table 9	See (d) & Table 9	See (d) & Table 9	10,000 T	25,000 T

Footnotes

a. The asbestos standard is 7 million fibers (longer than 10 micrometers) per liter.
b. The aldrin/dieldrin standard is exceeded when the sum of the two compounds exceeds 0.003 µg/L.
c. In lakes, the acute criteria for hydrogen sulfide apply only to water samples taken from the epilimnion, or the upper layer of a lake or reservoir.
d. Hardness, expressed as mg/L $CaCO_3$, is determined according to the following criteria:
   i. If the receiving water body has an A&Wc or A&Ww designated use, then hardness is based on the hardness of the receiving water body from a sample taken at the same time that the sample for the metal is taken, except that the hardness may not exceed 400 mg/L $CaCO_3$.
   ii. If the receiving water has an A&Wedw or A&We designated use, then the hardness is based on the hardness of the effluent from a sample taken at the same time that the sample for the metal is taken, except that the hardness may not exceed 400 mg/L $CaCO_3$.
   iii. The mathematical equations for the hardness-dependent parameter represent the water quality standards. Examples of criteria for the hardness-dependent parameters have been calculated and are presented in separate tables at the end of Appendix A for the convenience of the user.
e. pH is determined according to the following criteria:
   i. If the receiving water has an A&Wc or A&Ww designated use, then pH is based on the pH of the receiving water body from a sample taken at the same time that the sample for pentachlorophenol or ammonia is taken.
   ii. If the receiving water body has an A&Wedw or A&We designated use, then the pH is based on the pH of the effluent from a sample taken at the same time that the sample for pentachlorophenol or ammonia is taken.
   iii. The mathematical equations for ammonia represent the water quality standards. Examples of criteria for ammonia have been calculated and are presented in separate tables at the end of Appendix A for the convenience of the user.
f. Table 1 abbreviations.
   i. µg/L = micrograms per liter,
   ii. mg/kg = milligrams per kilogram,
   iii. pCi/L = picocuries per liter,
   iv. D = dissolved,
   v. T = total recoverable,
   vi. TTHM indicates that the chemical is a trihalomethane.
g. The total trihalomethane (TTHM) standard is exceeded when the sum of these four compounds exceeds 80 µg/L, as a rolling annual average.
h. The concentration of gross alpha particle activity includes radium-226, but excludes radon and uranium.
i. The average annual concentration of beta particle activity and photon emitters from manmade radionuclides shall not produce an annual dose equivalent to the total body or any internal organ greater than four millirems per year.
j. The mathematical equations for the pH-dependent parameters represent the water quality standards. Examples of criteria for the pH-dependent parameters have been calculated and are presented in separate tables at the end of Appendix A for the convenience of the user.
k. Abbreviations for the mathematical equations are as follows:
   e = the base of the natural logarithm and is a mathematical constant equal to 2.71828
   LN = is the natural logarithm
   CMC = Criterion Maximum Concentration (acute)
   CCC= Criterion Continuous Concentration (chronic)

Historical Note

Appendix A repealed; new Appendix A, Table 1 adopted effective April 24, 1996 (Supp. 96-2). Appendix A, Table 1 amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 1 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 1 repealed; new Appendix A, Table 1 made by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 1 amended by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3). Amended by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

Table 2. Acute Water Quality Standards for Dissolved Cadmium

Aquatic and Wildlife coldwater		Aquatic and Wildlife warm water, and edw		Aquatic and Wildlife ephemeral	
Hard. mg/L	**Std. µg/L**	**Hard. mg/L**	**Std. µg/L**	**Hard. mg/L**	**Std. µg/L.**
20	0.40	20	2.1	20	4.9
100	1.8	100	9.4	100	22
400	6.5	400	34	400	80
$e^{(0.9789*LN(Hardness)-3.866)*(1.136672-LN(Hardness)*0.041838)}$		$e^{(0.9789*LN(Hardness)-2.208)*(1.136672-LN(Hardness)*0.041838)}$		$e^{(0.9789*LN(Hardness)-1.363)(1.136672-LN(Hardness)*0.041838)}$	

Historical Note

Appendix A repealed; new Appendix A, Table 2 adopted effective April 24, 1996 (Supp. 96-2). Appendix A, Table 2 amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 2 amended to correct references to footnotes (Supp. 02-4). Appendix A, Table 2 footnotes amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 2 repealed; new Appendix A, Table 2 made by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 2 repealed; new Table 2 made by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

Table 3. Chronic Water Quality Standards for Dissolved Cadmium

Aquatic and Wildlife coldwater, warmwater, and edw	
Hard. mg/L	**Std. µg/L**
20	0.21
100	0.72
400	2.0
$_{e}$(0.7977*LN(Hardness)-3.909)*(1.101672-LN(Hardness)*0.041838)	

Historical Note

Appendix A, Table 3 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 3 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 3 amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 3 repealed; new Table 3 made by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

Table 4. Water Quality Standards for Dissolved Chromium III

Acute Aquatic and Wildlife coldwater, warmwater and edw		**Chronic Aquatic and Wildlife coldwater, warmwater and edw**		**Acute Aquatic and Wildlife ephemeral**	
Hard. mg/L	**Std. µg/L**	**Hard. mg/L**	**Std. µg/L**	**Hard. mg/L**	**Std. µg/L**
20	152	20	19.8	20	512
100	570	100	74.1	100	1,912
400	1,773	400	231	400	5,950
$_{e}$(0.819*LN(Hardness)+3.7256)*(0.316)		$_{e}$(0.819*LN(Hardness)+0.6848)*(0.86)		$_{e}$(0.819*LN(Hardness)+4.9361) * (0.316)	

Historical Note

Appendix A, Table 4 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 4 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 4 amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 4 repealed; new Table 4 made by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

Table 5. Water Quality Standards for Dissolved Copper

Acute Aquatic and Wildlife coldwater, warmwater and edw		**Chronic Aquatic and Wildlife coldwater, warmwater and edw**		**Acute Aquatic and Wildlife ephemeral**	
Hard. mg/L	**Std. µg/L**	**Hard. mg/L**	**Std. µg/L**	**Hard. mg/L**	**Std. µg/L**
20	2.9	20	2.3	20	5.1
100	13	100	9.0	100	23
400	50	400	29	400	86
$_{e}$(0.9422*LN(Hardness)-1.702)*(0.96)		$_{e}$(0.8545*LN(Hardness)-1.702)*(0.96)		$_{e}$(0.9422*LN(Hardness)-1.1514)*(0.96)	

Historical Note

Appendix A, Table 5 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 5 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 5 amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 5 repealed; new Table 5 made by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

Table 6. Water Quality Standards for Dissolved Lead

Acute Aquatic and Wildlife coldwater, warmwater and edw		Chronic Aquatic and Wildlife coldwater, warmwater and edw		Acute Aquatic and Wildlife ephemeral	
Hard. mg/L	**Std. µg/L**	**Hard. mg/L**	**Std. µg/L**	**Hard. mg/L**	**Std. µg/L**
20	10.8	20	0.42	20	22.8
100	64.6	100	2.5	100	136.3
400	281	400	10.9	400	592.7
$_{e}$(1.273*LN(Hardness)-1.46)*(1.46203-(LN(Hardness))*(0.145712))		$_{e}$(1.273*LN(Hardness)-4.705) * (1.46203-(LN(Hardness))*(0.145712))		$_{e}$(1.273*(LN(Hardness))-0.7131) * (1.46203-(LN(Hardness))*(0.145712))	

Historical Note

Appendix A, Table 6 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 6 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 6 renumbered to Table 9; new Table 6 made by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 6 repealed; new Table 6 made by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

Table 7. Water Quality Standards for Dissolved Nickel

Acute Aquatic and Wildlife coldwater, warmwater and edw		Chronic Aquatic and Wildlife coldwater, warmwater and edw		Acute Aquatic and Wildlife ephemeral	
Hard. mg/L	**Std. µg/L**	**Hard. mg/L**	**Std. µg/L**	**Hard. mg/L**	**Std. µg/L**
20	120.0	20	13.3	20	1066
100	468	100	52.0	100	4158
400	1513	400	168	400	13436
$_{e}$(0.846*LN(Hardness)+2.255)*(0.998)		$_{e}$(0.846*LN(Hardness)+0.0584)*(0.997)		$_{e}$(0.846*LN(Hardness)+4.4389)*(0.998)	

Historical Note

Appendix A, Table 7 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 7 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 7 amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 7 repealed; new Table 7 made by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

Table 8. Water Quality Standards for Dissolved Silver

Acute Aquatic and Wildlife coldwater, warmwater, edw, and ephemeral	
Hard. mg/L	**Std. µg/L**
20	0.20
100	3.2
400	34.9
$_{e}$(1.72*LN(Hardness)-6.59)*(0.85)	

Historical Note

Appendix A, Table 8 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 8 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 8 amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 8 repealed; new Table 8 made by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

Table 9. Water Quality Standards for Dissolved Zinc

Acute and Chronic Aquatic and Wildlife coldwater, warmwater and edw		Acute Aquatic and Wildlife ephemeral	
Hard. mg/L	**Std. µg/L**	**Hard. mg/L**	**Std. µg/L**
20	30.0	20	284
100	117	100	1112
400	379	400	3599
$_{e}$(0.8473*LN(Hardness)+0.884)*(0.978)		$_{e}$(0.8473*LN(Hardness)+3.1342)*(0.978)	

Historical Note

Appendix A, Table 9 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 9 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 9 renumbered to Table 11; new Table 9 renumbered from Table 6 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-

4). Appendix A, Table 9 repealed; new Table 9 made by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

Table 10. Water Quality Standards for Pentachlorophenol

Acute Aquatic and Wildlife coldwater, warmwater and edw		Chronic Aquatic and Wildlife coldwater, warmwater and edw		Acute Aquatic and Wildlife ephemeral	
pH	**µg/L**	**pH**	**µg/L**	**pH**	**µg/L**
3	0.16	3	0.1	3	0.66
6	3.3	6	2.1	6	13.5
9	67.7	9	42.7	9	274
$_{e}$(1.005*(pH)-4.83)		$_{e}$(1.005*(pH)-5.29)		$_{e}$(1.005*(pH)-3.4306)	

Historical Note

Appendix A, Table 10 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 10 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 10 renumbered to Table 12; new Table 10 renumbered from Table 11 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 10 repealed; new Table 10 made by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

Table 11. Acute Standards for Total Ammonia (in mg/L, as N) for Aquatic and Wildlife Coldwater, Unionid Mussels Present

For the aquatic and wildlife coldwater uses, unionids will be assumed to be present unless a study is performed demonstrating that they are absent and there is no historic evidence of their presence, or hydrologic modification has altered the flow regime in a way that would prevent their reestablishment.

	Temperature (°C)																
pH	**0-14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**
6.5	33	33	32	29	27	25	23	21	19	18	16	15	14	13	12	11	9.9
6.6	31	31	30	28	26	24	22	20	18	17	16	14	13	12	11	10	9.5
6.7	30	30	29	27	24	22	21	19	18	16	15	14	13	12	11	9.8	9
6.8	28	28	27	25	23	21	20	18	17	15	14	13	12	11	10	9.2	8.5
6.9	26	26	25	23	21	20	18	17	15	14	13	12	11	10	9.4	8.6	7.9
7	24	24	23	21	20	18	17	15	14	13	12	11	10	9.4	8.6	8	7.3
7.1	22	22	21	20	18	17	15	14	13	12	11	10	9.3	8.5	7.9	7.2	6.7
7.2	20	20	19	18	16	15	14	13	12	11	9.8	9.1	8.3	7.7	7.1	6.5	6
7.3	18	18	17	16	14	13	12	11	10	9.5	8.7	8	7.4	6.8	6.3	5.8	5.3
7.4	15	15	15	14	13	12	11	9.8	9	8.3	7.7	7	6.5	6	5.5	5.1	4.7
7.5	13	13	13	12	11	10	9.2	8.5	7.8	7.2	6.6	6.1	5.6	5.2	4.8	4.4	4
7.6	11	11	11	10	9.3	8.6	7.9	7.3	6.7	6.2	5.7	5.2	4.8	4.4	4.1	3.8	3.5
7.7	9.6	9.6	9.3	8.6	7.9	7.3	6.7	6.2	5.7	5.2	4.8	4.4	4.1	3.8	3.5	3.2	3
7.8	8.1	8.1	7.9	7.2	6.7	6.1	5.6	5.2	4.8	4.4	4	3.7	3.4	3.2	2.9	2.7	2.5
7.9	6.8	6.8	6.6	6	5.6	5.1	4.7	4.3	4	3.7	3.4	3.1	2.9	2.6	2.4	2.2	2.1
8	5.6	5.6	5.4	5	4.6	4.2	3.9	3.6	3.3	3	2.8	2.6	2.4	2.2	2	1.9	1.7
8.1	4.6	4.6	4.5	4.1	3.8	3.5	3.2	3	2.7	2.5	2.3	2.1	2	1.8	1.7	1.5	1.4
8.2	3.8	3.8	3.7	3.5	3.1	2.9	2.7	2.4	2.3	2.1	1.9	1.8	1.6	1.5	1.4	1.3	1.2
8.3	3.1	3.1	3.1	2.8	2.6	2.4	2.2	2	1.9	1.7	1.6	1.4	1.3	1.2	1.1	1	0.96
8.4	2.6	2.6	2.5	2.3	2.1	2	1.8	1.7	1.5	1.4	1.3	1.2	1.1	1	0.93	0.86	0.79
8.5	2.1	2.1	2.1	1.9	1.8	1.6	1.5	1.4	1.3	1.2	1.1	0.98	0.9	0.83	0.77	0.71	0.65
8.6	1.8	1.8	1.7	1.6	1.5	1.3	1.2	1.1	1	0.96	0.88	0.81	0.75	0.69	0.63	0.59	0.54
8.7	1.5	1.5	1.4	1.3	1.2	1.1	1	0.94	0.87	0.8	0.74	0.68	0.62	0.57	0.53	0.49	0.45
8.8	1.2	1.2	1.2	1.1	1	0.93	0.86	0.79	0.73	0.67	0.62	0.57	0.52	0.48	0.44	0.41	0.37
8.9	1	1	1	0.93	0.85	0.79	0.72	0.67	0.61	0.56	0.52	0.48	0.44	0.4	0.37	0.34	0.32
9	0.88	0.88	0.86	0.79	0.73	0.67	0.62	0.57	0.52	0.48	0.44	0.41	0.37	0.34	0.32	0.29	0.27

$$MIN\left(\left(\frac{0.275}{1+10^{7.204-pH}}+\frac{39.0}{1+10^{pH-7.204}}\right),\left(0.7249\times\left(\frac{0.0114}{1+10^{7.204-pH}}+\frac{1.6181}{1+10^{pH-7.204}}\right)\times\left(23.12\times 10^{0.036\times(20-T)}\right)\right)\right)$$

Historical Note

Appendix A, Table 11 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 11 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 11 renumbered to Table 10; new Table 11 renumbered from Table 9 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 11 repealed; new Table 11 renumbered from Table 25 and amended by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Appendix A, Table 11 repealed; new Appendix A, Table 11 made by final rulemaking

at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

Table 12. Acute Standards for Total Ammonia (in mg/L, as N) for Aquatic and Wildlife Warmwater, Unionid Mussels Present
For the aquatic and wildlife warmwater uses, unionids will be assumed to be present unless a study is performed demonstrating that they are absent and there is no historic evidence of their presence, or hydrologic modification has altered the flow regime in a way that would prevent their reestablishment.

	Temperature (°C)																					
pH	**0-10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**
6.5	51	48	44	41	37	34	32	29	27	25	23	21	19	18	16	15	14	13	12	11	9.9
6.6	49	46	42	39	36	33	30	28	26	24	22	20	18	17	16	14	13	12	11	10	9.5
6.7	46	44	40	37	34	31	29	27	24	22	21	19	18	16	15	14	13	12	11	9.8	9
6.8	44	41	38	35	32	30	27	25	23	21	20	18	17	15	14	13	12	11	10	9.2	8.5
6.9	41	38	35	32	30	28	25	23	21	20	18	17	15	14	13	12	11	10	9.4	8.6	7.9
7	38	35	33	30	28	25	23	21	20	18	17	15	14	13	12	11	10	9.4	8.6	7.9	7.3
7.1	34	32	30	27	25	23	21	20	18	17	15	14	13	12	11	10	9.3	8.5	7.9	7.2	6.7
7.2	31	29	27	25	23	21	19	18	16	15	14	13	12	11	9.8	9.1	8.3	7.7	7.1	6.5	6
7.3	27	26	24	22	20	18	17	16	14	13	12	11	10	9.5	8.7	8	7.4	6.8	6.3	5.8	5.3
7.4	24	22	21	19	18	16	15	14	13	12	11	9.8	9	8.3	7.7	7	6.5	6	5.5	5.1	4.7
7.5	21	19	18	17	15	14	13	12	11	10	9.2	8.5	7.8	7.2	6.6	6.1	5.6	5.2	4.8	4.4	4
7.6	18	17	15	14	13	12	11	10	9.3	8.6	7.9	7.3	6.7	6.2	5.7	5.2	4.8	4.4	4.1	3.8	3.5
7.7	15	14	13	12	11	10	9.3	8.6	7.9	7.3	6.7	6.2	5.7	5.2	4.8	4.4	4.1	3.8	3.5	3.2	2.9
7.8	13	12	11	10	9.3	8.5	7.9	7.2	6.7	6.1	5.6	5.2	4.8	4.4	4	3.7	3.4	3.2	2.9	2.7	2.5
7.9	11	9.9	9.1	8.4	7.7	7.1	6.6	3	5.6	5.1	4.7	4.3	4	3.7	3.4	3.1	2.9	2.6	2.4	2.2	2.1
8	8.8	8.2	7.6	7	6.4	5.9	5.4	5	4.6	4.2	3.9	3.6	3.3	3	2.8	2.6	2.4	2.2	2	1.9	1.7
8.1	7.2	6.8	6.3	5.8	5.3	4.9	4.5	4.1	3.8	3.5	3.2	3	2.7	2.5	2.3	2.1	2	1.8	1.7	1.5	1.4
8.2	6	5.6	5.2	4.8	4.4	4	3.7	3.4	3.1	2.9	2.7	2.4	2.3	2.1	1.9	1.8	1.6	1.5	1.4	1.3	1.2
8.3	4.9	4.6	4.3	3.9	3.6	3.3	3.1	2.8	2.6	2.4	2.2	2	1.9	1.7	1.6	1.4	1.3	1.2	1.1	1	0.96
8.4	4.1	3.8	3.5	3.2	3	2.7	2.5	2.3	2.1	2	1.8	1.7	1.5	1.4	1.3	1.2	1.1	1	0.93	0.86	0.79
8.5	3.3	3.1	2.9	2.7	2.4	2.3	2.1	1.9	1.8	1.6	1.5	1.4	1.3	1.2	1.1	0.98	0.9	0.83	0.77	0.71	0.65
8.6	2.8	2.6	2.4	2.2	2	1.9	1.7	1.6	1.5	1.3	1.2	1.1	1	0.96	0.88	0.81	0.75	0.69	0.63	0.58	0.54
8.7	2.3	2.2	2	1.8	1.7	1.6	1.4	1.3	1.2	1.1	1	0.94	0.87	0.8	0.74	0.68	0.62	0.57	0.53	0.49	0.45
8.8	1.9	1.8	1.7	1.5	1.4	1.3	1.2	1.1	1	0.93	0.86	0.79	0.73	0.67	0.62	0.57	0.52	0.48	0.44	0.41	0.37
8.9	1.6	1.5	1.4	1.3	1.2	1.1	1	0.93	0.85	0.79	0.72	0.67	0.61	0.56	0.52	0.48	0.44	0.4	0.37	0.34	0.32
9	1.4	1.3	1.2	1.1	1	0.93	0.86	0.79	0.73	0.67	0.62	0.57	0.52	0.48	0.44	0.41	0.37	0.34	0.32	0.29	0.27

$$0.7249 \times \left(\frac{0.0114}{1+10^{7.204-pH}} + \frac{1.6181}{1+10^{pH-7.204}}\right) \times MIN(51.93, 23.12 \times 10^{0.036 \times (20-T)})$$

Historical Note

Appendix A, Table 12 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 12 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 12 renumbered to Table 18; new Table 12 renumbered from Table 10 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 12 repealed; new Table 12 renumbered from Table 26 and amended by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Appendix A, Table 11 repealed; new Appendix A, Table 11 made by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3). Appendix A, Table 12 repealed; new Appendix A, Table 12 made by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

Table 13. Chronic Criteria for Total Ammonia (in mg/L, as N) for Aquatic and Wildlife coldwater and warmwater, Unionid Mussels Present

For the aquatic and wildlife cold and warm water uses, unionids will be assumed to be present unless a study is performed demonstrating that they are absent and there is no historic evidence of their presence, or hydrologic modification has altered the flow regime in a way that would prevent their reestablishment.

	Temperature (°C)																							
pH	**0-7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**
6.5	4.9	4.6	4.3	4.1	3.8	3.6	3.3	3.1	2.9	2.8	2.6	2.4	2.3	2.1	2	1.9	1.8	1.6	1.5	1.5	1.4	1.3	1.2	1.1
6.6	4.8	4.5	4.3	4	3.8	3.5	3.3	3.1	2.9	2.7	2.5	2.4	2.2	2.1	2	1.8	1.7	1.6	1.5	1.4	1.3	1.3	1.2	1.1
6.7	4.8	4.5	4.2	3.9	3.7	3.5	3.2	3	2.8	2.7	2.5	2.3	2.2	2.1	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1
6.8	4.6	4.4	4.1	3.8	3.6	3.4	3.2	3	2.8	2.6	2.4	2.3	2.1	2	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	1.1
6.9	4.5	4.2	4	3.7	3.5	3.3	3.1	2.9	2.7	2.5	2.4	2.2	2.1	2	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1
7	4.4	4.1	3.8	3.6	3.4	3.2	3	2.8	2.6	2.4	2.3	2.2	2	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	1.1	0.99
7.1	4.2	3.9	3.7	3.5	3.2	3	2.8	2.7	2.5	2.3	2.2	2.1	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1	0.95
7.2	4	3.7	3.5	3.3	3.1	2.9	2.7	2.5	2.4	2.2	2.1	2	1.8	1.7	1.6	1.5	1.4	1.3	1.3	1.2	1.1	1	0.96	0.9
7.3	3.8	3.5	3.3	3.1	2.9	2.7	2.6	2.4	2.2	2.1	2	1.8	1.7	1.6	1.5	1.4	1.3	1.3	1.2	1.1	1	0.97	0.91	0.85
7.4	3.5	3.3	3.1	2.9	2.7	2.5	2.4	2.2	2.1	2	1.8	1.7	1.6	1.5	1.4	1.3	1.3	1.2	1.1	1	0.96	0.9	0.85	0.79
7.5	3.2	3	2.8	2.7	2.5	2.3	2.2	2.1	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1	0.95	0.89	0.83	0.78	0.73
7.6	2.9	2.8	2.6	2.4	2.3	2.1	2	1.9	1.8	1.6	1.5	1.4	1.4	1.3	1.2	1.1	1.1	0.98	0.92	0.86	0.81	0.76	0.71	0.67
7.7	2.6	2.4	2.3	2.2	2	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	1.1	1	0.94	0.88	0.83	0.78	0.73	0.68	0.64	0.6
7.8	2.3	2.2	2.1	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1	0.95	0.89	0.84	0.79	0.74	0.69	0.65	0.61	0.57	0.53
7.9	2.1	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1	0.95	0.89	0.84	0.79	0.74	0.69	0.65	0.61	0.57	0.53	0.5	0.47
8	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	1.1	1	0.94	0.88	0.83	0.78	0.73	0.68	0.64	0.6	0.56	0.53	0.5	0.44	0.44	0.41
8.1	1.5	1.5	1.4	1.3	1.2	1.1	1.1	0.99	0.92	0.87	0.81	0.76	0.71	0.67	0.63	0.59	0.55	0.52	0.49	0.46	0.43	0.4	0.38	0.35
8.2	1.3	1.2	1.2	1.1	1	0.96	0.9	0.84	0.79	0.74	0.7	0.65	0.61	0.57	0.54	0.5	0.47	0.44	0.42	0.39	0.37	0.34	0.32	0.3
8.3	1.1	1.1	0.99	0.93	0.87	0.82	0.76	0.72	0.67	0.63	0.59	0.55	0.52	0.49	0.46	0.43	0.4	0.38	0.35	0.33	0.31	0.29	0.27	0.26
8.4	0.95	0.89	0.84	0.79	0.74	0.69	0.65	0.61	0.57	0.53	0.5	0.47	0.44	0.41	0.39	0.36	0.34	0.32	0.3	0.28	0.26	0.25	0.23	0.22
8.5	0.8	0.75	0.71	0.67	0.62	0.58	0.55	0.51	0.48	0.45	0.42	0.4	0.37	0.35	0.33	0.31	0.29	0.27	0.25	0.24	0.22	0.21	0.2	0.18
8.6	0.68	0.64	0.6	0.56	0.53	0.49	0.46	0.43	0.41	0.38	0.36	0.33	0.31	0.29	0.28	0.26	0.24	0.23	0.21	0.2	0.19	0.18	0.16	0.15
8.7	0.57	0.54	0.51	0.47	0.44	0.42	0.39	0.37	0.34	0.32	0.3	0.28	0.27	0.25	0.23	0.22	0.21	0.19	0.18	0.17	0.16	0.15	0.14	0.13
8.8	0.49	0.46	0.43	0.4	0.38	0.35	0.33	0.31	0.29	0.27	0.26	0.24	0.23	0.21	0.2	0.19	0.17	0.16	0.15	0.14	0.13	0.13	0.12	0.11
8.9	0.42	0.39	0.37	0.34	0.32	0.3	0.28	0.27	0.25	0.23	0.22	0.21	0.19	0.18	0.17	0.16	0.15	0.14	0.13	0.12	0.12	0.11	0.1	0.09
9	0.36	0.34	0.32	0.3	0.28	0.26	0.24	0.23	0.21	0.2	0.19	0.18	0.17	0.16	0.15	0.14	0.13	0.12	0.11	0.11	0.1	0.09	0.09	0.08

$$0.8876 \times \left(\frac{0.0278}{1+10^{7.688-pH}} + \frac{1.1994}{1+10^{pH-7.688}}\right) \times \left(2.126 \times 10^{0.028 \times (20-MAX(T,7))}\right)$$

Historical Note

Appendix A, Table 13 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 13 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 13 renumbered to Table 15; new Table 13 renumbered from Table 14 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 13 repealed by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). New Appendix A, Table 13 made by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

Table 14. Acute Standards for Total Ammonia (in mg/L, as N) for Aquatic and Wildlife Coldwater, Unionid Mussels Absent

For the aquatic and wildlife coldwater uses, unionids will be assumed to be present unless a study is performed demonstrating that they are absent and there is no historic evidence of their presence, or hydrologic modification has altered the flow regime in a way that would prevent their reestablishment.

	Temperature (°C)																
pH	0-14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
6.5	33	33	33	33	33	33	33	33	33	33	33	33	33	33	31	29	27
6.6	31	31	31	31	31	31	31	31	31	31	31	31	31	31	30	28	26
6.7	30	30	30	30	30	30	30	30	30	30	30	30	30	30	29	26	24
6.8	28	28	28	28	28	28	28	28	28	28	28	28	28	28	27	25	23
6.9	26	26	26	26	26	26	26	26	26	26	26	26	26	26	25	23	21
7	24	24	24	24	24	24	24	24	24	24	24	24	24	24	23	21	20
7.1	22	22	22	22	22	22	22	22	22	22	22	22	22	22	21	19	18
7.2	20	20	20	20	20	20	20	20	20	20	20	20	20	20	19	17	16
7.3	18	18	18	18	18	18	18	18	18	18	18	18	18	18	17	16	14
7.4	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	14	13
7.5	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	12	11
7.6	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	10	9.3
7.7	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.3	8.6	7.9
7.8	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	7.8	7.2	6.6
7.9	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.5	6	5.5
8	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.4	5	4.6
8.1	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.5	4.1	3.8
8.2	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.7	3.4	3.1
8.3	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3	2.8	2.6
8.4	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.5	2.3	2.1
8.5	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	1.9	1.8
8.6	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.7	1.6	1.4
8.7	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.4	1.3	1.2
8.8	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.1	1
8.9	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0.92	0.85
9	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.85	0.78	0.72

$$MIN\left(\left(\frac{0.275}{1+10^{7.204-pH}}+\frac{39.0}{1+10^{pH-7.204}}\right),\left(0.7249\times\left(\frac{0.0114}{1+10^{7.204-pH}}+\frac{1.6181}{1+10^{pH-7.204}}\right)\times\left(62.15\times 10^{0.036\times(20-T)}\right)\right)\right.$$

Historical Note

Appendix A, Table 14 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 14 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 14 renumbered to Table 13; new Table 14 renumbered from Table 15 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 14 repealed by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). New Appendix A, Table 14 made by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

Table 15. Acute Standards for Total Ammonia (in mg/L, as N) for Aquatic and Wildlife Warmwater and Effluent Dependent, Unionid Mussels Absent

For the aquatic and wildlife warmwater uses, unionids will be assumed to be present unless a study is performed demonstrating that they are absent and there is no historic evidence of their presence, or hydrologic modification has altered the flow regime in a way that would prevent their reestablishment. For the aquatic and wildlife effluent dependent uses, unionids will be assumed to be absent.

	Temperature (°C)																
pH	0-14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
6.5	51	51	51	51	51	51	51	51	51	48	44	40	37	34	31	29	27
6.6	49	49	49	49	49	49	49	49	49	46	42	39	36	33	30	28	26
6.7	46	46	46	46	46	46	46	46	46	43	40	37	34	31	29	26	24
6.8	44	44	44	44	44	44	44	44	44	41	38	35	32	29	27	25	23
6.9	41	41	41	41	41	41	41	41	41	38	35	32	30	27	25	23	21
7	38	38	38	38	38	38	38	38	38	35	32	30	27	25	23	21	20
7.1	34	34	34	34	34	34	34	34	34	32	29	27	25	23	21	19	18
7.2	31	31	31	31	31	31	31	31	31	29	26	24	22	21	19	17	16
7.3	27	27	27	27	27	27	27	27	27	26	23	22	20	18	17	16	14
7.4	24	24	24	24	24	24	24	24	24	22	21	19	17	16	15	14	13
7.5	21	21	21	21	21	21	21	21	21	19	18	16	15	14	13	12	11
7.6	18	18	18	18	18	18	18	18	18	17	15	14	13	12	11	10	9.3
7.7	15	15	15	15	15	15	15	15	15	14	13	12	11	10	9.3	8.6	7.9
7.8	13	13	13	13	13	13	13	13	13	12	11	10	9.2	8.5	7.8	7.2	6.6
7.9	11	11	11	11	11	11	11	11	11	9.9	9.1	8.4	7.7	7.1	6.5	6	5.5
8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.2	7.5	6.9	6.4	5.9	5.4	5	4.6
8.1	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	6.8	6.2	5.7	5.3	4.9	4.5	4.1	3.8
8.2	6	6	6	6	6	6	6	6	6	5.6	5.1	4.7	4.4	4	3.7	3.4	3.1
8.3	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.6	4.2	3.9	3.6	3.3	3	2.8	2.6
8.4	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	3.8	3.4	3.2	3	2.7	2.5	2.3	2.1
8.5	3.3	3.3	3.3	3.3	3.3	3.3	3.3	3.3	3.3	3.1	2.9	2.6	2.4	2.2	2.1	1.9	1.8
8.6	2.8	2.8	2.8	2.8	2.8	2.8	2.8	2.8	2.8	2.6	2.4	2.2	2	1.9	1.7	1.6	1.4
8.7	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.2	2	1.8	1.7	1.5	1.4	1.3	1.2
8.8	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.8	1.7	1.5	1.4	1.3	1.2	1.1	1
8.9	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.5	1.4	1.3	1.2	1.1	1	0.92	0.85
9	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.3	1.2	1.1	1	0.93	0.85	0.78	0.72

$$0.7249 \times \left(\frac{0.0114}{1 + 10^{7.204-pH}} + \frac{1.6181}{1 + 10^{pH-7.204}}\right) \times MIN\left(51.93, \left(62.15 \times 10^{0.036\times(20-T)}\right)\right)$$

Historical Note

Appendix A, Table 15 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 15 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 15 renumbered to Table 14; new Table 15 renumbered from Table 13 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 15 repealed by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). New Appendix A, Table 14 made by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

Table 16. Chronic Standards for Total Ammonia (in mg/L, as N) for Aquatic and Wildlife Warmwater and Effluent Dependent, Unionid Mussels Absent

For the aquatic and wildlife warmwater uses, unionids will be assumed to be present unless a study is performed demonstrating that they are absent and there is no historic evidence of their presence, or hydrologic modification has altered the flow regime in a way that would prevent their reestablishment. For the aquatic and wildlife effluent dependent uses, unionids will be assumed to be absent.

	Temperature (°C)																							
pH	0-7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
6.5	19	17	16	15	14	13	13	12	11	10	9.7	9.1	8.5	8	7.5	7	6.6	6.2	5.8	5.4	5.1	4.8	4.5	4.2
6.6	18	17	16	15	14	13	12	12	11	10	9.6	9	8.4	7.9	7.4	6.9	6.5	6.1	5.7	5.4	5	4.7	4.4	4.1
6.7	18	17	16	15	14	13	12	11	11	10	9.4	8.8	8.3	7.7	7.3	6.8	6.4	6	5.6	5.3	4.9	4.6	4.3	4.1
6.8	17	16	15	14	14	13	12	11	10	9.8	9.2	8.6	8.1	7.6	7.1	6.7	6.2	5.8	5.5	5.1	4.8	4.5	4.2	4
6.9	17	16	15	14	13	12	12	11	10	9.5	8.9	8.4	7.8	7.4	6.9	6.5	6.1	5.7	5.3	5	4.7	4.4	4.1	3.9
7	16	15	14	14	13	12	11	10	9.8	9.2	8.6	8.1	7.6	7.1	6.7	6.2	5.9	5.5	5.1	4.8	4.5	4.2	4	3.7
7.1	16	15	14	13	12	11	11	10	9.4	8.8	8.3	7.7	7.3	6.8	6.4	6	5.6	5.3	4.9	4.6	4.3	4.1	3.8	3.6
7.2	15	14	13	12	12	11	10	9.5	9	8.4	7.9	7.4	6.9	6.5	6.1	5.7	5.3	5	4.7	4.4	4.1	3.9	3.6	3.4
7.3	14	13	12	12	11	10	9.6	9	8.4	7.9	7.4	6.9	6.5	6.1	5.7	5.4	5	4.7	4.4	4.1	3.9	3.6	3.4	3.2
7.4	13	12	12	11	10	9.5	9	8.4	7.9	7.4	6.9	6.5	6.1	5.7	5.3	5	4.7	4.4	4.1	3.9	3.6	3.4	3.2	3
7.5	12	11	11	10	9.4	8.8	8.2	7.7	7.2	6.8	6.4	6	5.6	5.2	4.9	4.6	4.3	4.1	3.8	3.6	3.3	3.1	2.9	2.8
7.6	11	10	10	9.1	8.5	8	7.5	7	6.6	6.2	5.8	5.4	5.1	4.8	4.5	4.2	3.9	3.7	3.5	3.2	3	2.9	2.7	2.5
7.7	9.9	9.3	8.7	8.1	7.7	7.2	6.8	6.3	5.9	5.6	5.2	4.9	4.6	4.3	4	3.8	3.5	3.3	3.1	2.9	2.7	2.6	2.4	2.3
7.8	8.8	8.3	7.8	7.3	6.8	6.4	6	5.6	5.3	5	4.6	4.4	4.1	3.8	3.6	3.4	3.2	3	2.8	2.6	2.4	2.3	2.1	2
7.9	7.8	7.3	6.8	6.4	6	5.6	5.3	5	4.6	4.4	4.1	3.8	3.6	3.4	3.2	3	2.8	2.6	2.4	2.3	2.1	2	1.9	1.8
8	6.8	6.3	6	5.6	5.2	4.9	4.6	4.3	4	3.8	3.6	3.3	3.1	2.9	2.7	2.6	2.4	2.3	2.1	2	1.9	1.7	1.6	1.5
8.1	5.8	5.5	5.1	4.8	4.5	4.2	4	3.7	3.5	3.3	3.1	2.9	2.7	2.5	2.4	2.2	2.1	2	1.8	1.7	1.6	1.5	1.4	1.3
8.2	5	4.7	4.4	4.1	3.9	3.6	3.4	3.2	3	2.8	2.6	2.5	2.3	2.2	2	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1
8.3	4.2	4	3.7	3.5	3.3	3.1	2.9	2.7	2.5	2.4	2.2	2.1	2	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1	0.96
8.4	3.6	3.4	3.2	3	2.8	2.6	2.4	2.3	2.1	2	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	1.1	0.99	0.92	0.87	0.81
8.5	3	2.8	2.7	2.5	2.3	2.2	2.1	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1	0.95	0.89	0.83	0.78	0.73	0.69
8.6	2.6	2.4	2.2	2.1	2	1.9	1.7	1.6	1.5	1.4	1.3	1.3	1.2	1.1	1	0.97	0.91	0.85	0.8	0.75	0.7	0.66	0.62	0.58
8.7	2.2	2	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	1.1	1	0.93	0.88	0.82	0.77	0.72	0.68	0.63	0.6	0.56	0.52	0.49
8.8	1.8	1.7	1.6	1.5	1.4	1.3	1.3	1.2	1.1	1	0.96	0.9	0.85	0.79	0.74	0.7	0.65	0.61	0.58	0.54	0.51	0.47	0.44	0.42
8.9	1.6	1.5	1.4	1.3	1.2	1.1	1.1	1	0.94	0.88	0.82	0.77	0.72	0.68	0.64	0.6	0.56	0.52	0.49	0.46	0.43	0.4	0.38	0.36
9	1.4	1.3	1.2	1.1	1	0.98	0.92	0.86	0.81	0.76	0.71	0.66	0.62	0.58	0.55	0.51	0.48	0.45	0.42	0.4	0.37	0.35	0.33	0.31

$$0.9405 \times \left(\frac{0.0278}{1+10^{7.688-pH}} + \frac{1.1994}{1+10^{pH-7.688}}\right) \times \left(7.547 \times 10^{0.028 \times (20-MAX(T,7))}\right)$$

Historical Note

Appendix A, Table 16 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 16 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 16 amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 16 repealed by final rulemaking at 22

A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Appendix A, Table 16 made by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

Table 17. Chronic Criteria for Total Ammonia (in mg/L, as N) for Aquatic and Wildlife coldwater, Unionid Mussels Absent
For the aquatic and wildlife coldwater uses, unionids will be assumed to be present unless a study is performed demonstrating that they are absent and there is no historic evidence of their presence, or hydrologic modification has altered the flow regime in a way that would prevent their reestablishment.

	Temperature (°C)																
pH	0-14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
6.5	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7	6.6	6.2	5.8	5.4	5.1	4.8	4.5	4.2
6.6	7.2	7.2	7.2	7.2	7.2	7.2	7.2	7.2	6.9	6.5	6.1	5.7	5.4	5	4.7	4.4	4.1
6.7	7.1	7.1	7.1	7.1	7.1	7.1	7.1	7.1	6.8	6.4	6	5.6	5.3	4.9	4.6	4.3	4.1
6.8	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.6	6.2	5.8	5.5	5.1	4.8	4.5	4.2	4
6.9	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.5	6.1	5.7	5.3	5	4.7	4.4	4.1	3.9
7	6.5	6.5	6.5	6.5	6.5	6.5	6.5	6.5	6.2	5.8	5.5	5.1	4.8	4.5	4.2	4	3.7
7.1	6.2	6.2	6.2	6.2	6.2	6.2	6.2	6.2	6	5.6	5.3	4.9	4.6	4.3	4.1	3.8	3.6
7.2	5.9	5.9	5.9	5.9	5.9	5.9	5.9	5.9	5.7	5.3	5	4.7	4.4	4.1	3.9	3.6	3.4
7.3	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.4	5	4.7	4.4	4.1	3.9	3.6	3.4	3.2
7.4	5.2	5.2	5.2	5.2	5.2	5.2	5.2	5.2	5	4.7	4.4	4.1	3.9	3.6	3.4	3.2	3
7.5	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.6	4.3	4.1	3.8	3.6	3.3	3.1	2.9	2.8
7.6	4.4	4.4	4.4	4.4	4.4	4.4	4.4	4.4	4.2	3.9	3.7	3.5	3.2	3	2.9	2.7	2.5
7.7	3.9	3.9	3.9	3.9	3.9	3.9	3.9	3.9	3.8	3.5	3.3	3.1	2.9	2.7	2.6	2.4	2.3
7.8	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.4	3.2	3	2.8	2.6	2.4	2.3	2.1	2
7.9	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3	2.8	2.6	2.4	2.3	2.1	2	1.9	1.8
8	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.6	2.4	2.3	2.1	2	1.9	1.7	1.6	1.5
8.1	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.2	2.1	1.9	1.8	1.7	1.6	1.5	1.4	1.3
8.2	2	2	2	2	2	2	2	2	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1
8.3	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1	0.96
8.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.3	1.2	1.1	1.1	0.99	0.93	0.87	0.81
8.5	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.1	1	0.95	0.89	0.83	0.78	0.73	0.69
8.6	1	1	1	1	1	1	1	1	0.97	0.91	0.85	0.8	0.75	0.7	0.66	0.62	0.58
8.7	0.86	0.86	0.86	0.86	0.86	0.86	0.86	0.86	0.82	0.77	0.72	0.68	0.64	0.6	0.56	0.52	0.49
8.8	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.7	0.65	0.61	0.58	0.54	0.51	0.47	0.44	0.42
8.9	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.6	0.56	0.52	0.49	0.46	0.43	0.41	0.38	0.36
9	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.51	0.48	0.45	0.42	0.4	0.37	0.35	0.33	0.31

$$0.9405 \times \left(\frac{0.0278}{1+10^{7.688-pH}} + \frac{1.1994}{1+10^{pH-7.688}}\right) \times MIN\left(6.920, \left(7.547 \times 10^{0.028 \times (20-T)}\right)\right)$$

Historical Note
Appendix A, Table 17 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 17 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 17 amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 17 repealed by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Appendix A, Table 16 made by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

Table 18. Repealed

Historical Note
Appendix A, Table 18 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 18 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 18 repealed; new Table 18 renumbered from Table 12 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 18 repealed by final rulemaking at 22 A.A.R.

2328, effective August 2, 2016 (Supp. 16-4).

Table 19. Repealed

Historical Note

Appendix A, Table 19 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 19 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 19 renumbered to Table 21; new Table 19 made by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 19 repealed by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

Table 20. Repealed

Historical Note

Appendix A, Table 20 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 20 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 20 amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 20 repealed by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

Table 21. Repealed

Historical Note

Appendix A, Table 21 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 21 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 21 renumbered to Table 22; new Table 21 renumbered from Table 19 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 21 repealed by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

Table 22. Repealed

Historical Note

Appendix A, Table 22 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 22 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 22 renumbered to Table 23; new Table 22 renumbered from Table 21 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 22 repealed by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

Table 23. Repealed

Historical Note

Appendix A, Table 23 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 23 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 23 renumbered to Table 24; new Table 23 renumbered from Table 22 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 23 repealed by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

Table 24. Repealed

Historical Note

Appendix A, Table 24 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 24 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 24 renumbered to Table 25; new Table 24 renumbered from Table 23 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 24 repealed by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

Table 25. Renumbered

Historical Note

Appendix A, Table 25 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 25 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 25 renumbered to Table 26; new Table 25 renumbered from Table 24 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 25 renumbered to Table 11 by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

Table 26. Renumbered

Historical Note

Appendix A, Table 26 renumbered from Table 25 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 26 renumbered to Table 12 by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

Appendix B. Surface Waters and Designated Uses

(Coordinates are from the North American Datum of 1983 (NAD83). All latitudes in Arizona are north and all longitudes are west, but the negative signs are not included in the Appendix B table. Some web-based mapping systems require a negative sign before the longitude values to indicate it is a west longitude.)

Watersheds:

BW = Bill Williams
CG = Colorado – Grand Canyon
CL = Colorado – Lower Gila
LC = Little Colorado
MG = Middle Gila
SC = Santa Cruz – Rio Magdelena – Rio Sonoyta
SP = San Pedro – Willcox Playa – Rio Yaqui
SR = Salt River
UG = Upper Gila
VR = Verde River

Other Abbreviations:

WWTP = Wastewater Treatment Plant
Km = kilometers

		Segment Description and Location (Latitude and	Lake	Aquatic and Wildlife				Human Health				Agricultural	
Watershed	Surface Waters	Longitudes are in NAD 83)	Category	A&Wc	A&Ww	A&We	A&Wedw	FBC	PBC	DWS	FC	AgI	AgL
BW	Alamo Lake	34°14'06"/113°35'00"	Deep		A&Ww			FBC			FC		AgL
BW	Big Sandy River	Headwaters to Alamo Lake			A&Ww			FBC			FC		AgL
BW	Bill Williams River	Alamo Lake to confluence with Colorado River			A&Ww			FBC			FC		AgL
BW	Blue Tank	34°40'14"/112°58'17"			A&Ww			FBC			FC		AgL
BW	Boulder Creek	Headwaters to confluence with unnamed tributary at 34°41'13"/ 113°03'37"		A&Wc				FBC			FC		AgL
BW	Boulder Creek	Below confluence with unnamed tributary to confluence with Burro Creek			A&Ww			FBC			FC		AgL
BW	Burro Creek (OAW)	Headwaters to confluence with Boulder Creek			A&Ww			FBC			FC		AgL
BW	Burro Creek	Below confluence with Boulder Creek to confluence with Big Sandy River			A&Ww			FBC			FC		AgL
BW	Carter Tank	34°52'27"/112°57'31"			A&Ww			FBC			FC		AgL
BW	Conger Creek	Headwaters to confluence with unnamed tributary at 34°45'15"/ 113°05'46"		A&Wc				FBC			FC		AgL
BW	Conger Creek	Below confluence with unnamed tributary to confluence with Burro Creek			A&Ww			FBC			FC		AgL
BW	Copper Basin Wash	Headwaters to confluence with unnamed tributary at 34°28'12"/ 112°35'33"		A&Wc				FBC			FC		AgL
BW	Copper Basin Wash	Below confluence with unnamed tributary to confluence with Skull Valley Wash				A&We			PBC				AgL
BW	Cottonwood Canyon	Headwaters to Bear Trap Spring		A&Wc				FBC			FC		AgL
BW	Cottonwood Canyon	Below Bear Trap Spring to confluence at Sycamore Creek			A&Ww			FBC			FC		AgL
BW	Date Creek	Headwaters to confluence with Santa Maria River			A&Ww			FBC			FC		AgL
BW	Francis Creek (OAW)	Headwaters to confluence with Burro Creek			A&Ww			FBC		DWS	FC	AgI	AgL
BW	Kirkland Creek	Headwaters to confluence with Santa Maria River			A&Ww			FBC			FC	AgI	AgL
BW	Knight Creek	Headwaters to confluence with Big Sandy River			A&Ww			FBC			FC		AgL
BW	Peeples Canyon (OAW)	Headwaters to confluence with Santa Maria River			A&Ww			FBC			FC		AgL
BW	Red Lake	35°12'18"/113°03'57"	Sedimentary		A&Ww			FBC			FC		AgL
BW	Santa Maria River	Headwaters to Alamo Lake			A&Ww			FBC			FC	AgI	AgL
BW	Trout Creek	Headwaters to confluence with unnamed tributary at 35°06'47"/ 113°13'01"		A&Wc				FBC			FC		AgL
BW	Trout Creek	Below confluence with unnamed tributary to confluence with Knight Creek			A&Ww			FBC			FC		AgL
CG	Agate Canyon	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Beaver Dam Wash	Headwaters to confluence with the Virgin River			A&Ww			FBC			FC		AgL
CG	Big Springs Tank	36°36'08"/112°21'01"		A&Wc				FBC			FC		AgL
CG	Boucher Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Bright Angel Creek	Headwaters to confluence with Roaring Springs Creek		A&Wc				FBC			FC		
CG	Bright Angel Creek	Below Roaring Spring Springs Creek to confluence with Colorado River			A&Ww			FBC			FC		
CG	Bright Angel Wash	Headwaters to Grand Canyon National Park South Rim WWTP outfall at 36°02'59"/112°09'02"				A&We			PBC				
CG	Bright Angel Wash (EDW)	Grand Canyon National Park South Rim WWTP outfall to Coconino Wash					A&Wedw		PBC				AgL
CG	Bulrush Canyon Wash	Headwaters to confluence with Kanab Creek				A&We			PBC				
CG	Cataract Creek	Headwaters to Santa Fe Reservoir		A&Wc				FBC		DWS	FC	AgI	AgL
CG	Cataract Creek	Santa Fe Reservoir to City of Williams WWTP outfall at 35°14'40"/ 112°11'18"		A&Wc				FBC			FC	AgI	AgL
CG	Cataract Creek (EDW)	City of Williams WWTP outfall to 1 km downstream					A&Wedw		PBC				
CG	Cataract Creek	Red Lake Wash to Havasupai Indian Reservation boundary				A&We			PBC				AgL
CG	Cataract Lake	35°15'04"/112°12'58"	Igneous	A&Wc				FBC		DWS	FC		AgL
CG	Chuar Creek	Headwaters to confluence with unnamed tributary at 36°11'35"/ 111°52'20"		A&Wc				FBC			FC		
CG	Chuar Creek	Below unnamed tributary to confluence with the Colorado River			A&Ww			FBC			FC		
CG	City Reservoir	35°13'57"/112°11'25"	Igneous	A&Wc				FBC		DWS	FC		

Watershed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wedw	FBC	PBC	DWS	FC	AgI	AgL
CG	Clear Creek	Headwaters to confluence with unnamed tributary at 36°07'33"/ 112°00'03"		A&Wc				FBC			FC		
CG	Clear Creek	Below confluence with unnamed tributary to confluence with Colorado River			A&Ww			FBC			FC		
CG	Coconino Wash (EDW)	South Grand Canyon Sanitary District Tusayan WRF outfall at 35°58'39"/112°08'25" to 1 km downstream					A&Wedw		PBC				
CG	Colorado River	Lake Powell to Lake Mead		A&Wc				FBC		DWS	FC	AgI	AgL
CG	Crystal Creek	Headwaters to confluence with unnamed tributary at 36°13'41"/ 112°11'49"		A&Wc				FBC			FC		
CG	Crystal Creek	Below confluence with unnamed tributary to confluence with Colorado River			A&Ww			FBC			FC		
CG	Deer Creek	Headwaters to confluence with unnamed tributary at 36°26'15"/ 112°28'20"		A&Wc				FBC			FC		
CG	Deer Creek	Below confluence with unnamed tributary to confluence with Colorado River			A&Ww			FBC			FC		
CG	Detrital Wash	Headwaters to Lake Mead				A&We			PBC				
CG	Dogtown Reservoir	35°12'40"/112°07'54"	Igneous	A&Wc				FBC		DWS	FC	AgI	AgL
CG	Dragon Creek	Headwaters to confluence with Milk Creek		A&Wc				FBC			FC		
CG	Dragon Creek	Below confluence with Milk Creek to confluence with Crystal Creek			A&Ww			FBC			FC		
CG	Garden Creek	Headwaters to confluence with Pipe Creek			A&Ww			FBC			FC		
CG	Gonzalez Lake	35°15'26"/112°12'09"	Shallow		A&Ww			FBC			FC	AgI	AgL
CG	Grand Wash	Headwaters to Colorado River				A&We			PBC				
CG	Grapevine Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Grapevine Wash	Headwaters to Colorado River				A&We			PBC				
CG	Hakatai Canyon	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Hance Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Havasu Creek	From the Havasupai Indian Reservation boundary to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Hermit Creek	Headwaters to Hermit Pack Trail crossing at 36°03'38"/112°14'00"		A&Wc				FBC			FC		
CG	Hermit Creek	Below Hermit Pack Trail crossing to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Horn Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Hualapai Wash	Headwaters to Lake Mead				A&We			PBC				
CG	Jacob Lake	36°42'27"/112°13'50"	Sedimentary	A&Wc				FBC			FC		
CG	Kaibab Lake	35°17'04"/112°09'32"	Igneous	A&Wc				FBC		DWS	FC	AgI	AgL
CG	Kanab Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC		DWS	FC		AgL
CG	Kwagunt Creek	Headwaters to confluence with unnamed tributary at 36°13'37"/ 111°54'50"		A&Wc				FBC			FC		
CG	Kwagunt Creek	Below confluence with unnamed tributary to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Lake Mead	36°06'18"/114°26'33"	Deep	A&Wc				FBC		DWS	FC	AgI	AgL
CG	Lake Powell	36°59'53"/111°08'17"	Deep	A&Wc				FBC		DWS	FC	AgI	AgL
CG	Lonetree Canyon Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Matkatamiba Creek	Below Havasupai Indian Reservation boundary to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Monument Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Nankoweap Creek	Headwaters to confluence with unnamed tributary at 36°15'29"/ 111°57'26"		A&Wc				FBC			FC		
CG	Nankoweap Creek	Below confluence with unnamed tributary to confluence with Colorado River			A&Ww			FBC			FC		
CG	National Canyon Creek	Headwaters to Hualapai Indian Reservation boundary at 36°15'15"/ 112°52'34"			A&Ww			FBC			FC		
CG	North Canyon Creek	Headwaters to confluence with unnamed tributary at 36°33'58"/ 111°55'41"		A&Wc				FBC			FC		
CG	North Canyon Creek	Below confluence with unnamed tributary to confluence with Colorado River			A&Ww			FBC			FC		
CG	Olo Canyon	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Parashant Canyon	Headwaters to confluence with unnamed tributary at 36°21'02"/ 113°27'56"		A&Wc				FBC			FC		
CG	Parashant Canyon	Below confluence with unnamed tributary to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Paria River	Utah border to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Phantom Creek	Headwaters to confluence with unnamed tributary at 36°09'29"/ 112°08'13"		A&Wc				FBC			FC		
CG	Phantom Creek	Below confluence with unnamed tributary to confluence with Bright Angel Creek			A&Ww			FBC			FC		
CG	Pipe Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Red Canyon Creek	Headwaters to confluence with the Colorado River '			A&Ww			FBC			FC		
CG	Roaring Springs	36°11'45"/112°02'06"		A&Wc				FBC		DWS	FC		
CG	Roaring Springs Creek	Headwaters to confluence with Bright Angel Creek		A&Wc				FBC			FC		
CG	Royal Arch Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Ruby Canyon	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Russell Tank	35°52'21"/111°52'45"		A&Wc				FBC			FC		AgL
CG	Saddle Canyon Creek	Headwaters to confluence with unnamed tributary at 36°21'36"/ 112°22'43"		A&Wc				FBC			FC		
CG	Saddle Canyon Creek	Below confluence with unnamed tributary to confluence with Colorado River			A&Ww			FBC			FC		
CG	Santa Fe Reservoir	35°14'31"/112°11'10"	Igneous	A&Wc				FBC		DWS	FC		
CG	Sapphire Canyon	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Serpentine Canyon	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		

Watershed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wedw	FBC	PBC	DWS	FC	AgI	AgL
CG	Shinumo Creek	Headwaters to confluence with unnamed tributary at 36°18'18"/ 112°18'07"		A&Wc				FBC			FC		
CG	Shinumo Creek	Below confluence with unnamed tributary to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Short Creek	Headwaters to confluence with Fort Pearce Wash				A&We			PBC				
CG	Slate Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Spring Canyon Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Stone Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Tapeats Creek	Headwaters to confluence with the Colorado River		A&Wc				FBC			FC		
CG	Thunder River	Headwaters to confluence with Tapeats Creek		A&Wc				FBC			FC		
CG	Trail Canyon Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Transept Canyon	Headwaters to Grand Canyon National Park North Rim WWTP outfall at 36°12'20"/112°03'35"				A&We			PBC				
CG	Transept Canyon (EDW)	Grand Canyon National Park North Rim WWTP outfall to 1 km downstream					A&Wedw		PBC				
CG	Transept Canyon	From 1 km downstream of the Grand Canyon National Park North Rim WWTP outfall to confluence with Bright Angel Creek				A&We			PBC				
CG	Travertine Canyon Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Turquoise Canyon	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Unkar Creek	Below confluence with unnamed tributary at 36°07'54"/111°54'06" to confluence with Colorado River			A&Ww			FBC			FC		
CG	Unnamed Wash (EDW)	Grand Canyon National Park Desert View WWTP outfall at 36°02'06"/ 111°49'13" to confluence with Cedar Canyon					A&Wedw		PBC				
CG	Unnamed Wash (EDW)	Valle Airpark WRF outfall at 35°38'34"/112°09'22" to confluence with Spring Valley Wash					A&Wedw		PBC				
CG	Vasey's Paradise	A spring at 36°29'52"/111°51'26"		A&Wc				FBC			FC		
CG	Virgin River	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC	AgI	AgL
CG	Vishnu Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Warm Springs Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	West Cataract Creek	Headwaters to confluence with Cataract Creek		A&Wc				FBC			FC		AgL
CG	White Creek	Headwaters to confluence with unnamed tributary at 36°18'45"/ 112°21'03"		A&Wc				FBC			FC		
CG	White Creek	Below confluence with unnamed tributary to confluence with the Colorado River			A&Ww			FBC			FC		
CL	A10 Backwater	33°31'45"/114°33'19"	Shallow		A&Ww			FBC			FC		
CL	A7 Backwater	33°34'27"/114°32'04"	Shallow		A&Ww			FBC			FC		
CL	Adobe Lake	33°02'36"/114°39'26"	Shallow		A&Ww			FBC			FC		
CL	Cibola Lake	33°14'01"/114°40'31"	Shallow		A&Ww			FBC			FC		
CL	Clear Lake	33°01'59"/114°31'19"	Shallow		A&Ww			FBC			FC		
CL	Columbus Wash	Headwaters to confluence with the Gila River				A&We			PBC				
CL	Colorado River	Lake Mead to Topock Marsh		A&Wc				FBC		DWS	FC	AgI	AgL
CL	Colorado River	Topock Marsh to Morelos Dam			A&Ww			FBC		DWS	FC	AgI	AgL
CL	Gila River	Painted Rock Dam to confluence with the Colorado River			A&Ww			FBC			FC	AgI	AgL
CL	Holy Moses Wash	Headwaters to City of Kingman Downtown WWTP outfall at 35°10'33"/114°03'46"				A&We			PBC				
CL	Holy Moses Wash (EDW)	City of Kingman Downtown WWTP outfall to 3 km downstream					A&Wedw		PBC				
CL	Holy Moses Wash	From 3 km downstream of City of Kingman Downtown WWTP outfall to confluence with Sawmill Wash				A&We			PBC				
CL	Hunter's Hole Backwater	32°31'13"/114°48'07"	Shallow		A&Ww			FBC			FC		AgL
CL	Imperial Reservoir	32°53'02"/114°27'54"	Shallow		A&Ww			FBC		DWS	FC	AgI	AgL
CL	Island Lake	33°01'44"/114°36'42"	Shallow		A&Ww			FBC			FC		
CL	Laguna Reservoir	32°51'35"/114°28'29"	Shallow		A&Ww			FBC		DWS	FC	AgI	AgL
CL	Lake Havasu	34°35'18"/114°25'47"	Deep		A&Ww			FBC		DWS	FC	AgI	AgL
CL	Lake Mohave	35°26'58"/114°38'30"	Deep	A&Wc				FBC		DWS	FC	AgI	AgL
CL	Martinez Lake	32°58'49"/114°28'09"	Shallow		A&Ww			FBC			FC	AgI	AgL
CL	Mittry Lake	32°49'17"/114°27'54"	Shallow		A&Ww			FBC			FC		
CL	Mohave Wash	Headwaters to Lower Colorado River				A&We			PBC				
CL	Nortons Lake	33°02'30"/114°37'59"	Shallow		A&Ww			FBC			FC		
CL	Painted Rock (Borrow Pit) Lake	33°04'55"/113°01'17"	Sedimentary		A&Ww			FBC			FC	AgI	AgL
CL	Pretty Water Lake	33°19'51"/114°42'19"	Shallow		A&Ww			FBC			FC		
CL	Quigley Pond	32°43'40"/113°57'44"	Shallow		A&Ww			FBC			FC		
CL	Redondo Lake	32°44'32"/114°29'03"	Shallow		A&Ww			FBC			FC		
CL	Sacramento Wash	Headwaters to Topock Marsh				A&We			PBC				
CL	Sawmill Canyon	Headwaters to abandoned gaging station at 35°09'45"/113°57'56"			A&Ww			FBC			FC		AgL
CL	Sawmill Canyon	Below abandoned gaging station to confluence with Holy Moses Wash				A&We			PBC				AgL
CL	Topock Marsh	34°43'27"/114°28'59"	Shallow		A&Ww			FBC		DWS	FC	AgI	AgL
CL	Tyson Wash (EDW)	Town of Quartzsite WWTP outfall at 33°42'39"/ 114°13'10" to 1 km downstream					A&Wedw		PBC				
CL	Wellton Canal	Wellton-Mohawk Irrigation District								DWS		AgI	AgL
CL	Yuma Area Canals	Above municipal water treatment plant intakes								DWS		AgI	AgL
CL	Yuma Area Canals	Below municipal water treatment plant intakes and all drains										AgI	AgL
CL	Paradise Cove West Wetland	Wetland water adjacent to Colorado River at 32°44'05"N/ 114°40'25"W			A&Ww			FBC			FC	AgI	AgI
LC	Als Lake	35°02'10"/111°25'17"	Igneous		A&Ww			FBC			FC		AgL
LC	Ashurst Lake	35°01'06"/111°24'18"	Igneous	A&Wc				FBC			FC	AgI	AgL

Watershed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wedw	FBC	PBC	DWS	FC	AgI	AgL
LC	Atcheson Reservoir	33°59'59"/109°20'43"	Igneous		A&Ww			FBC			FC	AgI	AgL
LC	Auger Creek	Headwaters to confluence with Nutrioso Creek		A&Wc				FBC			FC		AgL
LC	Barbershop Canyon Creek	Headwaters to confluence with East Clear Creek		A&Wc				FBC			FC		AgL
LC	Bear Canyon Creek	Headwaters to confluence with General Springs Canyon		A&Wc				FBC			FC		AgL
LC	Bear Canyon Creek	Headwaters to confluence with Willow Creek		A&Wc				FBC			FC		AgL
LC	Bear Canyon Lake	34°24'00"/111°00'06"	Sedimentary	A&Wc				FBC			FC	AgI	AgL
LC	Becker Lake	34°09'11"/109°18'23"	Shallow	A&Wc				FBC			FC		AgL
LC	Billy Creek	Headwaters to confluence with Show Low Creek		A&Wc				FBC			FC		AgL
LC	Black Canyon	Headwaters to confluence with Chevelon Creek		A&Wc				FBC			FC	AgI	AgL
LC	Black Canyon Lake	34°20'32"/110°40'13"	Sedimentary	A&Wc				FBC		DWS	FC	AgI	AgL
LC	Bow and Arrow Wash	Headwaters to confluence with Rio de Flag				A&We			PBC				
LC	Buck Springs Canyon Creek	Headwaters to confluence with Leonard Canyon Creek		A&Wc				FBC			FC		AgL
LC	Bunch Reservoir	34°02'20"/109°26'48"	Igneous	A&Wc				FBC			FC	AgI	AgL
LC	Carnero Lake	34°06'57"/109°31'42"	Shallow	A&Wc				FBC			FC		AgL
LC	Chevelon Canyon Lake	34°29'18"/110°49'30"	Sedimentary	A&Wc				FBC			FC	AgI	AgL
LC	Chevelon Creek	Headwaters to confluence with the Little Colorado River		A&Wc				FBC			FC	AgI	AgL
LC	Chevelon Creek, West Fork	Headwaters to confluence with Chevelon Creek		A&Wc				FBC			FC		AgL
LC	Chilson Tank	34°51'43"/111°22'54"	Igneous		A&Ww			FBC			FC		AgL
LC	Clear Creek	Headwaters to confluence with the Little Colorado River		A&Wc				FBC		DWS	FC		AgL
LC	Clear Creek Reservoir	34°57'09"/110°39'14"	Shallow	A&Wc				FBC		DWS	FC	AgI	AgL
LC	Coconino Reservoir	35°00'05"/111°24'10"	Igneous	A&Wc				FBC			FC	AgI	AgL
LC	Colter Creek	Headwaters to confluence with Nutrioso Creek		A&Wc				FBC			FC		AgL
LC	Colter Reservoir	33°56'39"/109°28'53"	Shallow	A&Wc				FBC			FC		AgL
LC	Concho Creek	Headwaters to confluence with Carrizo Wash		A&Wc				FBC			FC		AgL
LC	Concho Lake	34°26'37"/109°37'40"	Shallow	A&Wc				FBC			FC	AgI	AgL
LC	Cow Lake	34°53'14"/111°18'51"	Igneous		A&Ww			FBC			FC		AgL
LC	Coyote Creek	Headwaters to confluence with the Little Colorado River		A&Wc				FBC			FC	AgI	AgL
LC	Cragin Reservoir (formerly Blue Ridge Reservoir)	34°32'40"/111°11'33"	Deep	A&Wc				FBC			FC	AgI	AgL
LC	Crisis Lake (Snake Tank #2)	34°47'51"/111°17'32"			A&Ww			FBC			FC		AgL
LC	Dane Canyon Creek	Headwaters to confluence with Barbershop Canyon Creek		A&Wc				FBC			FC		AgL
LC	Daves Tank	34°44'22"/111°17'15"			A&Ww			FBC			FC		AgL
LC	Deep Lake	35°03'34"/111°25'00"	Igneous		A&Ww			FBC			FC		AgL
LC	Ducksnest Lake	34°59'14"/111°23'57"			A&Ww			FBC			FC		AgL
LC	East Clear Creek	Headwaters to confluence with Clear Creek		A&Wc				FBC			FC	AgI	AgL
LC	Ellis Wiltbank Reservoir	34°05'25"/109°28'25"	Igneous		A&Ww			FBC			FC	AgI	AgL
LC	Estates at Pine Canyon lakes (EDW)	35°09'32"/111°38'26"	EDW				A&Wedw		PBC				
LC	Fish Creek	Headwaters to confluence with the Little Colorado River		A&Wc				FBC			FC		AgL
LC	Fool's Hollow Lake	34°16'30"/110°03'43"	Igneous	A&Wc				FBC			FC		AgL
LC	General Springs Canyon Creek	Headwaters to confluence with East Clear Creek		A&Wc				FBC			FC		AgL
LC	Geneva Reservoir	34°01'45"/109°31'46"	Igneous		A&Ww			FBC			FC		AgL
LC	Hall Creek	Headwaters to confluence with the Little Colorado River		A&Wc				FBC			FC	AgI	AgL
LC	Hart Canyon Creek	Headwaters to confluence with Willow Creek		A&Wc				FBC			FC		AgL
LC	Hay Lake	34°00'11"/109°25'57"	Igneous	A&Wc				FBC			FC		AgL
LC	Hog Wallow Lake	33°58'57"/109°25'39"	Igneous	A&Wc				FBC			FC	AgI	AgL
LC	Horse Lake	35°03'55"/111°27'50"			A&Ww			FBC			FC		AgL
LC	Hulsey Creek	Headwaters to confluence with Nutrioso Creek		A&Wc				FBC			FC		AgL
LC	Hulsey Lake	33°55'58"/109°09'40"	Sedimentary	A&Wc				FBC			FC		AgL
LC	Indian Lake	35°00'39"/111°22'41"			A&Ww			FBC			FC		AgL
LC	Jacks Canyon Creek	Headwaters to confluence with the Little Colorado River		A&Wc				FBC			FC	AgI	AgL
LC	Jarvis Lake	33°58'59"/109°12'36"	Sedimentary		A&Ww			FBC			FC		AgL
LC	Kinnikinick Lake	34°53'53"/111°18'18"	Igneous	A&Wc				FBC			FC		AgL
LC	Knoll Lake	34°25'38"/111°05'13"	Sedimentary	A&Wc				FBC			FC		AgL
LC	Lake Humphreys (EDW)	35°11'51"/111°35'19"	EDW				A&Wedw		PBC				
LC	Lake Mary, Lower	35°06'21"/111°34'38"	Igneous	A&Wc				FBC		DWS	FC		AgL
LC	Lake Mary, Upper	35°03'23"/111°28'34"	Igneous	A&Wc				FBC		DWS	FC		AgL
LC	Lake of the Woods	34°09'40"/109°58'47"	Igneous	A&Wc				FBC			FC	AgI	AgL
LC	Lee Valley Creek (OAW)	Headwaters to Lee Valley Reservoir		A&Wc				FBC			FC		
LC	Lee Valley Creek	From Lee Valley Reservoir to confluence with the East Fork of the Little Colorado River		A&Wc				FBC			FC		AgL
LC	Lee Valley Reservoir	33°56'29"/109°30'04"	Igneous	A&Wc				FBC			FC	AgI	AgL
LC	Leonard Canyon Creek	Headwaters to confluence with Clear Creek		A&Wc				FBC			FC		AgL
LC	Leonard Canyon Creek, East Fork	Headwaters to confluence with Leonard Canyon Creek		A&Wc				FBC			FC		AgL
LC	Leonard Canyon Creek, Middle Fork	Headwaters to confluence with Leonard Canyon, West Fork		A&Wc				FBC			FC		AgL
LC	Leonard Canyon Creek, West Fork	Headwaters to confluence with Leonard Canyon, East Fork		A&Wc				FBC			FC		AgL
LC	Lily Creek	Headwaters to confluence with Coyote Creek		A&Wc				FBC			FC		AgL

Watershed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wedw	FBC	PBC	DWS	FC	AgI	AgL
LC	Little Colorado River	Headwaters to Lyman Reservoir		A&Wc				FBC			FC	AgI	AgL
LC	Little Colorado River	Below Lyman Reservoir to confluence with the Puerco River		A&Wc				FBC		DWS	FC	AgI	AgL
LC	Little Colorado River	Below Puerco River confluence to the Colorado River, excluding segments on Native American Lands			A&Ww			FBC		DWS	FC	AgI	AgL
LC	Little Colorado River, East Fork	Headwaters to confluence with the Little Colorado River		A&Wc				FBC			FC		AgL
LC	Little Colorado River, South Fork	Headwaters to confluence with the Little Colorado River		A&Wc				FBC			FC		AgL
LC	Little Colorado River, West Fork (OAW)	Headwaters to Government Springs		A&Wc				FBC			FC		
LC	Little Colorado River, West Fork	Below Government Springs to confluence with the Little Colorado River		A&Wc				FBC			FC		AgL
LC	Little George Reservoir	34°00'37"/109°19'15"	Igneous		A&Ww			FBC			FC	AgI	
LC	Little Mormon Lake	34°17'00"/109°58'06"	Igneous		A&Ww			FBC			FC	AgI	AgL
LC	Long Lake, Lower	34°47'16"/111°12'40"	Igneous	A&Wc				FBC			FC	AgI	AgL
LC	Long Lake, Upper	35°00'08"/111°21'23"	Igneous	A&Wc				FBC			FC		AgL
LC	Long Tom Tank	34°20'35"/110°49'22"		A&Wc				FBC			FC		AgL
LC	Lower Walnut Canyon Lake (EDW)	35°12'04"/111°34'07"	EDW				A&Wedw		PBC				
LC	Lyman Reservoir	34°21'21"/109°21'35"	Deep	A&Wc				FBC			FC	AgI	AgL
LC	Mamie Creek	Headwaters to confluence with Coyote Creek		A&Wc				FBC			FC		AgL
LC	Marshall Lake	35°07'18"/111°32'07"	Igneous	A&Wc				FBC			FC		AgL
LC	McKay Reservoir	34°01'27"/109°13'48"		A&Wc				FBC			FC	AgI	AgL
LC	Merritt Draw Creek	Headwaters to confluence with Barbershop Canyon Creek		A&Wc				FBC			FC		AgL
LC	Mexican Hay Lake	34°01'58"/109°21'25"	Igneous	A&Wc				FBC			FC	AgI	AgL
LC	Milk Creek	Headwaters to confluence with Hulsey Creek		A&Wc				FBC			FC		AgL
LC	Miller Canyon Creek	Headwaters to confluence with East Clear Creek		A&Wc				FBC			FC		AgL
LC	Miller Canyon Creek, East Fork	Headwaters to confluence with Miller Canyon Creek		A&Wc				FBC			FC		AgL
LC	Morton Lake	34°53'37"/111°17'41"	Igneous	A&Wc				FBC			FC		AgL
LC	Mud Lake	34°55'19"/111°21'29"	Shallow		A&Ww			FBC			FC		AgL
LC	Ned Lake (EDW)	34°17'17"/110°03'22"	EDW				A&Wedw		PBC				
LC	Nelson Reservoir	34°02'52"/109°11'19"	Sedimentary	A&Wc				FBC			FC	AgI	AgL
LC	Norton Reservoir	34°03'57"/109°31'27"	Igneous		A&Ww			FBC			FC		AgL
LC	Nutrioso Creek	Headwaters to confluence with the Little Colorado River		A&Wc				FBC			FC	AgI	AgL
LC	Paddy Creek	Headwaters to confluence with Nutrioso Creek		A&Wc				FBC			FC		AgL
LC	Pierce Seep	34°23'39"/110°31'17"		A&Wc					PBC				
LC	Pine Tank	34°46'49"/111°17'21"	Igneous		A&Ww			FBC			FC		AgL
LC	Pintail Lake (EDW)	34°18'05"/110°01'21"	EDW				A&Wedw		PBC				
LC	Porter Creek	Headwaters to confluence with Show Low Creek		A&Wc				FBC			FC		AgL
LC	Puerco River	Headwaters to confluence with the Little Colorado River			A&Ww			FBC		DWS	FC	AgI	AgL
LC	Puerco River (EDW)	Sanders Unified School District WWTP outfall at 35°12'52"/ 109°19'40" to 0.5 km downstream					A&Wedw		PBC				
LC	Rainbow Lake	34°09'00"/109°59'09"	Shallow Igneous	A&Wc				FBC			FC	AgI	AgL
LC	Reagan Reservoir	34°02'09"/109°08'41"	Igneous		A&Ww			FBC			FC		AgL
LC	Rio de Flag	Headwaters to City of Flagstaff WWTP outfall at 35°12'21"/111°39'17"				A&We			PBC				
LC	Rio de Flag (EDW)	From City of Flagstaff WWTP outfall to the confluence with San Francisco Wash					A&Wedw		PBC				
LC	River Reservoir	34°02'01"/109°26'07"	Igneous	A&Wc				FBC			FC	AgI	AgL
LC	Rogers Reservoir	33°56'30"/109°16'20"	Igneous		A&Ww			FBC			FC		AgL
LC	Rudd Creek	Headwaters to confluence with Nutrioso Creek		A&Wc				FBC			FC		AgL
LC	Russel Reservoir	33°59'29"/109°20'01"	Igneous		A&Ww			FBC			FC	AgI	AgL
LC	San Salvador Reservoir	33°58'51"/109°19'55"	Igneous	A&Wc				FBC			FC	AgI	AgL
LC	Scott Reservoir	34°10'31"/109°57'31"	Igneous	A&Wc				FBC			FC	AgI	AgL
LC	Show Low Creek	Headwaters to confluence with Silver Creek		A&Wc				FBC			FC	AgI	AgL
LC	Show Low Lake	34°11'36"/110°00'12"	Igneous	A&Wc				FBC			FC	AgI	AgL
LC	Silver Creek	Headwaters to confluence with the Little Colorado River		A&Wc				FBC			FC	AgI	AgL
LC	Slade Reservoir	33°59'41"/109°20'26"	Igneous		A&Ww			FBC			FC	AgI	AgL
LC	Soldiers Annex Lake	34°47'15"/111°13'51"	Igneous	A&Wc				FBC			FC	AgI	AgL
LC	Soldiers Lake	34°47'47"/111°14'04"	Igneous	A&Wc				FBC			FC	AgI	AgL
LC	Spaulding Tank	34°30'17"/111°02'06"			A&Ww			FBC			FC		AgL
LC	St Johns Reservoir (Little Reservoir)	34°29'10"/109°22'06"	Igneous		A&Ww			FBC			FC	AgI	AgL
LC	Telephone Lake (EDW)	34°17'35"/110°02'42"	EDW				A&Wedw		PBC				
LC	Tremaine Lake	34°46'02"/111°13'51"	Igneous	A&Wc				FBC			FC		AgL
LC	Tunnel Reservoir	34°01'53"/109°26'34"	Igneous	A&Wc				FBC			FC	AgI	AgL
LC	Turkey Draw (EDW)	High Country Pines II WWTP outfall at 33°25'35"/ 110°38'13" to confluence with Black Canyon Creek					A&Wedw		PBC				
LC	Unnamed Wash (EDW)	Bison Ranch WWTP outfall at 34°23'31"/110°31'29" to Pierce Seep					A&Wedw		PBC				
LC	Walnut Creek	Headwaters to confluence with Billy Creek		A&Wc				FBC			FC		AgL
LC	Water Canyon Creek	Headwaters to confluence with the Little Colorado River		A&Wc				FBC			FC		AgL
LC	Whale Lake (EDW)	35°11'13"/111°35'21"	EDW				A&Wedw		PBC				
LC	Whipple Lake	'34°16'49"/109°58'29"	Igneous		A&Ww			FBC			FC		AgL
LC	White Mountain Lake	34°21'57"/109°59'21"	Igneous	A&Wc				FBC			FC	AgI	AgL
LC	White Mountain Reservoir	34°00'12"/109°30'39"	Igneous	A&Wc				FBC			FC	AgI	AgL
LC	Willow Creek	Headwaters to confluence with Clear Creek		A&Wc				FBC			FC		AgL

Watershed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wedw	FBC	PBC	DWS	FC	AgI	AgL
LC	Willow Springs Canyon Creek	Headwaters to confluence with Chevelon Creek		A&Wc				FBC			FC		AgL
LC	Willow Springs Lake	34°18'13"/110°52'16"	Sedimentary	A&Wc				FBC			FC	AgI	AgL
LC	Woodland Reservoir	34°07'35"/109°57'01"	Igneous	A&Wc				FBC			FC	AgI	AgL
LC	Woods Canyon Creek	Headwaters to confluence with Chevelon Creek		A&Wc				FBC			FC		AgL
LC	Woods Canyon Lake	34°20'09"/110°56'45"	Sedimentary	A&Wc				FBC			FC	AgI	AgL
LC	Zuni River	Headwaters to confluence with the Little Colorado River		A&Wc				FBC			FC	AgI	AgL
MG	Agua Fria River	Headwaters to confluence with unnamed tributary at 34°35'14"/ 112°16'18"				A&We			PBC				AgL
MG	Agua Fria River (EDW)	Below confluence with unnamed tributary to State Route 169					A&Wedw		PBC				AgL
MG	Agua Fria River	From State Route 169 to Lake Pleasant			A&Ww			FBC		DWS	FC	AgI	AgL
MG	Agua Fria River	Below Lake Pleasant to the City of El Mirage WWTP at ' 33°34'20"/ 112°18'32"				A&We			PBC				AgL
MG	Agua Fria River (EDW)	From City of El Mirage WWTP outfall to 2 km downstream					A&Wedw		PBC				
MG	Agua Fria River	Below 2 km downstream of the City of El Mirage WWTP to City of Avondale WWTP outfall at 33°23'55"/112°21'16"				A&We			PBC				
MG	Agua Fria River	From City of Avondale WWTP outfall to confluence with Gila River					A&Wedw		PBC				
MG	Andorra Wash	Headwaters to confluence with Cave Creek Wash				A&We			PBC				
MG	Antelope Creek	Headwaters to confluence with Martinez Creek			A&Ww			FBC			FC		AgL
MG	Arlington Canal	From Gila River at 33°20'54"/112°35'39" to Gila River at 33°13'44"/ 112°46'15"											AgL
MG	Ash Creek	Headwaters to confluence with Tex Canyon		A&Wc				FBC			FC	AgI	AgL
MG	Ash Creek	Below confluence with Tex Canyon to confluence with Agua Fria River			A&Ww			FBC			FC	AgI	AgL
MG	Beehive Tank	32°52'37"/111°02'20"			A&Ww			FBC			FC		AgL
MG	Big Bug Creek	Headwaters to confluence with Eugene Gulch		A&Wc				FBC			FC	AgI	AgL
MG	Big Bug Creek	Below confluence with Eugene Gulch to confluence with Agua Fria River			A&Ww			FBC			FC	AgI	AgL
MG	Black Canyon Creek	Headwaters to confluence with the Agua Fria River			A&Ww			FBC			FC		AgL
MG	Blind Indian Creek	Headwaters to confluence with the Hassayampa River			A&Ww			FBC			FC		AgL
MG	Cave Creek	Headwaters to the Cave Creek Dam			A&Ww			FBC			FC		AgL
MG	Cave Creek	Cave Creek Dam to the Arizona Canal				A&We			PBC				
MG	Centennial Wash	Headwaters to confluence with the Gila River at 33°16'32"/112°48'08"				A&We			PBC				AgL
MG	Centennial Wash Ponds	33°54'52"/113°23'47"			A&Ww			FBC			FC		AgL
MG	Chaparral Park Lake	Hayden Road & Chaparral Road, Scottsdale at 33°30'40"/111°54'27"	Urban		A&Ww				PBC		FC	AgI	
MG	Devils Canyon	Headwaters to confluence with Mineral Creek			A&Ww				FBC		FC		AgL
MG	East Maricopa Floodway	From Brown and Greenfield Rds to the Gila River Indian Reservation Boundary			A&We				PBS				AgL
MG	Eldorado Park Lake	Miller Road & Oak Street, Tempe at 33°28'25"/ 111°54'53"	Urban		A&Ww				PBC		FC		
MG	Fain Lake	Town of Prescott Valley Park Lake 34°34'29"/ 112°21'06"	Urban		A&Ww				PBC		FC		
MG	French Gulch	Headwaters to confluence with Hassayampa River			A&Ww				PBC				AgL
MG	Galena Gulch	Headwaters to confluence with the Agua Fria River				A&We			PBC				AgL
MG	Galloway Wash (EDW)	Town of Cave Creek WWTP outfall at 33°50'15"/ 111°57'35" to confluence with Cave Creek					A&Wedw		PBC				
MG	Gila River	San Carlos Indian Reservation boundary to the Ashurst-Hayden Dam			A&Ww			FBC			FC	AgI	AgL
MG	Gila River	Ashurst-Hayden Dam to the Town of Florence WWTP outfall at 33°02'20"/111°24'19"				A&We			PBC				AgL
MG	Gila River (EDW)	Town of Florence WWTP outfall to Felix Road					A&Wedw		PBC				
MG	Gila River	Felix Road to the Gila River Indian Reservation boundary				A&We			PBC				AgL
MG	Gila River (EDW)	From the confluence with the Salt River to Gillespie Dam					A&Wedw		PBC		FC	AgI	AgL
MG	Gila River	Gillespie Dam to confluence with Painted Rock Dam			A&Ww			FBC			FC	AgI	AgL
MG	Groom Creek	Headwaters to confluence with the Hassayampa River		A&Wc				FBC		DWS	FC		AgL
MG	Hassayampa Lake	34°25'45"/112°25'33"	Igneous	A&Wc				FBC		DWS	FC		
MG	Hassayampa River	Headwaters to confluence with unnamed tributary at 34°26'09"/ 112°30'32"		A&Wc				FBC			FC	AgI	AgL
MG	Hassayampa River	Below confluence with unnamed tributary to confluence with unnamed tributary at 33°51'52"/112°39'56"			A&Ww			FBC			FC	AgI	AgL
MG	Hassayampa River	Below unnamed tributary to the Buckeye Irrigation Company Canal				A&We			PBC				AgL
MG	Hassayampa River	Below Buckeye Irrigation Company canal to the Gila River			A&Ww			FBC			FC		AgL
MG	Horsethief Lake	34°09'42"/112°17'57"	Igneous	A&Wc				FBC		DWS	FC		AgL
MG	Indian Bend Wash	Headwaters to confluence with the Salt River				A&We			PBC				
MG	Indian Bend Wash Lakes	Scottsdale at 33°30'32"/111°54'24"	Urban		A&Ww				PBC		FC		
MG	Indian School Park Lake	Indian School Road & Hayden Road, Scottsdale at 33°29'39"/ 111°54'37"	Urban		A&Ww				PBC		FC		
MG	Kiwanis Park Lake	6000 South Mill Avenue, Tempe at 33°22'27"/ 111°56'22"	Urban		A&Ww				PBC		FC	AgI	
MG	Lake Pleasant	33°53'46"/112°16'29"	Deep		A&Ww			FBC		DWS	FC	AgI	AgL
MG	Lake Pleasant, Lower	33°50'32"/112°16'03"			A&Ww			FBC			FC	AgI	AgL
MG	Lion Canyon	Headwaters to confluence with Weaver Creek			A&Ww			FBC			FC		AgL
MG	Little Ash Creek	Headwaters to confluence with Ash Creek at			A&Ww			FBC			FC		AgL
MG	Lynx Creek	Headwaters to confluence with unnamed tributary at 34°34'29"/ 112°21'07"		A&Wc				FBC			FC		AgL
MG	Lynx Creek	Below confluence with unnamed tributary at 34°34'29"/112°21'07" to confluence with Agua Fria River			A&Ww			FBC			FC		AgL
MG	Lynx Lake	34°31'07"/112°23'07"	Deep	A&Wc				FBC		DWS	FC	AgI	AgL
MG	Martinez Canyon	Headwaters to confluence with Box Canyon			A&Ww			FBC			FC		AgL
MG	Martinez Creek	Headwaters to confluence with the Hassayampa River			A&Ww			FBC			FC	AgI	AgL
MG	McKellips Park Lake	Miller Road & McKellips Road, Scottsdale at 33°27'14"/111°54'49"	Urban		A&Ww				PBC		FC	AgI	
MG	McMicken Wash (EDW)	City of Peoria Jomax WWTP outfall at 33°43'31"/ 112°20'15" to confluence with Agua Fria River					A&Wedw		PBC				

Watershed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wedw	FBC	PBC	DWS	FC	AgI	AgL
MG	Mineral Creek	Headwaters to 33°12'34"/110°59'58"			A&Ww			FBC			FC		AgL
MG	Mineral Creek (diversion tunnel and lined channel)	33°12'24"/110°59'58" to 33°07'56"/110°58'34"						PBC					
MG	Mineral Creek	End of diversion channel to confluence with Gila River			A&Ww			FBC			FC		AgL
MG	Minnehaha Creek	Headwaters to confluence with the Hassayampa River			A&Ww			FBC			FC		AgL
MG	New River	Headwaters to Interstate 17 at 33°54'19.5"/112°08'46"			A&Ww			FBC			FC	AgI	AgL
MG	New River	Below Interstate 17 to confluence with Agua Fria River				A&We			PBC				AgL
MG	Painted Rock Reservoir	33°04'23"/113°00'38"	Sedimentary		A&Ww			FBC			FC	AgI	AgL
MG	Papago Park Ponds	Galvin Parkway, Phoenix at 33°27'15"/111°56'45"	Urban		A&Ww				PBC		FC		
MG	Papago Park South Pond	Curry Road, Tempe 33°26'22"/111°55'55"	Urban		A&Ww				PBC		FC		
MG	Perry Mesa Tank	34°11'03"/112°02'01"			A&Ww			FBC			FC		AgL
MG	Phoenix Area Canals	Granite Reef Dam to all municipal WTP intakes								DWS		AgI	AgL
MG	Phoenix Area Canals	Below municipal WTP intakes and all other locations										AgI	AgL
MG	Picacho Reservoir	32°51'10"/111°28'25"	Shallow		A&Ww			FBC			FC	AgI	AgL
MG	Poland Creek	Headwaters to confluence with Lorena Gulch		A&Wc				FBC			FC		AgL
MG	Poland Creek	Below confluence with Lorena Gulch to confluence with Black Canyon Creek			A&Ww			FBC			FC		AgL
MG	Queen Creek	Headwaters to the Town of Superior WWTP outfall at 33°16'33"/ 111°07'44"			A&Ww				PBC		FC		AgL
MG	Queen Creek (EDW)	Below Town of Superior WWTP outfall to confluence with Potts Canyon					A&Wedw		PBC				
MG	Queen Creek	Below Potts Canyon to Whitlow Dam			A&Ww			FBC			FC		AgL
MG	Queen Creek	Below Whitlow Dam to confluence with Gila River				A&We			PBC				
MG	Salt River	Verde River to 2 km below Granite Reef Dam			A&Ww			FBC		DWS	FC	AgI	AgL
MG	Salt River	2 km below Granite Reef Dam to City of Mesa NW WRF outfall at 33°26'22"/111°53'14"				A&We			PBC				
MG	Salt River (EDW)	City of Mesa NW WRF outfall to Tempe Town Lake					A&Wedw		PBC				
MG	Salt River	Below Tempe Town Lake to Interstate 10 bridge				A&We			PBC				
MG	Salt River	Below Interstate 10 bridge to the City of Phoenix 23rd Avenue WWTP outfall at 33°24'44"/ 112°07'59"			A&Ww				PBC		FC		
MG	Salt River (EDW)	From City of Phoenix 23rd Avenue WWTP outfall to confluence with Gila River					A&Wedw		PBC		FC	AgI	AgL
MG	Siphon Draw (EDW)	Superstition Mountains CFD WWTP outfall at 33°21'40"/111°33'30" to 6 km downstream					A&Wedw		PBC				
MG	Sycamore Creek	Headwaters to confluence with Tank Canyon		A&Wc				FBC			FC		AgL
MG	Sycamore Creek	Below confluence with Tank Canyon to confluence with Agua Fria River			A&Ww			FBC			FC		AgL
MG	Tempe Town Lake	At Mill Avenue Bridge at 33°26'00"/111°56'26"	Urban		A&Ww			FBC			FC		
MG	The Lake Tank	32°54'14"/111°04'15"			A&Ww			FBC			FC		AgL
MG	Tule Creek	Headwaters to confluence with the Agua Fria River			A&Ww			FBC			FC		AgL
MG	Turkey Creek	Headwaters to confluence with unnamed tributary at 34°19'28"/ 112°21'33"		A&Wc				FBC			FC	AgI	AgL
MG	Turkey Creek	Below confluence with unnamed tributary to confluence with Poland Creek			A&Ww			FBC			FC	AgI	AgL
MG	Unnamed Wash (EDW)	Gila Bend WWTP outfall to confluence with the Gila River					A&Wedw		PBC				
MG	Unnamed Wash (EDW)	Luke Air Force Base WWTP outfall at 33°32'21"/112°19'15" to confluence with the Agua Fria River					A&Wedw		PBC				
MG	Unnamed Wash (EDW)	North Florence WWTP outfall at 33°03'50"/ 111°23'13" to confluence with Gila River					A&Wedw		PBC				
MG	Unnamed Wash (EDW)	Town of Prescott Valley WWTP outfall at34°35'16"/ 112°16'18" to confluence with the Agua Fria River					A&Wedw		PBC				
MG	Unnamed Wash (EDW)	Town of Cave Creek WRF outfall at 33°48'02"/ 111°59'22" to confluence with Cave Creek					A&Wedw		PBC				
MG	Wagner Wash (EDW)	City of Buckeye Festival Ranch WRF outfall at 33°39'14"/112°40'18" to 2 km downstream					A&Wedw		PBC				
MG	Walnut Canyon Creek	Headwaters to confluence with the Gila River			A&Ww			FBC			FC		AgL
MG	Weaver Creek	Headwaters to confluence with Antelope Creek, tributary to Martinez Creek			A&Ww			FBC			FC		AgL
MG	White Canyon Creek	Headwaters to confluence with Walnut Canyon Creek			A&Ww			FBC			FC		AgL
MG	Yavapai Lake (EDW)	Town of Prescott Valley WWTP outfall 002 at 34°36'07"/112°18'48" to Navajo Wash	EDW				A&Wedw		PBC				
SC	Agua Caliente Lake	12325 East Roger Road, Tucson 32°16'51"/ 110°43'52"	Urban		A&Ww				PBC		FC		
SC	Agua Caliente Wash	Headwaters to confluence with Soldier Trail			A&Ww			FBC			FC		AgL
SC	Agua Caliente Wash	Below Soldier Trail to confluence with Tanque Verde Creek				A&We			PBC				AgL
SC	Aguirre Wash	From the Tohono O'odham Indian Reservation boundary to 32°28'38"/111°46'51"				A&We			PBC				
SC	Alambre Wash	Headwaters to confluence with Brawley Wash				A&We			PBC				
SC	Alamo Wash	Headwaters to confluence with Rillito Creek				A&We			PBC				
SC	Altar Wash	Headwaters to confluence with Brawley Wash				A&We			PBC				
SC	Alum Gulch	Headwaters to 31°28'20"/110°43'51"				A&We			PBC				AgL
SC	Alum Gulch	From 31°28'20"/110°43'51" to 31°29'17"/110°44'25"			A&Ww			FBC			FC		AgL
SC	Alum Gulch	Below 31°29'17"/110°44'25" to confluence with Sonoita Creek				A&We			PBC				AgL
SC	Arivaca Creek	Headwaters to confluence with Altar Wash			A&Ww			FBC			FC		AgL
SC	Arivaca Lake	31°31'52"/111°15'06"	Igneous		A&Ww			FBC			FC	AgI	AgL
SC	Atterbury Wash	Headwaters to confluence with Pantano Wash				A&We			PBC				AgL
SC	Bear Grass Tank	31°33'01"/111°11'03"			A&Ww			FBC			FC		AgL
SC	Big Wash	Headwaters to confluence with Cañada del Oro				A&We			PBC				

Watershed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wedw	FBC	PBC	DWS	FC	AgI	AgL
SC	Black Wash (EDW)	Pima County WWMD Avra Valley WWTP outfall at 32°09'58"/ 111°11'17" to confluence with Brawley Wash					A&Wedw		PBC				
SC	Bog Hole Tank	31°28'36"/110°37'09"			A&Ww			FBC			FC		AgL
SC	Brawley Wash	Headwaters to confluence with Los Robles Wash				A&We			PBC				
SC	California Gulch	Headwaters To U.S./Mexico border			A&Ww			FBC			FC		AgL
SC	Cañada del Oro	Headwaters to State Route 77			A&Ww			FBC			FC	AgI	AgL
SC	Cañada del Oro	Below State Route 77 to confluence with the Santa Cruz River				A&We			PBC				AgL
SC	Cienega Creek	Headwaters to confluence with Gardner Canyon			A&Ww			FBC			FC		AgL
SC	Cienega Creek (OAW)	From confluence with Gardner Canyon to USGS gaging station (#09484600)			A&Ww			FBC			FC		AgL
SC	Davidson Canyon	Headwaters to unnamed spring at 31°59'00"/ 110°38'49"				A&We			PBC				AgL
SC	Davidson Canyon (OAW)	From unnamed Spring to confluence with unnamed tributary at 31°59'09"/110°38'44"			A&Ww			FBC			FC		AgL
SC	Davidson Canyon (OAW)	Below confluence with unnamed tributary to unnamed spring at 32°00'40"/110°38'36"				A&We			PBC				AgL
SC	Davidson Canyon (OAW)	From unnamed spring to confluence with Cienega Creek			A&Ww			FBC			FC		AgL
SC	Empire Gulch	Headwaters to unnamed spring at 31°47'18"/ 110°38'17"				A&We			PBC				
SC	Empire Gulch	From 31°47'18"/110°38'17" to 31°47'03"/110°37'35"			A&Ww			FBC			FC		
SC	Empire Gulch	From 31°47'03"/110°37'35" to 31°47'05"/ 110°36'58"				A&We			PBC				AgL
SC	Empire Gulch	From 31°47'05"/110°36'58" to confluence with Cienega Creek			A&Ww			FBC			FC		
SC	Flux Canyon	Headwaters to confluence with Alum Gulch				A&We			PBC				AgL
SC	Gardner Canyon Creek	Headwaters to confluence with Sawmill Canyon		A&Wc				FBC			FC		
SC	Gardner Canyon Creek	Below Sawmill Canyon to confluence with Cienega Creek			A&Ww			FBC			FC		
SC	Greene Wash	Santa Cruz River to the Tohono O'odham Indian Reservation boundary				A&We			PBC				
SC	Greene Wash	Tohono O'odham Indian Reservation boundary to confluence with Santa Rosa Wash at 32°53'52"/ 111°56'48"				A&We			PBC				
SC	Harshaw Creek	Headwaters to confluence with Sonoita Creek at				A&We			PBC				AgL
SC	Hit Tank	32°43'57"/111°03'18"			A&Ww			FBC			FC		AgL
SC	Holden Canyon Creek	Headwaters to U.S./Mexico border			A&Ww			FBC			FC		
SC	Huachuca Tank	31°21'11"/110°30'18"			A&Ww			FBC			FC		AgL
SC	Julian Wash	Headwaters to confluence with the Santa Cruz River				A&We			PBC				
SC	Kennedy Lake	Mission Road & Ajo Road, Tucson at 32°10'49"/ 111°00'27"	Urban		A&Ww				PBC		FC		
SC	Lakeside Lake	8300 East Stella Road, Tucson at 32°11'11"/ 110°49'00"	Urban		A&Ww				PBC		FC		
SC	Lemmon Canyon Creek	Headwaters to confluence with unnamed tributary at 32°23'48"/ 110°47'49"		A&Wc				FBC			FC		
SC	Lemmon Canyon Creek	Below unnamed tributary at 32°23'48"/110°47'49" to confluence with Sabino Canyon Creek			A&Ww			FBC			FC		
SC	Los Robles Wash	Headwaters to confluence with the Santa Cruz River				A&We			PBC				
SC	Madera Canyon Creek	Headwaters to confluence with unnamed tributary at 31°43'42"/ 110°52'51"		A&Wc				FBC			FC		AgL
SC	Madera Canyon Creek	Below unnamed tributary at 31°43'42"/110°52'51 to confluence with the Santa Cruz River			A&Ww			FBC			FC		AgL
SC	Mattie Canyon	Headwaters to confluence with Cienega Creek			A&Ww			FBC			FC		AgL
SC	Nogales Wash	Headwaters to confluence with Potrero Creek			A&Ww				PBC		FC		
SC	Oak Tree Canyon	Headwaters to confluence with Cienega Creek				A&We			PBC				
SC	Palisade Canyon	Headwaters to confluence with unnamed tributary at 32°22'33"/ 110°45'31"		A&Wc				FBC			FC		
SC	Palisade Canyon	Below 32°22'33"/110°45'31" to unnamed tributary of Sabino Canyon			A&Ww			FBC			FC		
SC	Pantano Wash	Headwaters to confluence with Tanque Verde Creek				A&We			PBC				
SC	Parker Canyon Creek	Headwaters to confluence with unnamed tributary at 31°24'17"/ 110°28'47"	A&Wc					FBC			FC		
SC	Parker Canyon Creek	Below unnamed tributary to U.S./Mexico border			A&Ww			FBC			FC		
SC	Parker Canyon Lake	31°25'35"/110°27'15"	Deep	A&Wc				FBC			FC	AgI	AgL
SC	Patagonia Lake	31°29'56"/110°50'49"	Deep		A&Ww			FBC			FC	AgI	AgL
SC	Peña Blanca Lake	31°24'15"/111°05'12"	Igneous		A&Ww			FBC			FC	AgI	AgL
SC	Potrero Creek	Headwaters to Interstate 19				A&We			PBC				AgL
SC	Potrero Creek	Below Interstate 19 to confluence with Santa Cruz River			A&Ww			FBC			FC		AgL
SC	Puertocito Wash	Headwaters to confluence with Altar Wash				A&We			PBC				
SC	Quitobaquito Spring	(Pond and Springs) 31°56'39"/113°01'06"			A&Ww			FBC			FC		AgL
SC	Redrock Canyon Creek	Headwaters to confluence with Harshaw Creek			A&Ww			FBC			FC		
SC	Rillito Creek	Headwaters to confluence with the Santa Cruz River				A&We			PBC				AgL
SC	Romero Canyon Creek	Headwaters to confluence with unnamed tributary at 32°24'29"/ 110°50'39"		A&Wc				FBC			FC		
SC	Romero Canyon Creek	Below unnamed tributary to confluence with Sutherland Wash			A&Ww			FBC			FC		
SC	Rose Canyon Creek	Headwaters to confluence with Sycamore Canyon		A&Wc				FBC			FC		
SC	Rose Canyon Lake	32°23'13"/110°42'38"	Igneous	A&Wc				FBC			FC		AgL
SC	Ruby Lakes	31°26'29"/111°14'22"	Igneous		A&Ww			FBC			FC		AgL
SC	Sabino Canyon	Headwaters to 32°23'20"/110°47'06"		A&Wc				FBC		DWS	FC	AgI	
SC	Sabino Canyon	Below 32°23'20"/110°47'06" to confluence with Tanque Verde River			A&Ww			FBC		DWS	FC	AgI	
SC	Salero Ranch Tank	31°35'43"/110°53'25"			A&Ww			FBC			FC		AgL
SC	Santa Cruz River	Headwaters to the at U.S./Mexico border			A&Ww			FBC			FC	AgI	AgL
SC	Santa Cruz River	U.S./Mexico border to the Nogales International WWTP outfall at 31°27'25"/110°58'04"			A&Ww			FBC		DWS	FC	AgI	AgL
SC	Santa Cruz River (EDW)	Nogales International WWTP outfall to the Tubac Bridge					A&Wedw		PBC				AgL
SC	Santa Cruz River	Tubac Bridge to Agua Nueva WRF outfall at 32°17'04"/111°01'45"				A&We			PBC				AgL

Watershed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wedw	FBC	PBC	DWS	FC	AgI	AgL
SC	Santa Cruz River (EDW)	Agua Nueva WRF outfall to Baumgartner Road					A&Wedw		PBC				
SC	Santa Cruz River, West Branch	Headwaters to the confluence with Santa Cruz River				A&We			PBC				AgL
SC	Santa Cruz River	Baumgartner Road to the Ak Chin Indian Reservation boundary				A&We			PBC				AgL
SC	Santa Cruz Wash, North Branch	Headwaters to City of Casa Grande WRF outfall at 32°54'57"/ 111°47'13"				A&We			PBC				
SC	Santa Cruz Wash, North Branch (EDW)	City of Casa Grande WRF outfall to 1 km downstream					A&Wedw		PBC				
SC	Santa Rosa Wash	Below Tohono O'odham Indian Reservation to the Ak Chin Indian Reservation				A&We			PBC				
SC	Santa Rosa Wash (EDW)	Palo Verde Utilities CO-WRF outfall at 33°04'20"/ 112°01'47" to the Chin Indian Reservation					A&Wedw		PBC				
SC	Soldier Tank	32°25'34"/110°44'43"		A&Wc				FBC			FC		AgL
SC	Sonoita Creek	Headwaters to the Town of Patagonia WWTP outfall at 31°32'25"/ 110°45'31"				A&We			PBC				AgL
SC	Sonoita Creek (EDW)	Town of Patagonia WWTP outfall to permanent groundwater upwelling point approximately 1600 feet downstream of outfall					A&Wedw		PBC				AgL
SC	Sonoita Creek	Below 1600 feet downstream of Town of Patagonia WWTP outfall groundwater upwelling point to confluence with the Santa Cruz River			A&Ww			FBC			FC	AgI	AgL
SC	Split Tank	31°28'11"/111°05'12"			A&Ww			FBC			FC		AgL
SC	Sutherland Wash	Headwaters to confluence with Cañada del Oro			A&Ww			FBC			FC		
SC	Sycamore Canyon	Headwaters to 32°21'60" / 110°44'48"		A&Wc				FBC			FC		
SC	Sycamore Canyon	From 32°21'60" / 110°44'48" to Sycamore Reservoir			A&Ww			FBC			FC		
SC	Sycamore Canyon	Headwaters to the U.S./Mexico border			A&Ww			FBC			FC		AgL
SC	Sycamore Reservoir	32°20'57"/110°47'38"		A&Wc				FBC			FC		AgL
SC	Tanque Verde Creek	Headwaters to Houghton Road			A&Ww			FBC			FC		AgL
SC	Tanque Verde Creek	Below Houghton Road to confluence with Rillito Creek				A&We			PBC				AgL
SC	Three R Canyon	Headwaters to Unnamed Trib to Three R Canyon at 31°28'26"/ 110°46'04"				A&We			PBC				AgL
SC	Three R Canyon	From 31°28'26"/110°46'04" to 31°28'28"/110°47'15" (Cox Gulch)			A&Ww			FBC			FC		AgL
SC	Three R Canyon	From (Cox Gulch) 31°28'28"/110°47'15" to confluence with Sonoita Creek				A&We			PBC				AgL
SC	Tinaja Wash	Headwaters to confluence with the Santa Cruz River				A&We			PBC				AgL
SC	Unnamed Wash (EDW)	Oracle Sanitary District WWTP outfall at 32°36'54"/ 110°48'02" to 5 km downstream					A&Wedw		PBC				
SC	Unnamed Wash (EDW)	Arizona City Sanitary District WWTP outfall at 32°45'43"/111°44'24" to confluence with Santa Cruz Wash					A&Wedw		PBC				
SC	Unnamed Wash (EDW)	Saddlebrook WWTP outfall at 32°32'00"/110°53'01" to confluence with Cañada del Oro					A&Wedw		PBC				
SC	Vekol Wash	Headwater to Santa Cruz Wash: Those reaches not located on the Ak-Chin, Tohono O'odham and Gila River Indian Reservations				A&We			PBC				
SC	Wakefield Canyon	Headwaters to confluence with unnamed tributary at 31°52'48"/ 110°26'27"		A&Wc				FBC			FC		AgL
SC	Wakefield Canyon	Below confluence with unnamed tributary to confluence with Cienega Creek			A&Ww			FBC			FC		AgL
SC	Wild Burro Canyon	Headwaters to confluence with unnamed tributary at 32°27'43"/ 111°05'47"			A&Ww			FBC			FC		AgL
SC	Wild Burro Canyon	Below confluence with unnamed tributary to confluence with Santa Cruz River				A&We			PBC				AgL
SP	Abbot Canyon	Headwaters to confluence with Whitewater Draw			A&Ww			FBC			FC		AgL
SP	Aravaipa Creek	Headwaters to confluence with Stowe Gulch			A&Ww			FBC			FC		AgL
SP	Aravaipa Creek (OAW)	Stowe Gulch to downstream boundary of Aravaipa Canyon Wilderness Area			A&Ww			FBC			FC		AgL
SP	Aravaipa Creek	Below downstream boundary of Aravaipa Canyon Wilderness Area to confluence with the San Pedro River			A&Ww			FBC			FC		AgL
SP	Ash Creek	Headwaters to 31°50'28"/109°40'04"			A&Ww			FBC			FC	AgI	AgL
SP	Babocomari River	Headwaters to confluence with the San Pedro River			A&Ww			FBC			FC		AgL
SP	Bass Canyon Creek	Headwaters to confluence with unnamed tributary at 32°26'06"/ 110°13'22"		A&Wc				FBC			FC		AgL
SP	Bass Canyon Creek	Below confluence with unnamed tributary to confluence with Hot Springs Canyon Creek			A&Ww			FBC			FC		AgL
SP	Bass Canyon Tank	32°24'00"/110°13'00"			A&Ww			FBC			FC		AgL
SP	Bear Creek	Headwaters to U.S./Mexico border			A&Ww			FBC			FC		AgL
SP	Blacktail Pond	Fort Huachuca Military Reservation at 31°31'04"/110°24'47", headwater lake in Blacktail Canyon			A&Ww			FBC			FC		
SP	Black Draw	Headwaters to the U.S./Mexico border			A&Ww			FBC			FC		AgL
SP	Booger Canyon	Headwaters to confluence with Aravaipa Creek			A&Ww			FBC			FC		AgL
SP	Buck Canyon	Headwaters to confluence with Buck Creek Tank			A&Ww			FBC			FC		AgL
SP	Buck Canyon	Below Buck Creek Tank to confluence with Dry Creek				A&We			PBC				AgL
SP	Buehman Canyon Creek (OAW)	Headwaters to confluence with unnamed tributary at 32°24'54"/ 110°32'10"			A&Ww			FBC			FC		AgL
SP	Buehman Canyon Creek	Below confluence with unnamed tributary to confluence with San Pedro River			A&Ww			FBC			FC		AgL
SP	Bullock Canyon	Headwaters to confluence with Buehman Canyon			A&Ww			FBC			FC		AgL
SP	Carr Canyon Creek	Headwaters to confluence with unnamed tributary at 31°27'01"/ 110°15'48"		A&Wc				FBC			FC		AgL
SP	Carr Canyon Creek	Below confluence with unnamed tributary to confluence with the San Pedro River			A&Ww			FBC			FC		AgL
SP	Copper Creek	Headwaters to confluence with Prospect Canyon			A&Ww			FBC			FC		AgL
SP	Copper Creek	Below confluence with Prospect Canyon to confluence with the San Pedro River				A&We			PBC				AgL

Watershed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wedw	FBC	PBC	DWS	FC	AgI	AgL
SP	Deer Creek	Headwaters to confluence with unnamed tributary at 32°59'57"/ 110°20'11"		A&Wc				FBC			FC		AgL
SP	Deer Creek	Below confluence with unnamed tributary to confluence with Aravaipa Creek			A&Ww			FBC			FC		AgL
SP	Dixie Canyon	Headwaters to confluence with Mexican Canyon			A&Ww			FBC			FC		AgL
SP	Double R Canyon Creek	Headwaters to confluence with Bass Canyon			A&Ww			FBC			FC		
SP	Dry Canyon	Headwaters to confluence with Whitewater draw			A&Ww			FBC			FC		AgL
SP	East Gravel Pit Pond	Fort Huachuca Military Reservation at 31°30'54"/ 110°19'44"	Sedimentary		A&Ww			FBC			FC		
SP	Espiritu Canyon Creek	Headwaters to confluence with Soza Wash			A&Ww			FBC			FC		AgL
SP	Fourmile Creek	Headwaters to confluence with Aravaipa Creek			A&Ww			FBC			FC		AgL
SP	Fourmile Canyon, Left Prong	Headwaters to confluence with unnamed tributary at 32°43'15"/ 110°23'46"		A&Wc				FBC			FC		AgL
SP	Fourmile Canyon, Left Prong	Below confluence with unnamed tributary to confluence with Fourmile Canyon Creek			A&Ww			FBC			FC		AgL
SP	Fourmile Canyon, Right Prong	Headwaters to confluence with Fourmile Canyon			A&Ww			FBC			FC		AgL
SP	Gadwell Canyon	Headwaters to confluence with Whitewater Draw			A&Ww			FBC			FC		AgL
SP	Garden Canyon Creek	Headwaters to confluence with unnamed tributary at 31°29'01"/ 110°19'44"		A&Wc				FBC		DWS	FC	AgI	
SP	Garden Canyon Creek	Below confluence with unnamed tributary to confluence with the San Pedro River			A&Ww			FBC		DWS	FC	AgI	
SP	Glance Creek	Headwaters to confluence with Whitewater Draw			A&Ww			FBC			FC		AgL
SP	Gold Gulch	Headwaters to U.S./Mexico border			A&Ww			FBC			FC		AgL
SP	Gravel Pit Pond	Fort Huachuca Military Reservation at 31°30'52"/ 110°19'49"	Sedimentary		A&Ww			FBC			FC		
SP	Greenbush Draw	From U.S./Mexico border to confluence with San Pedro River				A&We			PBC				
SP	Hidden Pond	Fort Huachuca Military Reservation at 32°30'30"/ 109°22'17"			A&Ww			FBC			FC		
SP	Horse Camp Canyon	Headwaters to confluence with Aravaipa Creek			A&Ww			FBC			FC		AgL
SP	Hot Springs Canyon Creek	Headwaters to confluence with the San Pedro River			A&Ww			FBC			FC		AgL
SP	Johnson Canyon	Headwaters to Whitewater Draw at 31°32'46"/ 109°43'32"			A&Ww			FBC			FC		AgL
SP	Leslie Canyon Creek	Headwaters to confluence with Whitewater Draw			A&Ww			FBC			FC		AgL
SP	Lower Garden Canyon Pond	Fort Huachuca Military Reservation at 31°29'39"/ 110°18'34"			A&Ww			FBC			FC		
SP	Mexican Canyon	Headwaters to confluence with Dixie Canyon			A&Ww			FBC			FC		AgL
SP	Miller Canyon	Headwaters to Broken Arrow Ranch Road at 31°25'35"/110°15'04"		A&Wc				FBC		DWS	FC		AgL
SP	Miller Canyon	Below Broken Arrow Ranch Road to confluence with the San Pedro River			A&Ww			FBC		DWS	FC		AgL
SP	Mountain View Golf Course Pond	Fort Huachuca Military Reservation at 31°32'14"/ 110°18'52"	Sedimentary		A&Ww				PBC		FC		
SP	Mule Gulch	Headwaters to the Lavender Pit at 31°26'11"/ 109°54'02"			A&Ww				PBC		FC		
SP	Mule Gulch	The Lavender Pit to the' Highway 80 bridge at 31°26'30"/109°49'28"				A&We			PBC				
SP	Mule Gulch	Below the Highway 80 bridge to confluence with Whitewater Draw				A&We			PBC				AgL
SP	Oak Grove Canyon	Headwaters to confluence with Turkey Creek			A&Ww			FBC			FC		AgL
SP	Officers Club Pond	Fort Huachuca Military Reservation at 31°32'51"/ 110°21'37"	Sedimentary		A&Ww				PBC		FC		
SP	Paige Canyon Creek	Headwaters to confluence with the San Pedro River			A&Ww			FBC			FC		AgL
SP	Parsons Canyon Creek	Headwaters to confluence with Aravaipa Creek			A&Ww			FBC			FC		AgL
SP	Ramsey Canyon Creek	Headwaters to Forest Service Road #110 at 31°27'44"/110°17'30"		A&Wc				FBC			FC	AgI	AgL
SP	Ramsey Canyon Creek	Below Forest Service Road #110 to confluence with Carr Wash			A&Ww			FBC			FC	AgI	AgL
SP	Rattlesnake Creek	Headwaters to confluence with Brush Canyon		A&Wc				FBC			FC		AgL
SP	Rattlesnake Creek	Below confluence with Brush Canyon to confluence with Aravaipa Creek			A&Ww			FBC			FC		AgL
SP	Redfield Canyon	Headwaters to confluence with unnamed tributary at 32°33'40"/ 110°18'42"		A&Wc				FBC			FC		AgL
SP	Redfield Canyon	Below confluence with unnamed tributary to confluence with the San Pedro River			A&Ww			FBC			FC		AgL
SP	Rucker Canyon	Headwaters to confluence with Whitewater Draw		A&Wc				FBC			FC		AgL
SP	Rucker Canyon Lake	31°46'46"/109°18'30"	Shallow	A&Wc				FBC			FC		AgL
SP	San Pedro River	U.S./ Mexico Border to Buehman Canyon			A&Ww			FBC			FC	AgI	AgL
SP	San Pedro River	From Buehman canyon to confluence with the Gila River			A&Ww			FBC			FC		AgL
SP	Soto Canyon	Headwaters to confluence with Dixie Canyon			A&Ww			FBC			FC		AgL
SP	Swamp Springs Canyon	Headwaters to confluence with Redfield Canyon			A&Ww			FBC			FC		AgL
SP	Sycamore Pond I	Fort Huachuca Military Reservation at 31°35'12"/ 110°26'11"	Sedimentary		A&Ww			FBC			FC		
SP	Sycamore Pond II	Fort Huachuca Military Reservation at 31°34'39"/ 110°26'10"	Sedimentary		A&Ww			FBC			FC		
SP	Turkey Creek	Headwaters to confluence with Aravaipa Creek			A&Ww			FBC			FC		AgL
SP	Unnamed Wash (EDW)	Mt. Lemmon WWTP outfall at 32°26'51"/110°45'08" to 0.25 km downstream					A&Wedw		PBC				
SP	Virgus Canyon	Headwaters to confluence with Aravaipa Creek			A&Ww			FBC			FC		AgL
SP	Walnut Gulch	Headwaters to Tombstone WWTP outfall at 31°43'47"/110°04'06"				A&We			PBC				
SP	Walnut Gulch (EDW)	Tombstone WWTP outfall to the confluence with Tombstone Wash					A&Wedw		PBC				
SP	Walnut Gulch	Tombstone Wash to confluence with San Pedro River				A&We			PBC				
SP	Whitewater Draw	Headwaters to confluence with unnamed tributary at 31°20'36"/ 109°43'48"				A&We			PBC				AgL
SP	Whitewater Draw	Below confluence with unnamed tributary to U.S./ Mexico border			A&Ww			FBC			FC		AgL
SP	Woodcutters Pond	Fort Huachuca Military Reservation at 31°30'09"/ 110°20'12"	Igneous		A&Ww			FBC			FC		
SR	Ackre Lake	33°37'01"/109°20'40"		A&Wc				FBC			FC	AgI	AgL
SR	Apache Lake	33°37'23"/111°12'26"	Deep		A&Ww			FBC		DWS	FC	AgI	AgL
SR	Barnhard Creek	Headwaters to confluence with unnamed tributary at 34°05'37/ 111°26'40"		A&Wc				FBC			FC		AgL

Watershed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wedw	FBC	PBC	DWS	FC	AgI	AgL
SR	Barnhardt Creek	Below confluence with unnamed tributary to confluence with Rye Creek			A&Ww			FBC			FC		AgL
SR	Basin Lake	33°55'00"/109°26'09"	Igneous		A&Ww			FBC			FC		AgL
SR	Bear Creek	Headwaters to confluence with the Black River		A&Wc				FBC			FC	AgI	AgL
SR	Bear Wallow Creek (OAW)	Headwaters to confluence with the Black River		A&Wc				FBC			FC		AgL
SR	Bear Wallow Creek, North Fork (OAW)	Headwaters to confluence with Bear Wallow Creek		A&Wc				FBC			FC		AgL
SR	Bear Wallow Creek, South Fork (OAW)	Headwaters to confluence with Bear Wallow Creek		A&Wc				FBC			FC		AgL
SR	Beaver Creek	Headwaters to confluence with Black River		A&Wc				FBC			FC	AgI	AgL
SR	Big Lake	33°52'36"/109°25'33"	Igneous	A&Wc				FBC		DWS	FC	AgI	AgL
SR	Black River	Headwaters to confluence with Salt River		A&Wc				FBC		DWS	FC	AgI	AgL
SR	Black River, East Fork	From 33°51'19"/109°18'54" to confluence with the Black River		A&Wc				FBC		DWS	FC	AgI	AgL
SR	Black River, North Fork of East Fork	Headwaters to confluence with Boneyard Creek		A&Wc				FBC		DWS	FC	AgI	AgL
SR	Black River, West Fork	Headwaters to confluence with the Black River		A&Wc				FBC		DWS	FC	AgI	AgL
SR	Bloody Tanks Wash	Headwaters to Schultze Ranch Road				A&We			PBC				AgL
SR	Bloody Tanks Wash	Schultze Ranch Road to confluence with Miami Wash				A&We			PBC				
SR	Boggy Creek	Headwaters to confluence with Centerfire Creek		A&Wc				FBC			FC	AgI	AgL
SR	Boneyard Creek	Headwaters to confluence with Black River, East Fork		A&Wc				FBC			FC	AgI	AgL
SR	Boulder Creek	Headwaters to confluence with LaBarge Creek			A&Ww			FBC			FC		
SR	Campaign Creek	Headwaters to Roosevelt Lake			A&Ww			FBC			FC		AgL
SR	Canyon Creek	Headwaters to the White Mountain Apache Reservation boundary		A&Wc				FBC		DWS	FC	AgI	AgL
SR	Canyon Lake	33°32'44"/111°26'19"	Deep		A&Ww			FBC		DWS	FC	AgI	AgL
SR	Centerfire Creek	Headwaters to confluence with the Black River		A&Wc				FBC			FC	AgI	AgL
SR	Chambers Draw Creek	Headwaters to confluence with the North Fork of the East Fork of Black River		A&Wc				FBC			FC		AgL
SR	Cherry Creek	Headwaters to confluence with unnamed tributary at 34°05'09"/110°56'07"		A&Wc				FBC			FC	AgI	AgL
SR	Cherry Creek	Below unnamed tributary to confluence with the Salt River			A&Ww			FBC			FC	AgI	AgL
SR	Christopher Creek	Headwaters to confluence with Tonto Creek		A&Wc				FBC			FC	AgI	AgL
SR	Cold Spring Canyon Creek	Headwaters to confluence with unnamed tributary at 33°49'50"/ 110°52'58"		A&Wc				FBC			FC		AgL
SR	Cold Spring Canyon Creek	Below confluence with unnamed tributary to confluence with Cherry Creek			A&Ww			FBC			FC		AgL
SR	Conklin Creek	Headwaters to confluence with the Black River		A&Wc				FBC			FC	AgI	AgL
SR	Coon Creek	Headwaters to confluence with unnamed tributary at 33°46'41"/ 110°54'26"		A&Wc				FBC			FC		AgL
SR	Coon Creek	Below confluence with unnamed tributary to confluence with Salt River			A&Ww			FBC			FC		AgL
SR	Corduroy Creek	Headwaters to confluence with Fish Creek		A&Wc				FBC			FC	AgI	AgL
SR	Coyote Creek	Headwaters to confluence with the Black River, East Fork		A&Wc				FBC			FC	AgI	AgL
SR	Crescent Lake	33°54'38"/109°25'18"	Shallow	A&Wc				FBC			FC	AgI	AgL
SR	Deer Creek	Headwaters to confluence with the Black River, East Fork		A&Wc				FBC			FC		AgL
SR	Del Shay Creek	Headwaters to confluence with Gun Creek			A&Ww			FBC			FC		AgL
SR	Devils Chasm Creek	Headwaters to confluence with unnamed tributary at 33°48'46" / 110°52'35"		A&Wc				FBC			FC		AgL
SR	Devils Chasm Creek	Below confluence with unnamed tributary to confluence with Cherry Creek			A&Ww			FBC			FC		AgL
SR	Dipping Vat Reservoir	33°55'47"/109°25'31"	Igneous		A&Ww			FBC			FC		AgL
SR	Double Cienega Creek	Headwaters to confluence with Fish Creek		A&Wc				FBC			FC		AgL
SR	Fish Creek	Headwaters to confluence with the Black River		A&Wc				FBC			FC	AgI	AgL
SR	Fish Creek	Headwaters to confluence with the Salt River			A&Ww			FBC			FC		
SR	Gold Creek	Headwaters to confluence with unnamed tributary at 33°59'47"/ 111°25'10"		A&Wc				FBC			FC		AgL
SR	Gold Creek	Below confluence with unnamed tributary to confluence with Tonto Creek			A&Ww			FBC			FC		AgL
SR	Gordon Canyon Creek	Headwaters to confluence with Hog Canyon		A&Wc				FBC			FC		AgL
SR	Gordon Canyon Creek	Below confluence with Hog Canyon to confluence with Haigler Creek			A&Ww			FBC			FC		AgL
SR	Greenback Creek	Headwaters to confluence with Tonto Creek			A&Ww			FBC			FC		AgL
SR	Haigler Creek	Headwaters to confluence with unnamed tributary at 34°12'23"/ 111°00'15"		A&Wc				FBC			FC	AgI	AgL
SR	Haigler Creek	Below confluence with unnamed tributary to confluence with Tonto Creek			A&Ww			FBC			FC	AgI	AgL
SR	Hannagan Creek	Headwaters to confluence with Beaver Creek		A&Wc				FBC			FC		AgL
SR	Hay Creek (OAW)	Headwaters to confluence with the Black River, West Fork		A&Wc				FBC			FC		AgL
SR	Home Creek	Headwaters to confluence with the Black River, West Fork		A&Wc				FBC			FC		AgL
SR	Horse Creek	Headwaters to confluence with the Black River, West Fork		A&Wc				FBC			FC		AgL
SR	Horse Camp Creek	Headwaters to confluence with unnamed tributary at 33°54'00"/ 110°50'07"		A&Wc				FBC			FC		AgL
SR	Horse Camp Creek	Below confluence with unnamed tributary to confluence with Cherry Creek			A&Ww			FBC			FC		AgL
SR	Horton Creek	Headwaters to confluence with Tonto Creek		A&Wc				FBC			FC	AgI	AgL
SR	Houston Creek	Headwaters to confluence with Tonto Creek			A&Ww			FBC			FC		AgL
SR	Hunter Creek	Headwaters to confluence with Christopher Creek		A&Wc				FBC			FC		AgL
SR	LaBarge Creek	Headwaters to Canyon Lake			A&Ww			FBC			FC		
SR	Lake Sierra Blanca	33°52'25"/109°16'05"		A&Wc				FBC			FC	AgI	AgL
SR	Miami Wash	Headwaters to confluence with Pinal Creek				A&We			PBC				
SR	Mule Creek	Headwaters to confluence with Canyon Creek		A&Wc				FBC		DWS	FC	AgI	AgL

Watershed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wedw	FBC	PBC	DWS	FC	AgI	AgL
SR	Open Draw Creek	Headwaters to confluence with the East Fork of Black River		A&Wc				FBC			FC		AgL
SR	P B Creek	Headwaters to Forest Service Road #203 at 33°57'08"/110°56'12"		A&Wc				FBC			FC		AgL
SR	P B Creek	Below Forest Service Road #203 to Cherry Creek			A&Ww			FBC			FC		AgL
SR	Pinal Creek	Headwaters to confluence with unnamed EDW wash (Globe WWTP) at 33°25'29"/110°48'20"				A&We			PBC				AgL
SR	Pinal Creek (EDW)	Confluence with unnamed EDW wash (Globe WWTP) to 33°26'55"/ 110°49' 25"					A&Wedw		PBC				
SR	Pinal Creek	From 33°26'55"/110°49'25" to Lower Pinal Creek water treatment plant outfall #001 at 33°31'04"/ 110°51'55"				A&We			PBC				AgL
SR	Pinal Creek	From Lower Pinal Creek WTP outfall # to See Ranch Crossing at 33°32'25"/110°52'28"					A&Wedw		PBC				
SR	Pinal Creek	From See Ranch Crossing to confluence with unnamed tributary at 33°35'28"/110°54'31"			A&Ww			FBC					
SR	Pinal Creek	From unnamed tributary to confluence with Salt River			A&Ww			FBC			FC		
SR	Pine Creek	Headwaters to confluence with the Salt River			A&Ww			FBC			FC		
SR	Pinto Creek	Headwaters to confluence with unnamed tributary at 33°19'27"/ 110°54'58"		A&Wc				FBC			FC	AgI	AgL
SR	Pinto Creek	Below confluence with unnamed tributary to Roosevelt Lake			A&Ww			FBC			FC	AgI	AgL
SR	Pole Corral Lake	33°30'38"/110°00'15"	Igneous		A&Ww			FBC			FC	AgI	AgL
SR	Pueblo Canyon Creek	Headwaters to confluence with unnamed tributary at 33°50'23"/ 110°51'37"		A&Wc				FBC			FC		AgL
SR	Pueblo Canyon Creek	Below confluence with unnamed tributary to confluence with Cherry Creek			A&Ww			FBC			FC		AgL
SR	Reevis Creek	Headwaters to confluence with Pine Creek			A&Ww			FBC			FC		
SR	Reservation Creek	Headwaters to confluence with the Black River		A&Wc				FBC			FC		AgL
SR	Reynolds Creek	Headwaters to confluence with Workman Creek		A&Wc				FBC			FC		AgL
SR	Roosevelt Lake	33°52'17"/111°00'17"	Deep		A&Ww			FBC		DWS	FC	AgI	AgL
SR	Russell Gulch	From Headwaters to confluence with Miami Wash				A&We			PBC				
SR	Rye Creek	Headwaters to confluence with Tonto Creek			A&Ww			FBC			FC		AgL
SR	Saguaro Lake	33°33'44"/111°30'55"	Deep		A&Ww			FBC		DWS	FC	AgI	AgL
SR	Salome Creek	Headwaters to confluence with the Salt River			A&Ww			FBC			FC	AgI	AgL
SR	Salt House Lake	33°57'04"/109°20'11"	Igneous		A&Ww			FBC			FC		AgL
SR	Salt River	White Mountain Apache Reservation Boundary at 33°48'52"/ 110°31'33" to Roosevelt Lake			A&Ww			FBC			FC		AgL
SR	Salt River	Theodore Roosevelt Dam to 2 km below Granite Reef Dam			A&Ww			FBC		DWS	FC	AgI	AgL
SR	Slate Creek	Headwaters to confluence with Tonto Creek			A&Ww			FBC			FC		AgL
SR	Snake Creek (OAW)	Headwaters to confluence with the Black River		A&Wc				FBC			FC		AgL
SR	Spring Creek	Headwaters to confluence with Tonto Creek			A&Ww			FBC			FC		AgL
SR	Stinky Creek (OAW)	Headwaters to confluence with the Black River, West Fork		A&Wc				FBC			FC		AgL
SR	Thomas Creek	Headwaters to confluence with Beaver Creek		A&Wc				FBC			FC		AgL
SR	Thompson Creek	Headwaters to confluence with the West Fork of the Black River		A&Wc				FBC			FC		AgL
SR	Tonto Creek	Headwaters to confluence with unnamed tributary at 34°18'11"/ 111°04'18"		A&Wc				FBC			FC	AgI	AgL
SR	Tonto Creek	Below confluence with unnamed tributary to Roosevelt Lake			A&Ww			FBC			FC	AgI	AgL
SR	Turkey Creek	Headwaters to confluence with Rock Creek		A&Wc				FBC			FC		
SR	Wildcat Creek	Headwaters to confluence with Centerfire Creek		A&Wc				FBC			FC		AgL
SR	Willow Creek	Headwaters to confluence with Beaver Creek		A&Wc				FBC			FC		AgL
SR	Workman Creek	Headwaters to confluence with Reynolds Creek		A&Wc				FBC			FC	AgI	AgL
SR	Workman Creek	Below confluence with Reynolds Creek to confluence with Salome Creek			A&Ww			FBC			FC	AgI	AgL
UG	Apache Creek	Headwaters to confluence with the Gila River			A&Ww			FBC			FC		AgL
UG	Ash Creek	Headwaters to confluence with unnamed tributary at 32°46'15"/ 109°51'45"		A&Wc				FBC			FC		AgL
UG	Ash Creek	Below confluence with unnamed tributary to confluence with the Gila River			A&Ww			FBC			FC		AgL
UG	Bennett Wash	Headwaters to the Gila River				A&We			PBC				
UG	Bitter Creek	Headwaters to confluence with the Gila River			A&Ww			FBC			FC		
UG	Blue River	Headwaters to confluence with Strayhorse Creek at 33°29'02"/ 109°12'14"		A&Wc				FBC			FC	AgI	AgL
UG	Blue River	Below confluence with Strayhorse Creek to confluence with San Francisco River			A&Ww			FBC			FC	AgI	AgL
UG	Bonita Creek (OAW)	San Carlos Indian Reservation boundary to confluence with the Gila River			A&Ww			FBC		DWS	FC		AgL
UG	Buckelew Creek	Headwaters to confluence with Castle Creek		A&Wc				FBC			FC		AgL
UG	Campbell Blue Creek	Headwaters to confluence with the Blue River		A&Wc				FBC			FC		AgL
UG	Castle Creek	Headwaters to confluence with Campbell Blue Creek		A&Wc				FBC			FC		AgL
UG	Cave Creek (OAW)	Headwaters to confluence with South Fork Cave Creek		A&Wc				FBC			FC	AgI	AgL
UG	Cave Creek (OAW)	Below confluence with South Fork Cave Creek to Coronado National Forest boundary			A&Ww			FBC			FC	AgI	AgL
UG	Cave Creek	Below Coronado National Forest boundary to New Mexico border			A&Ww			FBC			FC	AgI	AgL
UG	Cave Creek, South Fork	Headwaters to confluence with Cave Creek		A&Wc				FBC			FC	AgI	AgL
UG	Chase Creek	Headwaters to the Phelps-Dodge Morenci Mine			A&Ww			FBC			FC		AgL
UG	Chase Creek	Below the Phelps-Dodge Morenci Mine to confluence with San Francisco River				A&We			PBC		FC		
UG	Chitty Canyon Creek	Headwaters to confluence with Salt House Creek		A&Wc				FBC			FC		AgL
UG	Cima Creek	Headwaters to confluence with Cave Creek		A&Wc				FBC			FC		AgL
UG	Cluff Reservoir #1	32°48'55"/109°50'46"	Sedimentary		A&Ww			FBC			FC	AgI	AgL
UG	Cluff Reservoir #3	32°48'21"/109°51'46"	Sedimentary		A&Ww			FBC			FC	AgI	AgL
UG	Coleman Creek	Headwaters to confluence with Campbell Blue Creek		A&Wc				FBC			FC		AgL

Watershed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wedw	FBC	PBC	DWS	FC	AgI	AgL
UG	Dankworth Lake	32°43'13"/109°42'17"	Sedimentary	A&Wc				FBC			FC		
UG	Deadman Canyon Creek	Headwaters to confluence with unnamed tributary at 32°43'50"/ 109°49'03"		A&Wc				FBC		DWS	FC		AgL
UG	Deadman Canyon Creek	Below confluence with unnamed tributary to confluence with Graveyard Wash			A&Ww			FBC		DWS	FC		AgL
UG	Eagle Creek	Headwaters to confluence with unnamed tributary at 33°22'32"/ 109°29'43"		A&Wc				FBC		DWS	FC	AgI	AgL
UG	Eagle Creek	Below confluence with unnamed tributary to confluence with the Gila River			A&Ww			FBC		DWS	FC	AgI	AgL
UG	East Eagle Creek	Headwaters to confluence with Eagle Creek		A&Wc				FBC			FC		AgL
UG	East Turkey Creek	Headwaters to confluence with unnamed tributary at 31°58'22"/ 109°12'20"		A&Wc				FBC			FC		AgL
UG	East Turkey Creek	Below confluence with unnamed tributary to terminus near San Simon River			A&Ww			FBC			FC		AgL
UG	East Whitetail	Headwaters to terminus near San Simon River			A&Ww			FBC			FC		AgL
UG	Emigrant Canyon	Headwaters to terminus near San Simon River			A&Ww			FBC			FC		AgL
UG	Evans Pond #1	32°49'19"/109°51'12"	Sedimentary		A&Ww			FBC			FC	AgI	AgL
UG	Evans Pond #2	32°49'14"/109°51'09"	Sedimentary		A&Ww			FBC			FC	AgI	AgL
UG	Fishhook Creek	Headwaters to confluence with the Blue River		A&Wc				FBC			FC		AgL
UG	Foote Creek	Headwaters to confluence with the Blue River		A&Wc				FBC			FC		AgL
UG	Frye Canyon Creek	Headwaters to Frye Mesa Reservoir		A&Wc				FBC		DWS	FC		AgL
UG	Frye Canyon Creek	Frye Mesa reservoir to terminus at Highline Canal.			A&Ww			FBC			FC		AgL
UG	Frye Mesa Reservoir	32°45'14"/109°50'02"	Igneous	A&Wc				FBC		DWS	FC		
UG	Gibson Creek	Headwaters to confluence with Marijilda Creek		A&Wc				FBC			FC		AgL
UG	Gila River	New Mexico border to the San Carlos Indian Reservation boundary			A&Ww			FBC			FC	AgI	AgL
UG	Grant Creek	Headwaters to confluence with the Blue River		A&Wc				FBC			FC		AgL
UG	Judd Lake	33°51'15"/109°09'35"	Sedimentary	A&Wc				FBC			FC		
UG	K P Creek (OAW)	Headwaters to confluence with the Blue River		A&Wc				FBC			FC		AgL
UG	Lanphier Canyon Creek	Headwaters to confluence with the Blue River		A&Wc				FBC			FC		AgL
UG	Little Blue Creek	Headwaters to confluence with Dutch Blue Creek		A&Wc				FBC			FC		AgL
UG	Little Blue Creek	Below confluence with Dutch Blue Creek to confluence with Blue Creek			A&Ww			FBC			FC		AgL
UG	Little Creek	Headwaters to confluence with the San Francisco River		A&Wc				FBC			FC		
UG	Georges Tank	33°51'24"/109°08'30"	Sedimentary	A&Wc				FBC			FC		AgL
UG	Luna Lake	33°49'50"/109°05'06"	Sedimentary	A&Wc				FBC			FC		AgL
UG	Marijilda Creek	Headwaters to confluence with Gibson Creek		A&Wc				FBC			FC		AgL
UG	Marijilda Creek	Below confluence with Gibson Creek to confluence with Stockton Wash			A&Ww			FBC			FC	AgI	AgL
UG	Markham Creek	Headwaters to confluence with the Gila River			A&Ww			FBC			FC		AgL
UG	Pigeon Creek	Headwaters to confluence with the Blue River			A&Ww			FBC			FC		AgL
UG	Raspberry Creek	Headwaters to confluence with the Blue River		A&Wc				FBC			FC		
UG	Roper Lake	32°45'23"/109°42'14"	Sedimentary		A&Ww			FBC			FC		
UG	San Francisco River	Headwaters to the New Mexico border		A&Wc				FBC			FC	AgI	AgL
UG	San Francisco River	New Mexico border to confluence with the Gila River			A&Ww			FBC			FC	AgI	AgL
UG	San Simon River	Headwaters to confluence with the Gila River				A&We			PBC				AgL
UG	Sheep Tank	32°46'14"/109°48'09"	Sedimentary		A&Ww			FBC			FC		AgL
UG	Smith Pond	32°49'15"/109°50'36"	Sedimentary		A&Ww			FBC			FC		
UG	Squaw Creek	Headwaters to confluence with Thomas Creek		A&Wc				FBC			FC		AgL
UG	Stone Creek	Headwaters to confluence with the San Francisco River		A&Wc				FBC			FC	AgI	AgL
UG	Strayhorse Creek	Headwaters to confluence with the Blue River		A&Wc				FBC			FC		
UG	Thomas Creek	Headwaters to confluence with Rousensock Creek		A&Wc				FBC			FC		AgL
UG	Thomas Creek	Below confluence with Rousensock Creek to confluence with Blue River			A&Ww			FBC			FC		AgL
UG	Tinny Pond	33°47'49"/109°04'27"	Sedimentary		A&Ww			FBC			FC		AgL
UG	Turkey Creek	Headwaters to confluence with Campbell Blue Creek		A&Wc				FBC			FC		AgL
VR	American Gulch	Headwaters to the Northern Gila County Sanitary District WWTP outfall at 34°14'02"/111°22'14"			A&Ww			FBC			FC	AgI	AgL
VR	American Gulch (EDW)	Below Northern Gila County Sanitary District WWTP outfall to confluence with the East Verde River					A&Wedw		PBC				
VR	Apache Creek	Headwaters to confluence with Walnut Creek			A&Ww			FBC			FC		AgL
VR	Ashbrook Wash	Headwaters to the Fort McDowell Indian Reservation boundary				A&We			PBC				
VR	Aspen Creek	Headwaters to confluence with Granite Creek			A&Ww			FBC			FC		
VR	Bar Cross Tank	35°00'41"/112°05'39"			A&Ww			FBC			FC		AgL
VR	Barrata Tank	35°02'43"/112°24'21"			A&Ww			FBC			FC		AgL
VR	Bartlett Lake	33°49'52"/111°37'44"	Deep		A&Ww			FBC		DWS	FC	AgI	AgL
VR	Beaver Creek	Headwaters to confluence with the Verde River			A&Ww			FBC			FC		AgL
VR	Big Chino Wash	Headwaters to confluence with Sullivan Lake				A&We			PBC				AgL
VR	Bitter Creek	Headwaters to the Jerome WWTP outfall at 34°45'12"/112°06'24"				A&We			PBC				AgL
VR	Bitter Creek (EDW)	Jerome WWTP outfall to the Yavapai Apache Indian Reservation boundary					A&Wedw		PBC				AgL
VR	Bitter Creek	Below the Yavapai Apache Indian Reservation boundary to confluence with the Verde River			A&Ww			FBC			FC	AgI	AgL
VR	Black Canyon Creek	Headwaters to confluence with unnamed tributary at 34°39'20"/ 112°05'06"		A&Wc				FBC			FC		AgL
VR	Black Canyon Creek	Below confluence with unnamed tributary to confluence with the Verde River			A&Ww			FBC			FC		AgL
VR	Bonita Creek	Headwaters to confluence with Ellison Creek		A&Wc				FBC		DWS	FC		
VR	Bray Creek	Headwaters to confluence with Webber Creek		A&Wc				FBC			FC		AgL
VR	Camp Creek	Headwaters to confluence with the Verde River			A&Ww			FBC			FC		AgL

Watershed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wedw	FBC	PBC	DWS	FC	AgI	AgL
VR	Cereus Wash	Headwaters to the Fort McDowell Indian Reservation boundary				A&We			PBC				
VR	Chase Creek	Headwaters to confluence with the East Verde River		A&Wc				FBC		DWS	FC		
VR	Clover Creek	Headwaters to confluence with Headwaters of West Clear Creek		A&Wc				FBC			FC		AgL
VR	Coffee Creek	Headwaters to confluence with Spring Creek			A&Ww			FBC			FC		AgL
VR	Colony Wash	Headwaters to the Fort McDowell Indian Reservation boundary				A&We			PBC				
VR	Dead Horse Lake	34°45'08"/112°00'42"	Shallow		A&Ww			FBC			FC		
VR	Deadman Creek	Headwaters to Horseshoe Reservoir			A&Ww			FBC			FC		AgL
VR	Del Monte Gulch	Headwaters to confluence with City of Cottonwood WWTP outfall 002 at 34°43'57"/112°02'46"				A&We			PBC				
VR	Del Monte Gulch (EDW)	City of Cottonwood WWTP outfall 002 at 34°43'57"/ 112°02'46" to confluence with Verde River					A&Wedw		PBC				
VR	Del Rio Dam Lake	34°48'55"/112°28'03"	Sedimentary		A&Ww			FBC			FC		AgL
VR	Dry Beaver Creek	Headwaters to confluence with Beaver Creek			A&Ww			FBC			FC	AgI	AgL
VR	Dry Creek (EDW)	Sedona Ventures WWTP outfall at 34°50'02"/ 111°52'17" to 34°48'12"/111°52'48"					A&Wedw		PBC				
VR	Dude Creek	Headwaters to confluence with the East Verde River		A&Wc				FBC			FC	AgI	AgL
VR	East Verde River	Headwaters to confluence with Ellison Creek		A&Wc				FBC		DWS	FC	AgI	AgL
VR	East Verde River	Below confluence with Ellison Creek to confluence with the Verde River			A&Ww			FBC		DWS	FC	AgI	AgL
VR	Ellison Creek	Headwaters to confluence with the East Verde River		A&Wc				FBC			FC		AgL
VR	Fossil Creek (OAW)	Headwaters to confluence with the Verde River			A&Ww			FBC			FC		AgL
VR	Fossil Springs (OAW)	34°25'24"/111°34'27"			A&Ww			FBC		DWS	FC		
VR	Foxboro Lake	34°53'42"/111°39'55"			A&Ww			FBC			FC		AgL
VR	Fry Lake	35°03'45"/111°48'04"			A&Ww			FBC			FC		AgL
VR	Gap Creek	Headwaters to confluence with Government Spring		A&Wc				FBC			FC		AgL
VR	Gap Creek	Below Government Spring to confluence with the Verde River			A&Ww			FBC			FC		AgL
VR	Garrett Tank	35°18'57"/112°42'20"			A&Ww			FBC			FC		AgL
VR	Goldwater Lake, Lower	34°29'56"/112°27'17"	Sedimentary	A&Wc				FBC		DWS	FC		
VR	Goldwater Lake, Upper	34°29'52"/112°26'59"	Igneous	A&Wc				FBC		DWS	FC		
VR	Granite Basin Lake	34°37'01"/112°32'58"	Igneous	A&Wc				FBC			FC	AgI	AgL
VR	Granite Creek	Headwaters to Watson Lake		A&Wc				FBC			FC	AgI	AgL
VR	Granite Creek	Below Watson Lake to confluence with the Verde River			A&Ww			FBC			FC	AgI	AgL
VR	Green Valley Lake (EDW)	34°13'54"/111°20'45"	Urban				A&Wedw		PBC		FC		
VR	Heifer Tank	35°20'27"/112°32'59"			A&Ww			FBC			FC		AgL
VR	Hells Canyon Tank	35°04'59"/112°24'07"	Igneous		A&Ww			FBC			FC		AgL
VR	Homestead Tank	35°21'24"/112°41'36"	Igneous		A&Ww			FBC			FC		AgL
VR	Horse Park Tank	34°58'15"/111°36'32"			A&Ww			FBC			FC		AgL
VR	Horseshoe Reservoir	34°00'25"/111°43'36"	Sedimentary		A&Ww			FBC			FC	AgI	AgL
VR	Houston Creek	Headwaters to confluence with the Verde River			A&Ww			FBC			FC		AgL
VR	Huffer Tank	34°27'46"/111°23'11"			A&Ww			FBC			FC		AgL
VR	J.D. Dam Lake	35°04'02"/112°01'48"	Shallow	A&Wc				FBC			FC	AgI	AgL
VR	Jacks Canyon	Headwaters to Big Park WWTP outfall at 34°45'46"/ 111°45'51"				A&We			PBC				
VR	Jacks Canyon (EDW)	Below Big Park WWTP outfall to confluence with Dry Beaver Creek					A&Wedw		PBC				
VR	Lime Creek	Headwaters to Horseshoe Reservoir			A&Ww			FBC			FC		AgL
VR	Masonry Number 2 Reservoir	35°13'32"/112°24'10"		A&Wc				FBC			FC	AgI	AgL
VR	McLellan Reservoir	35°13'09"/112°17'06"	Igneous		A&Ww			FBC			FC	AgI	AgL
VR	Meath Dam Tank	35°07'52"/112°27'35"			A&Ww			FBC			FC		AgL
VR	Mullican Place Tank	34°44'16"/111°36'10"	Igneous		A&Ww			FBC			FC		AgL
VR	Oak Creek (OAW)	Headwaters to confluence with unnamed tributary at 34°59'15"/ 111°44'47"		A&Wc				FBC		DWS	FC	AgI	AgL
VR	Oak Creek (OAW)	Below confluence with unnamed tributary to confluence with Verde River			A&Ww			FBC		DWS	FC	AgI	AgL
VR	Oak Creek, West Fork (OAW)	Headwaters to confluence with Oak Creek		A&Wc				FBC			FC		AgL
VR	Odell Lake	34°56'5"/111°37'53"	Igneous	A&Wc				FBC			FC		
VR	Peck's Lake	34°46'51"/112°02'01"	Shallow		A&Ww			FBC			FC	AgI	AgL
VR	Perkins Tank	35°06'42"/112°04'12"	Shallow	A&Wc				FBC			FC		AgL
VR	Pine Creek	Headwaters to confluence with unnamed tributary at 34°21'51"/ 111°26'49"		A&Wc				FBC		DWS	FC	AgI	AgL
VR	Pine Creek	Below confluence with unnamed tributary to confluence with East Verde River			A&Ww			FBC		DWS	FC	AgI	AgL
VR	Red Creek	Headwaters to confluence with the Verde River			A&Ww			FBC			FC		AgL
VR	Reservoir #1	35°13'5"/111°50'09"	Igneous		A&Ww			FBC			FC		
VR	Reservoir #2	35°13'17"/111°50'39"	Igneous		A&Ww			FBC			FC		
VR	Roundtree Canyon Creek	Headwaters to confluence with Tangle Creek			A&Ww			FBC			FC		AgL
VR	Scholze Lake	35°11'53"/112°00'37"	Igneous	A&Wc				FBC			FC		AgL
VR	Spring Creek	Headwaters to confluence with unnamed tributary at 34°57'23"/ 111°57'21"		A&Wc				FBC			FC	AgI	AgL
VR	Spring Creek	Below confluence with unnamed tributary to confluence with Oak Creek			A&Ww			FBC			FC	AgI	AgL
VR	Steel Dam Lake	35°13'36"/112°24'54"	Igneous	A&Wc				FBC			FC		AgL
VR	Stehr Lake	34°22'01"/111°40'02"	Sedimentary		A&Ww			FBC			FC		AgL
VR	Stoneman Lake	34°46'47"/111°31'14"	Shallow	A&Wc				FBC			FC	AgI	AgL
VR	Sullivan Lake	34°51'42"/112°27'51"			A&Ww			FBC			FC	AgI	AgL
VR	Sycamore Creek	Headwaters to confluence with unnamed tributary at 35°03'41"/ 111°57'31"		A&Wc				FBC			FC	AgI	AgL

Watershed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wedw	FBC	PBC	DWS	FC	AgI	AgL
VR	Sycamore Creek	Below confluence with unnamed tributary to confluence with Verde River			A&Ww			FBC			FC	AgI	AgL
VR	Sycamore Creek	Headwaters to confluence with Verde River at 33°37'55"/111°39'58"			A&Ww			FBC			FC	AgI	AgL
VR	Sycamore Creek	Headwaters to confluence with Fort McDowell Indian Reservation boundary at 33°39'19.8"/-111°37'42.7"			A&Ww			FBC			FC		AgL
VR	Tangle Creek	Headwaters to confluence with Verde River			A&Ww			FBC			FC	AgI	AgL
VR	Trinity Tank	35°27'44"/112°48'01"			A&Ww			FBC			FC		AgL
VR	Unnamed Wash	Flagstaff Meadows WWTP outfall at '35°13'59"/ 111°48'35" to Volunteer Wash					A&Wedw		PBC				
VR	Verde River	From headwaters at confluence of Chino Wash and Granite Creek to Bartlett Lake Dam			A&Ww			FBC			FC	AgI	AgL
VR	Verde River	Below Bartlett Lake Dam to Salt River			A&Ww			FBC		DWS	FC	AgI	AgL
VR	Walnut Creek	Headwaters to confluence with Big Chino Wash			A&Ww			FBC			FC		AgL
VR	Watson Lake	34°34'58"/112°25'26"	Igneous		A&Ww			FBC			FC	AgI	AgL
VR	Webber Creek	Headwaters to confluence with the East Verde River		A&Wc				FBC			FC		AgL
VR	West Clear Creek	Headwaters to confluence with Meadow Canyon		A&Wc				FBC			FC		AgL
VR	West Clear Creek	Below confluence with Meadow Canyon to confluence with the Verde River			A&Ww			FBC			FC	AgI	AgL
VR	Wet Beaver Creek	Headwaters to unnamed springs at 34°41'17"/ 111°34'34"		A&Wc				FBC			FC	AgI	AgL
VR	Wet Beaver Creek	Below unnamed springs to confluence with Dry Beaver Creek			A&Ww			FBC			FC	AgI	AgL
VR	Whitehorse Lake	35°06'59"/112°00'48"	Igneous	A&Wc				FBC		DWS	FC	AgI	AgL
VR	Williamson Valley Wash	Headwaters to confluence with Mint Wash				A&We			PBC				AgL
VR	Williamson Valley Wash	From confluence of Mint Wash to 10.5 km downstream			A&Ww			FBC			FC		AgL
VR	Williamson Valley Wash	From 10.5 km downstream of Mint Wash confluence to confluence with Big Chino Wash				A&We			PBC				AgL
VR	Williscraft Tank	35°11'22"/112°35'40"			A&Ww			FBC			FC		AgL
VR	Willow Creek	Above Willow Creek Reservoir		A&Wc				FBC			FC		AgL
VR	Willow Creek	Below Willow Creek Reservoir to confluence with Granite Creek			A&Ww			FBC			FC		AgL
VR	Willow Creek Reservoir	34°36'17"/112°26'19"	Shallow		A&Ww			FBC			FC	AgI	AgL
VR	Willow Valley Lake	34°41'08"/111°20'02"	Sedimentary		A&Ww			FBC			FC		AgL

Historical Note

Adopted effective February 18, 1992 (Supp. 92-1). Appendix B repealed, new Appendix B adopted effective April 24, 1996 (Supp. 96-2). Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Amended by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Appendix B amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3). Appendix B amended by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4). Appendix B amended by final rulemaking at 32 A.A.R. 612 (March 13, 2026, Issue 11), effective April 18, 2026 (Supp. 26-1).

Appendix C. Site-Specific Standards

Watershed	Surface Water	Surface Water Description & Location	Parameter	Site-Specific Criterion
LC	Rio de Flag (EDW)	Flagstaff WWTP outfall to the confluence with San Francisco Wash	Copper (D)	36 µg/L (A&Wedw)
CL	Yuma East Wetlands	From inlet culvert from Colorado River into restored channel to Ocean Bridge	Selenium (T)	2.2 µg/L (A&Ww chronic)
			Total residual chlorine	33 µg/L (A&Ww acute)
				20 µg/L (A&Ww chronic)
SR	Pinto Creek	From confluence of Ellis Ranch tributary at 33°19'26.7"/110°54'57.5" to the confluence of West Fork of Pinto Creek at 33°27'32.3"/ 111°00'19.7"	Copper (D)	34 µg/L (A&Ww acute for hardness values below 268 mg/L)
				34 µg/L (A&Ww chronic)

Historical Note

Adopted effective February 18, 1992 (Supp. 92-1). Appendix C repealed effective April 24, 1996 (Supp. 96-2). New Appendix C made by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Amended by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Appendix C amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

ARTICLE 2. WATER QUALITY STANDARDS FOR NON-WOTUS PROTECTED SURFACE WATERS

R18-11-201. Definitions

The following terms apply to this Article:

1. "Acute toxicity" means toxicity involving a stimulus severe enough to induce a rapid response. In aquatic toxicity tests, an effect observed in 96 hours or less is considered acute.
2. "Agricultural irrigation AZ (AgI AZ)" means the use of a non-WOTUS protected surface water for crop irrigation.
3. "Agricultural livestock watering AZ (AgL AZ)" means the use of a non-WOTUS protected surface water as a water supply for consumption by livestock.
4. "Aquatic and wildlife AZ (cold water) (A&Wc AZ)" means the use of a non-WOTUS protected surface water by animals, plants, or other cold-water organisms, generally occurring at an elevation greater than 5000 feet, for habitation, growth, or propagation.
5. "Aquatic and wildlife AZ (warm water) (A&Ww AZ)" means the use of a non-WOTUS protected surface water by animals, plants, or other warm-water organisms, generally occurring at an elevation less than 5000 feet, for habitation, growth, or propagation.
6. "Assimilative capacity" means the difference between the baseline water quality concentration for a pollutant and the most stringent applicable water quality criterion for that pollutant.
7. "Complete Mixing" means the location at which concentration of a pollutant across a transect of a surface water differs by less than five percent.
8. "Criteria" means elements of water quality standards expressed as pollutant concentrations, levels, or narrative statements representing a water quality that supports a designated use.
9. "Critical flow conditions of the discharge" means the hydrologically based discharge flow averages that the director uses to calculate and implement applicable water quality criteria to a mixing zone's receiving water as follows:
   a. For acute aquatic water quality standard criteria, the discharge flow critical condition is represented by the maximum one-day average flow analyzed over a reasonably representative timeframe.
   b. For chronic aquatic water quality standard criteria, the discharge flow critical flow condition is represented by the maximum monthly average flow analyzed over a reasonably representative timeframe.
   c. For human health-based water quality standard criteria, the discharge flow critical condition is the long-term arithmetic mean flow, averaged over several years so as to simulate long-term exposure.
10. "Critical flow conditions of the receiving water" means the hydrologically based receiving water low flow averages that the director uses to calculate and implement applicable water quality criteria:
    a. For acute aquatic water quality standard criteria, the receiving water critical condition is represented as the lowest one-day average flow event expected to occur once every ten years, on average (1Q10).
    b. For chronic aquatic water quality standard criteria, the receiving water critical flow condition is represented as the lowest seven-consecutive-day average flow expected to occur once every 10 years, on average (7Q10), or
    c. For human health-based water quality standard criteria, in order to simulate long-term exposure, the receiving water critical flow condition is the harmonic mean flow.
11. "Designated use" means a use specified on the Protected Surface Waters List for a non-WOTUS protected surface water.
12. "Domestic water source AZ (DWS AZ)" means the use of a non-WOTUS protected surface water as a source of potable water. Treatment of a surface water may be necessary to yield a finished water suitable for human consumption.
13. "Fish consumption AZ (FC AZ)" means the use of a non-WOTUS protected surface water by humans for harvesting aquatic organisms for consumption. Harvestable aquatic organisms include, but are not limited to, fish, clams, turtles, crayfish, and frogs.
14. "Full-body contact AZ (FBC AZ)" means the use of a non-WOTUS protected surface water for swimming or other recreational activity that causes the human body to come into direct contact with the water to the point of complete submergence. The use is such that ingestion of the water is likely, and sensitive body organs, such as the eyes, ears, or nose, may be exposed to direct contact with the water.
15. "Geometric mean" means the nth root of the product of n items or values. The geometric mean is calculated using the following formula:

$$GM_y = \sqrt[n]{(Y_1)(Y_2)(Y_3)(Y_n)}$$

16. "Hardness" means the sum of the calcium and magnesium concentrations, expressed as calcium carbonate (CaCO3) in milligrams per liter.
17. "Mixing zone" means an area or volume of a surface water that is contiguous to a point source discharge where dilution of the discharge takes place.
18. "Non-WOTUS protected surface water" means a protected surface water designated in Table A of R18-11-216 or added to the PSWL by an emergency action authorized by A.R.S. § 49-221(G)(7) that is not a WOTUS.
19. "Oil" means petroleum in any form, including crude oil, gasoline, fuel oil, diesel oil, lubricating oil, or sludge.
20. "Partial-body contact AZ (PBC AZ)" means the recreational use of a non-WOTUS protected surface water that may cause the human body to come into direct contact with the water, but normally not to the point of complete submergence (for example, wading or boating). The use is such that ingestion of the water is not likely and, sensitive body organs, such as the eyes, ears, or nose, will not normally be exposed to direct contact with the water.
21. "Pollutant" means fluids, contaminants, toxic wastes, toxic pollutants, dredged spoil, solid waste, substances and chemicals, pesticides, herbicides, fertilizers and other agricultural chemicals, incinerator residue, sewage, garbage, sewage sludge, munitions, petroleum products, chemical wastes, biological materials, radioactive materials, heat, wrecked or discarded equipment, rock, sand, cellar dirt, and mining, industrial, municipal, and agricultural wastes or any other liquid, solid, gaseous, or hazardous substance.
22. "Practical quantitation limit" means the lowest level of quantitative measurement that can be reliably achieved during a routine laboratory operation.
23. "Recharge Project" means a facility necessary or convenient to obtain, divert, withdraw, transport, exchange, deliver, treat, or store water to infiltrate or reintroduce that water into the ground.

24. "Toxic" means a pollutant or combination of pollutants, that after discharge and upon exposure, ingestion, inhalation, or assimilation into an organism, either directly from the environment or indirectly by ingestion through food chains, may cause death, disease, behavioral abnormalities, cancer, genetic mutations, physiological malfunctions (including malfunctions in reproduction), or physical deformations in the organism or its offspring.
25. "Urban lake" means a manmade lake within an urban landscape.
26. "Wastewater" does not mean:
    a. Stormwater,
    b. Discharges authorized under the De Minimus General Permit,
    c. Other allowable non-stormwater discharges permitted under the Construction General Permit or the Multi-sector General Permit, or
    d. Stormwater discharges from a municipal storm sewer system (MS4) containing incidental amounts of non-stormwater that the MS4 is not required to prohibit.
27. "Wetland" means, for the purposes of non-WOTUS protected surface waters, an area that is inundated or saturated by surface or groundwater at a frequency and duration sufficient to support, and that under normal circumstances does support, a prevalence of vegetation typically adapted for life in saturated soil conditions.
28. "WOTUS" means waters of the state that are also navigable waters as defined by Section 502(7) of the Clean Water Act.
29. "WOTUS protected surface water" means a protected surface water that is a WOTUS.
30. "Zone of initial dilution" means a small area in the immediate vicinity of an outfall structure in which turbulence is high and causes rapid mixing with the surrounding water.

Historical Note

Amended effective January 29, 1980 (Supp. 80-1). Amended subsection A. effective April 17, 1984 (Supp. 84-2). Former Section R9-21-201 repealed, former Section R9-21-203 renumbered as Section R9-21-201 and amended effective January 7, 1985 (Supp. 85-1). Amended effective August 12, 1986 (Supp. 86-4). Former Section R9-21-201 renumbered without change as Section R18-11-201 (Supp. 87-3). Amended effective December 1, 1988 (Supp. 88-4). Section repealed effective February 18, 1992 (Supp. 92-1). New Section made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

R18-11-202. Applicability

A. The water quality standards prescribed in this Article apply to non-WOTUS protected surface waters.
B. The water quality standards prescribed in this Article do not apply to the following:
1. A waste treatment system, including an impoundment, pond, lagoon, or constructed wetland that is part of the waste treatment system;
2. A man-made surface impoundment and any associated ditch and conveyance used in the extraction, beneficiation, or processing of metallic ores including:
    a. A pit,
    b. Pregnant leach solution pond
    c. Raffinate pond,
    d. Tailing impoundment,
    e. Decant pond,
    f. Pond of sump in a mine put associated with dewatering activity,
    g. Pond holding water that has come into contact with a process or product that is being held for recycling,
    h. Spill or catchment pond, or
    i. A pond used for onsite remediation
3. A man-made cooling pond that is neither created in a surface water nor results from the impoundment of a surface water; or
4. A surface water located on tribal lands.
5. WOTUS Protected Surface Waters.

Historical Note

Former Section R9-21-202 repealed, former Section R9-21-102 renumbered as Section R9-21-202 and amended effective January 7, 1985 (Supp. 85-1). Amended subsections (B), (D), and (E) effective August 12, 1986 (Supp. 86-4). Former Section R9-21-202 renumbered without change as Section R18-11-202 (Supp. 87-3). Section repealed, new Section adopted effective February 18, 1992 (Supp. 92-1). Section repealed effective April 24, 1996 (Supp. 96-2). New Section made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

R18-11-203. Designated Uses for Non-WOTUS Protected Surface Waters

A. The designated uses for specific non-WOTUS protected surface waters are listed in the Protected Surface Waters List in this article. The designated uses that may be assigned to a non-WOTUS protected surface water are:
1. Full-body contact AZ,
2. Partial-body contact AZ,
3. Domestic water source AZ,
4. Fish consumption AZ,
5. Aquatic and wildlife AZ (cold water),
6. Aquatic and wildlife AZ (warm water),
7. Agricultural irrigation AZ, and
8. Agricultural livestock watering AZ.

B. Numeric water quality criteria to maintain and protect water quality for the designated uses assigned to non-WOTUS protected surface waters are prescribed in R18-11-215. Narrative water quality standards to protect non-WOTUS protected surface waters are prescribed in R18-11-214.
C. If a non-WOTUS protected surface water has more than one designated use listed in the Protected Surface Waters List, the most stringent water quality criterion applies.
D. The Director shall revise the designated uses of a non-WOTUS protected surface water if water quality improvements result in a level of water quality that permits a use that is not currently listed as a designated use in the Protected Surface Waters List.
E. The Director may remove a designated use or adopt a subcategory of a designated use that requires less stringent water quality criteria through a rulemaking action for any of the following reasons:
1. A naturally-occurring pollutant concentration prevents the attainment of the use;
2. A human-caused condition or source of pollution prevents the attainment of the use and cannot be remedied or would cause more environmental damage to correct than to leave in place;
3. A dam, diversion, or other type of hydrologic modification precludes the attainment of the use, and it is not fea-

sible to restore the non-WOTUS protected surface water to its original condition or to operate the modification in a way that would result in attainment of the use;

4. A physical condition related to the natural features of the surface water, such as the lack of a proper substrate, cover, flow, depth, pools, riffles, and the like, unrelated to water quality, precludes attainment of an aquatic life designated use.

Historical Note

Amended effective January 29, 1980 (Supp. 80-1). Amended subsection (B) by adding paragraphs (27) and (28) effective October 14, 1981 (Supp. 81-5). Former Section R9-21-203 renumbered as Section R9-21-201, former Section R9-21-204 renumbered as Section R9-21-203 and amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-203 renumbered and amended as Section R9-21-204, new Section R9-21-203 adopted effective August 12, 1986 (Supp. 86-4). Former Section R9-21-203 renumbered without change as Section R18-11-203 (Supp. 87-3). Amended subsection (B) effective December 1, 1988 (Supp. 88-4). Section repealed, new Section adopted effective February 18, 1992 (Supp. 92-1). Section repealed effective April 24, 1996 (Supp. 96-2). New Section made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

R18-11-204. Interim, Presumptive Designated Uses

The following water quality standards apply to a non-WOTUS protected surface water that is not listed on the Protected Surface Waters List but is added on an emergency basis pursuant to A.R.S. § 49-221(G)(7):

1. The aquatic and wildlife AZ (cold water use applies to a non-WOTUS protected surface water above 5000 feet in elevation;
2. The aquatic and wildlife AZ (warm water) applies to a non-WOTUS protected surface water below 5000 feet in elevation;
3. The full-body contact AZ use applies to a non-WOTUS protected surface water if the Director makes a determination that the non-WOTUS protected surface water is used by humans for swimming or other recreational activity that causes the human body to come into direct contact with the water to the point of complete submergence. The use is such that ingestion of the water is likely and sensitive body organs, such as the eyes, ears, or nose, may be exposed to direct contact with the water.
4. The partial-body contact AZ use applies to a non-WOTUS protected surface water if the Director makes a determination that the non-WOTUS protected surface water is used by humans in a way that may cause the human body to come into direct contact with the water, but normally not to the point of complete submergence (for example, wading or boating). The use is such that ingestion of the water is not likely and sensitive body organs, such as the eyes, ears, or nose, will not normally be exposed to direct contact with the water.
5. The fish consumption AZ use applies to a non-WOTUS protected surface water if the Director makes a determination that the non-WOTUS protected surface water is used by humans for harvesting aquatic organisms for consumption. Harvestable aquatic organisms include, but are not limited to, fish, clams, turtles, crayfish, and frogs.
6. The domestic water source AZ use applies to a non-WOTUS protected surface water if the Director makes a determination that the non-WOTUS protected surface water is used by humans as a source of potable water.
7. The agricultural irrigation AZ use applies to a non-WOTUS protected surface water if the Director makes a determination that the non-WOTUS protected surface water is used for crop irrigation.
8. The agricultural livestock watering AZ use applies to any non-WOTUS protected surface water if the Director makes a determination that the non-WOTUS protected surface water is used as a water supply for consumption by livestock.

Historical Note

Former Section R9-21-204 renumbered and amended as Section R9-21-207, former Section R9-21-206 renumbered and amended as Section R9-21-204 effective January 29, 1980 (Supp. 80-1). Former Section R9-21-204 renumbered as Section R9-21-203, former Section R9-21-205 renumbered as Section R9-21-204 and amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-204 renumbered and amended as Section R9-21-205, former Section R9-21-203 renumbered and amended as Section R9-21-204 effective August 12, 1986 (Supp. 86-4). Former Section R9-21-204 renumbered without change as Section R18-11-204 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1). New Section made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

R18-11-205. Analytical Methods

A. A person conducting an analysis of a sample taken to determine compliance with a water quality standard shall use an analytical method prescribed in A.A.C. R9-14-610 or an alternative method approved under A.A.C. R9-14-610(C).

B. A test result from a sample taken to determine compliance with a water quality standard is valid only if the sample is analyzed by a laboratory that is licensed by the Arizona Department of Health Services, an out-of-state laboratory licensed under A.R.S. § 36-495.14, or a laboratory exempted under A.R.S. § 36-495.02, for the analysis performed.

Historical Note

Former Section R9-21-205 repealed, new Section R9-21-205 adopted effective January 29, 1980 (Supp. 80-1). Former Section R9-21-205 renumbered as Section R9-21-204, former Section R9-21-206 renumbered as Section R9-21-205 and amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-205 renumbered and amended as Section R9-21-206, former Section R9-21-204 renumbered and amended as Section R9-21-205 effective August 12, 1986 (Supp. 86-4). Former Section R9-21-205 renumbered without change as Section R18-11-205 (Supp. 87-3). Section repealed, new Section adopted effective February 18, 1992 (Supp. 92-1). Section repealed April 24, 1996 (Supp. 96-2). New Section made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

R18-11-206. Mixing Zones

A. The Director may establish a mixing zone for a point source discharge to a non-WOTUS protected surface water as a condition of an individual AZPDES permit on a pollutant-by-pol-

lutant basis. A mixing zone is prohibited where there is no water for dilution, or as prohibited pursuant to subsection (H).

B. The owner or operator of a point source seeking the establishment of a mixing zone shall submit a request to the Director for a mixing zone as part of an application for an AZPDES permit. The request shall include:
1. An identification of the pollutant for which the mixing zone is requested;
2. A proposed outfall design;
3. A definition of the boundary of the proposed mixing zone. For purposes of this subsection, the boundary of a mixing zone is where complete mixing occurs; and
4. A complete and detailed description of the existing physical, biological, and chemical conditions of the receiving water and the predicted impact of the proposed mixing zone on those conditions. The description shall also address the factors listed in subsection (D) that the Director must consider when deciding to grant or deny a request and shall address the mixing zone requirements in subsection (H).

C. The Director shall consider the following factors when deciding whether to grant or deny a request for a mixing zone:
1. The assimilative capacity of the receiving water;
2. The likelihood of adverse human health effects;
3. The location of drinking water plant intakes and public swimming areas;
4. The predicted exposure of biota and the likelihood that resident biota will be adversely affected;
5. Bioaccumulation;
6. Whether there will be acute toxicity in the mixing zone, and, if so, the size of the zone of initial dilution;
7. The known or predicted safe exposure levels for the pollutant for which the mixing zone is requested;
8. The size of the mixing zone;
9. The location of the mixing zone relative to biologically sensitive areas in the surface water;
10. The concentration gradient of the pollutant within the mixing zone;
11. Sediment deposition;
12. The potential for attracting aquatic life to the mixing zone; and
13. The cumulative impacts of other mixing zones and other discharges to the surface water.

D. Director determination.
1. The Director shall deny a request to establish a mixing zone if an applicable water quality standard will be violated outside the boundaries of the proposed mixing zone.
2. If the Director approves the request to establish a mixing zone, the Director shall establish the mixing zone as a condition of an AZPDES permit. The Director shall include any mixing zone condition in the AZPDES permit that is necessary to protect human health and the designated uses of the surface water.

E. Any person who is adversely affected by the Director's decision to grant or deny a request for a mixing zone may appeal the decision under A.R.S. § 49-321 et seq. and A.R.S. § 41-1092 et seq.

F. The Director shall reevaluate a mixing zone upon issuance, reissuance, or modification of the AZPDES permit for the point source or a modification of the outfall structure.

G. Mixing zone requirements.
1. A mixing zone shall be as small as practicable in that it shall not extend beyond the point in the waterbody at which complete mixing occurs under the critical flow conditions of the discharge and of the receiving water.
2. The total horizontal area allocated to all mixing zones on a lake shall not exceed 10 percent of the surface area of the lake.
3. Adjacent mixing zones in a lake shall not overlap or be located closer together than the greatest horizontal dimension of the largest mixing zone.
4. The design of any discharge outfall shall maximize initial dilution of the wastewater in a surface water.
5. The size of the zone of initial dilution in a mixing zone shall prevent lethality to organisms passing through the zone of initial dilution. The mixing zone shall prevent acute toxicity and lethality to organisms passing through the mixing zone.

H. The Director shall not establish a mixing zone in an AZPDES permit for the following persistent, bioaccumulative pollutants:
1. Chlordane,
2. DDT and its metabolites (DDD and DDE),
3. Dieldrin,
4. Dioxin,
5. Endrin,
6. Endrin aldehyde,
7. Heptachlor,
8. Heptachlor epoxide,
9. Lindane,
10. Mercury,
11. Polychlorinated biphenyls (PCBs), and
12. Toxaphene.

Historical Note

Former Section R9-21-206 renumbered and amended as Section R9-21-204, new Section R9-21-206 adopted effective January 29, 1980 (Supp. 80-1). Amended by adding subsection (B) effective October 14, 1981 (Supp. 81-5). Amended subsection (B) and Table 1 effective January 29, 1982 (Supp. 82-1). Amended subsection (B) and Table 1 effective August 13, 1982 (Supp. 82-4). Former Section R9-21-206 renumbered as Section R9-21-205, former Section R9-21-207 renumbered as Section R9-21-206 and amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-206 renumbered and amended as Section R9-21-207, former Section R9-21-205 renumbered and amended as R9-21-206 effective August 12, 1986 (Supp. 86-4). Former Section R9-21-206 renumbered without change as Section R18-11-206 (Supp. 87-3). New Section made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

R18-11-207. Natural Background

Where the concentration of a pollutant exceeds a water quality standard and the exceedance is caused solely by naturally occurring conditions, the exceedance shall not be considered a violation of the water quality standard.

Historical Note

Former Section R9-21-207 repealed, former Section R9-21-204 renumbered and amended as Section R9-21-207 effective January 29, 1980 (Supp. 80-1). Former Section R9-21-207 renumbered as Section R9-21-206, former Section R9-21-208 renumbered as Section R9-21-207 and amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-207 renumbered without change as Section R9-21-208, former Section R9-21-206 renum-

bered and amended as Section R9-21-207 effective August 12, 1986 (Supp. 86-4). Former Section R9-21-207 renumbered without change as Section R18-11-207 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1). New Section made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

R18-11-208. Schedules of Compliance

A compliance schedule in an AZPDES permit shall require the permittee to comply with a discharge limitation based upon a new or revised water quality standard as soon as possible to achieve compliance. The permittee shall demonstrate that the point source cannot comply with a discharge limitation based upon the new or revised water quality standard through the application of existing water pollution control technology, operational changes, or source reduction. In establishing a compliance schedule, the Director shall consider:

1. How much time the permittee has already had to meet any effluent limitations under a prior permit;
2. The extent to which the permittee has made good faith efforts to comply with the effluent limitations and other requirements in a prior permit;
3. Whether treatment facilities, operations, or measures must be modified to meet the effluent limitations;
4. How long any necessary modifications would take to implement; and
5. Whether the permittee would be expected to use the same treatment facilities, operations or other measures to meet the effluent limitations as it would have used to meet the effluent limitations in a prior permit.

Historical Note

Former Section R9-21-208 repealed, new Section R9-21-208 adopted effective January 29, 1980 (Supp. 80-1). Former Section R9-21-208 renumbered as Section R9-21-207, Appendices 1 through 9 amended as Appendix A (now shown following R9-21-213), former Section R9-21-209 renumbered as R9-21-208 and amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-208 renumbered and amended as Section R9-21-209, former Section R9-21-207 renumbered without change as Section R9-21-208 effective August 12, 1986 (Supp. 86-4). Former Section R9-21-208 renumbered without change as Section R18-11-208 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1). New Section made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

R18-11-209. Variances

A. Upon request, the Director may establish, by rule, a discharger-specific or water segment-specific or water segments-specific variance from a water quality standard if requirements pursuant to this Section are met.

B. A person who requests a variance must demonstrate all of the following information:

1. Identification of the specific pollutant and water quality standard for which a variance is sought.
2. Identification of the receiving surface water segment or segments to which the variance would apply.
3. A detailed discussion of the need for the variance, including the reasons why compliance with the water quality standard cannot be achieved over the term of the proposed variance, and any other useful information or analysis to evaluate attainability.
4. A detailed description of proposed interim discharge limitations and pollutant control activities that represent the highest level of treatment achievable by a point source discharger or dischargers during the term of the variance.
5. Documentation that the proposed term is only as long as necessary to achieve compliance with applicable water quality standards.
6. Documentation that is appropriate to the type of designated use to which the variance would apply as follows. For a water quality standard variance documentation must include a demonstration of at least one of the following factors that preclude attainment of the use during the term of the variance:
   a. Naturally occurring pollutant concentrations prevent attainment of the use;
   b. Natural, ephemeral, intermittent or low flow conditions or water levels prevent the attainment of the use, unless these conditions may be compensated for by the discharge of sufficient volume of effluent discharges without violating state water conservation requirements to enable uses to be met;
   c. That human-caused conditions or sources of pollution prevent the attainment of the water quality standard for which the variance is sought and either (1) it is not possible to remedy the conditions or sources of pollution or (2) remedying the human-caused conditions would cause more environmental damage to correct than to leave in place;
   d. Dams, diversions or other types of hydrologic modifications preclude the attainment of the use, and it is not feasible to restore the water body to its original condition or to operate such modification n a way that would result in the attainment of the use;
   e. Physical conditions related to the natural features of the water body, such as the lack of a proper substrate, cover, flow, depth, pools, riffles, and the like, unrelated to water quality, preclude attainment of aquatic life protection uses;
   f. Actions necessary to facilitate lake, wetland, or stream restoration through dam removal or other significant reconfiguration activities preclude attainment of the designated use and criterion while the actions are being implemented.
7. For a waterbody segment-specific or segments-specific variance, the following information is required before the Director may issue a variance, in addition to all other required documentation pursuant to this Section:
   a. Identification and documentation of any cost-effective and reasonable best management practices for nonpoint source controls related to the pollutant or pollutants or water quality parameter or parameters and water body or waterbody segment or segments specified in the variance that could be implemented to make progress towards attaining the underlying designated use and criterion; and
   b. If any variance pursuant to subsection (B)(7)(a) previously applied to the water body or waterbody segment or segments, documentation must also demonstrate whether and to what extent best management practices for nonpoint source controls were implemented to address the pollutant or pollutants or water quality parameter or parameters subject to the water quality variance and the water quality progress achieved.

8. For a discharger-specific variance, the following information is required before the Director may issue a variance, in addition to all other required documentation pursuant to this Section: Identification of the permittee subject to the variance.

C. The Director shall consider the following factors when deciding whether to grant or deny a variance request:
1. Bioaccumulation,
2. The predicted exposure of biota and the likelihood that resident biota will be adversely affected,
3. The known or predicted safe exposure levels for the pollutant for which the variance is requested, and
4. The likelihood of adverse human health effects.

D. The variance shall represent the highest attainable condition of the water body or water body segment applicable throughout the term of the variance.

E. A variance shall not result in any lowering of the currently attained ambient water quality, unless the variance is necessary for restoration activities, consistent with subsection (B)(6)(a)(vi). The Director must specify the highest attainable condition of the water body or waterbody segment as a quantifiable expression of one of the following:
1. The highest attainable interim criterion,
2. The interim effluent condition that reflects the greatest pollutant reduction achievable.

F. A variance shall not modify the underlying designated use and criterion. A variance is only a time limited exception to the underlying standard. For discharge-specific variances, other point source dischargers to the surface water that are not granted a variance shall still meet all applicable water quality standards.

G. Point source discharges shall meet all other applicable water quality standards for which a variance is not granted.

H. The term of the water quality variance may only be as long as necessary to achieve the highest attainable condition and must be consistent with the supporting documentation in subsection (E).

I. The Director shall periodically, but not more than every five years, reevaluate whether each variance continues to represent the highest attainable condition. Comment on the variance shall be considered regarding whether the variance continues to represent the highest attainable condition during each rulemaking for this Article. If the Director determines that the requirements of the variance do not represent the highest attainable condition, then the Director shall modify or repeal the variance during the rulemaking.

J. If the variance is modified by rulemaking, the requirements of the variance shall represent the highest attainable condition at the time of initial adoption of the variance, or the highest attainable condition identified during the current reevaluation, whichever is more stringent.

K. Upon expiration of a variance, point source dischargers shall comply with the water quality standard.

Historical Note

Former Section R9-21-209 renumbered and amended as Section R9-21-210, new Section R9-21-209 adopted effective January 29, 1980 (Supp. 80-1). Former Section R9-21-209 renumbered as Section R9-21-208, Tables I and II amended as Appendix B (now shown following R9-21-213 and Appendix A), former Section R9-21-210 renumbered as Section R9-21-209 and amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-209 renumbered and amended as Section R9-21-210, former Section R9-21-208 renumbered and amended as Section R9-21-209 effective August 12, 1986 (Supp. 86-4). Former Section R9-21-209 renumbered without change as Section R18-11-209 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1). New Section made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

R18-11-210. Site Specific Standards

A. The Director shall adopt a site-specific standard by rule.

B. The Director may adopt a site-specific standard based upon a request or upon the Director's initiative for any of the following reasons:
1. Local physical, chemical, or hydrological conditions of a non-WOTUS protected surface water such as pH, hardness, fate and transport, or temperature alters the biological availability or toxicity of a pollutant;
2. The sensitivity of resident aquatic organisms that occur in a non-WOTUS protected surface water to a pollutant differs from the sensitivity of the species used to derive the numeric water quality standards to protect aquatic life in R18-11-215;
3. Resident aquatic organisms that occur in a non-WOTUS protected surface water represent a narrower mix of species than those in the dataset used by ADEQ to derive numeric water quality standards to protect aquatic life in R18-11-215;
4. The natural background concentration of a pollutant is greater than the numeric water quality standard to protect aquatic life prescribed in R18-11-215. "Natural background" means the concentration of a pollutant in a non-WOTUS protected surface water due only to non-anthropogenic sources; or
5. Other factors or combination of factors that upon review by the Director warrant changing a numeric water quality standard for a non-WOTUS protected surface water.

C. Site-specific standard by request. To request that the Director adopt a site-specific standard, a person must conduct a study to support the development of a site-specific standard using a scientifically defensible procedure. Before conducting the study, a person shall submit a study outline to the Director for approval that contains the following elements:
1. Identifies the pollutant;
2. Describes the reach's boundaries;
3. Describes the hydrologic regime of the waterbody;
4. Describes the scientifically defensible procedure, which can include relevant aquatic life studies, ecological studies, laboratory tests, biological translators, fate and transport models, and risk analyses;
5. Describes and compares the taxonomic composition, distribution and density of the aquatic biota within the reach to a reference reach and describes the basis of any major taxonomic differences;
6. Describes the pollutant's effect on the affected species or appropriate surrogate species and on the other designated uses listed for the reach;
7. Demonstrates that all designated uses are protected; and
8. A person seeking to develop a site-specific standard based on natural background may use statistical or modeling approaches to determine natural background concentration.

Historical Note

Former Section R9-21-210 renumbered and amended as Section R9-21-211, former Section R9-21-209 renumbered and amended as Section R9-21-210 effective Janu-

ary 29, 1980 (Supp. 80-1). Amended subsection (A) effective April 17, 1984 (Supp. 84-2). Former Section R9-21-210 renumbered as Section R9-21-209, former Section R9-21-211 renumbered as Section R9-21-210 and amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-210 renumbered and amended as Section R9-21-211, former Section R9-21-209 renumbered and amended as Section R9-21-210 effective August 12, 1986 (Supp. 86-4). Former Section R9-21-210 renumbered without change as Section R18-11-210 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1). New Section made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

R18-11-211. Enforcement of Non-permitted Discharges to Non-WOTUS Protected Surface Waters

A. The Department may establish a numeric water quality standard at a concentration that is below the practical quantitation limit. Therefore, in enforcement actions pursuant to subsection (B), the water quality standard is enforceable at the practical quantitation limit.

B. Except for chronic aquatic and wildlife criteria, for non-permitted discharge violations, the Department shall determine compliance with numeric water quality standard criteria from the analytical result of a single sample, unless additional samples are required under this article. For chronic aquatic and wildlife criteria, compliance for non-permitted discharge violations shall be determined from the geometric mean of the analytical results of the last four samples taken at least 24 hours apart. For the purposes of this Section, a "non-permitted discharge violation" does not include a discharge regulated under an AZPDES permit.

Historical Note

Former Section R9-21-210 renumbered and amended as Section R9-21-211 effective January 29, 1980 (Supp. 80-1). Amended subsections (D), (G) three (I), and added (J) effective October 14, 1981 (Supp. 81-5). Former Section R9-21-211 renumbered as Section R9-21-210, former Section R9-21-212 renumbered as Section R9-21-211 and amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-211 renumbered and amended as Section R9-21-212, former Section R9-21-210 renumbered and amended as Section R9-21-211 effective August 12, 1986 (Supp. 86-4). Former Section R9-21-211 renumbered without change as Section R18-11-211 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1). New Section made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

R18-11-212. Statements of Intent and Limitations on the Reach of Article 2

A. Nothing in this Article prohibits fisheries management activities by the Arizona Game and Fish Department or the U.S. Fish and Wildlife Service. This Article does not exempt fish hatcheries from AZPDES permit requirements.

B. Nothing in this Article prevents the routine physical or mechanical maintenance of canals, drains, and the urban lakes identified as non-WOTUS protected surface waters on the Protected Surface Waters List. Physical or mechanical maintenance includes dewatering, lining, dredging, and the physical, biological, or chemical control of weeds and algae. Increases in turbidity that result from physical or mechanical maintenance activities are permitted in canals, drains, and the urban lakes identified on the Protected Surface Waters List.

C. Increases in turbidity that result from the routine physical or mechanical maintenance of a dam or flood control structure are not violations of this Article.

D. Nothing in this Article requires the release of water from a dam or a flood control structure.

Historical Note

Adopted effective January 29, 1980 (Supp. 80-1). Former Section R9-21-212 renumbered as Section R9-21-211, former Section R9-21-213 renumbered as Section R9-21-212 and amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-212 repealed, former Section R9-21-211 renumbered and amended as Section R9-21-212 effective August 12, 1986 (Supp. 86-4). Former Section R9-21-212 renumbered without change as Section R18-11-212 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1). New Section made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

R18-11-213. Procedures for Determining Economic, Social, and Environmental Cost and Benefits

A. The Director shall perform an economic, social, and environmental cost and benefits analysis that shows the benefits outweigh the costs before conducting any of the following rulemaking actions:

1. Adopting a water quality standard that applies to non-WOTUS protected surface waters at a particular level or for a particular water category of non-WOTUS protected surface waters;
2. Adding a non-WOTUS protected surface water to the Protected Surface Waters List when the conditions of A.R.S. § 49-221(G)(4) apply; or
3. Removing a non-WOTUS protected surface water from the Protected Surface Waters List when the conditions of A.R.S. § 49-221(G)(6) apply.

B. The economic, social, and environmental cost and benefit analysis must include:

1. A justification of the valuation methodology used to quantify the costs or benefits of the rulemaking action;
2. A reference to any study relevant to the economic, social, and environmental cost and benefit analysis that the agency reviewed and proposes either to rely on or not to rely on in its evaluation of the costs and benefits of the rulemaking action;
3. A description of any data on which an economic, social, and environmental cost and benefits analysis is based and an explanation of how the data was obtained and why the data is acceptable data.
4. A description of the probable impact of the rulemaking on any existing AZPDES permits that are impacted by the rulemaking action;
5. A description of the probable amount of additional AZPDES permits that will be required for known and ongoing point-source discharges after the rulemaking is completed that otherwise would not have been required if the Director did not undertake the rulemaking action; and
6. The administrative and other costs to ADEQ associated with the proposed rulemaking.

C. The Director shall publish a copy of the economic, social, and environmental cost and benefits analysis to the agency website prior to filing any rulemaking materials during any of the rulemaking actions listed in subsection (A) of this rule.

D. If for any reason enough data is not reasonably available to comply with the requirements of subsection (B) of this section, the agency shall explain the limitations of the data and the methods that were employed in the attempt to obtain the data and shall characterize the probable impacts in qualitative terms.

E. The Director is not required to prepare the economic, social, and environmental cost and benefits analysis required by this rule when:
1. Adding or removing a WOTUS-protected surface water from the Protected Surface Waters List; or
2. Adding a water to the Protected Surface Waters List on an emergency basis pursuant to A.R.S. § 49-221(G)(7).

Historical Note
Adopted effective January 29, 1980 (Supp. 80-1). Amended effective April 17, 1984 (Supp. 84-2). Former Section R9-21-213 renumbered as Section R9-21-212, former Section R9-21-103 renumbered as Section R9-21-213 and amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-213 renumbered without change as Section R9-21-214, new Section R9-21-213 adopted effective August 12, 1986 (Supp. 86-4). Former Section R9-21-213 renumbered without change as Section R18-11-213 (Supp. 87-3). Amended effective December 1, 1988 (Supp. 88-4). Section repealed effective February 18, 1992 (Supp. 92-1). New Section made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

R18-11-214. Narrative Water Quality Standards for Non-WOTUS Protected Surface Waters

A. A non-WOTUS protected surface water shall not contain pollutants in amounts or combinations that:
1. Settle to form bottom deposits that inhibit or prohibit the habitation, growth, or propagation of aquatic life;
2. Cause objectionable odor in the area in which the non-WOTUS protected surface water is located;
3. Cause off-taste or odor in drinking water;
4. Cause off-flavor in aquatic organisms;
5. Are toxic to humans, animals, plants, or other organisms;
6. Cause the growth of algae or aquatic plants that inhibit or prohibit the habitation, growth, or propagation of other aquatic life or that impair recreational uses;
7. Cause or contribute to a violation of an aquifer water quality standard prescribed in R18-11-405 or R18-11-406; or
8. Change the color of the non-WOTUS protected surface water from natural background levels of color.

B. A non-WOTUS protected surface water shall not contain oil, grease, or any other pollutant that floats as debris, foam, or scum; or that causes a film or iridescent appearance on the surface of the water; or that causes a deposit on a shoreline, bank, or aquatic vegetation. The discharge of lubricating oil or gasoline associated with the normal operation of a recreational watercraft is not a violation of this narrative standard

C. A non-WOTUS protected surface water shall not contain a discharge of suspended solids in quantities or concentrations that interfere with the treatment processes at the nearest downstream potable water treatment plant or substantially increase the cost of handling solids produced at the nearest downstream potable water treatment plant.

Historical Note
Former Section R9-21-213 renumbered without change as Section R9-21-214 effective August 12, 1986 (Supp. 86-4). Former Section R9-21-214 renumbered without change as Section R18-11-214 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1). New Section made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

R18-11-215. Numeric Water Quality Standards for Non-WOTUS Protected Surface Waters

A. *E. coli bacteria*. The following water quality standards for *Escherichia coli (E. coli)* are expressed in colony-forming units per 100 milliliters of water (cfu / 100 ml) or as a Most Probable Number (MPN):

E. coli	**FBC AZ**	**PBC AZ**
Geometric mean (minimum of four samples in 30 days)	126	126
Statistical threshold value	410	576

B. pH. The following water quality standards for non-WOTUS protected surface waters pH are expressed in standard units:

pH	**DWS AZ**	**FBC AZ, PBC AZ, A&Ww AZ, A&Wc AZ**	**AgI AZ**	**AgL AZ**
Maximum	9.0	9.0	9.0	9.0
Minimum	5.0	6.5	4.5	6.5

C. The maximum allowable increase in ambient water temperature, due to a thermal discharge is as follows:

A&Ww AZ	**A&Wc AZ**
3.0° C	1.0° C

D. Suspended sediment concentration.
1. The following water quality standards for suspended sediment concentration, expressed in milligrams per liter (mg/L), are expressed as a median value determined from a minimum of four samples collected at least seven days apart:
2. The Director shall not use the results of a suspended sediment concentration sample collected during or within 48 hours after a local storm event to determine the median value.

A&Wc AZ	**A&Ww AZ**
25	80

E. Dissolved oxygen. A non-WOTUS protected surface water meets the water quality standard for dissolved oxygen when either:
1. The percent saturation of dissolved oxygen is equal to or greater than 90 percent, or
2. The single sample minimum concentration for the designated use, as expressed in milligrams per liter (mg/L) is as follows:

Designated Use	**Single sample minimum concentration in mg/L**
A&Ww AZ	6.0
A&Wc AZ	7.0

The single sample minimum concentration is the same for the designated use in a lake, but the sample must be taken from a depth no greater than one meter.

F. Tables 1 through 17 prescribe water quality criteria for individual pollutants by designated use.

Historical Note
New Section made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

Table 1. Water Quality Criteria by Designated Use (see footnote)

Parameter	CAS NUMBER	DWS AZ (µg/L)	FC AZ (µg/L)	FBC AZ (µg/L)	PBC AZ (µg/L)	A&Wc AZ Acute (µg/L)	A&Wc AZ Chronic (µg/L)	A&Ww AZ Acute (µg/L)	A&Ww AZ Chronic (µg/L)	AgI AZ (µg/L)	AgL AZ (µg/L)
Acenaphthene	83329	420	198	56,000	56,000	850	550	850	550		
Acrolein	107028	3.5	1.9	467	467	3	3	3	3		
Acrylonitrile	107131	0.06	0.2	3	37,333	3,800	250	3,800	250		
Alachlor	15972608	2		9,333	9,333	2,500	170	2,500	170		
Aldrin	309002	0.002	0.00005	0.08	28	3		3		0.003	See (b)
Alpha Particles (Gross) Radioactivity		15 pCi/L See (h)									
Ammonia	7664417					See (e) & Tables 11 (present) & 14 (absent)	See (e) & Tables 13 (present) & 17 (absent)	See (e) & Tables 12 (present) & 15 (absent)	See (e) & Tables 13 (present) & 16 (absent)		
Anthracene	120127	2,100	74	280,000	280,000						
Antimony	7440360	6 T	640 T	747 T	747 T	88 D	30 D	88 D	30 D		
Arsenic	7440382	10 T	80 T	30 T	280 T	340 D	150 D	340 D	150 D	2,000 T	200 T
Asbestos	1332214	See (a)									
Atrazine	1912249	3		32,667	32,667						
Barium	7440393	2,000 T		98,000 T	98,000 T						
Benz(a)anthracene	56553	0.005	0.02	0.2	0.2						
Benzene	71432	5	140	93	3,733	2,700	180	2,700	180		
Benzo[b]fluoranthene Benzfluoranthene	205992	0.005	0.02	1.9	1.9						
Benzidine	92875	0.0002	0.0002	0.01	2,800	1,300	89	1,300	89	0.01	0.01
Benzo(a)pyrene	50328	0.2	0.02	0.2	0.2						
Benzo(k)fluoranthene	207089	0.005	0.02	1.9	1.9						
Beryllium	7440417	4 T	84 T	1,867 T	1,867 T	65 D	5.3 D	65 D	5.3 D		
Beta particles and photon emitters		4 millirems / year See (i)									
Bis(2-chloroethyl) ether	111444	0.03	0.5	1	1	120,000	6,700	120,000	6,700		
Bis(2-chloroisopropyl) ether	108601	280	3,441	37,333	37,333						
Boron	7440428	1,400 T		186,667 T	186,667 T					1,000 T	
Bromodichloromethane	75274	TTHM See (g)	17	TTHM	18,667						
4-Bromophenyl phenyl ether	101553					180	14	180	14		
Bromoform	75252	TTHM See (g)	133	180	18,667	15,000	10,000	15,000	10,000		
Bromomethane	74839	9.8	299	1,307	1,307	5,500	360	5,500	360		
Butyl benzyl phthalate	85687	1,400	386	186,667	186,667	1,700	130	1,700	130		
Cadmium	7440439	5 T	84 T	700 T	700 T	See (d) & Table 2	See (d) & Table 3	See (d) & Table 2	See (d) & Table 3	50	50
Carbaryl	63252					2.1	2.1	2.1	2.1		
Carbofuran	1563662	40		4,667	4,667	650	50	650	50		
Carbon tetrachloride	56235	5	2	11	980	18,000	1,100	18,000	1,100		
Chlordane	57749	2	0.0008	4	467	2.4	0.004	2.4	0.2		
Chlorine (total residual)	7782505	4,000		4000	4000	19	11	19	11		
Chlorobenzene	108907	100	1,553	18,667	18,667	3,800	260	3,800	260		
2-Chloroethyl vinyl ether	110758					180,000	9,800	180,000	9,800		
Chloroform	67663	TTHM See (g)	470	230	9,333	14,000	900	14,000	900		
p-Chloro-m-cresol	59507					15	4.7	15	4.7		
Chloromethane	74873					270,000	15,000	270,000	15,000		
beta-Chloronaphthalene	91587	560	317	74,667	74,667						
2-Chlorophenol	95578	35	30	4,667	4,667	2,200	150	2,200	150		
Chloropyrifos	2921882	21		2,800	2,800	0.08	0.04	0.08	0.04		
Chromium III	16065831		75,000 T	1,400,000 T	1,400,000 T	See (d) & Table 4	See (d) & Table 4	See (d) & Table 4	See (d) & Table 4		
Chromium VI	18540299	21 T	150 T	2,800 T	2,800 T	16 D	11 D	16 D	11 D		
Chromium (Total)	7440473	100 T								1,000	1,000
Chrysene	218019	0.005	0.02	19	19						
Copper	7440508	1,300 T		1,300 T	1,300 T	See (d) & Table 5	See (d) & Table 5	See (d) & Table 5	See (d) & Table 5	5,000 T	500 T
Cyanide (as free cyanide)	57125	200 T	16,000 T	18,667 T	18,667 T	22 T	5.2 T	41 T	9.7 T		200 T
Dalapon	75990	200	8,000	28,000	28,000						
DDT and its breakdown products	50293	0.1	0.0002	14	467	1.1	0.001	1.1	0.001	0.001	0.001
Demeton	8065483						0.1		0.1		
Diazinon	333415					0.17	0.17	0.17	0.17		
Dibenz (ah) anthracene	53703	0.005	0.02	1.9	1.9						
Dibromochloromethane	124481	TTHM See (g)	13	TTHM	18,667						

Table 1. Water Quality Criteria by Designated Use (see footnote) (Continued)

Parameter	CAS NUMBER	DWS AZ (µg/L)	FC AZ (µg/L)	FBC AZ (µg/L)	PBC AZ (µg/L)	A&Wc AZ Acute (µg/L)	A&Wc AZ Chronic (µg/L)	A&Ww AZ Acute (µg/L)	A&Ww AZ Chronic (µg/L)	AgI AZ (µg/L)	AgL AZ (µg/L)
1,2-Dibromo-3-chloropro- pane	96128	0.2		2,800	2,800						
1,2-Dibromoethane	106934	0.05		8,400	8,400						
Dibutyl phthalate	84742	700	899	93,333	93,333	470	35	470	35		
1,2-Dichlorobenzene	95501	600	205	84,000	84,000	790	300	1,200	470		
1,3-Dichlorobenzene	541731					2,500	970	2,500	970		
1,4-Dichlorobenzene	106467	75	5755	373,333	373,333	560	210	2,000	780		
3,3'-Dichlorobenzidine	91941	0.08	0.03	3	3						
1,2-Dichloroethane	107062	5	37	15	186,667	59,000	41,000	59,000	41,000		
1,1-Dichloroethylene	75354	7	7,143	46,667	46,667	15,000	950	15,000	950		
1,2-cis-Dichloroethylene	156592	70		70	70						
1,2-trans-Dichloroethylene	156605	100	10,127	18,667	18,667	68,000	3,900	68,000	3,900		
Dichloromethane	75092	5	593	190	56,000	97,000	5,500	97,000	5,500		
2,4-Dichlorophenol	120832	21	59	2,800	2,800	1,000	88	1,000	88		
2,4-Dichlorophenoxyacetic acid (2,4-D)	94757	70		9,333	9,333						
1,2-Dichloropropane	78875	5	17,518	84,000	84,000	26,000	9,200	26,000	9,200		
1,3-Dichloropropene	542756	0.7	42	420	28,000	3,000	1,100	3,000	1,100		
Dieldrin	60571	0.002	0.00005	0.09	47	0.2	0.06	0.2	0.06	0.003	See (b)
Diethyl phthalate	84662	5,600	8,767	746,667	746,667	26,000	1,600	26,000	1,600		
Di (2-ethylhexyl) adipate	103231	400		560,000	560,000						
Di (2-ethylhexyl) phthalate	117817	6	3	100	18,667	400	360	400	360		
2,4-Dimethylphenol	105679	140	171	18,667	18,667	1,000	310	1,000	310		
Dimethyl phthalate	131113					17,000	1,000	17,000	1,000		
4,6-Dinitro-o-cresol	534521	28	582	3,733	3,733	310	24	310	24		
2,4-Dinitrophenol	51285	14	1,067	1,867	1,867	110	9.2	110	9.2		
2,4-Dinitrotoluene	121142	14	421	1,867	1,867	14,000	860	14,000	860		
2,6-Dinitrotoluene	606202	0.05		2	3,733						
Di-n-octyl phthalate	117840	2,800		373,333	373,333						
Dinoseb	88857	7		933	933						
1,2-Diphenylhydrazine	122667	0.04	0.2	1.8	1.8	130	11	130	11		
Diquat	85007	20		2,053	2,053						
Endosulfan sulfate	1031078	42	18	5,600	5,600	0.2	0.06	0.2	0.06		
Endosulfan (Total)	115297	42	18	5,600	5,600	0.2	0.06	0.2	0.06		
Endothall	145733	100		18,667	18,667						
Endrin	72208	2	0.06	280	280	0.09	0.04	0.09	0.04	0.004	0.004
Endrin aldehyde	7421934	2				0.09	0.04	0.09	0.04		
Ethylbenzene	100414	700	2,133	93,333	93,333	23,000	1,400	23,000	1,400		
Fluoranthene	206440	280	28	37,333	37,333	2,000	1,600	2,000	1,600		
Fluorene	86737	280	1,067	37,333	37,333						
Fluoride	7782414	4,000		140,000	140,000						
Glyphosate	1071836	700	266,667	93,333	93,333						
Guthion	86500						0.01		0.01		
Heptachlor	76448	0.4	0.00008	0.4	467	0.5	0.004	0.5	0.004		
Heptachlor epoxide	1024573	0.2	0.00004	0.2	12	0.5	0.004	0.5	0.004		
Hexachlorobenzene	118741	1	0.0003	1	747	6	3.7	6	3.7		
Hexachlorobutadiene	87683	0.4	18	18	187	45	8.2	45	8.2		
Hexachlorocyclohexane alpha	319846	0.006	0.005	0.22	7,467	1,600	130	1,600	130		
Hexachlorocyclohexane beta	319857	0.02	0.02	0.78	560	1,600	130	1,600	130		
Hexachlorocyclohexane delta	319868					1,600	130	1,600	130		
Hexachlorocyclohexane gamma (lindane)	58899	0.2	1.8	280	280	1	0.08	1	0.28		
Hexachlorocyclopentadiene	77474	50	580	9,800	9,800	3.5	0.3	3.5	0.3		
Hexachloroethane	67721	2.5	3.3	100	933	490	350	490	350		
Hydrogen sulfide	7783064						2 See (c)		2 See (c)		
Indeno (1,2,3-cd) pyrene	193395	0.05	0.49	1.9	1.9						
Iron	7439896						1,000 D		1,000 D		
Isophorone	78591	37	961	1,500	186,667	59,000	43,000	59,000	43,000		
Lead	7439921	15 T		15 T	15 T	See (d) & Table 6	See (d) & Table 6	See (d) & Table 6	See (d) & Table 6	10,000 T	100 T
Malathion	121755	140		18,667	18,667		0.1		0.1		
Manganese	7439965	980		130,667	130,667					10,000	
Mercury	7439976	2 T		280 T	280 T	2.4 D	0.01 D	2.4 D	0.01 D		10 T
Methoxychlor	72435	40		4,667	4,667		0.03		0.03		
Methylmercury	22967926		0.3 mg/kg								
Mirex	2385855	1		187	187		0.001		0.001		
Naphthalene	91203	140	1,524	18,667	18,667	1,100	210	3,200	580		
Nickel	7440020	140 T	4,600 T	28,000 T	28,000 T	See (d) & Table 7	See (d) & Table 7	See (d) & Table 7	See (d) & Table 7		
Nitrate	14797558	10,000		3,733,333	3,733,333						

Table 1. Water Quality Criteria by Designated Use (see footnote) (Continued)

Parameter	CAS NUMBER	DWS AZ (µg/L)	FC AZ (µg/L)	FBC AZ (µg/L)	PBC AZ (µg/L)	A&Wc AZ Acute (µg/L)	A&Wc AZ Chronic (µg/L)	A&Ww AZ Acute (µg/L)	A&Ww AZ Chronic (µg/L)	AgI AZ (µg/L)	AgL AZ (µg/L)
Nitrite	14797650	1,000		233,333	233,333						
Nitrate + Nitrite		10,000									
Nitrobenzene	98953	3.5	138	467	467	1,300	850	1,300	850		
p-Nitrophenol	100027					4,100	3,000	4,100	3,000		
N-nitrosodimethylamine	62759	0.001	3	0.03	0.03						
N-Nitrosodiphenylamine	86306	7.1	6	290	290	2,900	200	2,900	200		
N-nitrosodi-n-propylamine	621647	0.005	0.5	0.2	88,667						
Nonylphenol	104405					28	6.6	28	6.6		
Oxamyl	23135220	200		23,333	23,333						
Parathion	56382					0.07	0.01	0.07	0.01		
Paraquat	1910425	32		4,200	4,200	100	54	100	54		
Pentachlorophenol	87865	1	1,000	12	28,000	See (e), (j) & Table 10	See (e), (j) & Table 10	See (e), (j) & Table 10	See (e), (j) & Table 10		
Permethrin	52645531	350		46,667	46,667	0.3	0.2	0.3	0.2		
Phenanthrene	85018					30	6.3	30	6.3		
Phenol	108952	2,100	37	280,000	280,000	5,100	730	7,000	1,000		
Picloram	1918021	500	2,710	65,333	65,333						
Polychlorinatedbiphenyls (PCBs)	1336363	0.5	0.00006	2 19	19	2	0.01	2	0.02	0.001	0.001
Pyrene	129000	210	800	28,000	28,000						
Radium 226 + Radium 228		5 pCi/L									
Selenium	7782492	50 T	667 T	4,667 T	4,667 T		2 T		2 T	20 T	50 T
Silver	7440224	35 T	8,000 T	4,667 T	4,667 T	See (d) & Table 8		See (d) & Table 8			
Simazine	112349	4		4,667	4,667						
Strontium	7440246	8 pCi/L									
Styrene	100425	100		186,667	186,667	5,600	370	5,600	370		
Sulfides											
2,3,7,8-Tetrachlorod- ibenzo-p-dioxin (2,3,7,8-TCDD)	1746016	0.00003	5x10-9	0.00003	0.0009	0.01	0.005	0.01	0.005		
1,1,2,2-Tetrachloroethane	79345	0.2	4	7	56,000	4,700	3,200	4,700	3,200		
Tetrachloroethylene	127184	5	261	9,333	9,333	2,600	280	6,500	680		
Thallium	7440280	2 T	7.2 T	75 T	75 T	700 D	150 D	700 D	150 D		
Toluene	108883	1,000	201.000	280,000	280,000	8,700	180	8,700	180		
Toxaphene	8001352	3	0.0003	1.3	933	0.7	0.0002	0.7	0.0002	0.005	0.005
Tributyltin						0.5	0.07	0.5	0.07		
1,2,4-Trichlorobenzene	120821	70	70	9,333	9,333	750	130	1,700	300		
1,1,1-Trichloroethane	71556	200	428,571	1,866,667	1,866,667	2,600	1,600	2,600	1,600	1,000	
1,1,2-Trichloroethane	79005	5	16	25	3,733	18,000	12,000	18,000	12,000		
Trichloroethylene	79016	5	29	280,000	280	20,000	1,300	20,000	1,300		
2,4,6-Trichlorophenol	88062	3.2	2	130	130	160	25	160	25		
2,4,5-Trichlorophenoxy proprionic acid (2,4,5-TP)	93721	50		7,467	7,467						
Trihalomethanes (T)		80									
Tritium	10028178	20,000 pCi/L									
Uranium	7440611	30 D		2,800	2,800						
Vinyl chloride	75014	2	5	2	2,800						
Xylenes (T)	1330207	10,000		186,667	186,667						
Zinc	7440666	2,100 T	5,106 T	280,000 T	280,000 T	See (d) & Table 9	See (d) & Table 9	See (d) & Table 9	See (d) & Table 9	10,000 T	25,000 T

Historical Note

Table 1 made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

Table 2. Acute Water Quality Standards for Dissolved Cadmium

Aquatic and Wildlife Coldwater AZ		Aquatic and Wildlife Warm Water AZ	
Hard. mg/L	**Std. µg/L**	**Hard. mg/L**	**Std. µg/L**
20	0.40	20	2.1
100	1.8	100	9.4
400	6.5	400	34
e(0.9789*LN(Hardness)-3.866)*(1.136672-LN(Hardness)*0.041838)		e(0.9789*LN(Hardness)-2.208)*(1.136672-LN(Hardness)*0.041838)	

Historical Note

Table 2 made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

Table 3. Chronic Water Quality Standards for Dissolved Cadmium

Aquatic and Wildlife Coldwater AZ and Warmwater AZ	
Hard. mg/L	**Std. µg/L**
20	0.21
100	0.72
400	2.0
e(0.7977*LN(Hardness)-3.909)*(1.101672-LN(Hardness)*0.041838)	

Historical Note
Table 3 made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

Table 4. Water Quality Standards for Dissolved Chromium III

Acute Aquatic and Wildlife Coldwater AZ and Warmwater AZ		Chronic Aquatic and Wildlife Coldwater AZ and Warmwater AZ	
Hard. mg/L	**Std. µg/L**	**Hard. mg/L**	**Std. µg/L**
20	152	20	19.8
100	570	100	74.1
400	1,773	400	231
e(0.819*LN(Hardness)+3.7256)*(0.316)		e(0.819*LN(Hardness)+0.6848)*(0.86)	

Historical Note
Table 4 made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

Table 5. Water Quality Standards for Dissolved Copper

Acute Aquatic and Wildlife Coldwater AZ and Warmwater AZ		Chronic Aquatic and Wildlife Coldwater AZ and Warmwater AZ	
Hard. mg/L	**Std. µg/L**	**Hard. mg/L**	**Std. µg/L**
20	2.9	20	2.3
100	13	100	9.0
400	50	400	29
e(0.9422*LN(Hardness)-1.702)*(0.96)		e(0.8545*LN(Hardness)-1.702)*(0.96)	

Historical Note
Table 5 made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

Table 6. Water Quality Standards for Dissolved Lead

Acute Aquatic and Wildlife Coldwater AZ and Warmwater AZ		Chronic Aquatic and Wildlife Coldwater AZ and Warmwater AZ	
Hard. mg/L	**Std. µg/L**	**Hard. mg/L**	**Std. µg/L**
20	10.8	20	0.42
100	64.6	100	2.5
400	281	400	10.9
e(1.273*LN(Hardness)-1.46)*(1.46203-(LN(Hardness))*(0.145712))		e(1.273*LN(Hardness)-4.705) *(1.46203-(LN(Hardness))*(0.145712))	

Historical Note
Table 6 made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

Table 7. Water Quality Standards for Dissolved Nickel

Acute Aquatic and Wildlife Coldwater AZ and Warmwater AZ		Chronic Aquatic and Wildlife Coldwater AZ and Warmwater AZ	
Hard. mg/L	**Std. µg/L**	**Hard. mg/L**	**Std. µg/L**
20	120.0	20	13.3
100	468	100	52.0
400	1513	400	168
e(0.846*LN(Hardness)+2.255)*(0.998)		e(0.846*LN(Hardness)+0.0584)*(0.997)	

Historical Note
Table 7 made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

Table 8. Water Quality Standards for Dissolved Silver

Acute Aquatic and Wildlife Coldwater AZ and Warmwater AZ	
Hard. mg/L	**Std. µg/L**
20	0.20
100	3.2
400	34.9
e(1.72*LN(Hardness)-6.59)*(0.85)	

Historical Note

Table 8 made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

Table 9. Water Quality Standards for Dissolved Zinc

Acute and Chronic Aquatic and Wildlife Coldwater AZ and Warmwater AZ	
Hard. mg/L	**Std. µg/L**
20	30.0
100	117
400	379
e(0.8473*LN(Hardness)+0.884)*(0.978)	

Historical Note

Table 9 made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

Table 10. Water Quality Standards for Pentachlorophenol

Acute Aquatic and Wildlife Coldwater AZ and Warmwater AZ		Chronic Aquatic and Wildlife Coldwater AZ and Warmwater AZ	
pH	**µg/L**	**pH**	**µg/L**
3	0.16	3	0.1
6	3.3	6	2.1
9	67.7	9	42.7
e(1.005*(pH)-4.83)		e(1.005*(pH)-5.29)	

Historical Note

Table 10 made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

Table 11. Acute Standards for Total Ammonia (in mg/L, as N) for Aquatic and Wildlife Coldwater AZ, Unionid Mussels Present

For the Aquatic and Wildlife Coldwater AZ uses, unionids will be assumed to be present unless a study is performed demonstrating that they are absent and there is no historic evidence of their presence, or hydrologic modification has altered the flow regime in a way that would prevent their reestablishment.

	Temperature (°C)																
pH	**0-14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**
6.5	33	33	32	29	27	25	23	21	19	18	16	15	14	13	12	11	9.9
6.6	31	31	30	28	26	24	22	20	18	17	16	14	13	12	11	10	9.5
6.7	30	30	29	27	24	22	21	19	18	16	15	14	13	12	11	9.8	9
6.8	28	28	27	25	23	21	20	18	17	15	14	13	12	11	10	9.2	8.5
6.9	26	26	25	23	21	20	18	17	15	14	13	12	11	10	9.4	8.6	7.9
7	24	24	23	21	20	18	17	15	14	13	12	11	10	9.4	8.6	8	7.3
7.1	22	22	21	20	18	17	15	14	13	12	11	10	9.3	8.5	7.9	7.2	6.7
7.2	20	20	19	18	16	15	14	13	12	11	9.8	9.1	8.3	7.7	7.1	6.5	6
7.3	18	18	17	16	14	13	12	11	10	9.5	8.7	8	7.4	6.8	6.3	5.8	5.3
7.4	15	15	15	14	13	12	11	9.8	9	8.3	7.7	7	6.5	6	5.5	5.1	4.7
7.5	13	13	13	12	11	10	9.2	8.5	7.8	7.2	6.6	6.1	5.6	5.2	4.8	4.4	4
7.6	11	11	11	10	9.3	8.6	7.9	7.3	6.7	6.2	5.7	5.2	4.8	4.4	4.1	3.8	3.5
7.7	9.6	9.6	9.3	8.6	7.9	7.3	6.7	6.2	5.7	5.2	4.8	4.4	4.1	3.8	3.5	3.2	3
7.8	8.1	8.1	7.9	7.2	6.7	6.1	5.6	5.2	4.8	4.4	4	3.7	3.4	3.2	2.9	2.7	2.5
7.9	6.8	6.8	6.6	6	5.6	5.1	4.7	4.3	4	3.7	3.4	3.1	2.9	2.6	2.4	2.2	2.1
8	5.6	5.6	5.4	5	4.6	4.2	3.9	3.6	3.3	3	2.8	2.6	2.4	2.2	2	1.9	1.7
8.1	4.6	4.6	4.5	4.1	3.8	3.5	3.2	3	2.7	2.5	2.3	2.1	2	1.8	1.7	1.5	1.4
8.2	3.8	3.8	3.7	3.5	3.1	2.9	2.7	2.4	2.3	2.1	1.9	1.8	1.6	1.5	1.4	1.3	1.2
8.3	3.1	3.1	3.1	2.8	2.6	2.4	2.2	2	1.9	1.7	1.6	1.4	1.3	1.2	1.1	1	0.96
8.4	2.6	2.6	2.5	2.3	2.1	2	1.8	1.7	1.5	1.4	1.3	1.2	1.1	1	0.93	0.86	0.79
8.5	2.1	2.1	2.1	1.9	1.8	1.6	1.5	1.4	1.3	1.2	1.1	0.98	0.9	0.83	0.77	0.71	0.65
8.6	1.8	1.8	1.7	1.6	1.5	1.3	1.2	1.1	1	0.96	0.88	0.81	0.75	0.69	0.63	0.59	0.54
8.7	1.5	1.5	1.4	1.3	1.2	1.1	1	0.94	0.87	0.8	0.74	0.68	0.62	0.57	0.53	0.49	0.45
8.8	1.2	1.2	1.2	1.1	1	0.93	0.86	0.79	0.73	0.67	0.62	0.57	0.52	0.48	0.44	0.41	0.37
8.9	1	1	1	0.93	0.85	0.79	0.72	0.67	0.61	0.56	0.52	0.48	0.44	0.4	0.37	0.34	0.32
9	0.88	0.88	0.86	0.79	0.73	0.67	0.62	0.57	0.52	0.48	0.44	0.41	0.37	0.34	0.32	0.29	0.27

$$MIN\left(\left(\frac{0.275}{1+10^{7.204-pH}}+\frac{39.0}{1+10^{pH-7.204}}\right),\left(0.7249\times\left(\frac{0.0114}{1+10^{7.204-pH}}+\frac{1.6181}{1+10^{pH-7.204}}\right)\times\left(23.12\times 10^{0.036\times(20-T)}\right)\right)\right)$$

Historical Note
Table 11 made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

Table 12. Acute Standards for Total Ammonia (in mg/L, as N) for Aquatic and Wildlife Warmwater AZ, Unionid Mussels Present

For the Aquatic and Wildlife Warmwater AZ uses, unionids will be assumed to be present unless a study is performed demonstrating that they are absent and there is no historic evidence of their presence, or hydrologic modification has altered the flow regime in a way that would prevent their reestablishment.

pH	Temperature (°C)																				
	0-10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
6.5	51	48	44	41	37	34	32	29	27	25	23	21	19	18	16	15	14	13	12	11	9.9
6.6	49	46	42	39	36	33	30	28	26	24	22	20	18	17	16	14	13	12	11	10	9.5
6.7	46	44	40	37	34	31	29	27	24	22	21	19	18	16	15	14	13	12	11	9.8	9
6.8	44	41	38	35	32	30	27	25	23	21	20	18	17	15	14	13	12	11	10	9.2	8.5
6.9	41	38	35	32	30	28	25	23	21	20	18	17	15	14	13	12	11	10	9.4	8.6	7.9
7	38	35	33	30	28	25	23	21	20	18	17	15	14	13	12	11	10	9.4	8.6	7.9	7.3
7.1	34	32	30	27	25	23	21	20	18	17	15	14	13	12	11	10	9.3	8.5	7.9	7.2	6.7
7.2	31	29	27	25	23	21	19	18	16	15	14	13	12	11	9.8	9.1	8.3	7.7	7.1	6.5	6
7.3	27	26	24	22	20	18	17	16	14	13	12	11	10	9.5	8.7	8	7.4	6.8	6.3	5.8	5.3
7.4	24	22	21	19	18	16	15	14	13	12	11	9.8	9	8.3	7.7	7	6.5	6	5.5	5.1	4.7
7.5	21	19	18	17	15	14	13	12	11	10	9.2	8.5	7.8	7.2	6.6	6.1	5.6	5.2	4.8	4.4	4
7.6	18	17	15	14	13	12	11	10	9.3	8.6	7.9	7.3	6.7	6.2	5.7	5.2	4.8	4.4	4.1	3.8	3.5
7.7	15	14	13	12	11	10	9.3	8.6	7.9	7.3	6.7	6.2	5.7	5.2	4.8	4.4	4.1	3.8	3.5	3.2	2.9
7.8	13	12	11	10	9.3	8.5	7.9	7.2	6.7	6.1	5.6	5.2	4.8	4.4	4	3.7	3.4	3.2	2.9	2.7	2.5
7.9	11	9.9	9.1	8.4	7.7	7.1	6.6	3	5.6	5.1	4.7	4.3	4	3.7	3.4	3.1	2.9	2.6	2.4	2.2	2.1
8	8.8	8.2	7.6	7	6.4	5.9	5.4	5	4.6	4.2	3.9	3.6	3.3	3	2.8	2.6	2.4	2.2	2	1.9	1.7
8.1	7.2	6.8	6.3	5.8	5.3	4.9	4.5	4.1	3.8	3.5	3.2	3	2.7	2.5	2.3	2.1	2	1.8	1.7	1.5	1.4
8.2	6	5.6	5.2	4.8	4.4	4	3.7	3.4	3.1	2.9	2.7	2.4	2.3	2.1	1.9	1.8	1.6	1.5	1.4	1.3	1.2
8.3	4.9	4.6	4.3	3.9	3.6	3.3	3.1	2.8	2.6	2.4	2.2	2	1.9	1.7	1.6	1.4	1.3	1.2	1.1	1	0.96
8.4	4.1	3.8	3.5	3.2	3	2.7	2.5	2.3	2.1	2	1.8	1.7	1.5	1.4	1.3	1.2	1.1	1	0.93	0.86	0.79
8.5	3.3	3.1	2.9	2.7	2.4	2.3	2.1	1.9	1.8	1.6	1.5	1.4	1.3	1.2	1.1	0.98	0.9	0.83	0.77	0.71	0.65
8.6	2.8	2.6	2.4	2.2	2	1.9	1.7	1.6	1.5	1.3	1.2	1.1	1	0.96	0.88	0.81	0.75	0.69	0.63	0.58	0.54
8.7	2.3	2.2	2	1.8	1.7	1.6	1.4	1.3	1.2	1.1	1	0.94	0.87	0.8	0.74	0.68	0.62	0.57	0.53	0.49	0.45
8.8	1.9	1.8	1.7	1.5	1.4	1.3	1.2	1.1	1	0.93	0.86	0.79	0.73	0.67	0.62	0.57	0.52	0.48	0.44	0.41	0.37
8.9	1.6	1.5	1.4	1.3	1.2	1.1	1	0.93	0.85	0.79	0.72	0.67	0.61	0.56	0.52	0.48	0.44	0.4	0.37	0.34	0.32
9	1.4	1.3	1.2	1.1	1	0.93	0.86	0.79	0.73	0.67	0.62	0.57	0.52	0.48	0.44	0.41	0.37	0.34	0.32	0.29	0.27

$$\frac{0.7249 \times \left(\frac{0.0114}{1+10^{7.204-pH}} + \frac{1.6181}{1+10^{pH-7.204}}\right) \times MIN(51.93, 23.12 \times 10^{0.036\times(20-T)})}$$

Historical Note
Table 12 made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

Table 13. Chronic Criteria for Total Ammonia (in mg/L, as N) for Aquatic and Wildlife Coldwater AZ and Warmwater AZ, Unionid Mussels Present

For the Aquatic and Wildlife Coldwater and Warmwater AZ uses, unionids will be assumed to be present unless a study is performed demonstrating that they are absent and there is no historic evidence of their presence, or hydrologic modification has altered the flow regime in a way that would prevent their reestablishment.

	Temperature (°C)																							
pH	**0-7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**
6.5	4.9	4.6	4.3	4.1	3.8	3.6	3.3	3.1	2.9	2.8	2.6	2.4	2.3	2.1	2	1.9	1.8	1.6	1.5	1.5	1.4	1.3	1.2	1.1
6.6	4.8	4.5	4.3	4	3.8	3.5	3.3	3.1	2.9	2.7	2.5	2.4	2.2	2.1	2	1.8	1.7	1.6	1.5	1.4	1.3	1.3	1.2	1.1
6.7	4.8	4.5	4.2	3.9	3.7	3.5	3.2	3	2.8	2.7	2.5	2.3	2.2	2.1	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1
6.8	4.6	4.4	4.1	3.8	3.6	3.4	3.2	3	2.8	2.6	2.4	2.3	2.1	2	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	1.1
6.9	4.5	4.2	4	3.7	3.5	3.3	3.1	2.9	2.7	2.5	2.4	2.2	2.1	2	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1
7	4.4	4.1	3.8	3.6	3.4	3.2	3	2.8	2.6	2.4	2.3	2.2	2	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	1.1	0.99
7.1	4.2	3.9	3.7	3.5	3.2	3	2.8	2.7	2.5	2.3	2.2	2.1	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1	0.95
7.2	4	3.7	3.5	3.3	3.1	2.9	2.7	2.5	2.4	2.2	2.1	2	1.8	1.7	1.6	1.5	1.4	1.3	1.3	1.2	1.1	1	0.96	0.9
7.3	3.8	3.5	3.3	3.1	2.9	2.7	2.6	2.4	2.2	2.1	2	1.8	1.7	1.6	1.5	1.4	1.3	1.3	1.2	1.1	1	0.97	0.91	0.85
7.4	3.5	3.3	3.1	2.9	2.7	2.5	2.4	2.2	2.1	2	1.8	1.7	1.6	1.5	1.4	1.3	1.3	1.2	1.1	1	0.96	0.9	0.85	0.79
7.5	3.2	3	2.8	2.7	2.5	2.3	2.2	2.1	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1	0.95	0.89	0.83	0.78	0.73
7.6	2.9	2.8	2.6	2.4	2.3	2.1	2	1.9	1.8	1.6	1.5	1.4	1.4	1.3	1.2	1.1	1.1	0.98	0.92	0.86	0.81	0.76	0.71	0.67
7.7	2.6	2.4	2.3	2.2	2	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	1.1	1	0.94	0.88	0.83	0.78	0.73	0.68	0.64	0.6
7.8	2.3	2.2	2.1	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1	0.95	0.89	0.84	0.79	0.74	0.69	0.65	0.61	0.57	0.53
7.9	2.1	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1	0.95	0.89	0.84	0.79	0.74	0.69	0.65	0.61	0.57	0.53	0.5	0.47
8	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	1.1	1	0.94	0.88	0.83	0.78	0.73	0.68	0.64	0.6	0.56	0.53	0.5	0.44	0.44	0.41
8.1	1.5	1.5	1.4	1.3	1.2	1.1	1.1	0.99	0.92	0.87	0.81	0.76	0.71	0.67	0.63	0.59	0.55	0.52	0.49	0.46	0.43	0.4	0.38	0.35
8.2	1.3	1.2	1.2	1.1	1	0.96	0.9	0.84	0.79	0.74	0.7	0.65	0.61	0.57	0.54	0.5	0.47	0.44	0.42	0.39	0.37	0.34	0.32	0.3
8.3	1.1	1.1	0.99	0.93	0.87	0.82	0.76	0.72	0.67	0.63	0.59	0.55	0.52	0.49	0.46	0.43	0.4	0.38	0.35	0.33	0.31	0.29	0.27	0.26
8.4	0.95	0.89	0.84	0.79	0.74	0.69	0.65	0.61	0.57	0.53	0.5	0.47	0.44	0.41	0.39	0.36	0.34	0.32	0.3	0.28	0.26	0.25	0.23	0.22
8.5	0.8	0.75	0.71	0.67	0.62	0.58	0.55	0.51	0.48	0.45	0.42	0.4	0.37	0.35	0.33	0.31	0.29	0.27	0.25	0.24	0.22	0.21	0.2	0.18
8.6	0.68	0.64	0.6	0.56	0.53	0.49	0.46	0.43	0.41	0.38	0.36	0.33	0.31	0.29	0.28	0.26	0.24	0.23	0.21	0.2	0.19	0.18	0.16	0.15
8.7	0.57	0.54	0.51	0.47	0.44	0.42	0.39	0.37	0.34	0.32	0.3	0.28	0.27	0.25	0.23	0.22	0.21	0.19	0.18	0.17	0.16	0.15	0.14	0.13
8.8	0.49	0.46	0.43	0.4	0.38	0.35	0.33	0.31	0.29	0.27	0.26	0.24	0.23	0.21	0.2	0.19	0.17	0.16	0.15	0.14	0.13	0.13	0.12	0.11
8.9	0.42	0.39	0.37	0.34	0.32	0.3	0.28	0.27	0.25	0.23	0.22	0.21	0.19	0.18	0.17	0.16	0.15	0.14	0.13	0.12	0.12	0.11	0.1	0.09
9	0.36	0.34	0.32	0.3	0.28	0.26	0.24	0.23	0.21	0.2	0.19	0.18	0.17	0.16	0.15	0.14	0.13	0.12	0.11	0.11	0.1	0.09	0.09	0.08

$$0.8876 \times \left(\frac{0.0278}{1+10^{7.688-pH}} + \frac{1.1994}{1+10^{pH-7.688}}\right) \times \left(2.126 \times 10^{0.028 \times (20-MAX(T,7))}\right)$$

Historical Note

Table 13 made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

Table 14. Acute Standards for Total Ammonia (in mg/L, as N) for Aquatic and Wildlife Coldwater AZ, Unionid Mussels Absent

For the Aquatic and Wildlife Coldwater uses, unionids will be assumed to be present unless a study is performed demonstrating that they are absent and there is no historic evidence of their presence, or hydrologic modification has altered the flow regime in a way that would prevent their reestablishment.

	Temperature (°C)																
pH	**0-14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**
6.5	33	33	33	33	33	33	33	33	33	33	33	33	33	33	31	29	27
6.6	31	31	31	31	31	31	31	31	31	31	31	31	31	31	30	28	26
6.7	30	30	30	30	30	30	30	30	30	30	30	30	30	30	29	26	24
6.8	28	28	28	28	28	28	28	28	28	28	28	28	28	28	27	25	23
6.9	26	26	26	26	26	26	26	26	26	26	26	26	26	26	25	23	21
7	24	24	24	24	24	24	24	24	24	24	24	24	24	24	23	21	20
7.1	22	22	22	22	22	22	22	22	22	22	22	22	22	22	21	19	18
7.2	20	20	20	20	20	20	20	20	20	20	20	20	20	20	19	17	16
7.3	18	18	18	18	18	18	18	18	18	18	18	18	18	18	17	16	14
7.4	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	14	13
7.5	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	12	11
7.6	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	10	9.3
7.7	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.3	8.6	7.9
7.8	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	7.8	7.2	6.6
7.9	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.5	6	5.5
8	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.4	5	4.6
8.1	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.5	4.1	3.8
8.2	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.7	3.4	3.1
8.3	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3	2.8	2.6
8.4	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.5	2.3	2.1
8.5	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	1.9	1.8
8.6	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.7	1.6	1.4
8.7	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.4	1.3	1.2
8.8	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.1	1
8.9	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0.92	0.85
9	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.85	0.78	0.72

$$MIN\left(\left(\frac{0.275}{1+10^{7.204-pH}}+\frac{39.0}{1+10^{pH-7.204}}\right),\left(0.7249\times\left(\frac{0.0114}{1+10^{7.204-pH}}+\frac{1.6181}{1+10^{pH-7.204}}\right)\times\left(62.15\times 10^{0.036\times(20-T)}\right)\right)\right.$$

Historical Note

Table 14 made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

Table 15. Acute Standards for Total Ammonia (in mg/L, as N) for Aquatic and Wildlife Warmwater AZ Uses, Unionid Mussels Absent

For the Aquatic and Wildlife Warmwater uses, unionids will be assumed to be present unless a study is performed demonstrating that they are absent and there is no historic evidence of their presence, or hydrologic modification has altered the flow regime in a way that would prevent their reestablishment. For the aquatic and wildlife effluent dependent uses, unionids will be assumed to be absent.

	Temperature (°C)																
pH	**0-14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**
6.5	51	51	51	51	51	51	51	51	51	48	44	40	37	34	31	29	27
6.6	49	49	49	49	49	49	49	49	49	46	42	39	36	33	30	28	26
6.7	46	46	46	46	46	46	46	46	46	43	40	37	34	31	29	26	24
6.8	44	44	44	44	44	44	44	44	44	41	38	35	32	29	27	25	23
6.9	41	41	41	41	41	41	41	41	41	38	35	32	30	27	25	23	21
7	38	38	38	38	38	38	38	38	38	35	32	30	27	25	23	21	20
7.1	34	34	34	34	34	34	34	34	34	32	29	27	25	23	21	19	18
7.2	31	31	31	31	31	31	31	31	31	29	26	24	22	21	19	17	16
7.3	27	27	27	27	27	27	27	27	27	26	23	22	20	18	17	16	14
7.4	24	24	24	24	24	24	24	24	24	22	21	19	17	16	15	14	13
7.5	21	21	21	21	21	21	21	21	21	19	18	16	15	14	13	12	11
7.6	18	18	18	18	18	18	18	18	18	17	15	14	13	12	11	10	9.3
7.7	15	15	15	15	15	15	15	15	15	14	13	12	11	10	9.3	8.6	7.9
7.8	13	13	13	13	13	13	13	13	13	12	11	10	9.2	8.5	7.8	7.2	6.6
7.9	11	11	11	11	11	11	11	11	11	9.9	9.1	8.4	7.7	7.1	6.5	6	5.5
8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.2	7.5	6.9	6.4	5.9	5.4	5	4.6
8.1	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	6.8	6.2	5.7	5.3	4.9	4.5	4.1	3.8
8.2	6	6	6	6	6	6	6	6	6	5.6	5.1	4.7	4.4	4	3.7	3.4	3.1
8.3	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.6	4.2	3.9	3.6	3.3	3	2.8	2.6
8.4	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	3.8	3.4	3.2	3	2.7	2.5	2.3	2.1
8.5	3.3	3.3	3.3	3.3	3.3	3.3	3.3	3.3	3.3	3.1	2.9	2.6	2.4	2.2	2.1	1.9	1.8
8.6	2.8	2.8	2.8	2.8	2.8	2.8	2.8	2.8	2.8	2.6	2.4	2.2	2	1.9	1.7	1.6	1.4
8.7	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.2	2	1.8	1.7	1.5	1.4	1.3	1.2
8.8	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.8	1.7	1.5	1.4	1.3	1.2	1.1	1
8.9	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.5	1.4	1.3	1.2	1.1	1	0.92	0.85
9	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.3	1.2	1.1	1	0.93	0.85	0.78	0.72

$$0.7249 \times \left(\frac{0.0114}{1+10^{7.204-pH}} + \frac{1.6181}{1+10^{pH-7.204}}\right) \times MIN\left(51.93, \left(62.15 \times 10^{0.036\times(20-T)}\right)\right)$$

Historical Note

Table 15 made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

Table 16. Chronic Standards for Total Ammonia (in mg/L, as N) for Aquatic and Wildlife Warmwater AZ, Unionid Mussels Absent

For the Aquatic and Wildlife Warmwater uses, unionids will be assumed to be present unless a study is performed demonstrating that they are absent and there is no historic evidence of their presence, or hydrologic modification has altered the flow regime in a way that would prevent their reestablishment. For the aquatic and wildlife effluent dependent uses, unionids will be assumed to be absent.

	Temperature (°C)																							
pH	0-7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
6.5	19	17	16	15	14	13	13	12	11	10	9.7	9.1	8.5	8	7.5	7	6.6	6.2	5.8	5.4	5.1	4.8	4.5	4.2
6.6	18	17	16	15	14	13	12	12	11	10	9.6	9	8.4	7.9	7.4	6.9	6.5	6.1	5.7	5.4	5	4.7	4.4	4.1
6.7	18	17	16	15	14	13	12	11	11	10	9.4	8.8	8.3	7.7	7.3	6.8	6.4	6	5.6	5.3	4.9	4.6	4.3	4.1
6.8	17	16	15	14	14	13	12	11	10	9.8	9.2	8.6	8.1	7.6	7.1	6.7	6.2	5.8	5.5	5.1	4.8	4.5	4.2	4
6.9	17	16	15	14	13	12	12	11	10	9.5	8.9	8.4	7.8	7.4	6.9	6.5	6.1	5.7	5.3	5	4.7	4.4	4.1	3.9
7	16	15	14	14	13	12	11	10	9.8	9.2	8.6	8.1	7.6	7.1	6.7	6.2	5.9	5.5	5.1	4.8	4.5	4.2	4	3.7
7.1	16	15	14	13	12	11	11	10	9.4	8.8	8.3	7.7	7.3	6.8	6.4	6	5.6	5.3	4.9	4.6	4.3	4.1	3.8	3.6
7.2	15	14	13	12	12	11	10	9.5	9	8.4	7.9	7.4	6.9	6.5	6.1	5.7	5.3	5	4.7	4.4	4.1	3.9	3.6	3.4
7.3	14	13	12	12	11	10	9.6	9	8.4	7.9	7.4	6.9	6.5	6.1	5.7	5.4	5	4.7	4.4	4.1	3.9	3.6	3.4	3.2
7.4	13	12	12	11	10	9.5	9	8.4	7.9	7.4	6.9	6.5	6.1	5.7	5.3	5	4.7	4.4	4.1	3.9	3.6	3.4	3.2	3
7.5	12	11	11	10	9.4	8.8	8.2	7.7	7.2	6.8	6.4	6	5.6	5.2	4.9	4.6	4.3	4.1	3.8	3.6	3.3	3.1	2.9	2.8
7.6	11	10	10	9.1	8.5	8	7.5	7	6.6	6.2	5.8	5.4	5.1	4.8	4.5	4.2	3.9	3.7	3.5	3.2	3	2.9	2.7	2.5
7.7	9.9	9.3	8.7	8.1	7.7	7.2	6.8	6.3	5.9	5.6	5.2	4.9	4.6	4.3	4	3.8	3.5	3.3	3.1	2.9	2.7	2.6	2.4	2.3
7.8	8.8	8.3	7.8	7.3	6.8	6.4	6	5.6	5.3	5	4.6	4.4	4.1	3.8	3.6	3.4	3.2	3	2.8	2.6	2.4	2.3	2.1	2
7.9	7.8	7.3	6.8	6.4	6	5.6	5.3	5	4.6	4.4	4.1	3.8	3.6	3.4	3.2	3	2.8	2.6	2.4	2.3	2.1	2	1.9	1.8
8	6.8	6.3	6	5.6	5.2	4.9	4.6	4.3	4	3.8	3.6	3.3	3.1	2.9	2.7	2.6	2.4	2.3	2.1	2	1.9	1.7	1.6	1.5
8.1	5.8	5.5	5.1	4.8	4.5	4.2	4	3.7	3.5	3.3	3.1	2.9	2.7	2.5	2.4	2.2	2.1	2	1.8	1.7	1.6	1.5	1.4	1.3
8.2	5	4.7	4.4	4.1	3.9	3.6	3.4	3.2	3	2.8	2.6	2.5	2.3	2.2	2	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1
8.3	4.2	4	3.7	3.5	3.3	3.1	2.9	2.7	2.5	2.4	2.2	2.1	2	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1	0.96
8.4	3.6	3.4	3.2	3	2.8	2.6	2.4	2.3	2.1	2	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	1.1	0.99	0.92	0.87	0.81
8.5	3	2.8	2.7	2.5	2.3	2.2	2.1	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1	0.95	0.89	0.83	0.78	0.73	0.69
8.6	2.6	2.4	2.2	2.1	2	1.9	1.7	1.6	1.5	1.4	1.3	1.3	1.2	1.1	1	0.97	0.91	0.85	0.8	0.75	0.7	0.66	0.62	0.58
8.7	2.2	2	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	1.1	1	0.93	0.88	0.82	0.77	0.72	0.68	0.63	0.6	0.56	0.52	0.49
8.8	1.8	1.7	1.6	1.5	1.4	1.3	1.3	1.2	1.1	1	0.96	0.9	0.85	0.79	0.74	0.7	0.65	0.61	0.58	0.54	0.51	0.47	0.44	0.42
8.9	1.6	1.5	1.4	1.3	1.2	1.1	1.1	1	0.94	0.88	0.82	0.77	0.72	0.68	0.64	0.6	0.56	0.52	0.49	0.46	0.43	0.4	0.38	0.36
9	1.4	1.3	1.2	1.1	1	0.98	0.92	0.86	0.81	0.76	0.71	0.66	0.62	0.58	0.55	0.51	0.48	0.45	0.42	0.4	0.37	0.35	0.33	0.31

$$0.9405 \times \left(\frac{0.0278}{1+10^{7.688-pH}} + \frac{1.1994}{1+10^{pH-7.688}}\right) \times \left(7.547 \times 10^{0.028 \times (20-MAX(T,7))}\right)$$

Historical Note

Table 16 made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

Table 17. Chronic Criteria for Total Ammonia (in mg/L, as N) for Aquatic and Wildlife Coldwater AZ, Unionid Mussels Absent

For the Aquatic and Wildlife Coldwater uses, unionids will be assumed to be present unless a study is performed demonstrating that they are absent and there is no historic evidence of their presence, or hydrologic modification has altered the flow regime in a way that would prevent their reestablishment.

	Temperature (°C)																
pH	0-14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
6.5	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7	6.6	6.2	5.8	5.4	5.1	4.8	4.5	4.2
6.6	7.2	7.2	7.2	7.2	7.2	7.2	7.2	7.2	6.9	6.5	6.1	5.7	5.4	5	4.7	4.4	4.1
6.7	7.1	7.1	7.1	7.1	7.1	7.1	7.1	7.1	6.8	6.4	6	5.6	5.3	4.9	4.6	4.3	4.1
6.8	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.6	6.2	5.8	5.5	5.1	4.8	4.5	4.2	4
6.9	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.5	6.1	5.7	5.3	5	4.7	4.4	4.1	3.9
7	6.5	6.5	6.5	6.5	6.5	6.5	6.5	6.5	6.2	5.8	5.5	5.1	4.8	4.5	4.2	4	3.7
7.1	6.2	6.2	6.2	6.2	6.2	6.2	6.2	6.2	6	5.6	5.3	4.9	4.6	4.3	4.1	3.8	3.6
7.2	5.9	5.9	5.9	5.9	5.9	5.9	5.9	5.9	5.7	5.3	5	4.7	4.4	4.1	3.9	3.6	3.4
7.3	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.4	5	4.7	4.4	4.1	3.9	3.6	3.4	3.2
7.4	5.2	5.2	5.2	5.2	5.2	5.2	5.2	5.2	5	4.7	4.4	4.1	3.9	3.6	3.4	3.2	3
7.5	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.6	4.3	4.1	3.8	3.6	3.3	3.1	2.9	2.8
7.6	4.4	4.4	4.4	4.4	4.4	4.4	4.4	4.4	4.2	3.9	3.7	3.5	3.2	3	2.9	2.7	2.5
7.7	3.9	3.9	3.9	3.9	3.9	3.9	3.9	3.9	3.8	3.5	3.3	3.1	2.9	2.7	2.6	2.4	2.3
7.8	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.4	3.2	3	2.8	2.6	2.4	2.3	2.1	2
7.9	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3	2.8	2.6	2.4	2.3	2.1	2	1.9	1.8
8	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.6	2.4	2.3	2.1	2	1.9	1.7	1.6	1.5
8.1	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.2	2.1	1.9	1.8	1.7	1.6	1.5	1.4	1.3
8.2	2	2	2	2	2	2	2	2	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1
8.3	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1	0.96
8.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.3	1.2	1.1	1.1	0.99	0.93	0.87	0.81
8.5	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.1	1	0.95	0.89	0.83	0.78	0.73	0.69
8.6	1	1	1	1	1	1	1	1	0.97	0.91	0.85	0.8	0.75	0.7	0.66	0.62	0.58
8.7	0.86	0.86	0.86	0.86	0.86	0.86	0.86	0.86	0.82	0.77	0.72	0.68	0.64	0.6	0.56	0.52	0.49
8.8	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.7	0.65	0.61	0.58	0.54	0.51	0.47	0.44	0.42
8.9	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.6	0.56	0.52	0.49	0.46	0.43	0.41	0.38	0.36
9	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.51	0.48	0.45	0.42	0.4	0.37	0.35	0.33	0.31

$$0.9405 \times \left(\frac{0.0278}{1+10^{7.688-pH}} + \frac{1.1994}{1+10^{pH-7.688}}\right) \times MIN\left(6.920, \left(7.547 \times 10^{0.028 \times (20-T)}\right)\right)$$

Historical Note

Table 17 made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

R18-11-216. The Protected Surface Waters List

Tables A through C prescribe the protected surface waters list.

Historical Note

Section made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

Table A. Non-WOTUS Protected Surface Waters and Designated Uses

Watershed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Aquatic and Wildlife		Human Health				Agricultural	
			A&Wc AZ	A&Ww AZ	FBC AZ	PBC AZ	DWS AZ	FC AZ	AgI AZ	AgL AZ
CG	Cottonwood Creek	Headwaters to confluence with unnamed tributary at 35°20'46"/113°35'31"	A&Wc AZ		FBC AZ			FC AZ		AgL AZ
CG	Cottonwood Creek	Below confluence with unnamed tributary to confluence with Truxton Wash		A&Ww AZ	FBC AZ			FC AZ		AgL AZ
CG	Wright Canyon Creek	Headwaters to confluence with unnamed tributary at 35°20'48"/113°30'40"	A&Wc AZ		FBC AZ			FC AZ		AgL AZ
CG	Wright Canyon Creek	Below confluence with unnamed tributary to confluence with Truxton Wash		A&Ww AZ	FBC AZ			FC AZ		AgL AZ
LC	Boot Lake	34°58'54"/111°20'11"	A&Wc AZ		FBC AZ			FC AZ		AgL AZ
LC	Little Ortega Lake	34°22'47"/109°40'06"	A&Wc AZ		FBC AZ			FC AZ		
LC	Mormon Lake	34°56'38"/111°27'25"	A&Wc AZ		FBC AZ		DWS AZ	FC AZ	AgI AZ	AgL AZ
LC	Potato Lake	35°03'15"/111°24'13"	A&Wc AZ		FBC AZ			FC AZ		AgL AZ
LC	Pratt Lake	34°01'32"/109°04'18"	A&Wc AZ		FBC AZ			FC AZ		
LC	Sponseller Lake	34°14'09"/109°50'45"	A&Wc AZ		FBC AZ			FC AZ		AgL AZ
LC	Vail Lake	35°05'23"/111°30'46"	A&Wc AZ		FBC AZ			FC AZ		AgL AZ
LC	Water Canyon Reservoir	34°03'38"/109°26'20		A&Ww AZ	FBC AZ			FC AZ	AgI AZ	AgL AZ
MG	Bonsall Park Lake	59th Avenue & Bethany Home Road at 33°31'24"/ 112°11'08"		A&Ww AZ		PBC AZ		FC AZ		
MG	Canal Park Lake	College Avenue & Curry Road, Tempe at 33°26'54"/ 111°56'19"		A&Ww AZ		PBC AZ		FC AZ		
SP	Big Creek	Headwaters to confluence with Pitchfork Canyon Wash	A&Wc AZ		FBC AZ			FC AZ		AgL AZ
SP	Goudy Canyon Wash	Headwaters to confluence with Grant Creek	A&Wc AZ		FBC AZ			FC AZ		
SP	Grant Creek	Headwaters to confluence with unnamed tributary at 32°38'10"/109°56'37"		A&Ww AZ	FBC AZ		DWS AZ	FC AZ		
SP	Grant Creek	Below confluence with unnamed tributary to terminus near Willcox Playa		A&Ww AZ	FBC AZ			FC AZ		
SP	High Creek	Headwaters to confluence with unnamed tributary at 32°33'08"/110°14'42"	A&Wc AZ		FBC AZ			FC AZ		AgL AZ
SP	High Creek	Below confluence with unnamed tributary to terminus near Willcox Playa	A&Wc AZ		FBC AZ			FC AZ		AgL AZ
SP	Pinery Creek	Headwaters to State Highway 181	A&Wc AZ		FBC AZ		DWS AZ	FC AZ		AgL AZ
SP	Pinery Creek	Below State Highway 181 to terminus near Willcox Playa		A&Ww AZ	FBC AZ		DWS AZ	FC AZ		AgL AZ
SP	Post Creek	Headwaters to confluence with Grant Creek	A&Wc AZ		FBC AZ			FC AZ	AgI AZ	AgL AZ
SP	Riggs Flat Lake	32°42'28"/109°57'53"	A&Wc AZ		FBC AZ			FC AZ	AgI AZ	AgL AZ
SP	Rock Creek	Headwaters to confluence with Turkey Creek			FBC AZ			FC AZ		AgL AZ
SP	Soldier Creek	Headwaters to confluence with Post Creek at 32°40'50"/109°54'41"	A&Wc AZ		FBC AZ			FC AZ		AgL AZ
SP	Snow Flat Lake	32°39'10"/109°51'54"	A&Wc AZ		FBC AZ			FC AZ	AgI AZ	AgL AZ
SP	Stronghold Canyon East	Headwaters to 31°55'9.28"/109°57'53.24"	A&Wc AZ			PBC AZ				
SP	Stronghold Canyon East	31°55'9.28"/109°57'53.24" to confluence with Carlink Canyon		A&Ww AZ		PBC AZ				
SP	Turkey Creek	Headwaters to confluence with Rock Creek	A&Wc AZ		FBC AZ			FC AZ	AgI AZ	AgL AZ
SP	Turkey Creek	Below confluence with Rock Creek to terminus near Willcox Playa		A&Ww AZ	FBC AZ			FC AZ	AgI AZ	AgL AZ
UG	Ward Canyon	Headwaters to confluence with Turkey Creek	A&Wc AZ		FBC AZ			FC AZ		AgL AZ
VR	Moonshine Creek	Headwaters to confluence with Post Creek	A&Wc AZ		FBC AZ			FC AZ		AgL AZ

Historical Note

Table A made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

Table B. WOTUS Protected Surface Waters

The waters listed in this table have been tentatively identified by ADEQ as WOTUS, under the law governing on 8/26/2022. Notwithstanding its inclusion on the list below, the status of a particular water in this table can be contested by a person in an enforcement or permit proceeding, a challenge to an identification as an impaired water, or a challenge to a proposed TMDL for an impaired water. Any changes to Table B will be made through formal rulemaking.

The waters on this list have their designated uses assigned by Title 18, Chapter 11, Article 1. Coordinates are from the North American Datum of 1983 (NAD83). All latitudes in Arizona are north and all longitudes are west, but the negative signs are not included in the WOTUS Protected Surface Waters Table. Some web-based mapping systems require a negative sign before the longitude values to indicate it is a west longitude.

Watersheds:

BW = Bill Williams
CG = Colorado – Grand Canyon
CL = Colorado – Lower Gila
LC = Little Colorado
MG = Middle Gila
SC = Santa Cruz – Rio Magdelena – Rio Sonoyta
SP = San Pedro – Willcox Playa – Rio Yaqui
SR = Salt River
UG = Upper Gila
VR = Verde River

Other Abbreviations:

WWTP = Wastewater Treatment Plant
Km = kilometers

Watershed	Surface Water	Segment Description and Location (Latitude and Longitudes are in NAD 83)
BW	Big Sandy River	Headwaters to Alamo Lake
BW	Boulder Creek	Below confluence with unnamed tributary to confluence with Burro Creek
BW	Burro Creek	Below confluence with Boulder Creek to confluence with Big Sandy River
BW	Burro Creek (OAW)	Headwaters to confluence with Boulder Creek
BW	Francis Creek (OAW)	Headwaters to confluence with Burro Creek
BW	Kirkland Creek	Headwaters to confluence with Santa Maria River
BW	Trout Creek	Below confluence with unnamed tributary to confluence with Knight Creek
CG	Beaver Dam Wash	Headwaters to confluence with the Virgin River
CG	Bright Angel Creek	Headwaters to confluence with Roaring Springs Creek
CG	Bright Angel Creek	Below Roaring Spring Springs Creek to confluence with Colorado River
CG	Colorado River	Lake Powell to Lake Mead
CG	Crystal Creek	Below confluence with unnamed tributary to confluence with Colorado River
CG	Deer Creek	Below confluence with unnamed tributary to confluence with Colorado River
CG	Garden Creek	Headwaters to confluence with Pipe Creek
CG	Havasu Creek	From the Havasupai Indian Reservation boundary to confluence with the Colorado River
CG	Hermit Creek	Below Hermit Pack Trail crossing to confluence with the Colorado River
CG	Kanab Creek	Headwaters to confluence with the Colorado River
CG	Lake Mead	36°06'18"/114°26'33"
CG	Lake Powell	36°59'53"/111°08'17"
CG	Nankoweap Creek	Below confluence with unnamed tributary to confluence with Colorado River
CG	Paria River	Utah border to confluence with the Colorado River
CG	Phantom Creek	Below confluence with unnamed tributary to confluence with Bright Angel Creek
CG	Pipe Creek	Headwaters to confluence with the Colorado River
CG	Shinumo Creek	Below confluence with unnamed tributary to confluence with the Colorado River
CG	Short Creek	Headwaters to confluence with Fort Pearce Wash
CG	Tapeats Creek	Headwaters to confluence with the Colorado River
CG	Thunder River	Headwaters to confluence with Tapeats Creek
CG	Vasey's Paradise	A spring at 36°29'52"/111°51'26"
CG	Virgin River	Headwaters to confluence with the Colorado River
CG	White Creek	Headwaters to confluence with unnamed tributary at 36°18'45"/112°21'03"
CG	White Creek	Below confluence with unnamed tributary to confluence with the Colorado River
CL	A10 Backwater	33°31'45"/114°33'19"
CL	A7 Backwater	33°34'27"/114°32'04"
CL	Adobe Lake	33°02'36"/114°39'26"
CL	Cibola Lake	33°14'01"/114°40'31"
CL	Clear Lake	33°01'59"/114°31'19"
CL	Colorado River	Lake Mead to Topock Marsh
CL	Colorado River	Topock Marsh to Morelos Dam
CL	Gila River	Painted Rock Dam to confluence with the Colorado River
CL	Hunter's Hole Backwater	32°31'13"/114°48'07"
CL	Imperial Reservoir	32°53'02"/114°27'54"
CL	Island Lake	33°01'44"/114°36'42"
CL	Laguna Reservoir	32°51'35"/114°28'29"
CL	Lake Havasu	34°35'18"/114°25'47"

Watershed	Surface Water	Segment Description and Location (Latitude and Longitudes are in NAD 83)
CL	Lake Mohave	35°26'58"/114°38'30"
CL	Martinez Lake	32°58'49"/114°28'09"
CL	Mittry Lake	32°49'17"/114°27'54"
CL	Nortons Lake	33°02'30"/114°37'59"
CL	Pretty Water Lake	33°19'51"/114°42'19"
CL	Topock Marsh	34°43'27"/114°28'59"
CL	Paradise Cove West Wetland	Wetland water adjacent to Colorado River at 32°44'05"N/114°40'25"W
LC	Auger Creek	Headwaters to confluence with Nutrioso Creek
LC	Chevelon Canyon	Headwaters to confluence with the Little Colorado River
LC	Chevelon Canyon Lake	34°29'18"/110°49'30"
LC	Clear Creek	Headwaters to confluence with the Little Colorado River
LC	Clear Creek Reservoir	34°57'09"/110°39'14"
LC	Colter Creek	Headwaters to confluence with Nutrioso Creek
LC	Colter Reservoir	33°56'39"/109°28'53"
LC	Coyote Creek	Headwaters to confluence with the Little Colorado River
LC	Cragin Reservoir (formerly Blue Ridge Reservoir)	34°32'40"/111°11'33"
LC	East Clear Creek	Headwaters to confluence with Clear Creek
LC	Ellis Wiltbank Reservoir	34°05'25"/109°28'25"
LC	Fool's Hollow Lake	34°16'30"/110°03'43"
LC	Lee Valley Creek	From Lee Valley Reservoir to confluence with the East Fork of the Little Colorado River
LC	Lily Creek	Headwaters to confluence with Coyote Creek
LC	Little Colorado River	Headwaters to Lyman Reservoir
LC	Little Colorado River	Below Lyman Reservoir to confluence with the Puerco River
LC	Little Colorado River	Below Puerco River confluence to the Colorado River, excluding segments on Native American Lands
LC	Little Colorado River, East Fork	Headwaters to confluence with the Little Colorado River
LC	Little Colorado River, South Fork	Headwaters to confluence with the Little Colorado River
LC	Little Colorado River, West Fork	Below Government Springs to confluence with the Little Colorado River
LC	Lyman Reservoir	34°21'21"/109°21'35"
LC	Mamie Creek	Headwaters to confluence with Coyote Creek
LC	Morrison Creek	Headwaters to Mamie Creek @ 33°59'24.45"/109°03'51.94
LC	Nutrioso Creek	Headwaters to confluence with the Little Colorado River
LC	Porter Creek	Headwaters to confluence with Show Low Creek
LC	Riggs Creek	Headwaters to Nutrioso Creek
LC	Rio de Flag	Headwaters to City of Flagstaff WWTP outfall at 35°12'21"/111°39'17"
LC	Rudd Creek	Headwaters to confluence with Nutrioso Creek
LC	Rosey Creek	Headwaters to 34°02'28.72"/109°27'24.3"
LC	Scott Reservoir	34°10'31"/109°57'31"
LC	Show Low Creek	Headwaters to confluence with Silver Creek
LC	Show Low Lake	34°11'36"/110°00'12"
LC	Silver Creek	Headwaters to confluence with the Little Colorado River
LC	White Mountain Lake	34°21'57"/109°59'21"
LC	Willow Creek	Headwaters to confluence with Clear Creek
LC	Zuni River	Headwaters to confluence with the Little Colorado River
MG	Agua Fria River	From State Route 169 to Lake Pleasant
MG	Ash Creek	Headwaters to confluence with Tex Canyon
MG	East Maricopa Floodway	From Brown and Greenfield Rds to the Gila River Indian Reservation Boundary
MG	Fain Lake	Town of Prescott Valley Park Lake 34°34'29"/ 112°21'06"
MG	Gila River	San Carlos Indian Reservation boundary to the Ashurst-Hayden Dam
MG	Gila River (EDW)	From the confluence with the Salt River to Gillespie Dam
MG	Hassayampa Lake	34°25'45"/112°25'33"
MG	Hassayampa River	Below unnamed tributary to the Buckeye Irrigation Company Canal
MG	Hassayampa River	Headwaters to confluence with unnamed tributary at 34°26'09"/112°30'32"
MG	Lake Pleasant	33°53'46"/112°16'29"
MG	Little Ash Creek	Headwaters to confluence with Ash Creek at 34°20'45.74"/112°4'17.26"
MG	Little Sycamore Creek	Headwaters to Sycamore Creek @ 34°21'39.13"/111°58'49.98"
MG	Mineral Creek (diversion tunnel and lined channel)	33°12'24"/110°59'58" to 33°07'56"/110°58'34"
MG	Papago Park South Pond	Curry Road, Tempe 33°26'22"/111°55'55"
MG	Salt River	Verde River to 2 km below Granite Reef Dam
MG	Seven Springs Wash	Headwaters to Unnamed trib @ 33°57'58.66"/111°51'52.07"
MG	Tempe Town Lake	At Mill Avenue Bridge at 33°26'00"/111°56'26"
MG	Turkey Creek	Headwaters to confluence with unnamed tributary at 34°19'28"/112°21'33"
SC	Alum Gulch	Below 31°29'17"/110°44'25" to confluence with Sonoita Creek
SC	California Gulch	Headwaters To U.S./Mexico border
SC	Cienega Creek (OAW)	From confluence with Gardner Canyon to USGS gaging station (#09484600)
SC	Cox Gulch	Headwaters to Three R Canyon @ 31°28'28.03"/110°47'14.65"
SC	Holden Canyon Creek	Headwaters to U.S./Mexico border
SC	Julian Wash	Headwaters to confluence with the Santa Cruz River
SC	Nogales Wash	Headwaters to confluence with Potrero Creek
SC	Parker Canyon Creek	Below unnamed tributary to U.S./Mexico border
SC	Rillito Creek	Headwaters to confluence with the Santa Cruz River

Watershed	Surface Water	Segment Description and Location (Latitude and Longitudes are in NAD 83)
SC	Romero Canyon Creek	Below unnamed tributary to confluence with Sutherland Wash
SC	Santa Cruz River	Headwaters to the at U.S./Mexico border
SC	Santa Cruz River	U.S./Mexico border to the Nogales International WWTP outfall at 31°27'25"/110°58'04"
SC	Santa Cruz River	Tubac Bridge to Agua Nueva WRF outfall at 32°17'04"/111°01'45"
SC	Santa Cruz River (EDW)	Agua Nueva WRF outfall to Baumgartner Road
SC	Sonoita Creek	Headwaters to the Town of Patagonia WWTP outfall at 31°32'25"/110°45'31"
SC	Sonoita Creek (EDW)	Town of Patagonia WWTP outfall to permanent groundwater upwelling point approximately 1600 feet downstream of outfall
SC	Sycamore Canyon	Headwaters to the U.S./Mexico border
SP	Aravaipa Creek	Below downstream boundary of Aravaipa Canyon Wilderness Area to confluence with the San Pedro River
SP	Aravaipa Creek (OAW)	Stowe Gulch to downstream boundary of Aravaipa Canyon Wilderness Area
SP	Bass Canyon Creek	Below confluence with unnamed tributary to confluence with Hot Springs Canyon Creek
SP	Bear Creek	Headwaters to U.S./Mexico border
SP	Black Draw	Headwaters to the U.S./Mexico border
SP	Carr Canyon Creek	Headwaters to confluence with unnamed tributary at 31°27'01"/110°15'48"
SP	Gold Gulch	Headwaters to U.S./Mexico border
SP	Ramsey Canyon Creek	Below Forest Service Road #110 to confluence with Carr Wash
SP	San Pedro River	U.S./ Mexico Border to Buehman Canyon
SP	San Pedro River	From Buehman canyon to confluence with the Gila River
SP	Whitewater Draw	Headwaters to confluence with unnamed tributary at 31°20'36"/109°43'48"
SP	Whitewater Draw	Below confluence with unnamed tributary to U.S./ Mexico border
SR	Ackre Lake	33°37'01"/109°20'40"
SR	Apache Lake	33°37'23"/111°12'26"
SR	Bear Wallow Creek (OAW)	Headwaters to confluence with the Black River
SR	Beaver Creek	Headwaters to confluence with Black River
SR	Black River	Headwaters to confluence with Salt River
SR	Black River, East Fork	From 33°51'19"/109°18'54" to confluence with the Black River
SR	Black River, North Fork of East Fork	Headwaters to confluence with Boneyard Creek
SR	Black River, West Fork	Headwaters to confluence with the Black River
SR	Boggy Creek	Headwaters to confluence with Centerfire Creek
SR	Boneyard Creek	Headwaters to confluence with Black River, East Fork
SR	Canyon Lake	33°32'44"/111°26'19"
SR	Cherry Creek	Below unnamed tributary to confluence with the Salt River
SR	Conklin Creek	Headwaters to confluence with the Black River
SR	Corduroy Creek	Headwaters to confluence with Fish Creek
SR	Devils Chasm Creek	Below confluence with unnamed tributary to confluence with Cherry Creek
SR	Dipping Vat Reservoir	33°55'47"/109°25'31"
SR	Fish Creek	Headwaters to confluence with the Black River
SR	Haigler Creek	Headwaters to confluence with unnamed tributary at 34°12'23"/111°00'15"
SR	Haigler Creek	Below confluence with unnamed tributary to confluence with Tonto Creek
SR	Hannagan Creek	Headwaters to confluence with Beaver Creek
SR	Hay Creek (OAW)	Headwaters to confluence with the Black River, West Fork
SR	Horton Creek	Headwaters to confluence with Tonto Creek
SR	P B Creek	Below Forest Service Road #203 to Cherry Creek
SR	Pinal Creek	From Lower Pinal Creek WTP outfall # to See Ranch Crossing at 33°32'25"/110°52'28"
SR	Pinal Creek	From unnamed tributary to confluence with Salt River
SR	Pinto Creek	Headwaters to confluence with unnamed tributary at 33°19'27"/110°54'58"
SR	Roosevelt Lake	33°52'17"/111°00'17"
SR	Rye Creek	Headwaters to confluence with Tonto Creek
SR	Saguaro Lake	33°33'44"/111°30'55"
SR	Salt River	White Mountain Apache Reservation Boundary at 33°48'52"/110°31'33" to Roosevelt Lake
SR	Salt River	Theodore Roosevelt Dam to 2 km below Granite Reef Dam
SR	Thompson Creek	Headwaters to confluence with the West Fork of the Black River
SR	Tonto Creek	Headwaters to confluence with unnamed tributary at 34°18'11"/111°04'18"
SR	Tonto Creek	Below confluence with unnamed tributary to Roosevelt Lake
SR	Willow Creek	Headwaters to confluence with Beaver Creek
SR	Workman Creek	Below confluence with Reynolds Creek to confluence with Salome Creek
UG	Apache Creek	Headwaters to confluence with the Gila River
UG	Bitter Creek	Headwaters to confluence with the Gila River
UG	Blue River	Headwaters to confluence with Strayhorse Creek at 33°29'02"/109°12'14"
UG	Blue River	Below confluence with Strayhorse Creek to confluence with San Francisco River
UG	Bob Thomas Creek	Headwaters to Stone Creek 33°51'93"/109°42'52"
UG	Bonita Creek (OAW)	San Carlos Indian Reservation boundary to confluence with the Gila River
UG	Campbell Blue Creek	Headwaters to confluence with the Blue River
UG	Cave Creek (OAW)	Headwaters to confluence with South Fork Cave Creek
UG	Cave Creek (OAW)	Below confluence with South Fork Cave Creek to Coronado National Forest boundary
UG	Cave Creek, South Fork	Headwaters to confluence with Cave Creek
UG	Deadman Canyon Creek	Headwaters to confluence with unnamed tributary at 32°43'50"/109°49'03"
UG	Eagle Creek	Below confluence with unnamed tributary to confluence with the Gila River
UG	Gila River	New Mexico border to the San Carlos Indian Reservation boundary
UG	Grant Creek	Headwaters to confluence with the Blue River

Watershed	Surface Water	Segment Description and Location (Latitude and Longitudes are in NAD 83)
UG	Judd Lake	33°51'15"/109°09'35"
UG	K P Creek (OAW)	Headwaters to confluence with the Blue River
UG	Little Blue Creek	Below confluence with Dutch Blue Creek to confluence with Blue Creek
UG	Luna Lake	33°49'50"/109°05'06"
UG	North Fork Cave Creek	Headwaters to Cave Creek @ 31°52'56.63"/109°12'19.75"
UG	Raspberry Creek	Headwaters to confluence with the Blue River
UG	San Francisco River	Headwaters to the New Mexico border
UG	San Francisco River	New Mexico border to confluence with the Gila River
UG	San Simon River	Headwaters to confluence with the Gila River
UG	Stone Creek	Headwaters to confluence with the San Francisco River
UG	Thomas Creek	Below confluence with Rousensock Creek to confluence with Blue River
UG	Turkey Creek	Headwaters to confluence with Campbell Blue Creek
VR	Bartlett Lake	33°49'52"/111°37'44"
VR	Beaver Creek	Headwaters to confluence with the Verde River
VR	Bitter Creek	Headwaters to the Jerome WWTP outfall at 34°45'12"/112°06'24"
VR	Bitter Creek	Below the Yavapai Apache Indian Reservation boundary to confluence with the Verde River
VR	Dead Horse Lake	34°45'08"/112°00'42"
VR	East Verde River	Headwaters to confluence with Ellison Creek
VR	East Verde River	Below confluence with Ellison Creek to confluence with the Verde River
VR	Fossil Creek (OAW)	Headwaters to confluence with the Verde River
VR	Fossil Springs (OAW)	34°25'24"/111°34'27"
VR	Horseshoe Reservoir	34°00'25"/111°43'36"
VR	Oak Creek (OAW)	Headwaters to confluence with unnamed tributary at 34°59'15"/111°44'47"
VR	Oak Creek (OAW)	Below confluence with unnamed tributary to confluence with Verde River
VR	Spring Creek	Below confluence with unnamed tributary to confluence with Oak Creek
VR	Sullivan Lake	34°51'42"/112°27'51"
VR	Sycamore Creek	Headwaters to confluence with unnamed tributary at 35°03'41"/111°57'31"
VR	Sycamore Creek	Headwaters to confluence with Verde River at 33°37'55"/111°39'58"
VR	Verde River	From headwaters at confluence of Chino Wash and Granite Creek to Bartlett Lake Dam
VR	Verde River	Below Bartlett Lake Dam to Salt River
VR	West Clear Creek	Headwaters to confluence with Meadow Canyon
VR	West Clear Creek	Below confluence with Meadow Canyon to confluence with the Verde River
VR	Wet Beaver Creek	Below unnamed springs to confluence with Dry Beaver Creek
VR	Willow Creek Reservoir	34°36'17"/112°26'19"

Historical Note

Table B made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4). Amended by final rulemaking at 32 A.A.R. 612 (March 13, 2026, Issue 11), effective April 18, 2026 (Supp. 26-1).

Table C. Historically Regulated as WOTUS and in Need of Confirmation

The waters listed in this table have historically been and will continue to be regulated as WOTUS unless ADEQ makes a determination that they are non-WOTUS. Notwithstanding its inclusion on the list below, the status of a particular water in this table can be contested by a person in an enforcement or permit proceeding, a challenge to an identification as an impaired water, or a challenge to a proposed TMDL for an impaired water. Any changes to Table C will be made through formal rulemaking.

The waters on this list have their designated uses assigned by Title 18, Chapter 11, Article 1. Coordinates are from the North American Datum of 1983 (NAD83). All latitudes in Arizona are north and all longitudes are west, but the negative signs are not included in the Historically Regulated as WOTUS and in Need of Confirmation Table. Some web-based mapping systems require a negative sign before the longitude values to indicate it is a west longitude.

Watersheds:

BW = Bill Williams
CG = Colorado – Grand Canyon
CL = Colorado – Lower Gila
LC = Little Colorado
MG = Middle Gila
SC = Santa Cruz – Rio Magdelena – Rio Sonoyta
SP = San Pedro – Willcox Playa – Rio Yaqui
SR = Salt River
UG = Upper Gila
VR = Verde River

Other Abbreviations:

WWTP = Wastewater Treatment Plant
Km = kilometers

Watershed	Surface Water	Segment Description and Location (Latitude and Longitudes are in NAD 83)
BW	Alamo Lake	34°14'06"/113°35'00"
BW	Bill Williams River	Alamo Lake to confluence with Colorado River
BW	Blue Tank	34°40'14"/112°58'17"
BW	Boulder Creek	Headwaters to confluence with unnamed tributary at 34°41'13"/113°03'37"
BW	Burro Creek	Below confluence with Boulder Creek to confluence with Big Sandy River
BW	Burro Creek (OAW)	Headwaters to confluence with Boulder Creek
BW	Carter Tank	34°52'27"/112°57'31"
BW	Conger Creek	Headwaters to confluence with unnamed tributary at 34°45'15"/113°05'46"
BW	Conger Creek	Below confluence with unnamed tributary to confluence with Burro Creek
BW	Copper Basin Wash	Headwaters to confluence with unnamed tributary at 34°28'12"/112°35'33"
BW	Copper Basin Wash	Below confluence with unnamed tributary to confluence with Skull Valley Wash
BW	Cottonwood Canyon	Headwaters to Bear Trap Spring
BW	Cottonwood Canyon	Below Bear Trap Spring to confluence at Sycamore Creek
BW	Date Creek	Headwaters to confluence with Santa Maria River
BW	Knight Creek	Headwaters to confluence with Big Sandy River
BW	Peoples Canyon (OAW)	Headwaters to confluence with Santa Maria River
BW	Red Lake	35°12'18"/113°03'57"
BW	Santa Maria River	Headwaters to Alamo Lake
BW	Trout Creek	Headwaters to confluence with unnamed tributary at 35°06'47"/113°13'01"
CG	Agate Canyon	Headwaters to confluence with the Colorado River
CG	Big Springs Tank	36°36'08"/112°21'01"
CG	Boucher Creek	Headwaters to confluence with the Colorado River
CG	Bright Angel Wash	Headwaters to Grand Canyon National Park South Rim WWTP outfall at 36°02'59"/112°09'02"
CG	Bright Angel Wash (EDW)	Grand Canyon National Park South Rim WWTP outfall to Coconino Wash
CG	Bulrush Canyon Wash	Headwaters to confluence with Kanab Creek
CG	Cataract Creek	Headwaters to Santa Fe Reservoir
CG	Cataract Creek	Santa Fe Reservoir to City of Williams WWTP outfall at 35°14'40"/112°11'18"
CG	Cataract Creek	Red Lake Wash to Havasupai Indian Reservation boundary
CG	Cataract Creek (EDW)	City of Williams WWTP outfall to 1 km downstream
CG	Cataract Lake	35°15'04"/112°12'58"
CG	Chuar Creek	Headwaters to confluence with unnamed tributary at 36°11'35"/111°52'20"
CG	Chuar Creek	Below unnamed tributary to confluence with the Colorado River
CG	City Reservoir	35°13'57"/112°11'25"
CG	Clear Creek	Headwaters to confluence with unnamed tributary at 36°07'33"/112°00'03"
CG	Clear Creek	Below confluence with unnamed tributary to confluence with Colorado River
CG	Coconino Wash (EDW)	South Grand Canyon Sanitary District Tusayan WRF outfall at 35°58'39"/112°08'25" to 1 km downstream
CG	Crystal Creek	Headwaters to confluence with unnamed tributary at 36°13'41"/112°11'49"
CG	Deer Creek	Headwaters to confluence with unnamed tributary at 36°26'15"/112°28'20"
CG	Detrital Wash	Headwaters to Lake Mead
CG	Dogtown Reservoir	35°12'40"/112°07'54"
CG	Dragon Creek	Headwaters to confluence with Milk Creek
CG	Dragon Creek	Below confluence with Milk Creek to confluence with Crystal Creek
CG	Gonzalez Lake	35°15'26"/112°12'09"

Watershed	Surface Water	Segment Description and Location (Latitude and Longitudes are in NAD 83)
CG	Grand Wash	Headwaters to Colorado River
CG	Grapevine Creek	Headwaters to confluence with the Colorado River
CG	Grapevine Wash	Headwaters to Colorado River
CG	Hakatai Canyon	Headwaters to confluence with the Colorado River
CG	Hance Creek	Headwaters to confluence with the Colorado River
CG	Hermit Creek	Headwaters to Hermit Pack Trail crossing at 36°03'38"/112°14'00"
CG	Horn Creek	Headwaters to confluence with the Colorado River
CG	Hualapai Wash	Headwaters to Lake Mead
CG	Jacob Lake	36°42'27"/112°13'50"
CG	Kaibab Lake	35°17'04"/112°09'32"
CG	Kwagunt Creek	Headwaters to confluence with unnamed tributary at 36°13'37"/111°54'50"
CG	Kwagunt Creek	Below confluence with unnamed tributary to confluence with the Colorado River
CG	Lonetree Canyon Creek	Headwaters to confluence with the Colorado River
CG	Matkatamiba Creek	Below Havasupai Indian Reservation boundary to confluence with the Colorado River
CG	Monument Creek	Headwaters to confluence with the Colorado River
CG	Nankoweap Creek	Below confluence with unnamed tributary to confluence with Colorado River
CG	National Canyon Creek	Headwaters to Hualapai Indian Reservation boundary at 36°15'15"/112°52'34"
CG	North Canyon Creek	Headwaters to confluence with unnamed tributary at 36°33'58"/111°55'41"
CG	North Canyon Creek	Below confluence with unnamed tributary to confluence with Colorado River
CG	Olo Canyon	Headwaters to confluence with the Colorado River
CG	Parashant Canyon	Headwaters to confluence with unnamed tributary at 36°21'02"/113°27'56"
CG	Parashant Canyon	Below confluence with unnamed tributary to confluence with the Colorado River
CG	Phantom Creek	Headwaters to confluence with unnamed tributary at 36°09'29"/112°08'13"
CG	Red Canyon Creek	Headwaters to confluence with the Colorado River '
CG	Roaring Springs	36°11'45"/112°02'06"
CG	Roaring Springs Creek	Headwaters to confluence with Bright Angel Creek
CG	Royal Arch Creek	Headwaters to confluence with the Colorado River
CG	Ruby Canyon	Headwaters to confluence with the Colorado River
CG	Russell Tank	35°52'21"/111°52'45"
CG	Saddle Canyon Creek	Headwaters to confluence with unnamed tributary at 36°21'36"/112°22'43"
CG	Saddle Canyon Creek	Below confluence with unnamed tributary to confluence with Colorado River
CG	Santa Fe Reservoir	35°14'31"/112°11'10"
CG	Sapphire Canyon	Headwaters to confluence with the Colorado River
CG	Serpentine Canyon	Headwaters to confluence with the Colorado River
CG	Shinumo Creek	Headwaters to confluence with unnamed tributary at 36°18'18"/112°18'07"
CG	Slate Creek	Headwaters to confluence with the Colorado River
CG	Spring Canyon Creek	Headwaters to confluence with the Colorado River
CG	Trail Canyon Creek	Headwaters to confluence with the Colorado River
CG	Transept Canyon	Headwaters to Grand Canyon National Park North Rim WWTP outfall at 36°12'20"/112°03'35"
CG	Transept Canyon	From 1 km downstream of the Grand Canyon National Park North Rim WWTP outfall to confluence with Bright Angel Creek
CG	Transept Canyon (EDW)	Grand Canyon National Park North Rim WWTP outfall to 1 km downstream
CG	Travertine Canyon Creek	Headwaters to confluence with the Colorado River
CG	Turquoise Canyon	Headwaters to confluence with the Colorado River
CG	Unkar Creek	Below confluence with unnamed tributary at 36°07'54"/111°54'06" to confluence with Colorado River
CG	Unnamed Wash to Cedar Canyon (EDW)	Grand Canyon National Park Desert View WWTP outfall at 36°02'06"/111°49'13" to confluence with Cedar Canyon
CG	Unnamed Wash to Spring Valley Wash (EDW)	Valle Airpark WRF outfall at 35°38'34"/112°09'22" to confluence with Spring Valley Wash
CG	Vishnu Creek	Headwaters to confluence with the Colorado River
CG	Warm Springs Creek	Headwaters to confluence with the Colorado River
CG	West Cataract Creek	Headwaters to confluence with Cataract Creek
CL	Columbus Wash	Headwaters to confluence with the Gila River
CL	Holy Moses Wash	Headwaters to City of Kingman Downtown WWTP outfall at 35°10'33"/114°03'46"
CL	Holy Moses Wash	From 3 km downstream of City of Kingman Downtown WWTP outfall to confluence with Sawmill Wash
CL	Holy Moses Wash (EDW)	City of Kingman Downtown WWTP outfall to 3 km downstream
CL	Mohave Wash	Headwaters to Lower Colorado River
CL	Painted Rock (Borrow Pit) Lake	33°04'55"/113°01'17"
CL	Quigley Pond	32°43'40"/113°57'44"
CL	Redondo Lake	32°44'32"/114°29'03"
CL	Sacramento Wash	Headwaters to Topock Marsh
CL	Sawmill Canyon	Headwaters to abandoned gaging station at 35°09'45"/113°57'56"
CL	Sawmill Canyon	Below abandoned gaging station to confluence with Holy Moses Wash
CL	Tyson Wash (EDW)	Town of Quartzsite WWTP outfall at 33°42'39"/ 114°13'10" to 1 km downstream
CL	Wellton Canal	Wellton-Mohawk Irrigation District
CL	Yuma Area Canals	Above municipal water treatment plant intakes
CL	Yuma Area Canals	Below municipal water treatment plant intakes and all drains
LC	Als Lake	35°02'10"/111°25'17"
LC	Ashurst Lake	35°01'06"/111°24'18"
LC	Atcheson Reservoir	33°59'59"/109°20'43"
LC	Barbershop Canyon Creek	Headwaters to confluence with East Clear Creek
LC	Bear Canyon Creek	Headwaters to confluence with General Springs Canyon

Watershed	Surface Water	Segment Description and Location (Latitude and Longitudes are in NAD 83)
LC	Bear Canyon Creek	Headwaters to confluence with Willow Creek
LC	Bear Canyon Lake	34°24'00"/111°00'06"
LC	Becker Lake	34°09'11"/109°18'23"
LC	Billy Creek	Headwaters to confluence with Show Low Creek
LC	Black Canyon	Headwaters to confluence with Chevelon Creek
LC	Bow and Arrow Wash	Headwaters to confluence with Rio de Flag
LC	Buck Springs Canyon Creek	Headwaters to confluence with Leonard Canyon Creek
LC	Bunch Reservoir	34°02'20"/109°26'48"
LC	Carnero Lake	34°06'57"/109°31'42"
LC	Chevelon Creek, West Fork	Headwaters to confluence with Chevelon Creek
LC	Chilson Tank	34°51'43"/111°22'54"
LC	Coconino Reservoir	35°00'05"/111°24'10"
LC	Colter Creek	Headwaters to confluence with Nutrioso Creek
LC	Concho Creek	Headwaters to confluence with Carrizo Wash
LC	Concho Lake	34°26'37"/109°37'40"
LC	Cow Lake	34°53'14"/111°18'51"
LC	Crisis Lake (Snake Tank #2)	34°47'51"/111°17'32"
LC	Dane Canyon Creek	Headwaters to confluence with Barbershop Canyon Creek
LC	Daves Tank	34°44'22"/111°17'15"
LC	Deep Lake	35°03'34"/111°25'00"
LC	Ducksnest Lake	34°59'14"/111°23'57"
LC	Estates at Pine Canyon lakes (EDW)	35°09'32"/111°38'26"
LC	Fish Creek	Headwaters to confluence with the Little Colorado River
LC	General Springs Canyon Creek	Headwaters to confluence with East Clear Creek
LC	Geneva Reservoir	34°01'45"/109°31'46"
LC	Hall Creek	Headwaters to confluence with the Little Colorado River
LC	Hart Canyon Creek	Headwaters to confluence with Willow Creek
LC	Hay Lake	34°00'11"/109°25'57"
LC	Hog Wallow Lake	33°58'57"/109°25'39"
LC	Horse Lake	35°03'55"/111°27'50"
LC	Hulsey Creek	Headwaters to confluence with Nutrioso Creek
LC	Hulsey Lake	33°55'58"/109°09'40"
LC	Humphrey Lake (EDW)	35°11'51"/111°35'19"
LC	Indian Lake	35°00'39"/111°22'41"
LC	Jacks Canyon	Headwaters to confluence with the Little Colorado River
LC	Jarvis Lake	33°58'59"/109°12'36"
LC	Kinnikinick Lake	34°53'53"/111°18'18"
LC	Knoll Lake	34°25'38"/111°05'13"
LC	Lake Mary, Lower	35°06'21"/111°34'38"
LC	Lake Mary, Upper	35°03'23"/111°28'34"
LC	Lake of the Woods	34°09'40"/109°58'47"
LC	Lee Valley Creek (OAW)	Headwaters to Lee Valley Reservoir
LC	Lee Valley Reservoir	33°56'29"/109°30'04"
LC	Leonard Canyon Creek	Headwaters to confluence with Clear Creek
LC	Leonard Canyon Creek, East Fork	Headwaters to confluence with Leonard Canyon Creek
LC	Leonard Canyon Creek, Middle Fork	Headwaters to confluence with Leonard Canyon, West Fork
LC	Leonard Canyon Creek, West Fork	Headwaters to confluence with Leonard Canyon, East Fork
LC	Leroux Wash, tributary to Little Colorado River	From City of Holbrook-Painted Mesa WRF outfall at 34° 54' 30", -110° 11' 36" to Little Colorado River. The outfall discharges into Leroux Wash. All reaches of the Little Colorado River between the outfall to the Colorado River are perennial or intermittent.
LC	Little Colorado River, West Fork (OAW)	Headwaters to Government Springs
LC	Little George Reservoir	34°00'37"/109°19'15"
LC	Little Mormon Lake	34°17'00"/109°58'06"
LC	Long Lake, Lower	34°47'16"/111°12'40"
LC	Long Lake, Upper	35°00'08"/111°21'23"
LC	Long Tom Tank	34°20'35"/110°49'22"
LC	Lower Walnut Canyon Lake (EDW)	35°12'04"/111°34'07"
LC	Marshall Lake	35°07'18"/111°32'07"
LC	McKay Reservoir	34°01'27"/109°13'48"
LC	Merritt Draw Creek	Headwaters to confluence with Barbershop Canyon Creek
LC	Mexican Hay Lake	34°01'58"/109°21'25"
LC	Milk Creek	Headwaters to confluence with Hulsey Creek
LC	Miller Canyon Creek	Headwaters to confluence with East Clear Creek
LC	Miller Canyon Creek, East Fork	Headwaters to confluence with Miller Canyon Creek
LC	Morton Lake	34°53'37"/111°17'41"
LC	Mud Lake	34°55'19"/111°21'29"
LC	Ned Lake (EDW)	34°17'17"/110°03'22"
LC	Norton Reservoir	34°03'57"/109°31'27"
LC	Paddy Creek	Headwaters to confluence with Nutrioso Creek
LC	Pierce Seep	34°23'39"/110°31'17"
LC	Pine Tank	34°46'49"/111°17'21"

Watershed	Surface Water	Segment Description and Location (Latitude and Longitudes are in NAD 83)
LC	Pintail Lake (EDW)	34°18'05"/110°01'21"
LC	Puerco River	Headwaters to confluence with the Little Colorado River
LC	Puerco River (EDW)	Sanders Unified School District WWTP outfall at 35°12'52"/109°19'40" to 0.5 km downstream
LC	Rainbow Lake	34°09'00"/109°59'09"
LC	Reagan Reservoir	34°02'09"/109°08'41"
LC	Rio de Flag (EDW)	From City of Flagstaff WWTP outfall to the confluence with San Francisco Wash
LC	River Reservoir	34°02'01"/109°26'07"
LC	Rogers Reservoir	33°56'30"/109°16'20"
LC	Russel Reservoir	33°59'29"/109°20'01"
LC	San Salvador Reservoir	33°58'51"/109°19'55"
LC	Slade Reservoir	33°59'41"/109°20'26"
LC	Soldiers Annex Lake	34°47'15"/111°13'51"
LC	Soldiers Lake	34°47'47"/111°14'04"
LC	Spaulding Tank	34°30'17"/111°02'06"
LC	St Johns Reservoir (Little Reservoir)	34°29'10"/109°22'06"
LC	Telephone Lake (EDW)	34°17'35"/110°02'42"
LC	Tremaine Lake	34°46'02"/111°13'51"
LC	Tunnel Reservoir	34°01'53"/109°26'34"
LC	Turkey Draw (EDW)	High Country Pines II WWTP outfall at 33°25'35"/ 110°38'13" to confluence with Black Canyon Creek
LC	Unnamed Wash to Pierce Wash (EDW)	Bison Ranch WWTP outfall at 34°23'31"/110°31'29" to Pierce Seep
LC	Unnamed wash, tributary to Rio de Flag River (Bow and Arrow Wash)	Treated municipal wastewater is piped from the Rio de Flag WWTP through a city-wide reuse system to the main effluent storage pond that is in an unnamed wash.
LC	Walnut Creek	Headwaters to confluence with Billy Creek
LC	Water Canyon Creek	Headwaters to confluence with the Little Colorado River
LC	Whale Lake (EDW)	35°11'13"/111°35'21"
LC	Whipple Lake	34°16'49"/109°58'29"
LC	White Mountain Reservoir	34°00'12"/109°30'39"
LC	Willow Creek	Headwaters to confluence with Clear Creek
LC	Willow Springs Canyon Creek	Headwaters to confluence with Chevelon Creek
LC	Willow Springs Lake	34°18'13"/110°52'16"
LC	Woodland Reservoir	34°07'35"/109°57'01"
LC	Woods Canyon Creek	Headwaters to confluence with Chevelon Creek
LC	Woods Canyon Lake	34°20'09"/110°56'45"
MG	Agua Fria River	Headwaters to confluence with unnamed tributary at 34°35'14"/112°16'18"
MG	Agua Fria River	Below Lake Pleasant to the City of El Mirage WWTP at ' 33°34'20"/112°18'32"
MG	Agua Fria River	Below 2 km downstream of the City of El Mirage WWTP to City of Avondale WWTP outfall at 33°23'55"/112°21'16"
MG	Agua Fria River	From City of Avondale WWTP outfall to confluence with Gila River
MG	Agua Fria River (EDW)	Below confluence with unnamed tributary to State Route 169
MG	Agua Fria River (EDW)	From City of El Mirage WWTP outfall to 2 km downstream
MG	Andorra Wash	Headwaters to confluence with Cave Creek Wash
MG	Antelope Creek	Headwaters to confluence with Martinez Creek
MG	Arlington Canal	From Gila River at 33°20'54"/112°35'39" to Gila River at 33°13'44"/112°46'15"
MG	Arnett Creek	Headwaters to Queen Creek @ 33°16'43.24"/111°10'12.49"
MG	Ash Creek	Headwaters to confluence with Tex Canyon
MG	Beehive Tank	32°52'37"/111°02'20"
MG	Big Bug Creek	Headwaters to confluence with Eugene Gulch
MG	Big Bug Creek	Below confluence with Eugene Gulch to confluence with Agua Fria River
MG	Black Canyon Creek	Headwaters to confluence with the Agua Fria River
MG	Blind Indian Creek	Headwaters to confluence with the Hassayampa River
MG	Cash Gulch	Headwaters to Jersey Gulch @ 34°25'31.39"/112°25'30.96"
MG	Cave Creek	Headwaters to the Cave Creek Dam
MG	Cave Creek	Cave Creek Dam to the Arizona Canal
MG	Centennial Wash	Headwaters to confluence with the Gila River at 33°16'32"/112°48'08"
MG	Centennial Wash Ponds	33°54'52"/113°23'47"
MG	Chaparral Park Lake	Hayden Road & Chaparral Road, Scottsdale at 33°30'40"/111°54'27"
MG	Corgett Wash	From Corgett Wash WRF outfall at 33°21'42", -112°27'05" to Gila River. The discharge point is 0.5 miles from the ephemeral conveyance Corgett Wash. The Gila River is then 1.5 miles downstream from Corgett Wash.
MG	Devils Canyon	Headwaters to confluence with Mineral Creek
MG	Eldorado Park Lake	Miller Road & Oak Street, Tempe at 33°28'25"/ 111°54'53"
MG	Eugene Gulch	Headwaters to Big Bug Creek @ 34°27'11.51"/112°18'30.95"
MG	French Gulch	Headwaters to confluence with Hassayampa River
MG	Galena Gulch	Headwaters to confluence with the Agua Fria River
MG	Galloway Wash (EDW)	Town of Cave Creek WWTP outfall at 33°50'15"/ 111°57'35" to confluence with Cave Creek
MG	Gila River	Ashurst-Hayden Dam to the Town of Florence WWTP outfall at 33°02'20"/111°24'19"
MG	Gila River	Felix Road to the Gila River Indian Reservation boundary
MG	Gila River	Gillespie Dam to confluence with Painted Rock Dam
MG	Gila River (EDW)	Town of Florence WWTP outfall to Felix Road
MG	Groom Creek	Headwaters to confluence with the Hassayampa River
MG	Hassayampa River	Below confluence with unnamed tributary to confluence with unnamed tributary at 33°51'52"/112°39'56".
MG	Hassayampa River	Below Buckeye Irrigation Company canal to the Gila River
MG	Hassayampa River	From City of Buckeye-Palo Verde Road WWTP outfall at 33° 23' 54.3", -112° 40' 33.7" to Buckeye Canal

Watershed	Surface Water	Segment Description and Location (Latitude and Longitudes are in NAD 83)
MG	Horsethief Lake	34°09'42"/112°17'57"
MG	Indian Bend Wash	Headwaters to confluence with the Salt River
MG	Indian Bend Wash Lakes	Scottsdale at 33°30'32"/111°54'24"
MG	Indian School Park Lake	Indian School Road & Hayden Road, Scottsdale at 33°29'39"/111°54'37"
MG	Jersey Gulch	Headwaters to Hassayampa River @ 34°25'40.16"/112°25'45.64"
MG	Kiwanis Park Lake	6000 South Mill Avenue, Tempe at 33°22'27"/111°56'22"
MG	Lake Pleasant, Lower	33°50'32"/112°16'03"
MG	Lion Canyon	Headwaters to confluence with Weaver Creek
MG	Lynx Creek	Headwaters to confluence with unnamed tributary at 34°34'29"/112°21'07"
MG	Lynx Creek	Below confluence with unnamed tributary at 34°34'29"/112°21'07" to confluence with Agua Fria River
MG	Lynx Lake	34°31'07"/112°23'07"
MG	Martinez Canyon	Headwaters to confluence with Box Canyon
MG	Martinez Creek	Headwaters to confluence with the Hassayampa River
MG	McKellips Park Lake	Miller Road & McKellips Road, Scottsdale at 33°27'14"/111°54'49"
MG	McMicken Wash (EDW)	City of Peoria Jomax WWTP outfall at 33°43'31"/ 112°20'15" to confluence with Agua Fria River
MG	Mineral Creek	Headwaters to 33°12'34"/110°59'58"
MG	Mineral Creek	End of diversion channel to confluence with Gila River
MG	Minnehaha Creek	Headwaters to confluence with the Hassayampa River
MG	Money Metals Trib	Headwaters to Unnamed Trib (UB1)
MG	New River	Headwaters to Interstate 17 at 33°54'19.5"/112°08'46"
MG	New River	Below Interstate 17 to confluence with Agua Fria River
MG	Painted Rock Reservoir	33°04'23"/113°00'38"
MG	Papago Park Ponds	Galvin Parkway, Phoenix at 33°27'15"/111°56'45"
MG	Perry Mesa Tank	34°11'03"/112°02'01"
MG	Phoenix Area Canals	Granite Reef Dam to all municipal WTP intakes
MG	Phoenix Area Canals	Below municipal WTP intakes and all other locations
MG	Picacho Reservoir	32°51'10"/111°28'25"
MG	Poland Creek	Headwaters to confluence with Lorena Gulch
MG	Poland Creek	Below confluence with Lorena Gulch to confluence with Black Canyon Creek
MG	Queen Creek	Headwaters to the Town of Superior WWTP outfall at 33°16'33"/111°07'44"
MG	Queen Creek	Below Potts Canyon to ' Whitlow Dam
MG	Queen Creek	Below Whitlow Dam to confluence with Gila River
MG	Queen Creek (EDW)	Below Town of Superior WWTP outfall to confluence with Potts Canyon
MG	Salt River	2 km below Granite Reef Dam to City of Mesa NW WRF outfall at 33°26'22"/111°53'14"
MG	Salt River	Below Tempe Town Lake to Interstate 10 bridge
MG	Salt River	Below Interstate 10 bridge to the City of Phoenix 23rd Avenue WWTP outfall at 33°24'44"/ 112°07'59"
MG	Salt River (EDW)	City of Mesa NW WRF outfall to Tempe Town Lake
MG	Salt River (EDW)	From City of Phoenix 23rd Avenue WWTP outfall to confluence with Gila River
MG	Siphon Draw (EDW)	Superstition Mountains CFD WWTP outfall at 33°21'40"/111°33'30" to 6 km downstream
MG	Sycamore Creek	Headwaters to confluence with Tank Canyon
MG	Sycamore Creek	Below confluence with Tank Canyon to confluence with Agua Fria River
MG	The Lake Tank	32°54'14"/111°04'15"
MG	Tule Creek	Headwaters to confluence with the Agua Fria River
MG	Turkey Creek	Below confluence with unnamed tributary to confluence with Poland Creek
MG	Unnamed Trib (UQ2) to Queen Creek	Headwaters to Queen Creek @ 33°18'26.15"/111°04'19.3"
MG	Unnamed Trib (UQ3) to Queen Creek	Headwaters to Queen Creek @ 33°18'33.75"/111°04'02.61"
MG	Unnamed Trib to Big Bug Creek (UB1)	Headwaters to Big Bug Creek @ 34°25'38.86"/112°22'29.32"
MG	Unnamed Trib to Eugene Gulch	Headwaters to Eugene Gulch @ 34°27'34.6"/112°20'24.53"
MG	Unnamed Trib to Lynx Creek	Headwaters to Superior Mining Div. Outfall @ Lynx Creek @ 34°27'10.57"/112°23'14.22"
MG	Unnamed tributary to Deadman's Wash	From EPCOR Water Anthem Water Campus WWTP outfall at 33° 50' 47.9", -112° 08' 25.6" to Deadman's Wash
MG	Unnamed tributary to Gila River (EDW)	Gila Bend WWTP outfall to confluence with the Gila River
MG	Unnamed tributary to Gila River (EDW)	North Florence WWTP outfall at 33°03'50"/ 111°23'13" to confluence with Gila River
MG	Unnamed tributary to the Agua Fria River	From Softwinds WWTP outfall at 34˚ 32' 43", -112˚ 14' 21" to the Agua Fria River. Discharges to Agua Fria which is a jurisdictional tributary to Lake Pleasant (TNW)
MG	Unnamed tributary to Winters Wash	From Balterra WWTP outfall at 33? 29' 45", -112? 55' 10" to Winters Wash
MG	Unnamed Wash (EDW)	Luke Air Force Base WWTP outfall at 33°32'21"/112°19'15" to confluence with the Agua Fria River
MG	Unnamed Wash (EDW)	Town of Prescott Valley WWTP outfall at 34°35'16"/ 112°16'18" to confluence with the Agua Fria River
MG	Unnamed Wash (EDW)	Town of Cave Creek WRF outfall at 33°48'02"/ 111°59'22" to confluence with Cave Creek
MG	Unnamed wash, tributary to Black Canyon Creek	From Black Canyon Ranch RV Resort WWTP outfall to Agua Fria River.
MG	Unnamed wash, tributary to Queen Creek	Queen Creek, AZ15050100-013B is closest WBID to outfall coordinates
MG	Unnamed wash, tributary to Waterman Wash	The Rainbow Valley outfall discharges to an unnamed wash to Waterman wash to the Gila River.
MG	Wagner Wash (EDW)	City of Buckeye Festival Ranch WRF outfall at 33°39'14"/112°40'18" to 2 km downstream
MG	Walnut Canyon Creek	Headwaters to confluence with the Gila River
MG	Weaver Creek	Headwaters to confluence with Antelope Creek, tributary to Martinez Creek
MG	White Canyon	Headwaters to confluence with Walnut Canyon Creek
MG	Yavapai Lake (EDW)	Town of Prescott Valley WWTP outfall 002 at 34°36'07"/112°18'48" to Navajo Wash
SC	Agua Caliente Lake	12325 East Roger Road, Tucson 32°16'51"/ 110°43'52"
SC	Agua Caliente Wash	Headwaters to confluence with Soldier Trail
SC	Agua Caliente Wash	Below Soldier Trail to confluence with Tanque Verde Creek
SC	Aguirre Wash	From the Tohono O'odham Indian Reservation boundary to 32°28'38"/111°46'51"
SC	Alambre Wash	Headwaters to confluence with Brawley Wash

Watershed	Surface Water	Segment Description and Location (Latitude and Longitudes are in NAD 83)
SC	Alamo Wash	Headwaters to confluence with Rillito Creek
SC	Altar Wash	Headwaters to confluence with Brawley Wash
SC	Alum Gulch	Headwaters to 31°28'20"/110°43'51"
SC	Alum Gulch	From 31°28'20"/110°43'51" to 31°29'17"/110°44'25"
SC	Arivaca Creek	Headwaters to confluence with Altar Wash
SC	Arivaca Lake	31°31'52"/111°15'06"
SC	Atterbury Wash	Headwaters to confluence with Pantano Wash
SC	Bear Grass Tank	31°33'01"/111°11'03"
SC	Big Wash	Headwaters to confluence with Cañada del Oro
SC	Black Wash (EDW)	Pima County WWMD Avra Valley WWTP outfall at 32°09'58"/111°11'17" to confluence with Brawley Wash
SC	Bog Hole Tank	31°28'36"/110°37'09"
SC	Brawley Wash	Headwaters to confluence with Los Robles Wash
SC	Cañada del Oro	Headwaters to State Route 77
SC	Cañada del Oro	Below State Route 77 to confluence with the Santa Cruz River
SC	Cienega Creek	Headwaters to confluence with Gardner Canyon
SC	Davidson Canyon	Headwaters to unnamed spring at 31°59'00"/ 110°38'49"
SC	Davidson Canyon (OAW)	From unnamed Spring to confluence with unnamed tributary at 31°59'09"/110°38'44"
SC	Davidson Canyon (OAW)	Below confluence with unnamed tributary to unnamed spring at 32°00'40"/110°38'36"
SC	Davidson Canyon (OAW)	From unnamed spring to confluence with Cienega Creek
SC	Empire Gulch	Headwaters to unnamed spring at 31°47'18"/ 110°38'17"
SC	Empire Gulch	From 31°47'18"/110°38'17" to 31°47'03"/110°37'35"
SC	Empire Gulch	From 31°47'03"/110°37'35" to 31°47'05"/ 110°36'58"
SC	Empire Gulch	From 31°47'05"/110°36'58" to confluence with Cienega Creek
SC	Flux Canyon	Headwaters to confluence with Alum Gulch
SC	Gardner Canyon Creek	Headwaters to confluence with Sawmill Canyon
SC	Gardner Canyon Creek	Below Sawmill Canyon to confluence with Cienega Creek
SC	Greene Wash	Santa Cruz River to the Tohono O'odham Indian Reservation boundary
SC	Greene Wash	Tohono O'odham Indian Reservation boundary to confluence with Santa Rosa Wash at 32°53'52"/ 111°56'48"
SC	Harshaw Creek	Headwaters to confluence with Sonoita Creek at
SC	Hit Tank	32°43'57"/111°03'18"
SC	Holden Canyon Creek	Headwaters to U.S./Mexico border
SC	Huachuca Tank	31°21'11"/110°30'18"
SC	Humboldt Canyon	Headwaters to Alum Gulch @ 31°28'25.84"/110°44'01.57"
SC	Julian Wash	Headwaters to confluence with the Santa Cruz River
SC	Kennedy Lake	Mission Road & Ajo Road, Tucson at 32°10'49"/ 111°00'27"
SC	Lakeside Lake	8300 East Stella Road, Tucson at 32°11'11"/ 110°49'00"
SC	Lemmon Canyon Creek	Headwaters to confluence with unnamed tributary at 32°23'48"/110°47'49"
SC	Lemmon Canyon Creek	Below unnamed tributary at 32°23'48"/110°47'49" to confluence with Sabino Canyon Creek
SC	Los Robles Wash	Headwaters to confluence with the Santa Cruz River
SC	Madera Canyon Creek	Headwaters to confluence with unnamed tributary at 31°43'42"/110°52'51"
SC	Madera Canyon Creek	Below unnamed tributary at 31°43'42"/110°52'51 to confluence with the Santa Cruz River
SC	Mattie Canyon	Headwaters to confluence with Cienega Creek
SC	Oak Tree Canyon	Headwaters to confluence with Cienega Creek
SC	Palisade Canyon	Headwaters to confluence with unnamed tributary at 32°22'33"/110°45'31"
SC	Palisade Canyon	Below 32°22'33"/110°45'31" to unnamed tributary of Sabino Canyon
SC	Pantano Wash	Headwaters to confluence with Tanque Verde Creek
SC	Parker Canyon Creek	Headwaters to confluence with unnamed tributary at 31°24'17"/110°28'47"
SC	Parker Canyon Lake	31°25'35"/110°27'15"
SC	Patagonia Lake	31°29'56"/110°50'49"
SC	Peña Blanca Lake	31°24'15"/111°05'12"
SC	Potrero Creek	Headwaters to Interstate 19
SC	Potrero Creek	Below Interstate 19 to confluence with Santa Cruz River
SC	Puertocito Wash	Headwaters to confluence with Altar Wash
SC	Quitobaquito Spring	(Pond and Springs) 31°56'39"/113°01'06"
SC	Redrock Canyon Creek	Headwaters to confluence with Harshaw Creek
SC	Rillito Creek	Headwaters to confluence with the Santa Cruz River
SC	Romero Canyon Creek	Headwaters to confluence with unnamed tributary at 32°24'29"/110°50'39"
SC	Rose Canyon Creek	Headwaters to confluence with Sycamore Canyon
SC	Rose Canyon Lake	32°23'13"/110°42'38"
SC	Ruby Lakes	31°26'29"/111°14'22"
SC	Sabino Creek	Headwaters to 32°23'20"/110°47'06"
SC	Sabino Creek	Below 32°23'20"/110°47'06" to confluence with Tanque Verde River
SC	Salero Ranch Tank	31°35'43"/110°53'25"
SC	Santa Cruz River	Headwaters to the at U.S./Mexico border
SC	Santa Cruz River	Baumgartner Road to the Ak Chin Indian Reservation boundary
SC	Santa Cruz River (EDW)	Nogales International WWTP outfall to the Tubac Bridge
SC	Santa Cruz River, West Branch	Headwaters to the confluence with Santa Cruz River
SC	Santa Cruz Wash, North Branch	Headwaters to City of Casa Grande WRF outfall at 32°54'57"/111°47'13"
SC	Santa Cruz Wash, North Branch (EDW)	City of Casa Grande WRF outfall to 1 km downstream
SC	Santa Rosa Wash	Below Tohono O'odham Indian Reservation to the Ak Chin Indian Reservation

Watershed	Surface Water	Segment Description and Location (Latitude and Longitudes are in NAD 83)
SC	Santa Rosa Wash (EDW)	Palo Verde Utilities CO-WRF outfall at 33°04'20"/ 112°01'47" to the Chin Indian Reservation
SC	Soldier Tank	32°25'34"/110°44'43"
SC	Sonoita Creek	Headwaters to the Town of Patagonia WWTP outfall at 31°32'25"/110°45'31"
SC	Sonoita Creek	Below 1600 feet downstream of Town of Patagonia WWTP outfall groundwater upwelling point to confluence with the Santa Cruz River
SC	Split Tank	31°28'11"/111°05'12"
SC	Sutherland Wash	Headwaters to confluence with Cañada del Oro
SC	Sycamore Canyon	Headwaters to 32°21'60" / 110°44'48"
SC	Sycamore Canyon	From 32°21'60" / 110°44'48" to Sycamore Reservoir
SC	Sycamore Reservoir	32°20'57"/110°47'38"
SC	Tanque Verde Creek	Headwaters to Houghton Road
SC	Tanque Verde Creek	Below Houghton Road to confluence with Rillito Creek
SC	Three R Canyon	Headwaters to Unnamed Trib to Three R Canyon at 31°28'26"/110°46'04"
SC	Three R Canyon	From 31°28'26"/110°46'04" to 31°28'28"/110°47'15" (Cox Gulch)
SC	Three R Canyon	From (Cox Gulch) 31°28'28"/110°47'15" to confluence with Sonoita Creek
SC	Tinaja Wash	Headwaters to confluence with the Santa Cruz River
SC	Unnamed Trib (Endless Mine Tributary) to Harshaw Creek	Headwaters to Harshaw Creek @ 31°26'12.3"/110°43'27.26"
SC	Unnamed Trib (UA2) to Alum Gulch	Headwaters to Alum Gulch @ 31°28'49.67"/110°44'12.86"
SC	Unnamed Trib to Cox Gulch	Headwaters to Cox Gulch @ 31°27'53.86"/110°46'51.29"
SC	Unnamed Trib to Three R Canyon	Headwaters to Three R Canyon @ 31°28'25.82"/110°46'04.11"
SC	Unnamed Wash to Canada Del Oro (EDW)	Oracle Sanitary District WWTP outfall at 32°36'54"/ 110°48'02" to 5 km downstream
SC	Unnamed Wash to Canada del Oro (EDW)	Saddlebrook WWTP outfall at 32°32'00"/110°53'01" to confluence with Cañada del Oro
SC	Unnamed Wash to Santa Cruz Wash (EDW)	Arizona City Sanitary District WWTP outfall at 32°45'43"/111°44'24" to confluence with Santa Cruz Wash
SC	Vekol Wash	Headwater to Santa Cruz Wash: Those reaches not located on the Ak-Chin, Tohono O'odham and Gila River Indian Reservations
SC	Wakefield Canyon	Headwaters to confluence with unnamed tributary at 31°52'48"/110°26'27"
SC	Wakefield Canyon	Below confluence with unnamed tributary to confluence with Cienega Creek
SC	Wild Burro Canyon	Headwaters to confluence with unnamed tributary at 32°27'43"/111°05'47"
SC	Wild Burro Canyon	Below confluence with unnamed tributary to confluence with Santa Cruz River
SP	Abbot Canyon	Headwaters to confluence with Whitewater Draw
SP	Aravaipa Creek	Headwaters to confluence with Stowe Gulch
SP	Ash Creek	Headwaters to 31°50'28"/109°40'04"
SP	Babocomari River	Headwaters to confluence with the San Pedro River
SP	Bass Canyon Creek	Headwaters to confluence with unnamed tributary at 32°26'06"/110°13'22"
SP	Bass Canyon Tank	32°24'00"/110°13'00"
SP	Blacktail Pond	Fort Huachuca Military Reservation at 31°31'04"/110°24'47", headwater lake in Blacktail Canyon
SP	Booger Canyon	Headwaters to confluence with Aravaipa Creek
SP	Brewery Gulch	Headwaters to Mule Gulch @ 31°26'27.88"/109°54'48.1"
SP	Buck Canyon	Headwaters to confluence with Buck Creek Tank
SP	Buck Canyon	Below Buck Creek Tank to confluence with Dry Creek
SP	Buehman Canyon Creek	Below confluence with unnamed tributary to confluence with San Pedro River
SP	Buehman Canyon Creek (OAW)	Headwaters to confluence with unnamed tributary at 32°24'54"/110°32'10"
SP	Bullock Canyon	Headwaters to confluence with Buehman Canyon
SP	Carr Canyon Creek	Below confluence with unnamed tributary to confluence with the San Pedro River
SP	Copper Creek	Headwaters to confluence with Prospect Canyon
SP	Copper Creek	Below confluence with Prospect Canyon to confluence with the San Pedro River
SP	Curry Draw	Headwaters to San Pedro River
SP	Deer Creek	Headwaters to confluence with unnamed tributary at 32°59'57"/110°20'11"
SP	Deer Creek	Below confluence with unnamed tributary to confluence with Aravaipa Creek
SP	Dixie Canyon	Headwaters to confluence with Mexican Canyon
SP	Double R Canyon Creek	Headwaters to confluence with Bass Canyon
SP	Dry Canyon	Headwaters to confluence with Whitewater draw
SP	East Gravel Pit Pond	Fort Huachuca Military Reservation at 31°30'54"/ 110°19'44"
SP	Espiritu Canyon Creek	Headwaters to confluence with Soza Wash
SP	Fourmile Canyon Creek	Headwaters to confluence with Aravaipa Creek
SP	Fourmile Canyon, Left Prong	Headwaters to confluence with unnamed tributary at 32°43'15"/110°23'46"
SP	Fourmile Canyon, Left Prong	Below confluence with unnamed tributary to confluence with Fourmile Canyon Creek
SP	Fourmile Canyon, Right Prong	Headwaters to confluence with Fourmile Canyon
SP	Gadwell Canyon	Headwaters to confluence with Whitewater Draw
SP	Garden Canyon Creek	Headwaters to confluence with unnamed tributary at 31°29'01"/110°19'44"
SP	Garden Canyon Creek	Below confluence with unnamed tributary to confluence with the San Pedro River
SP	Glance Creek	Headwaters to confluence with Whitewater Draw
SP	Gravel Pit Pond	Fort Huachuca Military Reservation at 31°30'52"/ 110°19'49"
SP	Greenbush Draw	From U.S./Mexico border to confluence with San Pedro River
SP	Greenbush Draw	From City of Bisbee San Jose WWTP outfall at 31˚ 20' 35.4", -109˚ 56' 10.2" to San Pedro River. The City of Bisbee San Jose WWTP outfall discharges to Greenbush Draw.
SP	Hidden Pond	Fort Huachuca Military Reservation at 32°30'30"/ 109°22'17"
SP	Horse Camp Canyon	Headwaters to confluence with Aravaipa Creek
SP	Hot Springs Canyon	Headwaters to confluence with the San Pedro River
SP	Johnson Canyon	Headwaters to Whitewater Draw at 31°32'46"/ 109°43'32"
SP	Leslie Creek	Headwaters to confluence with Whitewater Draw

Watershed	Surface Water	Segment Description and Location (Latitude and Longitudes are in NAD 83)
SP	Lower Garden Canyon Pond	Fort Huachuca Military Reservation at 31°29'39"/ 110°18'34"
SP	Mexican Canyon	Headwaters to confluence with Dixie Canyon
SP	Miller Canyon	Headwaters to Broken Arrow Ranch Road at 31°25'35"/110°15'04"
SP	Miller Canyon	Below Broken Arrow Ranch Road to confluence with the San Pedro River
SP	Montezuma Creek	Headwaters to Mexico Border @ 31°20'01.87"/110°13'40.97"
SP	Mountain View Golf Course Pond	Fort Huachuca Military Reservation at 31°32'14"/ 110°18'52"
SP	Mule Gulch	Headwaters to the Lavender Pit at 31°26'11"/ 109°54'02"
SP	Mule Gulch	The Lavender Pit to the' Highway 80 bridge at 31°26'30"/109°49'28"
SP	Mule Gulch	Below the Highway 80 bridge to confluence with Whitewater Draw
SP	Oak Grove Canyon	Headwaters to confluence with Turkey Creek
SP	Officers Club Pond	Fort Huachuca Military Reservation at 31°32'51"/ 110°21'37"
SP	Paige Canyon Creek	Headwaters to confluence with the San Pedro River
SP	Parsons Canyon	Headwaters to confluence with Aravaipa Creek
SP	Ramsey Canyon Creek	Headwaters to Forest Service Road #110 at 31°27'44"/110°17'30"
SP	Rattlesnake Creek	Headwaters to confluence with Brush Canyon
SP	Rattlesnake Creek	Below confluence with Brush Canyon to confluence with Aravaipa Creek
SP	Redfield Canyon	Headwaters to confluence with unnamed tributary at 32°33'40"/110°18'42"
SP	Redfield Canyon	Below confluence with unnamed tributary to confluence with the San Pedro River
SP	Rucker Canyon	Headwaters to confluence with Whitewater Draw
SP	Rucker Canyon Lake	31°46'46"/109°18'30"
SP	Soto Canyon	Headwaters to confluence with Dixie Canyon
SP	Swamp Springs Canyon Creek	Headwaters to confluence with Redfield Canyon
SP	Sycamore Pond I	Fort Huachuca Military Reservation at 31°35'12"/ 110°26'11"
SP	Sycamore Pond II	Fort Huachuca Military Reservation at 31°34'39"/ 110°26'10"
SP	Turkey Creek	Headwaters to confluence with Aravaipa Creek
SP	Unnamed Wash Mt. Lemmon (EDW)	Mt. Lemmon WWTP outfall at 32°26'51"/110°45'08" to 0.25 km downstream
SP	Virgus Canyon	Headwaters to confluence with Aravaipa Creek
SP	Walnut Gulch	Headwaters to Tombstone WWTP outfall at 31°43'47"/110°04'06"
SP	Walnut Gulch	Tombstone Wash to confluence with San Pedro River
SP	Walnut Gulch (EDW)	Tombstone WWTP outfall to the confluence with Tombstone Wash
SP	Woodcutters Pond	Fort Huachuca Military Reservation at 31°30'09"/ 110°20'12"
SR	Barnhard Creek	Headwaters to confluence with unnamed tributary at 34°05'37/111°26'40"
SR	Barnhardt Creek	Below confluence with unnamed tributary to confluence with Rye Creek
SR	Basin Lake	33°55'00"/109°26'09"
SR	Bear Creek	Headwaters to confluence with the Black River
SR	Bear Wallow Creek, North Fork (OAW)	Headwaters to confluence with the Bear Wallow Creek
SR	Bear Wallow Creek, South Fork (OAW)	Headwaters to confluence with the Bear Wallow Creek
SR	Big Lake	33°52'36"/109°25'33"
SR	Bloody Tanks Wash	Headwaters to Schultze Ranch Road
SR	Bloody Tanks Wash	Schultze Ranch Road to confluence with Miami Wash
SR	Boulder Creek	Headwaters to confluence with LaBarge Creek
SR	Campaign Creek	Headwaters to Roosevelt Lake
SR	Canyon Creek	Headwaters to the White Mountain Apache Reservation boundary
SR	Centerfire Creek	Headwaters to confluence with the Black River
SR	Chambers Draw Creek	Headwaters to confluence with the North Fork of the East Fork of Black River
SR	Cherry Creek	Headwaters to confluence with unnamed tributary at 34°05'09"/110°56'07"
SR	Christopher Creek	Headwaters to confluence with Tonto Creek
SR	Cold Spring Canyon Creek	Headwaters to confluence with unnamed tributary at 33°49'50"/110°52'58"
SR	Cold Spring Canyon Creek	Below confluence with unnamed tributary to confluence with Cherry Creek
SR	Coon Creek	Headwaters to confluence with unnamed tributary at 33°46'41"/110°54'26"
SR	Coon Creek	Below confluence with unnamed tributary to confluence with Salt River
SR	Coyote Creek	Headwaters to confluence with the Black River, East Fork
SR	Deer Creek (D2E)	Headwaters to confluence with the Black River, East Fork
SR	Del Shay Creek	Headwaters to confluence with Gun Creek
SR	Devils Chasm Creek	Headwaters to confluence with unnamed tributary at 33°48'46" /110°52'35"
SR	Dipping Vat Reservoir	33°55'47"/109°25'31"
SR	Double Cienega Creek	Headwaters to confluence with Fish Creek
SR	Fish Creek	Headwaters to confluence with the Salt River
SR	Five Point Mountain Tributary	Headwaters to Pinto Creek @ 33°22'25.93"/110°58'14"
SR	Gibson Mine Tributary	Headwaters to Pinto Creek @ 33°20'48.99"/110°56'42.31"
SR	Gold Creek	Headwaters to confluence with unnamed tributary at 33°59'47"/111°25'10"
SR	Gold Creek	Below confluence with unnamed tributary to confluence with Tonto Creek
SR	Gordon Canyon Creek	Headwaters to confluence with Hog Canyon
SR	Gordon Canyon Creek	Below confluence with Hog Canyon to confluence with Haigler Creek
SR	Greenback Creek	Headwaters to confluence with Tonto Creek
SR	Home Creek	Headwaters to confluence with the Black River, West Fork
SR	Horse Camp Creek	Headwaters to confluence with unnamed tributary at 33°54'00"/110°50'07"
SR	Horse Camp Creek	Below confluence with unnamed tributary to confluence with Cherry Creek
SR	Houston Creek	Headwaters to confluence with Tonto Creek
SR	Hunter Creek	Headwaters to confluence with Christopher Creek

Watershed	Surface Water	Segment Description and Location (Latitude and Longitudes are in NAD 83)
SR	LaBarge Creek	Headwaters to Canyon Lake
SR	Lake Sierra Blanca	33°52'25"/109°16'05"
SR	Miami Wash	Headwaters to confluence with Pinal Creek
SR	Mule Creek	Headwaters to confluence with Canyon Creek
SR	Open Draw Creek	Headwaters to confluence with the East Fork of Black River
SR	P B Creek	Headwaters to Forest Service Road #203 at 33°57'08"/110°56'12"
SR	Pinal Creek	Headwaters to confluence with unnamed EDW wash (Globe WWTP) at 33°25'29"/110°48'20"
SR	Pinal Creek	From 33°26'55"/110°49'25" to Lower Pinal Creek water treatment plant outfall #001 at 33°31'04"/ 110°51'55"
SR	Pinal Creek	From See Ranch Crossing to confluence with unnamed tributary at 33°35'28"/110°54'31"
SR	Pinal Creek (EDW)	Confluence with unnamed EDW wash (Globe WWTP) to 33°25'29"/110°48'20"
SR	Pine Creek	Headwaters to confluence with the Salt River
SR	Pinto Creek	Below confluence with unnamed tributary to Roosevelt Lake
SR	Pole Corral Lake	33°30'38"/110°00'15"
SR	Pueblo Canyon Creek	Headwaters to confluence with unnamed tributary at 33°50'23"/110°51'37"
SR	Pueblo Canyon Creek	Below confluence with unnamed tributary to confluence with Cherry Creek
SR	Reevis Creek	Headwaters to confluence with Pine Creek
SR	Reservation Creek	Headwaters to confluence with the Black River
SR	Reynolds Creek	Headwaters to confluence with Workman Creek
SR	Russell Gulch	From Headwaters to confluence with Miami Wash
SR	Salome Creek	Headwaters to confluence with the Salt River
SR	Salt House Lake	33°57'04"/109°20'11"
SR	Slate Creek	Headwaters to confluence with Tonto Creek
SR	Snake Creek (OAW)	Headwaters to confluence with the Black River
SR	Spring Creek	Headwaters to confluence with Tonto Creek
SR	Stinky Creek (OAW)	Headwaters to confluence with the Black River, West Fork
SR	Thomas Creek	Headwaters to confluence with Beaver Creek
SR	Thompson Creek	Headwaters to confluence with the West Fork of the Black River
SR	Turkey Creek	Headwaters to confluence with Rock Creek
SR	Unnamed trib to Black River North Fork East Fork	Headwaters to Black River NF of EF
SR	Wildcat Creek	Headwaters to confluence with Centerfire Creek
SR	Workman Creek	Below confluence with Reynolds Creek to confluence with Salome Creek
UG	Ash Creek	Headwaters to confluence with unnamed tributary at 32°46'15"/109°51'45"
UG	Ash Creek	Below confluence with unnamed tributary to confluence with the Gila River
UG	Bennett Wash	Headwaters to the Gila River
UG	Buckelew Creek	Headwaters to confluence with Castle Creek
UG	Castle Creek	Headwaters to confluence with Campbell Blue Creek
UG	Cave Creek	Below Coronado National Forest boundary to New Mexico border
UG	Chase Creek	Headwaters to the Phelps-Dodge Morenci Mine
UG	Chase Creek	Below the Phelps-Dodge Morenci Mine to confluence with San Francisco River
UG	Chitty Canyon Creek	Headwaters to confluence with Salt House Creek
UG	Cima Creek	Headwaters to confluence with Cave Creek
UG	Cluff Reservoir #1	32°48'55"/109°50'46"
UG	Cluff Reservoir #3	32°48'21"/109°51'46"
UG	Coleman Creek	Headwaters to confluence with Campbell Blue Creek
UG	Dankworth Lake	32°43'13"/109°42'17"
UG	Deadman Canyon Creek	Below confluence with unnamed tributary to confluence with Graveyard Wash
UG	Eagle Creek	Headwaters to confluence with unnamed tributary at 33°22'32"/109°29'43"
UG	East Eagle Creek	Headwaters to confluence with Eagle Creek
UG	East Turkey Creek	Headwaters to confluence with unnamed tributary at 31°58'22"/109°12'20"
UG	East Turkey Creek	Below confluence with unnamed tributary to terminus near San Simon River
UG	East Whitetail	Headwaters to terminus near San Simon River
UG	Emigrant Canyon	Headwaters to terminus near San Simon River
UG	Evans Pond #1	32°49'19"/109°51'12"
UG	Evans Pond #2	32°49'14"/109°51'09"
UG	Fishhook Creek	Headwaters to confluence with the Blue River
UG	Foote Creek	Headwaters to confluence with the Blue River
UG	Frye Canyon Creek	Headwaters to Frye Mesa Reservoir
UG	Frye Canyon Creek	Frye Mesa reservoir to terminus at Highline Canal.
UG	Frye Mesa Reservoir	32°45'14"/109°50'02"
UG	Georges Tank	33°51'24"/109°08'30"
UG	Gibson Creek	Headwaters to confluence with Marijilda Creek
UG	Lanphier Canyon	Headwaters to confluence with the Blue River
UG	Little Blue Creek	Headwaters to confluence with Dutch Blue Creek
UG	Little Creek	Headwaters to confluence with the San Francisco River
UG	Marijilda Creek	Headwaters to confluence with Gibson Creek
UG	Marijilda Creek	Below confluence with Gibson Creek to confluence with Stockton Wash
UG	Markham Creek	Headwaters to confluence with the Gila River
UG	Pigeon Creek	Headwaters to confluence with the Blue River
UG	Roper Lake	32°45'23"/109°42'14"
UG	Sheep Tank	32°46'14"/109°48'09"

Watershed	Surface Water	Segment Description and Location (Latitude and Longitudes are in NAD 83)
UG	Smith Pond	32°49'15"/109°50'36"
UG	Squaw Creek	Headwaters to confluence with Thomas Creek
UG	Stone Creek	Headwaters to confluence with the San Francisco River
UG	Strayhorse Creek	Headwaters to confluence with the Blue River
UG	Thomas Creek	Headwaters to confluence with Rousensock Creek
UG	Tinny Pond	33°47'49"/109°04'27"
VR	American Gulch	Headwaters to the Northern Gila County Sanitary District WWTP outfall at 34°14'02"/111°22'14"
VR	American Gulch (EDW)	Below Northern Gila County Sanitary District WWTP outfall to confluence with the East Verde River
VR	Apache Creek	Headwaters to confluence with Walnut Creek
VR	Ashbrook Wash	Headwaters to the Fort McDowell Indian Reservation boundary
VR	Aspen Creek	Headwaters to confluence with Granite Creek
VR	Banning Creek	Headwaters to Granite Creek @ 34°31'01.02"/112°28'37.63"
VR	Bar Cross Tank	35°00'41"/112°05'39"
VR	Barrata Tank	35°02'43"/112°24'21"
VR	Big Chino Wash	Headwaters to confluence with Sullivan Lake
VR	Bitter Creek	Headwaters to the Jerome WWTP outfall at 34°45'12"/112°06'24"
VR	Bitter Creek (EDW)	Jerome WWTP outfall to the Yavapai Apache Indian Reservation boundary
VR	Black Canyon Creek	Headwaters to confluence with unnamed tributary at 34°39'20"/112°05'06"
VR	Black Canyon Creek	Below confluence with unnamed tributary to confluence with the Verde River
VR	Bonita Creek	Headwaters to confluence with Ellison Creek
VR	Bray Creek	Headwaters to confluence with Webber Creek
VR	Butte Creek	Headwaters to Miller Creek @ 34°32'49.03"/112°28'29.3"
VR	Camp Creek	Headwaters to confluence with Verde River
VR	Cereus Wash	Headwaters to the Fort McDowell Indian Reservation boundary
VR	Chase Creek	Headwaters to confluence with the East Verde River
VR	Clover Creek	Headwaters to confluence with Headwaters of West Clear Creek
VR	Coffee Creek	Headwaters to confluence with Spring Creek
VR	Colony Wash	Headwaters to the Fort McDowell Indian Reservation boundary
VR	Deadman Creek	Headwaters to Horseshoe Reservoir
VR	Del Monte Gulch	Headwaters to confluence with City of Cottonwood WWTP outfall 002 at 34°43'57"/112°02'46"
VR	Del Monte Gulch (EDW)	City of Cottonwood WWTP outfall 002 at 34°43'57"/ 112°02'46" to confluence with Verde River
VR	Del Rio Dam Lake	34°48'55"/112°28'03"
VR	Dry Beaver Creek	Headwaters to confluence with Beaver Creek
VR	Dry Creek (EDW)	Sedona Ventures WWTP outfall at 34°50'42"/ 111°52'26" to 34°50'02"/ 111°52'17"
VR	Dude Creek	Headwaters to confluence with the East Verde River
VR	Ellison Creek	Headwaters to confluence with the East Verde River
VR	Foxboro Lake	34°53'42"/111°39'55"
VR	Fry Lake	35°03'45"/111°48'04"
VR	Gap Creek	Headwaters to confluence with Government Spring
VR	Gap Creek	Below Government Spring to confluence with the Verde River
VR	Garrett Tank	35°18'57"/112°42'20"
VR	Goldwater Lake, Lower	34°29'56"/112°27'17"
VR	Goldwater Lake, Upper	34°29'52"/112°26'59"
VR	Government Canyon	Headwaters to Granite Creek @ 34°33'29.49"/112°26'53.18"
VR	Granite Basin Lake	34°37'01"/112°32'58"
VR	Granite Creek	Headwaters to Watson Lake
VR	Granite Creek	Below Watson Lake to confluence with the Verde River
VR	Green Valley Lake (EDW)	34°13'54"/111°20'45"
VR	Heifer Tank	35°20'27"/112°32'59"
VR	Hells Canyon Tank	35°04'59"/112°24'07"
VR	Homestead Tank	35°21'24"/112°41'36"
VR	Horse Park Tank	34°58'15"/111°36'32"
VR	Houston Creek	Headwaters to confluence with the Verde River
VR	Huffer Tank	34°27'46"/111°23'11"
VR	J.D. Dam Lake	35°04'02"/112°01'48"
VR	Jacks Canyon	Headwaters to Big Park WWTP outfall at 34°45'46"/ 111°45'51"
VR	Jacks Canyon (EDW)	Below Big Park WWTP outfall to confluence with Dry Beaver Creek
VR	Lime Creek	Headwaters to Horseshoe Reservoir
VR	Mail Creek	Headwaters to East Verde River @ 34°25'03.88"/111°15'49.6"
VR	Manzanita Creek	Headwaters to Granite Creek @ 34°31'31.19"/112°28'44.34"
VR	Masonry Number 2 Reservoir	35°13'32"/112°24'10"
VR	McLellan Reservoir	35°13'09"/112°17'06"
VR	Meath Dam Tank	35°07'52"/112°27'35"
VR	Miller Creek	Headwaters to Granite Creek @ 34°32'48.55"/112°28'12.96"
VR	Mullican Place Tank	34°44'16"/111°36'10"
VR	Munds Creek (EDW), Tributary to Oak Creek	From Pinewood Sanitary District Kay S. Blackman WWTP outfall at 34? 56' 09", -111? 38' 35" to Oak Creek.
VR	North Fork Miller	Headwaters to Miller Creek
VR	North Granite Creek	Headwaters to Granite Creek @ 34°33'04.33"/112°27'50.45"
VR	Oak Creek, West Fork (OAW)	Headwaters to confluence with Oak Creek
VR	Odell Lake	34°56'5"/111°37'53"

Watershed	Surface Water	Segment Description and Location (Latitude and Longitudes are in NAD 83)
VR	Peck's Lake	34°46'51"/112°02'01"
VR	Perkins Tank	35°06'42"/112°04'12"
VR	Pine Creek	Headwaters to confluence with unnamed tributary at 34°21'51"/111°26'49"
VR	Pine Creek	Below confluence with unnamed tributary to confluence with East Verde River
VR	Red Creek	Headwaters to confluence with the Verde River
VR	Reservoir #1	35°13'5"/111°50'09"
VR	Reservoir #2	35°13'17"/111°50'39"
VR	Roundtree Canyon Creek	Headwaters to confluence with Tangle Creek
VR	Scholze Lake	35°11'53"/112°00'37"
VR	Slaugterhouse Gulch	Headwaters to Yavapai Res. Boundary
VR	Spring Creek	Headwaters to confluence with unnamed tributary at 34°57'23"/111°57'21"
VR	Steel Dam Lake	35°13'36"/112°24'54"
VR	Stehr Lake	34°22'01"/111°40'02"
VR	Stoneman Lake	34°46'47"/111°31'14"
VR	Sycamore Creek	Below confluence with unnamed tributary to confluence with Verde River
VR	Sycamore Creek	Headwaters to confluence with Verde River at 34°04'42"/111°42'14"
VR	Tangle Creek	Headwaters to confluence with Verde River
VR	Trinity Tank	35°27'44"/112°48'01"
VR	Unnamed Trib to Granite Creek (UGC)	Headwaters to Yavapai Prescott Reservation Boundary
VR	Unnamed Trib to UGC (UUG)	Headwaters to Unnamed Trib to Granite Creek (UGC)
VR	Unnamed Wash	Flagstaff Meadows WWTP outfall at 35°13'53.54"/ 111°48'40.32"'to Volunteer Wash
VR	Walnut Creek	Headwaters to confluence with Big Chino Wash
VR	Watson Lake	34°34'58"/112°25'26"
VR	Webber Creek	Headwaters to confluence with the East Verde River
VR	Wet Beaver Creek	Headwaters to unnamed springs at 34°41'17"/ 111°34'34"
VR	Whitehorse Lake	35°06'59"/112°00'48"
VR	Williamson Valley Wash	Headwaters to confluence with Mint Wash
VR	Williamson Valley Wash	From confluence of Mint Wash to 10.5 km downstream
VR	Williamson Valley Wash	From 10.5 km downstream of Mint Wash confluence to confluence with Big Chino Wash
VR	Williscraft Tank	35°11'22"/112°35'40"
VR	Willow Creek	Above Willow Creek Reservoir
VR	Willow Valley Lake	34°41'08"/111°20'02"

Historical Note

Table C made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

R18-11-217. Best Management Practices for non-WOTUS Protected Surface Waters

A. The BMPs described in this rule are intended to ensure that activities within the ordinary high-water mark of perennial or intermittent non-WOTUS protected surface waters, or within the bed and bank of other waters that materially impact (i.e., are within 1/4 mile upstream of) non-WOTUS protected surface waters, do not violate applicable surface water quality standards in the non-WOTUS protected surface waters. For purposes of this Section, the activities described in the prior sentence will be referred to as "regulated activities." Depending on the regulated activities conducted, not all of the BMPs described below may be applicable to a particular project. The owner or operator is responsible to consider the BMPs outlined below and to implement those necessary to ensure that the regulated activities will not violate applicable surface water quality standards in the non-WOTUS protected surface water.

B. The BMPs described below are not applicable to any activities that are addressed under an individual or general AZPDES permit that are otherwise regulated under A.R.S. Title 49.

C. Erosion and sedimentation control BMPs:

1. When flow is present in any non-WOTUS protected surface waters within a project area, flow shall not be altered except to prevent erosion or pollution of any non-WOTUS protected surface waters.
2. Any disturbance within the ordinary high-water mark of non-WOTUS protected surface waters or within the bed and banks of other waters, that is not intended to be permanently altered, shall be stabilized as soon as practicable to prevent erosion and sedimentation.
3. When flow in any non-WOTUS protected surface water is sufficient to erode, carry, or deposit material, regulated activities shall cease until:
   a. The flow decreases below the point where sediment movement ceases; or
   b. Control measures have been undertaken, i.e., equipment and material easily transported by flow are protected within non-erodible barriers or moved outside the flow area.
4. Silt laden or turbid water resulting from regulated activities should be managed in a manner to reduce sediment load prior to discharging.
5. No washing or dewatering of fill material should occur within the ordinary high-water mark of any perennial or intermittent non-WOTUS protected surface waters. Other than the replacement of native fill or material used to support vegetation rooting or growth, fill placed within the ordinary high-water mark of any perennial or intermittent non-WOTUS protected surface water must resist washout whether such resistance is derived via particle size limits, presence of a binder, vegetation, or other armoring.

D. Pollutant management BMPs:

1. If regulated activities are likely to violate applicable surface water quality standards in a perennial or intermittent non-WOTUS protected surface water, operations shall cease until the problem is resolved or until control measures have been implemented.
2. Construction material and/or fill (other than native fill or that necessary to support revegetation) placed within surface waters as a result of regulated activities shall not include pollutants in concentrations that will violate

applicable surface water quality standards in a perennial or intermittent non-WOTUS protected surface water.

E. Construction phase BMPs:
1. Equipment staging and storage areas or fuel, oil, and other petroleum products storage and solid waste containment should not be located within the ordinary high-water mark of any perennial or intermittent non-WOTUS protected surface water.
2. Any equipment maintenance, washing, or fueling shall not be done within the ordinary high-water mark of any perennial or intermittent non-WOTUS protected surface waters with the following exception: Equipment too large or unwieldy to be readily moved, such as large cranes, may be fueled and serviced in non-WOTUS protected surface waters (but outside of standing or flowing water) provided material specifically manufactured and sold as spill containment is in place during fueling/servicing.
3. All equipment shall be inspected for leaks, all leaks shall be repaired, and all repaired equipment shall be cleaned to remove any fuel or other fluid residue prior to use within the ordinary high-water mark of any perennial or intermittent non-WOTUS protected surface waters.
4. Washout of concrete handling equipment shall not take place within the ordinary high-water mark of any perennial or intermittent non-WOTUS protected surface waters.

F. Post-construction BMPs:
1. Upon completion of regulated activities, areas within the ordinary high-water mark of any perennial or intermittent non-WOTUS protected surface waters shall be promptly cleared of all forms, piling, construction residues, equipment, debris, or other obstructions.
2. If fully, partially, or occasionally submerged structures are constructed of cast-in-place concrete instead of precast concrete, steps will be taken using sheet piling or temporary dams to prevent contact between water (instream and runoff) and the concrete until it cures and until any curing agents have evaporated or are no longer a pollutant threat.
3. Any permanent water crossings within the ordinary high-water mark of any perennial or intermittent in a non-WOTUS protected surface water (other than fords) shall not be equipped with gutters, drains, scuppers, or other conveyances that allow untreated runoff (due to events equal to or lesser in magnitude than the design event for the crossing structure) to directly enter a non-WOTUS protected surface water if such runoff can be directed to a local stormwater drainage, containment, and/or treatment system.
4. Debris shall be cleared as needed from culverts, ditches, dips, and other drainage structures within the ordinary high-water mark of any perennial or intermittent non-WOTUS protected surface water to prevent clogging or conditions that may lead to a washout.
5. Temporary structures constructed or imported materials shall be removed no later than upon completion of the regulated activities.
6. Temporary structures constructed of native materials, if they provide an obstacle to flow or can contribute to or cause erosion, or cause changes in sediment load, shall be removed no later than upon completion of the regulated activities.

G. Design consideration BMPs:
1. All temporary structures constructed of imported materials and all permanent structures, including but not limited to, access roadways, culvert crossings, staging areas, material stockpiles, berms, dikes, and pads, shall be constructed so as to accommodate overtopping and resist washout by streamflow.
2. Any temporary crossing, other than fords on native material, shall be constructed in such a manner so as to provide armoring of the stream channel. Materials used to provide this armoring shall not include anything easily transportable by flow. Examples of acceptable materials include steel plates, untreated wooden planks, pre-cast concrete planks or blocks. Examples of unacceptable materials include clay, silt, sand, and gravel finer than cobble (roughly fist-sized). The armoring shall, via mass, anchoring systems, or a combination of the two, resist washout.

H. Notification. The owner or operator of any regulated activities shall, five days prior to initiation of the regulated activities, submit a notice to ADEQ on a form that includes basic information including the GPS location, the waterbody ID of the nearest non-WOTUS protected surface water, general description of planned activities, types of BMPs to be employed during the project, and phone number and email for a contact person. Work may proceed after five calendar days have passed since the owner/operator provided notification to ADEQ unless ADEQ responds in writing to the contact person for the owner/operator.

I. Exclusions: The BMPS and notification requirements in this Section shall not apply to:
1. Activities that are already regulated under A.R.S. Title 49.
2. Discharges to a non-WOTUS protected surface water incidental to a recharge project.
3. Established or ongoing farming, ranching and silviculture activities such as plowing, seeding, cultivating, minor drainage or harvesting for the production of food, fiber or forest products or upland soil and water conservation practices.
4. Maintenance but not construction of drainage ditches.
5. Construction and maintenance of irrigation ditches.
6. Maintenance of structures as dams, dikes, and levees.

Historical Note
New Section made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

Appendix A. Repealed

Historical Note
Former Section R9-21-208, Appendices 1 through 9 renumbered and amended as new Appendix A adopted effective January 7, 1985 (Supp. 85-1). Amended effective August 12, 1986 (Supp. 86-4). Appendix repealed effective February 18, 1992 (Supp. 92-1).

Appendix B. Repealed

Historical Note
Former R9-21-209, Table 1 and Table 2 renumbered and amended as Appendix B adopted effective January 7, 1985 (Supp.85-1). Amended effective August 12, 1986 (Supp. 86-4). Appendix repealed effective February 18, 1992 (Supp. 92-1).

ARTICLE 3. RECLAIMED WATER QUALITY STANDARDS

R18-11-301. Definitions

The terms in this Article have the following meanings:

"Direct reuse" has the meaning prescribed in A.A.C. R18-9-A701(2).

"Disinfection" means a treatment process that uses oxidants, ultraviolet light, or other agents to kill or inactivate pathogenic organisms in wastewater.

"Filtration" means a treatment process that removes particulate matter from wastewater by passage through porous media.

"Gray water" means wastewater, collected separately from a sewage flow, that originates from a clothes washer, bathtub, shower, or sink, but it does not include wastewater from a kitchen sink, dishwasher, or a toilet.

"Industrial wastewater" means wastewater generated from an industrial process.

"Landscape impoundment" means a manmade lake, pond, or impoundment of reclaimed water where swimming, wading, boating, fishing, and other water-based recreational activities are prohibited. A landscape impoundment is created for storage, landscaping, or for aesthetic purposes only.

"NTU" means nephelometric turbidity unit.

"On-site wastewater treatment facility" has the meaning prescribed in A.R.S. § 49-201(29).

"Open access" means that access to reclaimed water by the general public is uncontrolled.

"Reclaimed water" has the meaning prescribed in A.R.S. § 49- 201(41).

"Recreational impoundment" means a manmade lake, pond, or impoundment of reclaimed water where boating or fishing is an intended use of the impoundment. Swimming and other full-body recreation activities (for example, water-skiing) are prohibited in a recreational impoundment.

"Restricted access" means that access to reclaimed water by the general public is controlled.

"Secondary treatment" means a biological treatment process that achieves the minimum level of effluent quality defined by the federal secondary treatment regulation at 40 CFR § 133.102.

"Sewage" means untreated wastes from toilets, baths, sinks, lavatories, laundries, and other plumbing fixtures in places of human habitation, employment, or recreation.

Historical Note

Adopted effective July 9, 1981 (Supp. 81-4). Former Section R9-21-301 renumbered without change as Section R18-11-301 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1). New Section adopted by final rulemaking at 7 A.A.R. 870, effective January 22, 2001 (Supp. 01-1). Amended by final expedited rulemaking at 31 A.A.R. 1008 (March 28, 2025), with an immediate effective date of March 7, 2025 (Supp. 25-1).

R18-11-302. Applicability

This Article applies to the direct reuse of reclaimed water, except for:

1. The direct reuse of gray water, or
2. The direct reuse of reclaimed water from an onsite wastewater treatment facility regulated by a general Aquifer Protection Permit under 18 A.A.C. 9, Article 3.

Historical Note

Adopted effective June 8, 1981 (Supp. 81-3). Amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-302 renumbered without change as Section R18-11-302 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1). New Section adopted by final rulemaking at 7 A.A.R. 870, effective January 22, 2001 (Supp. 01-1).

R18-11-303. Class A+ Reclaimed Water

A. Class A+ reclaimed water is wastewater that has undergone secondary treatment, filtration, nitrogen removal treatment, and disinfection. Chemical feed facilities to add coagulants or polymers are required to ensure that filtered effluent before disinfection complies with the 24-hour average turbidity criterion prescribed in subsection (B)(1). Chemical feed facilities may remain idle if the 24-hour average turbidity criterion in (B)(1) is achieved without chemical addition.

B. An owner of a facility shall ensure that:

1. The turbidity of Class A+ reclaimed water at a point in the wastewater treatment process after filtration and immediately before disinfection complies with the following:
   a. The 24-hour average turbidity of filtered effluent is two NTUs or less, and
   b. The turbidity of filtered effluent does not exceed five NTUs at any time.
2. Class A+ reclaimed water meets the following criteria after disinfection treatment and before discharge to a reclaimed water distribution system:
   a. There are no detectable fecal coliform organisms in four of the last seven daily reclaimed water samples taken, and
   b. The single sample maximum concentration of fecal coliform organisms in a reclaimed water sample is less than 23 / 100 ml.
   c. If alternative treatment processes or alternative turbidity criteria are used, or reclaimed water is blended with other water to produce Class A+ reclaimed water under subsection (C), there are no detectable enteric virus in four of the last seven monthly reclaimed water samples taken.
3. The 5-sample geometric mean concentration of total nitrogen in a reclaimed water sample is less than 10 mg / L.

C. An owner of a facility may use alternative treatment methods other than those required by subsection (A), or comply with alternative turbidity criteria other than those required by subsection (B)(1), or blend reclaimed water with other water to produce Class A+ reclaimed water provided the owner demonstrates through pilot plant testing, existing water quality data, or other means that the alternative treatment methods, alternative turbidity criteria, or blending reliably produces a reclaimed water that meets the disinfection criteria in subsection (B)(2) and the total nitrogen criteria in subsection (B)(3) before discharge to a reclaimed water distribution system.

D. Class A+ reclaimed water is not required for any type of direct reuse. A person may use Class A+ reclaimed water for any type of direct reuse listed in Table A.

Historical Note
Adopted effective January 7, 1985 (Supp. 85-1). Amended effective August 12, 1986 (Supp. 86-4). Former Section R9-21-303 renumbered without change as Section R18-11-303 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1). New Section adopted by final rulemaking at 7 A.A.R. 870, effective January 22, 2001 (Supp. 01-1).

R18-11-304. Class A Reclaimed Water

A. Class A reclaimed water is wastewater that has undergone secondary treatment, filtration, and disinfection. Chemical feed facilities to add coagulants or polymers are required to ensure that filtered effluent before disinfection complies with the 24-hour average turbidity criterion prescribed in subsection (B)(1). Chemical feed facilities may remain idle if the 24-hour average turbidity criterion in subsection (B)(1) is achieved without chemical addition.

B. An owner of a facility shall ensure that:
1. The turbidity of Class A reclaimed water at a point in the wastewater treatment process after filtration and immediately before disinfection complies with the following:
   a. The 24-hour average turbidity of filtered effluent is two NTUs or less, and
   b. The turbidity of filtered effluent does not exceed five NTUs at any time.
2. Class A reclaimed water meets the following criteria after disinfection treatment and before discharge to a reclaimed water distribution system:
   a. There are no detectable fecal coliform organisms in four of the last seven daily reclaimed water samples taken, and
   b. The single sample maximum concentration of fecal coliform organisms in a reclaimed water sample is less than 23 / 100 ml.
   c. If alternative treatment processes or alternative turbidity criteria are used, or reclaimed water is blended with other water to produce Class A reclaimed water under subsection (C), there are no detectable enteric virus in four of the last seven monthly reclaimed water samples taken.

C. An owner of a facility may use alternative treatment methods other than those required by subsection (A), or comply with alternative turbidity criteria other than those required by subsection (B)(1), or blend reclaimed water with other water to produce Class A reclaimed water provided the owner demonstrates through pilot plant testing, existing water quality data, or other means that the alternative treatment methods, alternative turbidity criteria, or blending reliably produces a reclaimed water that meets the disinfection criteria in subsection (B)(2) before discharge to a reclaimed water distribution system.

D. A person shall use Class A reclaimed water for a type of direct reuse listed as Class A in Table A. A person may use Class A reclaimed water for a type of direct reuse listed as Class B or Class C in Table A.

Historical Note
Adopted effective January 7, 1985 (Supp. 85-1). Amended effective August 12, 1986 (Supp. 86-4). Former Section R9-21-304 renumbered without change as Section R18-11-304 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1). New Section adopted by final rulemaking at 7 A.A.R. 870, effective January 22, 2001 (Supp. 01-1).

R18-11-305. Class B+ Reclaimed Water

A. Class B+ reclaimed water is wastewater that has undergone secondary treatment, nitrogen removal treatment, and disinfection.

B. An owner of a facility shall ensure that:
1. Class B+ reclaimed water meets the following criteria after disinfection treatment and before discharge to a reclaimed water distribution system:
   a. The concentration of fecal coliform organisms in four of the last seven daily reclaimed water samples is less than 200 / 100 ml.
   b. The single sample maximum concentration of fecal coliform organisms in a reclaimed water sample is less than 800 / 100 ml.
2. The 5-sample geometric mean concentration of total nitrogen in a reclaimed water sample is less than 10 mg / L.

C. Class B+ reclaimed water is not required for a type of direct reuse. A person may use Class B+ reclaimed water for a type of direct reuse listed as Class B or Class C in Table A. A person shall not use Class B+ reclaimed water for a type of direct reuse listed as Class A in Table A.

Historical Note
New Section adopted by final rulemaking at 7 A.A.R. 870, effective January 22, 2001 (Supp. 01-1).

R18-11-306. Class B Reclaimed Water

A. Class B reclaimed water is wastewater that has undergone secondary treatment and disinfection.

B. An owner of a facility shall ensure that Class B reclaimed water meets the following criteria after disinfection treatment and before discharge to a reclaimed water distribution system:
1. The concentration of fecal coliform organisms in four of the last seven daily reclaimed water samples is less than 200 / 100 ml.
2. The single sample maximum concentration of fecal coliform organisms in a reclaimed water sample is less than 800 / 100 ml.

C. A person shall use a minimum of Class B reclaimed water for a type of direct reuse listed as Class B in Table A. A person may use Class B reclaimed water for a type of direct reuse listed as Class C in Table A. A person shall not use Class B reclaimed water for a type of direct reuse listed as Class A in Table A.

Historical Note
New Section adopted by final rulemaking at 7 A.A.R. 870, effective January 22, 2001 (Supp. 01-1).

R18-11-307. Class C Reclaimed Water

A. Class C reclaimed water is wastewater that has undergone secondary treatment in a series of wastewater stabilization ponds, including aeration, with or without disinfection.

B. The owner of a facility shall ensure that:
1. The total retention time of Class C reclaimed water in wastewater stabilization ponds is at least 20 days.
2. Class C reclaimed water meets the following criteria after treatment and before discharge to a reclaimed water distribution system:
   a. The concentration of fecal coliform organisms in four of the last seven reclaimed water samples taken is less than 1000 / 100 ml.

b. The single sample maximum concentration of fecal coliform organisms in a reclaimed water sample is less than 4000 / 100 ml.

C. A person shall use a minimum of Class C reclaimed water for a type of direct reuse listed as Class C in Table A. A person shall not use Class C reclaimed water for a type of direct reuse listed as Class A or Class B in Table A.

Historical Note
New Section adopted by final rulemaking at 7 A.A.R. 870, effective January 22, 2001 (Supp. 01-1).

R18-11-308. Industrial Reuse

A. The reclaimed water quality requirements for the following direct reuse applications are industry-specific and shall be determined by the Department on a case-by-case basis in a reclaimed water permit issued by the Department under 18 A.A.C. 9, Article 7:
1. Direct reuse of industrial wastewater containing sewage.
2. Direct reuse of industrial wastewater for the production or processing of any crop used as human or animal food.

B. The Department shall use best professional judgment to determine the reclaimed water quality requirements needed to protect public health and the environment for a type of direct reuse specified in subsection (A).

Historical Note
New Section adopted by final rulemaking at 7 A.A.R. 870, effective January 22, 2001 (Supp. 01-1).

R18-11-309. Reclaimed Water Quality Standards for an Unlisted Type of Direct Reuse

A. The Department may prescribe in an individual reclaimed water permit issued under 18 A.A.C. 9, Article 7, reclaimed water quality requirements for a type of direct reuse not listed in Table A. Before permitting a direct reuse of reclaimed water not listed in Table A, the Department shall, using its best professional judgment, determine and require compliance with reclaimed water quality requirements needed to protect public health and the environment.

B. Department may determine that Class A+, A, B+, B, or C reclaimed water is appropriate for a new type of direct reuse.

C. The Department shall consider the following factors when prescribing reclaimed water quality requirements for a new type of direct reuse:
1. The risk to public health;
2. The degree of public access to the site where the reclaimed water is reused and human exposure to the reclaimed water;
3. The level of treatment necessary to ensure that the reclaimed water is aesthetically acceptable;
4. The level of treatment necessary to prevent nuisance conditions;
5. Specific water quality requirements for the intended type of direct reuse;
6. The means of application of the reclaimed water;
7. The degree of treatment necessary to avoid a violation of surface water quality standards or aquifer water quality standards;
8. The potential for improper or unintended use of the reclaimed water;
9. The reuse guidelines, criteria, or standards adopted or recommended by the U.S. Environmental Protection Agency or other federal or state agencies that apply to the new type of direct reuse; and
10. Similar wastewater reclamation experience of reclaimed water providers in the United States.

Historical Note
New Section adopted by final rulemaking at 7 A.A.R. 870, effective January 22, 2001 (Supp. 01-1).

Table A. Minimum Reclaimed Water Quality Requirements for Direct Reuse

Type of Direct Reuse	Minimum Class of Reclaimed Water Required
Irrigation of food crops	A
Recreational impoundments	A
Residential landscape irrigation	A
Schoolground landscape irrigation	A
Open access landscape irrigation	A
Toilet and urinal flushing	A
Fire protection systems	A
Spray irrigation of an orchard or vineyard	A
Commercial closed loop air conditioning systems	A
Vehicle and equipment washing (does not include self-service vehicle washes)	A
Snowmaking	A
Surface irrigation of an orchard or vineyard	B
Golf course irrigation	B
Restricted access landscape irrigation	B
Landscape impoundment	B
Dust control	B
Soil compaction and similar construction activities	B
Pasture for milking animals	B
Livestock watering (dairy animals)	B
Concrete and cement mixing	B
Materials washing and sieving	B
Street cleaning	B
Pasture for non-dairy animals	C
Livestock watering (non-dairy animals)	C
Irrigation of sod farms	C
Irrigation of fiber, seed, forage, and similar crops	C
Silviculture	C

Note: Nothing in this Article prevents a wastewater treatment plant from using a higher quality reclaimed water for a type of direct reuse than the minimum class of reclaimed water listed in Table A. For example, a wastewater treatment plant may provide Class A reclaimed water for a type of direct reuse where Class B or Class C reclaimed water is acceptable.

Historical Note
New Table adopted by final rulemaking at 7 A.A.R. 870, effective January 22, 2001 (Supp. 01-1).

ARTICLE 4. AQUIFER WATER QUALITY STANDARDS

R18-11-401. Definitions

In addition to the definitions contained in A.R.S. §§ 49-101 and 49-201, the terms of this Article shall have the following meanings:
1. "Beta particle and photon radioactivity from man-made radionuclides" means all radionuclides emitting beta particles or photons, except Thorium-232, Uranium-235, Uranium-238 and their progeny.

2. "Dose equivalent" means the product of the absorbed dose from ionizing radiation and such factors as account for differences in biological effectiveness due to the type of radiation and its distribution in the body as specified by the International Commission on Radiological Units and Measurements.
3. "Drinking water protected use" means the protection and maintenance of aquifer water quality for human consumption.
4. "Gross alpha particle activity" means the total radioactivity due to alpha particle emission as inferred from measurements on a dry sample.
5. "Mg/l" means milligrams per liter.
6. "Millirem" means 1/1000 of a rem. A rem means the unit of dose equivalent from ionizing radiation to the total body or any internal organ or organ system.
7. "Non-drinking water protected use" means the protection and maintenance of aquifer water quality for a use other than for human consumption.
8. "pCi" means picocurie, or the quantity of radioactive material producing 2.22 nuclear transformations per minute.
9. "Total trihalomethanes" means the sum of the concentrations of the following trihalomethane compounds: trichloromethane (chloroform), dibromo-chloromethane, bromodichloromethane and tribromo-methane (bromoform).

Historical Note
Adopted effective January 4, 1990 (Supp. 90-1).
Amended effective August 14, 1992 (Supp. 92-3).

R18-11-402. Repealed

Historical Note
Adopted effective January 4, 1990 (Supp. 90-1).
Repealed effective August 14, 1992 (Supp. 92-3).

R18-11-403. Analytical Methods
Analysis of a sample to determine compliance with an aquifer water quality standard shall be in accordance with an analytical method specified in A.A.C. Title 9, Chapter 14, Article 6 or an alternative analytical method that is approved by the Director of the Arizona Department of Health Services pursuant to A.A.C. R9-14-610(C).

Historical Note
Adopted effective January 4, 1990 (Supp. 90-1).
Amended effective August 14, 1992 (Supp. 92-3).
Amended by final expedited rulemaking at 29 A.A.R. 2344 (October 6, 2023), with an immediate effective date of September 22, 2023 (Supp. 23-3).

R18-11-404. Laboratories
A test result from a sample taken to determine compliance with an aquifer water quality standard shall be valid only if the sample has been analyzed by a laboratory that is licensed by the Arizona Department of Health Services for the analysis performed.

Historical Note
Adopted effective January 4, 1990 (Supp. 90-1).
Amended effective August 14, 1992 (Supp. 92-3).

R18-11-405. Narrative Aquifer Water Quality Standards
A. A discharge shall not cause a pollutant to be present in an aquifer classified for a drinking water protected use in a concentration which endangers human health.
B. A discharge shall not cause or contribute to a violation of a water quality standard established for a navigable water of the state.
C. A discharge shall not cause a pollutant to be present in an aquifer which impairs existing or reasonably foreseeable uses of water in an aquifer.

Historical Note
Adopted effective January 4, 1990 (Supp. 90-1).
Amended effective August 14, 1992 (Supp. 92-3).

R18-11-406. Numeric Aquifer Water Quality Standards: Drinking Water Protected Use
A. The aquifer water quality standards in this Section apply to aquifers that are classified for drinking water protected use.
B. The following are the aquifer water quality standards for inorganic chemicals:

Pollutant	(mg/L)
Antimony	0.006
Arsenic	0.010
Asbestos	7 million fibers/liter (longer than 10 mm)
Barium	2
Bromate	0.010
Beryllium	0.004
Cadmium	0.005
Chlorite	1.0
Chromium	0.1
Cyanide (As Free Cyanide)	0.2
Fluoride	4.0
Lead	0.05
Mercury	0.002
Nickel	0.1
Nitrate (as N)	10
Nitrite (as N)	1
Nitrate and nitrite (as N)	10
Selenium	0.05
Thallium	0.002
Uranium	0.030

C. The following are the aquifer water quality standards for organic chemicals:

Pollutant	(mg/L)
Benzene	0.005
Benzo (a) pyrene	0.0002
Carbon Tetrachloride	0.005
o-Dichlorobenzene	0.6
para-Dichlorobenzene	0.075
1,2-Dichloroethane	0.005
1,1-Dichloroethylene	0.007
cis-1,2-Dichloroethylene	0.07
trans-1,2-Dichloroethylene	0.1
1,2-Dichloropropane	0.005
Dichloromethane	0.005
Di (2-ethylhexyl) adipate	0.4
Di (2-ethylhexyl) pthalate	0.006
Ethylbenzene	0.7
Haloacetic Acids	0.060
Hexachlorobenzene	0.001
Hexachlorocyclopentadiene	0.05
Monochlorobenzene	0.1
Pentachlorophenol	0.001

Styrene	0.1
2,3,7,8-TCDD (Dioxin)	0.00000003
Tetrachloroethylene	0.005
Toluene	1
Trihalomethanes (Total)	0.080
1,2,4-Trichlorobenzene	0.07
1,1,1-Trichloroethane	0.20
1,1,2-Trichloroethane	0.005
Trichloroethylene	0.005
Vinyl Chloride	0.002
Xylenes (Total)	10

D. The following are the aquifer water quality standards for pesticides and polychlorinated biphenyls (PCBs):

Pollutant	(mg/L)
Alachlor	0.002
Atrazine	0.003
Carbofuran	0.04
Chlordane	0.002
Dalapon	0.2
1,2-Dibromo-3-Chloropropane (DBCP)	0.0002
2,4,-Dichlorophenoxyacetic Acid(2,4-D)	0.07
Dinoseb	0.007
Diquat	0.02
Endothall	0.1
Endrin	0.002
Ethylene Dibromide (EDB)	0.00005
Glyphosate	0.7
Heptachlor	0.0004
Heptachlor Epoxide	0.0002
Lindane	0.0002
Methoxychlor	0.04
Oxamyl	0.2
Picloram	0.5
Polychlorinated Biphenols (PCBs)	0.0005
Simazine	0.004
Toxaphene	0.003
2,4,5-Trichlorophenoxypropionic Acid (2,4,5-TP or Silvex)	0.05

E. The following are the aquifer water quality standards for radionuclides:

1. The maximum concentration for gross alpha particle activity, including Radium-226 but excluding radon and uranium, shall not exceed 15 pCi/l.
2. The maximum concentration for combined Radium-226 and Radium-228 shall not exceed 5 pCi/l.
3. The average annual concentration of beta particle and photon radioactivity from man-made radionuclides shall not produce an annual dose equivalent to the total body or any internal organ greater than 4 millirem/year.
4. Except for the radionuclides listed in this subsection, the concentration of man-made radionuclides causing 4 millirem total body or organ dose equivalents shall be calculated on the basis of a 2-liter-per-day drinking water intake using the 168-hour data listed in "Maximum Permissible Body Burdens and Maximum Permissible Concentration of Radionuclides in Air or Water for Occupational Exposure," National Bureau of Standards Handbook 69, National Bureau of Commerce, as amended August 1963 (and no future editions), incorporated herein by reference and on file with the Office of the Secretary of State and with the Department. If two or more radionuclides are present, the sum of their annual dose equivalent to the total body or to any organ shall not exceed 4 millirem/year. The following average annual concentrations are assumed to produce a total body or organ dose of 4 millirem/year:

Radionuclide	Critical Organ	pCi/l
Tritium	Total body	20,000
Strontium-90	Bone Marrow	8

F. Aquifer water quality standard for microbiological contaminants. The aquifer water quality standard for microbiological contaminants is based upon the detection or non-detection of either Fecal Coliform or *E.coli* in a 100-milliliter sample, depending on the requirement in the permit.

1. If a routine sample for Fecal Coliform results in a detection, a 100-milliliter repeat sample of either Fecal Coliform or *E.coli* shall be taken within five days of becoming aware of the detection. A repeat sample for Fecal Coliform or for *E.coli* resulting in a detection following a routine Fecal Coliform sample that resulted in a detection constitutes a violation of the aquifer water quality standard for microbiological contaminants.
2. If a routine sample for *E.coli* results in a detection, a 100-milliliter repeat sample for *E.coli* shall be taken within five days of becoming aware of the detection. A repeat sample for *E.coli* resulting in a detection following a routine *E.coli* sample that resulted in a detection constitutes a violation of the aquifer water quality standard for microbiological contaminants.

G. The following are the aquifer water quality standards for turbidity:

1. One nephelometric turbidity unit as determined by a monthly average except that five or fewer nephelometric turbidity units may be allowed if it can be determined that the higher turbidity does not interfere with disinfection, prevent maintenance of effective disinfectant agents in water supply distribution systems, or interfere with microbiological determinations.
2. Five nephelometric turbidity units based on an average of two consecutive days.

Historical Note

Adopted effective January 4, 1990 (Supp. 90-1). Amended effective August 14, 1992 (Supp. 92-3). Amended effective May 26, 1994 (Supp. 94-2). Arsenic mg/L amended by final rulemaking at 31 A.A.R. 2199 (July 4, 2025), effective August 4, 2025; Bromate, Chlorite and Haloacetic Acids mg/L made and Trihalomethanes (Total) mg/L amended by final rulemaking at 31 A.A.R. 2210 (July 4, 2025), effective August 4, 2025; Subsection (F) amended by final rulemaking at 31 A.A.R. 2223 (July 4, 2025), effective August 4, 2025; Uranium mg/L made by final rulemaking at 31 A.A.R. 2242 (July 4, 2025), effective August 4, 2025 (Supp. 25-2).

R18-11-407. Aquifer Water Quality Standards in Reclassified Aquifers

A. All aquifers in the state are classified for drinking water protected use except for aquifers which are reclassified to a non-drinking water protected use pursuant to A.R.S. § 49-224 and A.A.C. R18-11-503.

B. Aquifer water quality standards for drinking water protected use apply to reclassified aquifers except where expressly superseded by aquifer water quality standards adopted pursuant to subsection (C).

C. The Director shall adopt, by rule, aquifer water quality standards for reclassified aquifers within one year of the date of the order reclassifying the aquifer to a nondrinking water protected use. The Director shall adopt aquifer water quality standards for reclassified aquifers only for pollutants that are specifically identified in a petition for reclassification as prescribed by A.R.S. § 49-223(E) and A.A.C. R18-11-503(B). Aquifer water quality standards for reclassified aquifers shall be sufficient to protect the use of the reclassified aquifer.

Historical Note
Adopted effective January 4, 1990 (Supp. 90-1).
Amended effective August 14, 1992 (Supp. 92-3).
Amended by final expedited rulemaking at 29 A.A.R. 2344 (October 6, 2023), with an immediate effective date of September 22, 2023 (Supp. 23-3).

R18-11-408. Petition for Adoption of a Numeric Aquifer Water Quality Standard

A. Any person may petition the Director to adopt, by rule, a numeric aquifer water quality standard for a pollutant for which no numeric aquifer water quality standard exists.

B. Petitions for adoption of a numeric aquifer water quality standard shall be filed with the Department and shall comply with the requirements applicable to petitions for rule adoption as provided by A.R.S. § 41-1033 and A.A.C. R18-1-302, except as otherwise provided by A.R.S. § 49-223 or this Section.

C. In addition to the requirements of A.A.C. R18-1-302, a petition for rule adoption to establish a numeric aquifer water quality standard shall include specific reference to:
1. Technical information that the pollutant is a toxic pollutant.
2. Technical information upon which the Director reasonably may base the establishment of a numeric aquifer water quality standard.
3. Evidence that the pollutant that is the subject of the petition is or may in the future be present in an aquifer or part of an aquifer that is classified for drinking water protected use. Evidence may include, but is not limited to, any of the following:
   a. A laboratory analysis of a water sample by a laboratory licensed by the Arizona Department of Health Services which indicates the presence of the pollutant in the aquifer.
   b. A hydrogeological study which demonstrates that the pollutant that is the subject of the petition may be present in an aquifer in the future. The hydrogeological study shall include the following:
      i. A description of the use that results in a discharge of the pollutant that is the subject of the petition.
      ii. A description of the mobility of the pollutant in the vadose zone and in the aquifer.
      iii. A description of the persistence of the pollutant in the vadose zone and in the aquifer.

D. Within 180 calendar days of the receipt of a complete petition for rule adoption to establish a numeric aquifer water quality standard, the Director shall make a written determination of whether the petition should be granted or denied. The Director shall give written notice by regular mail of the determination to the petitioner.

E. If the petition for rule adoption is granted, the Director shall initiate rulemaking proceedings to adopt a numeric aquifer water quality standard. The Director shall, within one year of the date that the petition for adoption of a numeric aquifer water quality standard is granted, either adopt a rule establishing a numeric aquifer water quality standard or publish a notice of termination of rulemaking in the Arizona Administrative Register.

F. If the petition for rule adoption is denied, the Director shall issue a denial letter to the petitioner which explains the reasons for the denial. The denial of a petition for rule adoption to establish a numeric aquifer water quality standard is not subject to judicial review.

Historical Note
Adopted effective January 4, 1990 (Supp. 90-1).

Appendix 1. Repealed

Historical Note
Adopted effective January 4, 1990 (Supp. 90-1).
Repealed effective August 14, 1992 (Supp. 92-3).

Appendix 2. Repealed

Historical Note
Adopted effective January 4, 1990 (Supp. 90-1).
Repealed effective August 14, 1992 (Supp. 92-3).

Appendix 3. Repealed

Historical Note
Adopted effective January 4, 1990 (Supp. 90-1).
Repealed effective August 14, 1992 (Supp. 92-3).

Appendix 4. Repealed

Historical Note
Adopted effective January 4, 1990 (Supp. 90-1).
Repealed effective August 14, 1992 (Supp. 92-3).

Appendix 5. Repealed

Historical Note
Adopted effective January 4, 1990 (Supp. 90-1).
Repealed effective August 14, 1992 (Supp. 92-3).

Appendix 6. Repealed

Historical Note
Adopted effective January 4, 1990 (Supp. 90-1).
Repealed effective August 14, 1992 (Supp. 92-3).

Appendix 7. Repealed

Historical Note
Adopted effective January 4, 1990 (Supp. 90-1).
Repealed effective August 14, 1992 (Supp. 92-3).

ARTICLE 5. AQUIFER BOUNDARY AND PROTECTED USE CLASSIFICATION

R18-11-501. Definitions

In addition to the definitions contained in A.R.S. § 49-201, the words and phrases of this Article shall have the following meaning:
1. "Drinking water protected use" means the protection and maintenance of aquifer water quality for human consumption.
2. "Hardrock areas containing little or no water" means areas of igneous or metamorphic rock which do not yield usable quantities of water.
3. "Nondrinking water protected use" means the protection and maintenance of aquifer water quality for a use other than human consumption.
4. "Usable quantities" means five gallons of water per day.

Historical Note

Adopted effective October 22, 1987 (Supp. 87-4).

R18-11-502. Aquifer Boundaries

A. Except as provided in subsection (B), aquifer boundaries for the aquifers in this state are identified and defined as being identical to the hydrologic basin and subbasin boundaries, as found by the Director of the Department of Water Resources, Findings and Order In the Matter of The Designation of Groundwater Basins and Subbasins In The State of Arizona (dated June 21, 1984), pursuant to A.R.S. §§ 45-403 and 45-404, which is incorporated herein by reference, on file and available for public inspection at the Department of Environmental Quality. No later amendments or editions are incorporated by reference.

B. Excluded from the boundaries of the aquifers are hard rock areas which contain little or no water, as identified in Plate 1 of the Department of Water Resources, Water Resource Hydrologic Map Series Report Number 2 (dated January 1981) and as further identified in the Bureau of Mines, University of Arizona County Geologic Map Series (individual county maps dated 1957 through 1960), which are incorporated herein by reference, on file and available for public inspection at the Department of Environmental Quality. No later amendments or editions are incorporated by reference.

C. The Director may, by rule, modify or add an aquifer boundary provided that one or more of the following applies:
1. The Department of Water Resources modifies the boundaries of its basins or subbasins.
2. The Director is made aware of new technical information or data which supports refinement of an aquifer boundary.

D. Facilities located outside of the boundaries defined in these rules shall be subject to A.R.S. § 49-241 except as provided therein.

Historical Note

Adopted effective October 22, 1987 (Supp. 87-4). Amended by final expedited rulemaking at 29 A.A.R. 2344 (October 6, 2023), with an immediate effective date of September 22, 2023 (Supp. 23-3).

R18-11-503. Petition for reclassification

A. Any person may petition the Director to reclassify an aquifer from a drinking water protected use to a nondrinking water protected use pursuant to A.R.S. § 49-224(C).

B. A written petition for reclassification pursuant to A.R.S. § 49-224(C) or A.R.S. § 49-224(D) shall be filed with the Department and shall include the following categories of information:
1. The proposed protected use for which the reclassification is being requested.
2. The pollutant and affected aquifer water quality standards for which the reclassification is being requested.
3. A hydrogeologic report which demonstrates that the aquifer proposed for reclassification is or will be hydrologically isolated, to the extent described in A.R.S. § 49-224(C)(1). This report and demonstration of hydrologic isolation for the area containing such aquifer, and immediate adjacent geologic units, shall include at least the following:
   a. Hydrogeologic area maps and cross sections.
   b. An analysis of subsurface geology, including geologic and hydrologic separation.
   c. Water level elevation or piezometric level contour maps.
   d. Analysis of hydrologic characteristics of the aquifer and the immediate adjacent geologic units.
   e. Description of existing water quality and analysis of water chemistry.
   f. Projected annual quantity of water to be withdrawn.
   g. Identification of pumping centers, cones of depression and areas of recharge.
   h. A water balance.
   i. Existing flow direction and evaluation of the effects of seasonal and future pumping on flow.
   j. An evaluation as to whether the reclassification will contribute to or cause a violation of aquifer water quality standards in other aquifers, or in parts of the aquifer not being proposed for reclassification.
4. Documentation demonstrating that water from the aquifer or part of the aquifer for which reclassification is proposed is not being used as drinking water. This documentation shall include at least the following:
   a. A list of all wells or springs including their location, ownership and use within the aquifer or part of the aquifer being proposed for reclassification.
   b. Identification of groundwater withdrawal rights, on file with the Department of Water Resources, within the aquifer or part of the aquifer being proposed for reclassification.
   c. A comprehensive list of agencies, persons and other information sources consulted for aquifer use documentation.
5. A cost-benefit analysis developed pursuant to the requirements of A.R.S. § 49-224(C)(3), except for petitions submitted pursuant to A.R.S. § 49-224(D). This analysis shall identify potential future uses of the aquifer being proposed for reclassification, as well as other opportunity costs associated with reclassification, and shall contain a description of the cost-benefit methodology used, including all assumptions, data, data sources and criteria considered and all supporting statistical analyses.

Historical Note

Adopted effective October 22, 1987 (Supp. 87-4).

R18-11-504. Agency Action on Petition

A. Upon receipt of a petition for reclassification, the Director shall review the petition for compliance with the requirements of R18-11-503. If additional information is necessary, the petitioner shall be notified of specific deficiencies in writing within 30 calendar days of receipt of the petition.

B. Within 120 calendar days after receipt of a complete petition, and after consultation with the appropriate advisory council pursuant to A.R.S. §§ 49-224(C), the Director shall make a final decision to grant or deny the petition and shall notify the petitioner of such decision and the reason for such determination in writing.

C. Upon a decision to grant a petition for aquifer reclassification, the Director shall initiate proceedings for promulgation of aquifer water quality standards and, if applicable, for aquifer boundary designation for the reclassified aquifers.

Historical Note

Adopted effective October 22, 1987 (Supp. 87-4). Amended by final expedited rulemaking at 29 A.A.R. 2344 (October 6, 2023), with an immediate effective date of September 22, 2023 (Supp. 23-3).

R18-11-505. Public participation

A. Within 30 days of receipt of a complete petition for reclassification filed pursuant to A.R.S. § 49-224(D), or if the Director deems it necessary to consider a reclassification under A.R.S. § 49-224(C), the Director shall give public notice of the proposed reclassification pursuant to A.A.C. R18-1-401.

B. The Director shall hold at least one public hearing at a location as near as practicable to the aquifer proposed for reclassification. The Director shall give notice of each public hearing and conduct the public hearing in accordance with the provisions of A.A.C. R18-1-402.

Historical Note
Adopted effective June 29, 1989 (Supp. 89-2).

R18-11-506. Rescission of Reclassification
The Director may, by rule, rescind an aquifer reclassification and return an aquifer to a drinking water protected use if he determines that any of the conditions under which the reclassification was granted are no longer valid. If the Director initiates a change under this Section, he shall consult with the appropriate advisory council pursuant to A.R.S. §§ 49-224(C).

Historical Note
Adopted effective October 22, 1987 (Supp. 87-4).
Amended by final expedited rulemaking at 29 A.A.R. 2344 (October 6, 2023), with an immediate effective date of September 22, 2023 (Supp. 23-3).

ARTICLE 6. IMPAIRED WATER IDENTIFICATION

Article 6, consisting of Sections R18-11-601 through R18-11-606, made by final rulemaking at 8 A.A.R. 3380, effective July 12, 2002 (Supp. 02-3).

R18-11-601. Definitions
In addition to the definitions established in A.R.S. §§ 49-201 and 49-231, and A.A.C. R18-11-101, the following terms apply to this Article:

1. "303(d) List" means the list of surface waters or segments required under section 303(d) of the Clean Water Act and A.R.S. Title 49, Chapter 2, Article 2.1, for which TMDLs are developed and submitted to EPA for approval.
2. "Attaining" means there is sufficient, credible, and scientifically defensible data to assess a surface water or segment and the surface water or segment does not meet the definition of impaired or not attaining.
3. "AZPDES" means the Arizona Pollutant Elimination Discharge System.
4. "Credible and scientifically defensible data" means data submitted, collected, or analyzed using:
   a. Quality assurance and quality control procedures under A.A.C. R18-11-602;
   b. Samples or analyses representative of water quality conditions at the time the data were collected;
   c. Data consisting of an adequate number of samples based on the nature of the water in question and the parameters being analyzed; and
   d. Methods of sampling and analysis, including analytical, statistical, and modeling methods that are generally accepted and validated by the scientific community as appropriate for use in assessing the condition of the water.
5. "Designated use" means those uses specified in 18 A.A.C. 11, Article 1 for each surface water or segment whether or not they are attaining.
6. "EPA" means the U.S. Environmental Protection Agency.
7. "Impaired water" means a Navigable water for which credible scientific data exists that satisfies the requirements of A.R.S. § 49-232 and that demonstrates that the water should be identified pursuant to 33 United States Code § 1313(d) and the regulations implementing that statute. A.R.S. § 49-231(1).
8. "Laboratory detection limit" means a "Method Reporting Limit" (MRL) or "Reporting Limit" (RL). These analogous terms describe the laboratory reported value, which is the lowest concentration level included on the calibration curve from the analysis of a pollutant that can be quantified in terms of precision and accuracy.
9. "Monitoring entity" means the Department or any person who collects physical, chemical, or biological data used for an impaired water identification or a TMDL decision.
10. "Naturally occurring condition" means the condition of a surface water or segment that would have occurred in the absence of pollutant loadings as a result of human activity.
11. "Not attaining" means a surface water is assessed as impaired, but is not placed on the 303(d) List because:
    a. A TMDL is prepared and implemented for the surface water;
    b. An action, which meets the requirements of R18-11-604(D)(2)(h), is occurring and is expected to bring the surface water to attaining before the next 303(d) List submission; or
    c. The impairment of the surface water is due to pollution but not a pollutant, for which a TMDL load allocation cannot be developed.
12. "NPDES" means National Pollutant Discharge Elimination System.
13. "Planning List" means a list of surface waters and segments that the Department will review and evaluate to determine if the surface water or segment is impaired and whether a TMDL is necessary.
14. "Pollutant" means dredged spoil, solid waste, incinerator residue, sewage, garbage, sewage sludge, munitions, chemical wastes, biological materials, radioactive materials, heat, wrecked or discarded equipment, rock, sand, cellar dirt and industrial, municipal, and agricultural waste discharged into water. 33 U.S.C. 1362(6). Characteristics of water, such as dissolved oxygen, pH, temperature, turbidity, and suspended sediment are considered pollutants if they result or may result in the non-attainment of a water quality standard.
15. "Pollution" means "the man-made or man-induced alteration of the chemical, physical, biological, and radiological integrity of water." 33 U.S.C. 1362(19).
16. "QAP" means a quality assurance plan detailing how environmental data operations are planned, implemented, and assessed for quality during the duration of a project.
17. "Sampling event" means one or more samples taken under consistent conditions on one or more days at a distinct station or location.
18. "SAP" means a site specific sampling and analysis plan that describes the specifics of sample collection to ensure that data quality objectives are met and that samples collected and analyzed are representative of surface water conditions at the time of sampling.
19. "Spatially independent sample" means a sample that is collected at a distinct station or location. The sample is independent if the sample was collected:
    a. More than 200 meters apart from other samples, or

b. Less than 200 meters apart, and collected to characterize the effect of an intervening tributary, outfall or other pollution source, or significant hydrographic or hydrologic change.

20. "Temporally independent sample" means a sample that is collected at the same station or location more than seven days apart from other samples.
21. "Threatened" means that a surface water or segment is currently attaining its designated use, however, trend analysis, based on credible and scientifically defensible data, indicates that the surface water or segment is likely to be impaired before the next listing cycle.
22. "TMDL" means total maximum daily load.
23. "TMDL decision" means a decision by the Department to:
    a. Prioritize an impaired water for TMDL development,
    b. Develop a TMDL for an impaired water, or
    c. Develop a TMDL implementation plan.
24. *"Total maximum daily load" means an estimation of the total amount of a pollutant from all sources that may be added to a water while still allowing the water to achieve and maintain applicable surface water quality standards. Each total maximum daily load shall include allocations for sources that contribute the pollutant to the water, as required by section 303(d) of the clean water act (33 United States Code section 1313(d)) and regulations implementing that statute to achieve applicable surface water quality standards.* A.R.S. § 49-231(4).
25. "Water quality standard" means a standard composed of designated uses (classification of waters), the numerical and narrative criteria applied to the specific water uses or classification, the antidegradation policy, and moderating provisions, for example, mixing zones, site-specific alternative criteria, and exemptions, in A.A.C. Title 18, Chapter 11, Article 1.
26. "WQARF" means the water quality assurance revolving fund established under A.R.S. § 49-282.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3380, effective July 12, 2002 (Supp. 02-3).

R18-11-602. Credible Data

A. Data are credible and relevant to an impaired water identification or a TMDL decision when:

1. Quality Assurance Plan. A monitoring entity, which contribute data for an impaired water identification or a TMDL decision, provides the Department with a QAP that contains, at a minimum, the elements listed in subsections (A)(1)(a) through (A)(1)(f). The Department may accept a QAP containing less than the required elements if the Department determines that an element is not relevant to the sampling activity and that its omission will not impact the quality of the results based upon the type of pollutants to be sampled, the type of surface water, and the purpose of the sampling.
    a. An approval page that includes the date of approval and the signatures of the approving officials, including the project manager and project quality assurance manager;
    b. A project organization outline that identifies all key personnel, organizations, and laboratories involved in monitoring, including the specific roles and responsibilities of key personnel in carrying out the procedures identified in the QAP and SAP, if applicable;
    c. Sampling design and monitoring data quality objectives or a SAP that meets the requirements of subsection (A)(2) to ensure that:
        i. Samples are spatially and temporally representative of the surface water,
        ii. Samples are representative of water quality conditions at the time of sampling, and
        iii. The monitoring is reproducible;
    d. The following field sampling information to assure that samples meet data quality objectives:
        i. Sampling and field protocols for each parameter or parametric group, including the sampling methods, equipment and containers, sample preservation, holding times, and any analysis proposed for completion in the field or outside of a laboratory;
        ii. Field and laboratory methods approved under subsection (A)(5);
        iii. Handling procedures to identify samples and custody protocols used when samples are brought from the field to the laboratory for analysis;
        iv. Quality control protocols that describe the number and type of field quality control samples for the project that includes, if appropriate for the type of sampling being conducted, field blanks, travel blanks, equipment blanks, method blanks, split samples, and duplicate samples;
        v. Procedures for testing, inspecting, and maintaining field equipment;
        vi. Field instrument calibration procedures that describe how and when field sampling and analytical instruments will be calibrated;
        vii. Field notes and records that describe the conditions that require documentation in the field, such as weather, stream flow, transect information, distance from water edge, water and sample depth, equipment calibration measurements, field observations of watershed activities, and bank conditions. Indicate the procedures implemented for maintaining field notes and records and the process used for attaching pertinent information to monitoring results to assist in data interpretation;
        viii. Minimum training and any specialized training necessary to do the monitoring, that includes the proper use and calibration of field equipment used to collect data, sampling protocols, quality assurance/quality control procedures, and how training will be achieved;
    e. Laboratory analysis methods and quality assurance/quality control procedures that assure that samples meet data quality objectives, including:
        i. Analytical methods and equipment necessary for analysis of each parameter, including identification of approved laboratory methods described in subsection (A)(5), and laboratory detection limits for each parameter;
        ii. The name of the designated laboratory, its license number, if licensed by the Arizona Department of Health Services, and the name

of a laboratory contact person to assist the Department with quality assurance questions;
iii. Quality controls that describe the number and type of laboratory quality control samples for the project, including, if appropriate for the type of sampling being conducted, field blanks, travel blanks, equipment blanks, method blanks, split samples, and duplicate samples;
iv. Procedures for testing, inspecting, and maintaining laboratory equipment and facilities;
v. A schedule for calibrating laboratory instruments, a description of calibration methods, and a description of how calibration records are maintained; and
vi. Sample equipment decontamination procedures that outline specific methods for sample collection and preparation of equipment, identify the frequency of decontamination, and describe the procedures used to verify decontamination;

f. Data review, management, and use that includes the following:
i. A description of the data handling process from field to laboratory, from laboratory to data review and validation, and from validation to data storage and use. Include the role and responsibility of each person for each step of the process, type of database or other storage used, and how laboratory and field data qualifiers are related to the laboratory result;
ii. Reports that describe the intended frequency, content, and distribution of final analysis reports and project status reports;
iii. Data review, validation, and verification that describes the procedure used to validate and verify data, the procedures used if errors are detected, and how data are accepted, rejected, or qualified; and
iv. Reconciliation with data quality objectives that describes the process used to determine whether the data collected meets the project objectives, which may include discarding data, setting limits on data use, or revising data quality objectives.

2. Sampling and analysis plan.
a. A monitoring entity shall develop a SAP that contains, at a minimum, the following elements:
i. The experimental design of the project, the project goals and objectives, and evaluation criteria for data results;
ii. The background or historical perspective of the project;
iii. Identification of target conditions, including a discussion of whether any weather, seasonal variations, stream flow, lake level, or site access may affect the project and the consideration of these factors;
iv. The data quality objectives for measurement of data that describe in quantitative and qualitative terms how the data meet the project objectives of precision, accuracy, completeness, comparability, and representativeness;
v. The types of samples scheduled for collection;
vi. The sampling frequency;
vii. The sampling periods;
viii. The sampling locations and rationale for the site selection, how site locations are benchmarked, including scaled maps indicating approximate location of sites; and
ix. A list of the field equipment, including tolerance range and any other manufacturer's specifications relating to accuracy and precision.

b. The Department may accept a SAP containing less than the required elements if the Department determines that an element is not relevant to the sampling activity and that its omission will not impact the quality of the results based upon the type of pollutants to be samples, the type of surface water, and the purpose of the sampling.

3. The monitoring entity may include any of the following in the QAP or SAP:
a. The name, title, and role of each person and organization involved in the project, identifying specific roles and responsibilities for carrying out the procedures identified in the QAP and SAP;
b. A distribution list of each individual and organization receiving a copy of the approved QAP and SAP;
c. A table of contents;
d. A health and safety plan;
e. The inspection and acceptance requirements for supplies;
f. The data acquisition that describes types of data not obtained through this monitoring activity, but used in the project;
g. The audits and response actions that describe how field, laboratory, and data management activities and sampling personnel are evaluated to ensure data quality, including a description of how the project will correct any problems identified during these assessments; and
h. The waste disposal methods that identify wastes generated in sampling and methods for disposal of those wastes.

4. Exceptions. The Department may determine that the following data are also credible and relevant to an impaired water identification or TMDL decision when data were collected, provided the conditions in subsections (A)(5), (A)(6), and (B) are met, and where the data were collected in the surface water or segment being evaluated for impairment:
a. The data were collected before July 12, 2002 and the Department determines that the data yield results of comparable reliability to the data collected under subsections (A)(1) and (A)(2);
b. The data were collected after July 12, 2002 as part of an ongoing monitoring effort by a governmental agency and the Department determines that the data yield results of comparable reliability to the data collected under subsections (A)(1) and (A)(2); or
c. The instream water quality data were or are collected under the terms of a NPDES or AZPDES permit or a compliance order issued by the Department or EPA, a consent decree signed by the Department or EPA, or a sampling program approved by the Department or EPA under WQARF or CERCLA, and the Department determines that the data yield results of comparable reliability to data collected under subsections (A)(1) and (A)(2).

5. Data collection, preservation, and analytical procedures. The monitoring entity shall collect, preserve, and analyze data using methods of sample collection, preservation, and analysis established under A.A.C. R9-14-610.
6. Laboratory. The monitoring entity shall ensure that chemical and toxicological samples are analyzed in a state-licensed laboratory, a laboratory exempted by the Arizona Department of Health Services for specific analyses, or a federal or academic laboratory that can demonstrate proper quality assurance/quality control procedures substantially equal to those required by the Arizona Department of Health Services, and shall ensure that the laboratory uses approved methods identified in A.A.C. R9-14-610.

B. Documentation for data submission. The monitoring entity shall provide the Department with the following information either before or with data submission:
1. A copy of the QAP or SAP, or both, revisions to a previously submitted QAP or SAP, and any other information necessary for the Department to evaluate the data under subsection (A)(4);
2. The applicable dates of the QAP and SAP, including any revisions;
3. Written assurance that the methods and procedures specified in the QAP and SAP were followed;
4. The name of the laboratory used for sample analyses and its certification number, if the laboratory is licensed by the Arizona Department of Health Services;
5. The quality assurance/quality control documentation, including the analytical methods used by the laboratory, method number, detection limits, and any blank, duplicate, and spike sample information necessary to properly interpret the data, if different from that stated in the QAP or SAP;
6. The data reporting unit of measure;
7. Any field notes, laboratory comments, or laboratory notations concerning a deviation from standard procedures, quality control, or quality assurance that affects data reliability, data interpretation, or data validity; and
8. Any other information, such as complete field notes, photographs, climate, or other information related to flow, field conditions, or documented sources of pollutants in the watershed, if requested by the Department for interpreting or validating data.

C. Recordkeeping. The monitoring entity shall maintain all records, including sample results, for the duration of the listing cycle. If a surface water or segment is added to the Planning List or to the 303(d) List, the Department shall coordinate with the monitoring entity to ensure that records are kept for the duration of the listing.

Historical Note
New Section made by final rulemaking at 8 A.A.R. 3380, effective July 12, 2002 (Supp. 02-3).

R18-11-603. General Data Interpretation Requirements

A. The Department shall use the following data conventions to interpret data for impaired water identifications and TMDL decisions:
1. Data reported below laboratory detection limits.
   a. When the analytical result is reported as <X, where X is the laboratory detection limit for the analyte and the laboratory detection limit is less than or equal to the surface water quality standard, consider the result as meeting the water quality standard:
      i. Use these statistically derived values in trend analysis, descriptive statistics or modeling if there is sufficient data to support the statistical estimation of values reported as less than the laboratory detection limit; or
      ii. Use one-half of the value of the laboratory detection limit in trend analysis, descriptive statistics, or modeling, if there is insufficient data to support the statistical estimation of values reported as less than the laboratory detection limit.
   b. When the sample value is less than or equal to the laboratory detection limit but the laboratory detection limit is greater than the surface water quality standard, shall not use the result for impaired water identifications or TMDL decisions;
2. Identify the field equipment specifications used for each listing cycle or TMDL developed. A field sample measurement within the manufacturer's specification for accuracy meets surface water quality standards;
3. Resolve a data conflict by considering the factors identified under the weight-of-evidence determination in R18-11-605(B);
4. When multiple samples from a surface water or segment are not spatially or temporally independent, or when lake samples are from multiple depths, use the following resultant value to represent the specific dataset:
   a. The appropriate measure of central tendency for the dataset for:
      i. A pollutant listed in the surface water quality standards 18 A.A.C. 11, Article 1, Appendix A, Table 1, except for nitrate or nitrate/nitrite;
      ii. A chronic water quality standard for a pollutant listed in 18 A.A.C. 11, Article 1, Appendix A, Table 2;
      iii. A surface water quality standard for a pollutant that is expressed as an annual or geometric mean;
      iv. The surface water quality standard for temperature or the single sample maximum water quality standard for suspended sediment concentration, nitrogen, and phosphorus in R18-11-109;
      v. The surface water quality standard for radiochemicals in R18-11-109(G); or
      vi. Except for chromium, all single sample maximum water quality standards in R18-11-112.
   b. The maximum value of the dataset for:
      i. The acute water quality standard for a pollutant listed in 18 A.A.C. 11, Article 1, Appendix A, Table 2 and acute water quality standard in R18-11-112;
      ii. The surface water quality standard for nitrate or nitrate/nitrite in 18 A.A.C. 11, Article 1, Appendix A, Table 1;
      iii. The single sample maximum water quality standard for bacteria in subsections R18-11-109(A); or
      iv. The 90th percentile water quality standard for nitrogen and phosphorus in R18-11-109(F) and R18-11-112.
   c. The worst case measurement of the dataset for:
      i. Surface water quality standard for dissolved oxygen under R18-11-109(E). For purposes of

this subsection, worst case measurement means the minimum value for dissolved oxygen;

ii. Surface water quality standard for pH under R18-11-109(B). For purposes of this subsection, "worst case measurement" means both the minimum and maximum value for pH.

B. The Department shall not use the following data for placing a surface water or segment on the Planning List, the 303(d) List, or in making a TMDL decision.
1. Any measurement outside the range of possible physical or chemical measurements for the pollutant or measurement equipment,
2. Uncorrected data transcription errors or laboratory errors, and
3. An outlier identified through statistical procedures, where further evaluation determines that the outlier represents a valid measure of water quality but should be excluded from the dataset.

C. The Department may employ fundamental statistical tests if appropriate for the collected data and type of surface water when evaluating a surface water or segment for impairment or in making a TMDL decision. The statistical tests include descriptive statistics, frequency distribution, analysis of variance, correlation analysis, regression analysis, significance testing, and time series analysis.

D. The Department may employ modeling when evaluating a surface water or segment for impairment or in making a TMDL decision, if the method is appropriate for the type of waterbody and the quantity and quality of available data meet the requirements of R18-11-602. Modeling methods include:
1. Better Assessment Science Integrating Source and Nonpoint Sources (BASINS),
2. Fundamental statistics, including regression analysis,
3. Hydrologic Simulation Program-Fortran (HSPF),
4. Spreadsheet modeling, and
5. Hydrologic Engineering Center (HEC) programs developed by the Army Corps of Engineers.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3380, effective July 12, 2002 (Supp. 02-3).

R18-11-604. Types of Surface Waters Placed on the Planning List and 303(d) List

A. The Department shall evaluate, at least every five years, Arizona's surface waters by considering all readily available data.
1. The Department shall place a surface water or segment on:
   a. The Planning List if it meets any of the criteria described in subsection (D), or
   b. The 303(d) List if it meets the criteria for listing described in subsection (E).
2. The Department shall remove a surface water or segment from the Planning List based on the requirements in R18-11-605(E)(1) or from the 303(d) List, based on the requirements in R18-11-605(E)(2).
3. The Department may move surface waters or segments between the Planning List and the 303(d) List based on the criteria established in R18-11-604 and R18-11-605.

B. When placing a surface water or segment on the Planning List or the 303(d) List, the Department shall list the stream reach, derived from EPA's Reach File System or National Hydrography Dataset, or the entire lake, unless the data indicate that only a segment of the stream reach or lake is impaired or not attaining its designated use, in which case, the Department shall describe only that segment for listing.

C. Exceptions. The Department shall not place a surface water or segment on either the Planning List or the 303(d) List if the non-attainment of a surface water quality standard is due to one of the following:
1. Pollutant loadings from naturally occurring conditions alone are sufficient to cause a violation of applicable water quality standards;
2. The data were collected within a mixing zone or under a variance or nutrient waiver established in a NPDES or AZPDES permit for the specific parameter and the result does not exceed the alternate discharge limitation established in the permit. The Department may use data collected within these areas for modeling or allocating loads in a TMDL decision; or
3. An activity exempted under R18-11-117, R18-11-118, or a condition exempted under R18-11-119.

D. Planning List.
1. The Department shall:
   a. Use the Planning List to prioritize surface waters for monitoring and evaluation as part of the Department's watershed management approach;
   b. Provide the Planning List to EPA; and
   c. Evaluate each surface water and segment on the Planning List for impairment based on the criteria in R18-11-605(D) to determine the source of the impairment.
2. The Department shall place a surface water or segment on the Planning List based the criteria in R18-11-605(C). The Department may also include a surface water or segment on the Planning List when:
   a. A TMDL is completed for the pollutant and approved by EPA;
   b. The surface water or segment is on the 1998 303(d) List but the dataset used for the listing:
      i. Does not meet the credible data requirements of R18-11-602, or
      ii. Contains insufficient samples to meet the data requirements under R18-11-605(D);
   c. Some monitoring data exist but there are insufficient data to determine whether the surface water or segment is impaired or not attaining, including:
      i. A numeric surface water quality standard is exceeded, but there are not enough samples or sampling events to fulfill the requirements of R18-11-605(D);
      ii. Evidence exists of a narrative standard violation, but the amount of evidence is insufficient, based on narrative implementation procedures and the requirements of R18-11-605(D)(3);
      iii. Existing monitoring data do not meet credible data requirements in R18-11-602; or
      iv. A numeric surface water quality standard is exceeded, but there are not enough sample results above the laboratory detection limit to support statistical analysis as established in R18-11-603(A)(1).
   d. The surface water or segment no longer meets the criteria for impairment based on a change in the applicable surface water quality standard or a designated use approved by EPA under section 303(c)(1) of the Clean Water Act, but insufficient current or original monitoring data exist to determine whether

the surface water or segment will meet current surface water quality standards;

e. Trend analysis using credible and scientifically defensible data indicate that surface water quality standards may be exceeded by the next assessment cycle;

f. The exceedance of surface water quality standards is due to pollution, but not a pollutant;

g. Existing data were analyzed using methods with laboratory detection limits above the numeric surface water quality standard but analytical methods with lower laboratory detection limits are available;

h. The surface water or segment is expected to attain its designated use by the next assessment as a result of existing or proposed technology-based effluent limitations or other pollution control requirements under local, state, or federal authority. The appropriate entity shall provide the Department with the following documentation to support placement on the Planning List:

i. Verification that discharge controls are required and enforceable;

ii. Controls are specific to the surface water or segment, and pollutant of concern;

iii. Controls are in place or scheduled for implementation; and

iv. There are assurances that the controls are sufficient to bring about attainment of water quality standards by the next 303(d) List submission; or

i. The surface water or segment is threatened due to a pollutant and, at the time the Department submits a final 303(d) List to EPA, there are no federal regulations implementing section 303(d) of the Clean Water Act that require threatened waters be included on the list.

E. 303(d) List. The Department shall:

1. Place a surface water or segment on the 303(d) List if the Department determines:
   a. Based on R18-11-605(D), that the surface water or segment is impaired due to a pollutant and that a TMDL decision is necessary; or
   b. That the surface water or segment is threatened due to a pollutant and, at the time the Department submits a final 303(d) List to EPA, there are federal regulations implementing section 303(d) of the Clean Water Act that require threatened waters be included on the list.
2. Provide public notice of the 303(d) List according to the requirements of A.R.S. § 49-232 and submit the 303(d) List according to section 303(d) of the Clean Water Act.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3380, effective July 12, 2002 (Supp. 02-3).

R18-11-605. Evaluating A Surface Water or Segment For Listing and Delisting

A. The Department shall compile and evaluate all reasonably current, credible, and scientifically defensible data to determine whether a surface water or segment is impaired or not attaining.

B. Weight-of-evidence approach.

1. The Department shall consider the following concepts when evaluating data:
   a. Data or information collected during critical conditions may be considered separately from the complete dataset, when the data show that the surface water or segment is impaired or not attaining its designated use during those critical conditions, but attaining its uses during other periods. Critical conditions may include stream flow, seasonal periods, weather conditions, or anthropogenic activities;
   b. Whether the data indicate that the impairment is due to persistent, seasonal, or recurring conditions. If the data do not represent persistent, recurring, or seasonal conditions, the Department may place the surface water or segment on the Planning List;
   c. Higher quality data over lower quality data when making a listing decision. Data quality is established by the reliability, precision, accuracy, and representativeness of the data, based on factors identified in R18-11-602(A) and (B), including monitoring methods, analytical methods, quality control procedures, and the documented field and laboratory quality control information submitted with the data. The Department shall consider the following factors when determining higher quality data:
      i. The age of the measurements. Newer measurements are weighted heavier than older measurements, unless the older measurements are more representative of critical flow conditions;
      ii. Whether the data provide a direct measure of an impact on a designated use. Direct measurements are weighted heavier than measurements of an indicator or surrogate parameter; or
      iii. The amount or frequency of the measurements. More frequent data collection are weighted heavier than nominal datasets.
2. The Department shall evaluate the following factors to determine if the water quality evidence supports a finding that the surface water or segment is impaired or not attaining:
   a. An exceedance of a numeric surface water quality standard based on the criteria in subsections (C)(1), (C)(2), (D)(1), and (D)(2);
   b. An exceedance of a narrative surface water quality standard based on the criteria in subsections (C)(3) and (D)(3);
   c. Additional information that determines whether a water quality standard is exceeded due to a pollutant, suspected pollutant, or naturally occurring condition:
      i. Soil type, geology, hydrology, flow regime, biological community, geomorphology, climate, natural process, and anthropogenic influence in the watershed;
      ii. The characteristics of the pollutant, such as its solubility in water, bioaccumulation potential, sediment sorption potential, or degradation characteristics, to assist in determining which data more accurately indicate the pollutant's presence and potential for causing impairment; and
      iii. Available evidence of direct or toxic impacts on aquatic life, wildlife, or human health, such as fish kills and beach closures, where there is sufficient evidence that these impacts occurred

due to water quality conditions in the surface water.

d. Other available water quality information, such as NPDES or AZPDES water quality discharge data, as applicable.

e. If the Department determines that a surface water or segment does not merit listing under numeric water quality standards based on criteria in subsections (C)(1), (C)(2), (D)(1), or (D)(2) for a pollutant, but there is evidence of a narrative standard exceedance in that surface water or segment under subsection (D)(3) as a result of the presence of the same pollutant, the Department shall list the surface water or segment as impaired only when the evidence indicates that the numeric water quality standard is insufficient to protect the designated use of the surface water or segment and the Department justifies the listing based on any of the following:

i. The narrative standard data provide a more direct indication of impairment as supported by professionally prepared and peer-reviewed publications;

ii. Sufficient evidence of impairment exists due to synergistic effects of pollutant combinations or site-specific environmental factors; or

iii. The pollutant is bioaccumulative, relatively insoluble in water, or has other characteristics that indicate it is occurring in the specific surface water or segment at levels below the laboratory detection limits, but at levels sufficient to result in an impairment.

3. The Department may consider a single line of water quality evidence when the evidence is sufficient to demonstrate that the surface water or segment is impaired or not attaining.

C. Planning List.

1. When evaluating a surface water or segment for placement on the Planning List.

a. Consider at least ten spatially or temporally independent samples collected over three or more temporally independent sampling events; and

b. Determine numeric water quality standards exceedances. The Department shall:

i. Place a surface water or segment on the Planning List following subsection (B), if the number of exceedances of a surface water quality standard is greater than or equal to the number listed in Table 1, which provides the number of exceedances that indicate a minimum of a 10 percent exceedance frequency with a minimum of a 80 percent confidence level using a binomial distribution for a given sample size; or

ii. For sample datasets exceeding those shown in Table 1, calculate the number of exceedances using the following equation: $(X \geq x | n, p)$ where n = number of samples; p = exceedance probability of 0.1; x = smallest number of exceedances required for listing with "n" samples; and confidence level ≥ 80 percent.

Table 1. Minimum Number of Samples Exceeding the Numeric Standard

MINIMUM NUMBER OF SAMPLES EXCEEDING THE NUMERIC STANDARD								
Number of Samples		Number of Samples Exceeding Standard	Number of Samples		Number of Samples Exceeding Standard	Number of Samples		Number of Samples Exceeding Standard
From	To		From	To		From	To	
10	15	3	173	181	22	349	357	41
16	23	4	182	190	23	358	367	42
24	31	5	191	199	24	368	376	43
32	39	6	200	208	25	377	385	44
40	47	7	209	218	26	386	395	45
48	56	8	219	227	27	396	404	46
57	65	9	228	236	28	405	414	47
66	73	10	237	245	29	415	423	48
74	82	11	246	255	30	424	432	49
83	91	12	256	264	31	433	442	50
92	100	13	265	273	32	443	451	51
101	109	14	274	282	33	452	461	52
110	118	15	283	292	34	462	470	53
119	126	16	293	301	35	471	480	54
127	136	17	302	310	36	481	489	55
137	145	18	311	320	37	490	499	56
146	154	19	321	329	38	500		57
155	163	20	330	338	39			
164	172	21	339	348	40			

2. When there are less than ten samples, the Department shall place a surface water or segment on the Planning List following subsection (B), if three or more temporally independent samples exceed the following surface water quality standards:

a. The surface water quality standard for a pollutant listed in 18 A.A.C. 11, Article 1, Appendix A, Table 1, except for nitrate or nitrate/nitrite;
b. The surface water quality standard for temperature or the single sample maximum water quality standard for suspended sediment concentration, nitrogen, and phosphorus in R18-11-109;
c. The surface water quality standard for radiochemicals in R18-11-109(G);
d. The surface water quality standard for dissolved oxygen under R18-11-109(E);
e. The surface water quality standard for pH under R18-11-109(B); or
f. The following surface water quality standards in R18-11-112:
   i. Single sample maximum standards for nitrogen and phosphorus,
   ii. All metals except chromium, or
   iii. Turbidity.

3. The Department shall place a surface water or segment on the Planning List if information in subsections (B)(2)(c), (B)(2)(d), and (B)(2)(e) indicates that a narrative water quality standard violation exists, but no narrative implementation procedure required under A.R.S. § 49-232(F) exists to support use of the information for listing.

D. 303(d) List.

1. When evaluating a surface water or segment for placement on the 303(d) List.
   a. Consider at least 20 spatially or temporally independent samples collected over three or more temporally independent sampling events; and
   b. Determine numeric water quality standards exceedances. The Department shall:
      i. Place a surface water or segment on the 303(d) List, following subsection (B), if the number of exceedances of a surface water quality standard is greater than or equal to the number listed in Table 2, which provides the number of exceedances that indicate a minimum of a 10 percent exceedance frequency with a minimum of a 90 percent confidence level using a binomial distribution, for a given sample size; or
      ii. For sample datasets exceeding those shown in Table 2, calculate the number of exceedances using the following equation: $(X \geq x \mid n, p)$ where n = number of samples; p = exceedance probability of 0.1; x = smallest number of exceedances required for listing with "n" samples; and confidence level ≥ 90 percent.

Table 2. Minimum Number of Samples Exceeding the Numeric Standard

MINIMUM NUMBER OF SAMPLES EXCEEDING THE NUMERIC STANDARD								
Number of Samples		Number of Samples Exceeding Standard	Number of Samples		Number of Samples Exceeding Standard	Number of Samples		Number of Samples Exceeding Standard
From	To		From	To		From	To	
20	25	5	174	182	24	344	352	43
26	32	6	183	191	25	353	361	44
33	40	7	192	199	26	362	370	45
41	47	8	200	208	27	371	379	46
48	55	9	209	217	28	380	388	47
56	63	10	218	226	29	389	397	48
64	71	11	227	235	30	398	406	49
72	79	12	236	244	31	407	415	50
80	88	13	245	253	32	416	424	51
89	96	14	254	262	33	425	434	52
97	104	15	263	270	34	435	443	53
105	113	16	271	279	35	444	452	54
114	121	17	280	288	36	453	461	55
122	130	18	289	297	37	462	470	56
131	138	19	298	306	38	471	479	57
139	147	20	307	315	39	480	489	58
148	156	21	316	324	40	490	498	59
157	164	22	325	333	41	499	500	60
165	173	23	334	343	42			

2. The Department shall place a surface water or segment on the 303(d) List, following subsection (B) without the required number of samples or numeric water quality standard exceedances under subsection (D)(1), if either the following conditions occur:
   a. More than one temporally independent sample in any consecutive three-year period exceeds the surface water quality standard in:
      i. The acute water quality standard for a pollutant listed in 18 A.A.C. 11, Article 1, Appendix A, Table 2 and the acute water quality standards in R18-11-112;
      ii. The surface water quality standard for nitrate or nitrate/nitrite in 18 A.A.C. 11, Article 1, Appendix A, Table 1; or

iii. The single sample maximum water quality standard for bacteria in subsections R18-11-109(A).

b. More than one exceedance of an annual mean, 90th percentile, aquatic and wildlife chronic water quality standard, or a bacteria 30-day geometric mean water quality standard occurs, as specified in R18-11-109, R18-11-110, R18-11-112, or 18 A.A.C. 11, Article 1, Appendix A, Table 2.

3. Narrative water quality standards exceedances. The Department shall place a surface water or segment on the Planning List if the listing requirements are met under A.R.S. § 49-232(F).

E. Removing a surface water, segment, or pollutant from the Planning List or the 303(d) List.

1. Planning List. The Department shall remove a surface water, segment, or pollutant from the Planning List when:
   a. Monitoring activities indicate that:
      i. There is sufficient credible data to determine that the surface water or segment is impaired under subsection (D), in which case the Department shall place the surface water or segment on the 303(d) List. This includes surface waters with an EPA approved TMDL when the Department determines that the TMDL strategy is insufficient for the surface water or segment to attain water quality standards; or
      ii. There is sufficient credible data to determine that the surface water or segment is attaining all designated uses and standards.
   b. All pollutants for the surface water or segment are delisted.
2. 303(d) List. The Department shall:
   a. Remove a pollutant from a surface water or segment from the 303(d) List based on one or more of the following criteria:
      i. The Department developed, and EPA approved, a TMDL for the pollutant;
      ii. The data used for previously listing the surface water or segment under R18-11-605(D) is superseded by more recent credible and scientifically defensible data meeting the requirements of R18-11-602, showing that the surface water or segment meets the applicable numeric or narrative surface water quality standard. When evaluating data to remove a pollutant from the 303(d) List, the monitoring entity shall collect the more recent data under similar hydrologic or climatic conditions as occurred when the samples were taken that indicated impairment, if those conditions still exist;
      iii. The surface water or segment no longer meets the criteria for impairment based on a change in the applicable surface water quality standard or a designated use approved by EPA under section 303(c)(1) of the Clean Water Act;
      iv. The surface water or segment no longer meets the criteria for impairment for the specific narrative water quality standard based on a change in narrative water quality standard implementation procedures;
      v. A re-evaluation of the data indicate that the surface water or segment does not meet the criteria for impairment because of a deficiency in the original analysis; or
      vi. Pollutant loadings from naturally occurring conditions alone are sufficient to cause a violation of applicable water quality standards;
   b. Remove a surface water, segment, or pollutant from the 303(d) List, based on criteria that are no more stringent than the listing criteria under subsection (D);
   c. Remove a surface water or segment from the 303(d) List if all pollutants for the surface water or segment are removed from the list;
   d. Remove a surface water, segment, or pollutant, from the 303(d) List and place it on the Planning List, if:
      i. The surface water, segment or pollutant was on the 1998 303(d) List and the dataset used in the original listing does not meet the credible data requirements under R18-11-602, or contains insufficient samples to meet the data requirements under subsection (D); or
      ii. The monitoring data indicate that the impairment is due to pollution, but not a pollutant.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3380, effective July 12, 2002 (Supp. 02-3).

R18-11-606. TMDL Priority Criteria for 303(d) Listed Surface Waters or Segments

A. In addition to the factors specified in A.R.S. § 49-233(C), the Department shall consider the following when prioritizing an impaired water for development of TMDLs:

1. A change in a water quality standard;
2. The date the surface water or segment was added to the 303(d) List;
3. The presence in a surface water or segment of species listed as threatened or endangered under section 4 of the Endangered Species Act;
4. The complexity of the TMDL;
5. State, federal, and tribal policies and priorities; and
6. The efficiencies of coordinating TMDL development with the Department's surface water monitoring program, the watershed monitoring rotation, or with remedial programs.

B. The Department shall prioritize an impaired surface water or segment for TMDL development based on the factors specified in A.R.S. § 49-233(C) and subsection (A) as follows:

1. Consider an impaired surface water or segment a high priority if:
   a. The listed pollutant poses a substantial threat to the health and safety of humans, aquatic life, or wildlife based on:
      i. The number and type of designated uses impaired;
      ii. The type and extent of risk from the impairment to human health, aquatic life, or wildlife;
      iii. The pollutant causing the impairment, or
      iv. The severity, magnitude, and duration the surface water quality standard was exceeded;
   b. A new or modified individual NPDES or AZPDES permit is sought for a new or modified discharge to the impaired water;
   c. The listed surface water or segment is listed as a unique water in A.A.C. R18-11-112 or is part of an area classified as a "wilderness area," "wild and sce-

nic river," or other federal or state special protection of the water resource;
d. The listed surface water or segment contains a species listed as threatened or endangered under the federal Endangered Species Act and the presence of the pollutant in the surface water or segment is likely to jeopardize the listed species;
e. A delay in conducting the TMDL could jeopardize the Department's ability to gather sufficient credible data necessary to develop the TMDL;
f. There is significant public interest and support for the development of a TMDL;
g. The surface water or segment has important recreational and economic significance to the public; or
h. The pollutant is listed for eight years or more.

2. Consider an impaired surface water or segment a medium priority if:
a. The surface water or segment fails to meet more than one designated use;
b. The pollutant exceeds more than one surface water quality standard;
c. A surface water quality standard exceedance is correlated to seasonal conditions caused by natural events, such as storms, weather patterns, or lake turnover;
d. It will take more than two years for proposed actions in the watershed to result in the surface water attaining applicable water quality standards;
e. The type of pollutant and other factors relating to the surface water or segment make the TMDL complex; or
f. The administrative needs of the Department, including TMDL schedule commitments with EPA, permitting requirements, or basin priorities that require completion of the TMDL.

3. Consider an impaired surface water or segment a low priority if:
a. The Department has formally submitted a proposal to delist the surface water, segment, or pollutant to EPA based on R18-11-605(E)(2). If the Department makes the submission outside the listing process cycle, the change in priority ranking will not be effective until EPA approves the submittal;
b. The Department has modified, or formally proposed for modification, the designated use or applicable surface water quality standard, resulting in an impaired water no longer being impaired, but the modification has not been approved by EPA;
c. The surface water or segment is expected to attain surface water quality standards due to any of the following:
i. Recently instituted treatment levels or best management practices in the drainage area,
ii. Discharges or activities related to the impairment have ceased, or
iii. Actions have been taken and controls are in place or scheduled for implementation that will likely to bring the surface water back into compliance;
d. The surface water or segment is ephemeral or intermittent. The Department shall re-prioritize the surface water or segment if the presence of the pollutant in the listed water poses a threat to the health and safety of humans, aquatic life, or wildlife using the water, or the pollutant is contributing to the impairment of a downstream perennial surface water or segment;
e. The pollutant poses a low ecological and human health risk;
f. Insufficient data exist to determine the source of the pollutant load;
g. The uncertainty of timely coordination with national and international entities concerning international waters;
h. Naturally occurring conditions are a major contributor to the impairment; and
i. No documentation or effective analytical tools exist to develop a TMDL for the surface water or segment with reasonable accuracy.

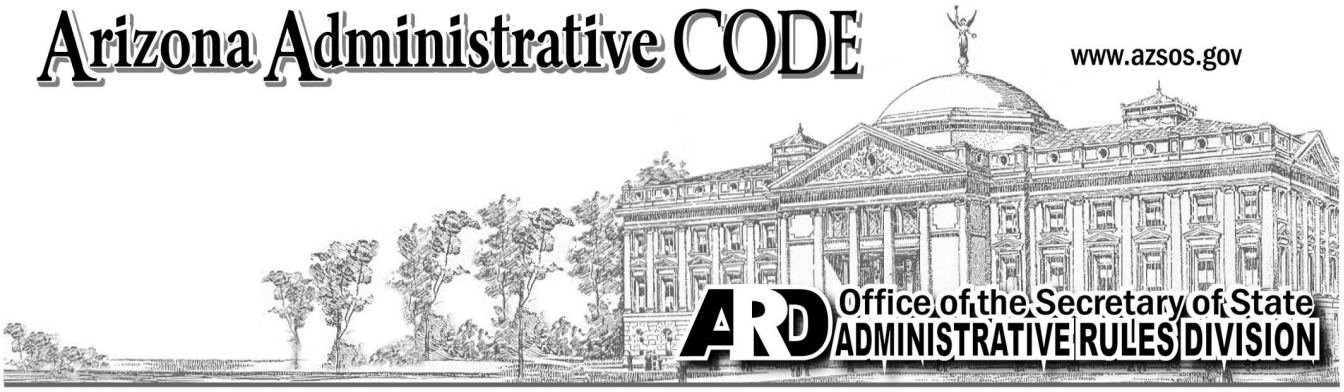
C. The Department will target surface waters with high priority factors in subsections (B)(1)(a) through (B)(1)(d) for initiation of TMDLs within two years following EPA approval of the 303(d) List.

D. The Department may shift priority ranking of a surface water or segment for any of the following reasons:
1. A change in federal, state, or tribal policies or priorities that affect resources to complete a TMDL;
2. Resource efficiencies for coordinating TMDL development with other monitoring activities, including the Department's ambient monitoring program that monitors watersheds on a five-year rotational basis;
3. Resource efficiencies for coordinating TMDL development with Department remedial or compliance programs;
4. New information is obtained that will revise whether the surface water or segment is a high priority based on factors in subsection (B); and
5. Reduction or increase in staff or budget involved in the TMDL development.

E. The Department may complete a TMDL initiated before July 12, 2002 for a surface water or segment that was listed as impaired on the 1998 303(d) List but does not qualify for listing under the criteria in R18-11-605, if:
1. The TMDL investigation establishes that the water quality standard is not being met and the allocation of loads is expected to bring the surface water into compliance with standards,
2. The Department estimates that more than 50 percent of the cost of completing the TMDL has been spent,
3. There is community involvement and interest in completing the TMDL, or
4. The TMDL is included within an EPA-approved state workplan initiated before July 12, 2002.

Historical Note
New Section made by final rulemaking at 8 A.A.R. 3380, effective July 12, 2002 (Supp. 02-3).

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ARIZONA ADMINISTRATIVE CODE

TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

20 A.A.C. 5

Supplement Information
Supp. 26-3

The Industrial Commission of Arizona made a clerical error when it filed the Dental Codes for codification in this Chapter in supplement 26-2. The Dental Codes were not intended for publication and at the request of the Commission have been removed. The Dental Codes are incorporated by reference and available on the Commission's website after requestors agree to terms and conditions required under the Commission's agreement with the American Dental Association (Supp. 26-3).

For questions, contact:

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The release of this Chapter in Supp. 26-3 replaces Supp. 26-2, 1-601 pages. Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained and archived for future reference.

Preface

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

Rules

The definition for a rule is provided for under A.R.S. § 41-1001. "'*Rule' means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.*"

The *Arizona Administrative Code*

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then a Section number with a heading. The "R" at the beginning of the Section number stands for "rule." The rule itself includes sequential letters and numbers in an outline. Each lettered or numbered Section is called a subsection of the rule.

Rules are codified quarterly in the *Code*. For example:

Rules codified in the first quarter are filed between January 1 through March 31.

Rules codified in the second quarter are filed between April 1 through June 30.

Rules codified in the third quarter are filed between July 1 through September 30.

Rules codified in the fourth quarter are filed between October 1 through December 31.

Supplement release dates are included in the footers of each Chapter. The first supplement for the first quarter of 2026 is cited as Supp. 26-1. Supplements are released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

How to Use the *Code*

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Register* for recent updates to rule Sections.

Authentication of PDF *Code* Chapters

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document's content has been compromised.

Rule History

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Arizona Administrative Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

Arizona Revised Statutes References

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature's website, www.azleg.gov. An agency's authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

Session Law References

Arizona Session Law references in a Chapter can be found at the Secretary of State's website, www.azsos.gov under Services-> Legislative Filings.

Exemptions to the APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency's exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor's notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

Personal and Commercial Use of the Chapter

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Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Authority: A.R.S. §§ 23-107(A)(1) and 23-405(4)

Supp. 26-3

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Article 2, consisting of Sections R20-5-201 through R20-5-224, repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

Article 2, consisting of Sections R4-13-201 through R4-13-222, adopted effective July 6, 1993 (Supp. 93-3).

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Article 7, consisting of Sections R20-5-701 through R20-5-739, repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

Article 7, consisting of new Sections R20-5-701 through R20-5-739, adopted effective September 9, 1998 (Supp. 98-3).

R20-5-701 through R20-5-708 recodified from R4-13-701 through R4-13-708 (Supp. 95-1).

Article 7, consisting of Sections R4-13-701 through R4-13-708, transferred to the Department of Agriculture, Title 3, Chapter 8, Article 7, Sections R3-8-201 through R3-8-208, pursuant to Laws 1990, Ch. 374, Sec. 445 (Supp. 91-3).

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Article 9, consisting of Sections R20-5-901 through R20-5-914, expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

Former Article 9 consisting of Sections R4-13-901 through R4-13-906 repealed effective May 27, 1977. R20-5-901 through R20-5-914 recodified from R4-13-901 through R4-13-914 (Supp. 95-1).

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APPENDIX A. ARIZONA PHYSICIANS' AND PHARMACEUTICAL FEE SCHEDULE 2026/2027

Editor's Note: Fee schedules are available for download in pdf and an Excel spreadsheet at the Arizona Industrial Commission's website, https://www.azica.gov/arizona-physicians-fee-schedule.

Editor's Note: In 2025 an amendment was added to A.R.S. § 23-908(I) which removed the requirement of the Industrial Commission of Arizona to publish its Notice of Exempt Rulemaking of the Arizona Physicians' and Pharmaceutical Fee Schedule in the Arizona Administrative Register. Therefore, there are no references to the publication in the A.A.R. of the notice in historical notes in Supp. 25-2. The original notice is on file with the Division and available for review online at www.azsos.gov/rules under the "Notices" link, file number R25-111.

Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule repealed; new Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule made by exempt rulemaking effective May 1, 2026, file number R26-90 (Supp. 26-2).

Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule repealed; new Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).

Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule repealed; new Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule made by exempt rulemaking at 30 A.A.R. 1093 (May 24, 2024), effective May 1, 2024 (Supp. 24-2).

Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule repealed; new Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3).

Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule repealed; new Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3).

Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule repealed; new Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3).

Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule repealed; new Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3).

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ARTICLE 1. WORKERS' COMPENSATION CLAIMS DIVISION

R20-5-101. Application of the Article; Notice of Rules

A. This Article applies to all actions and proceedings before the Commission resulting from:
1. Injuries that occurred on or after January 1, 1969;
2. Petitions to Reopen or Petitions for Readjustment or Rearrangement of Compensation filed on or after that date.

B. The Commission deems all parties to have knowledge of this Article.

C. The Commission shall provide a copy of this Article upon request to any person free of charge.

Historical Note

Former Rule 1. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-101 recodified from R4-13-101 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 14 A.A.R. 4530, effective, December 2, 2008 (Supp. 08-4). Amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-102. Definitions

In this Article, unless the context otherwise requires:

"Act" means the Arizona Workers' Compensation Act, A.R.S. Title 23, Ch. 6, Articles 1 through 12.

"Authorized representative" means an individual authorized by law to act on behalf of a party who files with the Commission a written instrument advising of the individual's authority to act on behalf of the party.

"Business days" means all days except Saturdays, Sundays, and state legal holidays.

"Carrier" means every insurance carrier authorized by the Arizona Department of Insurance and Financial Institutions to underwrite workers' compensation insurance in Arizona.

"Claimant" means any person who is entitled to apply for benefits under the Act.

"Filing" means actual receipt of a paper or electronic Commission date-stamped report, document, instrument, videotape, audiotape, or other matter at a Commission office or through the ICA Community.

"ICA Community" means the Commission's self-service electronic claims portal.

"Physician" means a licensed physician or other licensed practitioner of the healing arts.

"Self-insured employer" means an employer or workers' compensation pool granted authority by the Commission to self-insure for workers' compensation.

"Uninsured employer" means an employer that is subject to and fails to comply with A.R.S. §§ 23-961 or 23-962.

Historical Note

Former Rule 2. R20-5-102 recodified from R4-13-102 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-103. Location of Industrial Commission Offices and Office Hours

The principal office of the Industrial Commission of Arizona is located in Phoenix, Arizona. An office is also located in Tucson, Arizona. The offices are open on business days from 8:00 a.m. until 5:00 p.m.

Historical Note

Former Rule 3. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-103 recodified from R4-13-103 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-104. Address of Claimant and Uninsured Employer

A. A claimant or their authorized representative shall advise in writing to the Commission and carrier or self-insured employer of the claimant's current mailing address and place of residence. If a claimant files a workers' compensation claim against an uninsured employer, the claimant shall advise the special fund division of the claimant's current mailing address and place of residence.

B. An uninsured employer or their authorized representative against whom a claimant files a workers' compensation claim shall advise in writing the special fund division of the uninsured employer's current mailing address and place or places of business.

C. Providing the address of a claimant's or uninsured employer's attorney or authorized representative is not sufficient to meet the requirements of this Section.

Historical Note

Former Rule 4. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-104 recodified from R4-13-104 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-105. Filing Requirements; Time for Filing; Computation of Time; Service of Awards and Other Matters from the Claims Division

A. A report, document, instrument, videotape, audiotape, or other matter required to be filed with the Commission under A.R.S. § 23-901 et seq. and this Article shall be filed within the time required by law and this Article.

B. For purposes of computing time under this Article, the following applies:
1. The Commission shall not include in the computation of time the day of the act or event from which the designated period begins to run.
2. The Commission shall include in the computation of time the last day of the designated period, unless the last day is a Saturday, Sunday, or state legal holiday, in which event the period runs until the end of the next business day.
3. If the period of time prescribed is less than 11 days, the Commission shall not include intermediate Saturdays, Sundays, or state legal holidays in the computation of time.

C. The Commission shall deem a report, document, instrument, videotape, audiotape, or other matter filed at the Tucson office as filed at the principal office for purposes of computing time.

D. An award, notice, document, or other matter required by the Act, this Article, or other law to be served from the Commission shall be made upon a party or, if represented, the party's

authorized representative. Service upon the authorized representative is service upon the party.

E. Service may be made and is deemed complete by:
1. Depositing the document or matter in the United States mail, with postage prepaid, addressed to the party served at the address as shown by the records of the Commission;
2. Personal service in the same manner as a summons is served in a civil action; or
3. Through the chosen method of service in the Commission "ICA Community."

F. If "three consecutive mailings" are returned as non-deliverable it is sufficient evidence of nonconformity with R20-5-104 and considered an abandonment of the claim.

Historical Note
Former Rule 5. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-105 recodified from R4-13-105 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-106. Claims Division Forms

A. The following forms, and accompanying instruction sheets, are available at http://www.azica.gov or upon request from the Commission Claims Division, and shall be used when applicable:
1. Employer Report of Injury,
2. Worker's and Physician's Report of Injury,
3. Worker's Report of Injury,
4. Dependent Benefits Claim,
5. Notice of Claim Status,
6. Carrier's Recommended Average Monthly Wage Calculation,
7. Request to Leave the State,
8. Request to Change Doctors,
9. Request for Hearing,
10. Notice of Suspension of Benefits,
11. Notice of Permanent Disability Benefits,
12. Notice of Death Benefits,
13. Notice of Permanent Disability and Request for Determination of Benefits,
14. Notice of Supportive Medical Maintenance Benefits,
15. Petition to Reopen,
16. Petition for Rearrangement,
17. Annual Report of Income,
18. Notice of Intent to Suspend,
19. Permanent Compensation Payment Plan,
20. Compliant of Bad Faith and Unfair Claim Processing Practices,
21. Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material,
22. Professional Employer Agreement,
23. Employee Rejection of Terms,
24. Employee Revocation of Rejection of Terms,
25. Administer Account Request,
26. Change, Combine or Delete Request,
27. Request to Maintain an Out-of-State Claims Office,
28. Medical Treatment Preauthorization.

B. Forms prescribed under subsection (A) shall not be changed, amended, or otherwise altered without the prior written approval of the Commission.

Historical Note
Former Rule 6. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-106 recodified from R4-13-106 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 15 A.A.R. 991, effective June 2, 2009 (Supp. 09-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3). Amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-107. Manner of Completion of Forms and Documents

A. An individual completing a form or document shall fill out the form or document legibly and completely.

B. A party shall sign any form or document that is required by A.R.S. § 23-1028(D).

C. A party or a party's authorized representative shall sign all other forms or documents that are required under the Act, this Chapter, or other laws.

D. If, within the time period prescribed by law, a party files an illegible or incomplete form or document, the Commission shall serve notice to the party that the form or document fails to comply with this Section. The Commission deems the report or document timely filed if the party files a properly completed and signed form or document within 14 days after the Commission serves the notice described in this subsection.

Historical Note
Former Rule 7. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-107 recodified from R4-13-107 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-108. Confidentiality of a Commission Claims File; Reproduction and Inspection of a Commission Claims File

A. Except as provided in this Section, a claims file maintained by the Commission is private and confidential and the Commission shall not make the claims file available for inspection and copying. For purposes of this Section, "claims file" means the official record maintained by the Commission for a claimant's industrial injury including the worker's report of injury, employer's report of injury, worker and physician's report of injury, and all other reports, records, instruments, videotapes, audiotapes, transcripts, and other matters scanned or otherwise placed into the file.

B. The Commission shall make a Commission claims file or transcript relating to a current or prior claim of a claimant available for inspection and copying to any person or authorized representative that is a party to any proceeding currently or previously before the Commission involving the same claimant.

C. The Commission shall not make a Commission claims file or transcript available to a non-party for inspection and copying unless the Commission receives a court order or written authorization signed by the affected claimant or the affected claimant's authorized representative.

D. A Commission claims file shall not be removed from a Commission office unless in the custody of an authorized representative of the Commission.

Historical Note

Former Rule 8. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-108 recodified from R4-13-108 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-109. Employer Duty to Report Fatality

If an employee dies as a result of an injury by accident arising out of and in the course of employment, the employer shall report the death to the Commission's claims division no later than the next business day following the death. The report shall state the name of the employee, when, how, and where the accident occurred, and the nature of the condition causing the accident. This Section does not limit or affect an employer's duty to report a death to the Arizona Division of Occupational Safety and Health of the Commission as required under R20-5-629.

Historical Note

Former Rule 9. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-109 recodified from R4-13-109 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-109 renumbered to R20-5-224; new Section R20-5-109 renumbered from R20-5-110 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-110. Request for Autopsy

If a claim is filed for compensation for death from an industrial injury and an autopsy is requested, the expense of the autopsy shall be borne by the requesting party.

Historical Note

Former Rule 10. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-110 recodified from R4-13-110 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-110 renumbered to R20-5-109; new Section R20-5-110 renumbered from R20-5-111 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-111. Physician's Initial Report of Injury

A. A physician shall complete and file with the Commission a physician's initial report of injury under A.R.S. § 23-908(A) within eight days after first providing treatment to an injured worker. The physician shall report the injury:
1. Using the Worker's and Physician's Report of Injury, or
2. Attaching a medical report that contains the information required in the Worker's and Physician's Report of Injury.

B. The physician shall sign and date the Worker's and Physician's Report of Injury or the medical report. The signature of the physician may be typewritten or stamped on this form.

C. If a claimant uses the Worker's and Physician's Report of Injury to initiate a claim, either the injured worker or the injured worker's authorized representative shall sign the worker's portion of the Worker's and Physician's Report of Injury.

Historical Note

Former Rule 11. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-111 recodified from R4-13-111 (Supp. 95-1). Section R20-5-111 renumbered to R20-5-110; new Section R20-5-111 renumbered from R20-5-112 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-112. Physician's Duty to Provide Signed Reports; Rating of Impairment of Function; Restriction Against Interruption or Suspension of Benefits; Change of Physician

A. If a claimant's disability extends beyond seven days, every physician who attends, treats, or examines the claimant shall provide to the carrier, self-insured employer, or special fund division, at least once every 30 days while the claimant's disability continues, a personally signed report describing the:
1. Claimant's condition,
2. Nature of treatment, and
3. Current work status.

B. When a physician discharges a claimant from treatment, the physician:
1. Shall determine whether the claimant has sustained any impairment of function resulting from the industrial injury. The physician should rate the percentage of impairment using the standards for the evaluation of permanent impairment as published in the 6th edition of the American Medical Association Guides to the Evaluation of Permanent Impairment, published January 2008, if applicable; and
2. Shall provide a final signed report to the carrier, self-insured employer, or special fund division that details the rating of impairment and the clinical findings that support the rating.

C. A carrier, self-insured employer, and special fund division shall not interrupt or suspend a claimant's temporary disability compensation benefits because a physician fails to comply with any requirement of subsection (A).

D. A carrier, self-insured employer, and special fund division may withhold payment to a physician for services rendered to a claimant until the physician complies with subsection (A).

E. Upon application of a party, the Commission shall authorize a change of physician if any of the following applies:
1. The Commission determines that the health, life, or recovery of a claimant is hindered, endangered, or impaired;
2. The attending physician agrees to the change or is unavailable to continue treatment;
3. The Commission determines that the relationship between the attending physician and claimant renders further progress or improvement unlikely;
4. The Commission determines that the claimant's recovery may be expedited by a change of physician or conditions of treatment; or
5. The carrier, self-insured employer, or special fund division agrees to the change.

F. Except as provided in A.R.S. § 23-1070 and this subsection, a claimant who is examined by a physician under A.R.S. § 23-908(F) is not required to obtain written authorization to change to another physician. If, however, the claimant continues to see, or treat with, a physician who the claimant initially saw or treated with under A.R.S. § 23-908(F), then that physician is an attending physician, and the claimant shall obtain written authorization to change under A.R.S. § 23-1071(B) if the claimant seeks to change to another physician.

G. Within 10 days of a request, a claimant shall provide to a party in a Commission proceeding involving the claimant, a release of information authorizing any attending, treating, or examining medical provider to provide records described in A.R.S. § 23-908(A).

Historical Note

Former Rule 12. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-112 recodified from R4-13-112 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-112 renumbered to R20-5-111; new Section R20-5-112 renumbered from R20-5-113 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-113. Examination at Request of Commission, Carrier or Employer

A. If the Commission or a party requests an examination of a claimant by a physician, the party requesting the examination shall serve the claimant, or if represented, the claimant's attorney of record, with notice of the time, date, place, and physician conducting the examination at least 15 days before the scheduled date of the examination.

B. If a claimant unreasonably fails to attend or promptly advise of the claimant's inability to attend an examination under this Section, the party requesting the examination may charge the claimant or deduct from the claimant's entitlement to present or future temporary or permanent disability compensation, any reasonable expense of the missed appointment.

C. If a carrier, self-insured employer, or special fund division requests an examination of a claimant's mental or physical condition under A.R.S. § 23-1026, the carrier, self-insured employer, or special fund division shall immediately, upon receipt of the report of the examination, provide a copy of the report to the claimant or the claimant's authorized representative. If the mental condition of an unrepresented claimant is examined under A.R.S. § 23-1026, the carrier, self-insured employer, or special fund division may, in its discretion, provide the report to the claimant's treating physician rather than to the claimant.

Historical Note

Former Rule 13. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-113 recodified from R4-13-113 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-113 renumbered to R20-5-112; new Section R20-5-113 renumbered from R20-5-114 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-114. Request to Leave the State

A. The effective date of an order granting or denying a request to leave the state under A.R.S. § 23-1071(A) is the date a claimant files a request to leave the state with the Commission.

B. For purposes of A.R.S. § 23-1071(A):

1. "Leave the state" means to travel across the state border, except when the logical or nearest medical facility is situated across the state border;
2. "While the necessity of having medical treatment continues" means the period in which a claimant asserts an entitlement to temporary compensation, or active medical, surgical, or hospital benefits; and
3. "From the date the employee first requested the written approval" means from the date the claimant's request is filed with the Commission.

Historical Note

Former Rule 14. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-114 recodified from R4-13-114 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-114 renumbered to R20-5-113; new Section R20-5-114 renumbered from R20-5-115 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-115. Payment of Claimant's Travel Expenses When Directed to Report for Medical Examination or Treatment

A. If a claimant is directed by a carrier, self-insured employer, or special fund division to report for a medical examination or treatment in a locality other than either the claimant's current place of residence or employment, the carrier, self-insured employer, or special fund division shall pay, in advance, the claimant's travel expenses from either the claimant's current place of residence or employment, whichever route of travel is required.

B. For purposes of this Section, "travel expenses" means those expenses required to be paid under A.R.S. § 23-1026(A).

C. The carrier, self-insured employer, or special fund division shall calculate travel expenses using the current rates applicable to state employees.

Historical Note

Former Rule 15. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-115 recodified from R4-13-115 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-115 renumbered to R20-5-114; new Section R20-5-115 renumbered from R20-5-116 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-116. Medical, Surgical, Hospital, and Burial Expenses

A. A carrier, self-insured employer, or special fund division, shall pay bills for medical, surgical, and hospital benefits provided under A.R.S. § 23-901 et seq. according to applicable medical and surgical fee schedules adopted by the Commission and in effect at the time the services are rendered. A physician or provider of nursing, hospital, drug or other medical services shall itemize and submit a bill for payment only to the responsible carrier, self-insured employer, or special fund division.

B. Medical treatment or services shall not be delayed or cancelled due to payment requirements or billing disputes with any carrier, self-insured employer, or special fund division on any accepted workers' compensation claim.

C. A medical provider, their agent or debt collector shall not seek payment from any claimant for any disputed or unpaid amounts that are the responsibility of the carrier, self-insured employer, or special fund division.

D. If a claimant pays a bill described in subsection (A), the responsible carrier, self-insured employer, or special fund division shall reimburse the claimant the amount allowed by the fee schedules, provided that the claimant presents receipted vouchers or other proof of payment to support the claim for reimbursement.

E. If an insured employer pays a bill described in subsection (A), the responsible carrier or self-insured employer shall reimburse the employer the amount allowed by the fee schedules, provided that the employer presents receipted vouchers or

other proof of payment to support the claim for reimbursement.

F. A carrier, self-insured employer, or special fund division may pay any authorized burial expenses directly to the funeral service professional.

G. If an employee's dependent pays burial expenses, the responsible carrier, self-insured employer, or special fund division shall reimburse the dependent the amount authorized by A.R.S. § 23-1046 provided that the dependent presents proof of payment to support the claim for reimbursement.

H. If an insured employer pays burial expenses, the responsible carrier or self-insured employer shall reimburse the employer to the extent authorized by A.R.S. § 23-1046 provided that the employer presents proof of payment to support the claim for reimbursement.

Historical Note

Former Rule 16. Amended subsections (A) and (B) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Correction to subsection (A) as certified effective March 1, 1987 (Supp. 88-4). R20-5-116 recodified from R4-13-116 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-116 renumbered to R20-5-115; new Section R20-5-116 renumbered from R20-5-117 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-117. Effective Date of Notices of Claim Status and Other Determinations; Attachments to Notices of Claim Status; Form of Notices of Claim Status

A. If a notice of claim status accepting a claim for benefits is final, any subsequent notice of claim status that changes a claimant's amount of, or entitlement to, compensation or medical, surgical, or hospital benefits shall not have a retroactive effect for more than 30 days from the date a carrier or self-insured employer issues the subsequent notice of claim status. This subsection does not apply to a subsequent notice that affects the entitlement to or amount of death benefits. The Commission may for good cause relieve a carrier or self-insured employer of the effect of this subsection.

B. If a notice of claim status or other determination issued by a carrier, self-insured employer, or special fund division, is based upon a physician's report:

1. The carrier, self-insured employer, or special fund division shall attach a copy of the physician's complete report to the notice of claim status or other determination sent to the Commission; and
2. The carrier, self-insured employer, or special fund division shall attach a copy of the physician's complete report to the notice of claim status or other determination served on a party, except as provided in R20-5-113(C).

C. If a carrier, self-insured employer, or special fund division pays compensation to a claimant:

1. The carrier or self-insured employer shall close the claim by issuing a notice of claim status; and
2. The special fund division shall close the claim by issuing a notice of determination.

D. The inadvertent failure of a carrier, self-insured employer, or special fund division to comply with subsection (B) shall not affect the validity of a notice or determination if the carrier, self-insured employer, or special fund division issuing the notice or determination had in its possession at the time the notice or determination is issued a medical report consistent with the notice or determination.

Historical Note

Former Rule 17. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-117 recodified from R4-13-117 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-117 renumbered to R20-5-116; new Section R20-5-117 renumbered from R20-5-118 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-118. Notice of Third-party Settlement

A. Except as otherwise provided by law, if an employer is insured for workers' compensation insurance and a claimant, or in the event of death, the claimant's dependent, elects to proceed against a third party, the claimant shall notify the appropriate workers' compensation carrier, or self-insured employer, of any settlement or judgment in the third party suit and the basis upon which the claimant and third party agree to disburse the proceeds of the settlement or judgment.

B. If an employer is uninsured for workers' compensation insurance and a claimant, or in the event of death, the claimant's dependent, elects to proceed against a third party, the claimant shall notify the special fund division of any settlement or judgment in the third-party suit and the basis upon which the claimant and third party agree to disburse the proceeds of the settlement or judgment.

C. If a lawsuit is filed against a third party, the claimant or the claimant's attorney shall provide copies of pleadings and all offers of settlement to the workers' compensation carrier, self-insured employer, or special fund division to whom notice is required under subsections (A) and (B).

Historical Note

Former Rule 18. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-118 recodified from R4-13-118 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-118 renumbered to R20-5-117; new Section R20-5-118 renumbered from R20-5-119 at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-119. Rejection of the Act

If an employee serves upon an employer written notice under A.R.S. § 23-906(B), rejecting the provisions of the Act, the employer shall keep one copy of the rejection in the employer's business records.

Historical Note

Former Rule 19. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-119 recodified from R4-13-119 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-119 renumbered to R20-5-118; new Section R20-5-119 renumbered from R20-5-123 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-120. Rejection Not Applicable to New Employment

A. An election by an employee to reject the Act is not binding upon the employee in a new employment by another employer or following re-employment by the same employer.

B. If an employee is continuously employed and the employer changes workers' compensation carriers, form of doing busi-

ness, or becomes self-insured, the prior rejection is valid and remains in full force and effect.

Historical Note

Former Rule 20. Amended subsections (A) and (B) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-120 recodified from R4-13-120 (Supp. 95-1). Section R20-5-120 renumbered to R20-5-220; new Section R20-5-120 renumbered from R20-5-124 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-121. Rejection Before an Employer Complies with A.R.S. §§ 23-961(A) and 23-906(D)

An employee's rejection of the Act received by an employer before the employer complies with the requirements of A.R.S. §§ 23-961(A) or 23-906(D) is valid and continues in full force and effect whether the employer subsequently obtains workers' compensation coverage under A.R.S. § 23-961(A), posts the notice required under A.R.S. § 23-906(D), or makes available the forms required under A.R.S. § 23-906(D).

Historical Note

Former Rule 21. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-121 recodified from R4-13-121 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 10 A.A.R. 724, effective February 3, 2004 (Supp. 04-1). Amended by final rulemaking at 11 A.A.R. 2973, effective July 12, 2005 (Supp. 05-3). Amended by final rulemaking at 13 A.A.R. 4139, effective November 6, 2007 (Supp. 07-4). Section R20-5-121 renumbered to R20-5-301; new Section R20-5-121 renumbered from R20-5-125 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-122. Revocation of Rejection

A. An employee who rejects the Act may revoke that rejection by serving upon the employee's employer an original and one copy of a written notice of revocation. The written revocation shall state that the employee revokes the employee's prior rejection of the Act.

B. Within five days after receiving a written notice of revocation, an insured employer shall file with the employer's carrier, or workers' compensation pool, a copy of the notice of revocation. The employee has all rights to compensation and benefits provided by the Act for any injury that occurs after the employee serves the revocation notice upon the employer.

Historical Note

Former Rule 22. Amended subsections (A) and (B) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-122 recodified from R4-13-122 (Supp. 95-1). Section R20-5-122 renumbered to R20-5-302; new Section R20-5-122 renumbered from R20-5-126 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-123. Carrier Notification of Coverage

A. Every carrier authorized to underwrite workers' compensation insurance in Arizona shall, within five days after undertaking to insure an employer, report that information to the rating organization approved by the Arizona Department of Insurance and Financial Institutions pursuant to A.R.S. § 20-357.

B. The Self-Insurance Unit of the Commission shall notify the Claims Division at least 14 days prior to the effective date of an employer being authorized by the Commission to self-insure for workers' compensation.

C. The carrier shall promptly notify the rating organization of any cancellation by the employer or failure of the employer to renew the policy.

D. Policies may not be cancelled by the insurer except for non-payment or when one or both parties to a Professional Employer Organization agreement terminate the agreement.

Historical Note

Former Rule 23. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-123 recodified from R4-13-123 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-123 renumbered to R20-5-119; new Section R20-5-123 renumbered from R20-5-127 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-124. Medical Information Reproduction Cost Limitation; Definition of Medical Information

A. A health care provider shall not charge more than $.25 per page plus $10 per hour in associated clerical costs for reproduction of medical information when a party, an authorized representative of a party, or an entity that is authorized by a claimant in a workers' compensation matter makes a request for that information under A.R.S. § 23-908(D). For electronic medical records only the $10 per hour in associated clerical costs are chargeable.

B. This Section applies to all A.R.S. § 23-908(B) health care providers providing medical services to injured claimants including health care providers that contract with copying services, recordkeeping services, or other similar services for the reproduction of medical information. For purposes of this Section, fees for reproduction of medical information charged by these services are considered the same as if the reproduction fees are charged by a health care provider.

C. For purposes of this Section, "medical information" means:

1. A communication recorded in any form or medium and maintained for the purpose of patient care, diagnosis, or treatment, including a report, note, order, test result, photograph, videotape, X-ray, and billing record;
2. A report of an independent medical examination that describes patient care or treatment;
3. A psychological record;
4. A medical record held by a health care provider including a medical record prepared by another provider; and
5. A recorded communication between emergency medical personnel and medical personnel concerning the care or treatment of a person.

D. For purposes of this Section, "medical information" does not include:

1. Materials that are prepared in connection with utilization review, peer review, or quality assurance activities, including records that a health care provider prepares under A.R.S. §§ 36-441, 36-445 or 36-2402; and
2. Recorded telephone and radio calls to and from a publicly operated emergency dispatch office relating to requests for emergency services or reports of suspected criminal activity.

Historical Note

Former Rule 24. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-124 recodified from R4-13-124 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August

17, 2001 (Supp. 01-3). Section R20-5-124 renumbered to R20-5-120; new Section R20-5-124 renumbered from R20-5-128 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-125. Carrier or Workers' Compensation Pool Determinations Binding upon its Insured or Member

A. The Commission deems a carrier or workers' compensation pool the agent of an employer insured by the carrier or workers' compensation pool.

B. The Commission also deems any action or determination taken or made by the carrier or workers' compensation pool binding upon the employer. The employer may not protest or petition the Commission for relief concerning an action or determination taken by the employer's carrier or workers' compensation pool unless the employer notifies the carrier or workers' compensation pool, and the Commission in writing that the employer disagrees with the carrier's or worker's compensation pool's action or determination within the time described in A.R.S. § 23-947.

Historical Note

Former Rule 25. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-125 recodified from R4-13-125 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-125 renumbered to R20-5-121; new Section R20-5-125 renumbered from R20-5-129 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-126. Claims Office Location and Function; Requirements of Maintaining an Out-of-State Claims Office

A. Except as provided in subsection (B), each carrier that has or is underwriting workers' compensation insurance in Arizona, and each employer and workers' compensation pool that has been granted authority to act as a self-insurer by the Commission, shall maintain a workers' compensation claims office in Arizona. A carrier, self-insured employer, and self-insured workers' compensation pool shall process and pay workers' compensation claims and maintain the workers' compensation claims files described in R20-5-127 in its Arizona office. A carrier, self-insured employer, and self-insured workers' compensation pool shall notify the claims division of the Commission of the address of the Arizona claims office.

B. Except as provided in subsections (C) and (D), a carrier or self-insured employer may request authorization from the Commission to maintain an out-of-state claims office. The Commission shall grant a carrier or self-insured employer authorization to maintain an out-of-state claims office no later than 20 days after the carrier or self-insured employer provides satisfactory evidence of the following:

1. Existence of a toll-free telephone line to the out-of-state claims office;
2. Completion of Commission claims division's training by the individuals responsible for claims processing at the out-of-state office.

C. The Commission shall rescind its authorization to maintain an out-of-state claims office if a carrier or self-insured employer no longer meets the requirements of subsection (B) or fails to process and pay claims as required under the Act and this Article.

D. A carrier or self-insured employer maintaining an out-of-state claims office shall print the carrier's or self-insured employer's toll-free telephone number to the out-of-state claims office on all notices of claim status or other determinations issued by the out-of-state claims office. Failure to print the toll-free telephone number on a notice or other determination as required by this subsection does not affect the validity of the notice or determination.

E. For claims processing purposes, a carrier, self-insured employer, or self-insured workers' compensation pool may have more than one designated representative provided the carrier, self-insured employer, or self-insured workers' compensation pool:

1. Notifies the Commission at the time an insurance policy is issued or authorization to self-insure is granted; and
2. Notifies the Commission each time that the insurance policy is renewed.

F. The Commission Self-Insurance Unit shall notify the Commission when self-insurance authority is granted, revoked, or terminated.

Historical Note

Former Rule 26. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-126 recodified from R4-13-126 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-126 renumbered to R20-5-122; new Section R20-5-126 renumbered from R20-5-130 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-127. Maintenance of Carrier and Self-insured Employer Claims Files; Contents; Inspection and Copying; Exchange of Medical Reports; Authorization to Obtain Medical Records

A. A carrier and self-insured employer shall maintain a workers' compensation claims file for each claimant. A carrier and self-insured employer shall include in a workers' compensation claims file all employer's reports, medical and hospital reports, awards, orders, notices of claims status, wage data, and all other items affecting the claim required by law to be maintained by a carrier or self-insured employer.

B. Subject to subsection (C), all parties, authorized representatives of parties, and authorized representatives of the Commission may inspect and copy items contained in a carrier's or self-insured employer's claims file within five days from the date the item is filed in the claims file. In lieu of producing a claims file for inspection and copying, with the written permission of the claimant, a digital copy of the claims file may be provided within five days of a party's request.

C. If a carrier or self-insured employer maintains a claims file at an out-of-state claims office, the carrier or self-insured employer shall make the claims file available for copying and inspection to the persons listed in subsection (B) within 10 days after receiving a request for the file at a location in Arizona designated by the carrier or self-insured employer. In lieu of producing a claims file for inspection and copying at a location in Arizona, with the written permission of the claimant, a digital copy of the claims file may be provided within five days of a party's request.

D. A carrier or self-insured employer shall furnish copies of a claims file within 10 days after receiving a request from any party, authorized representative of a party, and authorized representative of the Commission at a charge not to exceed $.25 per page. A carrier or self-insured employer may require prepayment of the copying charges if the requester or authorized representative has an account with the carrier or self-insured employer that is more than 30 days overdue.

E. A carrier or self-insured employer is not required to maintain in a claims file, or produce for inspection and copying:
1. Documents or matters representing the work product of the carrier or self-insured employer;
2. Documents or matters representing the work product of a carrier's or self-insured's attorney; or
3. Investigation and rehabilitation reports.

F. All medical records concerning a claimant's mental or physical condition that are in a party's possession shall be furnished, upon request, to another party in the same Commission proceeding.

Historical Note

Former Rule 27. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-127 recodified from R4-13-127 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-127 renumbered to R20-5-123; new Section R20-5-127 renumbered from R20-5-131 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-128. Bad Faith and Unfair Claim Processing Practices

A. For purposes of A.R.S. § 23-930, an employer, self-insured employer, carrier, or claims processing representative commits "bad faith" if the employer, self-insured employer, carrier, or claims processing representative:
1. Institutes a proceeding or interposes a defense that is not:
   a. Well-grounded in fact;
   b. Warranted by existing law; or
   c. A good faith argument for the extension, modification, or reversal of existing law;
2. Unreasonably delays:
   a. Payment of benefits; or
   b. Authorization for, or receipt of, medical benefits or treatment;
3. Unreasonably underpays benefits;
4. Unreasonably terminates benefits;
5. Intentionally misleads a claimant as to applicable statutes of limitation, benefits, or remedies available to the claimant under the Act or under this Article; or
6. Unreasonably interferes with or obstructs the claimant's right to choose the claimant's attending physician, except in cases involving a self-insured employer under A.R.S. § 23-1070.

B. For purposes of A.R.S. § 23-930, an employer, self-insured employer, carrier, or claims processing representative commits "unfair claim processing practices" if the employer, self-insured employer, carrier, or claims processing representative:
1. Unreasonably issues a notice of claim status without adequate supporting information in its possession or available to it;
2. Unreasonably fails to acknowledge communications from the Commission, an unrepresented claimant, or a claimant's attorney with respect to a claim;
3. Fails to act reasonably and promptly upon communications from the Commission, an unrepresented claimant, or a claimant's attorney with respect to a claim;
4. Directly advises a claimant not to consult or obtain the services of an attorney; or
5. Communicates directly, for an improper purpose, with a claimant represented by an attorney.

C. A person alleging bad faith or unfair claim processing practices ("complainant") shall file a written complaint with the claims manager of the Commission. The complainant, or the complainant's authorized representative, shall sign the complaint.

D. The complaint shall describe the specific actions of the employer, self-insured employer, carrier, or claims processing representative, that are alleged to constitute bad faith or unfair claim processing practices. A complaint form is available upon request from the Commission.

E. Upon receipt of a complaint under this subsection, the claims manager of the Commission shall serve the complaint upon all parties.

F. If the Commission acts on its own motion under A.R.S. § 23-930(A), the claims manager shall mail a notice of alleged bad faith or unfair claim processing practices to the claimant or the claimant's authorized representative and the:
1. Employer;
2. Self-insured employer;
3. Carrier; or
4. Claims processing representative.

G. The person or entity named in a complaint or notice served under A.R.S. § 23-930 and this Section shall file with the claims manager a written response to the complaint or notice, within 30 days after service by the Commission of the complaint or notice.

H. The person or entity filing a written response shall serve a copy of the response upon the complainant, or the complainant's authorized representative, if represented.

I. If the person or entity named in a complaint or notice served under A.R.S. § 23-930 and this Section fails to file a written response, the Commission shall consider the absence of a response a denial of the allegations of the complaint or notice.

J. Upon receipt of a written response, or upon the expiration of 30 days if no response is filed, the Commission shall enter an award as it deems, in its discretion, appropriate under A.R.S. §§ 23-930(B) or (C).

Historical Note

Former Rule 28. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-128 recodified from R4-13-128 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-128 renumbered to R20-5-124; new Section R20-5-128 renumbered from R20-5-163 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-129. Human Immunodeficiency Virus, Hepatitis C, Methicillin-resistant Staphylococcus Aureus, Spinal Meningitis and Tuberculosis; Significant Exposure; Employee Notification; Reporting; Documentation; Forms

A. An employer subject to the Act shall notify its employees of the requirements of A.R.S. §§ 23-1043.02, 23-1043.03, and 23-1043.04 by posting the Commission notices titled "Work Exposure to Bodily Fluids" and "Work Exposure to methicillin-resistant Staphylococcus Aureus (MRSA), Spinal Meningitis, or Tuberculosis (TB)" in a conspicuous place immediately next to the "Notice to Employees" notice required under A.R.S. § 23-906(D).

B. Properly posted "Work Exposure to Bodily Fluids" and "Work Exposure to Methicillin-resistant Staphylococcus Aureus (MRSA), Spinal Meningitis, or Tuberculosis (TB)" notices constitute sufficient notice to employees of the requirements

of a prima facie case under A.R.S. §§ 1043.02(B), 23-1043.03(B), and 23-1043.04(B).

C. An employer's carrier, claims processor, or workers' compensation pool shall provide the notices specified in subsection (A) to the employer. These notices are also available from the Commission upon request.

D. An employer shall make readily available to its employees the Commission form described in R20-5-106 titled "Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material." An employer's carrier, claims processor, or workers' compensation pool shall provide the "Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material" to the employer. This form is also available from the Commission upon request.

E. If an employee sustains a significant exposure as defined in A.R.S. §§ 23-1043.02(G), 23-1043.03(G), or 23-1043.04(H)(2), the employee shall complete, date, and sign a "Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material" form. The employee or employee's authorized representative shall give to the employer the completed, dated, and signed form. The employer shall return one copy of the completed form to the employee or to the employee's authorized representative. Nothing in this subsection limits the requirements to report an injury or file a claim under the Act.

F. If an employee submits an initial written report of a significant exposure to an employer, but does not use the Commission form titled "Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material" the employer shall provide the employee the Commission form within five calendar days after receiving the employee's initial written report.

G. The date of the receipt by the employer or its authorized representative of the employee's initial report is the date used to compute the time period prescribed in A.R.S. §§ 23-1043.02(B)(2), 23-1043.03(B)(2), and 23-1043.04(B)(2) if:

1. The initial report contains the information required in the "Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material" form, or
2. The employee gives to the employer the completed Commission form within 10 calendar days after the employee's receipt of the Commission form.

H. Failure or refusal by the employer to provide the Commission form to the employee shall not be a defense to a prima facie claim under A.R.S. §§ 23-1043.02(B), 23-1043.03(B), and 23-1043.04(B).

I. In investigating the circumstances and facts surrounding an employee's report to an employer of a significant exposure under A.R.S. §§ 23-1043.02(C), 23-1043.03(C), and 23-1043.04(C), the employer, or its carrier, or any employees, agents or contractors of either the employer or carrier, shall not disclose to any person, except as authorized or required by law, that the reporting employee, or any witness or alleged source of exposure, may have or did contract the human immunodeficiency virus, acquired immune deficiency syndrome, hepatitis C, methicillin-resistant Staphylococcus aureus, spinal meningitis, or tuberculosis. However, an employer, its carrier or their respective attorneys, may:

1. Direct an agent to investigate the employee's report of significant exposure, and
2. Communicate with the investigating agent about the conduct and results of the investigation.

J. As required under the federal Occupational Safety and Health Standard for Bloodborne Pathogens, 29 CFR 1910.1030, an employer shall pay for the testing required by A.R.S. § 23-1043.02.

Historical Note
Former Rule 29. Amended subsection (A) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-129 recodified from R4-13-129 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-129 renumbered to R20-5-125; new Section R20-5-129 renumbered from R20-5-164 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-130. Renumbered

Historical Note
Former Rule 30. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-130 recodified from R4-13-130 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-130 renumbered to R20-5-126 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-131. Renumbered

Historical Note
Former Rule 31. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-131 recodified from R4-13-131 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-131 renumbered to R20-5-127 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-132. Renumbered

Historical Note
Former Rule 32. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-132 recodified from R4-13-132 (Supp. 95-1). Section R20-5-132 renumbered to R20-5-235 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-133. Repealed

Historical Note
Former Rule 33. Amended subsections (A), (C), (D) and (E) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-133 recodified from R4-13-133 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section repealed by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-134. Repealed

Historical Note
Former Rule 34. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-134 recodified from R4-13-134 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section repealed by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-135. Repealed

Historical Note

Former Rule 35. Amended subsections (A) and (B) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-135 recodified from R4-13-135 (Supp. 95-1). Section repealed by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-136. Expired

Historical Note

Former Rule 36. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-136 recodified from R4-13-136 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 3475, effective November 8, 2016 (Supp. 16-4).

R20-5-137. Renumbered

Historical Note

Former Rule 37. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-137 recodified from R4-13-137 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-137 renumbered to R20-5-204 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-138. Renumbered

Historical Note

Former Rule 38. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-138 recodified from R4-13-138 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-138 renumbered to R20-5-205 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-139. Renumbered

Historical Note

Former Rule 39. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-139 recodified from R4-13-139 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-139 renumbered to R20-5-206 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-140. Renumbered

Historical Note

Former Rule 40. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-140 recodified from R4-13-140 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-140 renumbered to R20-5-207 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-141. Renumbered

Historical Note

Former Rule 41. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-141 recodified from R4-13-141 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-141 renumbered to R20-5-209 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-142. Renumbered

Historical Note

Former Rule 42. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-142 recodified from R4-13-142 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-142 renumbered to R20-5-210 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-143. Renumbered

Historical Note

Former Rule 43. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-143 recodified from R4-13-143 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-143 renumbered to R20-5-211 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-144. Renumbered

Historical Note

Former Rule 44. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-144 recodified from R4-13-144 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-144 renumbered to R20-5-212 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-145. Renumbered

Historical Note

Former Rule 45. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-145 recodified from R4-13-145 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-145 renumbered to R20-5-213 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-146. Repealed

Historical Note

Former Rule 46. R20-5-146 recodified from R4-13-146 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-147. Repealed

Historical Note

Former Rule 47. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-147 recodified from R4-13-147 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section repealed by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-148. Renumbered

Historical Note

Former Rule 48. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-148 recodified from R4-13-148 (Supp. 95-1). Amended by final rulemak-

ing at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-148 renumbered to R20-5-215 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-149. Renumbered

Historical Note

Former Rule 49. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-149 recodified from R4-13-149 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-149 renumbered to R20-5-216 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-150. Renumbered

Historical Note

Former Rule 50. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-150 recodified from R4-13-150 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-150 renumbered to R20-5-217 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-151. Renumbered

Historical Note

Former Rule 51. R20-5-151 recodified from R4-13-151 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-151 renumbered to R20-5-218 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-152. Renumbered

Historical Note

Former Rule 52. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-152 recodified from R4-13-152 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-152 renumbered to R20-5-219 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-153. Renumbered

Historical Note

Former Rule 53. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-153 recodified from R4-13-153 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-153 renumbered to R20-5-221 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-154. Renumbered

Historical Note

Former Rule 54. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-154 recodified from R4-13-154 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-154 renumbered to R20-5-222 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-155. Renumbered

Historical Note

Former Rule 55. Amended subsections (A) and (D) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-155 recodified from R4-13-155 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-155 renumbered to R20-5-223 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-156. Renumbered

Historical Note

Former Rule 56. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-156 recodified from R4-13-156 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-157 renumbered to R20-5-229 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-157. Renumbered

Historical Note

Former Rule 57. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-157 recodified from R4-13-157 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-157 renumbered to R20-5-230 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-158. Renumbered

Historical Note

Former Rule 58. Amended subsection (C) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-158 recodified from R4-13-158 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-158 renumbered to R20-5-231 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-159. Renumbered

Historical Note

Former Rule 59. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-159 recodified from R4-13-159 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-159 renumbered to R20-5-232 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-160. Renumbered

Historical Note

Former Rule 60. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-160 recodified from R4-13-160 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-160 renumbered to R20-5-701 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025; due to a clerical error this Section was not removed from this Chapter in supplement 25-4 (Supp. 26-2).

R20-5-161. Renumbered

Historical Note

Former Rule 61. R20-5-161 recodified from R4-13-161 (Supp. 95-1). Section R20-5-161 renumbered to R20-5-233 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-162. Renumbered

Historical Note

Former Rule 62. R20-5-162 recodified from R4-13-162 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-162 renumbered to R20-5-234 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-163. Renumbered

Historical Note

Adopted as an emergency effective February 1, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Amended and readopted as an emergency effective April 29, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Readopted without change as an emergency effective August 1, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Readopted without change as an emergency effective November 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Amended and readopted as an emergency effective July 11, 1989 (Supp. 89-3). Adopted as a permanent rule effective October 4, 1989 (Supp. 89-4). R20-5-163 recodified from R4-13-163 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section R20-5-163 renumbered to R20-5-128 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025; due to a clerical error this Section was not removed from this Chapter in supplement 25-4 (Supp. 26-2).

R20-5-164. Renumbered

Historical Note

Adopted effective April 9, 1992 (Supp. 92-2). R20-5-163 recodified from R4-13-163 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 15 A.A.R. 991, effective June 2, 2009 (Supp. 09-2). Section R20-5-164 renumbered to R20-5-129 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025; due to a clerical error this Section was not removed from this Chapter in supplement 25-4 (Supp. 26-2).

R20-5-165. Renumbered

Historical Note

New Section made by final rulemaking at 19 A.A.R. 1925, effective July 10, 2013 (Supp. 13-3). Section R20-5-165 renumbered to R20-5-303 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025; due to a clerical error this Section was not removed from this Chapter in supplement 25-4 (Supp. 26-2).

ARTICLE 2. WORKERS' COMPENSATION CLAIMS HEARING PROCESS AND PROCEDURE

R20-5-201. Application of the Article; Notice of Rules; Part of Record

A. This Article applies to all actions and proceedings before the Commission resulting from:
1. Injuries that occurred on or after January 1, 1969;
2. Petitions to Reopen or Petitions for Readjustment or Rearrangement of Compensation filed on or after that date; and
3. Requests for hearing under A.R.S. §§ 23-907(H), (I), and (J).

B. This Article is part of the record in each action or proceeding without reference to the Article.

C. The Commission deems all parties to have knowledge of this Article.

D. The Commission shall provide a copy of this Article upon request to any person free of charge.

Historical Note

Former Rule I. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-201 recodified from R4-13-201 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section made by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-202. Definitions

In this Article, unless the context otherwise requires:

"Act" means the Arizona Workers' Compensation Act, A.R.S. Title 23, Ch. 6, Articles 1 through 12.

"Authorized representative" means an individual authorized by law to act on behalf of a party who files with the Commission a written instrument advising of the individual's authority to act on behalf of the party.

"Business days" means all days except Saturdays, Sundays, and state legal holidays.

"Carrier" means every insurance carrier authorized by the Arizona Department of Insurance and Financial Institutions to underwrite workers' compensation insurance in Arizona.

"Claimant" means any person who is entitled to apply for benefits under the Act.

"Filing" means actual receipt of a paper or electronic Commission date-stamped report, document, instrument, videotape, audiotape, or other matter at a Commission office or through the ICA Community.

"ICA Community" means the Commission's self-service electronic claims portal.

"Physician" means a licensed physician or other licensed practitioner of the healing arts.

"Self-insured employer" means an employer or workers' compensation pool granted authority by the Commission to self-insure for workers' compensation.

"Uninsured employer" means an employer that is subject to and fails to comply with A.R.S. §§ 23-961 or 23-962.

Historical Note

Former Rule II. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-202 recodified from R4-13-202 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section made by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4). New Section made by final rulemaking at 31

A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-203. Filing Requirements; Time for Filing; Computation of Time

A. A report, document, instrument, videotape, audiotape, or other matter required to be filed with the Commission under A.R.S. § 23-901 et seq. and this Article shall be filed within the time required by law and this Article.

B. For purposes of computing time under this Article, the following applies:
1. The Commission shall not include in the computation of time the day of the act or event from which the designated period begins to run.
2. The Commission shall include in the computation of time the last day of the designated period, unless the last day is a Saturday, Sunday, or state legal holiday, in which event the period runs until the end of the next business day.
3. If the period of time prescribed is less than 11 days, the Commission shall not include intermediate Saturdays, Sundays, or state legal holidays in the computation of time.

C. The Commission shall deem a report, document, instrument, videotape, audiotape, or other matter filed at the Tucson office as filed at the principal office for purposes of computing time.

Historical Note

Former Rule III. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-203 recodified from R4-13-203 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section made by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-204. Requests for Hearing

A. Any interested party or the party's authorized representative, except as otherwise provided by law or this Article, may request a hearing on a claim. A request for hearing shall be in writing.

B. A party filing a request for hearing shall serve a copy upon all other parties at the same time that the party files the request for hearing with the Commission. The failure to serve a copy of a request for hearing upon other parties does not affect the validity of the hearing request.

Historical Note

Former Rule IV. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-204 recodified from R4-13-204 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-204 renumbered from R20-5-137 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-205. Hearing Calendar and Assignment to Administrative Law Judge; Notification of Hearing

A. The chief administrative law judge shall maintain a hearing calendar. The chief administrative law judge shall ensure that a request for hearing filed in accordance with this Article is:
1. Placed on the hearing calendar, and
2. Assigned to an administrative law judge who is designated as the presiding administrative law judge.

B. A presiding administrative law judge may hold a hearing at an earlier date than required under A.R.S. § 23-941(D), if all parties to the proceeding agree.

Historical Note

Former Rule V. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-205 recodified from R4-13-205 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-205 renumbered from R20-5-138 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-206. Administrative Resolution of Issues by Stipulation Before Filing a Request for Hearing

A. At any time before the filing of a request for hearing, parties may resolve issues by written stipulation. The parties shall file the stipulation with the Commission for approval or other action as may be appropriate.

B. If the Commission determines that a written stipulation is reasonably supported by the facts, the Commission may approve the stipulation or enter an appropriate award without a request for hearing filed or hearing convened.

Historical Note

Former Rule VI; Amended effective February 27, 1975 (Supp. 75-1). Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-206 recodified from R4-13-206 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-206 renumbered from R20-5-139 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-207. Informal Conferences

A. A presiding administrative law judge may hold an informal conference to:
1. Resolve and dispose of disputed issues;
2. Narrow or limit the scope of the issues to be considered at a subsequent hearing;
3. Simplify the method of proof at a hearing; or
4. Eliminate the need for hearing if the facts appear to be uncontested.

B. A party may request that a pending hearing be disposed of by an informal conference, by filing a written request that:
1. Specifies the purpose for the conference consistent with subsection (A), and
2. Does not contain any argument regarding the merits of the case.

C. If the presiding administrative law judge determines that an informal conference is appropriate, the judge shall give notice to the parties of the time and place of the conference. The presiding administrative law judge may, without a request from a party, schedule an informal conference by giving five days' notice to the parties of the time, place, and subject matter of the informal conference. The parties may waive the five day notice requirement of this subsection.

D. If a presiding administrative law judge disposes of issues in controversy at an informal conference, the presiding administrative law judge may enter an award without convening a hearing.

E. If a presiding administrative law judge disposes of, narrows, or limits some, but not all issues in controversy, the presiding administrative law judge shall prepare and mail to the parties a statement setting forth the issues to be resolved at a hearing. The presiding administrative law judge shall limit the hearing to the issues contained in the statement unless at the hearing all parties and the presiding administrative law judge agree that

the judge may consider issues beyond the scope of the statement.

F. Upon request by a party or upon a presiding administrative law judge's own motion, the presiding administrative law judge may order the parties to file a joint statement listing the disputed issues to be considered at formal hearing. The presiding administrative law judge shall give the parties at least 10 days to file the statement and shall order the parties to file the statement three to 10 days before the first scheduled hearing.

Historical Note

Former Rule VII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-207 recodified from R4-13-207 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-207 renumbered from R20-5-140 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-208. Confidentiality of an Administrative Hearing File; Reproduction and Inspection of an Administrative Hearing File

A. Except as provided in this Section, an administrative hearing file maintained by the Commission is private and confidential and the Commission shall not make the administrative hearing file available for inspection and copying. For purposes of this Section, "administrative hearing file" means the official record maintained by the Commission for a hearing arising under this Article including all pleadings, evidence submitted by the parties and other reports, records, instruments, videotapes, audiotapes, transcripts, and other matters scanned or otherwise placed into the file.

B. Except as provided in subsection (D), the Commission shall make an administrative hearing file relating to a current or prior claim of a claimant available for inspection and copying by any party to any proceeding currently or previously before the Commission involving the same claimant.

C. Except as provided in subsection (D), the Commission shall not make an administrative hearing file available to a non-party for inspection and copying unless the Commission receives a court order or written authorization signed by the affected claimant or the affected claimant's authorized representative.

D. The Commission shall make a transcript contained in an administrative hearing file available for inspection and copying if the party requesting to inspect the transcript is a person authorized under subsections (B) or (C) and agrees to pay the costs of producing a written transcript if one has not previously been transcribed unless the request is part of request for review under A.R.S. § 23-943.

Historical Note

Former Rule VIII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-208 recodified from R4-13-208 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section made by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-209. Subpoena Requests for Witnesses; Objection to Documents or Reports Prepared by Out-of-State Witness

A. A party may request a presiding administrative law judge to issue a subpoena to compel the appearance of a non-medical witness by filing a written request with the presiding administrative law judge at least 10 days before the date of the first scheduled hearing.

B. A party may request a presiding administrative law judge to issue a subpoena to compel the appearance of an expert medical witness by filing a written request with the presiding administrative law judge at least 20 days before the date of the first scheduled hearing.

C. The presiding administrative law judge may order the party requesting a subpoena to file within five days of the order a written statement summarizing the substance of the testimony expected of the witness.

D. A presiding administrative law judge shall issue a subpoena requested under this Section if the judge determines that the testimony of the witness is material and necessary and, if applicable:

1. The party files a timely statement under subsection (C); or
2. The party shows at or before the first scheduled hearing that good cause exists for the party's failure to respond timely to the judge's order under subsection (C).

E. The Commission may serve a subpoena by mail unless the party requesting the subpoena requests personal service. If a party requests personal service of a subpoena, the Commission shall prepare the subpoena and the party requesting personal service shall:

1. Ensure that the subpoena is served in the same manner as in a civil action; and
2. Pay all expenses of the service.

F. If a party timely requested a subpoena for a witness who fails to appear at a scheduled hearing, the presiding administrative law judge may grant a continued hearing if the party requesting the subpoena demonstrates that:

1. The testimony of the witness is material and necessary, and
2. Good cause is shown as to why the witness failed to appear.

G. If a non-medical witness requests a witness fee, the party requesting the subpoena shall pay the non-medical witness fees and mileage provided for witnesses in civil actions in the Superior Court. If more than one party subpoenas the same witness, the parties shall divide the witness fee equally.

H. The Commission shall pay the witness fee to a medical witness under the Commission's medical fee schedule after the presiding administrative law judge approves the fee.

I. A presiding administrative law judge shall not consider or place into evidence a timely filed physician's report authored by a physician residing outside Arizona if a party files an objection to that report at least 20 days before the scheduled hearing, unless the party submitting the report produces the author for cross-examination either at the hearing or at a deposition. Nothing in R20-5-211(G) precludes a party from taking or submitting into evidence a deposition of a physician taken under this subsection. The party submitting into evidence a report of an out-of-state physician shall pay the expenses of a deposition taken under this subsection.

J. A presiding administrative law judge shall not consider or place into evidence a timely filed document prepared by a non-medical witness who resides outside Arizona if a party files an objection to that document at least seven days before the scheduled hearing unless the party submitting the document produces the author for cross-examination either at the hearing or at a deposition. Nothing precludes a party from taking or submitting into evidence a deposition within the time limits set by a presiding administrative law judge. The party submitting into evidence a document prepared by an out-of-state non-

medical witness shall pay the expenses of a deposition taken under this subsection.

K. If a presiding administrative law judge approves, the testimony of a party's out-of-state non-medical or expert medical witness may be taken telephonically or by video.

Historical Note

Former Rule IX. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-209 recodified from R4-13-209 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-209 renumbered from R20-5-141 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-210. In-State Oral Depositions

A. A party may take the oral deposition of another party or a witness residing in Arizona by serving a Notice of Deposition by Oral Examination upon the deponent and every party at least 10 days before the date of the oral deposition and at least 40 days before the first scheduled hearing.

B. A party may file with the presiding administrative law judge a written objection to the taking of an oral deposition within five days after service of the Notice of Deposition. If no request for hearing has been filed, a party shall file the written objection with the chief administrative law judge. The party objecting to the deposition shall:
1. State the basis for objecting to the deposition; and
2. Serve a copy of the party's objections on all parties.

C. The oral deposition shall not commence until the presiding administrative law judge rules on the written objection. The presiding administrative law judge shall rule on the written objection to the taking of an oral deposition within seven days after a party files a written objection by:
1. Ordering the deposition to proceed;
2. Ordering the deposition not be taken; or
3. Entering any other appropriate protective order.

D. The party taking the deposition shall comply with the Arizona Rules of Civil Procedure governing the taking of depositions.

E. Only the fees and costs associated with the taking of any deposition shall be borne by the party taking the deposition.

F. A presiding administrative law judge, in the exercise of discretion, and upon a showing of good cause, may cancel or continue a hearing because a party fails to take or complete a deposition under this Section.

G. A deposition taken under this Section shall only be used to impeach a witness during a hearing, except that, in the exercise of discretion, the presiding administrative law judge may admit a deposition into evidence for another purpose if:
1. The deponent is deceased at the time of the hearing, or
2. All parties agree.

H. A party may take a telephonic or video deposition under this Section either by agreement of the parties or by order of the presiding administrative law judge in the exercise of the judge's discretion.

Historical Note

Former Rule X. R20-5-210 recodified from R4-13-210 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-210 renumbered from R20-5-142 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-211. Out-of-State Oral Depositions

A. A party shall obtain permission from a presiding administrative law judge before taking an out-of-state oral deposition of another party or a witness by filing a written request with the presiding administrative law judge that contains:
1. The name and address of the party or witness to be deposed, and
2. Each reason why the testimony is necessary.

B. The party requesting permission to take the out-of-state deposition shall serve a copy of the request upon each party.

C. If no objection to the request for permission to take the deposition is filed under subsection (D) the presiding administrative law judge shall, within seven days from the date of the request, grant or deny permission to take the deposition.

D. A party may file with the presiding administrative law judge a written objection to the taking of an out-of-state oral deposition within five days after being served with a request to take the out-of-state deposition. The party objecting to the out-of-state deposition shall:
1. State the basis for objecting to the deposition; and
2. Serve a copy of the party's objections on each party.

E. The oral deposition shall not commence until the presiding administrative law judge rules on the written objection. The presiding administrative law judge shall rule on the written objection to the taking of an out-of-state oral deposition within seven days after a party files the written objection by:
1. Ordering the deposition to proceed,
2. Ordering the deposition not be taken, or
3. Entering any other appropriate protective order.

F. A party shall not take more than two depositions per hearing under this Section unless a presiding administrative law judge, upon a showing of good cause, approves the taking of additional depositions.

G. In the exercise of discretion, the presiding administrative law judge may admit into evidence a deposition taken under this Section if the transcript of the deposition is filed with the Commission at least five days before any scheduled hearing or as otherwise directed by the presiding administrative law judge. If the transcript of the deposition is not timely filed under this subsection, the administrative law judge shall not consider the deposition for any purpose unless the parties and the administrative law judge agree that the deposition may be considered.

H. A party may take a telephonic or video deposition under this Section either by agreement of the parties or by order of a presiding administrative law judge in the exercise of the administrative law judge's discretion.

I. A party taking a deposition taken under this Section shall comply with R20-5-210(A), (D), (E) and (F).

Historical Note

Former Rule XI. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-211 recodified from R4-13-211 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-211 renumbered from R20-5-143 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-212. Written Interrogatories

A. After a party files a request for hearing with the Commission, any party may serve written interrogatories upon another party. A party shall serve written interrogatories at least 40 days before the initial hearing.

B. A party shall not serve more than 25 interrogatories, including subsections.

C. A party shall serve answers to the interrogatories upon all parties within 10 days after service of the interrogatories. A party shall not file answers to the interrogatories with the Commission.

D. A presiding administrative law judge shall not cancel or continue a hearing because a party fails to answer interrogatories under this Section.

E. A party shall only use written interrogatories served under this Section to impeach a witness during a hearing, except that, in the exercise of discretion, the presiding administrative law judge may admit the interrogatory answers into evidence for another purpose if the party answering the interrogatories is deceased at the time of the scheduled hearing.

Historical Note

Former Rule XII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-212 recodified from R4-13-212 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-212 renumbered from R20-5-144 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-213. Refusal to Answer or Attend; Motion to Compel; Sanctions Imposed

A. If a party or deponent refuses to answer any question asked at a deposition under R20-5-210 or R20-5-211, the party asking the question shall either complete the deposition in other matters or adjourn the deposition. With notice to all persons affected by the deponent's refusal to answer a question, the party asking the question may apply to the presiding administrative law judge for an order compelling the deponent to answer the question.

B. If a party refuses to answer an interrogatory served under R20-5-212, the party serving the interrogatory may submit the interrogatory to the presiding administrative law judge and apply for an order compelling the answer.

C. If a presiding administrative law judge issues an order compelling an answer under subsection (A) or (B) and finds that a refusal to answer is without substantial justification, the presiding administrative law judge shall require the party or witness refusing to answer or the authorized representative advising that party or witness not to answer, or both of them, to pay to the party asking the question:

1. Reasonable attorney's fees incurred to obtain the order compelling the answer, and
2. Reasonable expenses that will be incurred to obtain the requested answer.

D. If a presiding administrative law judge denies a motion to compel an answer under subsection (A) or (B), and finds that the motion was made without substantial justification, the presiding administrative law judge shall require the party filing the motion, or the parties' authorized representative advising that party to make the motion, or both of them, to pay to the party or witness refusing to answer, reasonable attorney's fees incurred in opposing the motion.

E. In addition to the sanctions authorized under R20-5-230, a presiding administrative law judge may, upon motion, impose the following sanctions upon a party, or an officer or managing agent of that party, who willfully fails to appear for a deposition after being served with proper notice of the deposition, or fails to serve answers to interrogatories after proper service of the interrogatories:

1. Strike out all or any part of a document filed by the party;
2. Dismiss the action or proceeding, or any part of the action or proceeding;
3. Order the suspension or forfeiture of compensation; or
4. Preclude the introduction of evidence.

F. The Commission shall not consider a discovery motion unless the moving party attaches a separate statement to the discovery motion certifying that after good faith efforts to do so, the moving party has been unable to satisfactorily resolve the matter giving rise to the discovery motion with the opposing party.

G. The party filing a motion under subsections (A), (B), or (E) shall attach to the motion:

1. The statement required under subsection (F), and
2. A proposed order that includes the relief requested and a service page with the names and addresses of all parties served.

Historical Note

Former Rule XIII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-213 recodified from R4-13-213 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-213 renumbered from R20-5-145 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-214. Service Between Parties

A. Any document required by this Article or other law to be served between parties, shall be made upon the party, or, if represented by legal counsel, the party's legal counsel. Service upon legal counsel is considered service upon the party.

B. Service may be made and is deemed complete by:

1. Depositing the document in regular or certified mail, addressed to the party served at the address shown in the records of the Commission, or by personal delivery upon the party, or
2. With a party's consent, transmission by email to a provided email address.

Historical Note

Former Rule XIV. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-214 recodified from R4-13-214 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section made by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-215. Burden of Presentation of Evidence; Offer of Proof

A. A party shall rest at the conclusion of the presentation of their evidence. If there is a dispute as to which party has the burden of proof, the presiding administrative law judge shall direct who has the burden of proof.

B. If a presiding administrative law judge prohibits a witness from answering a question, the presiding administrative law judge shall permit an offer of proof in the form of an avowal or in writing.

Historical Note

Former Rule XV. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-215 recodified from R4-13-215 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-215 renumbered from R20-5-148 and

amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-216. Presence of Claimant at Hearing; Notice of a Parties' Non-Appearance at Hearing; Assessment of Hearing Costs for Non-Appearance

A. A claimant, whether or not represented by an attorney, shall appear personally at any hearing without the necessity of subpoena unless excused by the presiding administrative law judge. Appearance by video at a remote hearing satisfies the requirement of personal appearance.

B. Subject to subsection (A), at least three days before a scheduled hearing a party shall notify the presiding administrative law judge of any non-appearance by a party or party's authorized representative that requires the judge to cancel or reschedule the hearing.

C. If a party fails to notify the presiding administrative law judge as required under subsection (B), the presiding administrative law judge may order the party to reimburse the Commission for hearing expenses and costs incurred by the Commission including fees of expert medical witnesses and other witness fees.

Historical Note

Former Rule XVI. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-216 recodified from R4-13-216 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-216 renumbered from R20-5-149 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-217. Joinder of a Party

A. An administrative law judge may join as a party any person or entity in favor of whom or against whom a right to relief may exist and over whom the Commission may acquire jurisdiction.

B. Joinder may be made upon application of any party or upon the presiding administrative law judge's own motion.

C. A party seeking to join another person or entity shall file a motion requesting joinder with the presiding administrative law judge within 30 days of when the party knew or should have known to join the party. The moving party shall serve a copy of the motion upon the person or entity for whom joinder is requested, and upon all other parties.

D. If the requirements of this Section are met, the presiding administrative law judge shall join as a party the person or entity for whom joinder is requested and shall issue a notice advising the parties of the joinder.

E. A person or entity upon whom a motion to join is filed under this Article may file a response to the motion within 10 days after the motion is filed.

Historical Note

Former Rule XVII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-217 recodified from R4-13-217 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-217 renumbered from R20-5-150 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-218. Special Appearance

Any party against whom a claim may exist under the Act, or against whom a contingent liability may exist under the Act, and over whom the Commission has not acquired jurisdiction, may enter a special appearance. A special appearance made under this Section does not invoke the jurisdiction of the Commission.

Historical Note

Former Rule XVIII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-218 recodified from R4-13-218 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-218 renumbered from R20-5-151 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-219. Resolution of Issues by Stipulation After the Filing of a Request for Hearing; Notice of Resolution; Assessment of Hearing Costs

A. Subject to the requirement of subsection (D), parties may stipulate to any fact or issue after a party files a request for hearing. The stipulation may be in writing or made orally at the time of hearing.

B. A stipulation is binding upon the parties unless a presiding administrative law judge or the Commission grants the parties permission to withdraw the stipulation.

C. If a stipulation is not reasonably supported by the evidence, a presiding administrative law judge or the Commission, may set aside or refuse to accept the stipulation and proceed to determine the true facts.

D. A party shall notify a presiding administrative law judge of any stipulation, compromise or settlement agreement, full and final settlement, or withdrawal of a hearing request before the decision upon hearing becomes final or, if a party requests review pursuant to A.R.S. § 23-943, before the presiding judge enters a decision upon review.

E. The presiding administrative law judge may order a party or parties to reimburse the Commission for hearing expenses and costs incurred by the Commission including fees of expert medical witnesses and other witness fees if a party fails to notify the presiding administrative law judge as required under subsection (D).

Historical Note

Former Rule XIX. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-219 recodified from R4-13-219 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-219 renumbered from R20-5-152 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-220. Settlement Agreements, Compromises and Releases

A. No settlement agreement, compromise, release, waiver of rights, or full and final settlement of a workers' compensation claim, will be valid unless approved by the Commission.

B. The acceptance of any payments or the signing of a settlement agreement, compromise, release, waiver of rights, or full and final settlement, unless approved by the Commission, shall not release the employer or the insurance carrier from any obligation imposed by the Workers' Compensation Law.

C. The carrier or employer shall not be entitled to a credit for any sums paid to an employee under a settlement agreement, compromise, release, waiver of rights, or full and final settlement which has not been approved by the Commission.

Historical Note

Former Rule XX. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-220 recodified

from R4-13-220 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-220 renumbered from R20-5-120 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-221. Exclusion of Witnesses

Any party may request that all other witnesses except the parties be excluded from the hearing until called to testify. The presiding administrative law judge may, in the judge's discretion, grant or deny the request. If the request is granted, the presiding administrative law judge shall admonish each witness not to discuss the witness's testimony with anyone other than attorneys on the case.

Historical Note

Former Rule XXI. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-221 recodified from R4-13-221 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-221 renumbered from R20-5-153 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-222. Correspondence to Administrative Law Judge

A person submitting correspondence, including subpoena requests, to an administrative law judge concerning a matter pending before the administrative law judge, shall contemporaneously serve a copy of the correspondence upon all other parties, or if represented, the parties' authorized representatives. The administrative law judge shall not consider correspondence or subpoena requests to be evidence except by agreement of all parties to the matter.

Historical Note

Former Rule XXII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-222 recodified from R4-13-222 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-222 renumbered from R20-5-154 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-223. Filing of Medical and Non-Medical Reports Into Evidence; Request for Subpoena to Cross-examine Author of Report Submitted into Evidence; Failure to Timely Request Subpoena for Author

A. A party filing a medical report or hospital record into evidence ("medical report") that is not already contained in the Commission's claims file, shall file the medical report with the presiding administrative law judge at least 25 days before the first scheduled hearing.

B. However, a party adverse to a party who schedules a medical examination may offer into evidence the report of any medical examination as provided in subsection (A) or within five days after the adverse party receives the report, subject to the right of cross-examination by the party who scheduled the examination.

C. A party filing into evidence a document, report, instrument, or other matter not described in subsection (A) ("nonmedical report") that is not already contained in the Commission's claims file, shall file the non-medical report with the presiding administrative law judge at least 15 days before the first scheduled hearing.

D. The party filing a medical or non-medical report into evidence shall serve a copy of the report to all other parties.

E. A presiding administrative law judge shall not receive into evidence any medical or non-medical report that is not filed as required under this Section. If the report has been placed in the Administrative Hearing file, the presiding administrative law judge shall remove the report from the Administrative Hearing file and return the report to the filing party.

F. Notwithstanding subsection (E), the presiding administrative law judge may suspend the requirements of this Section;

1. Upon a showing of good cause; or
2. If the parties agree that the judge may accept the medical or non-medical report into evidence.

G. The party filing a medical or non-medical report under this Section shall file a cover letter with the report stating:

1. The party's identity;
2. The reports filed; and
3. Proof of service of the reports upon the other parties.

H. A party seeking to cross-examine the author of any medical or non-medical report filed into evidence shall request a subpoena under R20-5-209.

I. If a party fails to timely request a subpoena under this Section and R20-5-209, the party waives the right to cross-examine the author of any medical or non-medical report filed into evidence and the presiding administrative law judge shall admit the medical or non-medical report in evidence.

Historical Note

Former Rule XXIII. Section repealed effective July 6, 1993 (Supp. 93-3). R20-5-223 recodified from R4-13-223 (Supp. 95-1). New Section adopted October 9, 1998 (Supp. 98-4). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-223 renumbered from R20-5-155 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-224. Admission into Evidence of Documents Contained in a Commission Claims File

A. If a party or an administrative law judge considers a document contained in a Commission claims file, including a transcript of a prior proceeding, necessary or appropriate for hearing purposes, the administrative law judge shall receive a copy of the document into evidence if the document is otherwise admissible.

B. With the permission of the administrative law judge, instead of submitting a copy of the document into evidence, a party may provide an accurate description of the document that includes the claimant's claim number and the Record ID the Commission assigns to the document.

Historical Note

Former Rule XXIV. Section repealed effective July 6, 1993 (Supp. 93-3). R20-5-224 recodified from R4-13-224 (Supp. 95-1). New Section adopted effective October 9, 1998 (Supp. 98-4). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-224 renumbered from R20-5-109 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-225. Guardian Ad-Litem Definitions

With respect to A.R.S. § 23-1066, the following definitions apply:

"Guardian Ad-Litem" means a person appointed by the administrative law judge to protect the interest of a minor or an incapacitated person in a particular case.

"Incapacitated Person" means any person who is impaired by reason of mental illness, mental deficiency, mental disorder, physical illness or disability, chronic use of drugs, chronic intoxication, or other cause, to the extent that they lack sufficient understanding or capacity to make or communicate responsible decisions on their behalf.

"Minor" means a person under 18 years of age, except for those exempted under A.R.S. § 23-905(A) and legally emancipated minors.

Historical Note
New Section made by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-226. Guardian Ad-Litem Procedure

A. An administrative law judge may appoint a guardian ad-litem upon its own initiative.

B. An interested party seeking the appointment of a guardian ad-litem shall file a motion with the presiding administrative law judge, or if there is no presiding administrative law judge with the chief administrative law judge.

C. The motion for appointment of a guardian ad-litem should include the basis for the request and supporting documentation.

D. In cases involving claims of an incapacitated person, the administrative law judge shall conduct a hearing. The standard of proof for the need of a guardian ad-litem shall be clear and convincing evidence.

E. In cases involving claims of a minor, the administrative law judge may issue an order without a hearing upon clear and convincing evidence the claimant is a minor.

F. The administrative law judge shall issue an order granting or denying the motion.

G. The order appointing the guardian ad-litem must set forth the basis for the guardian ad-litem's appointment, the scope and duration of the guardian ad-litem's appointment, and the guardian ad-litem's powers, including those described in R20-5-227.

H. The order may be challenged within 30 days pursuant to A.R.S. § 23-946.

Historical Note
New Section made by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-227. Guardian Ad-Litem Qualifications, Role, Authority, and Report

A. A guardian ad-litem appointed by an administrative law judge must be licensed to practice law in Arizona. A guardian ad-litem must not ever have represented any of the parties; and must not be related to any party or to a party's attorney.

B. The primary role of the guardian ad litem is to investigate and make a determination as to what is in the best interest of the incapacitated person or minor with respect to the specific workers' compensation matter they are navigating. The guardian ad-litem shall report and provide guidance to the administrative law judge regarding the best interest of the incapacitated person or minor in the workers' compensation proceedings. The role of a guardian ad-litem may include investigating whether the subject person needs a guardian, conservator, or other protective order under Title 14 of the Arizona Revised Statutes.

C. The guardian ad-litem does not represent the minor or incapacitated person in the proceeding before the Commission and may not be called to testify but may be asked to advise the court on any pending issue in the proceeding before the Commission.

D. The guardian ad-litem may perform any act specifically authorized by the administrative law judge.

Historical Note
New Section made by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-228. Guardian Ad-Litem Compensation

A. The administrative law judge may appoint an attorney from the Commission's Legal Division as the guardian ad-litem at no cost to the parties.

B. Should a party request the use of an attorney outside of the Commission's Legal Division, the requesting party shall enter into a fee arrangement directly with the guardian ad-litem.

Historical Note
New Section made by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-229. Continuance of Hearing

A. A party may request a continuance of a scheduled hearing. If a party shows good cause, a presiding administrative law judge may grant a request that a hearing be continued.

B. If at the conclusion of a hearing a party seeks to continue the hearing to introduce additional evidence, the party shall state specifically and in detail:
1. The nature and substance of the additional evidence,
2. The names and addresses of additional witnesses, and
3. The reason the party was unable to produce the evidence or witnesses at the hearing.

C. A presiding administrative law judge may deny a request for a continuance under subsection (B) if the presiding administrative law judge determines that, with the exercise of due diligence, the evidence or testimony could have been produced or the evidence or testimony would be cumulative, immaterial, or unnecessary.

D. A presiding administrative law judge may, on the judge's own motion, continue a hearing and order further examinations or investigations that the judge determines are warranted.

E. If more than 40 days before the first scheduled hearing, a presiding administrative law judge reschedules the hearing discovery and filing deadlines under this Article shall be calculated with respect to the new hearing date.

F. If less than 40 days before the first scheduled hearing, a presiding administrative law judge reschedules the hearing discovery and filing deadlines under this Article shall be calculated with respect to the original hearing date.

Historical Note
New Section R20-5-229 renumbered from R20-5-156 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-230. Sanctions

A. A presiding administrative law judge may impose the following sanctions against any party or authorized representative of a party who fails to comply with this Article or fails to comply with an order of the presiding administrative law judge or Commission:

1. Dismissal of the party's request for hearing;
2. Refusal to permit the introduction of evidence by the party; or
3. Assessment of reasonable attorney's fees and costs against the sanctioned party or authorized representative of a party.

B. If a party shows good cause, a presiding administrative law judge or the Commission may relieve a party of sanctions imposed under subsection (A).

Historical Note

New Section R20-5-230 renumbered from R20-5-157 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-231. Service of Awards and Other Matters from the Commission

A. An award, decision, order, subpoena, notice, document, or other matter required by the Act, this Article, or other law to be served from the Commission shall be made upon a party or, if represented, the party's authorized representative. Service upon the authorized representative is service upon the party.

B. Service may be made and is deemed complete by:
1. Depositing the document or matter in the United States mail, with postage prepaid, addressed to the party served at the address as shown by the records of the Commission;
2. Personal service in the same manner as a summons is served in a civil action; or
3. Through the chosen method of service in the Commission "ICA Community."

C. Proof of service may be made by an affidavit or oral testimony of the person making such service.

D. If "three consecutive mailings" are returned as non-deliverable it is sufficient evidence of nonconformity with R20-5-104 and considered an abandonment of the claim.

Historical Note

New Section R20-5-231 renumbered from R20-5-158 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-232. Record for Award or Decision on Review

A presiding administrative law judge's award or decision under A.R.S. § 23-942 or award or decision upon review under A.R.S. § 23-943 shall be based upon:
1. The record as it exists at the conclusion of the hearings, and
2. Any memoranda provided under A.R.S. § 23-943(E) or requested by the presiding administrative law judge,
3. Any stipulation filed under R20-5-219.

Historical Note

New Section R20-5-232 renumbered from R20-5-159 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-233. Stipulations for Extensions of Time

Stipulations for extensions of time in which to file papers or briefs in the various courts shall be received and signed by the Chief Counsel or other members of the Legal Department.

Historical Note

New Section R20-5-233 renumbered from R20-5-161 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-234. Legal Division Participation

The chief counsel and other members of the legal staff of the Commission who participate in proceedings or matters under the Act and this Article do so on behalf of the Commission.

Historical Note

New Section R20-5-234 renumbered from R20-5-162 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-235. Parties' Notice to Commission of Intention to Impose Liability upon A.R.S. § 23-1065 Special Fund

If the notices required by A.R.S. § 23-1065 are not given to the Commission, the Commission shall not be bound by the testimony and evidence presented at a hearing as it relates to the imposition of liability upon the special fund division.

Historical Note

New Section R20-5-235 renumbered from R20-5-132 by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-236. A.R.S. § 23-1026 Examination Motion for Relief

A. If a carrier, self-insured employer, or special fund division requests an examination of a claimant's mental or physical condition under A.R.S. § 23-1026, to protect a claimant from annoyance, embarrassment, oppression, or undue burden or expense, an administrative law judge may order, upon good cause shown, one or both of the following:
1. That a requested examination not be held; or
2. That the examination may be conducted only on specified terms and conditions, including a designation of the time, place, and examining physician.

B. A claimant requesting protection under subsection (A) shall file a motion with the presiding administrative law judge or chief administrative law judge if a judge has not been assigned to the case, within three days after the claimant receives notice of the examination. The claimant shall serve a copy of the motion on all parties. The party requesting the examination shall have three days after receiving the motion to file a response. The party shall serve the response on the claimant or, if represented, the claimant's attorney of record.

Historical Note

New Section R20-5-236 made by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

ARTICLE 3. INDUSTRIAL COMMISSION WORKERS' COMPENSATION CLAIMS

R20-5-301. Present Value and Basis of Calculation of Lump Sum Commutation Awards

A. The Commission shall calculate the present value of an award that is commuted to a lump sum under R20-5-302. The Commission shall not include in the present value calculation compensation paid before the filing of a lump sum commutation petition. The Commission shall use the filing date of a lump sum commutation petition to compute the present value of an award.

B. The Commission shall calculate the present value of an award at least annually, whether payable for a period of months or based upon the life of the employee, using the United States Life Tables, 2021, National Vital Statistics Reports, Vol. 72, Number 12, November 7, 2023, Table incorporated by reference, and discounted at the rate established by the Commission. This incorporation does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Commis-

sion and may be obtained from the U.S. Department of Health and Human Services, Centers for Disease Control. The rate established by the Commission is based on the following formula: The mean average of the three-month Treasury Bill rate on December 31 of each of the five years prior to July 1 of the current year. The rate, once calculated, is effective until the Commission calculates a new rate under this subsection. The discount rate is published in the minutes of the Commission meeting establishing the rate and is available upon request from the Commission.

Historical Note
Former Rule I. R20-5-301 recodified from R4-13-301 (Supp. 95-1). Section R20-5-301 repealed; new Section R20-5-301 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1). New Section R20-5-301 renumbered from R20-5-121 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-302. Lump Sum Commutation

A. A petition for a lump sum commutation in an unscheduled case shall not be approved unless the carrier approves of such petition.

B. If the lump sum commutation petition is approved by the carrier, the Commission's primary consideration in passing upon the petition will be whether more net income per month will be generated after receipt of the lump sum than the applicant is presently receiving. The granting of a lump sum petition will only be granted if the facts demonstrate a reasonable basis for financial betterment or rehabilitation of the claimant.

C. The burden of proving that the commutation of compensation satisfies the criteria in subsection (B) is on the applicant.

Historical Note
Former Rule II; Amended effective March 9, 1981 (Supp. 81-2). R20-5-302 recodified from R4-13-302 (Supp. 95-1). Section R20-5-302 repealed; new Section R20-5-302 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1). New Section R20-5-302 renumbered from R20-5-122 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-303. Calculation of Maximum Average Monthly Wage

In using the Bureau of Labor Statistics Employment Cost Index to adopt the amount of an increase to the maximum average monthly wage under A.R.S. § 23-1041(E), the Commission shall use the Bureau of Labor Statistics, Employment Cost Index for Wages and Salaries, for Civilian Workers, by Occupational Group and Industry, All Workers, available at http://www.bls.gov/.

Historical Note
Former Rule III; Amended effective March 9, 1981 (Supp. 81-2). R20-5-303 recodified from R4-13-303 (Supp. 95-1). Section R20-5-303 repealed; new Section R20-5-303 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1). New Section R20-5-303 renumbered from R20-5-165 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-304. Expired

Historical Note
Former Rule IV; Amended effective March 9, 1981 (Supp. 81-2). R20-5-304 recodified from R4-13-304 (Supp. 95-1). Section R20-5-304 repealed; new Section R20-5-304 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-305. Expired

Historical Note
Former Rule V; Former Section R4-13-305 renumbered and amended as Section R4-13-306, new Section R20-5-305 adopted effective March 9, 1981 (Supp. 81-2). R20-5-305 recodified from R4-13-305 (Supp. 95-1). Section R20-5-305 repealed; new Section R20-5-305 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-306. Expired

Historical Note
Former Rule VI. Former Section R4-13-306 renumbered and amended as Section R4-13-307, former Section R4-13-305 renumbered and amended as Section R4-13-306 effective March 9, 1981 (Supp. 81-2). R20-5-306 recodified from R4-13-306 (Supp. 95-1). Section R20-5-306 repealed; new Section R20-5-306 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-307. Expired

Historical Note
Former Rule VII. Former Section R4-13-307 renumbered as Section R4-13-309, former Section R4-13-306 renumbered and amended as Section R4-13-307 effective March 9, 1981 (Supp. 81-2). R20-5-307 recodified from R4-13-307 (Supp. 95-1). Section R20-5-307 repealed; new Section R20-5-307 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-308. Expired

Historical Note
Former Rule VIII. Former Section R4-13-308 renumbered as Section R4-13-310, new Section R4-13-308 adopted effective March 9, 1981 (Supp. 81-2). R20-5-308 recodified from R4-13-308 (Supp. 95-1). Section R20-5-308 repealed; new Section R20-5-308 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-309. Expired

Historical Note
Former Rule IX. Former Section R4-13-309 repealed, former Section R4-13-307 renumbered as Section R4-13-309 effective March 9, 1981 (Supp. 81-2). R20-5-309 recodified from R4-13-309 (Supp. 95-1). Section R20-5-309 repealed; new Section R20-5-309 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-310. Expired

Historical Note

Former Rule X. Former Section R4-13-310 renumbered and amended as Section R4-13-312, former Section R4-13-308 renumbered as Section R4-13-310 effective March 9, 1981 (Supp. 81-2). R20-5-310 recodified from R4-13-310 (Supp. 95-1). Section R20-5-310 repealed; new Section R20-5-310 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-311. Expired

Historical Note

Former Rule XI. Former Section R4-13-311 repealed, new Section R4-13-311 adopted effective March 9, 1981 (Supp. 81-2). R20-5-311 recodified from R4-13-311 (Supp. 95-1). Section R20-5-311 repealed; new Section R20-5-311 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-312. Expired

Historical Note

Former Rule XII. Former Section R4-13-312 renumbered as Section R4-13-314, former Section R4-13-310 renumbered and amended as Section R4-13-312 effective March 9, 1981 (Supp. 81-2). R20-5-312 recodified from R4-13-312 (Supp. 95-1). Section R20-5-312 repealed; new Section R20-5-312 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-313. Expired

Historical Note

Former Rule XIII. Former Section R4-13-313 renumbered and amended as Section R4-13-318 effective March 9, 1981 (Supp. 81-2). R20-5-313 recodified from R4-13-313 (Supp. 95-1). New Section adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-314. Expired

Historical Note

Former Section R4-13-312 renumbered as Section R4-13-314 effective March 9, 1981 (Supp. 81-2). R20-5-314 recodified from R4-13-314 (Supp. 95-1). Section R20-5-314 repealed; new Section R20-5-314 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-315. Expired

Historical Note

Adopted effective March 9, 1981 (Supp. 81-2). R20-5-315 recodified from R4-13-315 (Supp. 95-1). Section R20-5-315 repealed; new Section R20-5-315 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-316. Expired

Historical Note

Adopted effective March 9, 1981 (Supp. 81-2). R20-5-316 recodified from R4-13-316 (Supp. 95-1). Section R20-5-316 repealed; new Section R20-5-316 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-317. Expired

Historical Note

Adopted effective March 9, 1981 (Supp. 81-2). R20-5-317 recodified from R4-13-317 (Supp. 95-1). Section R20-5-317 repealed; new Section R20-5-317 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-318. Expired

Historical Note

Former Section R4-13-313 renumbered and amended as Section R4-13-318 effective March 9, 1981 (Supp. 81-2). R20-5-318 recodified from R4-13-318 (Supp. 95-1). Section R20-5-318 repealed; new Section R20-5-318 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-319. Expired

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-320. Expired

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-321. Expired

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-322. Expired

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-323. Expired

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-324. Expired

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-325. Expired

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297,

effective January 3, 2017 (Supp. 17-1).

R20-5-326. Expired

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-327. Expired

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-328. Expired

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-329. Expired

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

ARTICLE 4. ARIZONA BOILERS AND LINED HOT WATER HEATERS

R20-5-401. Applicability

This Article applies to all Boilers, Lined Hot Water Heaters, and Pressure Vessels operated in Arizona, except the following:

1. Boilers, Lined Hot Water Heaters, and Pressure Vessels regulated by the United States Government;
2. Boilers, Lined Hot Water Heaters, and Pressure Vessels operated in private residences or Apartment Complexes of not more than six units; and
3. Boilers, Lined Hot Water Heaters, and Pressure Vessels operated on Indian reservations.
4. A Lined Hot Water Heater that does not exceed any of the following:
   a. Heat input of 200,000 BTU/hr;
   b. Water temperature of 210° F; or
   c. Nominal water containing capacity of 120 gallons.
5. An electric Boiler that does not exceed either of the following:
   a. Tank volume of one-and-a-half cubic feet; or
   b. MAWP of 100 pounds per square inch or less, with a pressure relief system to prevent excess pressure.

Historical Note
Former Rules B-1.1 and B-1.2. Former Section R4-13-401 repealed, new Section R4-13-401 adopted effective April 12, 1979 (Supp. 79-2). Section R4-13-401 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-401 recodified from R4-13-401 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-402. Definitions

In addition to the definitions provided in A.R.S. § 23-471, the following definitions apply to this Article:

"Act" means A.R.S. Title 23, Chapter 2, Article 11.

"Alteration" means any change in the item described on the original manufacturer's data report which affects the pressure-containing capability of the Boiler or Pressure Vessel, including but not limited to:

Nonphysical changes such as an increase in the MAWP either internal or external, or

A reduction in minimum design temperature of a Boiler or Pressure Vessel requiring additional mechanical tests.

"ANSI" means American National Standards Institute, Inc.

"Apartment Complex" means a building with multiple family dwelling units, not used for commercial purposes, including condominiums and townhouses, where Boilers are located in a common area outside of the individual dwelling units, such as a Boiler room.

"Applicant" means an individual requesting permission to act as a Special Inspector under A.R.S. § 23-485.

"ASME" means the American Society of Mechanical Engineers.

"Authorized Inspector" means an Authorized Representative under A.R.S. § 23-471(1) or a Special Inspector under A.R.S. § 23-485.

"Blowdown Tank" or "Blowdown Separator" means an ASME-stamped vessel designed to receive discharged steam or hot water from a Boiler blowoff or blowdown piping system.

"BTU" means British thermal units.

"Condemned" means a Boiler or Lined Hot Water Heater that has been inspected and found to be unsafe by an Authorized Inspector and has been stamped or tagged with the code XXX AZ8 XXX.

"CSD-1" means Controls and Safety Devices for Automatically Fired Boilers, published by ASME, incorporated by reference in R20-5-404(A)(4).

"Direct Fired Jacketed Steam Kettle" means a jacketed steam kettle having its own source of energy, such as gas or electricity for generating steam within the jacket's walls.

"External Inspection" means an examination of a Boiler or Lined Hot Water Heater performed by an Authorized Inspector when the Boiler or Lined Hot Water Heater is in operation.

"Forced Circulation Lined Hot Water Heater" means a Lined Hot Water Heater used for potable water, a Lined Hot Water Heater requiring movement of water to prevent overheating and failure of the tubes or coils, and has no definitive waterline.

"Fully Attended Power Boiler" means a Power Boiler that is operated by an individual who meets the requirements of R20-5-408(D), and whose primary function is the care, maintenance, and operation of the Boiler and the equipment associated with the Boiler system.

"Historical Boilers" means steam Boilers preserved, restored, or maintained for hobby or demonstration use.

"HS" means heating surface.

"Inspection Certificate" means a document issued by the Division for the operation of a Boiler, Lined Hot Water

Heater, or Direct Fired Jacketed Steam Kettle when a Certificate Inspection has been successfully completed.

"Internal Inspection" means a complete examination of the internal and external surfaces of a Boiler or Lined Hot Water Heater by an Authorized Inspector after the Boiler or Lined Hot Water Heater is shut down.

"Kw" means kilowatt.

"MAWP" means maximum allowable working pressure.

"National Board Commissioned Inspector" means an individual who holds a valid and current National Board Commission issued by the National Board of Boiler and Pressure Vessel Inspectors.

"National Board Registration Number" means a unique number issued to a Boiler, Lined Hot Water Heater, or Pressure Vessel by the manufacturer and recorded with the National Board of Boiler and Pressure Vessel Inspectors.

"NFPA" means National Fire Protection Association.

"Non-Standard Boiler" means any Boiler, Lined Hot Water Heater, or Pressure Vessel that is not constructed or maintained to the standards incorporated by reference of this Article.

"Out of Service" means to either: (1) physically sever or disconnect all sources of energy (water, gas, fuel, electricity, etc.); cap all fuel lines; and disconnect or remove all electrical lines from the Boiler, Lined Hot Water Heater, or Pressure Vessel; or (2) to lock out and tag out the Boiler, Hot Water Heater, or Pressure Vessel per 29 C.F.R. §1910.147, OSHA, General Industry Regulations.

"Portable Boiler" means a Boiler permanently affixed to a trailer with wheels, that is totally self-contained while operating, and not attached to any other object either by pipe, hose, or wire.

"PVHO" means Pressure Vessels for Human Occupancy.

"Relief Valve" means an ASME-stamped automatic pressure relieving device designed for liquid service which is actuated by the pressure upstream of the valve and opens further with an increase in pressure above the stamped pressure.

"Repairs" means work necessary to restore a Boiler, Lined Hot Water Heater, or Pressure Vessel to operating condition that complies with this Article.

"Safety Relief Valve" means an ASME-stamped automatically pressure-actuated relieving device designed for use either as a Safety Valve or as a Relief Valve.

"Safety Valve" means an ASME-stamped automatic pressure relieving device designed for steam or vapor service which is actuated by the pressure upstream of the valve and characterized by full opening pop-action.

"Secondhand" means a Boiler, Lined Hot Water Heater, or Pressure Vessel that has changed both location and ownership since original installation.

"Serves" means either mailing to the last known address of the receiving party, or transmitting by other means, including electronic transmission, with the written consent of the receiving party.

"Shelter" means a permanent structure that provides protection from the weather.

"Special Inspector" means an inspector who is issued a Special Inspector Certificate under R20-5-420.

"State Identification Number" means a unique number assigned by the Division to a Boiler, Lined Hot Water Heater, or Pressure Vessel installed in Arizona.

"User" means a person or entity that does not have legal title to a Boiler, Lined Hot Water Heater, or Pressure Vessel, but has control and responsibility for the operation of a Boiler, Lined Hot Water Heater, or Pressure Vessel.

Historical Note

Former Rules B-2.1 through B-2.6. Former Section R4-13-402 repealed, new Section R4-13-402 adopted effective April 12, 1979 (Supp. 79-2). Amended effective March 31, 1981 (Supp. 81-2). Amended effective May 11, 1981 (Supp. 81-3). Amended effective May 31, 1985 (Supp. 85-3). Section R4-1-402 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-402 recodified from R4-13-402 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-403. Repealed

Historical Note

Former Rules B-3.1 through B-3.3. Former Section R4-13-403 repealed, new Section R4-13-403 adopted effective April 12, 1978 (Supp. 79-2). Section R4-13-403 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-403 recodified from R4-13-403 (Supp. 95-1). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Repealed by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-404. Standards for Boilers, Lined Hot Water Heaters and Pressure Vessels

A. The following apply to this Article:

1. An Owner, Operator, or User, of a Boiler, Lined Hot Water Heater or Pressure Vessel installed, repaired, replaced, or reinstalled in Arizona, six months after the effective date of this Article shall comply with the 2019 ASME Boiler and Pressure Vessel Code, Sections I, II, IV, V, VI, VII, VIII Division 1, 2, 3, IX, X, ASME 2020 Code for Pressure Piping B31.1, and 2019 ASME PVHO-1 Safety Standard for Pressure Vessels for Human Occupancy incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from the ASME at Three Park Avenue, New York, NY 10016-5990 or at http://www.asme.org/.
2. An Owner, Operator, or User, of a Boiler, Lined Hot Water Heater, or Pressure Vessel installed, repaired, replaced, or reinstalled in Arizona, before the effective date of this Article shall comply with subsection (A)(1), or the ASME Boiler and Pressure Vessel Code in effect at the time of the last installation, repair, replacement, or reinstallation of the boiler Boiler, Lined Hot Water Heater, or Pressure Vessel in Arizona.

3. An Owner, Operator, or User of a gas-fired Lined Hot Water Heater installed, operated, repaired, replaced, or reinstalled in Arizona shall comply with the American National Standard for Gas Water Heaters, ANSI Z21.10.3 2017, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from ANSI, Customer Service Department, 25 W. 43rd Street, 4th Floor, New York, NY 10036 or at http://www.ansi.org/.
4. An Owner, Operator, or User, of a Boiler installed, repaired, replaced, or reinstalled in Arizona after the effective date of this Article shall comply with the American National Standard for Controls and Safety Devices for Automatically Fired Boilers, ANSI/ASME CSD-1-2018, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from the ASME, Three Park Avenue, New York, NY 10016-5990 or at http://www.asme.org/.
5. An Owner, Operator, or User, of a Boiler installed, repaired, replaced, or reinstalled in Arizona before the effective date of this Article shall comply with the American National Standard for Controls and Safety Devices for Automatically Fired Boilers in effect at the time of the last installation, repair, replacement or reinstallation of a Boiler in Arizona. As an alternative, an Owner, Operator, or User, of a Boiler described in this subsection may comply with subsection (A)(4).
6. A permanent source of outside air shall be provided for each Boiler and Lined Hot Water Heater room to assure complete combustion of the fuel as required by ANSI Z223.1- 2018, NFPA 54, National Fuel Gas Code incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from ANSI, at Customer Service Department, 25 W. 43rd Street, 4th Floor, New York, NY 10036 or at http://www.ansi.org/.
7. All new Power Boilers installed after the effective date of this subsection, having power piping, welded or mechanically assembled, (pipe, valves, and fittings) falling within the scope of ASME Code, Section I, shall be designed, constructed and listed on the appropriate ASME Code, Section I, manufacturer's data report, P-2A, P-4A, P-4B, P-6 as applicable, incorporated by reference in R20-5-404(A)(1).
8. An Owner, Operator, or User, of a Boiler installed, repaired, replaced, or reinstalled in Arizona having a capacity equal to or greater than 12,500,000 BTU/hr input after the effective date of this subsection shall comply with ANSI NFPA 85, Boiler and Combustion Systems Hazards Code, 2019 edition, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from ANSI, at Customer Service Department, 25 W. 43rd Street, 4th Floor, New York, NY 10036 or at http://www.ansi.org/.

B. The following registration requirements apply to this Article;
1. All Boilers, Lined Hot Water Heaters, and Pressure Vessels, including reinstalled and Secondhand Boilers, shall be registered with the National Board of Boiler and Pressure Vessel Inspectors except for:
   a. Non-Standard Boilers installed up to six months after the effective date of this Section,
   b. Cast iron Boilers, and
   c. Cast aluminum Boilers.
2. All fired and unfired Pressure Vessels installed or reinstalled on or after July 1, 2009, shall be registered with the National Board of Boiler and Pressure Vessel Inspectors.

C. The following installation, maintenance, and repair requirements apply to this Article.
1. An Owner, Operator, or User shall maintain a signed copy of the Manufacturer's Data Report, and Manufacturer's/Installing Contractors Report for ASME CSD-1, if applicable for a Boiler, Lined Hot Water Heater, or Pressure Vessel at the location of the Boiler Lined Hot Water Heater, or Pressure Vessel and make the reports available for review upon request from an Authorized Inspector.
2. A Boiler shall have masonry or structural supports of sufficient strength and rigidity to safely support the Boiler and its contents without any vibration in the Boiler or its connecting piping.
3. There shall be at least 36 in. (915 mm) of clearance on each side of the Boiler or Lined Hot Water Heater. Alternative clearances according to the manufacturer's recommendations are subject to approval by an Authorized Inspector prior to installation of a Boiler, Lined Hot Water Heater or Pressure Vessel.
4. A Boiler with a manhole shall have at least five feet clearance between the Boiler manhole and any wall, ceiling, or piping.
5. A newly constructed Boiler room in excess of 500 square feet of floor area and containing one or more Boilers with a fuel capacity of 1,000,000 BTU /hr or a heating capacity greater than 285 Kw (electric), shall have at least two exits on each level of the Boiler or Boilers. The Owner, Operator, or User shall ensure each exit is remotely located from other exits.
6. An Owner, Operator, or User shall keep a Boiler, Lined Hot Water Heater, or Pressure Vessel room clean and with no obstructions to the Boiler, Lined Hot Water Heater, or Pressure Vessel.
7. An Owner, Operator, or User shall not store flammable or explosive materials in a Boiler or Lined Hot Water Heater room.
8. An Owner, Operator, or User shall not store combustibles any less than three feet from any part of a Boiler, Lined Hot Water Heater, or Pressure Vessel.
9. If a Boiler, Lined Hot Water Heater, or Pressure Vessel is moved outside Arizona for temporary use or Repairs, the Owner, Operator, or User shall not reinstall the Boiler, Lined Hot Water Heater, or Pressure Vessel in Arizona until receiving verbal or written approval from the Division under R20-5-419. If the Division grants approval the Owner, Operator, or User shall not operate the reinstalled Boiler, Lined Hot Water Heater, or Pressure Vessel until receiving an Inspection Certificate under this Article.
10. Before a new Power Boiler or Secondhand Boiler or Pressure Vessel is installed, an inspection in accordance with

R20-5-408 shall be made by an Authorized Inspector or by a National Board Commissioned Inspector. This inspection is to assess the integrity of the vessel and evaluate the original design specification. Prior to installation, an application shall be filed by the Owner, Operator, or User of the Boiler or Pressure Vessel with the Division for approval. This application shall contain the following information:

a. Name of the Owner, Operator, or User;
b. Mailing address of Owner, Operator, or User;
c. Business telephone number of Owner, Operator, or User;
d. Installation name and address;
e. Installation date;
f. Start up date;
g. Name and address of Boiler or Pressure Vessel insurance company;
h. Arizona serial number of the Boiler or Pressure Vessel being replaced, if applicable;
i. Description of the new, or Secondhand Power Boiler or Pressure Vessel to include:
   i. Manufacture's name,
   ii. Date manufactured,
   iii. MAWP or temperature of Boiler or Pressure Vessel, and
   iv. National Board registration number;
j. Name, address, business phone number, cell phone number, fax number and state contractor's license number of company or individual that will be installing the Boiler or Pressure Vessel;
k. Name, title, and phone number of the contact person on the site of installation; and
l. Signature, title, and date of the person submitting the application.

11. Before the Owner, Operator, or User installing a Secondhand Boiler or Pressure Vessel, the Boiler or Pressure Vessel shall pass a hydrostatic test that is witnessed by an Authorized Inspector or by any National Board Commissioned inspector in accordance with R20-5-411.
12. An Owner, Operator, or User of a Portable Boiler shall notify an Authorized Inspector before installing the Portable Boiler and shall not operate the Portable Boiler until the Owner, Operator, or User receives an Inspection Certificate from the Division.

Historical Note

Former Rules B-4.1 through B-4.3. Former Section R4-13-404 repealed, new Section R4-13-404 adopted effective April 12, 1979 (Supp. 79-2). Amended subsection (P) by adding paragraph (7) and amended subsection (Q) effective October 3, 1980 (Supp. 80-5). Section R4-13-404 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-404 recodified from R4-13-404 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-405. Repealed

Historical Note

Former Section R4-13-405 repealed effective April 12, 1979 (Supp. 79-2). New Section R4-13-405 adopted effective June 13, 1980 (Supp. 80-3). Section R4-13-405 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-405 recodified from R4-13-405 (Supp. 95-1). Repealed by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

R20-5-406. Repairs and Alterations

A. If Repairs or Alterations may affect the working pressure or safety of a Boiler, Lined Hot Water Heater, or Pressure Vessel, an Owner, Operator, or User shall consult with an Authorized Inspector before having the Repairs or Alterations made. The Authorized Inspector shall provide the Owner, Operator, or User information regarding the best method to repair or alter the Boiler, Lined Hot Water Heater, or Pressure Vessel. The Owner, Operator, or User shall ensure that an Authorized Inspector inspects and approves the Repairs and Alterations after the Repairs or Alterations are made.

B. Repairs and Alterations to Boilers, Lined Hot Water Heaters, or Pressure Vessels shall conform to the applicable provisions of the National Board Inspection Code, ANSI/NB-23-2019, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007, and may be obtained from the National Board of Boiler and Pressure Vessel Inspectors, at 1055 Crupper Avenue, Columbus, OH 43229-1183 or at http://www.nationalboard.org/.

C. An Owner, Operator, or User shall not permit an individual to remove or repair a safety appliance of a Boiler, Lined Hot Water Heater, or Pressure Vessel in operation. An Owner, Operator, or User shall not permit a person to remove or repair a safety appliance of a Boiler, Lined Hot Water Heater, or Pressure Vessel not in operation except as provided under the ASME Code. If an Owner, Operator, or User permits a person to remove a safety appliance from a Boiler, Lined Hot Water Heater, or Pressure Vessel as provided under the ASME Code, then the Owner, Operator, or User shall ensure that the safety appliance is reinstalled in proper working order before the Boiler, Hot Water Heater, or Pressure Vessel is placed back into operation.

D. No person shall alter in any manner a Safety Valve, Relief Valve, or Safety Relief Valve, except by an organization qualified in accordance with The National Board Inspection Code, ANSI/NB-23-2019 Edition, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007, and may be obtained from the National Board of Boiler and Pressure Vessel Inspectors at 1055 Crupper Avenue, Columbus, OH 43229-1183 or at http://www.nationalboard.org/.

E. Repairs of fittings or appliances shall comply with the requirements of the National Board Inspection Code, ANSI/NB-23 2019 Edition, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from the National Board of Boiler and Pressure Vessel Inspectors, at 1055 Crupper Avenue, Columbus, OH 43229-1183 or at http://www.nationalboard.org/.

F. On or after the effective date of this subsection, replacement of fittings or appliances shall comply with the requirements of the 2019 ASME Boiler and Pressure Vessel Code, Sections I, II, IV, V, VI, VII, VIII, Division 1, 2, 3, IX, X and 2018 ASME Code for Pressure Piping B31.1, incorporated by reference. This incorporation does not include any later amendments or

editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007. A copy of the incorporated material may also be obtained from ASME, Three Park Avenue, New York, NY 10016-5990 or at http://www.asme.org.

Historical Note

Former Section R4-13-406 repealed effective April 12, 1979 (Supp. 79-2). New Section R4-13-406 adopted effective June 13, 1980 (Supp. 80-3). Section R4-13-406 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-406 recodified from R4-13-406 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-407. Inspection of Boilers, Lined Hot Water Heaters, Direct Fired Jacketed Steam Kettles and Issuance of Inspection Certificates

A. An Authorized Inspector shall comply with the guidelines set forth in The National Board Inspection Code, ANSI/NB-23-2019 Edition, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from the National Board of Boiler and Pressure Vessel Inspectors, 1055 Crupper Avenue, Columbus, OH 43229-1183 or at http://www.nationalboard.org/.

B. If an Owner, Operator, or User fails to comply with the requirements for an inspection or pressure test under this Article, the Division shall withhold the Inspection Certificate until the Owner, Operator, or User complies with the requirements.

C. An Authorized Inspector shall not engage in the sale of any object or device relating to, or equipment associated with, Boilers, Lined Hot Water Heaters, or Direct Fired Jacketed Steam Kettles.

D. Under A.R.S. § 23-485(D), the Special Inspector shall file an inspection report within 30 days of an inspection by entering data into the Division's Web-based inspection entry form, by submitting a paper inspection report issued by the Division, or by electronic transfer of data. Whatever form of data transfer a Special Inspector chooses, there shall be no cost to the Division. The inspection report shall contain the following:

1. Whether it is a Certificate or non-Certificate Inspection;
2. Whether it is an Internal Inspection, External Inspection, or both;
3. Name of location, address and phone number of the object;
4. Name, address and phone number of owner or responsible party;
5. Contact person's name and phone number at the inspection location;
6. State Identification Number;
7. Inspection Certificate due date;
8. Inspection Certificate duration;
9. Install/reinstall date, if known;
10. Whether the object is active, inactive, Out-of-Service, standby, or scrapped;
11. MAWP permitted or allowed;
12. National Board registration number;
13. Name of the manufacturer and the year the object was built;
14. Special location in plant, if applicable;
15. Boiler type;
16. Purpose of the Boiler;
17. Specify type of fuel used;
18. Whether the firing method is automatic, manual, or unknown;
19. Whether the fuel train is in compliance with CSD-1, NFPA 85, Z21.10.3 or other;
20. Whether the Boiler is fully attended as per R20-5-408(C);
21. Size/input rate, as applicable;
22. Size classification (HS/BTU/Kw);
23. Whether the heating surface type is stamped, computed, or unknown;
24. Minimum Safety Valve relief capacity required;
25. Whether the minimum Safety Valve relief capacity type is BTU/Hr, lbs/Hr or unknown;
26. Number of temperature/pressure controls, as applicable;
27. Owner number assigned by the Owner to specifically identify object's location;
28. Inspection date;
29. Whether the Inspection Certificate is posted;
30. Safety Valve total capacity;
31. Safety Valve total capacity type (PPH/Hr or BTU/Hr);
32. Safety Valve #1 set pressure;
33. Safety Valve #2 set pressure;
34. Safety Valve #3 set pressure;
35. Safety Valve code stamping (Example: V, HV, UV, UV3.TV, TD, OR NV);
36. Whether the object has been hydro tested;
37. Hydro Test (psi), if applicable;
38. Whether Pressure/Altitude Gage was tested;
39. Whether the condition of the object is okay to issue an Inspection Certificate;
40. Inspection comments, condition of Boiler;
41. Violations noted;
42. Inspector name and Special Inspector number; and
43. National Board Commission number.

E. The Division shall issue to an Owner, Operator, or User an Inspection Certificate within 30 calendar days of receipt of an inspection report that documents a Boiler, Lined Hot Water Heater, or Direct Fired Jacketed Steam Kettle that complies with the Act and this Article. An Owner, Operator, or User of a Boiler, Lined Hot Water Heater, or Direct Fired Jacketed Steam Kettle shall post the Inspection Certificate in the establishment where the Boiler, Lined Hot Water Heater, or Direct Fired Jacketed Steam Kettle is located.

F. An Owner, Operator, or User shall ensure that an Authorized Inspector tags or stamps a steam Boiler with an identification number immediately after installing, but before operating, a new steam Boiler, or when an Authorized Inspector performs an initial Certificate Inspection of an existing steam Boiler. The identification number shall be at least 5/16" in height and in the following format: AZ-# # # #.

G. The Division shall mark with a metal dye stamp a Boiler or Lined Hot Water Heater identified by the Division as not safe for further service, with the code "XXX AZ8 XXX" which shall designate that the Boiler or Lined Hot Water Heater is Condemned.

H. For any conditions not covered by this Article, the applicable provisions of the ASME Code that was in effect in Arizona at the time of the installation of the Boiler or Lined Hot Water Heater shall apply.

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-407 recodified from R4-13-407 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-408. Frequency of Inspection

A. An Owner, Operator, or User, of an existing Power Boiler or High Temperature Water Boiler shall ensure that an Authorized Inspector performs a Certificate Inspection and/or an External Inspection prior to operating the Power Boiler or High Temperature Water Boiler. A Certificate Inspection shall also be performed every 12 months thereafter and an External Inspection of the Power Boiler or High Temperature Water Boiler shall be performed every 12 months thereafter. An Authorized Inspector shall perform the External Inspection while the Power Boiler or High Temperature Water Boiler is in operation to ensure that safety devices are operating properly.

B. An Authorized Inspector shall perform an Internal Inspection and pressure test on a Boiler, Lined Hot Water Heater, or Pressure Vessel if the Authorized Inspector determines from an External Inspection of the Boiler, Lined Hot Water Heater, or Pressure Vessel that continued operation is a danger to the public or worker safety.

C. The Division shall issue a 12-month Inspection Certificate to an Owner, Operator, or User to operate a Fully Attended Power Boiler if:

1. An Owner, Operator, or User ensures that an Authorized Inspector performs an External Inspection and audit of the operational methods and logs of the Fully Attended Power Boiler at least every 12 months and performs an Internal Inspection of the Fully Attended Power Boiler at least every 36 months; and
2. Continuous boiler water treatment is under the direct supervision of persons trained and experienced in water treatment for the purpose of controlling and limiting corrosion and deposits; and
3. Records are available for review, that indicate:
   a. The date, time, and reason the Boiler is Out of Service; and
   b. Daily analysis of water samples that adequately show the conditions of the water and elements or characteristics that are capable of producing corrosion or other deterioration to the Boiler or its parts; and
4. Controls, safety devices, instrumentation, and other equipment necessary for safe operation are current, in service, calibrated, and meet the requirements of an appropriate safety code for the size Boilers, such as NFPA 85, ASME CSD-1 Controls and Safety Devices for Automatically Fired Boilers, National Board Inspection Code ANSI/NB-23, and state requirements; and
5. Inspection reports of an Authorized Inspector document that the Fully Attended Power Boiler complies with the Act and this Article.

D. An Owner, Operator, or User of a Direct-Fired Jacketed Steam Kettle shall ensure that an Authorized Inspector performs a Certificate Inspection at the time of installation, and every 24 months thereafter.

E. An Owner, Operator, or User of a steam heating or process Boiler, not exceeding 15 p.s.i. MAWP, steam or vapor, shall ensure that an Authorized Inspector performs a Certificate Inspection and an External Inspection of the heating or process boiler every 24 months.

F. An Owner, Operator, or User of a hot water heating, hot water supply Boiler, or Lined Hot Water Heater shall ensure that an Authorized Inspector performs a Certificate Inspection and External Inspection of the hot water heating or hot water supply Boiler or Lined Hot Water Heater at installation. An inspection certificate issued by the Division following an inspection under this subsection shall not state an expiration date.

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-408 recodified from R4-13-408 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-409. Notification and Preparation for Inspection

A. An Authorized Inspector shall perform a Certificate Inspection at a time mutually agreeable to the Authorized Inspector and the Owner, Operator, or User.

B. Before an Authorized Inspector performs an Internal Inspection of a Boiler, an Owner, Operator, or User shall:

1. Cool the furnace and combustion chambers;
2. Drain the water from the Boiler;
3. Remove the manhole and handhole plates, wash-out plugs, inspection plugs in water column connections, and disassemble all low-water fuel cutoff float chambers or bowls;
4. Remove insulation or brickwork if necessary to determine the condition of the Boiler, headers, furnace, supports, and other parts;
5. Remove the pressure gauge for testing;
6. Prevent any leakage of steam or hot water into the boiler by disconnecting the involved pipe or valve;
7. Close, tag, and padlock the non-return and steam stop valves before opening the manhole or handhole covers and entering any part of the steam generating unit that is connected to a common header with other Boilers. Open the free blow drain or cock between the non-return and steam stop valves;
8. Close, tag, and padlock the blowoff valves after draining the Boiler: and
9. Open all drains and vent lines.

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-409 recodified from R4-13-409 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-410. Report of Accident

An Owner, Operator, or User shall notify the Division within 24 hours of an explosion, severe overheating, or personal injury involving a Boiler, Lined Hot Water Heater, or Direct Fired Jacketed Steam Kettle. A person shall not remove or disturb the involved Boiler, Lined Hot Water Heater, or Direct Fired Jacketed Steam Kettle or parts of the Boiler, Lined Hot Water Heater, or

Direct Fired Jacketed Steam Kettle before an investigation by an Authorized Inspector, except for the purpose of preventing personal injury or limiting consequential damage.

Historical Note
Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-410 recodified from R4-13-410 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-411. Hydrostatic Tests

The Owner, Operator, or User of a Boiler shall perform a hydrostatic or pneumatic pressure test in accordance with the code incorporated by reference in R20-5-404(A) and R20-5-406(B).

Historical Note
Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-411 recodified from R4-13-411 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-412. Automatic Low-water Fuel Cutoff Devices or Combined Water Feeding and Fuel Cutoff Devices

A. An Owner, Operator, or User shall ensure that low-water fuel cutoff devices or combined water feeding and fuel cutoff devices do not interfere with an Operator's or Authorized Inspector's ability to safely clean, repair, or inspect a Boiler, Lined Hot Water Heater, or Pressure Vessel.

B. A low-water fuel cutoff device shall have a pressure rating not less than the set pressure of the Safety Valve or Safety Relief Valve.

C. In addition to the requirements of subsections (A) and (B), all low-water fuel cutoffs and flow sensing devices shall be constructed and installed in accordance with applicable ASME Code and standards for Boilers and Direct Fired Jacketed Steam Kettle in R20-5-404(A).

Historical Note
Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-412 recodified from R4-13-412 (Supp. 95-1). Amended effective October 9, 1998 (98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-413. Safety and Safety Relief Valves

A. A valve shall not be placed between a Safety Valve, Relief Valve, or a Safety Relief Valve and the Boiler, Lined Hot Water Heater, or Pressure Vessel, or between a Safety Valve, Relief Valve, or a Safety Relief Valve and the discharge pipe attached to the Boiler, Lined Hot Water Heater, or Pressure Vessel.

B. When a Power Boiler is supplied with feed-water directly from a water main without the use of a feeding apparatus, Safety Valves shall not be set at a pressure greater than 94% of the lowest pressure obtained in the water main feeding the Boiler;

C. Safety Valves, Safety Relief Valves, and Relief Valves shall conform to the requirements of the 2019 ASME Boiler and Pressure Vessel Code, Section I, IV or VIII, July, incorporated by reference as applicable. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ and may be obtained from ASME, Three Park Avenue, New York, NY 10016-5990 or at http://www.asme.org/.

D. The resetting, repairing, and restamping of Safety Valves, Relief Valves, and Safety Relief Valves shall be done by a qualified valve repair organization holding a valid "VR" Certificate of Authorization issued by the National Board of Boiler and Pressure Vessel Inspectors. ASME valve manufacturers holding a valid "V," "HV," and "UV" Certificate or Certificates of Authorization may also do this work provided they also have a valid "VR" Certificate of Authorization issued by the National Board of Boiler and Pressure Vessel Inspectors.

E. With jurisdictional approval, Owner, Operators, and Users of Boilers, Lined Hot Water Heaters, and Pressure Vessels may authorize external adjustments to bring installed Safety Valves, Relief Valves, and Safety Relief Valves back to the stamped set pressure when performed by the Owner's, Operator's, or User's trained, qualified, regular, and full-time employees. Refer to Supplement 7.10 of the National Board Inspection Code for guidelines regarding training, documentation, and the implementation of a quality system for the Owner, Operator, or User employees. All such external adjustments shall be resealed with a metal tag showing the identification of the organization making the adjustments and the date. If any valve repairs are required, they shall be done by a qualified "VR" certificate holder.

Historical Note
Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-413 recodified from R4-13-413 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-414. Repealed

Historical Note
Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-414 recodified from R4-13-414 (Supp. 95-1). Repealed by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

R20-5-415. Boiler Blowdown, Blowoff Equipment and Drains

A. Except as provided in this Section, an Owner, Operator, or User of blowdown and blowoff equipment shall comply with the National Board of Boiler and Pressure Vessel Inspectors, A Guide for Blowoff Vessels, NB-27, Revision 1 (1/13), 2012 Edition, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from the National Board of Boiler and Pressure Vessel Inspectors, 1055 Crupper Avenue, Columbus, OH 43229-1183 or at http://www.nationalboard.org/.

B. Blowdown from a Boiler is a hazard to life and property.

C. Blowdown from a Boiler shall pass through blowdown equipment that reduces pressure and temperature to levels not exceeding 5 p.s.i.g. and 140° F.

D. The thickness of a blowdown vessel shall be at least 3/16".

E. All blowdown equipment shall be fitted with openings that allow cleaning and inspection of the equipment.

F. Blowdown Separators may be used with Boilers instead of Boiler Blowdown Tanks, provided that Blowdown Separators are operated with a temperature gauge and water cooler to prevent drain water temperature from exceeding 140° F.

G. In addition to the requirements of subsections (A) through (F), the following requirements apply to blowdown piping, valves and drains for Power Boilers: Each Power Boiler and High Temperature Water Boiler shall be installed and maintained according to ASME Code, Section 1 and B31.1, incorporated by reference in R20-5-404, at the time of installation.

H. In addition to the requirements of subsections (A) through (F), the following requirements apply to bottom blowdown or drain valves for heating Boilers and Lined Hot Water Heaters:

1. A hot water heating Boiler or Lined Hot Water Heater shall have a bottom blowdown or drain pipe connection fitted with a valve or cock connected with the lowest available water space with the minimum size of blowdown piping and valves as required by ASME Code, Section IV, incorporated by reference, in R20-5-404(A).
2. Discharge outlets of blowdown pipes, Safety Valves, Relief Valves, or Safety Relief Valves, and other piping shall be located and structurally supported to prevent injury to individuals.

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-415 recodified from R4-13-415 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-416. Maximum Allowable Working Pressure

A. The ASME Code under which a Boiler, Lined Hot Water Heater, or Pressure Vessel was constructed and stamped shall determine the MAWP.

B. If components in the Boiler, or hot water system such as valves, pumps, expansion tanks, storage tanks or piping have a lesser working pressure rating than the Boiler or Lined Hot Water Heater, the pressure setting for the Safety Valve Relief Valve, or Safety Relief Valve on the Boiler or Lined Hot Water Heater shall be based upon the component with the lowest MAWP rating.

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-416 recodified from R4-13-416 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-417. Maintenance and Operation of Boilers, Lined Hot Water Heaters and Direct Fired Jacketed Steam Kettles

A. An Owner, Operator, or User of a lined Boiler, Lined Hot Water Heater, or Direct Fired Jacketed Steam Kettle constructed under the ASME Code, Sections I, IV or VIII Division 1, incorporated by reference in R20-5-404(A) shall comply with the manufacturer's maintenance and operation instructions.

B. In addition to the requirements of subsection (A), an Owner, Operator, or User of a Boiler constructed under the ASME Code, Sections I, or IV shall comply with the following preventive maintenance schedule if the boiler contains the component or system listed.

1. On a daily basis, the Owner, Operator, or User shall:
   a. Test the low-water fuel cutoff and alarm, and
   b. Check the burner flame for proper combustion.
2. On a weekly basis, the Owner, Operator, or User shall:
   a. Check for proper ignition, and
   b. Check the flame failure detection system.
3. On a monthly basis, the Owner, Operator, or User shall:
   a. Test all fan and air pressure interlocks,
   b. Check the main burner safety shutoff valve,
   c. Check the low fire start switch,
   d. Test fuel pressure and temperature interlocks of oil-fired units, and
   e. Test the high and low fuel pressure switch of gas-fired units.
4. Every six months, the Owner, Operator, or User shall:
   a. Inspect burner components;
   b. Check flame failure system components, such as vacuum tubes, amplifier and relays;
   c. Check wiring of all interlocks and shutoff valves; and
   d. Check steam and blowdown piping and valves.
5. Annually, the Owner, Operator, or User shall:
   a. Replace vacuum tubes, scanners, or flame rods in the flame failure system according to the manufacturer's instructions;
   b. Check all coils and diaphragms; and
   c. Test operating parts of all safety shutoff and control valves.
   d. Unless there is other information to assess their accuracy or reliability, all pressure gages shall be removed, tested, and their readings compared to the readings of a calibrated standard test gage or a dead weight tester.

C. An Owner, Operator, or User of a Power Boiler or High Temperature Water Boiler shall designate an individual who meets the requirements of subsection (D) to operate the Boiler. An Owner, Operator, or User may operate the Boiler if the Owner, Operator, or User meets the requirements of subsection (D).

D. An Operator or User of a Power Boiler or High Temperature Water Boiler shall meet the following minimum requirements:

1. Knowledge of and an ability to explain the function and operation of all safety controls of the Boiler,
2. Ability to start the Boiler in a safe manner,
3. Knowledge of all safe methods of feeding water to the Boiler,
4. Knowledge of and the ability to blow down the Boiler in a safe manner,
5. Knowledge of safety procedures to follow if water exceeds or drops below permissible safety levels, and
6. Knowledge of and the ability to safely shut down the Boiler.

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2).

R20-5-417 recodified from R4-13-417 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-418. Non-standard Boilers

An Owner, Operator, or User shall remove from service a Boiler, Lined Hot Water Heater, or Pressure Vessel that does not bear an ASME stamp unless a variance is requested under R20-5-429.

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-418 recodified from R4-13-418 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-419. Request to Reinstall Boiler or Lined Hot Water Heater

A. The Division shall grant or deny approval to reinstall a Boiler or Lined Hot Water Heater within three business days after an Owner, Operator, or User requests approval. The order of the Division granting or denying approval shall be in writing.

B. The Division shall grant approval if the Boiler or Lined Hot Water Heater complies with the Act and this Article. The Division shall deny approval if the Boiler or Lined Hot Water Heater does not comply with the Act and this Article.

C. An order of the Division denying approval shall be final unless an Owner, Operator, or User requests a hearing under A.R.S. § 23-479 within 15 days after the Division Serves the order. The Owner, Operator, or User requesting a hearing shall have the burden to prove that a Boiler or Lined Hot Water Heater meets the requirements of the Act and this Article.

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-419 recodified from R4-13-419 (Supp. 95-1). New Section adopted effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-420. Special Inspector Certificate under A.R.S. § 23-485

A. The Division shall administratively review an Applicant's application for a Special Inspector Certificate under A.R.S. § 23-485 within seven days of receipt of the application to determine if the application is complete. If the application is incomplete, the Division shall notify the Applicant in writing of the missing documentation or information necessary to comply with this Article.

B. The Division shall deem an application withdrawn if the Applicant fails to file a complete application within ten days of being notified by the Division that the application is incomplete pursuant to subsection A, unless the Applicant obtains an extension to provide the missing information. An Applicant may obtain an extension to submit the missing information by filing a written request with the Division no later than ten days after the Division Serves notice that the application is incomplete, stating the reasons why the Applicant is unable to meet the ten-day deadline.

C. An application for a Special Inspector Certificate under A.R.S. § 23-485 is deemed complete under subsection (A) when the following is filed with the Division:

1. Written documentation demonstrating that the Applicant holds a current commission issued by the National Board of Boiler and Pressure Vessel Inspectors; and
2. Proof of employment as a full-time inspector for a company conducting business in Arizona with a certificate of accreditation as outlined in A.R.S. § 23-485 and whose duties as an inspector include making inspections of Boilers or Lined Hot Water Heaters to be used or insured by such company and not for resale.

D. If an Applicant meets the criteria of A.R.S. § 23-485 and subsection (C) of this Section, the Division shall issue a Special Inspector Certificate to the Applicant within 15 calendar days. If an Applicant fails to meet the criteria of A.R.S. § 23-485 and subsection (C) of this Section, the Division shall issue a written notice denying eligibility to the Applicant. The Commission shall deem the notice denying eligibility final if an Applicant does not request a hearing within 15 calendar days after the Division Serves the notice.

E. A Hearing on the denial of eligibility for a Special Inspector Certificate shall be governed by the following provisions:

1. A request for hearing protesting a denial of eligibility shall be in writing and signed by the Applicant or the Applicant's legal representative and filed with the Division.
2. The Commission shall hold a hearing under A.R.S. § 41-1065. The hearing shall be recorded.
3. The chair of the Commission or designee shall preside over hearings held under this Section. The chair shall apply the provisions of A.R.S. § 41-1062 et seq. to hearings held under this Section and shall have the authority and power of a presiding officer as described in A.R.S § 41-1062.
4. A decision of the Commission to deny or grant eligibility for a Special Inspector Certificate shall be based upon the criteria set forth in A.R.S. § 23-485 and this Section and shall be made by a majority vote of the quorum of Commission members present when the decision is rendered at a public meeting. After a decision is rendered at a public meeting, the Commission shall issue a written decision upon hearing which shall include findings of fact and conclusions of law, separately stated. An order of the Commission denying a Special Inspector Certificate is final unless an applicant files a request for review within 15 days after the Commission Serves its order.
5. A request for review shall be based upon one or more of the following grounds which have materially affected the rights of an Applicant:
   a. Irregularities in the hearing proceedings or any order or abuse of discretion whereby the Applicant seeking review was deprived of a fair hearing;
   b. Misconduct by the Division;
   c. Accident or surprise which could not have been prevented by ordinary prudence;
   d. Newly discovered material evidence that could not have been discovered with reasonable diligence and produced at the hearing;
   e. Excessive or insufficient sanctions or penalties imposed at hearing;

f. Error in the admission or rejection of evidence, or errors of law occurring at, or during the course of, the hearing;
g. Bias or prejudice of the Division; and
h. The order, decision, or findings of fact are not justified by the evidence or are contrary to law.

6. The Commission shall issue a decision upon review no later than 30 days after receiving a request for review.
7. The Commission's decision upon review is final unless an Applicant seeks judicial review as provided in A.R.S. § 23-483.

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-420 recodified from R4-13-420 (Supp. 95-1). New Section adopted effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-421. Repealed

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-421 recodified from R4-13-421 (Supp. 95-1).

R20-5-422. Repealed

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-422 recodified from R4-13-422 (Supp. 95-1).

R20-5-423. Repealed

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-423 recodified from R4-13-423 (Supp. 95-1).

R20-5-424. Repealed

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-424 recodified from R4-13-424 (Supp. 95-1).

R20-5-425. Repealed

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-425 recodified from R4-13-425 (Supp. 95-1).

R20-5-426. Repealed

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-426 recodified from R4-13-426 (Supp. 95-1).

R20-5-427. Repealed

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-427 recodified from R4-13-427 (Supp. 95-1).

R20-5-428. Repealed

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-428 recodified from R4-13-428 (Supp. 95-1).

R20-5-429. Variance

A. Any Owner, Operator, or User may apply to the Director for a variance from the requirements of this Article, upon demonstrating the construction, installation, and operation of the Boiler, Lined Hot Water Heater, or Pressure Vessel will maintain the same level of safety as prescribed by this Article. The Director shall issue a variance if the Director determines that the proponent of the variance has demonstrated the construction, installation, and operation of the Boiler, Lined Hot Water Heater, or Pressure Vessel will maintain the same level of safety as prescribed by this Article. The variance issued shall prescribe the construction, installation, operation, maintenance, and repair conditions that the Owner, Operator, or User shall maintain.

B. A variance may be modified or revoked upon application by an Owner, Operator, or User or the Director, on the Director's own motion at any time after six months from issuance if the owner or user Owner, Operator, or User has not complied with the variance or if the variance does not protect the health and safety of employees or general public.

C. The application for a variance shall be made on the form issued by the Division and contains the following information:

1. Owner, Operator, or User name and company name;
2. Mailing address;
3. Telephone number;
4. Fax number;
5. Contact person;
6. Contact person's telephone number;
7. Address or location of proposed variance;
8. Type of facility to include;
   a. Variance description,
   b. Justification for variance,
   c. Component or system involved,
   d. Supporting documentation for variance,
   e. Identify the statute, rule, code or standard to justify the variance; and
9. Printed name and title of Owner, Operator, or User, signature of Owner, Operator, or User, and date.

D. If an Owner, Operator, or User does not agree with the variance issued or revoked by the Director, a request for a hearing under A.R.S. § 23-479 can be made with the Commission.

Historical Note

New Section made by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-430. Forced Circulation Lined Hot Water Heaters

A. All water tube or coil-type Lined Hot Water Heaters that require forced circulation to prevent overheating and failure of the tubes or coils shall have a safety control, to prevent burner operation at a flow rate inadequate to protect the Lined Hot Water Heater unit against overheating, at all allowable firing rates. The safety control shall shut down the burner and prevent restarting until an adequate flow is restored. The flow sensing device shall be labeled and listed by a nationally recognized testing agency as a standard for limit controls complying with UL 353. This safety control shall be independent of any other operating controls.

B. All water tube or coil-type Lined Hot Water Heaters that require forced circulation to prevent overheating and failure of the tubes or coils, shall have a manually operated remote shutdown switch or circuit breaker and shall be located just outside the Lined Hot Water Heater's room door and marked for easy identification. The shutdown switch shall be installed in a manner to safeguard against tampering. If a Lined Hot Water Heater's room door is on the building exterior, the switch shall be located just inside the door. If there is more than one door to the Lined Hot Water Heater's room, there shall be a switch

located at each door. The remote shutdown switch or circuit breaker shall disconnect all power to the burner controls.

Historical Note
New Section made by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-431. Code Cases
Code cases approved for use by ASME are allowed to be used in the design, fabrication and testing of Boilers, Lined Hot Water Heaters, and Pressure Vessels provided approval from the boiler chief is obtained prior to use.

Historical Note
New Section made by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

R20-5-432. Historical Boilers
Historical boilers shall require an initial Certificate Inspection by an Authorized Inspector in accordance with The National Board Inspection Code, followed by a Certificate Inspection every three years thereafter if stored inside a shelter, or annually if stored outdoors. The initial Certificate Inspection shall include ultrasonic thickness testing of all pressure boundaries. Thinning of the pressure retaining boundary shall be monitored and recorded on the inspection report.

Historical Note
New Section made by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

ARTICLE 5. ELEVATOR AND CONVEYANCE SAFETY

R20-5-501. Repealed

Historical Note
Former Rule E-1. Amended effective November 9, 1979 (Supp. 79-6). R20-5-501 recodified from R4-13-501 (Supp. 95-1). Section repealed by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1).

R20-5-502. Definitions
In addition to the definitions provided in A.R.S. § 23-491, the following definitions apply to this Article:

"Alteration" or "altered" means work performed to any conveyance that is not routine maintenance or repair.

"ASME" means American Society of Mechanical Engineers.

"ANSI" means American National Standard Institute.

"AZFS key" means Arizona Firefighters Service Key, a universal key used by a firefighter to operate a conveyance during an emergency.

"Chief" means the head inspector of the Elevator Safety Section of the Division of Occupational Safety and Health.

"Conveyance" defined in A.R.S. § 23-491, also includes employee elevators for construction and demolition operations, material lifts, platform lifts, orchestra lifts and stairway chairlifts.

"Elevator Safety Section" means the Elevator Safety Section of the Division of Occupational Safety and Health of the Commission.

"Employee elevator for construction and demolition operations" means an elevator that is not an integral part of a building, is installed inside or outside buildings or structures during construction, alteration, or demolition operations, and is used to raise and lower workers and other personnel.

"Inspection" means the official determination by an inspector of the condition of all parts of the equipment on which the safe operation of a conveyance depends.

"Orchestra lift" means a lift operating at a speed of 15 (4.6 meters) per minute or less, not designed for passenger use, not for moving during performances, providing an extension of the stage, and providing an extension of the auditorium floor.

"Platform lift" means a powered hoisting and lowering mechanism designed to transport mobility-impaired persons on a guided platform that travels on an incline or vertically.

"Stairway chairlift" means a powered hoisting and lowering mechanism that is guided and equipped with a seat to transport seated passengers along stairways.

"State Serial Number" is a unique number assigned by the Chief Elevator Inspector to a conveyance.

Historical Note
Former Rule E-2. R20-5-502 recodified from R4-13-502 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

R20-5-503. Repealed

Historical Note
Former Rule E-3. R20-5-503 recodified from R4-13-503 (Supp. 95-1). Section repealed by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1).

R20-5-504. Safety Standard for Platform Lifts and Stairway Chairlifts

A. Every owner or operator of a platform lift or stairway chairlift installed, repaired, or altered on or after January 1, 2023, shall comply with ASME A18.1-2020 (Safety Standard for Platform Lifts and Stairway Chairlifts), with amendments as of November 29, 2020, which is incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. This incorporation by reference does not include any later amendments or editions of the incorporated matter.

B. Every owner or operator of a platform lift or stairway chairlift installed, repaired, or altered prior to January 1, 2023, shall comply with either: (1) ASME A18.1-2005 (Safety Standard for Platform Lifts and Stairway Chairlifts), with amendments as of November 29, 2005; or (2) ASME A18.1-2020 (Safety Standard for Platform Lifts and Stairway Chairlift), with amendments as of November 29, 2020, which are incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. These incorporations by

reference do not include any later amendments or editions of the incorporated matter.

C. A copy of the referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ASME at Three Park Avenue, New York, New York 10016-5990 or at http://www.asme.org.

Historical Note

Former Rule E-4. R20-5-504 recodified from R4-13-504 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

R20-5-505. Certificate of Inspection

The owner or operator of a conveyance shall maintain the Commission's certificate at the same location as the conveyance or related equipment and make the certificate available for inspection and copying upon request. The State Serial Number or certificate shall be posted or displayed in or within close proximity to the conveyance in a location that is easily accessible.

Historical Note

Former Rule E-5. R20-5-505 recodified from R4-13-505 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

R20-5-506. Recordkeeping

A. The Elevator Safety Section shall assign a State Serial Number to every conveyance for recordkeeping purposes. The State Serial Number shall be on a tag that is affixed to the controller or mainline disconnect of the conveyance.

B. The owner or operator of a conveyance shall notify the Elevator Safety Section at least 90 days before installation, relocation, or alteration of a conveyance.

C. The owner or operator of a conveyance shall notify the Elevator Safety Section within 24 hours of every accident resulting in injury to a person or disabling damage to a conveyance. For purposes of this subsection, disabling damage means any damage to a conveyance that impairs normal operations.

Historical Note

Former Rule E-6. Amended effective November 9, 1979 (Supp. 79-6). R20-5-506 recodified from R4-13-506 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

R20-5-507. Safety Code for Elevators, Escalators, Dumbwaiters, Moving Walks, Material Lifts, Special Purpose Personnel Elevators, and Dumbwaiters with Automatic Transfer Devices

A. Every owner or operator of an elevator, escalator, dumbwaiter, moving walk, material lift, special purpose personnel elevator, or dumbwaiter with automatic transfer device installed, repaired, or altered on or after January 1, 2023, shall comply with the ASME A17.1-2019 (Safety Code for Elevators and Escalators) or ASME A17.7-2007 (Performance-Based Safety Code for Elevators and Escalators) as referenced in ASME A17.1-2019, which are incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. These incorporations by reference do not include any later amendments or editions of the incorporated matter.

B. Every owner or operator of an elevator, escalator, dumbwaiter, moving walk, material lift, special purpose personnel elevator, or dumbwaiter with automatic transfer device installed, repaired, or altered between May 5, 2009, and December 31, 2022, shall comply with either: (1) ASME A17.1-2019 (Safety Code for Elevators and Escalators); (2) ASME A17.1-2007 (Safety Code for Elevators and Escalators); or (3) ASME A17.7-2007 (Performance-Based Safety Code for Elevators and Escalators), as referenced in ASME A17.1-2019 and ASME A17.1-2007, which are incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. These incorporations by reference do not include any later amendments or editions of the incorporated matter.

C. Every owner or operator of an elevator, escalator, dumbwaiter, moving walk, material lift, special purpose personnel elevator, or dumbwaiter with automatic transfer device installed, repaired, or altered before May 5, 2009, shall comply with either: (1) ASME A17.1-2019 (Safety Code for Elevators and Escalators); (2) ASME A17.1-2007 (Safety Code for Elevators and Escalators); (3) ASME A17.7-2007 (Performance-Based Safety Code for Elevators and Escalators), as referenced in ASME A17.1-2019 and A17.1-2007; or (4) the version of ASME A17.1 (Safety Code for Elevators and Escalators) in effect at the time of installation, which are incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. These incorporations by reference do not include any later amendments or editions of the incorporated matter.

D. For installations of a residential elevator, escalator, dumbwaiter, moving walk, material lift, or dumbwaiter with an automatic transfer device, installed after February 6, 2020, the distance between the hoistway face of the hoistway doors and the hoistway edge of the landing sill shall not exceed 19 mm (0.75 in.) for swinging doors and 57 mm (2.25 in.) for sliding doors.

E. A copy of the referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and may be obtained from ASME at Three Park Avenue, New York, New York 10016-5990 or at http://www.asme.org.

Historical Note

Former Rule R4-13-507 repealed, new Section R4-13-507 adopted effective November 9, 1979 (Supp. 79-6). Amended effective March 30, 1981 (Supp. 81-2). Amended effective June 23, 1983 (Supp. 83-3). Amended effective July 24, 1985 (Supp. 85-4). Amended effective September 5, 1989 (Supp. 89-3). Amended effective March 20, 1992 (Supp. 91-2). R20-5-507 recodified from R4-13-507 (Supp. 95-1). Amended effective October 8, 1996 (Supp. 96-4). Amended by final rulemaking at 5 A.A.R. 2935, effective August 4, 1999 (Supp. 99-3). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009

(Supp. 09-2). Amended by final rulemaking at 25 A.A.R. 2182, with an immediate effective date of August 6, 2019 (Supp. 19-3). Amended by final rulemaking at 26 A.A.R. 311, with an immediate effective date of February 6, 2020 (Supp. 20-1). Amended by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

R20-5-508. Safety Standard for Manlifts

A. Every owner or operator of a manlift installed, repaired, or altered on or after January 1, 2023, shall comply with ASME A90.1-2015 (Safety Standard for Belt Manlifts), which is incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. This incorporation by reference does not include any later amendments or editions of the incorporated matter.

B. Every owner or operator of a manlift installed, repaired, or altered prior to January 1, 2023, shall comply with either: (1) ASME A90.1-2015 (Safety Standard for Belt Manlifts); or (2) ASME A90.1-2003 (Safety Standard for Belt Manlifts), which are incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. These incorporations by reference do not include any later amendments or editions of the incorporated matter.

C. A copy of the referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ASME at Three Park Avenue, New York, New York 10016-5990 or at http://www.asme.org.

Historical Note

Adopted effective November 9, 1979 (Supp. 79-6). R20-5-508 recodified from R4-13-508 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

R20-5-509. Safety Requirements for Personnel Hoists and Employee Elevators for Construction and Demolition Operations

A. Every owner or operator of a personnel hoist or employee elevator for construction and demolition operation installed, repaired, or altered on or after January 1, 2023, shall comply with ANSI A10.4-2016 (Safety Requirements for Personnel Hoists and Employee Elevators for Construction and Demolition Sites), which is incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. This incorporation by reference does not include any later amendments or editions of the incorporated matter.

B. Every owner or operator of a personnel hoist or employee elevator for construction and demolition operation installed prior to January 1, 2023, shall comply with either: (1) ANSI A10.4-2016 (Safety Requirements for Personnel Hoists and Employee Elevators for Construction and Demolition Sites); or (2) ANSI A10.4-2007 (Safety Requirements for Personnel Hoists and Employee Elevators for Construction and Demolition Sites), which are incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. These incorporations by reference do not include any later amendments or editions of the incorporated matter.

C. A copy of the referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ANSI at 25 West 43rd Street, 4th Floor, New York, New York, 10036 or at http://www.ansi.org.

Historical Note

Adopted effective November 9, 1979 (Supp. 79-6). Amended effective June 23, 1983 (Supp. 83-3). R20-5-509 recodified from R4-13-509 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

R20-5-510. Safety Requirements for Material Hoists

A. Every owner or operator of a material hoist installed, repaired, or altered on or after January 1, 2023, shall comply with ANSI A10.5-2020 (Safety Requirements for Material Hoists), which is incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. This incorporation by reference does not include any later amendments or editions of the incorporated matter.

B. Every owner or operator of a material hoist installed, repaired, or altered prior to January 1, 2023, shall comply with either: (1) ANSI A10.5-2020 (Safety Requirements for Material Hoists); or (2) ANSI A10.5-2006 (Safety Requirements for Material Hoists), which are incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. These incorporations by reference do not include any later amendments or editions of the incorporated matter.

C. A copy of the referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ANSI at 25 West 43rd Street, 4th Floor, New York, New York, 10036 or at http://www.ansi.org.

Historical Note

Adopted effective November 9, 1979 (Supp. 79-6). Amended effective June 23, 1983 (Supp. 83-3). R20-5-510 recodified from R4-13-510 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

R20-5-511. Repealed

Historical Note

Adopted effective March 30, 1981 (Supp. 81-2). R20-5-511 recodified from R4-13-511 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Repealed by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

R20-5-512. Expired

Historical Note
Adopted effective March 30, 1981 (Supp. 81-2). R20-5-512 recodified from R4-13-512 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 2320, effective May 19, 2005 (Supp. 05-2).

R20-5-513. Firefighters' Emergency Operation
All conveyances equipped with firefighters' emergency operation shall utilize the AZFS key.

Historical Note
New Section made by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

R20-5-514. Standard for Elevator Suspension, Compensation, and Governor Systems
A. Every owner or operator of an elevator with elevator suspension, compensation, or governor systems installed, repaired, or altered on or after the effective date of this subsection shall comply with ASME A17.6-2017 (Standard for Elevator Suspension, Compensation, and Governor Systems), which is incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. This incorporation by reference does not include any later amendments or editions of the incorporated matter.
B. A copy of the referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ASME at Three Park Avenue, New York, New York 10016-5990 or at http://www.asme.org.

Historical Note
New Section made by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

R20-5-515. Safety Requirements for Stage and Orchestra Lifts
A. Every owner or operator of a stage lift installed, repaired, or altered on or after the effective date of this section shall comply with ANSI E1.42-2018 (Entertainment Technology - Design, Installation, and Use of Orchestra Pit Lifts), which is incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. This incorporation by reference does not include any later amendments or editions of the incorporated matter.
B. A copy of the reference material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ANSI at 25 West 43rd Street, 4th Floor, New York, New York, 10036 or at http://www.ansi.org/.

Historical Note
New Section made by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

ARTICLE 6. OCCUPATIONAL SAFETY AND HEALTH STANDARDS

R20-5-601. The Federal Occupational Safety and Health Standards for Construction, 29 CFR 1926
Each employer shall comply with the standards in the Federal Occupational Safety and Health Standards for Construction, as published in 29 CFR 1926, with amendments as of January 13, 2025, incorporated by reference. Copies of these referenced materials are available for review at the Industrial Commission of Arizona and may be obtained from the United States Government Printing Office, Superintendent of Documents, Washington, D.C. 20402. These standards shall apply to all conditions and practices related to construction activity by all employers, both public and private, in the state of Arizona. This incorporation by reference does not include amendments or editions to 29 CFR 1926 published after January 13, 2025.

Historical Note
Editorial correction (Supp. 75-1). Amended as an emergency effective November 16, 1977 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Amended as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-601 repealed, former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). Amended effective June 17, 1981 (Supp. 81-3). Amended effective November 14, 1984 (Supp. 84-6). Amended effective March 3, 1987 (Supp. 87-1). Amended effective April 22, 1988; amended effective May 26, 1988 (Supp. 88-2). Amended effective October 14, 1988 (Supp. 88-4). Amended effective September 14, 1989 (Supp. 89-3). Amended effective April 2, 1990 (Supp. 90-2). Amended effective August 6, 1990 (Supp. 90-3). Amended effective February 8, 1991 (Supp. 91-1). Amended effective November 21, 1991 (Supp. 91-4). Amended effective February 28, 1992 (Supp. 91-2). Amended effective October 22, 1992; amended effective December 23, 1992 (Supp. 92-4). Amended effective September 13, 1993 (Supp. 93-3). Amended effective October 21, 1993; amended effective December 17, 1993 (Supp. 93-4). Amended effective May 11, 1994 (Supp. 94-2). Amended effective November 18, 1994 (Supp. 94-4). Amended effective January 12, 1995; R20-5-601 recodified from R4-13-601 (Supp. 95-1). Amended effective August 28, 1996 (Supp. 96-3). Amended effective April 1, 1997 (Supp. 97-2). Amended effective December 12, 1997 (Supp. 97-4). Amended effective August 27, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 592, effective January 14, 2000 (Supp. 00-1). Amended by final rulemaking at 8 A.A.R. 851, effective February 5, 2002 (Supp. 02-1). Amended by final rulemaking at 9 A.A.R. 2108, effective June 2, 2003 (Supp. 03-2). Amended by final rulemaking at 12 A.A.R. 4102, effective December 4, 2006 (Supp. 06-4). Amended by final rulemaking at 13 A.A.R. 1417, effective March 30, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 2711, effective June 17, 2008 (Supp. 08-2). Amended by final rulemaking at 16 A.A.R. 1469, effective September 11, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 1264, effective June 13, 2011 (Supp. 11-2). Amended by final rulemaking at 18 A.A.R. 1492, effective August 5, 2012 by Notice of Public Information at 18 A.A.R. 1653 (Supp. 12-2). Amended by final rulemaking at 18 A.A.R. 3007, effective October 24, 2012 (Supp. 12-4). Amended by final rulemaking at 22 A.A.R. 773, effective March 16, 2016 (Supp. 16-1). Amended by final rulemaking at 22 A.A.R. 1391, effective May 10, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2316, effective July 23, 2018 (Supp. 18-3). Amended by final rulemaking at 26 A.A.R. 373, with an immediate effective date of February 11, 2020 (Supp. 20-1). Amended by

final rulemaking at 28 A.A.R. 1761 (July 22, 2022), with an immediate effective date of July 8, 2022 (Supp. 22-3). Amended by final rulemaking at 32 A.A.R. 126 (January 2, 2026), with an immediate effective date of December 8, 2025 (Supp. 25-4).

R20-5-601.01. Expired

Historical Note

New Section made by exempt rulemaking at 18 A.A.R. 1144, effective May 25, 2012 (Supp. 12-2). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 290, effective January 15, 2020 (Supp. 20-1).

R20-5-602. The Federal Occupational Safety and Health Standards for General Industry, 29 CFR 1910

Each employer shall comply with the standards in Subparts B through Z inclusive of the Federal Occupational Safety and Health Standards for General Industry, as published in 29 CFR 1910, with amendments as of January 13, 2025, incorporated by reference. Copies of these reference materials are available for review at the Industrial Commission of Arizona and may be obtained from the United States Government Printing Office, Superintendent of Documents, Washington, D.C. 20402. These standards shall apply to all conditions and practices related to general industry activity by all employers, both public and private, in the state of Arizona; provided that this Section shall not apply to those conditions and practices which are the subject of R20-5-601. This incorporation by reference does not include amendments or editions to 29 CFR 1910 published after January 13, 2025.

Historical Note

Editorial correction (Supp. 75-1). Amended as an emergency effective November 16, 1977 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). New Section R4-13-602 adopted effective July 30, 1980 (Supp. 80-4). Amended as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-602 repealed, former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). Amended effective June 17, 1981 (Supp. 81-3). Amended subsection (A) effective October 1, 1981 (Supp. 81-5). Amended subsection (A) effective March 5, 1982 (Supp. 82-2). Amended subsection (A) effective May 6, 1983 (Supp. 83-3). Amended subsection (A) effective April 6, 1984 (Supp. 84-2). Amended subsection (A) effective July 3, 1984 (Supp. 84-4). Amended subsection (A) effective October 18, 1984 (Supp. 84-5). Editorial correction, amendment October 18, 1984, withdrawn for subsequent certification. Amended effective November 14, 1984, and December 14, 1984 (Supp. 84-6). Amended subsection (A) effective June 9, 1986 (Supp. 86-3). Amended subsection (A) effective March 3, 1987 (Supp. 87-1). Amended subsection (A) effective June 26, 1987 (Supp. 87-2). Amended subsection (A) effective April 22, 1988; amended subsection (A) effective May 26, 1988 (Supp. 88-2). Amended subsection (A) effective October 14, 1988 (Supp. 88-4). Amended effective September 14, 1989 (Supp. 89-3). Amended effective April 2, 1990 (Supp. 90-2). Amended effective August 6, 1990 (Supp. 90-3). Amended effective February 8, 1991 (Supp. 91-1). Amended effective November 21, 1991 (Supp. 91-4). Amended effective February 28, 1992 (Supp. 91-2). Amended effective March 20, 1992 (Supp. 91-2). Amended effective June 16, 1992 (Supp. 92-2). Amended effective October 22, 1992; amended effective December 23, 1992 (Supp. 92-4). Amended effective May 14, 1993 (Supp. 93-2). Amended effective September 13, 1993 (Supp. 93-3). Amended effective October 21, 1993; amended effective December 17, 1993 (Supp. 93-4). Amended effective May 11, 1994 (Supp. 94-2). Amended effective July 19, 1994 (Supp. 94-3). Amended effective November 18, 1994 (Supp. 94-4). Amended effective January 12, 1995; Amended effective February 10, 1995; R20-5-602 recodified from R4-13-602 (Supp. 95-1). Amended effective August 28, 1996 (Supp. 96-3). Amended effective April 1, 1997 (Supp. 97-2). Amended effective December 12, 1997 (Supp. 97-4). Amended effective August 27, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 592, effective January 14, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 5137, effective October 19, 2001 (Supp. 01-4). Amended by final rulemaking at 9 A.A.R. 2108, effective June 2, 2003 (Supp. 03-2). Amended by final rulemaking at 11 A.A.R. 576, effective January 4, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 4102, effective December 4, 2006 (Supp. 06-4). Amended by final rulemaking at 13 A.A.R. 1417, effective March 30, 2007 (Supp. 07-1). Amended by final rulemaking at 13 A.A.R. 2927, effective July 31, 2007 (07-3). Amended by final rulemaking at 14 A.A.R. 193, effective January 8, 2008 (Supp. 08-1). Amended by final rulemaking at 14 A.A.R. 2711, effective June 17, 2008 (Supp. 08-2). Amended by final rulemaking at 14 A.A.R. 4337, effective December 30, 2008 (Supp. 08-4). Amended by final rulemaking at 15 A.A.R. 1564, effective August 31, 2009 (Supp. 09-3). Amended by final rulemaking at 16 A.A.R. 1469, effective September 11, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 109, effective January 12, 2011 (Supp. 11-1). Amended by final rulemaking at 17 A.A.R. 1264, effective June 13, 2011 (Supp. 11-2). Amended by final rulemaking at 18 A.A.R. 1492, effective August 5, 2012 by Notice of Public Information at 18 A.A.R. 1653 (Supp. 12-2). Amended by final rulemaking at 18 A.A.R. 3007, effective October 24, 2012 (Supp. 12-4). Amended by final rulemaking at 22 A.A.R. 773, effective March 16, 2016 (Supp. 16-1). Amended by final rulemaking at 24 A.A.R. 2316, effective July 23, 2018 (Supp. 18-3). Amended by final rulemaking at 26 A.A.R. 373, with an immediate effective date of February 11, 2020 (Supp. 20-1). Amended by final rulemaking at 28 A.A.R. 1761 (July 22, 2022), with an immediate effective date of July 8, 2022 (Supp. 22-3). Amended by final rulemaking at 32 A.A.R. 126 (January 2, 2026), with an immediate effective date of December 8, 2025 (Supp. 25-4).

R20-5-602.01. Subpart T, Commercial Diving Operations

Each employer shall comply with the standards in Subpart T of the Federal Occupational Safety and Health Standards for the General Industry as published in 29 CFR 1910, with amendments as specified in R20-5-602, except that the exemption set forth in 29 CFR 1910.401(a)(2)(ii) shall not apply. Subpart T shall apply to any diving operation performed solely for search, rescue, or related public safety purposes by or under the control of a governmental agency.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 193, effective January 8, 2008 (Supp. 08-1).

R20-5-602.02. Subpart U; COVID-19 Healthcare Standards

Unless expired or withdrawn by the Federal Occupational Safety and Health Administration and except as otherwise provided in Arizona Revised Statutes (A.R.S.), Title 23, Chapter 2, Articles 8 and

8.1 and A.R.S. § 23-425, each covered employer shall comply with the standards in Subpart U of the Federal Occupational Safety and Health Standards for the General Industry, as published in 29 CFR 1910(U). For purposes of this Section, a "covered employer" means an employer subject to Subpart U, as set forth in 29 CFR 1910.502. Copies of the referenced material is available for review at the Industrial Commission of Arizona and may be obtained from the United States Government Printing Office, Superintendent of Documents, Washington, D.C. 20402. This incorporation by reference does not include amendments or editions to 29 CFR 1910(U) published after June 21, 2021.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 589 (March 31, 2022), with an immediate effective date of February 16, 2022 (Supp. 22-1).

R20-5-603. The Federal Occupational Safety and Health Standards for Agriculture, 29 CFR 1928

Each employer shall comply with the standards in Subparts A through D inclusive of the Federal Occupational Safety and Health Standards for Agriculture, as published in 29 CFR 1928, with amendments as of March 7, 1996, incorporated by reference and on file with the Office of the Secretary of State. Copies of these referenced materials are available for review at the Industrial Commission of Arizona and may be obtained from the United States Government Printing Office, Superintendent of Documents, Washington, D.C. 20402. This incorporation by reference does not include amendments or editions to 29 CFR 1928 published after March 7, 1996.

Historical Note

Adopted effective February 28, 1975 (Supp. 75-1). Former Section R4-13-603 repealed, new Section R4-13-603 adopted as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-603 repealed, former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). Amended effective April 22, 1988 (Supp. 88-2). Amended effective December 17, 1993 (Supp. 93-4). Amended effective May 11, 1994 (Supp. 94-2). Amended effective November 18, 1994 (Supp. 94-4). Amended effective February 10, 1995. R20-5-603 recodified from R4-13-603 (Supp. 95-1). Amended effective April 1, 1997 (Supp. 97-2).

R20-5-604. Rules of Agency Practice and Procedure concerning OSHA Access to Employee Medical Records, 29 CFR 1913

Each employer pursuant to A.R.S. § 23-403(B) shall comply with Federal Regulations, Title 29, Part 1913, with amendments as of May 23, 1980 (amendments of May 23, 1980 on file with the Secretary of State), which are hereby adopted and incorporated by reference as if set forth fully herein. This regulation applies to OSHA Access to Employee Medical Records.

Historical Note

Adopted effective February 28, 1975 (Supp. 75-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Repealed as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Repealed effective March 2, 1981 (Supp. 81-2). New rule adopted effective November 14, 1984 (Supp. 84-6). R20-5-604 recodified from R4-13-604 (Supp. 95-1).

R20-5-605. Hoes for Weeding or Thinning Crops

A. The use of a hoe with a handle less than four feet in length for weeding or thinning crops is prohibited. This prohibition is based upon the existence of other practical and adequate alternatives to the use of these short-handle hoes.

B. This rule does not apply to greenhouse or nursery operations.

Historical Note

Adopted effective February 28, 1975 (Supp. 75-1). Repealed as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Repealed effective March 2, 1981 (Supp. 81-2). New Section R4-13-605 adopted effective September 7, 1984 (Supp. 84-5). R20-5-605 recodified from R4-13-605 (Supp. 95-1).

R20-5-606. State Definition of Terms Used in Adopting Federal Standards Pursuant to R20-5-601, R20-5-602, R20-5-603 and R20-5-604

For the purposes of the standards enumerated in the federal occupational safety and health standards incorporated into R20-5-601, R20-5-602, R20-5-603, and R20-5-604:

1. "Agency" means the Industrial Commission of Arizona.
2. "Assistant Secretary" means the Director of the Arizona Division of Occupational Safety and Health of the Industrial Commission of Arizona.
3. "Assistant Secretary of Labor for Occupational Safety and Health" means the Director of the Arizona Division of Occupational Safety and Health of the Industrial Commission of Arizona.
4. "Office of the Solicitor of Labor" means Legal Counsel for the Industrial Commission of Arizona.
5. "OSHA" means Arizona Division of Occupational Safety and Health.

Historical Note

Adopted effective February 28, 1975 (Supp. 75-1). Repealed as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Repealed effective March 2, 1981 (Supp. 81-2). New Section R4-13-606 adopted effective May 31, 1985 (Supp. 85-3). R20-5-606 recodified from R4-13-606 (Supp. 95-1).

R20-5-607. Expired

Historical Note

Adopted effective February 28, 1975 (Supp. 75-1). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-607 repealed, former emergency adoption effective October 29, 1980, adopted and amended effective March 2, 1981 (Supp. 81-2). R20-5-607 recodified from R4-13-607 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 5062, effective September 30, 2003 (Supp. 03-4).

R20-5-608. Definitions

In addition to the definitions provided in A.R.S. § 23-401, the following definitions apply to this Article:

"Act" means the Arizona Occupational Safety and Health Act of 1972.

"Compliance Safety and Health Officer" means a person authorized by the Occupational Safety and Health Division, Industrial Commission of Arizona, to conduct inspections.

"Establishment" means a single physical location where business is conducted or where services or industrial operations are performed. (For example: a factory, mill, stores, hotel, restaurant, movie theatre, farm, ranch, bank, sales office, warehouse, or central administrative office.) Where distinctly separate activities are performed at a single physical location (such as contract construction activities from the same physical location as a lumber yard), each activity shall be treated as a separate physical establishment, and a separate notice or notices shall be posted in each such establishment, to the extent that such notices have been furnished by the Industrial Commission of Arizona, Division of Occupational Safety and Health. Where employers are engaged in activities which are physically dispersed, such as agriculture, construction, transportation, communications, and electric, gas and sanitary services, the notice or notices required by this Section shall be posted at the location to which employees report each day. Where employees do not usually work at, or report to, a single establishment, such as traveling salesmen, technicians, engineers, etc., such notice or notices shall be posted at the location from which the employees operate to carry out their activities. In all cases, such notice or notices shall be posted in accordance with requirements of R20-5-609.

"Working days" means Mondays through Fridays but shall not include Saturdays, Sundays, or state holidays. In computing 15 working days, the day of the receipt of any notice shall not be included, and the last day of the 15 working days shall be included.

Historical Note

Adopted effective February 28, 1975 (Supp. 75-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-608 repealed, new Section R4-13-608 adopted effective March 2, 1981 (Supp. 81-2). R20-5-608 recodified from R4-13-608 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-609. Posting of Notice: Availability of the Act, Regulations and Applicable Standards

A. Each employer shall post and keep posted a notice or notices, to be furnished by the Industrial Commission of Arizona, Division of Occupational Safety and Health, informing employees of the protections and obligations provided for in the Act, and that for assistance and information, including copies of the Act and of specific safety and health standards, employees should contact the employer or the nearest office of the Industrial Commission. Such notice or notices shall be posted by the employer in each establishment in a conspicuous place or places where notices to employees are customarily posted. Each employer shall take steps to ensure that such notices are not altered, defaced, or covered by other material.

B. Copies of the Act, all regulations published in this Chapter and applicable standards will be available at all offices of the Arizona Division of Occupational Safety and Health. If an employer has obtained copies of these materials, the employer shall make them available upon request to any employee or the employee's authorized representative for review in the establishment where the employee is employed on the same day the request is made or at the earliest time mutually convenient to the employee or the employee's authorized representative and the employer.

C. Any employer failing to comply with the provisions of this Section shall be subject to citation and penalty in accordance with the provisions of A.R.S. § 23-418.

Historical Note

Adopted effective February 28, 1975 (Supp. 75-1). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-609 repealed, former Section R4-13-608 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-609 effective March 2, 1981 (Supp. 81-2). R20-5-609 recodified from R4-13-609 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-610. Authority for Inspection

A. The Director of the Division of Occupational Safety and Health or the Director's authorized representative upon presentation of credentials shall be permitted to enter without delay and at reasonable times any factory, plant, establishment, construction site, or other area, or place of environment where work is performed by an employee of an employer; to inspect and investigate during regular working hours and in a reasonable manner, any such place of employment, and all pertinent conditions, structures, machines, apparatus, devices, equipment and materials therein; to question privately any employer, owner, operator, agent or employee and to review records required by the Act and regulations published in this Article and other records which are directly related to the purpose of the inspection.

B. Representatives of the Secretary of Health, Education, and Welfare are authorized to make inspections and to question employers and employees in order to carry out the functions of the Secretary of Health, Education, and Welfare under the Williams-Steiger Occupational Safety and Health Act. Inspections conducted by Department of Labor Compliance Safety and Health Officers and representatives of the Secretary of Health, Education and Welfare under Section 8 of the Williams-Steiger Occupational Safety and Health Act and pursuant to 29 CFR Part 1903 shall not affect the authority of any state to conduct inspections in accordance with agreements and plans under Section 18 of the Williams-Steiger Occupational Safety and Health Act.

C. Prior to inspecting areas containing information which is classified by an agency of the United States government in the interests of national security, Compliance Safety and Health Officers shall have obtained the appropriate security clearance.

Historical Note

Adopted effective February 28, 1975 (Supp. 75-1). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-610 repealed, former Section R4-13-609 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-610 effective March 2, 1981 (Supp. 81-2). R20-5-610 recodified from R4-13-610 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-611. Objection to Inspection

A. Upon a refusal to permit a Compliance Safety and Health Officer, in the exercise of official duties, to enter without delay and at reasonable times any place of employment or any place

therein, to inspect, to review records, or to privately question any employer, owner, operator, agent, or employee, in accordance with R20-5-610, or to permit a representative of employees to accompany the Compliance Safety and Health Officer during the physical inspection of any workplace in accordance with R20-5-615, the Compliance Safety and Health Officer shall terminate the inspection or confine the inspection to other areas, conditions, structures, machines, apparatus, devices, equipment, materials, records, or interviews concerning which no objection is raised. The Compliance Safety and Health Officer shall endeavor to ascertain the reason for such refusal and shall immediately report the refusal and the reason therefore to the Director of the Division. The Director shall immediately consult with the Industrial Commission and its legal counsel, who shall promptly take appropriate action, including compulsory process if necessary.

B. Compulsory process may be sought in advance of an inspection or reinvestigation if, in the judgment of the Director of the Division and the Industrial Commission Chief Legal Counsel, circumstances exist including but not limited to specific evidence of an existing violation or reasonable legislative or administrative standards for conducting an inspection which make pre-inspection process desirable or necessary.

C. With the approval of the Industrial Commission, and the Industrial Commission Chief Legal Counsel, compulsory process may also be obtained by the Director of the Division or the Director's designee.

D. For purposes of this Section, the term compulsory process shall mean the institution of any appropriate action, including ex parte application for an inspection warrant or its equivalent.

Historical Note

Adopted effective June 19, 1975 (Supp. 75-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-611 repealed, former Section R4-13-610 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-611 effective March 2, 1981 (Supp. 81-2). R20-5-611 recodified from R4-13-611 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-612. Entry Not a Waiver

Any permission to enter, inspect, review records, or question any person shall not imply or be conditioned upon a waiver of any cause of action, citation, or penalty under the Act. Compliance Safety and Health Officers are not authorized to grant any such waiver.

Historical Note

Adopted effective June 19, 1975 (Supp. 75-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-612 repealed, former Section R4-13-611 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-612 effective March 2, 1981 (Supp. 81-2). R20-5-612 recodified from R4-13-612 (Supp. 95-1).

R20-5-613. Advance Notice of Inspections

A. Advance notice of inspections may not be given except in the following situations:

1. In cases of apparent imminent danger, to enable the employer to abate the danger as quickly as possible;
2. In circumstances where the inspection can most effectively be conducted after regular business hours or where special preparations are necessary for an inspection;
3. Where necessary to ensure the presence of representatives of the employer and employees or the appropriate personnel needed to aid in an inspection; and
4. In other circumstances where the Division Director determines that the giving of advance notice would enhance the probability of an effective and thorough inspection.

B. In the situations described in subsection (A) of this Section, advance notice of inspections may be given only if authorized by the Division Director. When advance notice is given, it shall be the employer's responsibility promptly to notify the authorized representative of employees of the inspection, if the identity of such representative is known to the employer. (See rule R20-5-615(B) as to situations where there is no authorized representative of employees.) Upon the request of the employer, the Compliance Safety and Health Officer will inform the authorized representative of employees of the inspection, provided that the employer furnishes the Compliance Safety and Health Officer with the identity of such representative and with such other information as is necessary to enable the Compliance Safety and Health Officer promptly to inform such representative of the inspection. An employer who fails to comply with the obligation under this subsection promptly to inform the authorized representative of the employees of the inspection or to furnish such information as is necessary to enable the Compliance Safety and Health Officer to promptly inform such representative of the inspection may be subject to citation and penalty under A.R.S. § 23-408. Advance notice in any of the situations described in subsection (A) of this Section shall not be given more than 24 hours before the inspection is scheduled to be conducted, except in apparent imminent danger situations and other unusual circumstances.

Historical Note

Adopted effective July 28, 1975 (Supp. 75-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-613 repealed, former Section R4-13-612 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-613 effective March 2, 1981 (Supp. 81-2). R20-5-613 recodified from R4-13-613 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-614. Conduct of Inspections

A. At the beginning of an inspection, Compliance Safety and Health Officers shall present their credentials to the owner, operator, or agent in charge at the establishment; explain the nature and purpose of the inspection; and indicate generally the scope of the inspection and the records specified in R20-5-610 which they wish to review.

B. Compliance Safety and Health Officers shall have authority to take environmental samples and to take or obtain photographs related to the purpose of the inspection, employ other reasonable investigative techniques, and question privately any employer, owner, operator, agent or employee of an establishment.

C. In taking photographs and samples, Compliance Safety and Health Officers shall take reasonable precautions to ensure that such actions with flash, spark producing, or other equipment would not be hazardous. Compliance Safety and Health Officers shall comply with all employer safety and health rules and practices at the establishment being inspected, and they shall wear and use appropriate protective clothing and equipment.

D. The conduct of inspections shall be such as to preclude unreasonable disruption to the operations of the employer's establishment.

E. At the conclusion of an inspection, a Compliance Safety and Health Officer shall confer with the employer or employer representative and informally advise the employer or employer representative of any apparent safety or health violations disclosed by the inspection. During such conference, the employer shall be afforded an opportunity to bring to the attention of the Compliance Safety and Health Officer any pertinent information regarding conditions in the workplace.

F. Small business inspections, qualifying under the Small Business Bill of Rights A.R.S. § 41-1009, shall be subject to the provisions in A.R.S. § 41-1009.

Historical Note

Adopted effective March 2, 1976 (Supp. 76-2). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-614 repealed, former Section R4-13-613 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-614 effective March 2, 1981 (Supp. 81-2). R20-5-614 recodified from R4-13-614 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-615. Representatives of Employers and Employees

A. Compliance Safety and Health Officers shall be in charge of inspections and questioning of persons. A Compliance Safety and Health Officer may permit additional employer representatives and additional representatives authorized by employees if it is determined that such additional representatives will further aid the inspection. A different employer and employee representative may accompany the Compliance Officer during each different phase of an inspection if this will not interfere with the conduct of the inspection.

B. Compliance Safety and Health Officers shall have authority to resolve all disputes as to who is the representative authorized by the employer and employees for the purpose of this Section. If there is no authorized representative of employees, or if the Compliance Safety and Health Officer is unable to determine with reasonable certainty who is such representative, the Compliance Safety and Health Officer shall consult with a reasonable number of employees concerning matters of safety and health in the workplace.

C. The representative(s) authorized by employees shall be an employee(s) of the employer. However, if in the judgment of the Compliance Safety and Health Officer, good cause has been shown why accompaniment by a third party who is not an employee is reasonably necessary to the conduct of an effective and thorough physical inspection of the workplace, such third party may accompany the Compliance Safety and Health Officer during the inspection.

D. Compliance Safety and Health Officers are authorized to deny the right of accompaniment under this Section to any person whose conduct interferes with a fair and orderly inspection. The right of accompaniment in areas containing trade secrets shall be subject to the provisions of R20-5-616(B). With regard to information classified by an agency of the United States government in the interest of national security, only persons authorized to have access to such information may accompany a Compliance Safety and Health Officer in areas containing such information.

E. An employee of the division or the commission may not:

1. Before, during or after an inspection or investigation, communicate to an employer that the employer should not be represented by an attorney or that the employer may be treated more favorably by the division or the commission if the employer is not represented by an attorney.
2. Conduct an audio recording of an oral statement provided during an interview without the knowledge and consent of the person being interviewed. The employee of the division or the commission shall inform the person being interviewed of the person's right to receive a copy of the recorded oral statement within a reasonable time.
3. Obtain a written statement during an interview without informing the person of the person's right to receive a copy of the written statement within a reasonable time.

Historical Note

Adopted effective March 2, 1976 (Supp. 76-2). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-615 repealed, former Section R4-13-614 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-615 effective March 2, 1981 (Supp. 81-2). R20-5-615 recodified from R4-13-615 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-616. Trade Secrets

A. At the commencement of an inspection, the employer may identify areas in the establishment which contain or which might reveal a trade secret. If the Compliance Safety and Health Officer has no clear reason to question such identification, information obtained in such areas, including all negatives and prints of photographs, environmental samples, shall be labeled "confidential-trade secret" and shall not be disclosed except in accordance with provisions of A.R.S. § 23-426.

B. Upon the request of an employer, any authorized representative of employees under R20-5-615 in an area containing trade secrets shall be an employee in that area or an employee authorized by the employer to enter that area. Where there is no such representative or employee, a Compliance Safety and Health officer shall consult with a reasonable number of employees who work in that area concerning matters of safety and health.

Historical Note

Adopted effective March 2, 1976 (Supp. 76-2). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-616 repealed, for-

mer Section R4-13-615 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-616 effective March 2, 1981 (Supp. 81-2). R20-5-616 recodified from R4-13-616 (Supp. 95-1).

R20-5-617. Consultation with Employees

Compliance Safety and Health Officers may privately consult with employees concerning matters of occupational safety and health to the extent they deem necessary for the conduct of an effective and thorough inspection. During the course of an inspection, any employee shall be afforded an opportunity to bring any violation of the Act, which the employee has reason to believe exists in the workplace, to the attention of the Compliance Safety and Health Officer.

Historical Note

Adopted effective January 21, 1976 (Supp. 76-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-617 repealed, former Section R4-13-616 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-617 effective March 2, 1981 (Supp. 81-2). R20-5-617 recodified from R4-13-617 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-618. Complaints by Employees

A. A copy of a complaint submitted pursuant to A.R.S. § 23-408 shall be provided to the employer or the employer's agent by the Director of the Division of Occupational Safety and Health or the employers' representative no later than the time of inspection, except that, upon the request of the person giving such notice, the person's name shall not appear in such copy or in any record published, released, or made available by the Arizona Division of Occupational Safety and Health.

B. If upon receipt of such notification the Division Director determines that the complaint meets the requirements set forth in subsection (A), and that there are reasonable grounds to believe that the alleged violation exists, the Division Director shall cause an inspection to be made as soon as practicable, to determine if such alleged violation exists. Inspections under this Section shall not be limited to matters referred to in the complaint.

Historical Note

Adopted effective January 21, 1976 (Supp. 76-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-618 repealed, former Section R4-13-617 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-618 effective March 2, 1981 (Supp. 81-2). R20-5-618 recodified from R4-13-618 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-619. Inspection Not Warranted; Informal Review

If the Division Director determines that an inspection is not warranted because there are no reasonable grounds to believe that a violation or danger exists with respect to a complaint in accordance with A.R.S. § 23-408, the Division Director shall notify the complaining party in writing of such determination. The complaining party may obtain review of such determination by submitting a written statement of position with the Industrial Commission and, at the same time, providing the employer with a copy of such statement by certified mail. The employer may submit an opposing written statement of position with the Industrial Commission and, at the same time, provide the complaining party with a copy of such statement by certified mail. Upon the request of the complaining party or the employer, the Industrial Commission, at their discretion, may hold an informal conference in which the complaining party and the employer may orally present their views. After considering all written and oral views presented, the Industrial Commission shall affirm, modify, or reverse the determination of the Division Director and furnish the complaining party and the employer a written notification of their decision and the reasons therefore. The decision of the Industrial Commission shall be final and not subject to further review. Such determination shall be without prejudice to the filing of a new complaint meeting the requirements of A.R.S. § 23-408.

Historical Note

Adopted effective May 25, 1977 (Supp. 77-3). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-619 repealed, former Section R4-13-618 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-619 effective March 2, 1981 (Supp. 81-2). R20-5-619 recodified from R4-13-619 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-620. Expired

Historical Note

Adopted effective May 25, 1977 (Supp. 77-3). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-620 repealed, former Section R4-13-619 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-620 effective March 2, 1981 (Supp. 81-2). R20-5-620 recodified from R4-13-620 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 5062, effective September 30, 2003 (Supp. 03-4).

R20-5-621. Citations: Notices of De Minimis Violations

A. The Division Director shall review the inspection reports of the Compliance Safety and Health Officer. If, on the basis of the report, the Division Director believes that the employer has violated a requirement of A.R.S. § 23-403, of any standard, rule or order promulgated pursuant to A.R.S. § 23-410 of the Act, or of any substantive rule published in these rules, the Division Director shall, if appropriate, consult with the Industrial Commission's counsel and shall issue to the employer either a citation or notice of de minimis violations. An appropriate citation or notice of de minimis violation shall be issued even though after being informed of an alleged violation by the Compliance Safety and Health Officer, the employer immediately abates, or initiates steps to abate, such alleged violation. Any citation or notice of de minimis violations shall be issued with reasonable promptness after termination of the inspection. No citation may be issued under this rule after the

expiration of six months following the occurrence of any alleged violation.

B. If a citation or notice of de minimis violation issued for a violation alleged in a request for inspection under A.R.S. § 23-408, a copy of the citation or notice of de minimis violation shall also be sent to the employee or representative of employees who made such request or notification.

C. After an inspection, if the Division Director determines that a citation is not warranted with respect to a danger or violation alleged to exist in a request for inspection under A.R.S. § 23-408, the informal review procedures prescribed in rule R20-5-619 shall be applicable. After considering all views presented, the Industrial Commission shall affirm the determination of the Division Director, order a reinspection, or issue a citation if the Industrial Commission believes that the inspection disclosed a violation. The Industrial Commission shall furnish the complaining party and the employer with a written notification of their determination and the reasons therefore. The determination of the Industrial Commission shall be final and not subject to review.

D. Every citation shall state that the issuance of a citation does not constitute a finding that a violation of the Act has occurred unless there is a failure to contest as provided for in the Act or, if contested, unless a citation is affirmed by the Office of Administrative Hearings or the Review Board.

Historical Note

Adopted as an emergency effective May 24, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-3). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-620 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-621 effective March 2, 1981 (Supp. 81-2). R20-5-621 recodified from R4-13-621 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-622. Proposed Penalties

A. All employers shall be notified of any proposed penalties, issued pursuant to A.R.S. § 23-418 and A.R.S. § 23-418.01, by certified mail or by a signed verification in person.

B. The Division Director shall determine the amount of any proposed penalty, giving due consideration to the appropriateness of penalty with respect to the size of the business of the employer being charged, the gravity of the violation, the good faith of the employer, quick-fix abatement, and the history of previous violations in accordance with the provisions of A.R.S. § 23-418.

C. Appropriate penalties may be proposed with respect to an alleged violation even though after being informed of such alleged violation by the Compliance Safety and Health Officer, the employer immediately abates, or initiates steps to abate, such alleged violation. Penalties shall not be proposed for de minimis violations which have no direct or immediate relationship to safety or health.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-621 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-622 effective March 2, 1981 (Supp.81-2). R20-5-622 recodified from R4-13-622 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-623. Posting of Citations

A. Upon receipt of any citation under the Act, the employer shall immediately post such citation, or a copy thereof, unedited, at or near each place an alleged violation referred to in the citation occurred, except as provided below. Where, because of the nature of the employer's operations, it is not practicable to post the citation at or near each place of alleged violation, such citation shall be posted, unedited, in a prominent place where it will be readily observable by all affected employees. For example, where employers are engaged in activities which are physically dispersed, the citation may be posted at the location to which the employees report each day. Where employees do not primarily work at or report to a single location, the citation may be posted at the location from which the employees operate to carry out their activities. The employer shall take steps to ensure that the citation is not altered, defaced, or covered by other material. Notices of de minimis violations need not be posted.

B. Each citation, or a copy thereof, shall remain posted until the violation has been abated, or for three working days, whichever is later. The filing by the employer of a notice of intention to contest under A.R.S. § 23-420 shall not affect the posting responsibility under this rule unless and until the Office of Administrative Hearings and/or Review Board issues a final order vacating the citation.

C. An employer to whom a citation has been issued may post a notice in the same location where such citation is posted indicating that the citation is being contested before the Office of Administrative Hearings and/or Review Board, and such notice may explain the reasons for such contest. The employer may also indicate that specified steps have been taken to abate the violation.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-622 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-623 effective March 2, 1981 (Supp. 81-2). R20-5-623 recodified from R4-13-623 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-624. Employer and Employee Contests before the Office of Administrative Hearings

A. All notices to contest citations and/or penalties shall be submitted to the Division Director and immediately transmitted to the Office of Administrative Hearings in accordance with the Rules of Procedure prescribed by the Industrial Commission.

B. Any affected employee or employee representative appealing the period allowed an employer to abate a particular violation shall submit the notice of contest to the Division Director who shall immediately transmit such notice to the Office of Administrative Hearings in accordance with the Rules of Procedure prescribed by the Industrial Commission.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-623 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-624 effective March 2, 1981

(Supp. 81-2). R20-5-624 recodified from R4-13-624 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-625. Failure to Abate a Violation for Which a Citation Has Been Issued

A. All employers failing to abate an alleged violation for which a citation has been issued, within the period permitted for its abatement, shall be notified of such failure and any proposed penalties issued pursuant to A.R.S. § 23-418 by certified mail or by signed verification in person.

B. All notices to contest a notification of failure to abate a violation and of proposed additional penalty shall be submitted to the Division Director and immediately transmitted to the Office of Administrative Hearings in accordance with the Rules of Procedure prescribed by the Industrial Commission.

C. Each notification of failure to abate a violation and of proposed additional penalty shall state that it shall be deemed to be the final order of the Industrial Commission and not subject to review by any court or agency unless within fifteen working days from the receipt of such notification, the employer notifies the Division Director in writing of the intent to contest the notification or the proposed additional penalty before the Office of Administrative Hearings.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-624 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-625 effective March 2, 1981 (Supp. 81-2). R20-5-625 recodified from R4-13-625 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-626. Informal Conferences

At the request of an affected employer, employee, or representative of employees, the Industrial Commission, or their designee, may hold an informal conference for the purpose of discussing any issues raised by an inspection, citation, notice of proposed penalty, or notice of intention to contest. The settlement of any issue at such conference shall be subject to rules and procedures prescribed by the Industrial Commission. If the conference is requested by the employer, an affected employee or an affected employee's representative shall be afforded an opportunity to participate, at the discretion of the Industrial Commission or their designee. If the conference is requested by an employee or representative of employees, the employer shall be afforded an opportunity to participate, at the discretion of the Industrial Commission or their designee. Any party may be represented by counsel in such conference. No such conference or request for such conference shall operate as a stay of any fifteen working day period for filing a notice of intention to contest as prescribed in A.R.S. § 23-417(A).

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-625 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-626 effective March 2, 1981 (Supp. 81-2). R20-5-626 recodified from R4-13-626 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-627. Abatement Verification

A. Scope and application. This Section applies to employers, as defined in A.R.S. § 23-401, who receive a citation for a violation of the Arizona Occupational Safety and Health Act.

B. Definitions

1. Abatement means action by an employer to comply with a cited standard or rule or to eliminate a recognized hazard, as defined in A.R.S. § 23-401, identified by the Division during an inspection.
2. Abatement date means:
   a. For an uncontested citation item, the later of:
      i. The date in the citation for abatement of the violation;
      ii. The date approved by the Division as a result of a petition for modification of the abatement date (PMA); or
      iii. The date for abatement completion as established in a citation by an informal conference agreement.
   b. For a contested citation item for which an administrative law judge has issued a final decision affirming the violation, the later of
      i. The date identified in the final decision for completion of abatement;
      ii. The date computed by adding the original period allowed for abatement in the citation to begin 15 days from the final decision date of an administrative law judge; or
      iii. The date established by a formal settlement agreement.
3. Affected employee means an employee who is exposed to the hazard identified as a violation in a citation.
4. Final order date means:
   a. The date on which an uncontested citation is deemed final under A.R.S. § 23-417(A); or
   b. For a contested citation item: The date on which a decision or order of an administrative law judge becomes final under A.R.S. §§ 23-421 or 23-423.
5. Movable equipment means a hand-held or non-hand-held machine or device, powered or unpowered, that is used to do work and is moved within or between workplaces.

C. Abatement certification.

1. Within 10 calendar days after the abatement date, an employer shall certify to the Division that the employer has abated each cited violation except as provided in subsection (C)(2). An employer may use Appendix A to certify abatement.
2. An employer is not required to certify abatement if a Compliance Safety and Health Officer, during an onsite inspection:
   a. Observes, within 24 hours after a violation is identified, that abatement has occurred; and
   b. Notes the abatement action on the citation.
3. An employer's certification that abatement is complete shall include, for each cited violation, in addition to the information required by subsection (H), the completion date and method of abatement and a statement that affected employees and their representatives have been informed of the completed abatement.

D. Abatement documentation.

1. Within 10 days after the abatement date, an employer shall submit to the Division, documents which evidence that abatement is complete for each willful or repeat violation and for any serious violation for which abatement documentation is required.

2. Documents which evidence that abatement is complete may include documents for purchase or repair of equipment, photographs or videos of the abatement, or other written records.

E. Abatement plans.
1. The Division may require an employer to submit an abatement plan, except for a nonserious violation, when the time permitted for abatement is more than 90 days. The citation shall state that an abatement plan is required. An employer may use Appendix B for an abatement plan.
2. An employer shall submit an abatement plan for each cited violation within 25 days from the date of a final order when the citation states that a plan is required. In the abatement plan, the employer shall identify:
   a. The violation,
   b. The steps necessary to achieve abatement,
   c. A schedule for completing abatement, and
   d. How the employer will protect employees from the violative condition until abatement is complete.

F. Progress reports.
1. The Division may require an employer who submits an abatement plan under subsection (E), to submit periodic progress reports for each cited violation. If the Division requires a periodic progress report, the citation shall include the following information:
   a. Periodic progress reports are required and the cited violations for which periodic progress reports are required;
   b. The date on which an initial progress report must be submitted. The date of the initial progress report shall be no sooner than 30 days after the submission date required for abatement;
   c. Whether additional progress reports are required; and
   d. The date on which additional progress reports shall be submitted.
2. For each violation, the employer shall summarize in the progress report, the action taken to achieve abatement and the date the action was taken.

G. Employee notification.
1. An employer shall inform affected employees and the employees' representative of abatement activities covered by this Section by posting a copy of each document submitted to the Division or a summary of the document at the location of the cited violation.
2. For employers who have mobile work operations, the employer shall:
   a. Post each document or a summary of the document submitted to the Division in a conspicuous place where it can be readily seen by employees and the employee representative; or
   b. Take other steps to communicate fully to affected employees and the employees' representative about abatement actions.
3. The employer shall inform employees and the employees' representative of the right to examine and copy all abatement documents submitted by the employer to the Division.
   a. An employee or an employee representative shall submit a written request to examine and copy all abatement documents within three working days of receiving notice that the documents have been submitted to the Division.
   b. An employer shall comply with an employee's or employee representative's written request to examine and copy abatement documents within five working days of receiving the request.
4. An employer shall ensure that notice in subsection (G)(1) to employees and a employee representative is provided at the same time or before the information is provided to the Division and that abatement documents are:
   a. Not altered, defaced, or physically covered by other material; and
   b. Remain posted for at least three working days after submission to the Division.

H. Transmitting abatement documents.
1. An employer shall include, in each submission required by this Section, the following information:
   a. The employer's name and address;
   b. The inspection number to which the submission relates;
   c. The citation, item number, and location to which the submission relates;
   d. A statement that the information submitted is accurate; and
   e. The signature of the employer or the employer's authorized representative.
2. The date of postmark is the date of submission for mailed documents. For documents transmitted by other means, the date the Division receives the document is the date of submission.

I. Movable equipment.
1. For serious, repeat, and willful violations involving movable equipment, an employer shall attach a warning tag or a copy of the citation to the operating controls or to the cited component of equipment that is moved within or between workplaces. The Division shall deem attaching a copy of the citation to the equipment to meet the tagging requirement of subsection (I)(3) and the posting requirement of R20-5-623.
2. The employer shall use a warning tag to warn employees about the nature of the violation involving the movable equipment and identifies the location of the violation. An employer may use the tag in Appendix C to meet this requirement.
3. If a violation has not been abated, an employer shall attach a warning tag or a copy of the citation to the equipment as follows:
   a. For hand-held equipment, the employer shall attach a warning tag or copy of the citation within eight hours after the employer receives the citation; and
   b. For non-hand-held equipment, the employer shall attach a warning tag or copy of the citation before moving the equipment within or between workplaces.
4. For the construction industry, a tag that is designed and used in accordance with 29 CFR 1926.20(b)(3) and 29 CFR 1926.200(h) is deemed by the Division to meet the requirements of this Section when the information required by subsection (I)(2) is included on the tag.
5. An employer shall ensure that the tag or copy of the citation attached to movable equipment is not altered, defaced, or physically covered by other material.
6. An employer shall ensure that the tag or copy of the citation attached to movable equipment remains attached until:
   a. The employer has abated the violation and all abatement verification documents required by this Section have been submitted to the Division;

b. The employer has permanently removed the cited equipment from service or the cited equipment is no longer within the employer's control; or
c. The Division, administrative law judge, or Review Board vacates the citation.

Historical Note

Adopted effective June 26, 1998 (Supp. 98-2). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

Appendix A. Sample Abatement - Certification Letter (Nonmandatory)

[Name], Director
The Industrial Commission of Arizona
Division of Occupational Safety and Health
P. O. Box 19070
Phoenix, Arizona 85005

[Company's Name]
[Company's Address]
The hazard referenced in Inspection Number [Insert 9-digit #] for violation identified as:
Citation [insert #] and item [insert #] was corrected on [insert date] by:
_____.
Citation [insert #] and item [insert #] was corrected on [insert date] by:
_____.
Citation [insert #] and item [insert #] was corrected on [insert date] by:
_____.
Citation [insert #] and item [insert #] was corrected on [insert date] by:
_____.
Citation [insert #] and item [insert #] was corrected on [insert date] by:
_____.
I attest that the information contained in this document is accurate.

_____
Signature

_____
Typed or Printed Name

Historical Note

Appendix A adopted effective June 26, 1998 (Supp. 98-2).

Appendix B. Sample Abatement Plan or Progress Report (Nonmandatory)

(Name), Director
The Industrial Commission of Arizona
Division of Occupational Safety and Health
P. O. Box 19070
Phoenix, Arizona 85005

[Company's Name]
[Company's Address]

Check one:
Abatement Plan [ ]
Progress Report [ ]
Inspection Number _____
Page _____of_____
Citation Number(s)*_____
Item Number(s)* _____

Action	Proposed Completion Date (for abatement plans only)	Completion Date (for progress reports only)
1.	.....	.....
2.	.....	.....
3.	.....	.....
4.	.....	.....
5.	.....	.....

Date required for final abatement:_____
I attest that the information contained in this document is accurate.

_____
Signature

_____
Typed or Printed Name

Name of primary point of contact for questions: (optional)
Telephone number: _____

*Abatement plans or progress reports for more than one citation item may be combined in a single abatement plan or progress report if the abatement actions, proposed completion dates, and actual completion dates (for progress reports only) are the same for each of the citation items.

Historical Note
Appendix B adopted effective June 26, 1998 (Supp. 98-2).

Appendix C. Sample Warning Tag (Nonmandatory)

O

WARNING:

EQUIPMENT HAZARD
BY ADOSH

EQUIPMENT CITED:
_____
_____
_____

HAZARD CITED:
_____
_____
_____

FOR DETAILED INFORMATION:
SEE ADOSH CITATION POSTED AT:
_____
_____

BACKGROUND COLOR--ORANGE

MESSAGE COLOR--BLACK

Historical Note
Appendix C adopted effective June 26, 1998 (Supp. 98-2).

R20-5-628. Safe Transportation of Compressed Air or Other Gases
An employer shall not use Polyvinyl Chloride (PVC) piping in a place of employment for the transportation and distribution of compressed air or other compressed gases in an above-ground installation.

Historical Note
New Section made by final rulemaking at 9 A.A.R. 1161, effective March 11, 2003 (Supp. 03-1).

R20-5-629. The Occupational Injury and Illness Recording and Reporting Requirements, 29 CFR 1904
Each employer shall comply with the standards in the Federal Occupational Safety and Health Standards for Recordkeeping, as published in 29 CFR 1904, with amendments as of July 21, 2023, incorporated by reference. Copies of the incorporated materials are available for review at the Industrial Commission of Arizona and may be obtained from the United States Government Printing Office, Superintendent of Documents, Washington, D.C. 20402. These standards shall apply to all conditions and practices related to recordkeeping by all employers, both public and private, in the state of Arizona. This incorporation by reference does not include amendments or editions to 29 CFR 1904 published after July 21, 2023.

Historical Note
New Section made by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4). Amended by final rulemaking at 9 A.A.R. 874, effective February 19, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 318, effective January 1, 2004 (Supp. 03-4). Amended by final rulemaking at 22 A.A.R. 775, effective March 16, 2016 (Supp. 16-1). Amended by final rulemaking at 24 A.A.R. 2263, effective July 23, 2018 (Supp. 18-3). Amended by final rulemaking at 26 A.A.R. 373, with an immediate effective date of February 11, 2020 (Supp. 20-1). Amended by final rulemaking at 28 A.A.R. 1761 (July 22, 2022), with an immediate effective date of July 8, 2022 (Supp. 22-3). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-630. Repealed

Historical Note
Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-640 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-630 effective March 2, 1981 (Supp. 81-2). R20-5-630 recodified from R4-13-631 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-631. Repealed

Historical Note
Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-631 recodified from R4-13-631 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-632. Repealed

Historical Note
Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-632 recodified from R4-13-632 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-633. Repealed

Historical Note
Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-633 recodified from R4-13-633 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-634. Repealed

Historical Note
Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-634 recodified from R4-13-634 (Supp. 95-1). Section

repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-635. Repealed

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-635 recodified from R4-13-635 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-636. Repealed

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted and amended effective March 2, 1981 (Supp. 81-2). R20-5-636 recodified from R4-13-636 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-637. Repealed

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). Amended effective December 14, 1994 (Supp. 94-4). R20-5-637 recodified from R4-13-637 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-638. Repealed

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-638 recodified from R4-13-638 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-639. Repealed

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-639 recodified from R4-13-639 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-640. Repealed

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-641 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-640 effective March 2, 1981 (Supp. 81-2). R20-5-640 recodified from R4-13-640 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-641. Repealed

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-642 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-641 effective March 2, 1981 (Supp. 81-2). R20-5-641 recodified from R4-13-641 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-642. Repealed

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-643 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-642 effective March 2, 1981 (Supp. 81-2). R20-5-642 recodified from R4-13-642 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-643. Repealed

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-644 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-643 effective March 2, 1981 (Supp. 81-2). R20-5-643 recodified from R4-13-643 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-644. Repealed

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-645 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-644 effective March 2, 1981 (Supp. 81-2). R20-5-644 recodified from R4-13-644 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-645. Repealed

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-646 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-645 effective March 2, 1981 (Supp. 81-2). R20-5-645 recodified from R4-13-645 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-646. Emergency Expired

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Emergency expired. R20-5-646 recodified from R4-13-646 (Supp. 95-1).

R20-5-647. Reserved

R20-5-648. Reserved

R20-5-649. Reserved

R20-5-650. Definitions

As used in Sections R20-5-650 through R20-5-669 inclusive, unless the context clearly requires otherwise:

"Act" means the Arizona Occupational Safety and Health Act of 1972 (Arizona Revised Statutes, Title 23, Chapter 2, Article 10).

"Affected employee" means an employee or authorized employee representatives, such as the employee's collective bargaining agent, who would be affected by the granting or denial of a variance.

"Commission" means the Industrial Commission of Arizona.

"Party" means a person admitted to participate in a hearing conducted in accordance with subsection (3) R20-5-624. An applicant for relief and any affected employee shall be entitled to be named as parties.

"Person" means an individual, partnership, association, corporation, business trust, legal representative, an organized group of individuals, or political subdivision.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-651 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-650 effective March 2, 1981 (Supp. 81-2). R20-5-650 recodified from R4-13-650 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-651. Petitions for Amendments

Any person may at any time petition the Commission in writing to revise, amend, or revoke any provisions of rules R20-5-650 through R20-5-669 inclusive. The petition should set forth either the terms or the substance of the rule desired, with a concise statement of the reasons therefor and the effects thereof.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-652 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-651 effective March 2, 1981 (Supp. 81-2). R20-5-651 recodified from R4-13-651 (Supp. 95-1).

R20-5-652. Effects of Variances

All variances granted hereunder shall have only future effect. In their discretion, the Commission may decline to entertain an application for variance on the subject or issue concerning which a citation has been issued to the employer involved and a proceeding on the citation or a related issue concerning a proposed penalty or period of abatement is pending before the Federal Occupational Safety and Health Review Commission, Office of Administrative Hearings or the Arizona Review Board until the completion of such proceeding.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-654 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-652 effective March 2, 1981 (Supp. 81-2). R20-5-652 recodified from R4-13-652 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-653. Public Notice of a Granted Variance

Every final action granting a variance, shall be published in statewide newspapers. Every such final action shall specify the alternative to the standard involved which the particular variance permits.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-655 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-653 effective March 2, 1981 (Supp. 81-2). R20-5-653 recodified from R4-13-653 (Supp. 95-1).

R20-5-654. Variances; Form of Documents; Subscription; Copies

A. No particular form is prescribed for applications and other papers which may be filed in proceedings pursuant to R20-5-655 and R20-5-656. However, any applications and other papers shall be clearly legible. An original and six copies of any application and other papers shall be filed. The original shall be typewritten. Clear carbon copies or printed or processed copies are acceptable copies.

B. Each application or other paper which is filed in proceedings hereunder shall be signed by the person filing the same or by an attorney or other authorized representative and where required by these regulations shall be verified by the applicant.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-646 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-654 effective March 2, 1981 (Supp. 81-2). R20-5-654 recodified from R4-13-654 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-655. Variances under A.R.S. § 23-411

A. Any employer, or class of employers, desiring a variance from a standard or regulation or any portion thereof, authorized by A.R.S. § 23-411(B) may file a written application containing the information specified in A.R.S. § 23-411(C) with the Industrial Commission of Arizona, 800 West Washington, Phoenix, Arizona 85007.

B. In accordance with A.R.S. § 23-411(B)(3), an application may also be made for an interim order to be effective until a decision is rendered on the application for the variance filed previously or concurrently. An application for an interim order shall include a verified statement of facts and arguments supporting such application. The Commission may rule ex parte upon the application.

C. If an application for a variance is denied, the applicant shall be given prompt notice of the denial, which shall include, or be accompanied by, a brief statement of the grounds therefore.

D. If an interim order is granted, a copy of the order shall be served upon the applicant for the order and other parties and the terms of the order shall be published in statewide newspapers. It shall be a condition of the order that the affected employer shall give notice thereof to affected employees by

the same means to be used to inform them of an application for variance.

E. Renewal of rules or orders. Any final rule or order issued under A.R.S. § 23-411 may be renewed or extended as permitted by the applicable Section and in the manner prescribed for its issuance.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-657 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-655 effective March 2, 1981 (Supp. 81-2). R20-5-655 recodified from R4-13-655 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-656. Variances under A.R.S. § 23-412

A. Any employer, or class of employers, desiring a variance authorized by A.R.S. § 23-412 may file a written application with the Industrial Commission of Arizona, 800 W. Washington, Phoenix, Arizona 85007.

B. An application shall contain the information specified in A.R.S. § 23-412.

C. An application may also be made for an interim order to be effective until a decision is rendered on the application for the variance filed previously or concurrently. An application for an interim order shall include a verified statement of facts and arguments supporting such application. The Commission may rule ex parte upon the application.

D. If an application is denied, the applicant shall be given prompt notice of the denial, which shall include, or be accompanied by, a brief statement of the grounds therefore.

E. If an interim order is granted, a copy of the order shall be served upon the applicant and other parties, and the terms of the order shall be published in statewide newspapers. It shall be a condition of the order that the affected employer shall give notice thereof to affected employees by the same means to be used to inform them of an application for a variance.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-658 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-656 effective March 2, 1981 (Supp. 81-2). R20-5-656 recodified from R4-13-656 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-657. Federal Multi-state Variances

Where a federal variance has been granted with multi-state applicability, including applicability in this state operating under a state plan approved under Section 18 of the Federal Williams-Steiger Occupational Safety and Health Act of 1970, from a standard or portion thereof identical to this state's standard or rule or portion thereof such variance shall likewise be deemed an authoritative interpretation of the employer(s)' compliance obligation with regard to the state standard or portion thereof provided no objections of substance are found to be interposed by the Commission.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-659 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-657 effective March 2, 1981 (Supp. 81-2). R20-5-657 recodified from R4-13-657 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-658. Action on Applications

A. If an application filed pursuant to R20-5-655, R20-5-656, or R20-5-657 does not conform to the applicable Section, the Commission may deny the application.

B. The Commission shall cause to be published in statewide newspapers a notice of the filing of an approved application which shall include:

1. The terms, or an accurate summary, of the application;
2. A reference to the Section of the Act under which the application has been filed;
3. An invitation to interested persons to submit within a stated period of time written data, views, or arguments regarding the application; and
4. Information to affected employers, employees, of any right to request a hearing on the application.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-660 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-658 effective March 2, 1981 (Supp. 81-2). R20-5-658 recodified from R4-13-658 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-659. Request for Hearings on Petition

A. Any employer, employee, authorized employee representative, representative, or other person interested in or affected by an order of the Commission may petition for a hearing on the reasonableness and lawfulness of an order issued under A.R.S. §§ 23-411 or 23-412, by a verified petition filed with the Commission.

B. A request for a hearing filed shall include:

1. The name and address of the applicant;
2. A concise statement of facts showing how the employer, employee, authorized employee representative, representative, or other person would be affected by the relief applied for;
3. A petition shall set forth specifically and in detail the order upon which a hearing is desired;
4. The reasons why the order is unreasonable or unlawful;
5. The issue to be considered by the Commission on the hearing. Objections other than those set forth in the petition are deemed finally waived.
6. If the applicant is an employer, a certification that the applicant has informed the affected employees of the application by:
   a. Giving a copy thereof to their authorized representative;
   b. Posting at the place or places where notices to employees are normally posted, a statement giving a summary of the petition specifying where a copy of the full petition may be examined (or, in lieu of the summary, posting the application itself); and
   c. Other appropriate means.
7. If the applicant is an affected employee, a certification that a copy of the petition has been furnished to the employer.

C. The Commission may on its own motion proceed to modify or revoke a rule or order issued under A.R.S. §§ 23-411 or 23-412. In such event, the Commission shall cause to be published in statewide newspapers a notice of its intention, affording interested persons an opportunity to submit written data, views, or arguments regarding the proposal and informing the affected employer and employees of their right to request a hearing and shall take such other action as may be appropriate to give actual notice to the affected employees. Any request for a hearing shall include a short and plain statement of:
1. How the proposed modification or revocation would affect the requesting party; and
2. What the requesting party would seek to show on the subjects or issues involved.

Historical Note
Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-661 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-659 effective March 2, 1981 (Supp. 81-2). R20-5-659 recodified from R4-13-659 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-660. Consolidation of Proceedings
The Commission on its own motion or that of any party may consolidate or contemporaneously consider two or more proceedings which involve the same or closely related issues.

Historical Note
Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-662 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-660 effective March 2, 1981 (Supp. 81-2). R20-5-660 recodified from R4-13-660 (Supp. 95-1).

R20-5-661. Notice of Hearing
Upon request for a hearing as provided in this Section, or upon its own initiative, the Commission shall serve, or cause to be served, a reasonable notice of hearing which shall include:
1. The time, place, and nature of the hearing;
2. The legal authority under which the hearing is to be held;
3. A specification of issues of fact and law.

Historical Note
Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-663 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-661 effective March 2, 1981 (Supp. 81-2). R20-5-661 recodified from R4-13-661 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-662. Manner of Service
Service of any document upon any party may be made by personal delivery of, or by mailing, a copy of the document to the last known address of the party. The person serving the document shall certify to the manner and the date of the service.

Historical Note
Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-664 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-662 effective March 2, 1981 (Supp. 81-2). R20-5-662 recodified from R4-13-662 (Supp. 95-1).

R20-5-663. Commission; Powers and Duties
A. The Commissioners shall have all powers necessary or appropriate to conduct a fair, full, and impartial hearing, including the following:
1. To administer oaths and affirmations;
2. To rule upon offers of proof and receive relevant evidence;
3. To provide for discovery and to determine its scope;
4. To regulate the course of the hearing and the conduct of the parties and their counsel therein;
5. To consider and rule upon procedural requests;
6. To hold conferences for the settlement or simplification of the issues by consent of the parties;
7. To make, or to cause to be made, an inspection of the employment or place of employment involved;
8. To make decisions in accordance with A.R.S. §§ 23-405(5), 23-411, 23-412, and 23-945; and
9. To take any other appropriate action authorized by the Act, this Section, or A.R.S. § 23-945.

B. Insubordinate conduct at any hearing before the Commission shall be grounds for exclusion from the hearing.

C. If a witness or a party refuses to answer a question after being directed to do so, or refuses to obey an order to provide or permit discovery, the Commission may make such orders with regard to the refusal as are just and appropriate, including an order denying an application of an applicant or regulating the contents of the record of the hearing.

D. On any procedural question not regulated by this Section, the Act, or A.R.S. § 23-945, Commission shall be guided to the extent practicable by any pertinent provisions of the Occupational Safety and Health Rules of Procedure.

Historical Note
Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-665 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-663 effective March 2, 1981 (Supp. 81-2). R20-5-663 recodified from R4-13-663 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-664. Prehearing Conferences
A. Upon its own motion or the motion of a party, the Commission may direct the parties or their counsel to meet with them for a conference to consider:
1. Simplification of the issues;
2. Necessity or desirability of amendments to documents for purposes of clarification, simplification, or limitation;
3. Stipulations, admissions of fact, and of contents and authenticity of documents;
4. Limitation of the number of parties and of expert witnesses; and
5. Such other matters as may tend to expedite the disposition of the proceeding and to assure a just conclusion thereof.

B. The Commission shall make an order which recites the action taken at the conference, the amendments allowed to any documents which have been filed, and the agreements made between the parties as to any of the matters considered, and which limits the issues for hearings to those not disposed of by

admission or agreements; and such order when entered controls the subsequent course of the hearing, unless modified at the hearing, to prevent manifest injustice.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-666 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-664 effective March 2, 1981 (Supp. 81-2). R20-5-664 recodified from R4-13-664 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-665. Consent Findings and Rules or Orders

A. At any time before the reception of evidence in any hearing, or during any hearing, a reasonable opportunity may be afforded to permit the negotiation by the parties of an agreement containing consent findings and a rule or order disposing of the whole or any part of the proceeding. The allowance of such opportunity and the duration thereof shall be in the discretion of the Commission, after consideration of the nature of the proceeding, the requirements of the public interest, the representations of the parties, and the probability of an agreement which will result in a just disposition of the issues involved.

B. Any agreement containing consent findings in rule or other disposing of a proceeding shall also provide:

1. That the rule or order shall have the same force and effect as if made after a full hearing;
2. That the entire record on which any rule or order may be based shall consist solely of the application and the agreement;
3. A waiver of any further procedural steps before the Commission; and
4. A waiver of any right to challenge or contest the validity of the findings and of the rule or order made in accordance with the agreement.

C. On or before the expiration of the time granted for negotiations, the parties or their counsel may:

1. Submit the proposed agreement to the Commission for its consideration; or
2. Inform the Commission that agreement cannot be reached.

D. In the event an agreement containing consent findings and rule or order is submitted within the time allowed therefor, the Commission may accept such agreement by issuing its decision based upon the agreed findings.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-667 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-665 effective March 2, 1981 (Supp. 81-2). R20-5-665 recodified from R4-13-665 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-666. Discovery

A. For reasons of unavailability or for other good cause shown, the testimony of any witness may be taken by deposition.

1. Depositions may be taken orally or upon written interrogatories before any person designated by the Commission and having power to administer oaths.
2. Any party desiring to take the deposition of a witness may make application in writing to the Commission, setting forth:
   a. The reasons why such deposition should be taken;
   b. The time when, the place where, and the name and post office address of the person before whom the deposition is to be taken;
   c. The name and address of each witness; and
   d. The subject matter concerning which each witness is expected to testify.
3. Such notice as the Commission may order shall be given by the party taking the deposition to every other party.
4. Each witness testifying upon deposition shall be sworn, and the parties not calling the witness shall have the right to cross-examine the witness. The questions propounded and the answers thereto, together with all objections made, shall be reduced to writing, read to the witness, subscribed by the witness, and certified by the officer before whom the deposition is taken. Thereafter, the officer shall seal the deposition, with two copies thereof, in an envelope and mail the same by registered mail to the presiding hearing examiner. Subject to such objections to the questions and answers as were noted at the time of taking the deposition and would be valid were the witness personally present and testifying, such deposition may be read and offered in evidence by the party taking it as against any party who was present, represented at the taking of the deposition, or who had due notice thereof. No part of a deposition shall be admitted in evidence unless there is a showing that the reasons for the taking of the deposition in the first instance exist at the time of the hearing.

B. Whenever appropriate to a just disposition of any issue in a hearing, the Commission may allow discovery by any other appropriate procedure, such as by written interrogatories upon a party, production of documents by a party, or by entry for inspection of the employment or place of employment involved.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-668 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-666 effective March 2, 1981 (Supp. 81-2). R20-5-666 recodified from R4-13-666 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-667. Variance Hearings

A. Except as may be ordered otherwise by the Commission, the party applying for relief shall proceed first at a hearing.

B. The party applying for relief shall have the burden of proof.

C. A party shall be entitled to present its case or defense by oral or documentary evidence, to submit rebuttal evidence, and to conduct such cross-examination as may be required for a full and true disclosure of the facts.

1. Any oral or documentary evidence may be received, but the Commission shall exclude evidence which is irrelevant, immaterial, or unduly repetitious.
2. The testimony of a witness shall be upon oath or affirmation administered by the Commission.

D. Official notice may be taken of any material fact not appearing in evidence in the record, which is among the traditional matters of judicial notice: provided that the parties shall be given

adequate notice, at the hearing or by reference in the Commission's decision, of the matters so noticed and shall be given adequate opportunity to show the contrary.

E. Minutes shall be taken of the Commission hearings. Copies of the minutes may be obtained by the parties upon written application filed with the secretary of the Commission and upon the payment of fees at the rate provided in the agreement with the Commission.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-669 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-667 effective March 2, 1981 (Supp. 81-2). R20-5-667 recodified from R4-13-667 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-668. Decisions of the Commission

A. Proposed findings of fact, conclusions, and rules or orders. Within 10 days after completion of the hearing or such additional time as the Commission may allow, each party may file with the Commission proposed findings of fact, conclusions of law, and rule or order, together with a supporting brief expressing the reasons for such proposals. Such proposals and brief shall be served on all other parties and shall refer to all portions of the record and to all authorities relied upon in support of each proposal.

B. Decisions of the Commission. Within a reasonable time after the time allowed for the filing of proposed findings of fact, conclusions of law, and rule or order, the Commission shall make and serve upon each party its decision, which shall become final upon the 30th day after service thereof, unless exceptions are filed thereto, as provided in rule R20-5-669. The decision of the Commission shall include:

1. A statement of findings and conclusions, with reasons and basis therefor, upon each material issue of fact, law, or discretion presented on the record, and
2. The appropriate rule, order, relief, or denial thereof. The decision of the hearing examiner shall be based upon a consideration of the whole record and shall state all facts officially notice and relied upon. It shall be made on the basis of a preponderance of reliable and probative evidence.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-670 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-668 effective March 2, 1981 (Supp. 81-2). R20-5-668 recodified from R4-13-668 (Supp. 95-1).

R20-5-669. Judicial Review

Any employer, employee, authorized employee representative, representative, or any person in interest is dissatisfied with an order of the Commission may appeal in accordance with A.R.S. § 23-413.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-674 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-670 effective March 2, 1980 (Supp. 81-2). R20-5-669 recodified from R4-13-669 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-670. Field Sanitation

A. This Section applies to any agricultural establishment where a crew of five or more employees are engaged on any given day in hand-labor operations in one location.

B. As used in this Section:

1. "Agricultural establishment" means a business operation that uses paid employees in the production of food, fiber or other material such as seed, seedlings, plants or parts of plants.
2. "Crew of employees" means a group of persons who are employed to perform hand-labor operations as a unit at an agricultural establishment. "Crew of employees" does not include the employer and the employer's immediate family members.
3. "Hand-labor operations" means agricultural activities or operations performed in the field by hand or with hand tools. Hand-labor operations include the hand-harvest of vegetables, nuts and fruits, hand-weeding of crops and hand-planting of seedlings. Hand-labor operations do not include such activities as logging operations, irrigation operations, the care or feeding of livestock or hand-labor operations in permanent structure, such as canning facilities or packing houses. Hand-labor operations do not include activities in which persons are acting as equipment operators.
4. "Handwashing facility" means a facility providing either a basin, container or outlet with an adequate supply of potable water, soap and single-use towels.
5. "Potable water" means water that meets the standards for drinking purposes prescribed by the state or local authority having jurisdiction or water that meets the quality standards prescribed by the United States Environmental Protection Agency's National Interim Primary Drinking Water Regulations, published in 40 CFR Part 141 (July 1983), incorporated by reference and on file in the Office of the Secretary of State.
6. "Toilet facility" means a facility designed for the purpose of both defecation and urination, including biological or chemical toilets, combustion toilets or sanitary privies, which is supplied with toilet paper adequate for employee needs. Toilet facilities may be either fixed or portable.

C. Employers shall provide the following for employees engaged in hand-labor operations at an agricultural establishment without cost to the employee:

1. Potable drinking water as follows:
   a. Potable water shall be provided and shall be placed in locations readily accessible to all employees.
   b. The water shall be suitably cool, no more than 80°F, and in sufficient amounts, a minimum of two gallons per employee, taking into account the air temperature, humidity and the nature of the work performed, to meet employees' need.
   c. The water shall be dispensed in single-use drinking cups or by fountains. The use of common drinking cups or dippers is prohibited.
2. Toilet and handwashing facilities as follows:
   a. One toilet facility and one handwashing facility shall be provided for each 40 employees or fraction thereof, except as provided in subsection (D) of this Section.

b. Toilet facilities shall have doors that can be closed and latched from the inside and shall be constructed to ensure privacy.

c. Toilet and handwashing facilities shall be accessibly located, in close proximity to each other and within 1/4 mile of each employee's place of work in the field. If it is not feasible to locate facilities accessibly and within the required distance due to the terrain, facilities shall be located at the point of closest vehicular access.

D. Toilet and handwashing facilities are not required for employees who perform field work for a period of three hours or less (including transportation time to and from the field) during the day.

E. Potable drinking water and toilet and handwashing facilities shall be maintained in accordance with appropriate public health sanitation practices, including all of the following:

1. Drinking water containers shall be covered, cleaned and refilled daily.
2. Toilet facilities shall be operational and maintained in clean and sanitary condition and shall be supplied with toilet paper adequate for employee needs.
3. Handwashing facilities shall be maintained in clean and sanitary condition.
4. Disposal of wastes from facilities shall not cause unsanitary conditions.

F. Employees shall be allowed reasonable opportunities during the workday to use the facilities.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Adopted effective May 2, 1986 (Supp. 86-3). R20-5-670 recodified from R4-13-670 (Supp. 95-1).

R20-5-671. Reserved

R20-5-672. Reserved

R20-5-673. Reserved

R20-5-674. Emergency Expired

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Emergency expired. R20-5-674 recodified from R4-13-674 (Supp. 95-1).

R20-5-675. Reserved

R20-5-676. Reserved

R20-5-677. Reserved

R20-5-678. Reserved

R20-5-679. Reserved

R20-5-680. Protected Activity

A. All complaints pursuant to A.R.S. § 23-425 shall relate to conditions at the workplace. The filing of complaints need not be in writing for purposes of this subsection except that those complaints filed pursuant to R20-5-682 shall comply with R20-5-682. The term "filed any complaint" as used in A.R.S. § 23-425(A) includes:

1. Employee requests for inspection pursuant to A.R.S. § 23-408;
2. Complaints registered with other state, local or federal governmental agencies which have the authority to regulate or investigate occupational safety and health conditions;
3. Complaints lodged with employers; or
4. Complaints filed as specified in R20-5-682.

B. The term "instituted or caused to be instituted any proceeding" as used in A.R.S. § 23-425(A) includes:

1. Inspections of worksites under A.R.S. § 23-408(A);
2. Employee contest of abatement date under A.R.S. § 23-417(D);
3. Employee initiation of proceedings for promulgation of an occupational safety and health standard under A.R.S. § 23-410(A);
4. Employee application for modification or revocation of a variance under A.R.S. § 23-413;
5. Employee judicial challenge to a standard under A.R.S. § 23-410(E);
6. Employee appeal of an Administrative Law Judge order under A.R.S. § 23-421(C);
7. Exercise of rights by any employee pursuant to A.R.S. § 23-418.01;
8. Any other employee action authorized by the Arizona Occupational Safety and Health Act of 1972; or
9. Setting into motion the activities of others which result in the proceedings specified in subsections (B)(1) through (8).

C. The term "testified or is about to testify in any such proceeding" as used in A.R.S. § 23-425(A) includes:

1. Testimony in proceedings instituted or caused to be instituted by the employee; or
2. Any statements given in the course of judicial, quasi-judicial or administrative proceedings. For this purpose, administrative proceedings include inspections, investigations and administrative rulemaking or adjudicative functions.

D. The term "the exercise by such employee on behalf of himself or others of any right afforded by this Article" as used in A.R.S. § 23-425(A) includes:

1. The right to participate as a party in enforcement proceedings pursuant to A.R.S. § 23-408;
2. The right to request information from the Industrial Commission; or
3. To cooperate with inspections or investigations by the Industrial Commission.

E. If the employee, with no reasonable alternative, refuses in good faith to be exposed to a dangerous condition, the employee is engaged in protected activity. The condition causing the employee's apprehension of death or injury must be of such a nature that a reasonable person, under the circumstances then confronting the employee, would conclude there is a real danger of death or serious injury and that there is insufficient time, due to the urgency of the situation, to eliminate the dangers through resort to regular statutory enforcement channels. In addition, in such circumstances, the employee, where possible, must also have sought from the employer and been unable to obtain a correction of the dangerous condition.

F. Employees who refuse to comply with valid occupational safety and health standards or valid safety rules implemented by the employer are not protected by A.R.S. § 23-425.

Historical Note

Adopted effective May 3, 1989 (Supp. 89-2). R20-5-680 recodified from R4-13-680 (Supp. 95-1). Amended by

final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-681. Elements of a Violation of A.R.S. § 23-425

To establish a violation of A.R.S. § 23-425(A), the employee shall prove all of the following:

1. The employee was engaged in protected activities as defined in R20-5-680.
2. The employer had actual or implied knowledge of the employee's protected activities prior to the adverse action which the employee claims to be a discharge or discrimination.
3. The action claimed to be discharge or discrimination was adverse to the employee.
4. The alleged discharge or discrimination would not have taken place but for the employee's engagement in the protected activity.

Historical Note

Adopted effective May 3, 1989 (Supp. 89-2). R20-5-681 recodified from R4-13-681 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-682. Procedure

A. A complaint of A.R.S. § 23-425(A) discharge or discrimination shall be filed with the Division of Occupational Safety and Health by the employee or by a representative authorized by A.R.S. § 23-408 to do so on the employee's behalf. The complaint shall be written and shall be signed by the person filing the complaint.

B. The date of filing a complaint under A.R.S. § 23-425(B) is the date of receipt of the complaint by the Division. The date of receipt is the date of postmark, date of facsimile transmittal, date of email communication, date of telephone call, date of hand-delivery to a third-party commercial carrier, or date of in-person filing at the Division. If the post-mark is absent or illegible, the date filed is the date the complaint is received by the Division.

C. The Division will accept or deny an employee's withdrawal of a complaint; however the Industrial Commission's investigatory jurisdiction shall not be foreclosed by unilateral action of the employee.

D. The Industrial Commission may resolve an A.R.S. § 23-425 complaint with the employer without the consent of the employee.

E. The Industrial Commission's jurisdiction to investigate and determine A.R.S. § 23-425 complaints is independent of the jurisdiction of other agencies or bodies. The Industrial Commission may defer to the results of other such proceedings where:

1. The rights asserted in those other proceedings are substantially the same as the rights pursuant to A.R.S. § 23-425;
2. The factual issues in such proceedings are substantially the same as the factual issues before the Industrial Commission;
3. The proceedings were fair and regular; and
4. The outcome of the proceedings was not inconsistent with the purposes of this Chapter and the Act.

F. A determination pursuant to A.R.S. § 23-425(C) includes:

1. A decision to not proceed with the case;
2. To defer the case to another forum; or
3. To proceed to litigation in Superior Court.

Historical Note

Adopted effective May 3, 1989 (Supp. 89-2). R20-5-682 recodified from R4-13-682 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-683. Reconsideration of Initial Determination

A. In cases where ADOSH issues an initial determination to not proceed with a complaint filed under A.R.S. § 23-425, the employee can request reconsideration of the initial determination.

B. The request for reconsideration must be filed with, and received by, the ADOSH Director within 15 calendar days from the receipt of the initial determination letter.

C. The reconsideration will be placed upon the agenda for a meeting of the Industrial Commission of Arizona Commissioners.

D. The employee, and the employer will be notified of the reconsideration date, and may appear at the Commissioners' meeting to provide testimony. The employee, and the employer will not be allowed to present documentary evidence.

E. Upon hearing the testimony, and review of the file, the Commissioners may:

1. Affirm the initial determination;
2. Remand the file back to ADOSH for further investigation; or
3. Reverse the initial determination and have a lawsuit filed in the appropriate Superior Court.

F. The decision of the Commissioners will constitute the final determination of the Division.

Historical Note

New Section made by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

ARTICLE 7. INDUSTRIAL COMMISSION LEGAL DIVISION

R20-5-701. Application to Set Attorney Fees Under A.R.S. § 23-1069

A. For purposes of A.R.S. § 23-1069, "final disposition of a case" occurs when all compensation benefits have been released to a claimant.

B. A claimant or attorney filing an application for attorney's fees under A.R.S. § 23-1069 shall file the application with the Commission Legal Division to the attention of the Chief Legal Counsel and serve notice of the application to all parties, including if applicable, the carrier, self-insured employer, or special fund division.

C. Upon the filing of an application, the attorney and claimant shall, provide information to the Commission to enable the Commission to award reasonable attorney's fees.

D. Attorney's fees awarded under this Section shall be set by the Commission, an administrative law judge, or other authorized representative of the Commission.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-701 renumbered from R20-5-160 and amended by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-702. Opening a Fraud Unit Investigation

A. A person alleging fraudulent activities, statements, or representations made in connection with Arizona workers' compensation claims may file a written complaint with the Fraud Unit.

B. The written complaint shall describe the specific actions of the claimant, employer, self-insured employer, insurance carrier, or claims processing representative alleged to constitute fraud. The Fraud Unit may require a complainant to provide additional information to determine whether it has jurisdiction over a complaint.

C. Upon receipt of a complete complaint, the Fraud Unit shall have up to 30 days to determine if the Fraud Unit has jurisdiction to investigate the complaint.

D. If the Fraud Unit determines it has jurisdiction over a complaint, it will open a formal investigation. If the Fraud Unit does not have jurisdiction over a complaint, it will notify the complainant.

E. The Fraud Unit may open an investigation on its own motion under A.R.S. § 23-934(A).

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-702 made by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-703. Fraud Unit Jurisdiction

A. The Fraud Unit shall have jurisdiction to investigate allegations of:

1. Claimant fraud related to workers' compensation claims receiving indemnity or medical benefits.
2. Employer or Carrier fraud related to workers' compensation insurance coverage, payment of premiums, or payment of workers' compensation benefits.
3. Medical Provider fraud related to workers' compensation claims.

B. For purposes of this Section, "Fraud" means knowingly making a false statement or representation or concealing information in order to obtain any compensation, benefit or payment for themself or another.

C. The Fraud Unit does not have jurisdiction over allegations of unfair claims processing practices and bad faith claims.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-703 made by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-704. Fraud Unit Duties and Investigation Timeline

The Fraud Unit shall:

1. Investigate complaints that it has jurisdiction over pursuant to R20-5-703.
2. Develop a written report documenting the formal investigation of a complaint and its findings.
3. Complete its investigation and provide the complainant with the written report in subsection (2) within 150 days of opening a formal investigation.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-704 made by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-705. Fraud Unit Investigators Authority

A. Fraud Unit Investigators may request the submission of papers, documents, reports, or other evidence relating to a formal investigation under A.R.S. § 23-934 and this Section.

B. Fraud Unit Investigators may take depositions, subpoena witnesses or documentary evidence, administer oaths and examine under oath any individual relative to the subject of any formal Fraud Unit investigation.

C. A subpoena issued under this Section shall be served in the same manner as if issued from a superior court. If a person fails to obey a subpoena lawfully served, the Fraud Unit shall forthwith forward a report of such disobedience, together with a copy of the subpoena and proof of service thereof, to the superior court for the county in which the person was required to appear. The court shall forthwith cause such person to be produced and shall impose penalties as though they had disobeyed a subpoena issued out of such court.

D. If the documents, materials or other information the Fraud Unit seeks to obtain by request are located outside Arizona, the person requested to provide the documents, materials or other information shall arrange for the Fraud Unit or a representative, including an official of the state in which the documents, materials or other information is located, to examine the documents, materials or other information where it is located.

E. A person who being under oath testifies falsely or makes any false affidavit during the course of any examination or as part of the Fraud Unit investigation, may be prosecuted for perjury.

F. The materials collected by the Fraud Unit during its investigation are privileged and confidential until the Fraud Unit completes its formal investigation. Any documents, materials or other information that is provided to the Fraud Unit pursuant to this section is not subject to discovery or subpoena until opened for public inspection by the Fraud Unit or, after notice and a hearing, a court determines that the Fraud Unit would not be unduly burdened by compliance with the subpoena. The Fraud Unit shall keep the identity of an informant confidential, including any information that might identify the informant, unless the request for information is made by a law enforcement agency, the Department of Insurance Fraud Unit, the attorney general or a county attorney for purposes of a criminal investigation or prosecution. The Fraud Unit may use the documents, materials or other information in the furtherance of any regulatory or legal action brought as a part of the Fraud Unit's official duties.

G. Where a Fraud Unit Investigator deems it necessary the Fraud Unit Investigator may verify a claimant's annual earnings reported pursuant to A.R.S. § 23-1047 with the department of economic security unemployment insurance information.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-705 made by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-706. Fraud Unit Reporting

A. If after a formal investigation, a complaint is substantiated by a preponderance of the evidence, in addition to submitting a written report to the complainant the Fraud Unit under A.R.S. § 23-934(B), may also report the violations of law to the claimant, claimant's representative, to the reporting employer, self-insured employer or insurance carrier, to the appropriate licensing agency as defined in A.R.S. § 20-466.04, and to the

appropriate county attorney or the attorney general for prosecution.

B. Any allegation involving unfair claim processing practices or bad faith by an employer, self-insured employer, insurance carrier or claims processing representative shall be reported to the Commission and addressed under A.R.S. § 23-930.

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4). New Section R20-5-705 made by final rulemaking at 31 A.A.R. 4199 (October 31, 2025), effective December 6, 2025 (Supp. 25-4).

R20-5-707. Repealed

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-708. Repealed

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-709. Repealed

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-710. Repealed

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-711. Repealed

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-712. Repealed

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-713. Repealed

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-714. Repealed

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-715. Repealed

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 22 A.A.R. 2782, effective September 7, 2016 (Supp. 16-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-716. Repealed

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-717. Repealed

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-718. Repealed

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-719. Repealed

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-720. Repealed

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-721. Repealed

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-722. Repealed

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-723. Repealed

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-724. Repealed

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-725. Repealed

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-726. Repealed

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-727. Repealed

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-728. Repealed

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-729. Repealed

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-730. Repealed

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-731. Repealed

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-732. Repealed

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-733. Repealed

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-734. Repealed

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-735. Repealed

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-736. Repealed

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-737. Repealed

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-738. Repealed

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-739. Repealed

Historical Note
Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

ARTICLE 8. OCCUPATIONAL SAFETY AND HEALTH RULES OF PROCEDURE

R20-5-801. Notice of Rules

This Article applies to all actions and proceedings before an administrative law judge pertaining to those issues arising out of Title 23, Chapter 2, Article 10. In the event of a conflict between A.R.S. §§ 23-401 through 23-433 or this Article and the rules of procedure pertaining to OAH, A.R.S. §§ 23-401 through 23-433 and this Article control.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-801 recodified from R4-13-801 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-802. Repealed

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-802 recodified from R4-13-802 (Supp. 95-1). Repealed by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-803. Definitions

In addition to the definitions provided in A.R.S. § 23-401, the following definitions apply to this Article:

"Act" means the Arizona Occupational Safety and Health Act of 1972.

"Affected employee" means an employee of a cited employer who is exposed to the alleged hazard described in a citation, as a result of assigned duties.

"Authorized employee representative" means a labor organization which has a collective bargaining relationship with the cited employer and which represents affected employees.

"Citation" means a written communication issued by the Division of Occupational Safety and Health of the Industrial Commission of Arizona pursuant to A.R.S. § 23-415.

"OAH" means the Arizona Office of Administrative Hearings.

"Party" shall have the same meaning as "interested party," as defined in A.R.S. § 23-401.

"Representative" means any person, including an authorized employee representative, authorized by a party to represent the party under A.R.S. § 23-429 in a proceeding.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-803 recodified from R4-13-803 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-804. Computation of Time

In computing any period of time prescribed or allowed in this Article, the day from which the designated period begins to run shall not be included. The last day of the period so computed shall be included unless it is a Saturday, Sunday, or legal holiday. When the period of time prescribed or allowed is less than seven days, intermediate Saturdays, Sundays, and legal holidays shall be excluded in the computation.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-804 recodified from R4-13-804 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-805. Record Address

The initial pleading filed by any interested party shall contain the party's name, address, email address, and telephone number. Any change in such information must be communicated promptly in writing to the Commission, OAH, and all other interested parties. An interested party who fails to furnish such correct and current information shall be deemed to have waived the right to object to the validity of any notice and/or service which has been made to the last known address of the party as shown by the records of the Commission.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-805 recodified from R4-13-805 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-806. Service and Notice

A. At the time of filing pleadings or other documents a copy thereof shall be served by the filing party on every other interested party.

B. Service upon an interested party who has appeared through a representative shall be made only upon such representative.

C. Unless otherwise herein indicated, service may be accomplished by (1) postage prepaid first class mail; (2) by personal delivery; or (3) with an interested party's consent, transmission by email. Service is deemed effected at the time of mailing or emailing (if by mail or email) or at the time of personal delivery (if by personal delivery).

D. Proof of service shall be accomplished by a written statement of the same which sets forth the date and manner of service. Such statement shall be filed with the pleading or document.

E. Service and notice to employees represented by an authorized employee representative shall be deemed accomplished by serving the authorized employee representative in the manner prescribed in subsection (C).

F. In the event that there are any affected employees who are not represented by an authorized employee representative, the employer shall, immediately upon receipt of notice of the time and place of hearing, post, where the citation is required to be posted, a copy of the notice of the time and place of hearing and a notice informing such affected employees of their right to appear at the hearing and state their position and of the availability of all pleadings for inspection and copying at reasonable times. A notice in the following form shall be deemed to comply with this subsection:

(Name of employer)

Your employer has been cited by the Arizona Division of Occupational Safety and Health for violating the Arizona Occupational Safety and Health Act of 1972. The citation has been contested and will be the subject of a hearing before the Arizona Office of Administrative Hearings. Affected employees are entitled to appear in this hearing under the terms and conditions established by the Industrial Commission and the Arizona Office of Administrative Hearings in published rules of procedure. Notice of Intent to Participate should be sent to:

Arizona Office of Administrative Hearings
1740 West Adams Street, Lower Level,
Phoenix, Arizona 85007.

All papers relevant to this matter may be inspected at:

(Place reasonably convenient to employees, preferably at or near workplace.)

Where appropriate, the second sentence of the above Notice may be deleted and the following sentence will be substituted:

The reasonableness of the period prescribed by the Industrial Commission for abatement of the violation has been contested and will be the subject of a hearing before the Arizona Office of Administrative Hearings.

G. Where service is accomplished by posting, proof of such posting shall be filed with OAH not later than five days following the posting.

H. The authorized employee representative, if any, shall be served with the proof of posting set forth in subsection (G) and with a copy of the notice of time and place of hearing.

I. A copy of the notice of time and place of hearing shall be served by the employer on the authorized employee representative of affected employees in the manner prescribed in subsection (C) of this Section, if the employer has not been informed that the authorized employee representative has entered an appearance with OAH as of the date such notice is received by the employer.

J. Where a request for hearing is filed by an affected employee who is not represented by an authorized employee representative and there are other affected employees who are represented by an authorized employee representative, the unrepresented employee shall, upon receipt of the notice of time and place of hearing, serve a copy thereof on such authorized employee representative in the manner prescribed in subsection (C) of this Section and shall file proof of such service with OAH.

K. Where a request for hearing is filed by an affected employee or an authorized employee representative, a copy of the request for hearing shall be provided to the employer for posting by the employer at the place the citation is required to be posted.

L. An authorized employee representative who files a request for hearing shall be responsible for serving any other authorized employee representative whose members are affected employees.

M. Where posting is required by this Section, such posting shall be maintained until the commencement of the hearing or until earlier disposition.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-806 recodified from R4-13-806 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-807. Consolidation

Cases may be consolidated on the motion of any interested party, or on the administrative law judge's own motion, where there exist common parties, common questions of law or fact, or both, or in such other circumstances as justice and the administration of the Act require.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-807 recodified from R4-13-807 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-808. Severance

Upon an administrative law judge's own motion, or upon motion of any party, the administrative law judge may, for good cause, order any part of a proceeding severed with respect to some or all issues or parties.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-808 recodified from R4-13-808 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-809. Election to Appear

A. Affected employees may elect to appear at a hearing for the purpose of testifying or stating their position concerning the subject matter of a hearing.

B. An affected employee desiring to appear at a hearing must notify the administrative law judge in writing.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-809 recodified from R4-13-809 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-810. Employee Representatives

A. Affected employees may appear in person or through a representative.

B. An authorized employee representative shall be deemed to control all matters respecting the interest of represented employees during the proceedings.

C. Affected employees who are represented by an authorized employee representative may appear only through the authorized employee representative.

D. Any representative may withdraw from representation by filing a written notice of withdrawal with the administrative law judge and by serving a copy thereof on all interested parties.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-810 recodified from R4-13-810 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-811. Form of Pleadings

A. Except as provided in A.R.S. § 23-420 and this Article, there are no specific requirements as to the form of any pleading or filing. All pleading and filings shall contain a caption sufficient to identify the parties in accordance with R20-5-812. All pleadings and motions shall include the citation number and a clear and plain statement of the relief that is sought, together with the grounds therefor.

B. Pleadings and other filings (other than exhibits and petitions for hearing) shall be typewritten and double spaced, on standard letter size paper.

C. Pleadings and motions shall be signed or electronically signed by the party filing or by the representative. Such signing constitutes a representation by the signer that the signer has read the pleading or motion, that to the best of the signer's knowledge, information and belief the statements made therein are true, and that it is not interposed for delay.

D. OAH may refuse for filing any pleading or document which does not comply with the requirements of subsections (A), (B), and (C) of this Section.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-811 recodified from R4-13-811 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-812. Caption; Titles of Cases

A. Cases initiated by a cited employer filing a request for hearing contesting citations and/or proposed penalties shall be titled: Arizona Division of Occupational Safety and Health, Complainant, vs. (name of employer), Respondent.

B. Cases initiated by a cited employer filing a request for hearing for modification of the abatement period shall be titled: (name of employer), Petitioner vs. Arizona Division of Occupational Safety and Health, Respondent.

C. Cases initiated by an affected employee filing a request for hearing for modification of the abatement period shall be titled: (name of affected employee or authorized employee representative), Petitioner vs. Arizona Division of Occupational Safety and Health, Respondent, and (employer), Respondent.

D. The case titles listed in subsections (A), (B), and (C) of this Section shall appear in the left upper portion of the initial page of any pleading, motion, or filing (other than exhibits).

E. The initial page of any pleading, motion, or filing (other than exhibits and requests for hearing) shall show the citation number at the upper right of the page, opposite the title.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-812 recodified from R4-13-811 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-813. Requests for Hearing

A. Requests for hearing shall be filed with the Arizona Division of Occupational Safety and Health.

B. Requests for hearing shall be in writing and contain a clear and plain statement of the relief that is sought, together with the grounds thereof.

C. The Commission shall, after receipt of a request for hearing, refer the file to OAH for hearing and determination.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-813 recodified from R4-13-813 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-814. Pre-hearing Conference

A. At any time before a hearing, the administrative law judge, sua sponte or on motion of an interested party, may direct the parties, or their representatives, to exchange information or to participate in a pre-hearing conference for the purpose of considering matters which will tend to simplify the issues or expedite the proceedings.

B. The administrative law judge may issue a pre-hearing order which includes the agreements reached by the parties. Such order shall be served on all parties and shall be part of the record.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-814 recodified from R4-13-814 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-815. Payment of Witness Fees and Mileage

Witnesses summoned before OAH shall be paid the same fees and mileage that are paid to witnesses in the courts of Arizona. Witness fees and mileage shall be paid by the party at whose request the witness appears.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-815 recodified from R4-13-815 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-816. Expired

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-816 recodified from R4-13-816 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 3475, effective November 8, 2016 (Supp. 16-4).

R20-5-817. Failure to Appear -- Withdrawal of Request for Hearing

A. The failure of an interested party who has requested a hearing to appear at such scheduled hearing shall be deemed to be an admission of the validity of any citation, abatement period, or penalty issued pursuant to A.R.S. § 23-417(A), and additionally a waiver of all rights except the right to be served with a copy of the decision of the administrative law judge and to request review.

B. Withdrawal of a request for hearing shall be construed as an admission of the validity of any citation, abatement period or penalty issued pursuant to A.R.S. § 23-417(A). No decision need be issued in this case, as the subject instrument is deemed to be admitted.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-817 recodified from R4-13-817 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-818. Duties and Powers of Administrative Law Judges

It shall be the duty of the administrative law judge to conduct a fair and impartial hearing, to assure that the facts are fully elicited, to adjudicate all issues and avoid delay. The administrative law judge shall have authority with respect to assigned cases, between the time a case is assigned and the time a decision is issued, subject to the rules and regulations of the Commission and OAH, to:

1. Administer oaths and affirmations;
2. Rule upon admissibility of exhibits;
3. Rule upon applications for depositions;
4. Regulate the course of the hearing and, if appropriate or necessary, exclude persons or counsel from the hearing for contemptuous conduct and strike all related testimony of witnesses refusing to answer any proper questions;
5. Call and examine witnesses;
6. Request the parties at any time during the hearing to state their respective positions concerning any issue in the case or theory in support thereof;
7. Adjourn the hearing as the needs of justice and good administration require;
8. Issue appropriate orders for protection of trade secrets;
9. Take any other action necessary under the foregoing and authorized by the rules and regulations of the Commission and OAH.

Historical Note

Adopted effective August 27, 1975 (Supp. 75-1). R20-5-818 recodified from R4-13-818 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-819. Witness Deposition; In State

A. After a request for hearing has been filed with the Commission, any party desiring to take the deposition of any other interested party or witness residing within the State of Arizona shall file with the administrative law judge, a notice of deposition. Copies of such notice shall be served at least five days prior to the date of the deposition upon the deponent and upon every interested party by the party desiring to take the deposition.

B. If any interested party or the deponent has any objection to the taking of a deposition, the objecting party shall file with the administrative law judge and serve on all interested parties written objections thereto setting forth the basis of the opposition to the deposition. Such objection shall be filed with the administrative law judge within two days after the notice of deposition by is received.

C. If objections to the taking of the deposition are filed with the administrative law judge as provided in subsection (B), the

administrative law judge shall rule on the objections within five days of the filing of the objections. The taking of the deposition shall be held in abeyance pending the ruling of the administrative law judge. The administrative law judge shall either order the deposition to proceed, order that the deposition not be taken, or enter such other protective order as may be appropriate.

D. The party taking a deposition shall comply with the Arizona Rules of Civil Procedure governing the taking of depositions.

E. The expense of any deposition shall be borne by the party taking the deposition but shall not include the expense of any other interested party.

F. A scheduled hearing shall not be cancelled or continued for failure to timely take or complete a deposition pursuant to the provisions of this Section.

G. Depositions taken pursuant to the provisions of this Section shall only be used at the time of a hearing for impeachment of a witness, unless the deponent is deceased or a non-party witness is unavailable at the time of the scheduled hearing, in which event the deposition transcript may be admitted into evidence. The transcript shall be filed with the administrative law judge at least 15 days prior to the hearing date if an interested party intends to introduce it into evidence. If the deposition transcript is not filed within the time prescribed herein, it shall not be considered for any purpose except by stipulation of all interested parties, and then only with the concurrence of the administrative law judge.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-819 recodified from R4-13-819 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-820. Witness Deposition; Out-of-State

A. After a request for hearing is filed with the Commission, any interested party desiring to take the deposition of any other interested party or witness residing outside the State of Arizona shall file with the administrative law judge, a request for permission to take the deposition. The request shall include the name and address of the witness and set forth the reason why the witness's testimony is necessary for an adjudication of the case. Copies of the request shall be served upon each interested party by the party requesting permission to take the deposition. If no objection to the request for permission to take the deposition is filed as provided in subsection (B), the administrative law judge may, within 10 days, in the administrative law judge's discretion, grant or deny the permission to take the deposition. If the administrative law judge permits the taking of the deposition, the requesting party may proceed in the manner provided by and subject to the limitations of R20-5-819, subsections (A), (D), (E), and (F).

B. If any interested party objects to the taking of the deposition of an interested party or witness, the objecting party shall file with the administrative law judge and serve on all other interested parties written objections thereto setting forth the basis for the opposition to the deposition. Such objection shall be filed with the administrative law judge within five days after the request to take the deposition is served.

C. If objections to the taking of a deposition are filed with the administrative law judge as provided in subsection (B), the hearing officer shall rule on the objections within five days after the filing of the objections. The taking of the deposition shall be held in abeyance pending the ruling of the administrative law judge. The administrative law judge shall either order the deposition to proceed, order that the deposition not be taken, or enter such other protective order as may be appropriate. If the administrative law judge orders that the deposition proceed, the party may proceed to take the deposition in the manner provided by and subject to the limitation of R20-5-819, subsections (A), (D), (E), and (F).

D. The transcript of any deposition taken pursuant to this Section shall be filed with the administrative law judge at least 15 days prior to the hearing date and may be admitted into evidence. If the transcript is not filed within the time prescribed herein, it shall not be considered for any purpose except by stipulation of all interested parties, and then only with the concurrence of the administrative law judge.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-820 recodified from R4-13-820 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-821. Written Interrogatories and Request for Production of Documents

A. After a request for hearing is filed with the Commission, any interested party desiring to issue written interrogatories or a request for production of documents to another interested party shall be limited to 25 in number, inclusive of sub-parts.

B. Answers to written interrogatories or a request for production of documents shall be served on all interested parties by the answering party within 30 days after service of the interrogatories or a request for production of documents, or within 30 days after a ruling by the administrative law judge that the interrogatories must be answered or documents must be produced.

C. No scheduled hearing shall be cancelled or continued for failure of a party to timely issue interrogatories or a request for production of documents to another interested party.

D. Written interrogatories issued pursuant to the provisions of this Section may only be used at the time of hearing for impeachment of a witness unless the answering party is deceased at the time of the scheduled hearing in which event the interrogatory answers may be admitted into evidence.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-821 recodified from R4-13-821 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-822. Refusal to Answer; Refusal to Attend

A. If an interested party or witness refuses to answer any question propounded during deposition pursuant to R20-5-819 and R20-5-820, the deposition shall be completed in other matters, as the proponent of the question may prefer. Thereafter on reasonable notice to all parties and persons affected thereby the proponent of the question may apply to the administrative law judge for an order compelling an answer. Upon the refusal of an interested party to answer any interrogatory submitted under R20-5-821, or produce a document requested under R20-5-821, the proponent of the interrogatory or requestor of the document may on like notice make like application for such an order from the administrative law judge. If the motion is granted and if the administrative law judge finds that the refusal was without substantial justification, the administrative law judge shall require the refusing party, witness, or representative advising the refusal or either of them to pay to the party propounding the interrogatory or requesting the document the amount of the reasonable attorney's fees incurred in obtaining the order and the reasonable expenses which will be incurred

to obtain the requested answers or documents. If the motion is denied and if the administrative law judge finds that the motion was made without substantial justification, the administrative law judge shall require the party filing the motion or the representative advising the party to file the motion, or both, to pay to the refusing party or witness the amount of the reasonable attorney's fees incurred in opposing the motion.

B. If an interested party or a representative of an interested party willfully fails to appear for deposition after being served with the proper notice, or fails to serve answers to interrogatories or produce requested documents after proper service of such interrogatories or request for production of documents, the administrative law judge, on motion and notice, may strike out all or any part of any pleading of that party, dismiss the action or proceeding or any part thereof, or preclude the introduction of evidence.

Historical Note
Adopted effective March 20, 1975 (Supp. 75-1). R20-5-822 recodified from R4-13-822 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-823. Burden of Proof

A. In all proceedings other than those stated in subsection (B) commenced by the filing of a request for hearing, the burden of proof shall rest with the Arizona Division of Occupational Safety and Health.

B. In proceedings commenced by a request for hearing requesting modification of the abatement period, the burden of establishing the necessity for such modification shall rest with the petitioner.

Historical Note
Adopted effective March 20, 1975 (Supp. 75-1). R20-5-823 recodified from R4-13-823 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-824. Intermediary Rulings or Orders by the Administrative Law Judge

No intermediary rulings or orders by the administrative law judge may be appealed to the Review Board, but shall become a part of the record.

Historical Note
Adopted effective March 20, 1975 (Supp. 75-1). R20-5-824 recodified from R4-13-824 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-825. Legal Memoranda

Legal memoranda may be filed if authorized by the applicable rules of procedure or the administrative law judge. When authorized, the administrative law judge shall establish reasonable briefing deadlines for all interested parties.

Historical Note
Adopted effective March 20, 1975 (Supp. 75-1). R20-5-825 recodified from R4-13-825 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-826. Administrative Law Judge Decisions

A. The decision of the administrative law judge shall be signed, include findings and conclusions of fact and law, and include an order.

B. OAH shall retain jurisdiction to require compliance with the order, or to determine a breach of an approved settlement agreement.

C. A request to determine breach of a settlement agreement shall be filed with the administrative law judge and served upon all interested parties.

D. A request for review by the Review Board shall be filed with the administrative law judge and served upon all interested parties and the Commission.

Historical Note
Amended effective August 27, 1975 (Supp. 75-1). R20-5-826 recodified from R4-13-826 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-827. Settlement

A. Settlement is encouraged at any stage of the proceedings where such settlement is consistent with the provisions and objectives of the Act.

B. A settlement agreement submitted by interested parties shall be accompanied by a proposed order which, if appropriate, shall be approved and signed by the administrative law judge.

C. Where parties enter into a settlement agreement, the settlement agreement shall be served upon represented and unrepresented affected employees in the manner set forth in R20-5-806. Proof of such service shall accompany the proposed settlement when submitted to the administrative law judge.

Historical Note
Adopted effective March 20, 1975 (Supp. 75-1). R20-5-827 recodified from R4-13-827 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-828. Special Circumstances; Waiver of Rules

In special circumstances, or for good cause shown, the administrative law judge may, upon application by any interested party, or on sua sponte, waive any rule or make such orders as justice or the administration of the Act requires.

Historical Note
Adopted effective March 20, 1975 (Supp. 75-1). R20-5-828 recodified from R4-13-828 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

R20-5-829. Variances

A. Any hearing concerning variances shall be filed with the Commission and shall be heard by the Commission at a time set by the Commission.

B. Such proceeding shall be informal but shall be transcribed at the expense of the person seeking the variance if a written record of the proceeding is requested.

Historical Note
Adopted effective March 20, 1975 (Supp. 75-1). R20-5-829 recodified from R4-13-829 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

ARTICLE 9. YOUTH EMPLOYMENT

R20-5-901. Definitions

In this Article, the definitions of A.R.S. §§ 23-230, 23-231, 23-232, and 23-233 apply. In addition, unless the context otherwise requires, the following definitions shall apply to both the Act and this Article:

"Act" means A.R.S. Title 23, Chapter 2, Article 3.

"Baking" means to cook food with dry heat, especially in an oven.

"Cafeteria" means a restaurant in which the customers are served at a counter and carry their meals on trays to tables.

"Cooking" means to prepare food for eating by applying heat.

"Counter" means a flat surface on which food is prepared or served.

"Department" means the Labor Department of the Industrial Commission of Arizona.

"Director" means the Director of the Department.

"Employee" means every minor in receipt of or entitled to compensation for labor performed for any employer.

"Lunch counter" means a long counter at which lunches are sold.

"Snack bar" means a lunch counter or small restaurant where light meals are served.

"Soda fountain" means a lunch counter in a commercial establishment equipped for preparing and serving soft drinks, ice-cream dishes, or sandwiches.

"Work about" means engage in labor in the area or vicinity.

"Work in" means engage in labor in the occupation or activity.

"Work in connection with" means engage in labor in relation to the occupation or activity.

Historical Note
Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-901 repealed, new Section R4-13-901 adopted effective May 27, 1977 (Supp. 77-3). R20-5-901 recodified from R4-13-901 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1). New Section made by final rulemaking at 30 A.A.R. 2130 (June 28, 2024), effective August 5, 2024 (Supp. 24-2).

R20-5-902. Forms
The following forms, available at http://www.azica.gov and upon request from the Division, shall be used when applicable:
1. Application for variation;
2. Request for hearing on cease and desist order form;
3. Request for hearing on denied variation, modification, or renewal of variation form;
4. Youth labor complaint form.

Historical Note
Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-902 repealed, new Section R4-13-902 adopted effective May 27, 1977 (Supp. 77-3). R20-5-902 recodified from R4-13-902 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1). New Section made by final rulemaking at 30 A.A.R. 2130 (June 28, 2024), effective August 5, 2024 (Supp. 24-2).

R20-5-903. Recordkeeping Requirements for Youths Under the Age of 16
An establishment employing youths under the age of 16 must have the following information available:
1. Number of hours the youth is employed in each week,
2. Number of hours the youth is employed in each day,
3. The dates the youth is enrolled in a session of school,
4. The name of the school district in which the youth is enrolled,
5. The specific hours the youth works at the establishment.

Historical Note
Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-903 repealed, new Section R4-13-903 adopted effective May 27, 1977 (Supp. 77-3). R20-5-903 recodified from R4-13-903 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1). New Section made by final rulemaking at 30 A.A.R. 2130 (June 28, 2024), effective August 5, 2024 (Supp. 24-2).

R20-5-904. Findings and Order Issued by the Department
A. Upon receipt of a complaint alleging a violation of the Act, the Department shall issue a Findings and Order of its determination.
B. If the Department determines that an employer has violated the Act, the Department shall:
1. Shall direct the employer or other person to cease and desist from the violation and may take action necessary to remedy the violation, and
2. Order the employer to pay a civil penalty to the general fund, consistent with A.R.S. § 23-236.

C. If the Department determines that no violation of the Act has occurred, or if the Department is unable to reach a conclusion based on the evidence submitted, the Department shall notify the parties and shall dismiss the complaint.
D. The Director of the Department shall sign the written Findings and Order issued by the Department.

Historical Note
Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-904 repealed, new Section R4-13-904 adopted effective May 27, 1977 (Supp. 77-3). R20-5-904 recodified from R4-13-904 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1). New Section made by final rulemaking at 30 A.A.R. 2130 (June 28, 2024), effective August 5, 2024 (Supp. 24-2).

R20-5-905. Conduct Hindering an Investigation
An employer hinders an investigation under the Act if the employer engages in conduct, or causes another person to engage in conduct, that delays or otherwise interferes with the Department's investigation, including:
1. Obstructing or refusing to admit the Department to any place of employment authorized under the Act;
2. Obstructing or refusing to permit interviews authorized under the Act;
3. Failing to make, keep, or preserve records required under the Act or this Article;
4. Failing to permit the review and copying of records required under the Act and this Article; and
5. Falsifying any record required under the Act or this Article.

Historical Note
Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-905 repealed, new Section R4-13-905 adopted effective May 27, 1977 (Supp. 77-3). R20-5-905 recodified from R4-13-905 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1). New Section made by final rulemaking at 30 A.A.R. 2130 (June 28, 2024), effective August 5, 2024 (Supp. 24-2).

R20-5-906. Hearing Procedure on Cease and Desist

Order; Review

A. A request for hearing on a cease and desist order form must be completed in writing and received by the Director no later than 20 days after the issuance of the cease and desist order.

B. The Department has the burden of proof to establish a violation of the Act.

C. An Administrative Law Judge shall preside over hearings held under this Section and shall apply the provisions of A.R.S. § 41-1062 to hearings held under this Section and shall have the authority and power of a presiding officer as described in A.R.S § 41-1062.

D. The Chief Counsel of the Commission, or a designee, shall represent the Division in hearings held under this Section.

E. Except as otherwise provided by law, a party to a hearing may appear on its own behalf or through an authorized legal representative. When an authorized legal representative appears or intends to appear before the Commission, the representative shall file a notice of appearance with the Commission.

F. Upon the completion of a hearing, the ALJ shall issue an order either affirming, modifying, or reversing the cease and desist order.

G. The order issued by the ALJ after the hearing is final unless within 30 days after the date of service of an order a party requests review.

H. A party may request review of the ALJ order by filing with the ALJ a written request for review.

I. Upon the completion of a review, the ALJ shall issue an order upon review either affirming, modifying, or reversing the ALJ order no later than 30 days after receiving a request for review.

J. The order upon review is final unless a party seeks judicial review as provided in A.R.S. § 23-237(C).

Historical Note

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-906 repealed, new Section R4-13-906 adopted effective May 27, 1977 (Supp. 77-3). R20-5-906 recodified from R4-13-906 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1). New Section made by final rulemaking at 30 A.A.R. 2130 (June 28, 2024), effective August 5, 2024 (Supp. 24-2).

R20-5-907. Hearing Procedure on Denied Variation, Modification, or Renewal of Variation; Review

A. A request for hearing on denied variation, modification, or renewal of variation form must be completed in writing and received by the Director no later than 30 days after the issuance of the denied variation request.

B. The Department has the burden of proof to establish the application, modification, or renewal for variation does not satisfy the requirements established in A.R.S. § 23-241(A).

C. An Administrative Law Judge shall preside over hearings held under this Section and shall apply the provisions of A.R.S. § 41-1062 to hearings held under this Section and shall have the authority and power of a presiding officer as described in A.R.S § 41-1062.

D. The Chief Counsel of the Commission, or a designee, shall represent the Division in hearings held under this Section.

E. Except as otherwise provided by law, a party to a hearing may appear on its own behalf or through an authorized legal representative. When an authorized legal representative appears or intends to appear before the Commission, the representative shall file a notice of appearance with the Commission.

F. Upon the completion of a hearing, the ALJ shall issue an order either affirming, modifying, or reversing the denied variation, modification, or renewal of variation.

G. The order issued by the ALJ after the hearing is final unless within 30 days after the date of service of an order a party requests review.

H. A party may request review of the ALJ order by filing with the ALJ a written request for review.

I. Upon the completion of a review, the ALJ shall issue an order upon review either affirming, modifying, or reversing the ALJ order no later than 30 days after receiving a request for review.

J. The order upon review is final unless an action is commenced pursuant to A.R.S. § 12-904.

Historical Note

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-907 recodified from R4-13-907 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1). New Section made by final rulemaking at 30 A.A.R. 2130 (June 28, 2024), effective August 5, 2024 (Supp. 24-2).

R20-5-908. Service

A. A determination, order, or other document required by this Article or other law to be served upon a party, shall be made upon the party, or, if represented by legal counsel, the party's legal counsel. Service upon legal counsel is considered service upon the party.

B. Service may be made and is deemed complete by:

1. Depositing the document in regular or certified mail, addressed to the party served at the address shown in the records of the Department, or by personal delivery upon the party.
2. With a party's consent, transmission by email to the email address shown in the records of the Department.

Historical Note

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-908 recodified from R4-13-908 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1). New Section made by final rulemaking at 30 A.A.R. 2130 (June 28, 2024), effective August 5, 2024 (Supp. 24-2).

R20-5-909. Expired

Historical Note

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-909 recodified from R4-13-909 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

R20-5-910. Expired

Historical Note

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-910 recodified from R4-13-910 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

R20-5-911. Expired

Historical Note

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-911 recodified from R4-13-911 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

R20-5-912. Expired

Historical Note

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-912 recodified from R4-13-912 (Supp. 95-1). Section expired

pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

R20-5-913. Expired

Historical Note

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-913 recodified from R4-13-913 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

R20-5-914. Expired

Historical Note

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-914 recodified from R4-13-914 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

ARTICLE 10. WAGE CLAIMS

R20-5-1001. Definitions

In this Article, unless the context otherwise requires:

1. "Claim" means a wage claim pursuant to A.R.S. § 23-356.
2. "Claimant" means an individual who files a claim.
3. "Day" means calendar day.
4. "Department" means the Labor Department of the Industrial Commission of Arizona.
5. "Determination" means a finding by the Department under A.R.S. § 23-357 that a claim is either valid or invalid or that the Department cannot resolve the dispute.
6. "Director" means the Director of the Department.
7. "Dismissal" means an action by the Department in which the Department dismisses the claim and refers the claimant to other statutory remedies.
8. "Notice" or "notification" when made by the Department or the Director means a written communication served on the employer or claimant, or both.

Historical Note

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1001 recodified from R4-13-1001 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

R20-5-1002. Forms

The following forms are available upon request from the Department or from the Industrial Commission of Arizona's website at www.azica.gov:

1. Wage claim. When making a claim, a claimant shall provide the following information to the Department:
   a. Claimant's name, mailing address, e-mail address, telephone number, and date of birth;
   b. Employer's name, address, telephone number, and description of business;
   c. Claimant's dates of employment, position, and pay;
   d. The amount of the wages owed and the time period worked related to the unpaid wages; and
   e. Claimant's signature or electronic signature and signature date.
2. Employer response. The employer responding to a claim shall provide the following information to the Department:
   a. Employer's legal name, including any trade names, legal domicile state, address, telephone number, description of business, and an e-mail address for the designated representative of employer;
   b. Claimant's dates of employment, position, and pay;
   c. Whether claimant is owed any wages, and, if so, employer's reason for nonpayment; and
   d. Employer's signature or electronic signature and signature date.

Historical Note

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1002 recodified from R4-13-1002 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

R20-5-1003. Filing Requirements; Time for Filing; Computation of Time

A. A claimant shall file a claim with the Department within one year of the date of the accrual of the claim.

B. In computing any period of time prescribed or allowed by this Article, the day of the act or event from which the designated period of time begins to run is not included. The last day of the period and Saturdays, Sundays, and legal holidays are included in the computation of time.

C. The date of filing of the claim is the date the claimant's wage claim form is received by the Department.

D. The Department shall deem a form, document, instrument, or other written record filed at the Tucson office as filed at the Phoenix office for the purpose of computing time.

E. An individual filing a form or document related to a claim shall legibly fill out the form or document.

F. If the wage claim form received from a claimant does not include the information required by R20-5-1002(1), the Department shall return the wage claim form to the claimant with a request that the claimant provide the required information and return the completed wage claim form to the Department within 14 days of the date of service of the Department's request. If the Department does not receive the completed wage claim form within 14 days, the Department shall not initiate an investigation of the claim and the Department shall consider the claim withdrawn without prejudice. The claimant may re-file a withdrawn wage claim with the information required by R20-5-1002(1), if the claim is re-filed within one year of the date of the accrual of the claim.

Historical Note

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1003 recodified from R4-13-1003 (Supp. 95-1). Former R20-5-1003 renumbered to R20-5-1004; new R20-5-1003 made by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

R20-5-1004. Investigation of Claim

A. The Department shall serve a copy of a claimant's wage claim form on the employer listed on the wage claim, with a request that the employer complete and file the employer response form within 14 days of the date of service of the Department's request.

B. If the Department does not receive the employer response form under subsection (A), the Department shall serve written notice on the employer stating that the employer must pay the amount claimed or file a written response to the wage claim within 14 days of the date of service of the Department's written notice.

C. The Department shall serve a copy of the employer's response on the claimant and offer the claimant the opportunity to file a written reply to the employer's response within 14 days from

the date of service. If the Department does not receive claimant's reply within 14 days, the Department shall make a determination of the claim based on the evidence in the file.

D. If the employer fails or refuses to pay the amount claimed or submit a written response to the claim in accordance with subsection (B), the Department shall make a determination of the claim based on the evidence in the file.

E. Upon request from the Department, and if necessary to complete the Department's investigation, the claimant, the employer, or both, shall submit further written information or meet with the Director or the Director's designee. Except for statements made during settlement, mediation, or an informal conference, the Director or the Director's designee may administer oaths for the purpose of taking affidavits and may record the meeting.

F. Upon completion of its investigation, the Department shall serve the Department's determination in writing on the parties.

Historical Note
Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1004 recodified from R4-13-1004 (Supp. 95-1). Former R20-5-1004 renumbered to R20-5-1005; new R20-5-1004 renumbered from R20-5-1003 and amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

R20-5-1005. Mediation of Disputes

A. During the investigation of a claim, the Department may mediate and conciliate a dispute between the claimant and the employer.

B. If mediation results in an informal resolution of the claim, the Director or the Director's designee shall prepare and ensure execution of documents providing for the resolution of the claim.

Historical Note
Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1005 recodified from R4-13-1005 (Supp. 95-1). Former R20-5-1005 renumbered to R20-5-1006; new R20-5-1005 renumbered from R20-5-1004 and amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2).

R20-5-1006. Dismissal of Claim

A. The Department shall dismiss a claim if:
1. The claim is filed more than one year after the date of the accrual of the claim,
2. The claimant does not comply with R20-5-1003(F),
3. The amount of wages owed exceeds $5,000.00,
4. The Department's investigation of the claimant's evidence reveals no possible violation of A.R.S. § 23-350 et seq.,
5. The claimant has filed a civil action regarding the same claim,
6. The employer listed on the claim is in bankruptcy,
7. The Department is unable to locate the employer based on the information provided by the claimant, or
8. The wages in question have been withheld from the claimant pursuant to the claimant's prior written authorization.

B. The Department shall send a notice of dismissal to the claimant and, except as provided in subsections (A)(1) through (A)(3) and (7), the Department shall send a notice of dismissal to the employer. Notices of dismissal shall notify the claimant of the availability of other remedies.

Historical Note
Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1006 recodified from R4-13-1006 (Supp. 95-1). Former R20-5-1006 renumbered to R20-5-1007; new R20-5-1006 renumbered from R20-5-1005 and amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

R20-5-1007. Notice of Right of Review

A determination issued under A.R.S. § 23-357 shall include a notice informing the parties of their right to seek review under A.R.S. § 23-358 and § 12-901 et seq.

Historical Note
Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1007 recodified from R4-13-1007 (Supp. 95-1). Former R20-5-1007 renumbered to R20-5-1008; new R20-5-1007 renumbered from R20-5-1006 and amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 Supp. 06-2). Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

R20-5-1008. Payment of Claim

A. The Department shall send any payment of a wage claim received by the Department to the claimant by certified mail, return receipt requested, unless the claimant elects to pick up the check in person at the Department.

B. If the Department discovers that payment of a wage claim is alleged to have been made directly to the claimant, the Department shall verify the payment by serving the claimant with notice that payment of the wage claim is alleged to have been made directly to the claimant. If the claimant confirms that payment of the wage claim was made directly to the claimant or does not respond to the Department's notice within 14 days of the date of service of the Department's notice, the Department shall deem the claim to have been paid and shall dismiss the wage claim.

C. Payment of a partial amount of a wage claim does not preclude the Department from completing its investigation of the balance of the claim.

D. In the case of a determination and directive for payment issued by the Department under A.R.S. § 23-357, the Department shall, if the employer agrees and with the written consent of the claimant, enter into a payment agreement with the employer for payment of the amount of wages found to be owed the claimant.

Historical Note
New R20-5-1008 renumbered from R20-5-1007; Section amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

R20-5-1009. Service of Determinations, Notices, and Other Documents

A. A determination, notice, or other document required by this Article or other law to be served upon a party, shall be made upon the party, or, if represented by legal counsel, the party's legal counsel. Service upon legal counsel is considered service upon the party.

B. Service may be made and is deemed complete by:
1. Depositing the document in regular or certified mail, addressed to the party served at the address shown in the records of the Department, or by personal delivery upon the party.
2. With a party's consent, transmission by e-mail to the e-mail address shown in the records of the Department.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

ARTICLE 11. REPEALED

R20-5-1101. Repealed

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1102. Repealed

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1103. Repealed

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1104. Repealed

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1105. Repealed

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1106. Repealed

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1107. Repealed

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1108. Repealed

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1109. Repealed

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1110. Repealed

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1111. Repealed

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1112. Repealed

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1113. Repealed

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1114. Repealed

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1115. Repealed

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1116. Repealed

Historical Note
New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1117. Repealed

Historical Note
New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1118. Repealed

Historical Note
New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1119. Repealed

Historical Note
New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1120. Repealed

Historical Note
New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1121. Repealed

Historical Note
New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1122. Repealed

Historical Note
New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1123. Repealed

Historical Note
New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1124. Repealed

Historical Note
New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1125. Repealed

Historical Note
New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1126. Repealed

Historical Note
New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1127. Repealed

Historical Note
New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1128. Repealed

Historical Note
New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1129. Repealed

Historical Note
New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1130. Repealed

Historical Note
New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1131. Repealed

Historical Note
New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1132. Repealed

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1133. Repealed

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1134. Repealed

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1135. Repealed

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1136. Repealed

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

ARTICLE 12. ARIZONA MINIMUM WAGE AND EARNED PAID SICK TIME PRACTICE AND PROCEDURE

R20-5-1201. Notice of Rules

A. This Article applies to all actions and proceedings before the Industrial Commission of Arizona arising under A.R.S. Title 23, Articles 8 and 8.1.

B. The Industrial Commission of Arizona shall provide a copy of this Article upon request to any person free of charge.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

R20-5-1202. Definitions

In this Article, the definitions of A.R.S. §§ 23-362 (version two), 23-371, and 23-364 apply. In addition, unless the context otherwise requires, the following definitions shall apply to both the Act and this Article:

"Act" means A.R.S. Title 23, Chapter 2, Articles 8 and 8.1.

"Affected employee" means an employee or employees on whose behalf a complaint may be filed alleging a violation under the Act.

"Amount of earned paid sick time available to the employee" means the amount of earned paid sick time or equivalent paid time off that is available to the employee for use in the current year.

"Amount of earned paid sick time taken by the employee to date in the year" means the amount of earned paid sick time or equivalent paid time off taken by the employee to date in the current year. Where an employee has used available equivalent paid time off for either the purposes enumerated in A.R.S. § 23-373 or other purposes, the employer may count that usage towards the "amount of earned paid sick time taken by the employee to date in the year."

"Amount of pay the employee has received as earned paid sick time" means the amount of pay the employee has received as earned paid sick time or equivalent paid time off to date in the current year. Where an employee has received pay for equivalent paid time off for the purposes enumerated in A.R.S. § 23-373 or other purposes, the employer may count that pay towards the "amount of pay the employee has received as earned paid sick time."

"Authorized representative" means a person prescribed by law to act on behalf of a party who files with the Department a written instrument advising of the person's authority to act on behalf of the party.

"Casual Basis," when applied to babysitting services, means employment which is irregular or intermittent.

"Commission" means monetary compensation based on:

A percentage of total sales,

A percentage of sales in excess of a specified amount,

A fixed allowance per unit, or

Some other formula the employer and employee agree to as a measure of accomplishment.

"Communicable disease" has the meaning prescribed by A.R.S. § 36-661.

"Complainant" means a person or organization filing an administrative complaint under the Act.

"Department" means the Labor Department of the Industrial Commission of Arizona or other authorized division of the Industrial Commission as designated by the Industrial Commission.

"Earned sick time" under A.R.S. § 23-364(G) means earned paid sick time.

"Employee's regular paycheck" means a regular payroll record that is readily available to employees and contains the information required by A.R.S. § 23-375(C), including physical or electronic paychecks or paystubs.

"Equivalent paid time off" means paid time off provided under a paid leave policy, such as a paid time off policy, that makes available an amount of paid leave sufficient to meet the accrual requirements of the Act that may be used for the same purposes and under the same conditions as earned paid sick time.

"Filing" means receipt of a report, document, instrument, videotape, audiotape, or other written matter at an office of the Department.

The term "health care professional" in A.R.S. § 23-373(G) has the same meaning as "health care professional," as defined in this Section.

"Health care professional" means any of the following:

A "physician" as defined by A.R.S. § 36-2351;

A "physician assistant" as defined by A.R.S. § 32-2501;

A "registered nurse practitioner" as defined by A.R.S. § 32- 1601.

A certified nurse midwife who is a registered nurse practitioner approved by the Arizona State Board of Nursing to provide primary care services during pregnancy, childbirth, and the postpartum period;

A dentist licensed under A.R.S. Title 32, Chapter 11, Article 2; or

A behavioral health provider practicing as:

A psychologist licensed under A.R.S. Title 32,Chapter 19.1;

A clinical social worker licensed under A.R.S. § 32-3293;

A marriage and family therapist licensed under A.R.S. § 32-3311; or

A professional counselor licensed under A.R.S. § 32- 3301.

"Health care provider" has the meaning prescribed by A.R.S. § 36-661.

"Hours worked" means all hours for which an employee covered under the Act is employed and required to give to the employer, including all time during which an employee is on duty or at a prescribed work place and all time the employee is suffered or permitted to work.

"Minimum wage" means the lowest rate of monetary compensation required under the Act.

"Monetary compensation" means cash or its equivalent due to an employee by reason of employment.

"On duty" means time spent working or waiting that the employer controls and that the employee is not permitted to use for the employee's own purpose.

"Public benefits" has the same meaning as "state or local public benefit," as prescribed by A.R.S. § 1-502(I).

"Public health emergency" means a state of emergency declared by the governor in which there is an occurrence or imminent threat of an illness or health condition caused by bioterrorism, an epidemic or pandemic disease or a highly fatal infectious agent or biological toxin and that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability.

"Salaried" means receiving a fixed amount of pay regardless of how many hours are worked each week.

"Salary" means a fixed compensation paid regularly for employment.

"Same hourly rate" means the following:

For employees paid on the basis of a single hourly rate, "same hourly rate" shall be the hourly rate the employee would have earned for the period of time in which earned paid sick time or equivalent paid time off is used, but shall in no case be less than minimum wage.

For employees who are paid multiple hourly rates of pay, "same hourly rate" shall be determined in the following order of priority, but shall in no case be less than minimum wage:

The hourly rate the employee would have earned, if known, for each hour of earned paid sick time or equivalent paid time off used.

The weighted average of all hourly rates of pay during the previous pay period.

For employees who are paid a salary, no additional pay is due when the employee's use of earned paid sick time or equivalent paid time off results in no reduction in the employee's regular salary during the pay period in which the earned paid sick time or equivalent paid time off is used. "Same hourly rate" for salaried employees shall be determined in the following order of priority, but shall in no case be less than minimum wage:

The wages an employee earns during each pay period covered by the salary divided by the number of hours agreed to be worked during each pay period, if the number of hours to be worked during each pay period was previously established.

The wages an employee earns during each workweek covered by the salary in the current year divided by 40 hours.

For employees paid on a commission, piece-rate, or fee-for-service basis, "same hourly rate" shall be determined in the following order of priority, but shall in no case be less than minimum wage:

The hourly rate of pay previously agreed upon by the employer and the employee as:

A minimum hourly rate for work performed; or

An hourly rate for payment of earned paid sick time or equivalent paid time off.

The wages that the employee would have been paid, if known, for the period of time in which earned paid sick time or equivalent paid time off is used, divided by the number of hours of earned paid sick time or equivalent paid time off used.

A reasonable estimation of the commission, piece-rate, or fee-for-service compensation that the employee would have been paid for the period of time in which the earned paid sick time or equivalent paid time off is used divided by the number of hours of earned paid sick time or equivalent paid time off used.

The hourly average of all commission, piece rate, or fee-for-service compensation that the employee earned during the previous 90 days, if the employee worked regularly during the previous 90-day period, based on:

Hours that the employee actually worked; or

A 40-hour workweek.

The hourly average of all commission, piece rate, or fee-for-service compensation that the employee earned during the previous 365 days, based on:

Hours that the employee actually worked; or

A 40-hour workweek.

"Same hourly rate" includes shift differentials and premiums meant to compensate an employee for work performed under differing conditions (such as hazard pay or a shift differential for working at night) if the employee

would have been entitled to the shift differential or premium for the period of time in which earned paid sick time or equivalent paid time off is used.

"Same hourly rate" does not include:

Additions to an employee's base rate for overtime or holiday pay;

Subject to the "Same hourly rate," bonuses or other types of incentive pay; and

Tips or gifts.

"Smallest increment that the employer's payroll system uses to account for absences or use of other time" means the smallest increment of time that an employer utilizes, by policy or practice, to account for absences or use of other paid time off.

"Tip" means a sum that a customer presents as a gift in recognition of some service performed, and includes gratuities. The sum may be in the form of cash, amounts paid by bank check or other negotiable instrument payable at par, or amounts the employer transfers to the employee under directions from a credit customer who designates an amount to be added to a bill as a tip. Gifts in forms other than cash or its equivalent as described in this definition, such as event tickets, passes, or merchandise, are not tips.

"Violation" means a transgression of any statute or rule, or any part of a statute or rule, including both acts and omissions.

"Willfully" means acting with actual knowledge of the requirements of the Act or this Article, or acting with reckless disregard of the requirements of the Act or this Article.

"Workday" means any fixed period of 24 consecutive hours.

"Workweek" means any fixed and regularly recurring period of seven consecutive workdays.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4). Amended by final rulemaking at 29 A.A.R. 607 (February 24, 2023), with an immediate effective date of February 9, 2023 (Supp. 23-1).

R20-5-1203. Duty to Provide Current Address

A. A complainant shall provide and keep the Labor Department advised of the complainant's current mailing address and telephone number.

B. An employer under investigation by the Department shall provide and keep the Labor Department advised of the employer's current mailing address and telephone number.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

R20-5-1204. Forms Prescribed by the Department

Forms prescribed by the Department, including the poster required under R20-5-1208, shall not be changed, amended, or otherwise altered without the prior written approval of the Department.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

R20-5-1205. Determination of Employment Relationship

A. Determination of an employment relationship under the Act, which includes whether an individual is an independent contractor, shall be based upon the economic realities of the relationship. Consideration of whether an individual is economically dependent on the employer for which the individual performs work shall be determined by factors showing dependence, which non-exclusive factors shall include those factors identified in A.R.S. §§ 23-902(D) and 23-1601(B).

B. An individual who works for another person without any express or implied compensation agreement is not an employee under the Act. This may include an individual that volunteers to work for civic, charitable, or humanitarian reasons that are offered freely and without direct or implied pressure or coercion from an employer, provided that the volunteer is not otherwise employed by the employer to perform the same type of services as those which the individual proposes to volunteer.

C. An individual who works for another individual as a babysitter on a casual basis and whose vocation is not babysitting, is not an employee under the Act even if the individual performs other household work not related to caring for the children, provided the household work does not exceed 20% of the total hours worked on the particular babysitting assignment.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

R20-5-1206. Payment of Minimum Wage; Commissions; Tips; Front Loading Earned Paid Sick Time; Limitation on Carry Over of Unused Earned Paid Sick Time

A. Subject to the requirements of the Act and this Article, no less than the minimum wage shall be paid for all hours worked, regardless of the frequency of payment and regardless of whether the wage is paid on an hourly, salaried, commissioned, piece rate, or any other basis.

B. If the combined wages of an employee are less than the applicable minimum wage for a work week, the employer shall pay monetary compensation already earned, and no less than the difference between the amounts earned and the minimum wage as required under the Act.

C. The workweek is the basis for determining an employee's hourly wage. Upon hire, an employer shall advise the employee of the employee's designated workweek. Once established, an employer shall not change or manipulate an employee's workweek to evade the requirements of the Act.

D. In computing the minimum wage, an employer shall consider only monetary compensation and shall count tips and commissions in the workweek in which the tip or commission is earned.

E. An employer is allowed to:

1. Require or permit employees to pool, share, or split tips; and

2. Require an employee to report tips to the employer in order to meet reporting requirements of this Article and federal law.

F. An employer who hires an employee after the beginning of the employer's year is not required to provide additional earned paid sick time or equivalent paid time off during that year if the employer provides the employee for immediate use on the employee's ninetieth calendar day after commencing employment an amount of earned paid sick time or equivalent paid time off that meets or exceeds the employer's reasonable projection of the amount of earned paid sick time or equivalent paid time off that the employee would have accrued from the date of hire through the end of the employer's year at a rate of one hour for every 30 hours worked. If the amount of earned paid sick time or equivalent paid time off provided is less than the employee would have accrued based on hours actually worked during the employer's year, the employer shall immediately provide an amount of earned paid sick time or equivalent paid time off that reflects the difference between the employer's projection and the amount of earned paid sick time or equivalent paid time off that the employee would have accrued for hours actually worked in the year.

G. Subject to subsection (F), an employer with 15 or more employees that provides its employees for immediate use at the beginning of each year 40 or more hours of earned paid sick time or 40 or more hours of equivalent paid time off is not required to provide carryover or additional accrual.

H. Subject to subsection (F), an employer with fewer than 15 employees that provides its employees for immediate use at the beginning of each year 24 or more hours of earned paid sick time or 24 or more hours of equivalent paid time off is not required to provide carryover or additional accrual.

I. Unless an employer: (1) elects to pay an employee for unused earned paid sick time or equivalent paid time off at the end of a year pursuant to A.R.S. § 23-372(D)(4); or (2) meets the requirements of subsections (G) or (H), unused earned paid sick time and equivalent paid time off may be carried over to the next year, as follows:

1. Subject to an employer's entitlement to permit greater carry over, an employee of an employer with 15 or more employees may carry over to the following year up to 40 hours of unused earned paid sick time or equivalent paid time off.
2. Subject to an employer's entitlement to permit greater carry over, an employee of an employer with fewer than 15 employees may carryover to the following year up to 24 hours of unused earned paid sick time or equivalent paid time off.
3. Carry over shall not affect accrual, usage rights, or usage limits under the Act.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

R20-5-1207. Tip Credit Toward Minimum Wage

A. In this Section, unless the context otherwise requires, "customarily and regularly" means receiving tips on a consistent and recurrent basis, the frequency of which may be greater than occasional, but less than constant, and includes the occupations of waiter, waitress, bellhop, busboy, car wash attendant, hairdresser, barber, valet, and service bartender.

B. For purposes of calculating the permissible credit for tips under A.R.S. § 23-363(C), the following applies:

1. Tips are customarily and regularly received in the occupation in which the employee is engaged;
2. Except as provided in R20-5-1206(E), the employee actually receives the tip free of employer control as to how the employee uses the tip and the tip becomes the employee's property;
3. Employees who customarily and regularly receive tips may pool, share, or split tips between them, and the amount each employee actually retains is considered the tip of the employee who retains it;
4. Employer-required sharing of tips with employees who do not customarily and regularly receive tips in the occupation in which the employee is engaged, including management or food preparers, are not credited toward that employee's minimum wage; and
5. A compulsory charge for service imposed on a customer by an employer's establishment are not credited toward an employee's minimum wage unless the employer actually distributes the charge to the employee in the pay period in which the charge is earned.

C. Upon hiring or assigning an individual to a position that customarily and regularly receives tips, an employer intending to exercise a tip credit shall provide written notice to the employee prior to exercising the tip credit. Thereafter, the employer shall notify the employee in writing each pay period of the amount per hour that the employer takes as a tip credit.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

R20-5-1208. Posting Requirements; Small Employer Exemption

A. With the exception of small employers, every employer subject to the Act shall place the posters prescribed by the Department informing employees of their rights under the Act in a conspicuous place in every establishment where employees are employed and where notices to employees are customarily placed. The employer shall ensure that the notices are not removed, altered, defaced, or covered by other material.

B. In this Section, unless context otherwise requires, "small employer" means a corporation, proprietorship, partnership, joint venture, limited liability company, trust, or association that has less than $500,000 in gross annual revenue.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

R20-5-1209. Records Availability

A. Each employer shall keep the records required under the Act and this Article safe and accessible at the place or places of employment, or at one or more established central recordkeeping offices where the records are customarily maintained.

When the employer maintains the records at a central recordkeeping office other than in the place or places of employment, the employer shall make the records available to the Department within 72 hours following notice from the Department.

B. Employers or technology that is necessary to facilitate inspection and copying of the records.

C. Each employer required to maintain records under the Act shall make enlargement, recomputation, or transcription of the records and shall submit to the Department the records or reports in a readable format upon the Department's written request.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

R20-5-1210. General Recordkeeping Requirements

A. Payroll records required to be kept under the Act include:

1. All time and earning cards or sheets on which are entered the daily starting and stopping time of individual employees, or of separate work forces, or the amounts of work accomplished by individual employees on a daily, weekly, or pay period basis (for example, units produced) when those amounts determine in whole or in part those employees' pay period wages and earned paid sick time or equivalent paid time off;
2. From their last effective date, all wage-rate tables or schedules of the employer that provide the piece rates or other rates used in computing wages; and
3. Records of additions to or deductions from wages paid and records that support or corroborate the additions or deductions.

B. Except as otherwise provided in this Section, every employer shall maintain and preserve payroll or other records containing the following information and data with respect to each employee to whom the Act applies:

1. Name in full, and on the same record, the employee's identifying symbol or number if it is used in place of the employee's name on any time, work, or payroll record;
2. Home address, including zip code;
3. Date of birth, if under 19;
4. Occupation in which employed;
5. Time of day and day of week on which the employee's workweek begins. If the employee is part of a workforce or employed in or by an establishment all of whose workers have a workweek beginning at the same time on the same day, then a single notation of the time of the day and beginning day of the workweek for the whole workforce or establishment is permitted;
6. Regular hourly rate of pay for any workweek and an explanation of the basis of pay by indicating the monetary amount paid on a per hour, per day, per week, per piece, commission on sales, or other basis, including the amount and nature of each payment;
7. Hours worked each workday and total hours worked each workweek;
8. Total daily or weekly wages due for hours worked during the workday or workweek;
9. Total additions to or deductions from wages paid each pay period including employee purchase orders or wage assignments, including, for individual employee records, the dates, amounts, and nature of the items that make up the total additions and deductions;
10. Total wages paid each pay period;
11. Date of payment and the pay period covered by payment;
12. The amount of earned paid sick time available to the employee;
13. The amount of earned paid sick time taken by the employee to date in the year;
14. The amount of pay the employee has received as earned paid sick time; and

C. For an employee who is compensated on a salary basis at a rate that exceeds the minimum wage required under the Act and who, under 29 CFR 541, is an exempt bona fide executive, administrative, or professional employee, including an employee employed in the capacity of academic administrative personnel or teachers in elementary or secondary schools, or in outside sales, an employer shall maintain and preserve:

1. Records containing the information and data required under subsections (B)(1) through (B)(5), and (B)(10) through (B)(14); and
2. Records containing the basis on which wages are paid in sufficient detail to permit a determination or calculation of whether the salary received exceeds the minimum wage required under the Act, including a record of the hours upon which payment of the salary is based, whether full time or part time.

D. With respect to employees working on fixed schedules, an employer may maintain records showing instead of the hours worked each day and each workweek as required under this Section, the schedule of daily and weekly hours the employee normally works, provided:

1. In weeks in which an employee adheres to this schedule, the employer indicates by check mark, statement, or other method, that the employee actually worked the hours; and
2. In weeks in which more or fewer than the scheduled hours are worked, the employer records the number of hours actually worked each day and each week.

E. With respect to an employee that customarily and regularly receives tips, the employer shall ensure that the records required under this Article include the following information:

1. A symbol, letter, or other notation placed on the pay records identifying each employee whose wage is determined in part by tips;
2. Amount of tips the employee reports to the employer;
3. The hourly wage of each tipped employee after taking into consideration the employee's tips;
4. Hours worked each workday in any occupation in which the employee does not receive tips, and total daily or week straight-time payment made by the employer for the hours;
5. Hours worked each workday in occupations in which the employee receives tips and total daily or weekly straight-time wages for the hours; and
6. Copy of the notice required under R20-5-1207(C).

F. An employer who makes retroactive payment of wages, voluntarily or involuntarily, shall record on the pay records, the amount of the payment to each employee, the period covered by the payment, and the date of payment.

G. For an employee who is signed to a contract to play minor league baseball and is exempt pursuant to 29 U.S.C. 213(a)(19), an employer shall maintain and preserve records containing the information and data required under subsections (B)(1) through (B)(5), (B)(10) and (B)(11).

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4). Amended by final rulemaking at 29 A.A.R. 607 (February 24, 2023), with an immediate effective date of February 9, 2023 (Supp. 23-1).

R20-5-1211. Administrative Complaints

A. A person or organization alleging a minimum wage, earned paid sick time, or equivalent paid time off violation shall file a complaint with the Labor Department within one year from the date the wages, earned paid sick time, or equivalent paid time off were due.

B. A person or organization alleging retaliation, discrimination, or a violation of A.R.S. § 23-377 shall file a complaint with the Labor Department within one year from the date the alleged violation occurred or when the employee knew or should have known of the alleged violation.

C. The person or organization filing a complaint with the Labor Department shall sign the complaint.

D. Any person or organization other than an affected employee who files a complaint shall include the names of affected employees.

E. Upon its own complaint, the Department may investigate violations under the Act.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

R20-5-1212. Conduct that Hinders Investigation

An employer hinders an investigation under the Act if the employer engages in conduct, or causes another person to engage in conduct, that delays or otherwise interferes with the Department's investigation, including:

1. Obstructing or refusing to admit the Department to any place of employment authorized under the Act;
2. Obstructing or refusing to permit interviews authorized under the Act;
3. Failing to make, keep, or preserve records required under the Act or this Article;
4. Failing to permit the review and copying of records required under the Act and this Article; and
5. Falsifying any record required under the Act or this Article.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

R20-5-1213. Findings and Order Issued by the Department

A. Except as provided in R20-5-1219, after receipt of a complaint alleging a violation of the Act, the Department shall issue a Findings and Order of its determination. The Department shall serve its Findings and Order to both the employer and the complainant. Service may be made and is deemed complete by either depositing the document in regular or certified mail, addressed to the party served at the address shown in the records of the Department, by personal delivery upon the party, or with a party's consent, transmission by email to the email address shown in the records of the Department.

B. If the Department determines that an employer has violated the minimum wage, earned paid sick time, or equivalent paid time off requirements, the Department shall order the employer to pay the employee, and if applicable, affected employees, the balance of the wages, earned paid sick time, or equivalent paid time off owed, including interest at the legal rate and an additional amount equal to twice the underpaid wages, earned paid sick time, or equivalent paid time off owed.

C. If the Department determines that a retaliation, discrimination, confidentiality, or nondisclosure violation has occurred, the Department shall direct the employer or other person to cease and desist from the violation and may take action necessary to remedy the violation, including:

1. Rehiring or reinstatement,
2. Reimbursement of lost wages and interest,
3. Payment of penalty to employees or affected employees as provided for in the Act and this Article, and
4. Posting of notices to employees.

D. If the Department determines that no violation of the Act has occurred, or if the Department is unable to reach a conclusion based on the evidence submitted, the Department shall notify the parties and shall dismiss the complaint without prejudice. After notification of the Department's determination, the complainant may bring a civil action under A.R.S. § 23- 364(E).

E. The Department may assess civil penalties for recordkeeping, posting, and other violations under the Act and this Article as part of a Findings and Order issued under subsection (A) or the civil penalties and other violations may be assessed as a separate Findings and Order. If issued as a separate Findings and Order, the Department shall serve, personally or by regular first class mail, the Findings and Order on the employer and, if a complaint has been filed, the complainant.

F. The Director of the Department shall sign the written Findings and Order issued by the Department.

G. If an employer does not comply with a Findings and Order issued by the Department within 10 days following finality of the Findings and Order, the Department may refer the matter to a law enforcement officer.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4). Amended by final rulemaking at 29 A.A.R. 607 (February 24, 2023), with an immediate effective date of February 9, 2023 (Supp. 23-1).

R20-5-1214. Review of Department Findings and Order; Hearings; Issuance of Decision Upon Hearing

A. Except as provided in R20-5-1213(D), a party aggrieved by a Findings and Order issued by the Department may request a hearing by filing a written request for hearing with the Department within 30 days after the Findings and Order is served upon the party. Failure to timely file a request for hearing

means that the Findings and Order issued by the Department is final and res judicata to all parties.

B. A request for hearing shall be in writing and contain:
1. The name and address of the party requesting the hearing,
2. The signature of the party or the party's authorized representative, and
3. A statement that a hearing is requested.

C. Upon receipt of a timely filed request for hearing, the Department shall refer the matter to the Administrative Law Judge Division of the Commission for hearing.

D. Except as otherwise provided in this Section, the hearing shall be conducted under A.R.S. § 41-1061 et seq.

E. A person submitting correspondence or other documents, including subpoena requests, to an administrative law judge concerning a matter pending before the administrative law judge, shall contemporaneously serve a copy of the correspondence or other document upon all other parties, or if represented, the parties' authorized representative.

F. The administrative law judge may dismiss a request for hearing when it appears to the judge's satisfaction that the parties have resolved the disputed issue or issues.

G. The administrative law judge shall issue a written decision upon hearing containing findings of fact and conclusions of law no later than 30 days after the matter is submitted for decision. The decision shall be sent to the parties at their last known addresses served personally or by regular first class mail.

H. A decision issued under this Section is final when entered unless a party files a request for rehearing or review as provided in R20-5-1215 or commences an action in the Superior Court as provided in R20-5-1216 and A.R.S. § 12-901 et seq. The decision shall contain a statement explaining the review rights of a party.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

R20-5-1215. Request for Rehearing or Review of Decision Upon Hearing

A. A party may request rehearing or review of a decision issued under R20-5-1214 by filing with the Administrative Law Judge a written request for rehearing or review no later than 15 days after the written decision is served personally or by regular first class mail upon the parties.

B. A request for rehearing or review shall be based upon any of the following causes that materially affected the rights of an aggrieved party:
1. Irregularities in the hearing proceeding or any order, or abuse of discretion that deprives a party seeking review of a fair hearing;
2. Accident or surprise that could not have been prevented by ordinary prudence;
3. Newly discovered material evidence that could not have been discovered with reasonable diligence and produced at the hearing;
4. Error in the admission or rejection of evidence, or errors of law occurring at the hearing;
5. Bias or prejudice of the Department or administrative law judge; and
6. The findings of fact or conclusions of law contained in the decision are not justified by the evidence or are contrary to law.

C. A request for rehearing or review shall state the specific facts and law in support of the request and shall specify the relief sought by the request.

D. A party shall have 15 days from the date of the filing of a request for rehearing or review to file a written response. Failure to respond shall not be deemed an admission against interest.

E. The administrative law judge shall issue a decision upon review no later than 30 days after receiving a request for review or response, if one is filed.

F. A decision upon review is final unless a party seeks judicial review as provided in R20-5-1216.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

R20-5-1216. Judicial Review of Decision Upon Hearing or Decision Upon Review

A. A party aggrieved by a decision upon hearing issued under R20-5-1214 or a decision upon review issued under R20-5-1215 may seek review by commencing an action in the Superior Court as provided in A.R.S. § 12-901 et seq. within 35 days from the date a copy of the decision sought to be reviewed is served personally or by regular first class mail upon the party affected.

B. A decision upon hearing issued under R20-5-1214 or a decision upon review issued under R20-5-1215 is final unless a party seeks judicial review as provided under A.R.S. § 12-901 et seq.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

R20-5-1217. Assessment of Civil Penalties Under A.R.S. § 23-364(F)

The Department may assess civil penalties for violations of the Act and this Article, including the assessment of civil penalties for engaging in conduct that hinders an investigation of the Department as specified in R20-5-1212.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

R20-5-1218. Collection of Wages, Earned Paid Sick Time, Equivalent Paid Time Off, or Penalty Payments Owed

A. Upon determination that wages, earned paid sick time, equivalent paid time off, or penalty payments are due and unpaid to any employee, the employee may, or the Department may on behalf of an employee, obtain judgment and execution, garnishment, attachment, or other available remedies for collec-

tion of unpaid wages and penalty payments established by a final Findings and Order of the Department.

B. If payment cannot be made to the employee, the Department shall receive monetary compensation or penalty payments on behalf of the employee and transmit monies it receives as payment in a special state fund as provided in A.R.S. § 23-356(C).

C. The Department may amend a Findings and Order to conform to the legal name of the business or the person who is the defendant employer to a complaint under the Act, provided service of the Findings and Order was made on the defendant or the defendant's agent. If a judgment has been entered on the order, the Department may apply to the clerk of the superior court to amend a judgment that has been issued under a final order, provided service was made on the defendant or the defendant's agent.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

R20-5-1219. Resolution of Disputes

Notwithstanding any other provision of law, the Department may mediate and conciliate a dispute between the parties.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

R20-5-1220. Small Employer Request for Exception to Recordkeeping Requirements

A. In this Section, unless context otherwise requires, "small employer" means a corporation, proprietorship, partnership, joint venture, limited liability company, trust, or association that has less than $500,000 in gross annual revenue.

B. A small employer, or any category of small employer that is unreasonably burdened by the recordkeeping requirements of the Act and this Article may file a written petition for exception with the Department requesting relief from certain recordkeeping requirements under this Article. The petition shall:
1. State the reasons for the request for relief;
2. State an alternate manner or method of making, keeping, and preserving records that will enable the Department to determine hours worked and wages paid; and
3. Include the signature of the employer or an authorized representative of the employer.

C. Subject to any conditions or limitations necessary to ensure fulfillment of the purpose and intent of Act, the Department may grant a petition for exception if it finds that:
1. The small employer, or category of small employer is unreasonably burdened by the recordkeeping requirements of the Act and this Article; and
2. The relief requested and alternative proposed will not hinder the Department's enforcement of the Act and this Article.

D. For good cause, the Department may rescind a prior order granting relief under this Section.

E. Relief under this Section is effective upon the Department's written authorization.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

ARTICLE 13. TREATMENT GUIDELINES

R20-5-1301. Adoption and Applicability of the Article

A. The Industrial Commission of Arizona (Commission) has adopted the Work Loss Data Institute's *Official Disability Guidelines – Treatment in Workers Compensation* (ODG) as the standard reference for evidence-based medicine used in treating injured workers within the context of Arizona's workers' compensation system. By adopting and referencing the most recent edition (at the time of treatment), and continuously updated Official Disability Guidelines, the Commission can ensure the latest available medical evidence is used in making medical treatment decisions for injured workers.

B. Until further action of the Commission, the guidelines shall apply to all body parts and conditions.

C. The Commission may modify or change the applicability of the guidelines as described in subsection (B) if the Commission determines that modification or changing the applicability of the guidelines will: 1) improve medical treatment for injured workers, 2) make treatment and claims processing more efficient and cost effective, and 3) if the Commission's modification expands the applicability of the guidelines, the guidelines adequately cover the relevant body parts or conditions. Before taking action to modify or change the applicability of the guidelines, the Commission shall provide an opportunity for public comment and hold a public hearing. A decision of the Commission under this subsection shall be made by a majority vote of a quorum of Commission members present at a public meeting.

D. Action taken by the Commission to modify or change the applicability of the guidelines under subsection (C) shall be published in the minutes of the Commission meeting when such action was taken. The minutes of this action shall be published on the Commission's website and shall be available from the Commission upon request.

E. The guidelines shall apply prospectively. Recommendations provided in the guidelines related to the management of chronic pain and the use of opioids for all stages of pain management shall apply to medical treatment or services occurring on or after October 1, 2016. For purposes of this process, chronic pain shall be defined by the guidelines. Recommendations provided in the guidelines related to all other body parts and conditions shall apply to medical treatment or services occurring on or after October 1, 2018.

F. This Article applies to all claims filed with the Commission.

G. This Article only applies to medical treatment and services for body parts and conditions that have been accepted as compensable.

H. The guidelines are to be used as a tool to support clinical decision making and quality health care delivery to injured employees. The guidelines set forth care that is generally considered reasonable and are presumed correct if the guidelines provide recommendations related to the requested treatment or service. This is a rebuttable presumption and reasonable medical care may include deviations from the guidelines. To support a request to deviate from the guidelines, the provider must produce documentation and justification that demonstrates by a preponderance of credible medical evidence a medical basis

for departing from the guidelines. Credible medical evidence may include clinical expertise and judgment.

I. The Commission shall provide administrative review and oversight of this Article.

Historical Note

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

R20-5-1302. Definitions

In this Article and R20-5-106(A)(12), unless the context otherwise requires:

"Act" means the Arizona Workers' Compensation Act, A.R.S. Title 23, Chapter 6.

"Active Practice" means performing patient care for a minimum of eight hours per week in one of the five preceding years.

"Administrative Law Judge" or "ALJ" means a hearing officer appointed under A.R.S. § 23-108.02.

"Administrative Review" means a process that includes a peer review for preauthorization of a request for medical treatment or services conducted pursuant to R20-5-1311. The administrative review process will be managed by the Medical Resource Office (MRO) at the Industrial Commission of Arizona.

"American Board of Medical Specialties" means the organization that develops a uniform system for specialty boards to administer examinations for certification of physicians within specific medicine specialties.

"American Osteopathic Association" means the organization that develops a uniform system for specialty boards to administer examinations for certification of osteopathic physicians within specific osteopathic medicine specialties.

"Applicability" means the body parts and medical conditions that are covered under this Article and authorized by the Commission under R20-5-1301(B) and (C).

"Claim" means the workers' compensation claim filed by the injured employee under the Act.

"Contractor" means an independent peer review organization accredited by URAC.

"Fast Track ALJ Dispute Resolution Program" or "fast track process" means the voluntary dispute resolution process set forth in R20-5-1312(B).

"International Classification of Diseases Code" or "ICD Code" means a set of medical diagnostic codes that creates a universal language for reporting diseases and injury.

"International Classification of Diseases" or "ICD" means an official list of categories of diseases, physical and mental, that is issued and maintained by the World Health Organization.

"IME" means an independent medical examination scheduled under R20-5-114.

"Injured Employee" means a person defined in A.R.S. § 23-901 whose claim has been accepted for workers' compensation benefits.

"Medical File Review Opinions" means a formal examination of patient data and medical records for the purpose of determining the need for medical treatment, services or both.

"Payer" means an insurance carrier defined under A.R.S. § 23-901, a self-insured employer defined in R20-5-102, a third-party administrator, and the Special Fund of the Industrial Commission of Arizona.

"Peer Review" means an independent medical review conducted by an individual meeting the requirements of R20-5-1311(I).

"Preauthorization" means the written request prescribed by R20-5-1303 from a provider to a payer requesting approval to provide medical treatment or services to an injured employee.

"Provider" means a physician as defined in R20-5-102.

"Reconsideration" means a written request to the payer or identified review organization by an injured employee or medical provider to reconsider a previous payer decision to deny medical treatment or services and that identifies the specific justification to support the request.

"Third-Party Administrator" means an organization that processes insurance or employee benefit claims for a separate entity.

"Treatment Guidelines" or "guidelines" means medical treatment guidelines that are used as a tool to support clinical decision making and quality health care delivery to injured employees.

"URAC" refers to URAC, a non-profit organization formerly known as the Utilization Review Accreditation Commission.

Historical Note

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

R20-5-1303. Provider Request for Preauthorization

A. No preauthorization is required under the Act to ensure payment for reasonably required medical treatment or services. While preauthorization is not required under the Act, a provider may seek preauthorization as provided in this subsection.

B. A provider shall submit a request for preauthorization in writing using Section I (Provider Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12). A provider shall attach documentation to a request for preauthorization that supports the medical necessity and appropriateness of the treatment or services requested, such as office notes and diagnostic reports.

C. A provider may submit the request for preauthorization by mail, electronically or by fax.

Historical Note

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

R20-5-1304. Payer Denial of Request for Preauthorization

A. A payer shall not deny a request for preauthorization solely because the guidelines do not address the requested treatment or services.

B. A payer shall not deny a request for preauthorization that is supported by the guidelines, unless the payer can rebut the presumption of reasonableness and correctness with a medical or psychological opinion establishing by a preponderance of the evidence that there is a contraindication or significant medical or psychological reason not to authorize the requested treatment or services. Upon request by the provider or injured employee, a denial of preauthorization in this situation shall be processed as an immediate referral to the Commission for

administrative review as provided in R20-5-1311 unless the payer obtains an IME in support of its denial. If the payer obtains an IME which serves as the basis for the denial, then review of the payer's decision shall be processed as a request for investigation under A.R.S. § 23-1061(J) if filed by the injured employee.

Historical Note
New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

R20-5-1305. Payer Denial of Payment for Provided Treatment or Services

A. A payer shall not deny payment for provided treatment or services solely because the guidelines do not address the requested treatment or services.

B. A payer shall not deny payment for provided treatment or services supported by the guidelines, unless the payer can rebut the presumption of reasonableness and correctness with a medical or psychological opinion establishing by a preponderance of the evidence that there is a medical contraindication or significant medical or psychological reason not to pay for the treatment or services.

C. A dispute related to a payer's failure to pay for provided treatment or services may be processed as a request for investigation under A.R.S. § 23-1061(J) if filed by an injured employee.

Historical Note
New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

R20-5-1306. Payer Reversal of Decision to Deny Treatment or Services

A payer may reverse its decision to deny treatment or services at any time throughout the process described in this Article. In this situation, the payer's subsequent authorization or agreement to pay for the treatment or services at issue shall end this process.

Historical Note
New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

R20-5-1307. Payer Decision, In Whole or In Part

A payer may issue a decision approving or denying a request for preauthorization in whole, or in part.

Historical Note
New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

R20-5-1308. Failure to Comply with Required Time Limits

A payer's failure to comply with the required time limits of this process may be considered unreasonable delay under R20-5-163.

Historical Note
New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

R20-5-1309. Payer Decision on Request for Preauthorization

A. Except as provided in subsections (C) or (D), a payer shall communicate to the provider its decision on a request for preauthorization no later than 7 business days after the request is received. The decision shall be issued in writing using Section II (Payer Decision on Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12). A payer shall attach to the decision a statement of what has been authorized, including, if applicable, a partial authorization, and, if the request for preauthorization is denied, in whole or in part, a statement of explanation that includes the medical reason supporting the payer's decision. For purposes of this Section, the 7 business days begin to run the day after the payer receives the request.

B. If a payer fails to communicate to a provider its decision on request for preauthorization within 7 business days, then the payer's failure to take action is deemed a "no response" and the provider or injured employee may submit a request for administrative review directly to the Commission as provided in R20-5-1311.

C. If a payer receives a request for preauthorization not submitted on Section I (Provider Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12) or an incomplete request for preauthorization using Section I (Provider Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12), the payer shall:
1. No later than 7 business days after the request is received and identified, act on the request for preauthorization pursuant to subsection (A); or
2. No later than 7 business days after the request is received and identified, notify the provider in writing that the request for preauthorization is incomplete or, if applicable, that a request for preauthorization must be submitted on Section I (Provider Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12).

D. If, no later than 7 business days after a request for preauthorization has been received, a payer provides written notice to the provider that an IME has been requested under R20-5-114 using Section II (Payer Decision on Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12), then the payer's decision on a request for preauthorization shall be issued no later than 7 business days after the final IME report has been received by the payer. The payer shall provide a copy of the final IME report to the provider upon receipt of the IME report.

E. Unless the payer decision was supported by an IME or otherwise falls within subsection R20-5-1304(B), an injured employee or provider may seek reconsideration of a payer decision by submitting a written request to the payer (or review organization identified by the payer) using Section III (Provider or Employee Request for Reconsideration) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12). A provider shall attach to a request for reconsideration a statement of the specific reasons and justifications to support the request. If not previously provided, the injured employee or provider shall attach supporting medical documentation with the request for reconsideration.

F. An injured employee may seek review of a payer decision that is supported by an IME by requesting an investigation under A.R.S. § 23-1061(J).

G. Unless the decision was supported by an IME, an injured employee or provider may seek review of a payer decision issued under R20-5-1304(B) by requesting administrative review by the Commission as provided in R20-5-1311.

H. A payer shall provide a copy of its written decision to deny treatment or services to the injured employee or, if represented, to the injured employee's authorized representative.

Historical Note
New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final

rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

R20-5-1310. Payer Reconsideration on Request for Preauthorization

A. Except as provided in subsection (C), a payer shall communicate to the provider its decision on a request for reconsideration no later than 7 business days after the request is received. This decision shall be issued in writing using Section IV (Payer Decision on Request for Reconsideration) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12). A payer shall attach to the decision a statement of what has been authorized, including, if applicable, a partial authorization, and, if the request for preauthorization is denied, in whole or in part, a statement of explanation that includes the medical reason supporting the payer's decision. For purposes of this subsection, the 7 business days begin to run the day after the payer receives the request for reconsideration.

B. If a payer fails to respond to a request for reconsideration within 7 business days, the provider or injured employee may submit a request for administrative review directly to the Commission as provided in R20-5-1311.

C. If, no later than 7 business days after a request for reconsideration has been received, a payer provides written notice to the provider that an IME has been requested under R20-5-114 using Section IV (Payer Decision on Request for Reconsideration) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12), then the payer's decision on a request for reconsideration shall be issued no later than 7 business days after the final IME report has been received by the payer. The payer shall provide a copy of the final IME report to the provider upon receipt of the report.

D. Commission Review of Payer Reconsideration Decision:

1. An injured employee or provider may seek review of a payer reconsideration decision by requesting an administrative review by the Commission as provided in R20-5-1311 unless the payer decision was supported by an IME.
2. An injured employee may seek review of a payer reconsideration decision that is supported by an IME by requesting an investigation under A.R.S. § 23-1061(J).

E. A payer shall provide a copy of its written reconsideration decision to deny treatment or services to the injured employee or, if represented, to the injured employee's authorized representative.

Historical Note

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

R20-5-1311. Administrative Review by Commission

A. Absent further action of the Commission under R20-5-1301(C), administrative review under this Article is available for requests for medical treatment or services related to all body parts and conditions.

B. A request for administrative review shall be in writing using Section V (Provider or Employee Request for Administrative Peer Review) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12). A request for administrative review must attach copies of relevant medical information or records and copies of all documentation related to the payer's decision or non-response. A request for administrative review must be submitted to the Commission by mail, electronically or by fax.

C. Upon receipt of a request for administrative review, the Commission shall determine whether the administrative review is available under this Article.

1. If administrative review is not available, then no later than three business days after receiving a request for administrative review, the Commission shall send notice to the injured employee and payer that administrative review is not available.
2. If administrative review is available, then no later than three business days after receiving the request, the Commission shall send notice to the payer that a request for administrative review has been received and provide information on how to participate in the process.

D. The administrative review conducted under this Section shall apply the guidelines as described in this Article and include a peer review performed by an individual meeting the requirements of subsection (I). The peer review shall consist of a records review and, when possible as described in subsection (I)(5), a conversation between the provider and individual conducting the peer review.

E. The Commission may enter into an agreement with one or more contractors, who shall be URAC accredited, to provide the review described in subsection (D).

F. The payer shall pay for the costs of the peer review conducted by the contractor.

G. To assist in its review, the Commission or its contractor may request or receive additional information and documentation from the provider, injured employee or payer, who shall cooperate and provide the Commission or its contractor with any necessary medical information, including information pertaining to the payer's decision.

H. Before the Commission or its contractor issues a determination denying the request for treatment or services, a good faith effort shall be made to conduct a peer review with the provider requesting authorization to perform the treatment or services.

I. The individual conducting the peer review shall:

1. Hold an active, unrestricted license or certification to practice medicine or a health profession and be involved in the active practice of medicine or a health profession during the five preceding years. For purposes of this subsection, "active practice" means performing patient care for a minimum of eight hours per week in one of the five preceding years;
2. Be licensed in Arizona, unless the Commission or its contractor is unable to find such an individual, in which case the peer review may be conducted by an individual who is licensed in another state of the United States and who meets the other requirements of this subsection;
3. For a review of a request from an allopathic or osteopathic physician, nurse practitioner, physician assistant, or other mid-level provider, hold a current certification from the American Board of Medical Specialties or the American Osteopathic Association in the area or areas appropriate to the condition, procedure or treatment under review;
4. Be in the same profession and the same specialty or subspecialty as typically performs or prescribes the medical procedure or treatment requested; and
5. Make a good faith effort to contact the provider requesting the preauthorization. This good faith effort shall include making telephone contact during the provider's normal business hours and offering to schedule the peer review at a time convenient for the provider.

J. A provider may bill the payer for time spent participating in a peer review under this Section.

K. The Commission or its contractor shall issue a written determination of its administrative review that contains the name and title of the person that performed the administrative review, and includes the following information:
1. Whether the request for treatment or services is authorized or denied, in whole or in part;
2. The information reviewed;
3. The principle reason for the decision; and
4. The clinical basis and rationale for the decision.

L. An interested party dissatisfied with the administrative review determination may request that the dispute be referred to the Commission's Administrative Law Judge Division for hearing. This request for hearing shall:
1. Be in writing;
2. Filed no later than 10 business days after the administrative review determination is issued; and
3. State whether the party requests to participate in the Fast Track ALJ Dispute Resolution Program by stipulation, or declines to participate in the Fast Track ALJ Dispute Resolution Program.

M. If a timely request for hearing is filed, the administrative review determination is deemed null and void and shall serve no evidentiary purpose.

N. The information provided by the parties under this Section and the determination issued by the Commission shall become a part of the Commission claims file for the injured employee.

Historical Note

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

R20-5-1312. Hearing Process

A. A referral of a request for hearing under R20-5-1311(L) shall be processed as provided for in the Act unless all parties agree to participate in the fast track process.

B. The following applies only to the Fast Track ALJ Dispute Resolution Program:
1. Parties must agree to participate in the Fast Track ALJ Dispute Resolution Program with the understanding that a short form decision will be issued.
2. Review by the presiding ALJ shall be limited to the treatment or service dispute considered at the administrative review under R20-5-1311.
3. The presiding ALJ shall issue a notice of hearing within 10 business days of the receipt of the fully executed agreement to participate and certificate of readiness.
4. The hearing shall be held within 30 calendar days from the day that the notice of hearing is issued to the extent practicable.
5. Discovery is limited to five interrogatories and no depositions are permitted.
6. The presiding ALJ shall take all lay witness testimony at the time of the hearing and will not hold any further hearings.
7. The presiding ALJ shall consider documentary medical evidence only; no medical testimony shall be taken.
8. Medical file review opinions shall be deemed to constitute substantial evidence to support the requested treatment or service.
9. All documentary evidence shall be submitted no later than 10 business days before the scheduled hearing.
10. The hearing shall be recorded, but not transcribed, unless one or more of the parties files a request for review under A.R.S. § 23-942 and A.R.S. § 23-943.
11. The presiding ALJ shall issue a short form decision within five business days after the matter is deemed submitted.

Historical Note

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

ARTICLE 14. MUNICIPAL FIREFIGHTER CANCER REIMBURSEMENT FUND AND FIREFIGHTER AND FIRE INVESTIGATOR CANCER CLAIM REPORTING

R20-5-1401. Application of the Article and Definitions

A. This Article applies to reimbursement claims submitted to the Municipal Firefighter Cancer Reimbursement Fund under Arizona Revised Statutes ("A.R.S."), Title 23, Chapter 11, and firefighter and fire investigator cancer claim reporting under A.R.S. § 23-971.

B. The definitions in A.R.S. §§ 23-1701 and 23-901.09 apply in this Article.

C. "Cancer-related claims" as used in A.R.S. § 23-971 and this Article shall mean Arizona workers' compensation claims involving any disease, infirmity, or impairment of health that is caused by cancer.

D. "Fiscal year" or "reporting period" shall mean the 12-month cycle that begins on July 1 and ends on June 30.

E. "Loss valuation date" shall mean the last day of the reporting period and the date on which firefighter and fire investigator cancer claim data shall be determined for reporting purposes.

F. An "open" claim shall mean a workers' compensation claim that is eligible for temporary compensation and/or active medical treatment. A "closed" claim shall mean a workers' compensation claim in which temporary compensation and active medical treatment have been terminated.

Historical Note

New Section made by final exempt rulemaking at 27 A.A.R. 2920 (December 17, 2021), effective January 1, 2022 (Supp. 21-4). Amended by final rulemaking at 28 A.A.R. 1483 (June 24, 2022), with an immediate effective date of June 10, 2022 (Supp. 22-2).

R20-5-1402. Reimbursement Claims

A. A Municipal Payor seeking reimbursement from the Fund shall submit a reimbursement claim in writing on the Municipal Firefighter Cancer Reimbursement Form approved by the Commission.

B. The Municipal Firefighter Cancer Reimbursement Form shall include the following attestations, which shall be made by an authorized representative of a Municipal Payor seeking reimbursement from the Fund:
1. The reimbursement request includes only eligible compensation and benefits paid under A.R.S. § 23-1702(A) on municipal firefighter or municipal fire investigator workers' compensation claims accepted under A.R.S. § 23-901.09.
2. The reimbursement request only includes amounts actually paid by the Municipal Payor for compensation and benefits under A.R.S. § 23-1702(A) during the immediately preceding fiscal year.
3. The reimbursement request does not include amounts paid for expenses relating to case management, vocational rehabilitation, or similar nonmedical costs.
4. The information included in, or submitted with, the Municipal Firefighter Cancer Reimbursement Form is true and correct.

C. The Municipal Firefighter Cancer Reimbursement Form shall not be changed, amended, or otherwise altered without the prior written approval of the Commission.

D. A Municipal Payor seeking reimbursement from the Fund for compensation and benefits paid during a fiscal year shall submit a reimbursement claim to the Commission between July 1 and August 31 immediately following the applicable fiscal year.

E. Failure to timely submit a reimbursement claim for compensation and benefits paid during a fiscal year before the claim submission deadline in subsection (D) will be deemed a waiver of the right of the Municipal Payor to request reimbursement for amounts paid during the applicable fiscal year. Failure to include all eligible compensation or benefits in a reimbursement claim before the claim submission deadline in subsection (D) will be deemed a waiver of the right of the Municipal Payor to request reimbursement for any omitted amounts paid during the applicable fiscal year.

F. The Commission shall process reimbursements pursuant to A.R.S. § 23-1702(C) on or before December 31 of each year.

G. The maximum annual amount of aggregate reimbursements paid by the Fund shall in no event exceed the total amount of monies in the Fund as of close of business on June 30 of the applicable fiscal year.

Historical Note

New Section made by final exempt rulemaking at 27 A.A.R. 2920 (December 17, 2021), effective January 1, 2022 (Supp. 21-4).

R20-5-1403. Recordkeeping and Record Inspections

A. Municipal Payors seeking reimbursement from the Fund shall maintain all records supporting amounts included in a reimbursement claim for at least ten years after the reimbursement claim is filed.

B. Municipal Payor records supporting amounts included in a reimbursement claim shall always be open for inspection by the Commission or representatives of the Commission to ascertain information necessary for its administration of A.R.S. §§ 23-1701 through 23-1703. Upon request, a Municipal Payor shall make such records available to the Commission within 30 days.

Historical Note

New Section made by final exempt rulemaking at 27 A.A.R. 2920 (December 17, 2021), effective January 1, 2022 (Supp. 21-4).

R20-5-1404. Fund Overpayments

A. A Municipal Payor that discovers an error in a reimbursement claim which may result or has resulted in an overpayment from the Fund shall notify the Commission of the error within three business days of discovery of the error.

B. Overpayments made by the Fund to Municipal Payors that are discovered through inspection of records, or otherwise, shall be returned to the Fund by the applicable Municipal Payor within 30 days of notification by the Commission.

Historical Note

New Section made by final exempt rulemaking at 27 A.A.R. 2920 (December 17, 2021), effective January 1, 2022 (Supp. 21-4).

R20-5-1405. Cancer Claim Reporting Method; Frequency; Deadlines; Duration

A. Cancer-related claim reporting under A.R.S. § 23-971 and this Article shall be performed electronically through the commission's electronic claims portal. Insurance carriers, self-insured employers, self-insurance pools, or a designee (including third-party administrators or an adjuster) are authorized to complete required claim reporting. Duplicate reporting of the same claim information is prohibited.

B. Subject to the claim reporting durations specified in subsection (D), insurance carriers, self-insured employers, and self-insurance pools subject to A.R.S. § 23-971 shall annually report the data elements specified in R20-5-1407 and R20-5-1408 for cancer-related claims filed by or on behalf of firefighters and fire investigators.

C. Claim data reported pursuant to subsection (B) shall be determined as of the loss valuation date for the applicable reporting period.

D. Claim reporting shall be completed within 31 days after each applicable reporting period, i.e., no later than July 31 of each year.

E. Claim reporting under A.R.S. § 23-971 is subject to the following claim reporting durations:

1. Denied Claims: Reported one time following the reporting period during which the claim is denied by a notice of claim status. Reporting is not required for claims denied prior to July 1, 2021.
2. Claims Accepted on or after July 1, 2021: Reported for the longer of: (a) the duration the claim remains open plus two additional annual reports after the claim is closed; or (b) ten annual reports after acceptance of the claim.
3. Claims Accepted before July 1, 2021: If the claim was open on July 1, 2021, the claim shall be reported for the duration the claim remains open plus two additional annual reports after the claim is closed. If the claim was closed as of July 1, 2021, and was accepted on or after July 1, 2011, the claim shall be reported for two annual reports. If the claim was closed as of July 1, 2021, and was accepted prior to July 1, 2011, reporting is not required.
4. Reopened Claims: Reported for the longer of: (1) the duration the claim remains open (following acceptance of the petition to reopen), plus two additional annual reports after the claim is closed; or (2) ten annual reports after acceptance of the petition to reopen.
5. Claims that Develop into Cancer-Related Claims: If a claim develops into a cancer-related claim, reporting should begin following the reporting period in which the claim developed into a cancer-related claim. In these circumstances, the claim shall be reported for the longer of: (1) the duration the claim remains open plus two additional annual reports after the claim is closed; or (2) ten annual reports.
6. Non-Cancer-Related Claims: If a cancer-related claim develops into a claim that no longer meets the definition of a cancer-related claim, no further annual reporting is required.
7. Informational Claims: Claims that have been filed but have not been accepted or denied as of the applicable loss valuation date shall not be reported.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 1483 (June 24, 2022), with an immediate effective date of June 10, 2022 (Supp. 22-2).

R20-5-1406. Cancer Reporting; Required General Data Elements

A. Name of Data Provider (i.e., What entity is reporting the data?): The name of the insurance carrier, self-insured

employer, self-insurance pool, or designee submitting the cancer-related claim data.

B. Data Provider Type Code: Insurance Carrier; Self-Insured Employer; Self-Insurance Pool; Third-Party Administrator; or Other Designee.

C. Name of Person Submitting Data: The name of the individual submitting the cancer-related claim data.

D. Name of Data Provider Primary Contact: The name of the individual designated by the Data Provider who can be contacted regarding the data submission. (May be the same as the "Name of Person Submitting the Data.")

E. Data Provider Primary Contact Phone Number: The phone number of the Data Provider Primary Contact.

F. Data Provider Primary Contact Email Address: The email address of the Data Provider Primary Contact.

G. Loss valuation date: The last day of the 12-month reporting period.

H. Total Number of New Cancer-Related Claims: Total number of cancer-related claims filed by or on behalf of firefighters and fire investigators during the applicable reporting period (whether or not the claims are included in the detailed reporting).

1. Accepted: Total number of new cancer-related claims accepted during the applicable reporting period.
2. Denied: Total number of cancer-related claims denied during the applicable reporting period.
3. Pending: Total number of cancer-related claims pending decision on the applicable loss valuation date.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 1483 (June 24, 2022), with an immediate effective date of June 10, 2022 (Supp. 22-2).

R20-5-1407. Cancer Reporting; Required Claim-Specific Data Elements

A. Unique Claim Identifier: The unique, alphanumeric claim identifier (up to 20 characters, but no less than seven characters) assigned by the carrier, self-insured employer, or self-insurance pool to a specific claim. The claim identifier shall remain the same throughout the life of the claim. Usage of the commission's claim number is prohibited. Usage of claimant name, personally-identifiable information, or carrier/self-insured employer/self-insurance pool name in identifier is prohibited.

B. Transaction Type Code: The code that identifies a report as an initial report (01) or subsequent report (02).

C. Occupational Descriptor Code: (01) = Firefighter (02) = Fire Investigator.

D. Sex Code: The sex of the injured worker. (M = Male, F = Female, N = Not Reported.)

E. Birth Year: The 4-digit birth year of the injured worker.

F. Year Claim Reported: The 4-digit year the claim was reported to the carrier/self-insured employer/self-insurance pool.

G. Year of Loss: The 4-digit year when the injury (cancer) became manifest.

H. Year of Hire: The 4-digit year when the injured worker was hired by the employer as a firefighter or fire investigator (either full-time or part-time). If unknown, enter (U).

I. Name of Carrier, Self-Insured Employer, or Self-Insurance Pool: Complete business name of insurance carrier or self-insured employer/pool responsible for the claim.

J. Employer Name: The complete business name of the employer (including a DBA, if applicable) related to the claim.

K. County Code: The code corresponding to Arizona county primarily served by the employer (01) = Apache; (2) = Cochise; (3) = Coconino; (4) = Gila; (5) = Graham; (6) = Greenlee; (7) = La Paz; (8) = Maricopa; (9) = Mohave; (10) = Navajo; (11) = Pima; (12)= Pinal; (13) = Santa Cruz; (14) = Yavapai; (15) = Yuma.

L. Claim Acceptance Date: The date the claim was first accepted as compensable. If the claim was denied, enter (D).

M. Claim Denial Code: The code corresponding to the reason a claim was denied. (01) = Claim not compensable; (02) No coverage; (03) Other reason. If the claim was accepted, enter (A).

N. Claims Status Code: The code corresponding to the claim's status as of the loss valuation date. (01) = claim is open (not reopened) on the loss valuation date; (02) = claim is closed on the loss valuation date; (03) = claim is reopened on the loss valuation date. If the claim was denied, enter (D).

O. Benefit Code: The code that identifies under which provision of the law benefits are being paid on the loss valuation date. (01) = Death; (02) = Permanent Total Disability; (03) Permanent Partial Disability - Unscheduled; (04) Permanent Partial Disability – No Loss; (05) Temporary Total Disability; (06) Temporary Partial Disability; (07) Claim Denied.

P. Settlement Code: (00) = Claim not subject to settlement during the reporting period; (01) = Full and final settlement during the reporting period; (03) Stipulated award during the reporting period; (05) Noncompensable settlement during the reporting period; (06) = Compromise settlement during the reporting period; (09) Other settlement during the reporting period; (10) Multiple settlements during the reporting period.

Q. Lump Sum Indicator: Indicates whether the claim has been settled by a lump sum amount. N = No; Y =Yes.

R. Closed Date: If the claim closed during the reporting period, report the date of claim closure. (Required if the claim closed during the reporting period.)

S. Reopened Date: If the claim re-opened during reporting period, report the date of claim reopening. (Required if the claim reopened during the reporting period.)

T. Primary Type of Cancer Code: The primary type of cancer involved in the claim on the loss valuation date. Options are brain (01), bladder (02), rectal (03), colon (04), lymphoma (05), leukemia (06), adenocarcinoma (07), mesothelioma of the respiratory tract (08), buccal cavity (09), pharynx (10), esophagus (11), large intestine (12), lung (13), kidney (14), prostate (15), skin (16), stomach (17), ovarian (18), breast (19), testicular (20), non-Hodgkin's lymphoma (21), multiple myeloma (22), and malignant melanoma (23). Non-listed cancers may be designated as "other" (30).

U. Secondary Type of Cancer Code: If applicable, the secondary type of cancer involved in the claim on the loss valuation date. Options are brain (01), bladder (02), rectal (03), colon (04), lymphoma (05), leukemia (06), adenocarcinoma (07), mesothelioma of the respiratory tract (08), buccal cavity (09), pharynx (10), esophagus (11), large intestine (12), lung (13), kidney (14), prostate (15), skin (16), stomach (17), ovarian (18), breast (19), testicular (20), non-Hodgkin's lymphoma (21), multiple myeloma (22), and malignant melanoma (23). Non-listed cancers may be designated as "other" (30). (Required if applicable.)

V. Amounts Paid (as of loss valuation date):

1. Indemnity Paid: The total amount of paid indemnity for the claim as of the loss valuation date. These losses consist of all paid benefits due to an employee's lost wages or inability to work, including compensation paid to a deceased claimant prior to death, burial expense, claimant's attorney fees, vocational rehabilitation benefits, indemnity settlement payments, and employer's liability

losses and expenses. Allocated loss adjustment expense ("ALAE") for other than employer's liability coverage shall be excluded from indemnity losses.
2. Medical Paid: The total amount of medical losses paid for the claim as of the loss valuation date, including medical settlement payments.
3. ALAE Paid: The total amount of ALAE paid for the claim as of the loss valuation date.
4. Death Benefits Paid: The total amount of death benefits paid for the claim as of the loss valuation date.

W. Incurred Amounts (as of loss valuation date):
1. Incurred Indemnity Amount: The total of "Indemnity Paid" plus the current outstanding reserve indemnity benefits, excluding loss adjustment expenses (e.g., ALAE and unallocated loss adjustment expense ("ULAE")).
2. Incurred Medical Amount: The total of "Medical Paid" plus the current outstanding reserve medical benefits, excluding loss adjustment expenses (e.g., ALAE and ULAE).
3. Incurred ALAE Amount: The total of "ALAE Paid" plus the current outstanding reserve ALAE.
4. Incurred Death Benefits Amount: The total of "Death Benefits Paid" plus the current outstanding reserve death benefits, excluding loss adjustment expenses (e.g., ALAE and ULAE).

Historical Note

New Section made by final rulemaking at 28 A.A.R. 1483 (June 24, 2022), with an immediate effective date of June 10, 2022 (Supp. 22-2).

ARTICLE 15. WORKERS' COMPENSATION SELF-INSURANCE

R20-5-1501. Definitions

In addition to the definitions provided in A.R.S. § 23-901, the following definitions apply to this Article:
1. "Act" means the Arizona Workers' Compensation Act, A.R.S. § 23-901 et seq.
2. "Administrator" means an individual or organization designated by a Self-Insurance Pool Board to manage the daily operations of a Self-Insurance Pool.
3. "Agreement to Process and Pay" means a written agreement that requires an entity to process and pay or guaranty the payment of another entity's liabilities.
4. "Applicant" means an entity or pool seeking initial or renewal authority to self-insure for workers' compensation, a Self-Insurance Pool seeking to add a new member, or a Self-Insurer seeking to Self-Administer.
5. "Authorization Date" means the date designated by the Commission on which self-insurance authority begins.
6. "Basic Premium Factor" means a factor used in the Retrospective Rating Plan formula to represent expenses of the Self-Insurer, such as acquisition, audit, administration, and profit or contingencies, but not taxes.
7. "Cash Flow Ratio" means a numerical relationship that reflects an entity's ability to meet current financial obligations out of cash flow and is calculated as follows: (cash flow from operations) divided by (current liabilities).
8. "Claim" or "claim" means a workers' compensation claim.
9. "Deviation Rate" means the rate applied to the Manual Premium to calculate a discount from the Manual Premium.
10. "D-Ratio" means a factor used in the Ex-Medical Plan that reflects the ratio of primary expected losses and total expected losses.
11. "Division" means the self-insurance office of the Commission.
12. "Ex-Medical Plan" means a method of determining the premium upon which taxes are calculated that provides for rate revisions based upon the Self-Insurer operating a medical facility with a program for providing medical, surgical, or hospital services to a majority of the Self-Insurer's employees that complies with the requirements of A.R.S. § 23-1070.
13. "Experience Modification Rate" means a ratio comparing actual losses to expected losses based on a formula determined by an approved Rating Organization or the Commission.
14. "Fiscal Year" or "fiscal year" means a 12-month financial or accounting period.
15. "Fixed Premium Plan" means a method of determining the premium upon which taxes are calculated in which neither losses nor incurred loss reserves are used for the net taxable premium calculation.
16. "Guaranteed Cost Plan" means a method of determining the premium upon which taxes are calculated that provides for a direct relationship, on an annual basis, of the premium for tax purposes and the Experience Modification Rate developed to reflect the loss payment and incurred loss experience of the Self-Insurer.
17. "Local Government Investment Pool" means a pooled investment fund operated by the Arizona State Treasurer according to A.R.S. § 35-326.
18. "Loss Conversion Factor" means a factor used in the Retrospective Rating Plan formula that is used to cover unallocated claims and the costs of the Self-Insurer's claims services.
19. "Manual Premium" means the aggregate payroll by individual Payroll Classification Code multiplied by the Payroll Classification Rate.
20. "Member" or "member" means an employer described in A.R.S. §§ 11-952.01, 15-382 23-961.01, or 41-621.01 that has joined with other employers to operate a Self-Insurance Pool.
21. "Parent Company" means a company that has sufficient ownership in another entity (the Subsidiary) to have control, directly or indirectly, of the Subsidiary.
22. "Payroll" or "payroll" means the total wages and salaries paid by an employer.
23. "Payroll Classification Code" means a four-digit numerical code assigned by a Rating Organization or the Commission to differentiate between the various job duties or scope of work performed by employees.
24. "Payroll Classification Rate" means a rate assigned to an individual Payroll Classification Code by a Rating Organization or the Commission.
25. "Public Entity" means an individual employer that is a state, county, municipality, school district, or any other entity with taxing authority.
26. "Public Entity Pool" means a workers' compensation pool organized under A.R.S. §§ 11-952.01, 15-382, or 41-621.01.
27. "Public Entity Trust Fund" means an internal service fund or sub-fund dedicated to workers' compensation or risk management established by a Public Entity from which money is used to pay workers' compensation claim liabilities and expenses.

28. "Rating Organization" means an entity that meets the requirements of A.R.S. § 20-363 and is approved by the Department of Insurance and Financial Institutions to establish rates, codes, and formulas used to calculate workers' compensation premiums.
29. "Renewal Date" means the date designated by the Commission by which a renewal application shall be filed with the Division.
30. "Reserves" or "reserves" means an amount of money that is set aside to satisfy the financial and legal obligations associated with a workers' compensation claim or group of claims.
31. "Resolution of Authorization" means a document issued by the Commission that grants authority to self-insure for purposes of workers' compensation.
32. "Retrospective Rating Plan" means a method of determining the premium upon which taxes are calculated that provides for a relationship between the premiums for tax purposes, the Experience Modification Rate developed to reflect the loss payment and incurred loss experience of the Self-Insurer, and the actual incurred losses for the tax year.
33. "Security" or "security" means any financial instrument authorized by R20-5-1521 through R20-5-1524, or appropriate documents renewing, amending, or continuing any of these.
34. "Self-Administer" means the process under which a Self-Insurer administers its own claims, once approved by the Division.
35. "Self-Insurance Pool" means a Public Entity Pool or Similar Industry Pool.
36. "Self-Insurance Pool Board" means a body of individuals that directs a Self-Insurance Pool according to R20-5-1527.
37. "Self-Insurer" means an entity authorized by the Commission to self-insure for workers' compensation and may include a Public Entity, an individual private employer under A.R.S. § 23-961(A)(2), a Public Entity Pool, or a Similar Industry Pool.
38. "Similar Industry Pool" means a pool with members in similar industries as authorized by A.R.S. § 23-961.01.
39. "Subsidiary" means an entity of which a Parent Company has sufficient ownership to have control, directly or indirectly.
40. "Third-Party Administrator" means an organization that processes workers' compensation claims for a Self-Insurer.
41. "Workers' Compensation Pool Loss Account" means an account or sub-account in the Workers' Compensation Pool Operations Account established by a Self-Insurance Pool from which money is used to pay workers' compensation claims, liabilities, and expenses.
42. "Workers' Compensation Pool Operations Account" means an account or sub-account into which premiums, investment proceeds, and other revenues are deposited for purposes of a Self-Insurance Pool.

Historical Note
New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1502. Computation of Time; Extension of Time Limits

A. In computing any time period prescribed or allowed by this Article, the day of the event from which the time period begins to run shall not be included, but the last day of the period computed shall be included unless it is a Saturday, Sunday, or legal holiday, in which event the period shall run until the end of the next day that is not a Saturday, Sunday, or legal holiday. When the time period prescribed or allowed is less than 11 days, intermediate Saturdays, Sundays, and legal holidays shall not be included in the computation of time.

B. Except as otherwise precluded by law, the Division may extend time limits prescribed by this Article for good cause. A request for an extension of a time limit shall be filed with the Division in writing and shall state the reasons for the request.

Historical Note
New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1503. Forms and Reports

The following forms, available at http://www.azica.gov and upon request from the Division, shall be used when applicable:

1. Initial Application for Authority to Self-Insure Form,
2. Self-Insurance Renewal Application Form,
3. New Pool Member Application Form,
4. Workers' Compensation Liability Form,
5. Application to Self-Administer Form,
6. Self-Provider of Medical Benefits Form,
7. Parent Guaranty Form,
8. Workers' Compensation Guaranty Bond Form,
9. Statutory Deposit Agreement Form,
10. Custody Agreement Form,
11. Request for Waiver of Security Form,
12. Notice of Termination of Self-Insurance Form,
13. Annual Payroll Report Form,
14. Annual Medical Report Form,
15. Annual Injury Report Form,
16. Annual Hospital Report Form,
17. Quarterly Tax Payment Form.

Historical Note
New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1504. Self-Insurance Criteria

A. A Public Entity may file an application for authority to self-insure if:
1. The Public Entity's annual payroll is at least $2 million; and
2. The Public Entity's total assets are at least $25 million.

B. An individual employer that is not a Public Entity may file an application for authority to self-insure if:
1. The employer has been engaged in business in Arizona for at least five consecutive years immediately before the prospective Authorization Date;
2. The employer's annual Arizona payroll is at least $2 million, including the combined payrolls of any Subsidiaries that will be covered by the self-insurance program; and
3. The employer meets one of the following criteria:
   a. The employer's total assets are at least $25 million; or
   b. The employer's net worth is at least $5 million and Cash Flow Ratio is at least 0.25.

C. A Public Entity Pool may file an application for authority to self-insure if:
1. The requirements set forth in A.R.S. §§ 11-952.01, 15-382, or 41-621.01, as applicable, are satisfied;

2. The combined annual payroll of the members of the Public Entity Pool is at least $2 million; and
3. The combined net worth of the members of the Public Entity Pool is at least $1 million.

D. A Similar Industry Pool may file an application for authority to self-insure if:

1. The requirements set forth in A.R.S. § 23-961.01 are satisfied;
2. The members of the Similar Industry Pool have been engaged in business in Arizona for at least five consecutive years immediately before the prospective Authorization Date;
3. The combined annual Arizona payroll of the members of the Similar Industry Pool is at least $2 million; and
4. The combined net worth of the members of the Similar Industry Pool is at least $1 million.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1505. Initial Application Requirements

A. An individual employer or pool seeking to apply for initial authority to self-insure shall file with the Division a completed Initial Application for Authority to Self-Insure Form and the documentation and information required in subsection (B).

B. For an initial application to self-insure to be deemed complete, the following documentation and information shall be provided by the Applicant:

1. A resolution of the Applicant's board of directors or governing body, authorizing the filing of the application. If the Applicant does not have a board of directors or governing body, an authorized representative shall sign the resolution.
2. A list of the aggregate payroll by Payroll Classification Code for the most current and prior two fiscal years.
3. A copy of the Applicant's audited financial statements for the most current and prior two fiscal years, including any notes to the financial statements. If audited financial statements for the most current or prior two fiscal years are not reasonably available, internally-reviewed and signed financial statements that conform with Generally Accepted Accounting Principles may be substituted. If a new Self-Insurance Pool does not have the financial statements required by this subsection, the pool shall provide detailed projections for capitalization, cash flow, and liabilities of the pool.
4. A detailed description of the Applicant's loss control program, including a description of existing or planned occupational safety and health requirements and training programs.
5. Except for a new Self-Insurance Pool that does not have the information required by this subsection, a loss run of all claims incurred in Arizona from the most current complete calendar year and the prior three calendar years. The loss run must include the following information, if applicable, for each incurred claim: Payroll Classification Code, Commission claim number, employee name, date of injury, total paid medical, medical reserves, total paid indemnity (including death benefits), and indemnity reserves.
6. If applicable, copies of excess insurance policies that meet the requirements of R20-5-1526, or written confirmation from an authorized insurance company that it will provide excess insurance coverage to the Applicant by the prospective Authorization Date.
7. Except for a new Self-Insurance Pool that does not have the information required by this subsection, if the Applicant's Experience Modification Rate specific to Arizona for the most recent complete fiscal year is greater than 1.10, a written statement describing the causes of the inflated Experience Modification Rate and outlining remedial measures the Applicant has taken or will take to lower the Experience Modification Rate.
8. Except for an Applicant seeking to Self-Administer under R20-5-1510, a copy of a signed agreement between the Applicant and a Third-Party Administrator or, if an agreement has not been completed, a written confirmation from a Third-Party Administrator that it will contract with the Applicant on or before the prospective Authorization Date to process workers' compensation claims for the Applicant.
9. If an Applicant is seeking to Self-Administer, a completed Application to Self-Administer Form and the information and documentation required in R20-5-1510(C).
10. If an eligible Applicant intends to direct medical care under A.R.S. § 23-1070, a completed Self-Provider of Medical Benefits Form, the detailed statement of the arrangements required in A.R.S. § 23-1070(B), and a copy of the current medical or hospital agreements, if applicable.
11. If the Applicant is a Public Entity or a Public Entity Pool seeking a waiver of security under R20-5-1525, a completed Request for Waiver of Security Form and a current actuarial report that satisfies the requirements in R20-5-1513(B).
12. If the Applicant is a Subsidiary:
    a. A completed Parent Guaranty Form or an Agreement to Process and Pay signed by a designated representative of the Parent Company that guarantees the payment of the Subsidiary's obligations.
    b. A resolution of the Parent Company's board of directors or governing body authorizing the designated representative to complete, sign, and file the Parent Guaranty Form or Agreement to Process and Pay. If the Parent Company does not have a board of directors or governing body, an authorized representative shall sign the resolution.
    c. A copy of the Parent Company's audited financial statements for the most current and prior two fiscal years, including any notes to the financial statements. If audited financial statements for the most current or prior two fiscal years are not reasonably available, internally-reviewed and signed financial statements that conform with Generally Accepted Accounting Principles may be substituted.
13. If the Applicant is a Self-Insurance Pool:
    a. The contract or agreement required under A.R.S. §§ 11-952.01, 15-382, 23-961.01, or 41-621.01, as applicable, to establish the pool.
    b. The articles of incorporation and bylaws governing the pool, if applicable.
    c. The participation, coverage, and indemnity agreements between the pool and each member.
    d. Written authorization from the board of directors or governing body of each member, authorizing membership in the pool. If a member does not have a

board of directors or governing body, an authorized representative shall sign the written authorization.

e. A signed resolution from the Self-Insurance Pool Board approving each member for membership in the pool.

f. An original or a certified copy of fidelity or crime insurance policy that meets the requirements of R20-5-1528 or written confirmation from an authorized insurance company that it will issue the required fidelity or crime insurance policy on or before the prospective Authorization Date.

g. A copy of the signed agreement or contract of hire between the Self-Insurance Pool Board and the designated Administrator.

h. A detailed description of the underwriting program required under R20-5-1529.

i. A current actuarial report that meets the requirements of R20-15-1513(B) and documents the rate structure needed to set member premium levels to adequately cover potential losses and expenses of the pool.

j. For each member, a schedule showing, for the most recent complete fiscal year and the prior two fiscal years, net workers' compensation premiums paid, total workers' compensation losses incurred, and, if available, Experience Modification Rate specific to Arizona.

k. A copy of each member's audited financial statements for the most current and prior two fiscal years, including any notes to the financial statements. If audited financial statements for the most current or prior two fiscal years are not reasonably available, internally-reviewed and signed financial statements that conform with Generally Accepted Accounting Principles may be substituted.

l. If any member's Experience Modification Rate specific to Arizona for the most recent complete fiscal year is greater than 1.10, a written statement describing the causes of the inflated Experience Modification Rate and outlining remedial measures the member has taken or will take to lower the Experience Modification Rate.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1506. Renewal Application Requirements

A. A Self-Insurer seeking to apply for renewal of authority to self-insure shall file with the Division a completed Self-Insurance Renewal Application Form and the documentation and information required under subsection (B) on or before the Renewal Date or, if applicable, the date specified in subsection (D).

B. For a renewal application to be deemed complete, the following documentation and information shall be provided by the Applicant:

1. A copy of the Applicant's most-recent audited financial statements completed according to R20-5-1513(A), including any notes to the financial statement.
2. A completed Workers' Compensation Liability Form.
3. A current loss run of all open claims incurred in Arizona on or after the Authorization Date. The loss run must include the following information, if applicable, for each claim: Payroll Classification Code, Commission claim number, employee name, date of injury, total paid medical, medical reserves, total paid indemnity (including death benefits), indemnity reserves, excess insurance carrier name (if applicable), amount of excess credit expected (if applicable), and excess insurance self-insured retention amount per occurrence (if applicable).
4. If applicable, copies of excess insurance policies that meet the requirements of R20-5-1526 or written confirmation from an authorized insurance company that it will provide excess insurance coverage to the Applicant. For each claim accepted by an excess insurance carrier on or after the Authorization Date, documentation to establish claim acceptance. For each claim submitted to an excess insurance carrier that is pending review by the excess insurance carrier, documentation to establish claim submission.
5. If the Applicant's Experience Modification Rate specific to Arizona for the most recent complete fiscal year is greater than 1.10, a written statement describing the causes of the inflated Experience Modification Rate and outlining remedial measures the Applicant has taken and will take to lower the Experience Modification Rate.
6. If the Applicant's denial rate exceeds 12% of claims filed during the prior approved period of self-insurance, a written statement from the Applicant identifying the reason or reasons for each denial.
7. Except for Applicants that have been approved to Self-Administer or are seeking to Self-Administer under R20-5-1510, a copy of the signed agreement between the Self-Insurer and a Third-Party Administrator, if different from the last filing approved by the Commission.
8. If an Applicant intends to Self-Administer, regardless of whether the Applicant has been previously approved to Self-Administer, a completed Application to Self-Administer Form and current information and documentation required under R20-5-1510(C).
9. If an eligible Applicant directs or intends to direct medical care under A.R.S. § 23-1070, a completed Self-Provider of Medical Benefits Form, the detailed statement of the arrangements required in A.R.S. § 23-1070(B), and a copy of the current medical or hospital agreements, if applicable.
10. If the Applicant is a Public Entity or a Public Entity Pool that is seeking a waiver of security under R20-5-1525, a completed Request for Waiver of Security Form and a current actuarial report that satisfies the requirements in R20-5-1513(B).
11. If the Applicant is a Subsidiary, a copy of the Parent Company's most-recent audited financial statements, including any notes to the financial statements. If audited financial statements are not reasonably available, internally-reviewed and signed financial statements that conform with Generally Accepted Accounting Principles may be substituted.
12. If the Applicant is a Subsidiary and the Parent Company has changed since the last application or renewal approved by the Commission:
    a. A completed Parent Guaranty Form or Agreement to Process and Pay signed by a designated representative of the Parent Company that guarantees the payment of the Subsidiary's obligations.
    b. A resolution of the Parent Company's board of directors or governing body authorizing the designated representative to complete, sign, and file the Parent Guaranty Form or Agreement to Process and

Pay. If a Parent Company does not have a board of directors or governing body, an authorized representative shall sign the resolution.

13. If the Applicant is a Self-Insurance Pool:
    a. Updated copies of the documentation and information required in R20-5-1505(B)(13)(a) through (c), (g), and (h), if changed since the last filing approved by the Commission.
    b. A current actuarial report that meets the requirements of R20-5-1513(B).
    c. An original or a certified copy of the Self-Insurance Pool's current fidelity or crime insurance policy that meets the requirements of R20-5-1528.

C. A complete renewal application submitted to the Division before the Self-Insurer's Renewal Date shall serve to extend existing authority to self-insure until the earliest of the following:
1. The date the Commission takes action on the application according to R20-5-1509;
2. The date the Self-Insurer terminates self-insurance under R20-5-1518; or
3. The date the renewal application is withdrawn.

D. Upon written request, the Commission may temporarily extend the duration of an existing authorization to self-insure for up to 90 days after a designated Renewal Date if the Self-Insurer is working in good faith to file a complete renewal application with the Division and additional time is necessary to file a complete renewal application.

E. If a Self-Insurer does not file a complete renewal application on or before the Renewal Date or the date specified in subsection (D), if applicable, or a renewal application is deemed withdrawn, self-insurance authority ceases and the individual employer or each member of the pool shall provide the Commission proof of compliance with A.R.S. § 23-961(A) not later than 10 days after the Self-Insurer's Renewal Date, the date specified in subsection (D), or the date the renewal application is withdrawn, whichever is later.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1507. New Member Application Requirements for Self-Insurance Pools

A. Except as authorized in subsection (C), a previously authorized Self-Insurance Pool seeking to add a new member shall file with the Division a completed New Pool Member Application Form and the documentation and information required in subsection (B).

B. For a new member application to be deemed complete, the following documentation and information shall be provided by the Applicant:
1. A resolution of the Self-Insurance Pool Board authorizing the filing of the New Pool Member Application Form.
2. The documentation and information listed in R20-5-1505(B)(2), (B)(5), (B)(7), (B)(13)(c) through (e), and (B)(13)(j) through (l) specifically pertaining to the employer seeking to join the Self-Insurance Pool.

C. An approved Self-Insurance Pool in good standing that has operated for one year or more may admit new members without Commission approval. Upon admission of a new member into a Self-Insurance Pool under this subsection, the Self-Insurance Pool shall provide to the Division a list of the new member's coverage locations and the documentation and information listed in R20-5-1505(B)(13)(c) through (e) specifically pertaining to the new member.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1508. Processing of Initial, Renewal, and New Member Applications

A. The Division shall administratively review an initial, renewal, or new member application within 20 days of receipt of the application to determine if the application is complete. If the application is incomplete, the Division shall notify the Applicant in writing of the missing documentation or information necessary to comply with this Article.

B. The Division shall deem an initial, renewal, or new member application withdrawn if the Applicant fails to file a complete application within 30 days of being notified by the Division that the application is incomplete according to subsection (A) or fails to submit requested information or documentation within 30 days of receiving a request under subsection (F).

C. Unless the substantive review time frame is extended under A.R.S. § 41-1075, the Commission shall determine whether an initial, renewal, or new member application meets the substantive criteria of A.R.S. §§ 11-952.01, 15-382, 23-961, 23-961.01, and 41-621.01, and this Article, as applicable, within 60 days after the initial, renewal, or new member application is deemed complete.

D. The overall timeframe for processing initial, renewal, and new member applications is 80 days, unless extended under A.R.S. § 41-1072 et seq.

E. Upon the filing of a complete initial, renewal, or new member application, the Division shall review the submitted documentation and information and:
1. Evaluate and determine whether the Applicant meets the requirements of A.R.S. §§ 11-952.01, 15-382, 23-961, 23-961.01, and 41-621.01 and this Article, as applicable;
2. Evaluate and determine whether the Applicant has the financial ability to process and pay benefits required under the Act;
3. Evaluate and determine whether a waiver of security is appropriate under R20-5-1525 or, if security is required, the appropriate amount of security; and
4. If the Division recommends approval of an initial or renewal application, evaluate and determine a recommended term of self-insurance, which may not be less than one year or more than two years from the date of Commission approval under R20-5-1509.

F. The Division may request an Applicant to provide additional information and documentation reasonably related to the Division's review and evaluation under subsection (E).

G. The Division shall consider the following information in determining whether two or more employers meet the "similar industry" requirement in A.R.S. § 23-961.01(A):
1. The two-digit sector designation of the most recent edition of the North American Industry Classification System assigned to the employers;
2. The extent to which the employers are engaged in business involving similar products, services, activities, and processes; and
3. Other relevant information describing or concerning the business of the employers.

H. The Division shall present its evaluation, findings, and recommendations according to subsection (E) to the Commission.

Historical Note
New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1509. Commission Review of Initial, Renewal, and New Member Applications

A. The Commission shall consider the following before approving or denying an initial, renewal, or new member application:
1. The documentation and information submitted by Applicant according to R20-5-1505, R20-5-1506, R20-5-1507, or R20-5-1508(F);
2. The evaluation, findings, and recommendations of the Division according to R20-5-1508; and
3. The requirements of A.R.S. §§ 11-952.01, 15-382, 23-961, 23-961.01, and 41-621.01 and this Article, as applicable.

B. The Commission may approve or deny an initial, renewal, or new member application or may remand an application to the Division for further review or to request additional information or documents according to R20-5-5-1508(F). A decision to approve, deny, or remand an application shall be made by a majority vote of a quorum of Commission members present at a public meeting.

C. When approving an initial or renewal application, the Commission shall determine: (1) the term of self-insurance authorization, which may not be less than one year or more than two years from the date of Commission approval; (2) whether to grant a waiver of security under R20-5-1525; and (3) if security is required, the amount of security that must be posted. The Commission shall require an amount of security that reasonably reflects the Self-Insurer's future total estimated liability and is sufficient to fully protect the Special Fund in the event of an assignment under A.R.S. § 23-966, which amount may exceed the amounts specified in R20-5-1520(A).

D. The Commission shall deny an initial, renewal, or new member application if the Commission finds either of the following:
1. The Applicant does not meet the requirements of A.R.S. §§ 11-952.01, 15-382, 23-961, 23-961.01, and 41-621.01 or this Article, as applicable; or
2. The Applicant is unable to process and pay benefits required under the Act.

E. On or before the Authorization Date, following Commission approval of an initial application for self-insurance authority, or within 30 days after Commission approval of a renewal or new member application, a Self-Insurer shall:
1. Unless the Commission has granted a waiver of security under R20-5-1525, post required security;
2. Secure excess insurance coverage that meets the requirements of R20-5-1526, if applicable;
3. Either obtain Division approval to Self-Administer under R20-5-1510 or complete the process of contracting with a Third-Party Administrator; and
4. For Self-Insurance Pools, secure an active fidelity or crime insurance policy, unless the pool is exempt according to R20-5-1528(C).

F. Upon approval of an initial, renewal, or new Member application, the Division shall serve a Resolution of Authorization on the Applicant no later than 30 days after Commission approval. The Resolution of Authorization approving an initial application shall contain the Authorization Date, the applicable Renewal Date, and the amount of security required. The Resolution of Authorization approving a renewal application shall contain the applicable Renewal Date and the amount of security required. The Resolution of Authorization approving addition of a new member shall contain the amount of additional security the Self-Insurance Pool is required to post. The Resolution of Authorization may be electronically signed by the Commission.

G. If the Commission denies an initial, renewal, or new member application, the Commission shall issue and serve written findings and an order on the Applicant no later than 30 days after the Commission denial. The findings and order may be electronically signed by the Commission.

H. If an Applicant's current Experience Modification Rate specific to Arizona exceeds 1.10, the Commission may approve authorization to self-insure that is contingent upon the Applicant receiving, within six months of the Commission's approval, occupational safety and health services from either the Arizona Division of Occupational Safety and Health or a qualified occupational safety and health professional. Upon written request and for good cause shown, the Division may extend the six-month deadline for receiving safety and health consultation services.

I. A Self-Insurer shall maintain all security, insurance policies, and contracts required under this Article during an approved period of self-insurance and while a renewal application is pending before the Commission.

Historical Note
New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1510. Processing of Workers' Compensation Claims; Authorization to Self-Administer

A. A Self-Insurer shall utilize a Third-Party Administrator to process workers' compensation claims unless the Division authorizes the Self-Insurer to Self-Administer.

B. A Self-Insurer seeking to Self-Administer shall file with the Division a completed Application to Self-Administer Form and all documentation and information required under subsection (C).

C. The Division, in consultation with the Claims Division of the Commission, shall authorize a Self-Insurer to Self-Administer if the Self-Insurer provides documentation and information establishing the following:
1. The Self-Insurer has facilities and equipment sufficient to manage, process, and store its own information pertaining to the Self-Insurer's workers' compensation claims;
2. The Self-Insurer's workers' compensation claims are processed by persons with experience, training, and knowledge regarding the processing of Arizona workers' compensation claims and the requirements of the Act and applicable administrative rules; and
3. The persons processing the Self-Insurer's claims have completed the Claims Division's workers' compensation training program within the prior two years.

D. The Division shall administratively review an application to Self-Administer within 20 days of receipt to determine if the application is complete. If the application is incomplete, the Division shall notify the Applicant in writing of the missing documentation or information necessary to comply with this section.

E. The Division shall deem an application to Self-Administer withdrawn if the Applicant fails to file a completed application within 10 days of being notified by the Division that the application is incomplete according to subsection (D).

F. Unless the substantive review time frame is extended under A.R.S. § 41-1075, the Division shall determine whether an application to Self-Administer meets the substantive criteria of

subsection (C) within 30 days after the application to Self-Administer is deemed complete.

G. The overall timeframe for processing an application to Self-Administer is 50 days, unless extended under A.R.S. § 41-1072 et seq.

H. Upon approval of an application to Self-Administer, the Division shall serve a certificate of authorization on the Applicant no later than 30 days after approval.

I. The Division shall revoke a certificate of authorization to Self-Administer if the Self-Insurer no longer satisfies the requirements in subsection (C).

J. If the Division denies a request to Self-Administer or revokes a certificate of authorization, the Division shall issue and serve written findings and an order on the Applicant no later than 30 days after the denial or revocation.

K. Authorization to Self-Administer shall continue until any of the following occurs: (1) self-insurance authority ceases; (2) the Self-Insurer contracts with a Third-Party Administrator to process workers' compensation claims; or (3) authority to Self-Administer is revoked by the Division.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1511. Location of Claims Files

A Self-Insurer shall provide written notice to the Division regarding the location of the Self-Insurer's open and closed claims files within 90 days of the Authorization Date. If a Self-Insurer or Third-Party Administrator intends to change the location of its claims files, the Self-Insurer shall provide written notice to the Division of the change in location at least 30 days before the files are moved.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1512. Reports, Books, Records, and Data Review by the Commission; Audit

A. All reports, books, records, minutes, and data of a Self-Insurer relating to matters governed by the Act and this Article are subject to review by the Commission or its authorized representative upon request. A Self-Insurer shall ensure that reports, books, records, minutes, and data relating to matters governed by the Act and this Article are accurate and maintained in a legible and understandable manner.

B. The Commission may, upon notice of three days, perform or have performed for its benefit an audit of the reports, books, records, minutes, and data of a Self-Insurer relating to matters governed by the Act and this Article. The Commission shall be responsible for the cost of an audit.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1513. Financial Statements and Actuarial Reports

A. A Self-Insurer shall ensure that audited financial statements are prepared annually at the end of the Self-Insurer's fiscal year by a certified public accountant experienced in auditing financial statements.

B. Actuarial reports and studies required in this Article must be completed by an actuary that is a member of the American Academy of Actuaries (MAAA) or a fellow of the Casualty Actuarial Society (FCAS). At a minimum, actuarial reports must address claim reserves, supplemental reserves, and actuarial liabilities using an expected confidence level and a discount rate consistent with Actuarial Standard of Practice No. 20 (or a successor standard).

C. Upon request, a Self-Insurer shall file its most-recent annual audited financial statements or actuarial report with the Division.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1514. Claim Processing and Reserving

A. Self-Insurers and Third-Party Administrators shall ensure that claims are processed and benefits are paid in compliance with the Act and applicable administrative rules.

B. Self-Insurers and Third-Party Administrators shall adopt and adhere to industry-standard reserving practices and maintain claim reserves at the full undiscounted value of each claim, including related claim expenses.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1515. Notice of Adverse Condition, Bankruptcy, Change in Ownership Status, or Change in Business Address

A. A Self-Insurer shall notify the Division in writing within 10 days of any adverse condition or material change that impacts or could impact the Self-Insurer's ability to process and pay benefits required under the Act. When a Self-Insurer provides notice to the Commission under this subsection, the Self-Insurer shall provide a written proposal to correct the actual or potential adverse condition or material change.

B. A Public Entity Pool shall notify the Division within 30 days of receipt of any notification from the Director of the Department of Insurance and Financial Institutions according to A.R.S. §§ 11-952.01(N) and 41-621.01(L).

C. A Self-Insurer shall notify the Division in writing within 10 days of any bankruptcy filing under federal law or insolvency proceeding under any state's laws.

D. A Self-Insurer shall notify the Division in writing within 30 days of any change in the ownership status or business address of the Self-Insurer.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1516. Revocation of Self-Insurance Authorization

A. The Commission may revoke authorization to self-insure for good cause. Good cause for revocation includes, but is not limited to, any of the following:

1. Impairment of the solvency of the Self-Insurer;
2. An inability or failure to process and pay benefits required under the Act, including the failure to pay or comply with any award of the Commission;
3. The failure of the Self-Insurer to respond within 10 days to a demand by the Commission to substitute security when the posted security is unsatisfactory or insufficient in amount or character;
4. The failure of the Self-Insurer to pay tax assessments levied by the Commission within 30 days of the due dates prescribed by A.R.S. §§ 23-961 and 23-1065;

5. The failure of the Self-Insurer to promptly provide the Commission with notices or information required under this Article;
6. The failure of the Self-Insurer to comply with the Act or administrative rules contained in Title 20, Chapter 5, Articles 1, 13, 14 and this Article;
7. The willful misstating of material fact in any documentation or information provided to the Commission;
8. The failure of a Public Entity Pool to comply with the recommendations of the Director of the Department of Insurance and Financial Institutions within 60 days of the date of notice issued under A.R.S. §§ 11-952.01(N) and 41-621.01(L); or
9. Except for a Self-Insurer approved to Self-Administer, the failure to contract with or adequately fund a Third-Party Administrator for claim processing and payment.

B. Upon receiving information indicating that any of the grounds for revocation described in subsection (A) may apply, the Division shall conduct an investigation. If, upon completion of the investigation, the Division determines that sufficient evidence exists to warrant revocation of authorization to self-insure, the Division shall promptly present its findings and recommendations to the Commission.

C. The decision of the Commission to revoke authorization to self-insure shall be made by a majority vote of a quorum of Commissioners present at a public meeting. The Commission shall issue and serve written findings and an order revoking self-insurance authority no later than 10 days after the Commission vote. The findings and order may be electronically signed by the Commission.

Historical Note
New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1517. Retaining Authorization to Self-Insure Through Insolvency or Bankruptcy

A. If a Self-Insurer becomes insolvent or files for protection under the United States Bankruptcy Code seeking to reorganize, and desires to remain self-insured, it shall file with the Division a written statement regarding its intent to reorganize under the applicable provisions of the United States Bankruptcy Code. The statement shall discuss in detail the Self-Insurer's financial ability to continue self-insurance.

B. A Self-Insurer shall file the statement described in subsection (A) with the Division within 10 days of the insolvency or bankruptcy filing. The letter shall be signed by an authorized representative of the Self-Insurer.

C. A Self-Insurer seeking to retain authorization to self-insure through bankruptcy shall ensure that a provision addressing the Self-Insurer's obligations to workers' compensation claimants and the Commission is included in the plan of reorganization filed with the United States Bankruptcy Court.

D. During the period between the initial bankruptcy filing and a final bankruptcy court determination, the Self-Insurer may continue its self-insurance status only after demonstrating to the Commission ongoing ability to process and pay benefits required under the Act. The Commission may require the Self-Insurer to post additional security in an amount the Commission deems appropriate to fully protect the Special Fund in the event of an assignment under A.R.S. § 23-966, which amount may exceed the amount specified in R20-5-1520(A).

E. A Self-Insurer shall file with the Division a copy of any proposed plan of reorganization or liquidation, including amendments, within 10 days of filing.

Historical Note
New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1518. Voluntary Termination of Self-Insurance Authorization

A. A Self-Insurer voluntarily terminating self-insurance shall file a completed Notice of Termination of Self-Insurance Form at least 30 days before the effective date of the termination.

B. If a Self-Insurer voluntarily terminates self-insurance, the individual employer or each member of a Self-Insurance Pool shall provide the Commission proof of compliance with A.R.S. § 23-961(A) not later than 10 days after the termination is effective.

Historical Note
New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1519. Withdrawal from a Self-Insurance Pool; Termination of Membership by a Self-Insurance Pool

A. A member of a Self-Insurance Pool may voluntarily withdraw from a Self-Insurance Pool or a Self-Insurance Pool may terminate an employer's membership in a Self-Insurance Pool under the bylaws of the Self-Insurance Pool and applicable law.

B. A Self-Insurance Pool shall provide the Commission written notice of a member's intent to withdraw from a Self-Insurance Pool or a Self-Insurance Pool's intent to terminate an employer's membership in a Self-Insurance Pool at least 30 days before the withdrawal or termination is effective.

C. If a member of a Self-Insurance Pool withdraws from a Self-Insurance Pool or a Self-Insurance Pool terminates an employer's membership in a Self-Insurance Pool, the terminated or withdrawing member shall provide the Commission proof of compliance with A.R.S. § 23-961(A) not later than 10 days after the termination or withdrawal is effective.

Historical Note
New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1520. Security Amount and Type; Apportionment Credit; Excess Insurance Credit; Release

A. Except as provided in R20-5-1525, and subject to the minimum requirements in A.R.S. § 23-961:
1. A newly approved Self-Insurer shall post security in an amount equal to the prior three-year average of annual total paid medical and indemnity benefits, unless the Commission requires a different amount according to R20-5-1509(C).
2. A Self-Insurer renewing authority to self-insure shall post security in an amount equal to 125% of its total estimated future indemnity and medical liability as calculated on the Workers' Compensation Liability Form, unless the Commission requires a different amount according to R20-5-1509(C).
3. A Self-Insurance Pool adding a new member shall post security in an amount equal to the prior three-year average of annual total paid medical and indemnity benefits of the new member, unless the Commission requires a different amount according to R20-5-1509(C).

B. Except as provided in R20-5-1525, a Self-Insurer shall post a type of security authorized in R20-5-1521 through R20-5-1524. A Self-Insurer or former Self-Insurer may substitute one

type of authorized security with a different type of authorized security.

C. The Commission shall approve a credit for apportionment against the amount of security required under this Article, which credit may not result in an amount of security that is less the minimum security required by A.R.S. § 23-961, if the Self-Insurer provides proof that apportionment has been approved for one or more claims.

D. The Commission shall approve a credit for excess insurance against the amount of security required under this Article, which credit may not result in an amount of security that is less the minimum security required by A.R.S. § 23-961, if:

1. The excess insurance requirements in R20-5-1526(A) are satisfied;
2. The Self-Insurer provides proof that excess insurance coverage exists for incurred claims;
3. The Self-Insurer has timely notified the excess insurance carrier of the incurred claims or the excess insurance carrier has accepted the incurred claims;
4. The excess insurance carrier has not denied coverage for the incurred claims; and
5. The excess insurance carrier is solvent.

E. The Self-Insurer shall calculate apportionment or excess insurance credits using the Workers' Compensation Liability Form.

F. Subject to A.R.S. § 23-961(A)(2), a former Self-Insurer may request a reduction in the amount of security that must remain posted with the Commission by filing a written request with the Division. The written request must attach the information specified in R20-5-1506(B)(1) through (4). The Division may request additional information and documentation reasonably related to the Division's review and evaluation under subsection (G).

G. Upon the filing of a request to reduce the amount of security by a former Self-Insurer, the Division shall review the documentation and information and:

1. Evaluate and determine whether the former Self-Insurer has the financial ability to process and pay benefits required under the Act for claims that were incurred during the period of self-insurance; and
2. Evaluate and determine an appropriate amount of security to fully protect the Special Fund in the event of an assignment under A.R.S. § 23-966.

H. The Division shall present its evaluation, findings, and recommendations according to subsection (G) to the Commission. The Commission may approve a reduction in the amount of security, deny a reduction, or remand an application to the Division for further review or to request additional documentation or information. A decision of the Commission shall be made by a majority vote of a quorum of Commission members present at a public meeting.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1521. Guaranty Bond; Effective Date

A Self-Insurer may post a guaranty bond or rider of a guaranty bond as security if:

1. The insurance carrier providing the guaranty bond submits the bond to the Commission on the Workers' Compensation Guaranty Bond Form, which is signed by an authorized representative of the Self-Insurer and the insurance carrier;
2. Any rider of a guaranty bond is signed and dated by an authorized representative of the insurance carrier and the Self-Insurer;
3. The penal sum of the guaranty bond or rider is no less than the amount the Self-Insurer is required to post as security under this Article;
4. The insurance carrier issuing the guaranty bond or rider is authorized to transact the business of surety insurance in Arizona by the Department of Insurance and Financial Institutions;
5. The insurance carrier issuing the guaranty bond or rider does not have an affiliate relationship with the Self-Insurer;
6. The insurance carrier issuing the guaranty bond or rider has a rating with A.M. Best of at least A-; and
7. The guaranty bond or rider bears the same effective date as the Authorization Date.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1522. Letter of Credit

A. A Self-Insurer may post a letter of credit as security if:

1. The letter of credit is registered to: "The Industrial Commission of Arizona, in trust for the fulfillment by [INSERT SELF-INSURER'S NAME] of its obligations under the Arizona Workers' Compensation laws";
2. The bank issuing the letter of credit is a federal or Arizona-chartered bank upon which demand may be made and from which funds will be immediately payable on demand;
3. The letter of credit includes the name and address of the Self-Insurer;
4. An authorized representative of the issuing bank executes the letter of credit;
5. The original letter of credit and original amendments to a letter of credit are provided to the Commission;
6. The initial letter of credit is valid for a period of one year from the effective date;
7. The issuing bank does not have an affiliate relationship with the Self-Insurer;
8. The letter of credit includes a provision that the letter of credit automatically extends for consecutive periods of one year, unless the issuing bank provides written notice to the Commission 60 days before the expiration of any one-year term that the issuing bank will not renew the letter of credit for the additional period;
9. The letter of credit states the amount available under the letter of credit, which shall be no less than the amount the Self-Insurer is required to post as security under this Article; and
10. The letter of credit includes a statement that the Commission may make a demand on the letter of credit by providing the issuing bank a signed statement by an official of the Commission stating either that the Self-Insurer has failed to comply with its workers' compensation obligations or failed to renew or substitute acceptable security for its workers' compensation liability 30 days before the expiration of the letter of credit.

B. The written notice required in subsection (A)(8) shall be sent to the Division via email or by mail with delivery confirmation.

Historical Note
New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1523. Local Government Investment Pool Funds
A Public Entity or Public Entity Pool may post Local Government Investment Pool funds as security if:
1. The Public Entity or Public Entity Pool completes a Statutory Deposit Agreement Form, which is signed by an authorized representative of the Self-Insurer, the Arizona State Treasurer, and the Commission; and
2. The funds deposited with the Arizona State Treasurer are no less than the amount the Self-Insurer is required to post as security under this Article.

Historical Note
New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1524. Federal Money Market Fund or Treasury Note
A Self-Insurer may post a federal money market fund or a treasury note as security if:
1. The Self-Insurer completes a Custody Agreement Form, which is signed by an authorized representative of the Self-Insurer, the custodial bank, the Arizona State Treasurer, and the Commission; and
2. The amount of the Federal money market fund or treasury note posted shall be no less than the amount the Self-Insurer is required to post as security under this Article.

Historical Note
New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1525. Waiver from Requirement to Post Security for a Public Entity or Public Entity Pool
A. Only a Public Entity or Public Entity Pool is eligible for a waiver from posting security.
B. A Public Entity or Public Entity Pool may receive a waiver from posting security if:
1. The Public Entity has conducted business or the Public Entity Pool has operated in Arizona for a minimum of five consecutive years;
2. The Public Entity Trust Fund (for a Public Entity) or the Workers' Compensation Pool Loss Account (for a Public Entity Pool) continually maintains a positive fund/account balance; and
3. The Public Entity Trust Fund (for a Public Entity) or the Workers' Compensation Pool Loss Account (for a Public Entity Pool) is continually funded to cover actuarial liabilities of the Self-Insurer's incurred claims in accordance with the February 1996 Governmental Accounting Standards Board Statement No. 30 (Risk Financing Omnibus, An Amendment of GASB Statement No. 10), available from the Governmental Accounting Standards Board. This incorporation by reference does not include any later amendments or editions of the incorporated matter. A copy of the incorporated matter is available from the Commission or may be obtained from the Governmental Accounting Standards Board at 401 Merritt 7, P.O. Box 5116, Norwalk, CT 06856-5116.

C. The decision of the Commission to approve, deny, or revoke a request for waiver of security shall be made by a majority vote of a quorum of Commissioners present at a public meeting.
D. If the Commission grants a waiver of security, the waiver shall be included in the Resolution of Authorization issued under R20-5-1509(F). The Division shall return any security previously posted or provided to the Commission within 30 days after the approval of a waiver of security.
E. A Public Entity or Public Entity Pool which has been granted a waiver of security must file current financial statements and a statement of unpaid liabilities with the Division every six months, beginning six months after a waiver is granted.
F. If the Commission denies a request for waiver of security or revokes a waiver of security, the Commission shall issue and serve written findings and an order on the Applicant no later than 30 days after the Commission denial or revocation. The findings and order may be electronically signed by the Commission.
G. The Commission shall revoke a waiver of security if the Commission determines a Public Entity or Public Entity Pool no longer satisfies the criteria in subsection (B) or does not comply with subsection (E) and the Public Entity or Public Entity Pool does not cure the deficiency within 30 days of being notified by the Division. Within 10 days of service of a written findings and order revoking a waiver of security, a Public Entity or Public Entity Pool must file with the Commission a completed Workers' Compensation Liability Form and post security as required by the Commission.

Historical Note
New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1526. Excess Insurance
A. A Self-Insurer may secure specific and aggregate excess insurance if all of the following are satisfied:
1. The insurance carrier issuing excess insurance is authorized to transact the business of excess insurance in Arizona by the Department of Insurance and Financial Institutions;
2. The retention for specific excess insurance is not less than $100,000 without advance written approval by the Commission;
3. Payments of workers' compensation benefits on a claim made by a Self-Insurer, member, or through security posted by a Self-Insurer are applied toward reaching the retention level in the excess insurance policy;
4. The excess insurance carrier does not have an affiliate relationship with the Self-Insurer; and
5. The excess insurance policy provides that insolvency of the Self-Insurer does not relieve the excess insurance carrier of liability under the policy.

B. A Self-Insurer or insurance company seeking to cancel or refuse renewal of an excess insurance policy shall provide 60 days written notice of the proposed cancellation or nonrenewal to the Commission. The written notice shall be sent by registered or certified mail. Failure to provide notice as required by this subsection shall preclude cancellation or nonrenewal of the policy.

Historical Note
New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1527. Self-Insurance Pool Board; Administrator
A. A Self-Insurance Pool shall be directed by a Self-Insurance Pool Board consistent with A.R.S. §§ 11-952.01, 15-382, 23-961.01, 41-621.01, and this Article, as applicable.

B. The Self-Insurance Pool Board of a Similar Industry Pool shall consist of five or more individuals elected for a stated term of office, at least 60% of which shall be representatives of members of the Similar Industry Pool.

C. The duties of a Self-Insurance Pool Board shall include:
1. Responsibility for all operations of the Self-Insurance Pool;
2. Ensuring compliance with the Act and this Article;
3. Hiring an Administrator to manage the daily operations of the Self-Insurance Pool;
4. Reviewing and acting on applications for membership in the Self-Insurance Pool;
5. Contracting with a Third-Party Administrator, unless the Division has authorized the Self-Insurance Pool to Self-Administer;
6. Ensuring the Self-Insurance Pool complies with statutory accounting principles (SAP) and provides accurate financial information to enable complete and accurate preparation of financial reports;
7. Maintaining all records and documents relating to the formation and ongoing operations of the Self-Insurance Pool;
8. Ensuring that accurate minutes of meetings of the Self-Insurance Pool Board are completed and signed by an authorized representative of the Self-Insurance Pool;
9. Maintaining all reports, books, records, and data relating to matters governed by this Article according to R20-5-1512; and
10. Ensuring that accounts and records of the Self-Insurance Pool are audited as required under R20-5-1513(A).

D. Except as prohibited by law, a Self-Insurance Pool Board may delegate duties to an Administrator. Delegation of duties to an Administrator shall be contained in a signed agreement or contract of hire between the Self-Insurance Pool Board and the Administrator.

E. An Administrator of a Self-Insurance Pool is subject to all of the following requirements:
1. Unless otherwise authorized by law, an Administrator for a Self-Insurance Pool shall not be a member of the Self-Insurance Pool Board.
2. Unless otherwise authorized by law, an Administrator for a Self-Insurance Pool shall not be a member of the Self-Insurance Pool or an employee of a member of the Self-Insurance Pool.
3. Before a Self-Insurance Pool Board can hire an Administrator, the Self-Insurance Pool shall disclose to the prospective Administrator all existing agreements between the pool and providers of services or insurance coverage and the prospective Administrator shall disclose to the Self-Insurance Pool Board any actual or perceived employment or financial interest that the Administrator or relative (as defined in A.R.S. § 38-502) of the Administrator has in the providers of services or insurance coverage.
4. Before a Self-Insurance Pool enters into an agreement with a provider of services or insurance coverage, the Administrator shall disclose to the Self-Insurance Pool Board any actual or perceived employment or financial interest that the Administrator or a relative (as defined in A.R.S. § 38-502) of the Administrator has in the prospective provider of services or insurance coverage.

F. Self-Insurance Pool Boards and Administrators shall not:
1. Extend credit to members for payment of a premium;
2. Utilize money collected as premiums for any purpose not authorized by this Article;
3. Borrow money from the Self-Insurance Pool;
4. Borrow money in the name and on behalf of the Self-Insurance Pool without providing prior written notice to the Division of the nature and purpose of the loan; and
5. Admit into the Self-Insurance Pool an employer whose admission would impair the ability of the Self-Insurance Pool to process and pay benefits required under the Act.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1528. Self-Insurance Pool Fidelity or Crime Insurance

A. Except as stated in subsection (C), a Self-Insurance Pool shall maintain during all periods of self-insurance a fidelity or crime insurance policy that protects the pool from unlawful actions of the following:
1. Individuals appointed to the Self-Insurance Pool Board (individual and collective liability);
2. The Administrator of the Self-Insurance Pool;
3. Employees of the Self-Insurance Pool; and
4. Employees of the Administrator, if applicable.

B. The limit of liability of the fidelity or crime insurance policy required in subsection (A) shall be no less than $1 million per occurrence and shall be sufficient to protect the Self-Insurance Pool from damages resulting from unlawful acts related to of any assets controlled or managed by the Self-Insurance Pool Board, the Administrator, employees of the Self-Insurance Pool, and employees of the Administrator, if applicable.

C. A Self-Insurance Pool that maintains at least $3 million in surplus funds at all times during an approved period of self-insurance is exempt from the requirements in this Section.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1529. Self-Insurance Pool Loss Control and Underwriting Programs

A. A Self-Insurance Pool shall maintain during all periods of self-insurance a loss control program that includes, at a minimum, written safety requirements and training programs for all employees of the members. A Self-Insurance Pool shall ensure that the loss control program is administered by persons with education, experience, or training in loss control.

B. A Self-Insurance Pool shall maintain during all periods of self-insurance an underwriting program that enables the pool to establish workers' compensation premiums and to fully discharge the Self-Insurance Pool's obligation to process and pay benefits required under the Act. A Self-Insurance Pool shall ensure that the underwriting program is administered by persons with education, experience, or training in underwriting.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1530. Self-Insurance Pool Workers' Compensation Pool Operations Account; Workers' Compensation Pool Loss Account

A. A Self-Insurance Pool shall maintain a Workers' Compensation Pool Operations Account, which is subject to all of the following:

1. All workers' compensation premiums charged to members of the Self-Insurance Pool shall be deposited into the Workers' Compensation Pool Operations Account, which account shall be maintained in a designated federally-insured depository.
2. A Self-Insurance Pool shall pay all operational expenses of the pool relating to workers' compensation, excluding administrative expenses associated with processing workers' compensation claims, from the Workers' Compensation Pool Operations Account.
3. Funds from the Workers' Compensation Pool Operations Account shall be transferred to the Workers' Compensation Pool Loss Account, as needed, to enable the Self-Insurance Pool to pay from the Workers' Compensation Pool Loss Account all liabilities imposed or arising under the Act and all administrative expenses associated with processing workers' compensation claims.
4. If the Workers' Compensation Pool Operations Account is co-mingled with another account, the activities of the Workers' Compensation Pool Operations Account are segregated in the financial records.

B. A Self-Insurance Pool shall maintain a Workers' Compensation Pool Loss Account, which is subject to all of the following.
1. A Self-Insurance Pool shall maintain its Workers' Compensation Pool Loss Account in a designated federally-insured depository.
2. A Self-Insurance Pool shall pay all workers' compensation claim expenses, including current and contingent workers' compensation claim liabilities of and administrative expenses associated with processing workers' compensation claims, from the Workers' Compensation Pool Loss Account.
3. A Self-Insurance Pool shall ensure that its Workers' Compensation Pool Loss Account is actuarially sound and able to process and pay benefits required under the Act.
4. If the Workers' Compensation Pool Loss Account is co-mingled with another account, the activities of the Workers' Compensation Pool Loss Account are segregated in the financial records.

Historical Note
New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1531. Gross Annual Premium of a Self-Insurance Pool; Calculation of Member Premiums; Discounts; Penalties; Refunds

A. The gross annual workers' compensation premium for a Self-Insurance Pool shall be sufficient to fund the workers' compensation administrative expenses and total incurred workers' compensation losses of the pool.

B. A Self-Insurance Pool shall calculate and collect member premiums using industry best practices and formulas generally accepted in the industry.

C. A Self-Insurance Pool shall not discount established Payroll Classification Rates unless the discount is based upon the expense and loss experience of the Self-Insurance Pool and is supported and justified by an actuarial feasibility study.

D. A Self-Insurance Pool may apply a penalty rate in excess of an annual premium to any member, provided the Self-Insurance Pool serves written justification and notice on the member 30 days before the effective date of the penalty rate.

E. A Self-Insurance Pool may declare a refund of surplus funds, including excess investment income, to its members if the amount of the refund is supported by an actuarial report.

F. A Self-Insurance Pool discounting established Payroll Classification Rates under subsection (C) or declaring a refund of surplus funds under subsection (E) shall notify the Division at least 60 days before the Self-Insurance Pool discounts the Payroll Classification Rates or refunds surplus funds.

Historical Note
New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1532. Similar Industry Pool; Joint and Several Liability of Members

A. The joint and several liability clause required by A.R.S. § 23-961.01(E) applies to any agreements used to form a Similar Industry Pool on a cooperative or contract basis, through a joint formation of a nonprofit corporation, or by the execution of a trust agreement.

B. A Similar Industry Pool shall ensure that the pool and all members read and agree, in writing, to the following terms:
1. The members of the pool are jointly and severally liable for the liabilities of the pool to the extent the pool is unable to, or does not, satisfy the liabilities;
2. Member liability under subsection (B)(1) extends to all liabilities incurred by the pool during the member's period of membership in the pool, including all future liabilities that accrued during the member's period of membership in the pool; and
3. In the event that claims are assigned to the Special Fund under A.R.S. § 23-966, the Commission shall have a right of reimbursement against the members jointly and severally for any and all amounts paid by the Special Fund, including costs, necessary expenses, and reasonable attorney's fees, to the extent that such liabilities are not covered by the pool's security or other assets.

Historical Note
New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1533. Completion of Reports in Support of Tax Rating Plans; Calculation and Payment of Self-Insurance Taxes

A. A Self-Insurer shall submit to the Division the information required in R20-5-1536, R20-5-1537, R20-5-1538, or R20-5-1539, as applicable, by January 31 of each year. A request for an extension may be filed with the Division in writing and shall state the reasons the Self-Insurer is unable to meet the deadline. A request for an extension shall be granted for good cause.

B. After receiving the information required in R20-5-1536, R20-5-1537, R20-5-1538, or R20-5-1539, as applicable, the Division shall determine the annual taxes owed by the Self-Insurer. The Division shall also determine whether the Self-Insurer has overpaid or underpaid its taxes for the previous calendar year. If the total of the quarterly payments is less than the actual taxes for the year, the Self-Insurer shall pay the difference on or before March 31 of the calendar year in which the taxes are due. If the total of the quarterly payments exceeds the amount of the actual taxes for the year, the Division shall refund the amount described in A.R.S. § 23-961 or § 23-1065, as applicable.

C. A Self-Insurer shall pay to the Commission the Self-Insurer's annual workers' compensation premium taxes on or before

March 31 based on the net taxable premium calculated for the preceding calendar year. A Self-Insurer shall pay a premium tax of at least $250.00 per calendar year.

D. The Division shall calculate a Self-Insurer's quarterly taxes owed under A.R.S. §§ 23-961 and 23-1065 in one of the following ways:
1. 25% of the tax calculated for the previous year; or
2. A calculation based on actual payroll and losses calculated for each quarter, using the same rating plan to calculate the quarterly payment as used to calculate the taxes required under A.R.S. §§ 23-961 and 23-1065. If the Division selects this method, the Self-Insurer shall submit quarterly payroll and loss information by Payroll Classification Code upon request.

E. Quarterly tax payments are due April 30, July 31, October 31, and January 31 for the periods ending March 31, June 30, September 30, and December 31, respectively.

F. If the Self-Insurer fails to pay the annual or quarterly taxes to the Commission when due, the Self-Insurer shall pay a penalty of $25.00 or 5% of the tax or payment due, whichever is more, plus interest at the rate of 1% per month from the date the tax or payment was due until paid.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1534. Premium Rates; Deviation Rates

A. Annually, by September 15, premium calculation rates and a schedule of Deviation Rates shall be calculated and approved by the Commission at a public rate hearing. The premium calculation rates and the schedule of Deviation Rates shall be effective the following calendar year.

B. The Deviation Rate applicable to a Self-Insurer relates directly to the Self-Insurer's safety record, which is measured by the Self-Insurer's Experience Modification Rating specific to Arizona for the prior year. The schedule of Deviation Rates will include the Experience Modification Rate ranges that apply to each Deviation Rate.

C. The Experience Modification Rate for purposes of determining the Deviation Rate shall be calculated as follows:
1. In the first year of self-insurance, the Experience Modification Rate is set at 1.00;
2. In the second and third years of self-insurance, the Division calculates the Experience Modification Rate based upon the payroll and loss data accumulated by the Self-Insurer during its entire term of self-insurance; and
3. In the fourth year of self-insurance and all following years, the Division calculates the Experience Modification Rate based upon the payroll and loss data of the prior three tax years.

D. If the Division cannot calculate an Experience Modification Rate in the second and all following years because the Self-Insurer does not have any injuries, the Self Insurer shall receive the highest Deviation Rate.

E. The lowest Deviation Rate included in the schedule of Deviation Rates shall not be less than 10%.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1535. Basis for Definitions, Classifications, Rating Procedures, and Plans

The Division may use the definitions, classifications, and rating procedures specified in rating plans filed by a Rating Organization or developed by the Division to calculate the net taxable premium under A.R.S. §§ 23-961 and 23-1065.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1536. Fixed Premium Plan; Eligibility; Formula; Necessary Information

A. Except as provided in R20-5-1539, a Self-Insurer shall use a Fixed Premium Plan for purposes of premium taxes required under A.R.S. §§ 23-961 and 23-1065 if the Self-Insurer's annual net taxable premium does not exceed $100,000.

B. Except as provided in R20-5-1539, a Self-Insurer may elect to use a Fixed Premium Plan for purposes of premium taxes required under A.R.S. §§ 23-961 and 23-1065 if the Self-Insurer's annual net taxable premium exceeds $100,000.

C. The Division shall calculate the net taxable premium under a Fixed Premium Plan as follows: [(payroll multiplied by the applicable Payroll Classification Rate) multiplied by (1 minus the Deviation Rate)] less premium discounts.

D. The Fixed Premium Plan applies only to operations and payroll in Arizona. The Self-Insurer shall combine all operations in Arizona to calculate the premium taxes required under A.R.S. §§ 23-961 and 23-1065.

E. A Self-Insurer shall provide the following in support of using a Fixed Premium Plan:
1. Completed Annual Payroll Report Form for the current tax year;
2. Completed Annual Medical Report Form for the current tax year;
3. Completed Annual Injury Report Forms for current and prior three tax years; and
4. Completed Quarterly Tax Payment Form.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1537. Ex-Medical Plan; Eligibility; Formula; Necessary Information

A. Except as provided in R20-5-1539, a Self-Insurer may elect to use an Ex-Medical for purposes of premium taxes required under A.R.S. §§ 23-961 and 23-1065 if the Self-Insurer's annual net taxable premium exceeds $100,000 and the Self-Insurer operates a medical facility with a program for providing medical, surgical, or hospital services to a majority of the employees of the Self-Insurer or the employees of the members of a Self-Insurance Pool that complies with the requirements of A.R.S. § 23-1070.

B. The Division shall calculate the net taxable premium under an Ex-Medical Plan on a Payroll Classification Code basis as follows: [(payroll multiplied by the Payroll Classification Rate) multiplied by (1 minus the Deviation Rate) multiplied by (1 minus the D-Ratio)] less premium discounts.

C. The Ex-Medical Plan applies only to operations and payroll in Arizona. The Self-Insurer shall combine all operations in Arizona to calculate the premium taxes required under A.R.S. §§ 23-961 and 23-1065.

D. A Self-Insurer shall provide the following in support of using an Ex-Medical Plan:
1. The completed forms required in R20-5-1536(E); and

2. Completed Annual Hospital Report Form for the current tax year.

Historical Note
New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1538. Guaranteed Cost Plan; Eligibility; Formula; Necessary Information

A. Except as provided in R20-5-1539, a Self-Insurer may elect to use a Guaranteed Cost Plan for purposes of premium taxes required under A.R.S. §§ 23-961 and 23-1065 if the Self-Insurer's annual net taxable premium exceeds $100,000.

B. The Division shall calculate the net taxable premium under a Guaranteed Cost Plan, using the most recent year's data, as follows: [(payroll multiplied by the Payroll Classification Rate) multiplied by (the Experience Modification Rate specific to Arizona) multiplied by (1 minus the Deviation Rate)] less premium discounts.

C. The Guaranteed Cost Plan applies only to operations and payroll in Arizona. The Self-Insurer shall combine all operations in Arizona to calculate the premium taxes required under A.R.S. §§ 23-961 and 23-1065.

D. The Experience Modification Rate specific to Arizona for purposes of determining the net taxable premium under a Guaranteed Cost Plan shall be calculated in the manner described in R20-5-1534(C). If the Division cannot calculate an Experience Modification Rate in the second and all following tax years because the Self-Insurer does not have any injuries, the Experience Modification Rate shall be set at 1.00.

E. A Self-Insurer shall provide the completed forms required by R20-5-1536(E) in support of using a Guaranteed Cost Plan.

Historical Note
New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1539. Retrospective Rating Plan; Eligibility; Formula; Necessary Information

A. The Division may require a Self-Insurer to use a Retrospective Rating Plan for purposes of premium taxes required under A.R.S. §§ 23-961 and 23-1065 if:
1. The Self-Insurer has an Experience Modification Rate specific to Arizona that exceeds 1.10 for two consecutive years; or
2. The Self-Insurer demonstrates financial instability as evidenced by declining financial ratios, an increase in leveraged debt or a net loss.

B. The Division shall calculate the net taxable premium under a Retrospective Rating Plan, using the most recent year's data, as follows: {[(payroll multiplied by the Payroll Classification Rate) multiplied by (the Experience Modification Rate specific to Arizona) multiplied by (1 minus the Deviation Rate) multiplied by the (Basic Premium Factor)] plus [(losses for the current year plus adjusted losses from the previous year) multiplied by (the Loss Conversion Factor)]} multiplied by the tax multiplier.

C. The Retrospective Rating Plan applies only to operations and payroll in Arizona. The Self-Insurer shall combine all operations in Arizona to calculate the premium taxes required under A.R.S. §§ 23-961 and 23-1065.

D. The Experience Modification Rate specific to Arizona for purposes of determining the net taxable premium under a Guaranteed Cost Plan shall be calculated in the manner described in R20-5-1534(C). If the Division cannot calculate an Experience Modification Rate in the second and all following tax years because the Self-Insurer does not have any injuries, the Experience Modification Rate shall be set at 1.00.

E. The Division shall use assigned risk rates to calculate the premium taxes required under A.R.S. §§ 23-961 and 23-1065 for all Self-Insurers on the Retrospective Rating Plan. The assigned risk rates shall be established annually by an actuary retained by the Commission that is a member the American Academy of Actuaries (MAAA) or a fellow of the Casualty Actuarial Society (FCAS).

F. A Self-Insurer shall provide the information required by R20-5-1536(E) in support of using a Retrospective Rating Plan.

Historical Note
New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1540. Hearing Procedure on Denied Initial Application, Denied Renewal Application, Denied New Member Application, Revocation of Authority, or Denied Application for Waiver of Security

A. A party may request a hearing under A.R.S. § 23-945 in the following circumstances:
1. Denial of an initial application, renewal application, or new member application under R20-5-1509.
2. Denial of an application to Self-Administer or revocation of authority to Self-Administer under R20-5-1510.
3. Revocation of self-insurance authorization under R20-5-1516.
4. Denial of a request for waiver of security or revocation of a waiver of security under R20-5-1525.

B. A request for hearing shall comply with A.R.S. § 23-945 and be signed by an authorized representative of the party. The party shall file the request for hearing with the Commission within 30 days from the date the Commission's written findings and order under R20-5-1509, R20-5-1510, R20-5-1516, or R20-5-1525 is served on the party. A written findings and order of the Commission under R20-5-1509, R20-5-1510, R20-5-1516, or R20-5-1525 is deemed final if a request for hearing is not received by the Chief Counsel of the Commission within the time specified in this subsection.

C. The party filing a request for hearing under subsection (A)(1), (A)(2), or (A)(4) has the burden of proof to establish that it has met the applicable requirements of the Act and this Article. If a party files a request for hearing under subsection (A)(3), the Commission has the burden of proof to establish that good cause existed for revocation of self-insurance authorization.

D. The Chair of the Commission or designee shall preside over hearings held under this section. Except as otherwise provided in this section, the Chair or designee shall apply the provisions of A.R.S. § 41-1062 to hearings held under this section and shall have the authority and power of a presiding officer as described in A.R.S § 41-1062.

E. The Chief Counsel of the Commission shall represent the Commission in hearings held under this section and, upon direction of the Chair of the Commission, shall issue on behalf of the Commission all notices and subpoenas required under this section.

F. Except as otherwise provided by law, a party to a hearing may appear on its own behalf or through an authorized legal representative. When an authorized legal representative appears or intends to appear before the Commission, the representative shall file a notice of appearance with the Commission.

G. For purposes of this section, a document is considered filed when the Commission receives the document. All documents

required to be filed with the Commission under R20-5-1541 and this section shall be served upon the Chief Counsel of the Commission and, if applicable, upon all parties to the proceeding.

H. The Commission shall serve written notice of hearing upon all parties at least 20 days before a scheduled hearing. The notice of hearing shall comply with the requirements in A.R.S. § 41-1061.

I. In addition to the provisions contained in A.R.S. §§ 41-1061 and 41-1062, the following provisions apply to all hearings conducted under this section:

1. A party may make an opening and closing statement with the permission of the Chair of the Commission or designee if the Chair or designee determines that the statement will be helpful to a determination of the issues.
2. All witnesses at a hearing shall testify under oath or affirmation.
3. The Chair or designee may admit documents into evidence if filed no later than 15 days before the date of the hearing. Upon request or upon direction from the Chair or designee, the Commission may issue a subpoena to the author of any document submitted into evidence to appear and testify at the hearing.
4. Upon written request by a party or upon direction from the Chair or designee, the Commission may issue a subpoena requiring the attendance and testimony of a witness. A party shall submit its subpoena request no later than 10 days before the date of the hearing.
5. Upon written request by a party or upon direction from the Chair or designee, the Commission may issue a subpoena duces tecum requiring the production of documents or other tangible evidence. The written request by a party shall contain a statement explaining the general relevance, materiality, and reasonable particularity of the documentary or other tangible evidence and the facts to be proved by them.

J. The Commission shall make a record of all hearings under this section. Any party desiring a copy of record may request a copy from the Commission.

K. Upon the completion of a hearing, the Commission shall issue a decision upon hearing either affirming, modifying, or reversing the original decision. The decision of the Commission shall be made by a majority vote of the quorum of Commission members present at a public meeting. The decision upon hearing shall comply with the provisions of A.R.S. § 41-1063.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

R20-5-1541. Request for Review of Decision Upon Hearing

A. A party may request review of a Commission decision upon hearing issued under R20-5-1540 by filing with the Commission a written request for review no later than 15 days after the decision upon hearing is served upon the parties. A decision upon hearing under R20-5-1540 is deemed final if a request for hearing is not received by the Commission within the time specified in this subsection.

B. A request for review of a Commission decision upon hearing must be based upon one or more of the following grounds materially affecting the rights of the requesting party:

1. Irregularities in the hearing proceedings or any order or abuse of discretion that deprives a party seeking review of a fair hearing;
2. Misconduct of the prevailing party;
3. Accident or surprise, which could not have been prevented;
4. Newly discovered material evidence that could not have been discovered with reasonable diligence and produced at the hearing;
5. Error in the admission or rejection of evidence, or errors of law occurring at, or during the hearing;
6. Bias or prejudice of the Division or Commission; or
7. The decision upon hearing is not justified by the evidence or is contrary to law.

C. The request for review shall state the specific facts and law in support of the request and shall specify the relief sought.

D. Upon the completion of a review, the Commission shall issue a decision upon review either affirming, modifying, or reversing the decision upon hearing no later than 30 days after receiving a request for review. The decision of the Commission shall be made by a majority vote of the quorum of Commission members present at a public meeting. The decision upon hearing shall comply with the provisions of A.R.S. § 41-1063.

E. The Commission's decision upon review is final unless a party seeks judicial review as provided in A.R.S. § 23-946.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

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Appendix A. Arizona Physicians' and Pharmaceutical Fee Schedule 2026/2027

Adopted by The Industrial Commission of Arizona Medical Resource Office
Phone (602) 542-4308 / Fax (602) 542-4797
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Effective May 1, 2026

INTRODUCTION

Since 1925, when the Arizona Legislature passed the state's first Workers' Compensation Act ("Act"), the Industrial Commission of Arizona ("Commission") has administered the workers' compensation laws of that Act. The Act includes the authority of the Commission to set a schedule of fees to be charged by healthcare providers attending injured employees (also referred to in this document as "injured worker" or "claimant" A.R.S. § 23-908(B). In 2004, the Act was amended to include the setting of fees for prescription medicines required to treat an injured employee. A.R.S. § 23-908(C). In 2025, the Act was amended to include the setting of fees for durable medical equipment (DME) and dental care required to treat an injured employee. A.R.S. § 23-908(B).This fee schedule is referred to as the Arizona Physicians' and Pharmaceutical Fee Schedule (Fee Schedule).

Any reference to "healthcare providers" in the Fee Schedule is intended to include all licensed professionals whose scope of practice allows them to legally provide services to injured workers. Any reference to "physician" in relation to workers' compensation cases includes the following: doctors of medicine, doctors of osteopathy, doctors of podiatric medicine, doctors of chiropractic, doctors of naturopathic medicine, doctors of dental surgery, doctors of medical dentistry, certified registered nurse anesthesiologists, physician assistants and nurse practitioners. Healthcare providers treating employees under industrial coverage are entitled by law to charge according to the schedule of fees adopted by the Commission. Accurate calculation of fees based upon this schedule, the filing of reports and bills for payment, and the use of forms prescribed are essential to timely and correct payment for a provider's services and can be vital in the award of benefits to the injured worker and their dependents.

This Fee Schedule has been updated to incorporate by reference the following:

1. The 2026 Edition of the American Medical Association's *Current Procedural Terminology* (CPT®) publication, including the general guidelines, identifiers, modifiers, and terminology associated with the incorporated codes

2. The 2026 Healthcare Common Procedure Coding System (HCPCS) codes that include procedures, supplies, products, and services published by the Centers for Medicare & Medicaid Services (CMS).

3. The unit values and guidance for consultative, diagnostic, and therapeutic services published in the most recent edition of *Relative Value Guide,* American Society of Anesthesiologists (ASA); https://www.asahq.org.

4. The *2026 Clinical Diagnostic Laboratory Fee Schedule,* CMS Clinical Laboratory Fee Schedule; https://www.cms.gov/medicare/payment/fee-schedules/clinical-laboratory-fee-schedule-clfs/files.

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5. The National Correct Coding Initiative Edits, CMS; https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-policy-manual

6. Physicians as Assistants at Surgery: 2023 Update: https://www.facs.org/media/gp3ny4ps/2023-update-physicians-as-assistants-at-surgery.pdf

7. Surgical global periods published by CMS, 2026 Update

8. *The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR)* was published by the American Psychiatric Association in March 2022; https://www.psychiatry.org/Psychiatrists/Practice/DSM

9. ICD-10 Version: 2019: International Statistical Classification of Diseases and Related Health Problems 10th Revision published by the World Health Organization (WHO); https://icd.who.int/browse10/2019/en

10. FAIR Health data, copyright 2026, FAIR Health, Inc.

11. Current Dental Terminology, © 2026 American Dental Association. All rights reserved.

Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx. To the extent that a conflict may exist between an incorporated portion of the CPT® publication HCPCS codes, or the CDT© publication and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier, or modifier shall control.

Except as otherwise noted, unit values assigned to the service codes listed in this document are the product of the Industrial Commission of Arizona and are not associated in any way with the American Medical Association, the American Society of Anesthesiologists, the Centers for Medicare and Medicaid Services, the American Dental Association, or any other entity or organization.

A. GENERAL GUIDANCE

1. Reimbursements and billing associated with Pharmaceuticals are found in the Pharmaceutical Fee Schedule Section and HCPCS Guidelines of this document.

2. A CPT code shall be billed when a CPT code exists that accurately describes the service provided. If no CPT code exists that accurately describes the service, a HCPCS code shall be billed. A miscellaneous or unlisted code shall not be used when a specific CPT or HCPCS code exists that describes the service. Reimbursement values for unlisted codes are By Report and the bill must be accompanied by documentation to support the amount billed. Exceptions apply to the following services for which HCPCS codes should be used in place of CPT codes:

    - Drug testing: CPT codes 80320-80377 may not be used to bill for drug testing. HCPCS codes G0480 - G0483 shall be used for definitive drug testing.

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3. A CDT© code shall be billed when a CDT© code exists that accurately describes the service provided. If no CDT© code exists that accurately describes the service, reimbursement shall be By Report. The bill from the Dentist must be accompanied by supporting documentation and the amount billed.

4. Except when governed by a separate contract or network that governs fees pursuant to A.R.S. § 23-908(K)(1), this Fee Schedule establishes the maximum reimbursement values for services performed by healthcare providers to injured workers under Arizona's workers' compensation law.

5. If a healthcare provider or insurance carrier is referring an injured worker to a medical specialist for evaluation and/or treatment, the medical specialist's diagnosis becomes the foundational diagnosis for billing purposes.

6. Routine progress and routine final reports filed by the attending healthcare provider do not ordinarily command a fee. Payment will be made for only one professional visit in any one (1) day except when the submitted report clearly demonstrates the need for the additional visit and fee.

7. Fees for hospital, office, or home visits, subsequent to the initial visit, are not to be added to coded surgical procedures performed on the same day.

8. Routine office treatment principally by injection of drugs, other than antibiotics, requires authorization by the carrier or self-insured employer for each series of ten (10) after the first series of ten (10).

9. Except in emergencies, a carrier must be given notice regarding a consultation and the consultant must provide his/her report to the carrier and the attending healthcare provider within a reasonable period of time to facilitate processing of the claim.

10. The Commission requests that carriers notify attending healthcare providers at the same time the claimant is notified that their claim is closed with or without supportive care. If a claim is approved for reopening, the carrier should also notify the attending healthcare provider of that approval.

11. Missed individual appointments for consultations, without prior notification, will be compensated at 50% of the consultation fee.

12. The Commission will investigate an injured worker's complaint of bad faith/unfair claims processing practices, and if appropriate, impose penalties under A.R.S. § 23-930, in those circumstances where a "peer to peer" review was not conducted by a healthcare provider with appropriate skill, training, and knowledge or where the individual performing the "peer to peer" review was not licensed. The Commission will also investigate an injured workers' complaint of bad faith/unfair claims processing practice, and if appropriate, impose penalties under A.R.S. § 23-930, for a denial of treatment based on the failure of the treating doctor to participate in a "peer to peer" review, when the treating doctor has not been given reasonable time or opportunity to participate in the "peer to peer" review.

13. As authorized under A.A.C. R20-5-128, the maximum fee for the reproduction of medical records for workers' compensation purposes shall be 25¢ per page and $10.00 per hour per person for reasonable clerical costs associated with locating and reproducing the documents.

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14. Reimbursement values for telehealth services are governed by the Fee Schedule and no reductions are justified unless specified by the Fee Schedule. The performance of telehealth services is governed by Arizona Revised Statutes, Title 36, Chapter 36. Bills for telehealth services shall include modifier -95 and place of service (POS) code according to the incorporated AMA/CMS guidelines. Reimbursement for telehealth services shall be based on the non-facility (NF) rate regardless of the POS code.

15. Healthcare providers shall use the appropriate International Statistical Classification of Diseases and Related Health Problems (ICD-10 code(s)) published by the World Health Organization (WHO) to classify and code all diseases, signs, and symptoms, abnormal findings, social circumstances, and external causes of injury and/or disease. Mental health providers shall reference the most recent published version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) published by the American Psychiatric Association to define and classify mental disorders when establishing the appropriate ICD-10 code(s).

B. PAYMENT AND REVIEW OF BILLINGS

1. Under Arizona workers' compensation law, an insurance carrier, self-insured employer, or their representative is not responsible for payment of a billing for medical, surgical, and hospital benefits that the insurance carrier, employer, or representative received more than twenty-four (24) months from the date that the medical service was rendered, or from the date on which the provider knew or should have known that the service was rendered, whichever occurs later. A subsequent billing or corrective billing does not restart the limitations period. *See* A.R.S.§ 23-1062.01.

2. It is incumbent upon the insurance carrier, self-insured employer, and third party processing service to inform all parties, including the Commission, regarding changes in addresses for bill processing locations.

3. Under Arizona workers' compensation law, a healthcare provider is entitled to timely payment for services rendered. An insurance carrier, self-insured employer, or claims processing representative shall make a determination whether to deny or pay a medical bill on an accepted claim, in whole or in part, including the decision as to the amount to pay, within thirty (30) days from the date the claim is accepted, if the billing is received before the date of acceptance, or within thirty (30) days from the date of the receipt of the billing if the billing is received after the date of acceptance. All billing denials shall be based on reasonable justification. The insurance carrier, self-insured employer, or claims processing representative shall pay the approved portion of the billing within thirty (30) days after the determination for payment is made. If the billing is not paid within the applicable time period, the insurance carrier, self-insured employer, or claims processing representative shall pay interest to the health provider on the billing at a rate that is equal to the legal rate. Interest shall be calculated beginning on the date that the payment to the healthcare provider is due. *See* A.R.S. § 23-1062.01.

   To ensure timely and accurate payment of a medical billing, a billing must contain the information required under A.R.S. § 23- 1062.01. A billing must contain at least the following information: Correct demographic patient information including claim number, if known; Correct provider information, including name, address, telephone number, and federal taxpayer identification number; Appropriate medical coding with dollar amounts and units clearly stated with all descriptions and dates of services clearly printed; and legible medical reports required for each date of service if the billing is for direct treatment of the injured worker.

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4. Payment of a workers' compensation medical billing is governed by A.R.S. § 23-1062.01, which includes:

   a. Timeframes for processing and payment of medical bills;

   b. Criteria for billing denials;

   c. A provision that the injured worker is not responsible for payment of any portion of a medical bill on an accepted claim or payment of any portion of a medical billing that is being disputed;

   d. A provision that the insurance carrier or self-insured employer may establish an internal system for resolving payment disputes;

   e. A provision that A.R.S. § 23-1062.01 does not apply to written contracts entered into between healthcare providers and insurance carriers and self-insured employers or their representatives that specify payment periods or contractual remedies for untimely payments; and

   f. A provision that the Industrial Commission does not have jurisdiction over contract disputes between the parties.

5. Healthcare providers shall bill the code that most accurately describes the service performed. If an insurance carrier, self-insured employer, or claims processing representative determines that the documentation submitted does not support the procedure code billed, the payment to the healthcare provider may be appropriately adjusted based on Fee Schedule reimbursement values. *See* A.R.S. § 23-1062.01. The payer shall provide documentation justifying the adjustment and clearly outline the process a healthcare provider may follow to appeal the determination. Payers shall not downcode medical billings under the Arizona Physicians' & Pharmaceutical Fee Schedule. Downcoding is defined as a payer changing a code in a payment remittance to a code at a lower service level than was billed by the healthcare provider. As applicable, the health care provider may resubmit the bill with documentation that addresses the reason for the adjustment.

6. "Reasonable justification" to deny a bill does not include the payment/billing policies of other private or public entities (publications) unless the publication has been incorporated by reference in the Fee Schedule.

7. Excluding bundling and unbundling issues, it is not the Commission's intent to restrict an insurance carrier's, self-insured employer's, or third party processing service's ability to address issues not addressed by the Fee Schedule. This includes evaluating unlisted procedures, establishing values for unlisted procedures, establishing values for codes that are listed as "BR" or "RNE", or new CPT® codes that have not been incorporated by the Industrial Commission, or managing issues outside the jurisdiction of the Fee Schedule, such as hospital billings.

8. Healthcare providers shall provide legible medical documentation and reports that are sufficient for insurance carriers/self-insured employers to determine if treatment is being directed towards injuries sustained in an industrial accident or incident. The healthcare provider shall ensure that their patients' medical files include the information required by A.R.S. § 32-1401(2). The healthcare provider is not required to provide copies of documents or reports

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that they did not author and that are not in their possession *(i.e.,* Employers' First Report of Injury).

9. Treating physicians shall submit a narrative that justifies the billing of a level four (4) or five (5) E/M service.

10. The Commission has incorporated by reference the Centers for Medicare and Medicaid Services, Evaluation and Management Services Guide, and the most current American Medical Association, Evaluation and Management Code and Guideline Changes. Medical billings shall be prepared and reviewed consistent with how these guidelines are used and interpreted by CMS. Additionally, payers are required to disclose any additional guideline(s) utilized in their Explanation of Reviews (or other similar document).

11. A payer's Explanation of Review (or other similar document) shall contain sufficient information to allow the healthcare provider to determine whether the amount of payment is correct and whom to contact regarding any questions related to the payment. Information in the Explanation of Review (or other similar document) shall include the following:

    a. The name of the injured worker;

    b. The name of the payer and the name of the third party administrator ("TPA"), if applicable;

    c. If applicable, the name, telephone number, and address of all entities that reviewed the medical billing on behalf of the payer;

    d. If applicable, the name, telephone number, and address of the party that has a written contract signed by the healthcare provider that allows the contracting party or other third party to access and pay rates that are different from those provided under this Fee Schedule;

    e. The amount billed by the healthcare provider;

    f. The amount of any reduction due to a written contract with the healthcare provider; and

    g. The amount of payment.

12. Nothing in this Fee Schedule precludes a healthcare provider from entering into a separate contract that governs fees. In this instance, reimbursement shall be made according to the applicable contracted charge. In the absence of a separate contract that governs a healthcare provider's fees, reimbursement shall be made according to this Fee Schedule. If a dispute regarding the existence of a contract occurs, the payer shall demonstrate that it is entitled to pay the contracted rate by providing a valid copy of the governing contract to the healthcare provider within 30 days of receipt of the provider's appeal. If a payer fails to provide evidence that it is entitled to pay a contracted rate within 30 days of receipt of the provider's appeal, then the payer shall be required to make payment as provided in this Fee Schedule.

13. Billing and reimbursement guidelines for Pharmaceuticals are found in the Pharmaceutical Fee Schedule Section

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of this document.

14. The Fee Schedule does not apply to ambulance service providers. Service fees for ground ambulance transportation are set and mandated by the Arizona Department of Health Services through its Arizona Ground Ambulance Service Rate Schedule. A.R.S. § 36-2239(D) states "an ambulance service shall not charge, demand or collect any remuneration for any service greater or less than or different from the rate or charge determined and fixed by the department as the rate or charge for that service." Service fees published in the Arizona Ground Ambulance Service Rate Schedule are applicable in the workers' compensation setting.

C. REIMBURSEMENT OF MID-LEVEL MEDICAL PROVIDERS

1. Certified Registered Nurse Anesthetists ("CRNAs") are reimbursed at 85% of the fee schedule.

   a. Physician Assistants and Nurse Practitioners are reimbursed at 85% of the fee schedule, ***except*** if services are provided "incident to" a physician's professional services. In that instance, reimbursement is required to be at 100% of the fee schedule. The following criteria are identified as establishing the "incident to" exception:

   b. The Physician Assistant and Nurse Practitioner must work under the direct supervision of an appropriately licensed physician,

   c. The Physician must initially see that patient and establish a plan of care for that patient ("treatment plan"),

   d. Subsequent service provided by the Physician Assistant and Nurse Practitioner must be a part of the documented treatment plan, and

   e. The Physician must always be involved in the patient's treatment plan and see the patient often enough to demonstrate that the Physician is actively participating in and managing the patient's care.

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2. For purposes of the Fee Schedule, the Commission recognizes that direct supervision of a Physician Assistant or Nurse Practitioner by a Physician can be accomplished through the use of modern technology and telecommunications (telemedicine) and may not require the on-site presence of the Physician when the Physician Assistant or Nurse Practitioner sees the patient. In all instances, however, and regardless of the extent to which telemedicine is used, the Physician must actively participate in and manage the patient's care if services provided by a Physician Assistant or Nurse Practitioner are billed at 100% of the fee schedule under the "incident to" exception.

3. It is the responsibility of the Physician to document if the services provided by a Physician Assistant and Nurse Practitioner are "incident to" the Physician's professional service. If either the incident to criteria is not met, or the documentation submitted fails to support the "incident to" criteria, the reimbursement should be made at 85% of the fee schedule.

D. DIRECTED CARE AND USE OF NETWORKS

The Arizona Workers' Compensation Act only permits private self-insured employers to direct medical care. A.R.S. § 23-1070(F); See also *Southwest Gas Corp. v. Industrial Commission of Arizona*, 200 Ariz. 292, 25 P.3d 1164 (2001). This limitation on the scope of directed care means that employees of private self-insured employers do not have an unrestricted right to choose their own healthcare providers, while employees of all other employers do (including public self-insured employers).[1] Notwithstanding an employee's right to choose, many workers' compensation insurance carriers ("carriers") and public self-insured employers ("employers") have taken advantage of "networks" to reduce their costs. This is done by either creating their own network of "preferred providers" or by contracting with a third party to access private healthcare networks.

[1] It should be noted that the law governing directed care is not limited to "medical doctors," but instead applies to medical, surgical, and hospital benefits. *See* A.R.S. § 23-1070. The phrase, "medical, surgical, and hospital benefits" is defined in A.R.S. § 23- 1062(A), which states: "Promptly, on notice to the employer, every injured employee shall receive medical, surgical and hospital benefits or other treatment, nursing, medicine, surgical supplies, crutches and other apparatus, including artificial members, reasonably required at the time of the injury, and during the period of disability. Such benefits shall be termed "medical, surgical and hospital benefits".

Actions or conduct that impair or limit the right of an employee to choose their healthcare provider may rise to the level of bad faith and/or unfair claims processing practices under A.R.S. § 23-930. The Commission will investigate a complaint of bad faith/unfair claims processing practices, and if appropriate, impose penalties under A.R.S. § 23-930, in those circumstances where a carrier, employer, or TPA has engaged in conduct that results in directing a claimant to a "network" provider. The following are examples of conduct that the Commission would consider appropriate for investigation under A.R.S. § 23-930.

- A claimant is told that they must see a healthcare provider that is "in the network;"
- A claimant is told that care from a "non-network" healthcare provider is not authorized;
- A "network" healthcare provider is told that referrals are required to be made to another "network" healthcare provider;

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- A "network" healthcare provider is told that they may not recommend a "non-network" healthcare provider to a patient;

- A "non-network" healthcare provider is told that care will only be authorized if provided by a "network" provider; and

- A "non-network" healthcare provider is told that reimbursement will be made according to "network" discounts.

E. TREATMENT OF INDUSTRIAL INJURIES AND DISEASES

1. An employee who sustains an injury arising out of, or in the course of, employment is entitled, under Arizona law, to select a healthcare provider of his/her own choice unless that employee is employed by a private self-insured employer as described in A.R.S. § 23-1070. Employers described in A.R.S. § 23-1070, excluding the State or Political Subdivisions thereof, are allowed to direct medical care.

2. The attending healthcare provider's promptness and professional exactness in the completion and filing of workers' compensation forms are extremely important to the employee being treated. The injured or disabled employee's claim to medical benefits and compensation can rest on the conscientious attention of the healthcare provider in processing the required reports. Rules addressing the completion of these forms are found in Title 20, Chapter 5, Article 1 of the Arizona Administrative Code, which can be obtained at: https://apps.azsos.gov/public_services/CodeTOC.htm#ID20

3. The Commission, the employer, and the insurance carrier may, at any time, designate a healthcare provider or healthcare providers to examine an employee. Additionally, upon application of the employer, employee, or insurance carrier, the Commission may order a change of healthcare provider or a change of conditions of treatment when there are reasonable grounds or a belief that the employee's health or progress can thus be improved.

4. A claimant may not change doctors without the written authorization of the insurance carrier, the Commission, or the attending physician. A claimant may not transfer from one hospital to another without the written authorization of the insurance carrier or the Commission. If the patient's employment requires leaving the locale in which he/she is receiving treatment, the attending physician should arrange for continued treatment and notify the carrier of such arrangement. It is the responsibility of the physician or the hospital to which a patient has transferred to ascertain whether such a change has been authorized.

5. Treatment of conditions unrelated to the injuries sustained in the industrial accident may be denied as unauthorized if the treatment seems directed principally toward the non-industrial condition or if the treatment does not seem necessary for the patient's physical rehabilitation from the industrial injury.

6. If the patient refuses to submit to a medical examination or to cooperate with the healthcare provider's treatments, the carrier or self-insured employer should be notified.

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7. If an employee is capable of some form of gainful employment, it is proper for the healthcare provider to release the employee to light work and make a specific report to the carrier or self-insured employer as to the date of such release. It can be to the employee's economic advantage to be released to light work since he/she can receive compensation based on 66 2/3% of the difference between one's earnings and one's established wage. On the other hand, it would not be to the employee's economic advantage to be released to light work if, in fact, the employee is not capable of performing such work. The healthcare provider's judgment in such matters is extremely important.

8. If the employee no longer requires active medical care for the industrial injury and is discharged from treatment, the healthcare provider is required to provide a signed report with the date of discharge to the carrier or self-insured employer, even if, as a private patient, the employee may require further medical care for conditions unrelated to the industrial accident. This final report and discharge date are necessary for closing the claim file.

9. When a healthcare provider discharges a claimant from treatment, the healthcare provider shall determine whether the employee has suffered any impairment of function, or disfigurement about the head or face, including injury to or loss of teeth, and include this information in the final signed report provided to the carrier or self-insured employer. The Rules of Procedure Before the Industrial Commission of Arizona require that any rating of the percentage of functional impairment should be made in accordance with the standards of evaluation published in the most recent edition of the American Medical Association Guides to the Evaluation of Permanent Impairment. Additional guidance on appropriate billing and reimbursement for impairment evaluations is found in the Evaluation and Management Section of this document.

10. Once an exposure to a blood-borne pathogen occurs, the workers' compensation insurance carrier/self-insured employer is responsible for payment of the accepted treatment protocol which includes the HBIG vaccination (Hepatitis B Immune Globulin), and, if necessary, the three (3) Hepatitis B vaccinations.

    When a work-related incident occurs that may have exposed an employee to Hepatitis, the insurance carrier/self-insured employer is responsible for paying for the testing and/or treatment of Hepatitis B or C. As to the treatment of HIV, if a bona fide claim exists under A.R.S. § 23-1043.02, then the insurance carrier/self-insured employer is responsible for paying for the treatment.

11. It is the employer's responsibility, in accordance with existing OSHA standards, to pay for HIV testing. The insurance carrier may seek reimbursement from the employer for the costs associated with providing the series of three (3) Hepatitis B vaccinations if the employer failed to provide them in violation of federal and state laws.

F. REOPENING OF CLAIMS

1. Whether or not the employee has suffered a permanent disability, on a claim that has been previously accepted, the claim may be reopened on the basis of a new, additional, or previously undiscovered disability or condition, but:

    a. The claimant should use the form of petition prescribed by the Commission;

    b. The petition must be personally signed by the worker or his authorized representative and must be filed at any office of the Industrial Commission of Arizona;

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c. The petition, in order to be considered, must be accompanied by the healthcare provider's medical report.

2. If the claim is reopened, the payment for such reasonable and necessary medical, hospital and laboratory work expenses shall be paid by the insurance carrier if such expenses are incurred within fifteen (15) days of the filing of the petition to reopen.

3. No monetary compensation is payable for any period prior to the date of filing of the petition to reopen. Surgical benefits are not payable for any period prior to the date of filing of a petition to reopen, except that surgical benefits are payable for a period prior to the date of filing not to exceed seven (7) days if a bona fide medical emergency precludes the employee from filing a petition to reopen prior to the surgery. Other information relative to reopening rights may be found at A.R.S. § 23-1061(H).

4. If a claim is approved for reopening, the carrier must notify the attending healthcare provider of that approval.

G. NO-INSURANCE CLAIMS

"No-Insurance" claims are workers' compensation claims involving injuries to employees of employers who do not have workers' compensation insurance coverage as required by Arizona law. In such cases, all claims and reports are to be addressed to the No-Insurance Section of the Special Fund of the Industrial Commission of Arizona.

H. CONSULTATIONS

Workers' compensation cases can present additional medical and legal problems that justify consultation sooner and more frequently than the average private patient. In complex cases and cases requiring an estimate of general or unscheduled disability, consultation with specialists in the appropriate field may be requested by any interested party. The Industrial Commission continues to recognize the necessity for consultations in workers' compensation and establishes relative value units and rates for consultation codes.

I. WITNESS FEES

1. Insurance providers, self-insured employers, and the Special Fund of the Commission are responsible for paying $150.00 for the first hour of testimony (or any portion thereof) and $50.00 for each twenty (20) minute increment following the initial hour (or any portion thereof) to a healthcare provider who testifies at hearing at their request.

2. The Commission is responsible for paying $150.00 for the first hour of testimony (or any portion thereof) and $50.00 for each twenty (20) minute increment following the initial hour (or any portion thereof) to a healthcare provider who testifies at hearing on request of a workers' compensation claimant.

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J. DEFINITIONS OF SELECT UNIT VALUES

1. BY REPORT "BR" ITEMS: "BR" in the value column indicates that the value of this service is to be determined "by report" because the service is too unusual or variable to be assigned a unit relativity. Pertinent information concerning the nature, intent, and need for the procedure or service, the time, the skill and equipment necessary, etc., is to be furnished. A detailed clinical record is not necessary.

2. RELATIVITY NOT ESTABLISHED "RNE" ITEMS: "RNE" in the value column indicates new or infrequently performed services for which sufficient data has not been collected to allow the establishment of relativity. "RNE" items are clearly definable and not inherently variable as are BR procedures. A report may be necessary.

3. MATERIALS AND SUPPLIES: A healthcare provider is not entitled to be reimbursed for supplies and materials normally necessary to perform a billable service. Examples of those items that are not reimbursable are listed below. Billing and reimbursement guidelines for materials and supplies that are reimbursable are found in the HCPCS Section of the Fee Schedule.

   Drugs that are administered to patients in a clinical setting shall be billed using the appropriate HCPCS code and reimbursed according to the Pharmaceutical Fee Schedule Guidelines. The provisions in this subsection do not apply to hospitals, ambulatory surgery centers, and ambulance service providers.

   Examples of supplies that are usually not separately reimbursable include:
   Applied hot or cold packs
   Eye patches, injections, or debridement trays
   Steri-strips
   Needles
   Syringes
   Eye/ear trays
   Drapes
   Sterile
   gloves
   Applied eye wash or eye
   drops, Creams (massage)
   Fluorescein
   Ultrasound pads and gel
   Tissues
   Urine collection kits
   Gauze
   Cotton balls/fluff
   Sterile water
   Band-Aids and dressings for simple wound occlusion
   Head sheets
   Aspiration trays
   Sterile trays for laceration repair and more complex surgeries, Tape for dressings

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4. MODIFIERS: A two-digit (numeric or alpha) sequence that provides the means by which the reporting healthcare provider can specify that a procedure performed has been altered under a special circumstance. This allows defining the modifying circumstance of the service or procedure without creating a separate procedure or listing.

   Modifier Examples

   Professional Component (PC): Certain procedures are a combination of a physician, or Professional component and a technical component. When modifier 26 is added to an appropriate code, a PC allowable amount will be paid.

   Technical Component (TC): The TC component reflects the technical portion of the procedure code. When the technical component is provided by a healthcare provider other than the one providing the professional component, the healthcare provider bills for the technical component by adding modifier TC to the applicable code.

K. LIST OF ACRONYMS

A.A.C.	Arizona Administration Code
AMA	American Medical Association
APA	American Psychological Association
A.R.S.	Arizona Revised Statutes
AS	Assistant Surgeon
ASA	American Society of Anesthesiologists
AWP	Average Wholesale Price
AZ	Arizona
BR	By Report
CBC	Complete Blood Count
CCI	Current Coding Initiative (National)
CDT©	Current Dental Terminology
CF	Conversion Factor
CMS	Centers for Medicare & Medicaid Services
CNS	Clinical Nurse Specialist
CPT	Current Procedural Terminology
CRNA	Certified Registered Nurse Anesthetist
DME	Durable Medical Equipment
DSM-5-TR	Diagnostic and Statistical Manual of Mental Disorders
ED	Emergency Department
EHR	Electronic Health Record
E/M	Evaluation and Management Services
FCE	Functional Capacity Evaluation
FDA	Food and Drug Administration
FUD	Follow-up day(s)
GPI	Generic Product Identifier
HBIG	Hepatitis B Immune Globulin
HCPCS	Healthcare Common Procedure Coding System

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HIV	Human Immunodeficiency Virus
ICD-10-CM	International Classification of Diseases, Tenth Revision,
Clinical ICU	Intensive Care Unit
IME	Independent Medical Examination
MDM	Medical Decision Making
MPFS	Medicare Physician Fee Schedule
MRI	Magnetic Resonance Imaging
NCCI	(See CCI)
NCM	Nurse Case Manager
NDC	National Drug Code
NF	Non-Facility
NP	Nurse Practitioner
ODG	Official Disability Guidelines
OSHA	Occupational Safety and Health Association
OT	Occupational Therapist
OTA	Occupational Therapy Assistant
OTC	Over-the-Counter
PA	Physician Assistant
PC	Professional Component
PFS	Pharmaceutical Fee Schedule
POS	Place of Service
PT	Physical Therapist
PTA	Physical Therapist Assistant
QHP	Qualified Healthcare Provider
RBRVS	Resource-Based Relative
Value RNE	Relativity Not Established
RVU	Relative Value Unit
TC	Technical Component
TPA	Third Party Administrator
WHO	World Health Organization

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Historical Note

New Appendix A, Introduction made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Introduction will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Introduction repealed; new Appendix A, Introduction made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Introduction repealed; new Appendix A, Introduction made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Introduction repealed; new Appendix A, Introduction made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Introduction repealed; new Appendix A, Introduction made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Introduction repealed; new Appendix A, Introduction made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Introduction repealed; new Appendix A, Introduction made by exempt rulemaking effective May 1, 2025 (Supp. 25-2). Appendix A, Introduction repealed; New Appendix A, Introduction made by exempt rulemaking effective May 1, 2025 (Supp. 26-2).

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PHARMACEUTICAL FEE SCHEDULE

A. GENERAL PROVISIONS AND APPLICABILITY OF THE PHARMACEUTICAL FEE SCHEDULE.

1. The Pharmaceutical Fee Schedule (PFS) applies to prescription and over-the-counter (OTC) medications required to treat an injured employee, whether administered by a healthcare provider or dispensed by a pharmacy (including online or mail order pharmacies) or by a healthcare provider

2. Medications are not reimbursable unless "reasonably required" at the time of injury or during the period of disability. *See* A.R.S. § 23-1062(A); A.A.C. R20-5-1303(A). The Industrial Commission of Arizona has adopted the Official Disability Guidelines (ODG), including ODG's Drug Formulary Appendix A (ODG Formulary), as the standard reference for evidence-based medicine used in treating injured employees within the context of Arizona's workers' compensation system. Effective October 1, 2018, ODG applies to all body parts and conditions. *See* A.A.C. R20-5-1301(B), (E). ODG is to be used as a tool to support clinical decision-making and quality health care delivery to injured employees. The ODG Formulary sets forth pharmaceutical guidelines that are generally considered reasonable and are presumed correct if the guidelines provide recommendations related to a particular medication. *See* A.A.C. R20-5-1301(H). Healthcare providers are encouraged to consult the ODG Formulary before dispensing, administering, or prescribing medications to injured employees.

3. Generic drugs must be dispensed or administered to injured employees when appropriate, consistent with A.R.S. § 32-1963.01(A), (B)[1], and (D) through (L)[2]. *See* A.R.S. § 23-908(C). For purposes of this subsection, the definitions in A.R.S. § 32- 1963.01(L) apply[3]. Whenever possible: (1) healthcare providers should prescribe less costly drugs; (2) pharmacies and healthcare providers (Section G) should dispense generic drugs with lower AWP values; and (3) healthcare providers (Section F) should administer generic drugs with lower AWP values.

4. If more than one drug manufacturing company produces a medication that is prescribed to reasonably treat an injured worker, whenever possible, pharmacies should seek to procure the medication with the lowest AWP.

[1] A.R.S. § 32-1963.01(A) states: "If a medical practitioner prescribes a brand name drug and does not indicate an intent to prevent substitution as prescribed in subsection E of this section, a pharmacist may fill the prescription with a generic equivalent drug."

[2] A.R.S. § 32-1963.01(E) states: "A prescription generated in this state must be dispensed as written only if the prescriber writes or clearly displays 'DAW', 'dispense as written', 'do not substitute' or 'medically necessary' or any statement by the prescriber that clearly indicates an intent to prevent substitution on the face of the prescription form. A prescription from out of state or from agencies of the United States government must be dispensed as written only if the prescriber writes or clearly displays 'do not substitute', 'dispense as written' or 'medically necessary' or any statement by the prescriber that clearly indicates an intent to prevent substitution on the face of the prescription form."

[3] A.R.S. § 32-1963.01(L) states, in part:

2. "Brand name drug" means a drug with a proprietary name assigned to it by the manufacturer or distributor.

4. "Generic equivalent" or "generically equivalent" means a drug that has an identical amount of the same active chemical ingredients in the same dosage form, that meets applicable standards of strength, quality and purity according to the United States pharmacopeia or other nationally recognized compendium and that, if administered in the same amounts, will provide comparable therapeutic effects. Generic equivalent or generically equivalent does not include a drug that is listed by the United States food and drug administration as having unresolved bioequivalence concerns according to the administration's most recent publication of approved drug products with therapeutic equivalence evaluations.

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B. DEFINITIONS.

1. "Administer" has the meaning set forth in A.R.S. 32-1901(1).

2. "Average Wholesale Price" or "AWP" means the wholesale price charged on a specific commodity that is assigned by the drug manufacturer and is listed in a nationally recognized drug pricing file.

3. "Commercially available" means a drug product is widely available for purchase in pharmacies accessible to the general public, including in brick and mortar pharmacies accessible to the general public.

4. "Compound medication" means a pharmaceutical product created by virtue of mixing or combining drugs and/or components to meet the unique needs of an individual patient when the finished product does not recreate a commercially available product.

5. "Dispense" or "dispensing" means to deliver to an ultimate user by or pursuant to the lawful order of a healthcare provider, including the prescribing, administering, packaging, labeling, or compounding necessary to prepare for that delivery. *See* A.R.S. § 32-1901(27).

6. "Drug" has the meaning set forth in A.R.S. § 32-1901(31).

7. "Hospital" means any institution for the care and treatment of the sick and injured that is approved and licensed as a hospital by the Arizona Department of Health Services. See A.R.S. § 32-1901(45).

8. "Healthcare provider" means any person who is permitted/licensed and authorized by law to use and prescribe prescription medications, acting within the scope of such authority, for the treatment of sick and injured human beings or for the diagnosis or prevention of sickness in human beings in the State of Arizona or any U.S. state, territory or district. *See* A.R.S. § 32-1901(56).

9. "Non-traditional strength" medication means a finished drug product in a strength (*i.e.,* dosage) that is not commercially available in pharmacies accessible to the general public.

10. "Over-the-counter medication" or "OTC medication" means a finished drug product, including label and container according to context, which does not require a prescription order.

11. "Pharmacy" has the meaning set forth in A.R.S. § 32-1901(74).

12. "Pharmacy accessible to the general public" means a pharmacy that is readily accessible and provides pharmaceutical services (including prescription medication services) to all segments of the general public without restricting services to a defined or exclusive group of consumers, including but not limited to consumers who have access to services because they are treated by or have an affiliation with a specific entity or medical practitioner. This definition includes mail order pharmacies delivering pharmaceutical services to workers' compensation claimants if both of the following apply:

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a. The pharmacy does not limit or restrict access to claimants with an affiliation to a medical provider or other entity.

b. Any healthcare provider or other entity referring a claimant to the pharmacy does not receive or accept any rebate, refund, commission, preference, or other consideration as compensation for the referral.

13. "Pharmacy not accessible to the general public" means a pharmacy that provides pharmaceutical services (including prescription medication services) only to a defined or exclusive group of consumers, including but not limited to consumers who have access to services because they are treated by or have an affiliation with a specific entity or medical practitioner. "Pharmacy not accessible to the general public" does not include a hospital pharmacy. This definition does not include mail order pharmacies delivering pharmaceutical services to workers' compensation claimants if both of the following apply:

a. The pharmacy does not limit or restrict access to claimants with an affiliation to a medical provider or other entity.

b. Any medical provider or other entity referring a claimant to the pharmacy does not receive or accept any rebate, refund, commission, preference, or other consideration as compensation for the referral.

14. "Prescription" means either a prescription order or a prescription medication. *See* A.R.S. § 32-1901(83).

15. "Prescription medication" means any drug, including label and container according to context, which is dispensed pursuant to a prescription order. *See* A.R.S. § 32-1901(84).

16. "Prescription order" shall have the meaning set forth in A.R.S. § 32-1901(87).

17. "Repackaged medication" means a finished drug product removed from the container in which it was distributed by the original manufacturer and placed into a different container without further manipulation of the drug. The term also includes the act of placing the contents of multiple containers of the same finished drug product into one container. The term also includes "co-pack drug" products which contain two or more separate finished medications that are contained in a single package or unit. The term does not include a drug that is manipulated in any other way, including if the drug is reconstituted, diluted, mixed, or combined with another ingredient.

18. "Therapeutically-similar" medication means a medication that is expected to produce a clinical effect comparable to the original product. Key considerations for determining the "most therapeutically-similar" medications are: (1) the similarity of the clinical effects; (2) the extent to which active ingredients overlap; (3) the similarity of the dosage profiles; and (4) the similarity of the mode of administration; and (5) the similarity of the intended strength.

19. "Traditional strength" medication means a finished drug product in a formulation that is commercially available in pharmacies accessible to the general public.

20. "Ultimate user" means a person who lawfully possesses a prescription medication for that person's own use or for the use of a member of that person's household. *See* A.R.S. § 32-1901(100).

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C. GENERAL GUIDELINES FOR BILLING AND REIMBURSEMENT OF PRESCRIPTION MEDICATIONS.

1. Except as permitted in Sections F and G of the current PFS, an insurance carrier, self-insured employer, or the Special Fund of the Commission is responsible for the payment of prescription medications only if all of the following apply:

   a. The prescription medication is dispensed by an individual who is currently licensed to practice the profession of pharmacy by either: (i) the Arizona State Board of Pharmacy; or (ii) an equivalent regulatory agency in another U.S. state, territory, or district; and

   b. The prescription medication is dispensed by a pharmacy accessible to the general public, including online or mail-order pharmacies that are accessible to the general public.

2. Subject to Sections C(7), D, E, and F(2), reimbursement for prescription medications shall be based on the actual medication dispensed or administered, including a substituted medication that is dispensed or administered pursuant to A.R.S. § 32-1963.01.

3. Except as specified in Sections D and E of the current PFS, a pharmaceutical bill submitted for a prescription medication must include the National Drug Code (NDC) of the original manufacturer registered with the U.S. Food & Drug Administration (FDA), the quantity dispensed, and the reimbursement value of the medication. Under no circumstance shall an NDC other than the original manufacturer's NDC be used

4. The reimbursement value for prescription medications shall be based on the current PFS reimbursement methodology in the absence of a contractual agreement between the pharmacy or healthcare provider and payer governing reimbursement. Network discounts may not be applied in the absence of a contractual agreement with the pharmacy or healthcare provider authorizing such discounts.

5. The reimbursement value for a prescription medication shall be determined on the date a drug is dispensed from pricing published in the most recent issue, as updated in the most recent update, of a nationally recognized pharmaceutical publication designated by the Commission. For purposes of determining AWP, the Commission has selected Medi-Span®.

6. The reimbursement value for a prescription medication shall be determined by reference to the original manufacturer's NDC and shall be calculated on a per unit basis as follows:

   a. Generic drugs:

      - (75% of AWP per unit) x (number of units dispensed).

   b. Brand name drugs:

      - (85% of AWP per unit) x (number of units dispensed).

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7. Reimbursement for non-traditional strength prescription medications shall be calculated on a per unit basis, as of the date of dispensing or administering, based on the original manufacturer's NDC and corresponding AWP of the most therapeutically-similar traditional strength form of the same medication. Under no circumstance shall the NDC of the non-traditional strength medication be used.

8. The reimbursement value for OTC medications shall be calculated on a per unit basis, as of the date of dispensing, based on the retail price (per unit) of the OTC medication in settings where the medication is commercially available.

9. Subject to Section C(10), the reimbursement value for OTC medications that are not commercially available in pharmacies accessible to the general public shall be calculated on a per unit basis, as of the date of dispensing, based on the retail price (per unit) of the most therapeutically-similar OTC medication commercially available in pharmacies accessible to the general public. Under no circumstance shall the NDC or AWP of the non-commercially available OTC medication be used.

10. The reimbursement value for OTC medications that are not commercially available may not exceed:

    a. Thirty dollars ($30.00) for a thirty-day supply (or a pro-rated amount if the supply is greater or less than thirty days) for a topical cream or lotion.

    b. Seventy-five dollars ($75.00) for a thirty-day supply (or a pro-rated amount if the supply is greater or less than thirty days) for topical patches.

D. BILLING AND REIMBURSEMENT FOR REPACKAGED MEDICATIONS.

1. A pharmaceutical bill submitted for a repackaged medication must identify the NDC of the repackaged medication, the NDC of the original manufacturer registered with the U.S. FDA, the quantity dispensed, and the reimbursement value of the repackaged medication. Under no circumstances shall the reimbursement value of a repackaged medication be based upon an NDC other than the original manufacturer's NDC. A repackaged NDC shall not be used for calculating the reimbursement value of a repackaged medication and shall not be considered the original manufacturer's NDC.

2. If a pharmaceutical bill for a repackaged medication is submitted without the original manufacturer's NDC, the payer has the discretion to determine the appropriate NDC (and corresponding AWP) to use or, alternatively, may deny coverage until the appropriate NDC is furnished.

3. The reimbursement value for a repackaged medication shall be based on the current PFS reimbursement methodology contained in Section C of the PFS, utilizing the NDC(s) and corresponding AWP(s) of the original manufacturer(s).

4. Any component of a co-pack drug product for which there is no NDC shall not be reimbursed.

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E. BILLING AND REIMBURSEMENT FOR COMPOUND MEDICATIONS.

1. A pharmaceutical bill submitted for a compound medication must identify each reimbursable component ingredient, the applicable NDC of each reimbursable component ingredient, the corresponding quantity of each component ingredient, and the calculated reimbursement value of each component ingredient. All component ingredients of a compound medication must be billed on a single bill.

2. The reimbursement value for a compound medication shall be calculated at the component ingredient level. The reimbursement value for a compound medication shall be based on the sum of the reimbursement values of each component ingredient and the corresponding component ingredient's NDC, based on the current PFS reimbursement methodology set forth in Section C.

3. Any component ingredient in a compound medication for which there is no NDC shall not be reimbursed.

4. Any component ingredient in a topical compound medication that is not FDA approved for topical use shall not be reimbursed.

5. If any component ingredient in a compound medication is a repackaged medication, the reimbursement value for the repackaged medication ingredient shall be determined based on the current PFS reimbursement methodology set forth in Section C, using the AWP corresponding to the NDC of the original manufacturer. *See* Section D.

6. The maximum reimbursement value for a topical compound medication shall be the lesser of:

   a. Two hundred and forty dollars ($240.00) for a 30-day supply (or a pro-rated amount if the supply is greater or less than 30 days), or

   b. The reimbursement value of the compound medication as calculated under this section.

F. BILLING AND REIMBURSEMENT FOR MEDICATIONS ADMINISTERED BY A HEALTHCARE PROVIDER.

1. A pharmaceutical bill submitted for a medication administered by a healthcare provider must comply with billing procedures outlined in Sections C, D, and E of the current PFS, as applicable.

2. The reimbursement value for a medication administered by a healthcare provider shall be based on the current PFS reimbursement methodology contained in Sections C, D, and E of the PFS, as applicable.

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G. REIMBURSEMENT FOR MEDICATIONS DISPENSED BY A HEALTHCARE PROVIDER OR IN A PHARMACY NOT ACCESSIBLE TO THE GENERAL PUBLIC.[4,5]

1. An insurance carrier, self-insured employer, or the Special Fund of the Commission is responsible for the payment of prescription and over-the-counter (OTC) medications that are dispensed by a healthcare provider or in a pharmacy not accessible to the general public if all of the following apply:

   a. The prescription and over-the-counter (OTC) medication is dispensed by a healthcare provider or a pharmacy not accessible to the general public to the injured employee within seven days of the date of the industrial injury;

   b. The prescription and over-the-counter (OTC) medication is limited to no more than a one-time, ten-day supply;

   c. The prescription and over-the-counter (OTC) medication conforms to dosages and formulations that are commercially available in pharmacies accessible to the general public.

2. An insurance carrier, self-insured employer, or the Special Fund of the Commission is responsible for the payment of prescription and over-the-counter (OTC) medications that are dispensed by a healthcare provider or in a pharmacy not accessible to the general public if all of the following apply:

   a. The injured employee does not have access to a pharmacy accessible to the general public within 20 miles of the injured employee's home address, work address, or the address of the prescribing healthcare provider;

   b. The injured employee cannot reasonably acquire the prescription and over-the-counter (OTC) medication from an online or mail order pharmacy accessible to the general public; and

   c. The prescription and over-the-counter (OTC) medication conforms to dosages and formulations which are commercially available in pharmacies accessible to the general public.

3. An insurance carrier, self-insured employer, or the Special Fund of the Commission is responsible for the payment of prescription and over-the-counter (OTC) medications that are dispensed by a healthcare provider or in a pharmacy not accessible to the general public if the dispensing of a prescription and over-the-counter (OTC) medication for an individual claim and specified duration has been pre-approved in writing by the insurance carrier, self-insured employer, or the Special Fund of the Commission. Nothing in this section requires an insurance carrier, self-insured employer, or the Special Fund of the Commission to pre-approve the dispensing of prescription and over-the-counter (OTC) medications under this subsection.

[4] Dispensing pursuant to Section G is subject to the Arizona Opioid Epidemic Act, which imposes statutory limits on the prescribing and dispensing of schedule II opioids. For more information about the Arizona Opioid Epidemic Act, please see the FAQs published by the Arizona State Board of Pharmacy, available at: https://pharmacypmp.az.gov/sites/default/files/2022-03/Opioid%20Epidemic%20Act%20FAQs%20022819.pdf

[5] Section G sets forth reimbursement guidelines for medications dispensed in settings that are not accessible to the general public in Arizona's workers' compensation system and does not interfere with a medical practitioner's ability to dispense medications pursuant to A.R.S. § 32-1491 or seek payment from sources unrelated to workers' compensation.

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4. An insurance carrier, self-insured employer, or the Special Fund of the Commission is responsible for the payment of prescription and over-the-counter (OTC) medications that are dispensed by a pharmacy not accessible to the general public if all of the following apply:

   a. The prescription and over-the-counter (OTC) medication was dispensed to an injured employee whose workers' compensation claim was initially denied by the carrier, self-insured employer, or the Special Fund of the Commission;

   b. The injured employee protested the claim denial by filing a timely request for hearing;

   c. The workers' compensation claim was either: (a) subsequently accepted by the carrier, self-insured employer, or the Special Fund of the Commission; or (b) the claim was found to be compensable by the Commission's Administrative Law Judge Division, the Arizona Court of Appeals, or the Arizona Supreme Court;

   d. The prescription and over-the-counter (OTC) medication was dispensed during the time period between: (a) the initial claim denial and (b) the subsequent acceptance of the claim or the compensability determination by the Commission's Administrative Law Judge Division, the Arizona Court of Appeals, or the Arizona Supreme Court; and

   e. The prescription and over-the-counter (OTC) medication conforms to dosages and formulations that are commercially available in pharmacies accessible to the general public.

5. The guidelines in Section C(1) and this section do not apply to prescription and over-the-counter (OTC) medications dispensed during in-patient hospital care or upon discharge from in-patient hospital care.

6. Subject to the limitations in this section, medications that have been provided as free samples to a healthcare provider may be dispensed to an injured employee when appropriate, but are not reimbursable.

D. DISPENSING FEE.

1. If a prescription medication is dispensed by a pharmacy accessible to the general public pursuant to a prescription order, a dispensing fee of up to seven dollars ($7.00) per prescription medication, repackaged medication, or compound medication may be charged. The dispensing fee does not apply to OTC medications that are not prescribed by a healthcare provider.

2. If a prescription medication is dispensed by a healthcare provider or in a pharmacy not accessible to the general public pursuant to Section G(1), (2), or (3), a dispensing fee of up to seven dollars ($7.00) per prescription medication, repackaged medication, or compound medication may be charged. If an OTC medication is dispensed by a healthcare provider or by a pharmacy not accessible to the general public, a dispensing fee is not permitted.

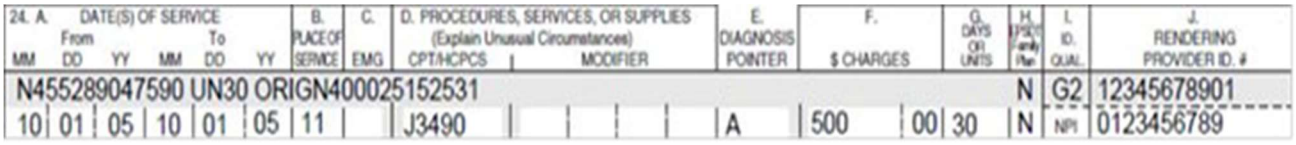
3. If a prescription or OTC medication is administered by a healthcare provider, a dispensing fee is not permitted.

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I. ADDITIONAL BILLING GUIDELINES.

1. Paper billing by a physician:

   The following is an example of how to report both the repackaged NDC and original NDC on the CMS 1500 form using the shaded area of line 24. The information is reported in the following order: qualifier (N4), NDC code, one space, unit/basis of measurement qualifier, quantity, one space, ORIG, qualifier (N4), NDC code."



24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
N455289047590 UN30 ORIGN400025152531													N	G2	12345678901
10	01	05	10	01	05	11		J3490		A	500	00 30	N	NPI	0123456789

   If a physician does not bill using the CMS 1500 form or is not able to include all the required information on the CMS 1500 form (due to software/system limitations), then the physician may provide the required information (in the required order) separately or as an attachment to the CMS 1500 form.

2. Paper billing by non-physician entities.

   A non-physician entity using paper billing to bill for medications shall use the most recent version of the Workers' Compensation/Property & Casualty Universal Claim Form (WC/PC UCF) adopted by the National Council for Prescription Drug Programs.

J. SEVERABILITY CLAUSE.

If any provision of the Pharmaceutical Fee Schedule or the application thereof to any person or circumstances is held invalid, such invalidity shall not affect other provisions or application of the Pharmaceutical Fee Schedule which can be given effect without the invalid provisions or application, and to this end the provisions of this Pharmaceutical Fee Schedule are severable.

Historical Note

New Appendix A, Pharmaceutical Fee Schedule made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Pharmaceutical Fee Schedule will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Pharmaceutical Fee Schedule repealed; new Appendix A, Pharmaceutical Fee Schedule made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20- 3). Appendix A, Pharmaceutical Fee Schedule repealed; new Appendix A, Pharmaceutical Fee Schedule made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Pharmaceutical Fee Schedule repealed; new Appendix A, Pharmaceutical Fee Schedule made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Pharmaceutical Fee Schedule repealed; new Appendix A, Pharmaceutical Fee Schedule made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Pharmaceutical Fee Schedule repealed; new Appendix A, Pharmaceutical Fee Schedule made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Pharmaceutical Fee Schedule repealed; new Appendix A, Pharmaceutical Fee Schedule made by exempt rulemaking effective May 1, 2025 (Supp. 25-2). Appendix A, Pharmaceutical Fee Schedule repealed; New Appendix A, Pharmaceutical Fee Schedule made by exempt rulemaking effective May 1, 2025 (Supp. 26-2).

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ANESTHESIA GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction Section of the Fee Schedule.

The following Commission guidelines are in addition to the CPT® guidelines and represent additional guidance from the Commission relative to unit values for anesthesia services. To the extent that a conflict may exist between an incorporated portion of the CPT®, the most recent edition of Relative Value Guide, or the American Society of Anesthesiologists, and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

A. CERTIFIED REGISTERED NURSE ANESTHETISTS: Are reimbursed at 85% of the fee schedule when billed with modifier QZ.

B. ANESTHESIA MODIFIERS: Anesthesia modifiers, which may include physical status and other optional modifiers, may be added to the basic values. Unit values for physical status modifiers are as follows:

		Unit Values
P1	A normal healthy patient	0
P2	A patient with mild systemic disease	0
P3	A patient with severe systemic disease	1
P4	A patient with severe systemic disease that is a constant threat to life	2
P5	A moribund patient who is not expected to survive without the operation	3
P6	A declared brain-dead patient whose organs are being removed for donor purposes	0

AA Anesthesia services personally performed by an anesthesiologist are reimbursed at 100% of the lesser of billed charges or the fee schedule calculation.

AD Medical supervision by a physician: more than four (4) concurrent anesthesia procedures reimbursed at 50% of the lesser of billed charges or fee schedule calculation.

QK Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals reimbursed at 50% of the lesser of billed charges or fee schedule calculation.

QX CRNA service: with medical direction by a physician reimbursed at 50% of fee schedule calculation.

QZ CRNA service without medical direction by a physician is reimbursed at 85% of the lesser of billed charges or fee schedule calculation.

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C. REPORTING OF TIME: Time reporting is described in the Anesthesia Guidelines of the CPT® publication. In Arizona, time units will be added to the basic value and modifying units as is customary in the local area using the following unit values:

1 unit value is equal to Fifteen (15) minutes or any Seven (7) minute portion thereof.

Show the elapsed time (minutes) in item 24G of the CMS 1500 form. Convert hours into minutes and enter the total minutes required for this procedure.

D. UNIT VALUES FOR OTHER QUALIFYING CIRCUMSTANCES: (more than one may be selected)

Qualifying circumstances are described in the Anesthesia Guidelines of the CPT® book. The unit values for these procedures, which are reported as an additional service and may be added to the basic unit values, are as follows:

Code	Unit Value
99100	1
99116	5
99135	5
99140	2

Note: Healthcare providers who provide additional services that are billed using CPT® codes 62320-62327 or 64400-64530 shall follow the Surgery Guidelines in this Fee Schedule.

Historical Note

New Appendix A. Anesthesia Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A Anesthesia Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Anesthesia Guidelines repealed; new Appendix A, Anesthesia Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Anesthesia Guidelines repealed; new Appendix A, Anesthesia Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Anesthesia Guidelines repealed; new Appendix A, Anesthesia Guidelines made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Anesthesia Guidelines repealed; new Appendix A, Anesthesia Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A. Anesthesia Guidelines repealed; new Appendix A, Anesthesia Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Anesthesia Guidelines repealed; new Appendix A, Anesthesia Guidelines made by exempt rulemaking effective May 1, 2025 (Supp. 25-2). Appendix A, Anesthesia Guidelines repealed; new Appendix A, Anesthesia Guidelines made by exempt rulemaking effective May 1, 2026 (Supp. 26-2).

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ARIZONA PHYSICIANS' FEE SCHEDULE
Anesthesia Codes 2026
Anesthesia Conversion Factor $61.00

Code	Category	Base Unit	RBRVS Rate
00100	Anesthesia	5	$ 305.00
00102	Anesthesia	6	$ 366.00
00103	Anesthesia	5	$ 305.00
00104	Anesthesia	4	$ 244.00
00120	Anesthesia	5	$ 305.00
00124	Anesthesia	4	$ 244.00
00126	Anesthesia	4	$ 244.00
00140	Anesthesia	5	$ 305.00
00142	Anesthesia	4	$ 244.00
00144	Anesthesia	6	$ 366.00
00145	Anesthesia	6	$ 366.00
00147	Anesthesia	4	$ 244.00
00148	Anesthesia	4	$ 244.00
00160	Anesthesia	5	$ 305.00
00162	Anesthesia	7	$ 427.00
00164	Anesthesia	4	$ 244.00
00170	Anesthesia	5	$ 305.00
00172	Anesthesia	6	$ 366.00
00174	Anesthesia	6	$ 366.00
00176	Anesthesia	7	$ 427.00
00190	Anesthesia	5	$ 305.00
00192	Anesthesia	7	$ 427.00
00210	Anesthesia	11	$ 671.00
00211	Anesthesia	10	$ 610.00
00212	Anesthesia	5	$ 305.00
00214	Anesthesia	9	$ 549.00
00215	Anesthesia	9	$ 549.00
00216	Anesthesia	15	$ 915.00
00218	Anesthesia	13	$ 793.00
00220	Anesthesia	10	$ 610.00
00222	Anesthesia	6	$ 366.00
00300	Anesthesia	5	$ 305.00
00320	Anesthesia	6	$ 366.00
00322	Anesthesia	3	$ 183.00

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Code	Category	Base Unit	RBRVS Rate
00326	Anesthesia	7	$ 427.00
00350	Anesthesia	10	$ 610.00
00352	Anesthesia	5	$ 305.00
00400	Anesthesia	3	$ 183.00
00402	Anesthesia	5	$ 305.00
00404	Anesthesia	5	$ 305.00
00406	Anesthesia	13	$ 793.00
00410	Anesthesia	4	$ 244.00
00450	Anesthesia	5	$ 305.00
00454	Anesthesia	3	$ 183.00
00470	Anesthesia	6	$ 366.00
00472	Anesthesia	10	$ 610.00
00474	Anesthesia	13	$ 793.00
00500	Anesthesia	15	$ 915.00
00520	Anesthesia	6	$ 366.00
00522	Anesthesia	4	$ 244.00
00524	Anesthesia	4	$ 244.00
00528	Anesthesia	8	$ 488.00
00529	Anesthesia	11	$ 671.00
00530	Anesthesia	4	$ 244.00
00532	Anesthesia	4	$ 244.00
00534	Anesthesia	7	$ 427.00
00537	Anesthesia	10	$ 610.00
00539	Anesthesia	18	$ 1,098.00
00540	Anesthesia	12	$ 732.00
00541	Anesthesia	15	$ 915.00
00542	Anesthesia	15	$ 915.00
00546	Anesthesia	15	$ 915.00
00548	Anesthesia	17	$ 1,037.00
00550	Anesthesia	10	$ 610.00
00560	Anesthesia	15	$ 915.00
00561	Anesthesia	25	$ 1,525.00
00562	Anesthesia	20	$ 1,220.00
00563	Anesthesia	25	$ 1,525.00
00566	Anesthesia	25	$ 1,525.00
00567	Anesthesia	18	$ 1,098.00
00580	Anesthesia	20	$ 1,220.00
00600	Anesthesia	10	$ 610.00
00604	Anesthesia	13	$ 793.00

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Code	Category	Base Unit	RBRVS Rate
00620	Anesthesia	10	$ 610.00
00625	Anesthesia	13	$ 793.00
00626	Anesthesia	15	$ 915.00
00630	Anesthesia	8	$ 488.00
00632	Anesthesia	7	$ 427.00
00635	Anesthesia	4	$ 244.00
00640	Anesthesia	3	$ 183.00
00670	Anesthesia	13	$ 793.00
00700	Anesthesia	4	$ 244.00
00702	Anesthesia	4	$ 244.00
00730	Anesthesia	5	$ 305.00
00731	Anesthesia	5	$ 305.00
00732	Anesthesia	6	$ 366.00
00750	Anesthesia	4	$ 244.00
00752	Anesthesia	6	$ 366.00
00754	Anesthesia	7	$ 427.00
00756	Anesthesia	7	$ 427.00
00770	Anesthesia	15	$ 915.00
00790	Anesthesia	7	$ 427.00
00792	Anesthesia	13	$ 793.00
00794	Anesthesia	8	$ 488.00
00796	Anesthesia	30	$ 1,830.00
00797	Anesthesia	11	$ 671.00
00800	Anesthesia	4	$ 244.00
00802	Anesthesia	5	$ 305.00
00811	Anesthesia	4	$ 244.00
00812	Anesthesia	3	$ 183.00
00813	Anesthesia	5	$ 305.00
00820	Anesthesia	5	$ 305.00
00830	Anesthesia	4	$ 244.00
00832	Anesthesia	6	$ 366.00
00834	Anesthesia	5	$ 305.00
00836	Anesthesia	6	$ 366.00
00840	Anesthesia	6	$ 366.00
00842	Anesthesia	4	$ 244.00
00844	Anesthesia	7	$ 427.00
00846	Anesthesia	8	$ 488.00
00848	Anesthesia	8	$ 488.00
00851	Anesthesia	6	$ 366.00

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Code	Category	Base Unit	RBRVS Rate
00860	Anesthesia	6	$ 366.00
00862	Anesthesia	7	$ 427.00
00864	Anesthesia	8	$ 488.00
00865	Anesthesia	7	$ 427.00
00866	Anesthesia	10	$ 610.00
00868	Anesthesia	10	$ 610.00
00870	Anesthesia	5	$ 305.00
00872	Anesthesia	7	$ 427.00
00873	Anesthesia	5	$ 305.00
00880	Anesthesia	15	$ 915.00
00882	Anesthesia	10	$ 610.00
00902	Anesthesia	5	$ 305.00
00904	Anesthesia	7	$ 427.00
00906	Anesthesia	4	$ 244.00
00908	Anesthesia	6	$ 366.00
00910	Anesthesia	3	$ 183.00
00912	Anesthesia	5	$ 305.00
00914	Anesthesia	5	$ 305.00
00916	Anesthesia	5	$ 305.00
00918	Anesthesia	5	$ 305.00
00920	Anesthesia	3	$ 183.00
00921	Anesthesia	3	$ 183.00
00922	Anesthesia	6	$ 366.00
00924	Anesthesia	4	$ 244.00
00926	Anesthesia	4	$ 244.00
00928	Anesthesia	6	$ 366.00
00930	Anesthesia	4	$ 244.00
00932	Anesthesia	4	$ 244.00
00934	Anesthesia	6	$ 366.00
00936	Anesthesia	8	$ 488.00
00938	Anesthesia	4	$ 244.00
00940	Anesthesia	3	$ 183.00
00942	Anesthesia	4	$ 244.00
00944	Anesthesia	6	$ 366.00
00948	Anesthesia	4	$ 244.00
00950	Anesthesia	5	$ 305.00
00952	Anesthesia	4	$ 244.00
01112	Anesthesia	5	$ 305.00
01120	Anesthesia	6	$ 366.00

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Code	Category	Base Unit	RBRVS Rate
01130	Anesthesia	3	$ 183.00
01140	Anesthesia	15	$ 915.00
01150	Anesthesia	10	$ 610.00
01160	Anesthesia	4	$ 244.00
01170	Anesthesia	8	$ 488.00
01173	Anesthesia	12	$ 732.00
01200	Anesthesia	4	$ 244.00
01202	Anesthesia	4	$ 244.00
01210	Anesthesia	6	$ 366.00
01212	Anesthesia	10	$ 610.00
01214	Anesthesia	8	$ 488.00
01215	Anesthesia	10	$ 610.00
01220	Anesthesia	4	$ 244.00
01230	Anesthesia	6	$ 366.00
01232	Anesthesia	5	$ 305.00
01234	Anesthesia	8	$ 488.00
01250	Anesthesia	4	$ 244.00
01260	Anesthesia	3	$ 183.00
01270	Anesthesia	8	$ 488.00
01272	Anesthesia	4	$ 244.00
01274	Anesthesia	6	$ 366.00
01320	Anesthesia	4	$ 244.00
01340	Anesthesia	4	$ 244.00
01360	Anesthesia	5	$ 305.00
01380	Anesthesia	3	$ 183.00
01382	Anesthesia	3	$ 183.00
01390	Anesthesia	3	$ 183.00
01392	Anesthesia	4	$ 244.00
01400	Anesthesia	4	$ 244.00
01402	Anesthesia	7	$ 427.00
01404	Anesthesia	5	$ 305.00
01420	Anesthesia	3	$ 183.00
01430	Anesthesia	3	$ 183.00
01432	Anesthesia	6	$ 366.00
01440	Anesthesia	8	$ 488.00
01442	Anesthesia	8	$ 488.00
01444	Anesthesia	8	$ 488.00
01462	Anesthesia	3	$ 183.00
01464	Anesthesia	3	$ 183.00

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Code	Category	Base Unit	RBRVS Rate
01470	Anesthesia	3	$ 183.00
01472	Anesthesia	5	$ 305.00
01474	Anesthesia	5	$ 305.00
01480	Anesthesia	3	$ 183.00
01482	Anesthesia	4	$ 244.00
01484	Anesthesia	4	$ 244.00
01486	Anesthesia	7	$ 427.00
01490	Anesthesia	3	$ 183.00
01500	Anesthesia	8	$ 488.00
01502	Anesthesia	6	$ 366.00
01520	Anesthesia	3	$ 183.00
01522	Anesthesia	5	$ 305.00
01610	Anesthesia	5	$ 305.00
01620	Anesthesia	4	$ 244.00
01622	Anesthesia	4	$ 244.00
01630	Anesthesia	5	$ 305.00
01634	Anesthesia	9	$ 549.00
01636	Anesthesia	15	$ 915.00
01638	Anesthesia	10	$ 610.00
01650	Anesthesia	6	$ 366.00
01652	Anesthesia	10	$ 610.00
01654	Anesthesia	8	$ 488.00
01656	Anesthesia	10	$ 610.00
01670	Anesthesia	4	$ 244.00
01680	Anesthesia	3	$ 183.00
01710	Anesthesia	3	$ 183.00
01712	Anesthesia	5	$ 305.00
01714	Anesthesia	5	$ 305.00
01716	Anesthesia	5	$ 305.00
01730	Anesthesia	3	$ 183.00
01732	Anesthesia	3	$ 183.00
01740	Anesthesia	4	$ 244.00
01742	Anesthesia	5	$ 305.00
01744	Anesthesia	5	$ 305.00
01756	Anesthesia	6	$ 366.00
01758	Anesthesia	5	$ 305.00
01760	Anesthesia	7	$ 427.00
01770	Anesthesia	6	$ 366.00
01772	Anesthesia	6	$ 366.00

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Code	Category	Base Unit	RBRVS Rate
01780	Anesthesia	3	$ 183.00
01782	Anesthesia	4	$ 244.00
01810	Anesthesia	3	$ 183.00
01820	Anesthesia	3	$ 183.00
01829	Anesthesia	3	$ 183.00
01830	Anesthesia	3	$ 183.00
01832	Anesthesia	6	$ 366.00
01840	Anesthesia	6	$ 366.00
01842	Anesthesia	6	$ 366.00
01844	Anesthesia	6	$ 366.00
01850	Anesthesia	3	$ 183.00
01852	Anesthesia	4	$ 244.00
01860	Anesthesia	3	$ 183.00
01916	Anesthesia	5	$ 305.00
01920	Anesthesia	7	$ 427.00
01922	Anesthesia	7	$ 427.00
01924	Anesthesia	5	$ 305.00
01925	Anesthesia	7	$ 427.00
01926	Anesthesia	8	$ 488.00
01930	Anesthesia	5	$ 305.00
01931	Anesthesia	7	$ 427.00
01932	Anesthesia	6	$ 366.00
01933	Anesthesia	7	$ 427.00
01937	Anesthesia	4	$ 244.00
01938	Anesthesia	4	$ 244.00
01939	Anesthesia	4	$ 244.00
01940	Anesthesia	4	$ 244.00
01941	Anesthesia	5	$ 305.00
01942	Anesthesia	5	$ 305.00
01951	Anesthesia	3	$ 183.00
01952	Anesthesia	5	$ 305.00
01953	Anesthesia	1	$ 61.00
01958	Anesthesia	5	$ 305.00
01960	Anesthesia	5	$ 305.00
01961	Anesthesia	7	$ 427.00
01962	Anesthesia	8	$ 488.00
01963	Anesthesia	8	$ 488.00
01965	Anesthesia	4	$ 244.00
01966	Anesthesia	4	$ 244.00

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Code	Category	Base Unit	RBRVS Rate
01967	Anesthesia	5	$ 305.00
01968	Anesthesia	2	$ 122.00
01969	Anesthesia	5	$ 305.00
01990	Anesthesia	7	$ 427.00
01991	Anesthesia	3	$ 183.00
01992	Anesthesia	5	$ 305.00
01996	Anesthesia	3	$ 183.00
99100	Anesthesia	1	$ 61.00
99116	Anesthesia	5	$ 305.00
99135	Anesthesia	5	$ 305.00
99140	Anesthesia	2	$ 122.00

Historical Note

Anesthesia Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Anesthesia Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Anesthesia Codes 2019-2020 repealed; new Anesthesia Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Anesthesia Codes 2020-2021 repealed; new Appendix A, Anesthesia Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Anesthesia Codes 2021-2022 repealed; new Anesthesia Codes 2022-2023 made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Anesthesia Codes 2022-2023 repealed; new Anesthesia Codes 2023-2024 made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A. Anesthesia Codes 2023-2024 repealed; new Appendix A, Anesthesia Codes 2025 made by exempt rulemaking effective May 1, 2025 (Supp. 25-2). Appendix A. Anesthesia Codes 2023-2024 repealed; new Appendix A, Anesthesia Codes 2025 made by exempt rulemaking effective May 1, 2025 (Supp. 25-2). Appendix A. Anesthesia Codes 2025 repealed; new Appendix A, Anesthesia Codes 2026 made by exempt rulemaking effective May 1, 2026 (Supp. 26-2).

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SURGERY GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction Section of the Fee Schedule.

The following Commission guidelines are in addition to the CPT® guidelines and represent additional guidance from the Commission relative to unit values for surgical services. To the extent that a conflict may exist between CMS, an incorporated portion of the CPT®, and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier, or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

A. MATERIALS AND SUPPLIES: A healthcare provider may charge for materials and supplies as described in the HCPCS Section of this Fee Schedule.

B. MULTIPLE PROCEDURES: It is appropriate to designate multiple procedures that are rendered on the same date by separate entries. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). **Note:** This modifier should not be appended to designated "add-on" codes.

C. SPECIAL REPORT: A typical request for more detailed information from an insurance carrier regarding a billing does not constitute a "special report", which is defined in the CPT® book.

D. MODIFIERS: Listed services and procedures may be modified under certain circumstances. When applicable, the modifying circumstance should be identified by the addition of the appropriate modifier code, which may be reported in either of two ways. The modifier may be reported by a two-digit number placed after the usual procedure number from which it is separated by a hyphen. Or the modifier may be reported by a separate five-digit code that is used in addition to the procedure code. If more than one modifier is used, the "Multiple Modifiers" code placed first after the procedure code indicates that one or more additional modifier codes will follow.

Modifiers either unique to Arizona or containing explanatory language specific to Arizona are as follows:

22 Increased Procedural Services: Use of this modifier will result in a twenty-five percent (25%) increase in the listed value for the listed procedure.

25 Separately Identifiable Evaluation and Management Service by the same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service. It may be necessary to indicate that on the day a procedure or service identified by a CPT® code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed (see Evaluation and Management Services Guidelines for instructions on determining level of E/M service). As such, different diagnoses are not required for reporting of the E/M services on the same date. The circumstance may be reported by adding modifier 25 to the appropriate level of E/M service.

47 Anesthesia by Surgeon: Used to report anesthesia by the attending or assistant surgeon (does not include local anesthesia). Reimbursement shall be fifty percent (50%) of the base unit as indicated in the Anesthesia section of the Fee Schedule. This modifier shall be allowed no more than once per surgical encounter.

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50 Bilateral Procedure: Unless otherwise identified in the listings, when bilateral procedures which add significant time or complexity to patient care are provided at the same operative session, identify and value the first or major procedure as listed. Identify the secondary or lesser procedure(s) by adding modifier 50 to the usual procedure number(s) and value at fifty percent (50%) of the listed value(s). If, however, the procedures are independently complex and involve different parts of the body, including digits, the bilateral procedure rule would not apply. In such cases, independent procedures would be billed at one hundred percent (100%) of their listed value with modifier 51.

51 Multiple Procedures: When multiple procedures are performed during the same operative session*, the procedures should be valued at the appropriate percent of its listed value, as shown below:

100% (full value) for the first or major procedure 50% for the second and multiple procedure(s) sixth and subsequent procedures – by report.

*Multiple Procedure Guidelines do not apply to codes specifically identified as "Add-on/Additional Procedures, Global indicator ZZZ."

The major or primary procedure is defined as the procedure with the highest value and is the code that determines the follow-up days when a surgery has multiple procedures. The second procedure is the procedure with the next highest value, the third the next highest value, and so on. If, however, the procedures are independently complex such as digits, tendons, nerves, or artery repair, the multiple procedure rule would not apply. In such cases, independent procedures would be billed at one hundred percent (100%) of their listed value.

When performing multiple procedures with different global period values during the same operative session, the global period value for the session is the largest global period value.

57 Decision for Surgery: An Evaluation and Management (E/M) service that resulted in the initial decision to perform the surgery may be identified by adding modifier 57 to the appropriate level of E/M service.

59 Distinct Procedural Service: Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services, other than E/M services, that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used.

Note: Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25.

Note: If an epidural or peripheral nerve block injection (62320-62327 or 64400-64530) for postoperative pain management is reported separately on the same date of service as an anesthesia 0XXXX code, **modifier 59** shall be appended to the epidural or peripheral nerve block injection code (62320-62327 or 64400-64530) to indicate that it was administered for postoperative pain management. An epidural or peripheral nerve block injection

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(62320-62327or 64400-64530) for postoperative pain management in patients receiving general anesthesia, spinal (subarachnoid injection) anesthesia, or postoperative pain management in patients receiving general anesthesia, spinal (subarachnoid injection) anesthesia, or regional anesthesia by epidural injection as described above may be administered preoperatively, intraoperatively, or postoperatively.

62 Two (2) Surgeons: By prior agreement, the total value of services performed by two (2) surgeons working together as primary surgeons may be apportioned in relation to the responsibility and work done, provided the patient is made aware of the fee distribution according to medical ethics. If no apportionment is listed, the fee should be split evenly between the co-surgeons. The total value may be increased by twenty-five percent (25%) in lieu of the usual assistant's charge. Under these circumstances, the services of each surgeon should be identified by adding this modifier 62 to the joint procedure number(s) and valued as agreed upon. (Usual charges for surgical assistance may be warranted if still another physician is required as part of the surgical team.) The value of the procedure should be one hundred and twenty-five percent (125%) of the customary value listed. Payment of one hundred and twenty-five percent (125%) of the maximum allowable would be divided between the participating surgeons.

Two (2) Surgeons – When two (2) surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding modifier 62 to the procedure code and any associated add-on codes(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the co-surgery once using the same procedure code. If additional procedure(s) (including add-on procedure(s)) are performed during the same surgical session, separate code(s) may be reported with modifier 62 added.

Note: If a co-surgeon acts as an assistant in the performance of additional procedure(s), other than those reported with modifier 62, during the same surgical session, those services may be reported using separate procedure code(s) with modifier 80, 81, or 82 added, as appropriate.

80 Assistant Surgeon: These services are valued at twenty percent (20%) of the listed value of the surgical procedure(s).

81 Minimum Assistant Surgeon: These services are valued at sixteen percent (16%) of the listed value of the surgical procedure(s).

82 Assistant Surgeon (when qualified resident surgeon not available): These services are valued at sixteen percent (16%) of the listed value of the surgical procedure(s).

AS Use the modifier AS for assistant at surgery services when services are provided by a Physician Assistant (PA), Nurse Practitioner (NP), or Clinical Nurse Specialist (CNS). These services are valued at fourteen percent (14%) of the listed value of the surgical procedure(s). No further adjustment for mid-level medical providers as mentioned in section C of the Introduction shall be applied.

Note: A Medical Doctor or Doctor of Osteopathic Medicine should not submit the AS modifier. This modifier is only valid for use by a PA, NP, and CNS when billing under their own provider number.

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Historical Note

New Appendix A. Surgery Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A., Surgery Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A. Surgery Guidelines repealed; new Appendix A. Surgery Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Surgery Guidelines repealed; new Appendix A, Surgery Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Surgery Guidelines repealed; new Appendix A, Surgery Guidelines made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Surgery Guidelines repealed; new Appendix A, Surgery Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3) Appendix A, Surgery Guidelines repealed; new Appendix A, Surgery Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Surgery Guidelines repealed; new Appendix A, Surgery Guidelines made by exempt rulemaking effective May 1, 2025 (Supp. 25-2). Appendix A, Surgery Guidelines repealed; new Appendix A, Surgery Guidelines made by exempt rulemaking effective May 1, 2026 (Supp. 26-2).

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ARIZONA PHYSICIANS' FEE SCHEDULE
Surgery Codes 2026
Surgery Conversion Factor $72.00

Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
0232T 00	Surgery	-	-	$ 2,405.52	$ 2,405.52
10004 00	Surgery	1.59	1.10	$ 114.48	$ 79.20
10005 00	Surgery	3.96	1.87	$ 285.12	$ 134.64
10006 00	Surgery	1.80	1.29	$ 129.60	$ 92.88
10007 00	Surgery	10.31	2.40	$ 742.32	$ 172.80
10008 00	Surgery	4.23	1.41	$ 304.56	$ 101.52
10009 00	Surgery	12.35	2.79	$ 889.20	$ 200.88
10010 00	Surgery	7.04	1.97	$ 506.88	$ 141.84
10011 00	Surgery	-	-	$ 1,116.72	$ 1,116.72
10012 00	Surgery	-	-	$ 674.64	$ 674.64
10021 00	Surgery	3.02	1.38	$ 217.44	$ 99.36
10030 00	Surgery	18.59	3.54	$ 1,338.48	$ 254.88
10035 00	Surgery	10.34	2.13	$ 744.48	$ 153.36
10036 00	Surgery	8.70	1.10	$ 626.40	$ 79.20
10040 00	Surgery	3.39	1.27	$ 244.08	$ 91.44
10060 00	Surgery	3.85	3.01	$ 277.20	$ 216.72
10061 00	Surgery	6.59	5.19	$ 474.48	$ 373.68
10080 00	Surgery	8.07	3.15	$ 581.04	$ 226.80
10081 00	Surgery	11.38	5.05	$ 819.36	$ 363.60
10120 00	Surgery	4.71	3.06	$ 339.12	$ 220.32
10121 00	Surgery	8.24	5.14	$ 593.28	$ 370.08
10140 00	Surgery	5.22	3.46	$ 375.84	$ 249.12
10160 00	Surgery	3.94	2.74	$ 283.68	$ 197.28
10180 00	Surgery	8.63	5.26	$ 621.36	$ 378.72
11000 00	Surgery	1.77	0.73	$ 127.44	$ 52.56
11001 00	Surgery	0.81	0.38	$ 58.32	$ 27.36
11004 00	Surgery	15.11	15.11	$ 1,087.92	$ 1,087.92
11005 00	Surgery	20.74	20.74	$ 1,493.28	$ 1,493.28
11006 00	Surgery	18.68	18.68	$ 1,344.96	$ 1,344.96
11008 00	Surgery	7.32	7.32	$ 527.04	$ 527.04
11010 00	Surgery	14.05	7.47	$ 1,011.60	$ 537.84
11011 00	Surgery	16.10	7.93	$ 1,159.20	$ 570.96
11012 00	Surgery	20.56	10.85	$ 1,480.32	$ 781.20
11042 00	Surgery	3.97	1.67	$ 285.84	$ 120.24
11043 00	Surgery	7.17	4.14	$ 516.24	$ 298.08

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
11044 00	Surgery	9.60	6.02	$ 691.20	$ 433.44
11045 00	Surgery	1.25	0.66	$ 90.00	$ 47.52
11046 00	Surgery	2.29	1.43	$ 164.88	$ 102.96
11047 00	Surgery	3.85	2.55	$ 277.20	$ 183.60
11055 00	Surgery	2.10	0.41	$ 151.20	$ 29.52
11056 00	Surgery	2.43	0.59	$ 174.96	$ 42.48
11057 00	Surgery	2.66	0.76	$ 191.52	$ 54.72
11102 00	Surgery	2.86	0.90	$ 205.92	$ 64.80
11103 00	Surgery	1.46	0.53	$ 105.12	$ 38.16
11104 00	Surgery	3.63	1.14	$ 261.36	$ 82.08
11105 00	Surgery	1.81	0.64	$ 130.32	$ 46.08
11106 00	Surgery	4.53	1.39	$ 326.16	$ 100.08
11107 00	Surgery	2.12	0.75	$ 152.64	$ 54.00
11200 00	Surgery	2.76	2.07	$ 198.72	$ 149.04
11201 00	Surgery	0.55	0.39	$ 39.60	$ 28.08
11300 00	Surgery	2.89	0.83	$ 208.08	$ 59.76
11301 00	Surgery	3.48	1.25	$ 250.56	$ 90.00
11302 00	Surgery	3.94	1.45	$ 283.68	$ 104.40
11303 00	Surgery	4.41	1.73	$ 317.52	$ 124.56
11305 00	Surgery	3.03	0.98	$ 218.16	$ 70.56
11306 00	Surgery	3.53	1.22	$ 254.16	$ 87.84
11307 00	Surgery	3.96	1.54	$ 285.12	$ 110.88
11308 00	Surgery	4.21	1.79	$ 303.12	$ 128.88
11310 00	Surgery	3.34	1.09	$ 240.48	$ 78.48
11311 00	Surgery	3.96	1.52	$ 285.12	$ 109.44
11312 00	Surgery	4.51	1.81	$ 324.72	$ 130.32
11313 00	Surgery	5.29	2.31	$ 380.88	$ 166.32
11400 00	Surgery	3.83	2.29	$ 275.76	$ 164.88
11401 00	Surgery	4.64	2.83	$ 334.08	$ 203.76
11402 00	Surgery	5.12	3.07	$ 368.64	$ 221.04
11403 00	Surgery	5.98	4.06	$ 430.56	$ 292.32
11404 00	Surgery	6.92	4.55	$ 498.24	$ 327.60
11406 00	Surgery	9.99	6.82	$ 719.28	$ 491.04
11420 00	Surgery	3.74	2.28	$ 269.28	$ 164.16
11421 00	Surgery	4.77	2.96	$ 343.44	$ 213.12
11422 00	Surgery	5.38	3.72	$ 387.36	$ 267.84
11423 00	Surgery	6.25	4.30	$ 450.00	$ 309.60
11424 00	Surgery	7.30	4.94	$ 525.60	$ 355.68
11426 00	Surgery	10.18	7.33	$ 732.96	$ 527.76
11440 00	Surgery	4.25	2.93	$ 306.00	$ 210.96

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
11441 00	Surgery	5.20	3.60	$ 374.40	$ 259.20
11442 00	Surgery	5.81	3.95	$ 418.32	$ 284.40
11443 00	Surgery	6.89	4.77	$ 496.08	$ 343.44
11444 00	Surgery	8.63	5.99	$ 621.36	$ 431.28
11446 00	Surgery	11.93	8.46	$ 858.96	$ 609.12
11450 00	Surgery	13.81	7.63	$ 994.32	$ 549.36
11451 00	Surgery	17.19	9.58	$ 1,237.68	$ 689.76
11462 00	Surgery	13.46	7.27	$ 969.12	$ 523.44
11463 00	Surgery	17.19	9.45	$ 1,237.68	$ 680.40
11470 00	Surgery	15.01	8.41	$ 1,080.72	$ 605.52
11471 00	Surgery	17.53	9.93	$ 1,262.16	$ 714.96
11600 00	Surgery	5.94	3.25	$ 427.68	$ 234.00
11601 00	Surgery	6.80	3.84	$ 489.60	$ 276.48
11602 00	Surgery	7.20	4.09	$ 518.40	$ 294.48
11603 00	Surgery	8.27	4.89	$ 595.44	$ 352.08
11604 00	Surgery	9.31	5.42	$ 670.32	$ 390.24
11606 00	Surgery	13.88	8.24	$ 999.36	$ 593.28
11620 00	Surgery	5.95	3.27	$ 428.40	$ 235.44
11621 00	Surgery	6.84	3.87	$ 492.48	$ 278.64
11622 00	Surgery	7.48	4.31	$ 538.56	$ 310.32
11623 00	Surgery	8.84	5.32	$ 636.48	$ 383.04
11624 00	Surgery	10.16	6.08	$ 731.52	$ 437.76
11626 00	Surgery	12.55	7.61	$ 903.60	$ 547.92
11640 00	Surgery	6.06	3.32	$ 436.32	$ 239.04
11641 00	Surgery	7.10	4.03	$ 511.20	$ 290.16
11642 00	Surgery	7.99	4.63	$ 575.28	$ 333.36
11643 00	Surgery	9.46	5.79	$ 681.12	$ 416.88
11644 00	Surgery	11.76	7.18	$ 846.72	$ 516.96
11646 00	Surgery	15.43	9.97	$ 1,110.96	$ 717.84
11719 00	Surgery	0.43	0.20	$ 30.96	$ 14.40
11720 00	Surgery	0.98	0.38	$ 70.56	$ 27.36
11721 00	Surgery	1.35	0.64	$ 97.20	$ 46.08
11730 00	Surgery	3.34	1.46	$ 240.48	$ 105.12
11732 00	Surgery	0.97	0.45	$ 69.84	$ 32.40
11740 00	Surgery	1.72	0.94	$ 123.84	$ 67.68
11750 00	Surgery	4.72	2.82	$ 339.84	$ 203.04
11755 00	Surgery	3.58	1.63	$ 257.76	$ 117.36
11760 00	Surgery	5.59	3.11	$ 402.48	$ 223.92
11762 00	Surgery	8.81	5.24	$ 634.32	$ 377.28
11765 00	Surgery	4.88	2.67	$ 351.36	$ 192.24

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
11770 00	Surgery	11.68	5.42	$ 840.96	$ 390.24
11771 00	Surgery	20.73	13.23	$ 1,492.56	$ 952.56
11772 00	Surgery	25.37	17.17	$ 1,826.64	$ 1,236.24
11900 00	Surgery	1.70	0.72	$ 122.40	$ 51.84
11901 00	Surgery	2.06	1.09	$ 148.32	$ 78.48
11920 00	Surgery	6.48	3.07	$ 466.56	$ 221.04
11921 00	Surgery	6.99	3.47	$ 503.28	$ 249.84
11922 00	Surgery	1.98	0.73	$ 142.56	$ 52.56
11950 00	Surgery	2.64	1.33	$ 190.08	$ 95.76
11951 00	Surgery	3.51	1.86	$ 252.72	$ 133.92
11952 00	Surgery	4.69	2.62	$ 337.68	$ 188.64
11954 00	Surgery	5.19	2.88	$ 373.68	$ 207.36
11960 00	Surgery	28.39	28.39	$ 2,044.08	$ 2,044.08
11970 00	Surgery	15.49	15.49	$ 1,115.28	$ 1,115.28
11971 00	Surgery	15.44	15.44	$ 1,111.68	$ 1,111.68
11976 00	Surgery	4.39	2.40	$ 316.08	$ 172.80
11980 00	Surgery	2.89	1.45	$ 208.08	$ 104.40
11981 00	Surgery	3.22	1.64	$ 231.84	$ 118.08
11982 00	Surgery	3.43	1.89	$ 246.96	$ 136.08
11983 00	Surgery	4.33	2.66	$ 311.76	$ 191.52
12001 00	Surgery	3.41	1.32	$ 245.52	$ 95.04
12002 00	Surgery	4.17	1.72	$ 300.24	$ 123.84
12004 00	Surgery	4.85	2.16	$ 349.20	$ 155.52
12005 00	Surgery	6.32	2.69	$ 455.04	$ 193.68
12006 00	Surgery	7.19	3.27	$ 517.68	$ 235.44
12007 00	Surgery	7.66	4.01	$ 551.52	$ 288.72
12011 00	Surgery	4.18	1.63	$ 300.96	$ 117.36
12013 00	Surgery	4.36	1.67	$ 313.92	$ 120.24
12014 00	Surgery	5.16	2.16	$ 371.52	$ 155.52
12015 00	Surgery	6.31	2.70	$ 454.32	$ 194.40
12016 00	Surgery	8.01	3.66	$ 576.72	$ 263.52
12017 00	Surgery	4.62	4.62	$ 332.64	$ 332.64
12018 00	Surgery	5.21	5.21	$ 375.12	$ 375.12
12020 00	Surgery	9.48	5.35	$ 682.56	$ 385.20
12021 00	Surgery	5.56	4.03	$ 400.32	$ 290.16
12031 00	Surgery	7.78	3.99	$ 560.16	$ 287.28
12032 00	Surgery	8.98	4.94	$ 646.56	$ 355.68
12034 00	Surgery	10.02	5.39	$ 721.44	$ 388.08
12035 00	Surgery	12.40	6.72	$ 892.80	$ 483.84
12036 00	Surgery	14.37	8.09	$ 1,034.64	$ 582.48

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
12037 00	Surgery	16.05	9.21	$ 1,155.60	$ 663.12
12041 00	Surgery	7.87	3.87	$ 566.64	$ 278.64
12042 00	Surgery	9.13	5.04	$ 657.36	$ 362.88
12044 00	Surgery	11.62	5.71	$ 836.64	$ 411.12
12045 00	Surgery	13.58	8.04	$ 977.76	$ 578.88
12046 00	Surgery	16.68	9.38	$ 1,200.96	$ 675.36
12047 00	Surgery	18.27	10.35	$ 1,315.44	$ 745.20
12051 00	Surgery	8.47	4.47	$ 609.84	$ 321.84
12052 00	Surgery	9.34	5.17	$ 672.48	$ 372.24
12053 00	Surgery	10.81	5.60	$ 778.32	$ 403.20
12054 00	Surgery	11.72	5.90	$ 843.84	$ 424.80
12055 00	Surgery	16.34	8.81	$ 1,176.48	$ 634.32
12056 00	Surgery	18.67	10.44	$ 1,344.24	$ 751.68
12057 00	Surgery	19.42	11.45	$ 1,398.24	$ 824.40
13100 00	Surgery	10.12	5.13	$ 728.64	$ 369.36
13101 00	Surgery	11.69	6.29	$ 841.68	$ 452.88
13102 00	Surgery	3.60	1.79	$ 259.20	$ 128.88
13120 00	Surgery	10.51	5.94	$ 756.72	$ 427.68
13121 00	Surgery	12.51	6.45	$ 900.72	$ 464.40
13122 00	Surgery	3.84	2.03	$ 276.48	$ 146.16
13131 00	Surgery	11.51	6.11	$ 828.72	$ 439.92
13132 00	Surgery	13.84	7.52	$ 996.48	$ 541.44
13133 00	Surgery	5.03	3.06	$ 362.16	$ 220.32
13151 00	Surgery	12.55	6.98	$ 903.60	$ 502.56
13152 00	Surgery	14.69	8.34	$ 1,057.68	$ 600.48
13153 00	Surgery	5.66	3.40	$ 407.52	$ 244.80
13160 00	Surgery	22.18	22.18	$ 1,596.96	$ 1,596.96
14000 00	Surgery	19.98	13.93	$ 1,438.56	$ 1,002.96
14001 00	Surgery	25.68	18.02	$ 1,848.96	$ 1,297.44
14020 00	Surgery	21.48	15.11	$ 1,546.56	$ 1,087.92
14021 00	Surgery	26.43	18.57	$ 1,902.96	$ 1,337.04
14040 00	Surgery	22.97	16.35	$ 1,653.84	$ 1,177.20
14041 00	Surgery	27.73	19.54	$ 1,996.56	$ 1,406.88
14060 00	Surgery	23.11	17.17	$ 1,663.92	$ 1,236.24
14061 00	Surgery	29.88	20.92	$ 2,151.36	$ 1,506.24
14301 00	Surgery	33.54	23.00	$ 2,414.88	$ 1,656.00
14302 00	Surgery	6.65	5.47	$ 478.80	$ 393.84
14350 00	Surgery	18.41	18.41	$ 1,325.52	$ 1,325.52
15002 00	Surgery	10.87	5.90	$ 782.64	$ 424.80
15003 00	Surgery	2.24	1.19	$ 161.28	$ 85.68

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
15004 00	Surgery	12.11	6.85	$ 871.92	$ 493.20
15005 00	Surgery	3.73	2.34	$ 268.56	$ 168.48
15011 00	Surgery	-	-	$ 448.56	$ 448.56
15012 00	Surgery	-	-	$ 193.68	$ 193.68
15013 00	Surgery	-	-	$ 549.36	$ 549.36
15014 00	Surgery	-	-	$ 1,289.52	$ 1,289.52
15015 00	Surgery	-	-	$ 1,704.24	$ 1,704.24
15016 00	Surgery	-	-	$ 330.48	$ 330.48
15017 00	Surgery	-	-	$ 1,762.56	$ 1,762.56
15018 00	Surgery	-	-	$ 331.92	$ 331.92
15040 00	Surgery	8.19	3.41	$ 589.68	$ 245.52
15050 00	Surgery	18.14	12.83	$ 1,306.08	$ 923.76
15100 00	Surgery	27.62	19.77	$ 1,988.64	$ 1,423.44
15101 00	Surgery	6.03	3.01	$ 434.16	$ 216.72
15110 00	Surgery	26.94	20.10	$ 1,939.68	$ 1,447.20
15111 00	Surgery	3.64	2.71	$ 262.08	$ 195.12
15115 00	Surgery	25.83	19.49	$ 1,859.76	$ 1,403.28
15116 00	Surgery	4.93	3.67	$ 354.96	$ 264.24
15120 00	Surgery	26.17	18.41	$ 1,884.24	$ 1,325.52
15121 00	Surgery	6.62	3.57	$ 476.64	$ 257.04
15130 00	Surgery	23.09	16.48	$ 1,662.48	$ 1,186.56
15131 00	Surgery	3.09	2.25	$ 222.48	$ 162.00
15135 00	Surgery	26.99	20.18	$ 1,943.28	$ 1,452.96
15136 00	Surgery	3.04	2.25	$ 218.88	$ 162.00
15150 00	Surgery	22.86	18.48	$ 1,645.92	$ 1,330.56
15151 00	Surgery	3.75	2.92	$ 270.00	$ 210.24
15152 00	Surgery	4.62	3.67	$ 332.64	$ 264.24
15155 00	Surgery	25.40	19.67	$ 1,828.80	$ 1,416.24
15156 00	Surgery	5.05	4.04	$ 363.60	$ 290.88
15157 00	Surgery	5.66	4.43	$ 407.52	$ 318.96
15200 00	Surgery	26.22	18.12	$ 1,887.84	$ 1,304.64
15201 00	Surgery	4.44	1.94	$ 319.68	$ 139.68
15220 00	Surgery	23.44	16.10	$ 1,687.68	$ 1,159.20
15221 00	Surgery	4.01	1.73	$ 288.72	$ 124.56
15240 00	Surgery	28.07	20.90	$ 2,021.04	$ 1,504.80
15241 00	Surgery	5.38	2.68	$ 387.36	$ 192.96
15260 00	Surgery	29.97	21.78	$ 2,157.84	$ 1,568.16
15261 00	Surgery	6.22	3.37	$ 447.84	$ 242.64
15271 00	Surgery	4.73	2.25	$ 340.56	$ 162.00
15272 00	Surgery	0.77	0.44	$ 55.44	$ 31.68

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
15273 00	Surgery	9.64	5.14	$ 694.08	$ 370.08
15274 00	Surgery	2.60	1.17	$ 187.20	$ 84.24
15275 00	Surgery	4.80	2.52	$ 345.60	$ 181.44
15276 00	Surgery	1.01	0.66	$ 72.72	$ 47.52
15277 00	Surgery	10.81	5.91	$ 778.32	$ 425.52
15278 00	Surgery	3.03	1.46	$ 218.16	$ 105.12
15570 00	Surgery	29.38	20.14	$ 2,115.36	$ 1,450.08
15572 00	Surgery	27.98	20.06	$ 2,014.56	$ 1,444.32
15574 00	Surgery	26.21	19.15	$ 1,887.12	$ 1,378.80
15576 00	Surgery	23.79	16.87	$ 1,712.88	$ 1,214.64
15600 00	Surgery	11.18	6.37	$ 804.96	$ 458.64
15610 00	Surgery	11.72	7.05	$ 843.84	$ 507.60
15620 00	Surgery	13.88	9.12	$ 999.36	$ 656.64
15630 00	Surgery	14.07	9.32	$ 1,013.04	$ 671.04
15650 00	Surgery	17.65	11.46	$ 1,270.80	$ 825.12
15730 00	Surgery	43.13	23.42	$ 3,105.36	$ 1,686.24
15731 00	Surgery	34.38	26.27	$ 2,475.36	$ 1,891.44
15733 00	Surgery	27.19	27.19	$ 1,957.68	$ 1,957.68
15734 00	Surgery	41.52	41.52	$ 2,989.44	$ 2,989.44
15736 00	Surgery	33.27	33.27	$ 2,395.44	$ 2,395.44
15738 00	Surgery	34.38	34.38	$ 2,475.36	$ 2,475.36
15740 00	Surgery	31.42	22.49	$ 2,262.24	$ 1,619.28
15750 00	Surgery	25.14	25.14	$ 1,810.08	$ 1,810.08
15756 00	Surgery	58.74	58.74	$ 4,229.28	$ 4,229.28
15757 00	Surgery	58.25	58.25	$ 4,194.00	$ 4,194.00
15758 00	Surgery	58.12	58.12	$ 4,184.64	$ 4,184.64
15760 00	Surgery	25.67	18.30	$ 1,848.24	$ 1,317.60
15769 00	Surgery	13.61	13.61	$ 979.92	$ 979.92
15770 00	Surgery	18.15	18.15	$ 1,306.80	$ 1,306.80
15771 00	Surgery	19.84	14.18	$ 1,428.48	$ 1,020.96
15772 00	Surgery	6.16	3.78	$ 443.52	$ 272.16
15773 00	Surgery	18.75	13.60	$ 1,350.00	$ 979.20
15774 00	Surgery	6.01	3.64	$ 432.72	$ 262.08
15775 00	Surgery	12.04	6.68	$ 866.88	$ 480.96
15776 00	Surgery	16.30	9.09	$ 1,173.60	$ 654.48
15777 00	Surgery	6.71	5.46	$ 483.12	$ 393.12
15778 00	Surgery	10.58	10.58	$ 761.76	$ 761.76
15780 00	Surgery	24.79	16.89	$ 1,784.88	$ 1,216.08
15781 00	Surgery	15.58	11.03	$ 1,121.76	$ 794.16
15782 00	Surgery	14.24	9.59	$ 1,025.28	$ 690.48

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
15783 00	Surgery	13.22	9.19	$ 951.84	$ 661.68
15786 00	Surgery	6.95	3.56	$ 500.40	$ 256.32
15787 00	Surgery	0.94	0.43	$ 67.68	$ 30.96
15788 00	Surgery	11.43	5.86	$ 822.96	$ 421.92
15789 00	Surgery	15.71	10.71	$ 1,131.12	$ 771.12
15792 00	Surgery	9.87	5.75	$ 710.64	$ 414.00
15793 00	Surgery	14.09	9.52	$ 1,014.48	$ 685.44
15820 00	Surgery	17.61	13.49	$ 1,267.92	$ 971.28
15821 00	Surgery	18.99	14.48	$ 1,367.28	$ 1,042.56
15822 00	Surgery	14.12	10.65	$ 1,016.64	$ 766.80
15823 00	Surgery	18.95	14.42	$ 1,364.40	$ 1,038.24
15824 00	Surgery	-	-	$ 4,283.28	$ 4,283.28
15825 00	Surgery	-	-	$ 6,919.20	$ 6,919.20
15826 00	Surgery	0.00	0.00	BR	BR
15828 00	Surgery	-	-	$ 3,953.52	$ 3,953.52
15829 00	Surgery	-	-	$ 5,183.28	$ 5,183.28
15830 00	Surgery	31.95	31.95	$ 2,300.40	$ 2,300.40
15832 00	Surgery	25.22	25.22	$ 1,815.84	$ 1,815.84
15833 00	Surgery	23.89	23.89	$ 1,720.08	$ 1,720.08
15834 00	Surgery	24.30	24.30	$ 1,749.60	$ 1,749.60
15835 00	Surgery	25.29	25.29	$ 1,820.88	$ 1,820.88
15836 00	Surgery	21.82	21.82	$ 1,571.04	$ 1,571.04
15837 00	Surgery	28.06	19.71	$ 2,020.32	$ 1,419.12
15838 00	Surgery	17.96	17.96	$ 1,293.12	$ 1,293.12
15839 00	Surgery	28.71	20.42	$ 2,067.12	$ 1,470.24
15840 00	Surgery	26.54	26.54	$ 1,910.88	$ 1,910.88
15841 00	Surgery	47.33	47.33	$ 3,407.76	$ 3,407.76
15842 00	Surgery	70.77	70.77	$ 5,095.44	$ 5,095.44
15845 00	Surgery	28.97	28.97	$ 2,085.84	$ 2,085.84
15847 00	Surgery	-	-	$ 1,578.24	$ 1,578.24
15851 00	Surgery	1.75	1.75	$ 126.00	$ 126.00
15852 00	Surgery	1.16	1.16	$ 83.52	$ 83.52
15853 00	Surgery	0.40	0.40	$ 28.80	$ 28.80
15854 00	Surgery	0.53	0.53	$ 38.16	$ 38.16
15860 00	Surgery	2.79	2.79	$ 200.88	$ 200.88
15876 00	Surgery	-	-	$ 1,581.84	$ 1,581.84
15877 00	Surgery	-	-	$ 2,589.84	$ 2,589.84
15878 00	Surgery	0.00	0.00	BR	BR
15879 00	Surgery	-	-	$ 6,479.28	$ 6,479.28
15920 00	Surgery	18.81	18.81	$ 1,354.32	$ 1,354.32

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
15922 00	Surgery	21.89	21.89	$ 1,576.08	$ 1,576.08
15931 00	Surgery	20.16	20.16	$ 1,451.52	$ 1,451.52
15933 00	Surgery	24.64	24.64	$ 1,774.08	$ 1,774.08
15934 00	Surgery	26.60	26.60	$ 1,915.20	$ 1,915.20
15935 00	Surgery	31.29	31.29	$ 2,252.88	$ 2,252.88
15936 00	Surgery	25.09	25.09	$ 1,806.48	$ 1,806.48
15937 00	Surgery	27.53	27.53	$ 1,982.16	$ 1,982.16
15940 00	Surgery	19.89	19.89	$ 1,432.08	$ 1,432.08
15941 00	Surgery	25.93	25.93	$ 1,866.96	$ 1,866.96
15944 00	Surgery	25.48	25.48	$ 1,834.56	$ 1,834.56
15945 00	Surgery	27.75	27.75	$ 1,998.00	$ 1,998.00
15946 00	Surgery	43.73	43.73	$ 3,148.56	$ 3,148.56
15950 00	Surgery	17.62	17.62	$ 1,268.64	$ 1,268.64
15951 00	Surgery	24.66	24.66	$ 1,775.52	$ 1,775.52
15952 00	Surgery	24.94	24.94	$ 1,795.68	$ 1,795.68
15953 00	Surgery	27.49	27.49	$ 1,979.28	$ 1,979.28
15956 00	Surgery	32.73	32.73	$ 2,356.56	$ 2,356.56
15958 00	Surgery	32.45	32.45	$ 2,336.40	$ 2,336.40
15999 00	Surgery	0.00	0.00	BR	BR
16000 00	Surgery	2.70	1.26	$ 194.40	$ 90.72
16020 00	Surgery	2.78	1.63	$ 200.16	$ 117.36
16025 00	Surgery	4.96	3.05	$ 357.12	$ 219.60
16030 00	Surgery	6.40	3.68	$ 460.80	$ 264.96
16035 00	Surgery	5.35	5.35	$ 385.20	$ 385.20
16036 00	Surgery	2.20	2.20	$ 158.40	$ 158.40
17000 00	Surgery	1.99	1.43	$ 143.28	$ 102.96
17003 00	Surgery	0.19	0.05	$ 13.68	$ 3.60
17004 00	Surgery	4.86	2.48	$ 349.92	$ 178.56
17106 00	Surgery	10.24	7.17	$ 737.28	$ 516.24
17107 00	Surgery	13.26	9.25	$ 954.72	$ 666.00
17108 00	Surgery	18.93	13.58	$ 1,362.96	$ 977.76
17110 00	Surgery	3.33	1.87	$ 239.76	$ 134.64
17111 00	Surgery	3.89	2.21	$ 280.08	$ 159.12
17250 00	Surgery	2.70	1.06	$ 194.40	$ 76.32
17260 00	Surgery	2.90	1.77	$ 208.80	$ 127.44
17261 00	Surgery	4.32	2.23	$ 311.04	$ 160.56
17262 00	Surgery	5.20	2.79	$ 374.40	$ 200.88
17263 00	Surgery	5.64	3.07	$ 406.08	$ 221.04
17264 00	Surgery	6.05	3.27	$ 435.60	$ 235.44
17266 00	Surgery	6.90	3.82	$ 496.80	$ 275.04

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
17270 00	Surgery	4.40	2.43	$ 316.80	$ 174.96
17271 00	Surgery	4.86	2.67	$ 349.92	$ 192.24
17272 00	Surgery	5.49	3.04	$ 395.28	$ 218.88
17273 00	Surgery	6.11	3.43	$ 439.92	$ 246.96
17274 00	Surgery	7.16	4.16	$ 515.52	$ 299.52
17276 00	Surgery	8.36	5.02	$ 601.92	$ 361.44
17280 00	Surgery	4.14	2.23	$ 298.08	$ 160.56
17281 00	Surgery	5.25	2.98	$ 378.00	$ 214.56
17282 00	Surgery	6.00	3.41	$ 432.00	$ 245.52
17283 00	Surgery	7.11	4.22	$ 511.92	$ 303.84
17284 00	Surgery	8.14	4.95	$ 586.08	$ 356.40
17286 00	Surgery	10.54	6.72	$ 758.88	$ 483.84
17311 00	Surgery	19.97	8.59	$ 1,437.84	$ 618.48
17312 00	Surgery	12.06	4.58	$ 868.32	$ 329.76
17313 00	Surgery	18.75	7.71	$ 1,350.00	$ 555.12
17314 00	Surgery	11.54	4.18	$ 830.88	$ 300.96
17315 00	Surgery	2.37	1.20	$ 170.64	$ 86.40
17340 00	Surgery	1.58	1.26	$ 113.76	$ 90.72
17360 00	Surgery	3.62	2.32	$ 260.64	$ 167.04
17380 00	Surgery	-	-	$ 77.76	$ 77.76
17999 00	Surgery	0.00	0.00	BR	BR
19000 00	Surgery	2.88	1.09	$ 207.36	$ 78.48
19001 00	Surgery	0.79	0.54	$ 56.88	$ 38.88
19020 00	Surgery	15.40	9.47	$ 1,108.80	$ 681.84
19030 00	Surgery	4.77	1.92	$ 343.44	$ 138.24
19081 00	Surgery	14.32	4.14	$ 1,031.04	$ 298.08
19082 00	Surgery	10.88	2.08	$ 783.36	$ 149.76
19083 00	Surgery	14.24	3.91	$ 1,025.28	$ 281.52
19084 00	Surgery	10.70	1.95	$ 770.40	$ 140.40
19085 00	Surgery	21.52	4.53	$ 1,549.44	$ 326.16
19086 00	Surgery	16.56	2.26	$ 1,192.32	$ 162.72
19100 00	Surgery	4.89	1.85	$ 352.08	$ 133.20
19101 00	Surgery	10.49	6.48	$ 755.28	$ 466.56
19105 00	Surgery	75.92	5.80	$ 5,466.24	$ 417.60
19110 00	Surgery	16.00	10.65	$ 1,152.00	$ 766.80
19112 00	Surgery	15.14	9.91	$ 1,090.08	$ 713.52
19120 00	Surgery	17.16	12.21	$ 1,235.52	$ 879.12
19125 00	Surgery	19.01	13.55	$ 1,368.72	$ 975.60
19126 00	Surgery	4.31	4.31	$ 310.32	$ 310.32
19281 00	Surgery	7.03	2.49	$ 506.16	$ 179.28

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
19282 00	Surgery	4.93	1.24	$ 354.96	$ 89.28
19283 00	Surgery	7.49	2.52	$ 539.28	$ 181.44
19284 00	Surgery	5.44	1.27	$ 391.68	$ 91.44
19285 00	Surgery	10.49	2.15	$ 755.28	$ 154.80
19286 00	Surgery	8.58	1.08	$ 617.76	$ 77.76
19287 00	Surgery	17.94	3.17	$ 1,291.68	$ 228.24
19288 00	Surgery	13.68	1.60	$ 984.96	$ 115.20
19294 00	Surgery	4.43	4.43	$ 318.96	$ 318.96
19296 00	Surgery	119.56	5.80	$ 8,608.32	$ 417.60
19297 00	Surgery	2.49	2.49	$ 179.28	$ 179.28
19298 00	Surgery	25.49	7.89	$ 1,835.28	$ 568.08
19300 00	Surgery	19.08	12.75	$ 1,373.76	$ 918.00
19301 00	Surgery	18.94	18.94	$ 1,363.68	$ 1,363.68
19302 00	Surgery	25.97	25.97	$ 1,869.84	$ 1,869.84
19303 00	Surgery	27.42	27.42	$ 1,974.24	$ 1,974.24
19305 00	Surgery	32.83	32.83	$ 2,363.76	$ 2,363.76
19306 00	Surgery	35.24	35.24	$ 2,537.28	$ 2,537.28
19307 00	Surgery	33.73	33.73	$ 2,428.56	$ 2,428.56
19316 00	Surgery	21.83	21.83	$ 1,571.76	$ 1,571.76
19318 00	Surgery	29.35	29.35	$ 2,113.20	$ 2,113.20
19325 00	Surgery	16.95	16.95	$ 1,220.40	$ 1,220.40
19328 00	Surgery	15.37	15.37	$ 1,106.64	$ 1,106.64
19330 00	Surgery	17.74	17.74	$ 1,277.28	$ 1,277.28
19340 00	Surgery	20.99	20.99	$ 1,511.28	$ 1,511.28
19342 00	Surgery	20.79	20.79	$ 1,496.88	$ 1,496.88
19350 00	Surgery	26.76	18.44	$ 1,926.72	$ 1,327.68
19355 00	Surgery	24.37	16.83	$ 1,754.64	$ 1,211.76
19357 00	Surgery	32.12	32.12	$ 2,312.64	$ 2,312.64
19361 00	Surgery	41.38	41.38	$ 2,979.36	$ 2,979.36
19364 00	Surgery	70.94	70.94	$ 5,107.68	$ 5,107.68
19367 00	Surgery	46.68	46.68	$ 3,360.96	$ 3,360.96
19368 00	Surgery	56.48	56.48	$ 4,066.56	$ 4,066.56
19369 00	Surgery	52.57	52.57	$ 3,785.04	$ 3,785.04
19370 00	Surgery	18.44	18.44	$ 1,327.68	$ 1,327.68
19371 00	Surgery	19.44	19.44	$ 1,399.68	$ 1,399.68
19380 00	Surgery	22.03	22.03	$ 1,586.16	$ 1,586.16
19396 00	Surgery	8.73	3.78	$ 628.56	$ 272.16
19499 00	Surgery	0.00	0.00	BR	BR
20100 00	Surgery	16.34	16.34	$ 1,176.48	$ 1,176.48
20101 00	Surgery	18.75	6.04	$ 1,350.00	$ 434.88

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
20102 00	Surgery	19.82	7.34	$ 1,427.04	$ 528.48
20103 00	Surgery	17.73	9.48	$ 1,276.56	$ 682.56
20150 00	Surgery	27.57	27.57	$ 1,985.04	$ 1,985.04
20200 00	Surgery	7.24	2.70	$ 521.28	$ 194.40
20205 00	Surgery	10.14	4.40	$ 730.08	$ 316.80
20206 00	Surgery	6.28	1.53	$ 452.16	$ 110.16
20220 00	Surgery	6.68	2.29	$ 480.96	$ 164.88
20225 00	Surgery	10.92	3.39	$ 786.24	$ 244.08
20240 00	Surgery	3.79	3.79	$ 272.88	$ 272.88
20245 00	Surgery	9.08	9.08	$ 653.76	$ 653.76
20250 00	Surgery	11.60	11.60	$ 835.20	$ 835.20
20251 00	Surgery	12.61	12.61	$ 907.92	$ 907.92
20500 00	Surgery	3.85	2.50	$ 277.20	$ 180.00
20501 00	Surgery	4.06	0.93	$ 292.32	$ 66.96
20520 00	Surgery	6.88	4.25	$ 495.36	$ 306.00
20525 00	Surgery	14.88	6.98	$ 1,071.36	$ 502.56
20526 00	Surgery	2.64	1.48	$ 190.08	$ 106.56
20527 00	Surgery	2.82	1.75	$ 203.04	$ 126.00
20550 00	Surgery	1.81	1.00	$ 130.32	$ 72.00
20551 00	Surgery	1.81	0.99	$ 130.32	$ 71.28
20552 00	Surgery	1.55	1.07	$ 111.60	$ 77.04
20553 00	Surgery	1.79	1.22	$ 128.88	$ 87.84
20555 00	Surgery	8.37	8.37	$ 602.64	$ 602.64
20560 00	Surgery	0.74	0.37	$ 53.28	$ 26.64
20561 00	Surgery	1.14	0.59	$ 82.08	$ 42.48
20600 00	Surgery	1.68	0.94	$ 120.96	$ 67.68
20604 00	Surgery	2.61	1.19	$ 187.92	$ 85.68
20605 00	Surgery	1.71	0.96	$ 123.12	$ 69.12
20606 00	Surgery	2.82	1.34	$ 203.04	$ 96.48
20610 00	Surgery	2.06	1.19	$ 148.32	$ 85.68
20611 00	Surgery	3.12	1.50	$ 224.64	$ 108.00
20612 00	Surgery	2.03	1.10	$ 146.16	$ 79.20
20615 00	Surgery	7.47	4.32	$ 537.84	$ 311.04
20650 00	Surgery	7.47	4.79	$ 537.84	$ 344.88
20660 00	Surgery	6.43	6.43	$ 462.96	$ 462.96
20661 00	Surgery	16.57	16.57	$ 1,193.04	$ 1,193.04
20662 00	Surgery	15.00	15.00	$ 1,080.00	$ 1,080.00
20663 00	Surgery	13.92	13.92	$ 1,002.24	$ 1,002.24
20664 00	Surgery	28.20	28.20	$ 2,030.40	$ 2,030.40
20665 00	Surgery	3.53	2.57	$ 254.16	$ 185.04

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
20670 00	Surgery	11.09	4.19	$ 798.48	$ 301.68
20680 00	Surgery	18.92	11.81	$ 1,362.24	$ 850.32
20690 00	Surgery	16.34	16.34	$ 1,176.48	$ 1,176.48
20692 00	Surgery	31.35	31.35	$ 2,257.20	$ 2,257.20
20693 00	Surgery	12.87	12.87	$ 926.64	$ 926.64
20694 00	Surgery	13.83	9.83	$ 995.76	$ 707.76
20696 00	Surgery	31.79	31.79	$ 2,288.88	$ 2,288.88
20697 00	Surgery	57.20	57.20	$ 4,118.40	$ 4,118.40
20700 00	Surgery	2.54	2.12	$ 182.88	$ 152.64
20701 00	Surgery	1.97	1.64	$ 141.84	$ 118.08
20702 00	Surgery	4.43	3.68	$ 318.96	$ 264.96
20703 00	Surgery	3.25	2.70	$ 234.00	$ 194.40
20704 00	Surgery	4.66	3.85	$ 335.52	$ 277.20
20705 00	Surgery	3.84	3.18	$ 276.48	$ 228.96
20802 00	Surgery	73.42	73.42	$ 5,286.24	$ 5,286.24
20805 00	Surgery	86.80	86.80	$ 6,249.60	$ 6,249.60
20808 00	Surgery	104.17	104.17	$ 7,500.24	$ 7,500.24
20816 00	Surgery	54.96	54.96	$ 3,957.12	$ 3,957.12
20822 00	Surgery	47.98	47.98	$ 3,454.56	$ 3,454.56
20824 00	Surgery	55.12	55.12	$ 3,968.64	$ 3,968.64
20827 00	Surgery	49.21	49.21	$ 3,543.12	$ 3,543.12
20838 00	Surgery	74.67	74.67	$ 5,376.24	$ 5,376.24
20900 00	Surgery	11.92	4.81	$ 858.24	$ 346.32
20902 00	Surgery	7.24	7.24	$ 521.28	$ 521.28
20910 00	Surgery	13.89	13.89	$ 1,000.08	$ 1,000.08
20912 00	Surgery	13.03	13.03	$ 938.16	$ 938.16
20920 00	Surgery	10.71	10.71	$ 771.12	$ 771.12
20922 00	Surgery	19.68	14.09	$ 1,416.96	$ 1,014.48
20924 00	Surgery	14.07	14.07	$ 1,013.04	$ 1,013.04
20930 00	Surgery	-	-	$ 401.04	$ 401.04
20931 00	Surgery	2.94	2.94	$ 211.68	$ 211.68
20932 00	Surgery	19.42	19.42	$ 1,398.24	$ 1,398.24
20933 00	Surgery	17.83	17.83	$ 1,283.76	$ 1,283.76
20934 00	Surgery	19.42	19.42	$ 1,398.24	$ 1,398.24
20936 00	Surgery	-	-	$ 560.88	$ 560.88
20937 00	Surgery	4.41	4.41	$ 317.52	$ 317.52
20938 00	Surgery	4.89	4.89	$ 352.08	$ 352.08
20939 00	Surgery	1.84	1.84	$ 132.48	$ 132.48
20950 00	Surgery	8.33	2.50	$ 599.76	$ 180.00
20955 00	Surgery	67.90	67.90	$ 4,888.80	$ 4,888.80

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
20956 00	Surgery	70.52	70.52	$ 5,077.44	$ 5,077.44
20957 00	Surgery	73.54	73.54	$ 5,294.88	$ 5,294.88
20962 00	Surgery	72.70	72.70	$ 5,234.40	$ 5,234.40
20969 00	Surgery	69.53	69.53	$ 5,006.16	$ 5,006.16
20970 00	Surgery	76.07	76.07	$ 5,477.04	$ 5,477.04
20972 00	Surgery	75.80	75.80	$ 5,457.60	$ 5,457.60
20973 00	Surgery	79.95	79.95	$ 5,756.40	$ 5,756.40
20974 00	Surgery	2.85	1.52	$ 205.20	$ 109.44
20975 00	Surgery	5.05	5.05	$ 363.60	$ 363.60
20979 00	Surgery	1.64	0.79	$ 118.08	$ 56.88
20982 00	Surgery	104.26	9.63	$ 7,506.72	$ 693.36
20983 00	Surgery	146.88	9.06	$ 10,575.36	$ 652.32
20985 00	Surgery	3.71	3.71	$ 267.12	$ 267.12
20999 00	Surgery	0.00	0.00	BR	BR
21010 00	Surgery	20.14	20.14	$ 1,450.08	$ 1,450.08
21011 00	Surgery	11.83	7.49	$ 851.76	$ 539.28
21012 00	Surgery	9.70	9.70	$ 698.40	$ 698.40
21013 00	Surgery	16.93	11.13	$ 1,218.96	$ 801.36
21014 00	Surgery	14.38	14.38	$ 1,035.36	$ 1,035.36
21015 00	Surgery	19.15	19.15	$ 1,378.80	$ 1,378.80
21016 00	Surgery	26.99	26.99	$ 1,943.28	$ 1,943.28
21025 00	Surgery	25.15	18.37	$ 1,810.80	$ 1,322.64
21026 00	Surgery	17.25	12.38	$ 1,242.00	$ 891.36
21029 00	Surgery	24.36	17.10	$ 1,753.92	$ 1,231.20
21030 00	Surgery	14.25	10.08	$ 1,026.00	$ 725.76
21031 00	Surgery	11.66	7.58	$ 839.52	$ 545.76
21032 00	Surgery	11.49	7.31	$ 827.28	$ 526.32
21034 00	Surgery	39.09	29.58	$ 2,814.48	$ 2,129.76
21040 00	Surgery	14.37	10.11	$ 1,034.64	$ 727.92
21044 00	Surgery	22.90	22.90	$ 1,648.80	$ 1,648.80
21045 00	Surgery	31.77	31.77	$ 2,287.44	$ 2,287.44
21046 00	Surgery	26.93	26.93	$ 1,938.96	$ 1,938.96
21047 00	Surgery	32.23	32.23	$ 2,320.56	$ 2,320.56
21048 00	Surgery	27.15	27.15	$ 1,954.80	$ 1,954.80
21049 00	Surgery	30.57	30.57	$ 2,201.04	$ 2,201.04
21050 00	Surgery	23.83	23.83	$ 1,715.76	$ 1,715.76
21060 00	Surgery	21.48	21.48	$ 1,546.56	$ 1,546.56
21070 00	Surgery	16.17	16.17	$ 1,164.24	$ 1,164.24
21073 00	Surgery	12.87	6.69	$ 926.64	$ 481.68
21076 00	Surgery	27.54	18.81	$ 1,982.88	$ 1,354.32

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
21077 00	Surgery	65.68	45.76	$ 4,728.96	$ 3,294.72
21079 00	Surgery	45.56	31.02	$ 3,280.32	$ 2,233.44
21080 00	Surgery	51.79	34.82	$ 3,728.88	$ 2,507.04
21081 00	Surgery	47.67	31.91	$ 3,432.24	$ 2,297.52
21082 00	Surgery	44.86	29.74	$ 3,229.92	$ 2,141.28
21083 00	Surgery	42.26	27.42	$ 3,042.72	$ 1,974.24
21084 00	Surgery	48.22	31.64	$ 3,471.84	$ 2,278.08
21085 00	Surgery	21.26	12.87	$ 1,530.72	$ 926.64
21086 00	Surgery	48.72	33.73	$ 3,507.84	$ 2,428.56
21087 00	Surgery	48.72	33.73	$ 3,507.84	$ 2,428.56
21088 00	Surgery	-	-	$ 3,160.08	$ 3,160.08
21089 00	Surgery	0.00	0.00	BR	BR
21100 00	Surgery	18.89	9.95	$ 1,360.08	$ 716.40
21110 00	Surgery	26.13	20.20	$ 1,881.36	$ 1,454.40
21116 00	Surgery	6.66	1.16	$ 479.52	$ 83.52
21120 00	Surgery	21.42	14.63	$ 1,542.24	$ 1,053.36
21121 00	Surgery	19.46	14.58	$ 1,401.12	$ 1,049.76
21122 00	Surgery	20.96	20.96	$ 1,509.12	$ 1,509.12
21123 00	Surgery	23.29	23.29	$ 1,676.88	$ 1,676.88
21125 00	Surgery	77.71	18.13	$ 5,595.12	$ 1,305.36
21127 00	Surgery	118.80	20.83	$ 8,553.60	$ 1,499.76
21137 00	Surgery	20.51	20.51	$ 1,476.72	$ 1,476.72
21138 00	Surgery	24.75	24.75	$ 1,782.00	$ 1,782.00
21139 00	Surgery	29.47	29.47	$ 2,121.84	$ 2,121.84
21141 00	Surgery	36.18	36.18	$ 2,604.96	$ 2,604.96
21142 00	Surgery	37.07	37.07	$ 2,669.04	$ 2,669.04
21143 00	Surgery	38.13	38.13	$ 2,745.36	$ 2,745.36
21145 00	Surgery	41.64	41.64	$ 2,998.08	$ 2,998.08
21146 00	Surgery	43.50	43.50	$ 3,132.00	$ 3,132.00
21147 00	Surgery	45.67	45.67	$ 3,288.24	$ 3,288.24
21150 00	Surgery	42.37	42.37	$ 3,050.64	$ 3,050.64
21151 00	Surgery	46.52	46.52	$ 3,349.44	$ 3,349.44
21154 00	Surgery	50.11	50.11	$ 3,607.92	$ 3,607.92
21155 00	Surgery	55.43	55.43	$ 3,990.96	$ 3,990.96
21159 00	Surgery	66.17	66.17	$ 4,764.24	$ 4,764.24
21160 00	Surgery	71.64	71.64	$ 5,158.08	$ 5,158.08
21172 00	Surgery	62.55	62.55	$ 4,503.60	$ 4,503.60
21175 00	Surgery	57.84	57.84	$ 4,164.48	$ 4,164.48
21179 00	Surgery	40.21	40.21	$ 2,895.12	$ 2,895.12
21180 00	Surgery	44.78	44.78	$ 3,224.16	$ 3,224.16

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
21181 00	Surgery	20.14	20.14	$ 1,450.08	$ 1,450.08
21182 00	Surgery	55.36	55.36	$ 3,985.92	$ 3,985.92
21183 00	Surgery	60.08	60.08	$ 4,325.76	$ 4,325.76
21184 00	Surgery	64.50	64.50	$ 4,644.00	$ 4,644.00
21188 00	Surgery	42.78	42.78	$ 3,080.16	$ 3,080.16
21193 00	Surgery	33.19	33.19	$ 2,389.68	$ 2,389.68
21194 00	Surgery	38.31	38.31	$ 2,758.32	$ 2,758.32
21195 00	Surgery	36.45	36.45	$ 2,624.40	$ 2,624.40
21196 00	Surgery	38.82	38.82	$ 2,795.04	$ 2,795.04
21198 00	Surgery	27.21	27.21	$ 1,959.12	$ 1,959.12
21199 00	Surgery	27.13	27.13	$ 1,953.36	$ 1,953.36
21206 00	Surgery	26.15	26.15	$ 1,882.80	$ 1,882.80
21208 00	Surgery	49.61	20.08	$ 3,571.92	$ 1,445.76
21209 00	Surgery	24.01	16.57	$ 1,728.72	$ 1,193.04
21210 00	Surgery	53.70	20.75	$ 3,866.40	$ 1,494.00
21215 00	Surgery	123.35	21.57	$ 8,881.20	$ 1,553.04
21230 00	Surgery	19.75	19.75	$ 1,422.00	$ 1,422.00
21235 00	Surgery	22.07	15.15	$ 1,589.04	$ 1,090.80
21240 00	Surgery	28.25	28.25	$ 2,034.00	$ 2,034.00
21242 00	Surgery	27.64	27.64	$ 1,990.08	$ 1,990.08
21243 00	Surgery	43.60	43.60	$ 3,139.20	$ 3,139.20
21244 00	Surgery	26.87	26.87	$ 1,934.64	$ 1,934.64
21245 00	Surgery	38.51	25.95	$ 2,772.72	$ 1,868.40
21246 00	Surgery	22.99	22.99	$ 1,655.28	$ 1,655.28
21247 00	Surgery	42.49	42.49	$ 3,059.28	$ 3,059.28
21248 00	Surgery	30.64	21.72	$ 2,206.08	$ 1,563.84
21249 00	Surgery	42.05	30.25	$ 3,027.60	$ 2,178.00
21255 00	Surgery	36.56	36.56	$ 2,632.32	$ 2,632.32
21256 00	Surgery	33.38	33.38	$ 2,403.36	$ 2,403.36
21260 00	Surgery	37.48	37.48	$ 2,698.56	$ 2,698.56
21261 00	Surgery	65.14	65.14	$ 4,690.08	$ 4,690.08
21263 00	Surgery	60.50	60.50	$ 4,356.00	$ 4,356.00
21267 00	Surgery	43.91	43.91	$ 3,161.52	$ 3,161.52
21268 00	Surgery	54.53	54.53	$ 3,926.16	$ 3,926.16
21270 00	Surgery	33.06	20.22	$ 2,380.32	$ 1,455.84
21275 00	Surgery	22.88	22.88	$ 1,647.36	$ 1,647.36
21280 00	Surgery	15.70	15.70	$ 1,130.40	$ 1,130.40
21282 00	Surgery	11.06	11.06	$ 796.32	$ 796.32
21295 00	Surgery	5.54	5.54	$ 398.88	$ 398.88
21296 00	Surgery	11.07	11.07	$ 797.04	$ 797.04

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
21299 00	Surgery	0.00	0.00	BR	BR
21315 00	Surgery	4.79	1.61	$ 344.88	$ 115.92
21320 00	Surgery	6.61	2.45	$ 475.92	$ 176.40
21325 00	Surgery	12.38	12.38	$ 891.36	$ 891.36
21330 00	Surgery	14.68	14.68	$ 1,056.96	$ 1,056.96
21335 00	Surgery	19.43	19.43	$ 1,398.96	$ 1,398.96
21336 00	Surgery	17.46	17.46	$ 1,257.12	$ 1,257.12
21337 00	Surgery	12.77	8.44	$ 919.44	$ 607.68
21338 00	Surgery	18.77	18.77	$ 1,351.44	$ 1,351.44
21339 00	Surgery	20.96	20.96	$ 1,509.12	$ 1,509.12
21340 00	Surgery	19.76	19.76	$ 1,422.72	$ 1,422.72
21343 00	Surgery	29.18	29.18	$ 2,100.96	$ 2,100.96
21344 00	Surgery	36.39	36.39	$ 2,620.08	$ 2,620.08
21345 00	Surgery	23.93	17.01	$ 1,722.96	$ 1,224.72
21346 00	Surgery	27.36	27.36	$ 1,969.92	$ 1,969.92
21347 00	Surgery	28.12	28.12	$ 2,024.64	$ 2,024.64
21348 00	Surgery	28.38	28.38	$ 2,043.36	$ 2,043.36
21355 00	Surgery	13.34	8.81	$ 960.48	$ 634.32
21356 00	Surgery	17.76	11.37	$ 1,278.72	$ 818.64
21360 00	Surgery	14.03	14.03	$ 1,010.16	$ 1,010.16
21365 00	Surgery	28.82	28.82	$ 2,075.04	$ 2,075.04
21366 00	Surgery	34.09	34.09	$ 2,454.48	$ 2,454.48
21385 00	Surgery	20.19	20.19	$ 1,453.68	$ 1,453.68
21386 00	Surgery	18.89	18.89	$ 1,360.08	$ 1,360.08
21387 00	Surgery	21.02	21.02	$ 1,513.44	$ 1,513.44
21390 00	Surgery	21.21	21.21	$ 1,527.12	$ 1,527.12
21395 00	Surgery	26.85	26.85	$ 1,933.20	$ 1,933.20
21400 00	Surgery	7.14	5.19	$ 514.08	$ 373.68
21401 00	Surgery	16.53	9.45	$ 1,190.16	$ 680.40
21406 00	Surgery	16.24	16.24	$ 1,169.28	$ 1,169.28
21407 00	Surgery	17.29	17.29	$ 1,244.88	$ 1,244.88
21408 00	Surgery	24.38	24.38	$ 1,755.36	$ 1,755.36
21421 00	Surgery	19.76	15.38	$ 1,422.72	$ 1,107.36
21422 00	Surgery	17.67	17.67	$ 1,272.24	$ 1,272.24
21423 00	Surgery	21.61	21.61	$ 1,555.92	$ 1,555.92
21431 00	Surgery	19.37	19.37	$ 1,394.64	$ 1,394.64
21432 00	Surgery	20.12	20.12	$ 1,448.64	$ 1,448.64
21433 00	Surgery	45.70	45.70	$ 3,290.40	$ 3,290.40
21435 00	Surgery	37.77	37.77	$ 2,719.44	$ 2,719.44
21436 00	Surgery	54.03	54.03	$ 3,890.16	$ 3,890.16

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
21440 00	Surgery	23.78	18.01	$ 1,712.16	$ 1,296.72
21445 00	Surgery	22.55	16.97	$ 1,623.60	$ 1,221.84
21450 00	Surgery	17.90	13.77	$ 1,288.80	$ 991.44
21451 00	Surgery	23.35	18.21	$ 1,681.20	$ 1,311.12
21452 00	Surgery	22.92	13.75	$ 1,650.24	$ 990.00
21453 00	Surgery	33.55	26.70	$ 2,415.60	$ 1,922.40
21454 00	Surgery	13.49	13.49	$ 971.28	$ 971.28
21461 00	Surgery	53.63	29.05	$ 3,861.36	$ 2,091.60
21462 00	Surgery	60.92	33.13	$ 4,386.24	$ 2,385.36
21465 00	Surgery	21.67	21.67	$ 1,560.24	$ 1,560.24
21470 00	Surgery	31.12	31.12	$ 2,240.64	$ 2,240.64
21480 00	Surgery	5.15	0.91	$ 370.80	$ 65.52
21485 00	Surgery	29.99	23.09	$ 2,159.28	$ 1,662.48
21490 00	Surgery	21.36	21.36	$ 1,537.92	$ 1,537.92
21497 00	Surgery	21.47	16.82	$ 1,545.84	$ 1,211.04
21499 00	Surgery	0.00	0.00	BR	BR
21501 00	Surgery	15.50	9.81	$ 1,116.00	$ 706.32
21502 00	Surgery	15.32	15.32	$ 1,103.04	$ 1,103.04
21510 00	Surgery	13.86	13.86	$ 997.92	$ 997.92
21550 00	Surgery	8.14	4.30	$ 586.08	$ 309.60
21552 00	Surgery	12.85	12.85	$ 925.20	$ 925.20
21554 00	Surgery	20.38	20.38	$ 1,467.36	$ 1,467.36
21555 00	Surgery	13.85	8.91	$ 997.20	$ 641.52
21556 00	Surgery	14.71	14.71	$ 1,059.12	$ 1,059.12
21557 00	Surgery	26.42	26.42	$ 1,902.24	$ 1,902.24
21558 00	Surgery	36.57	36.57	$ 2,633.04	$ 2,633.04
21600 00	Surgery	17.00	17.00	$ 1,224.00	$ 1,224.00
21601 00	Surgery	33.28	33.28	$ 2,396.16	$ 2,396.16
21602 00	Surgery	45.78	45.78	$ 3,296.16	$ 3,296.16
21603 00	Surgery	50.06	50.06	$ 3,604.32	$ 3,604.32
21610 00	Surgery	36.44	36.44	$ 2,623.68	$ 2,623.68
21615 00	Surgery	17.44	17.44	$ 1,255.68	$ 1,255.68
21616 00	Surgery	19.94	19.94	$ 1,435.68	$ 1,435.68
21620 00	Surgery	14.98	14.98	$ 1,078.56	$ 1,078.56
21627 00	Surgery	16.63	16.63	$ 1,197.36	$ 1,197.36
21630 00	Surgery	35.05	35.05	$ 2,523.60	$ 2,523.60
21685 00	Surgery	25.82	25.82	$ 1,859.04	$ 1,859.04
21700 00	Surgery	9.95	9.95	$ 716.40	$ 716.40
21705 00	Surgery	14.80	14.80	$ 1,065.60	$ 1,065.60
21720 00	Surgery	17.20	17.20	$ 1,238.40	$ 1,238.40

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
21725 00	Surgery	15.43	15.43	$ 1,110.96	$ 1,110.96
21740 00	Surgery	29.63	29.63	$ 2,133.36	$ 2,133.36
21742 00	Surgery	-	-	$ 2,669.76	$ 2,669.76
21743 00	Surgery	-	-	$ 4,041.36	$ 4,041.36
21750 00	Surgery	19.78	19.78	$ 1,424.16	$ 1,424.16
21811 00	Surgery	16.31	16.31	$ 1,174.32	$ 1,174.32
21812 00	Surgery	19.62	19.62	$ 1,412.64	$ 1,412.64
21813 00	Surgery	26.69	26.69	$ 1,921.68	$ 1,921.68
21820 00	Surgery	5.38	5.06	$ 387.36	$ 364.32
21825 00	Surgery	16.88	16.88	$ 1,215.36	$ 1,215.36
21899 00	Surgery	0.00	0.00	BR	BR
21920 00	Surgery	7.90	4.26	$ 568.80	$ 306.72
21925 00	Surgery	16.26	11.16	$ 1,170.72	$ 803.52
21930 00	Surgery	16.19	10.52	$ 1,165.68	$ 757.44
21931 00	Surgery	13.58	13.58	$ 977.76	$ 977.76
21932 00	Surgery	18.78	18.78	$ 1,352.16	$ 1,352.16
21933 00	Surgery	20.96	20.96	$ 1,509.12	$ 1,509.12
21935 00	Surgery	28.62	28.62	$ 2,060.64	$ 2,060.64
21936 00	Surgery	39.16	39.16	$ 2,819.52	$ 2,819.52
22010 00	Surgery	28.47	28.47	$ 2,049.84	$ 2,049.84
22015 00	Surgery	27.60	27.60	$ 1,987.20	$ 1,987.20
22100 00	Surgery	29.77	29.77	$ 2,143.44	$ 2,143.44
22101 00	Surgery	25.98	25.98	$ 1,870.56	$ 1,870.56
22102 00	Surgery	21.02	21.02	$ 1,513.44	$ 1,513.44
22103 00	Surgery	3.47	3.47	$ 249.84	$ 249.84
22110 00	Surgery	30.51	30.51	$ 2,196.72	$ 2,196.72
22112 00	Surgery	35.06	35.06	$ 2,524.32	$ 2,524.32
22114 00	Surgery	35.06	35.06	$ 2,524.32	$ 2,524.32
22116 00	Surgery	3.77	3.77	$ 271.44	$ 271.44
22206 00	Surgery	68.42	68.42	$ 4,926.24	$ 4,926.24
22207 00	Surgery	66.30	66.30	$ 4,773.60	$ 4,773.60
22208 00	Surgery	15.81	15.81	$ 1,138.32	$ 1,138.32
22210 00	Surgery	51.30	51.30	$ 3,693.60	$ 3,693.60
22212 00	Surgery	43.59	43.59	$ 3,138.48	$ 3,138.48
22214 00	Surgery	43.24	43.24	$ 3,113.28	$ 3,113.28
22216 00	Surgery	9.60	9.60	$ 691.20	$ 691.20
22220 00	Surgery	46.67	46.67	$ 3,360.24	$ 3,360.24
22222 00	Surgery	53.12	53.12	$ 3,824.64	$ 3,824.64
22224 00	Surgery	44.32	44.32	$ 3,191.04	$ 3,191.04
22226 00	Surgery	9.57	9.57	$ 689.04	$ 689.04

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
22310 00	Surgery	10.22	8.73	$ 735.84	$ 628.56
22315 00	Surgery	30.09	22.63	$ 2,166.48	$ 1,629.36
22318 00	Surgery	48.64	48.64	$ 3,502.08	$ 3,502.08
22319 00	Surgery	54.19	54.19	$ 3,901.68	$ 3,901.68
22325 00	Surgery	43.24	43.24	$ 3,113.28	$ 3,113.28
22326 00	Surgery	44.12	44.12	$ 3,176.64	$ 3,176.64
22327 00	Surgery	45.01	45.01	$ 3,240.72	$ 3,240.72
22328 00	Surgery	7.56	7.56	$ 544.32	$ 544.32
22505 00	Surgery	4.60	4.60	$ 331.20	$ 331.20
22510 00	Surgery	52.79	11.47	$ 3,800.88	$ 825.84
22511 00	Surgery	53.11	10.82	$ 3,823.92	$ 779.04
22512 00	Surgery	22.15	5.43	$ 1,594.80	$ 390.96
22513 00	Surgery	173.68	13.58	$ 12,504.96	$ 977.76
22514 00	Surgery	173.82	12.70	$ 12,515.04	$ 914.40
22515 00	Surgery	89.15	5.66	$ 6,418.80	$ 407.52
22526 00	Surgery	58.06	8.66	$ 4,180.32	$ 623.52
22527 00	Surgery	47.78	3.92	$ 3,440.16	$ 282.24
22532 00	Surgery	51.86	51.86	$ 3,733.92	$ 3,733.92
22533 00	Surgery	46.34	46.34	$ 3,336.48	$ 3,336.48
22534 00	Surgery	9.69	9.69	$ 697.68	$ 697.68
22548 00	Surgery	58.19	58.19	$ 4,189.68	$ 4,189.68
22551 00	Surgery	48.05	48.05	$ 3,459.60	$ 3,459.60
22552 00	Surgery	10.57	10.57	$ 761.04	$ 761.04
22554 00	Surgery	36.41	36.41	$ 2,621.52	$ 2,621.52
22556 00	Surgery	47.87	47.87	$ 3,446.64	$ 3,446.64
22558 00	Surgery	42.63	42.63	$ 3,069.36	$ 3,069.36
22585 00	Surgery	8.61	8.61	$ 619.92	$ 619.92
22586 00	Surgery	60.12	60.12	$ 4,328.64	$ 4,328.64
22590 00	Surgery	46.68	46.68	$ 3,360.96	$ 3,360.96
22595 00	Surgery	44.88	44.88	$ 3,231.36	$ 3,231.36
22600 00	Surgery	38.41	38.41	$ 2,765.52	$ 2,765.52
22610 00	Surgery	37.59	37.59	$ 2,706.48	$ 2,706.48
22612 00	Surgery	43.94	43.94	$ 3,163.68	$ 3,163.68
22614 00	Surgery	10.46	10.46	$ 753.12	$ 753.12
22630 00	Surgery	45.23	45.23	$ 3,256.56	$ 3,256.56
22632 00	Surgery	8.61	8.61	$ 619.92	$ 619.92
22633 00	Surgery	50.90	50.90	$ 3,664.80	$ 3,664.80
22634 00	Surgery	12.95	12.95	$ 932.40	$ 932.40
22800 00	Surgery	39.31	39.31	$ 2,830.32	$ 2,830.32
22802 00	Surgery	57.97	57.97	$ 4,173.84	$ 4,173.84

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
22804 00	Surgery	66.54	66.54	$ 4,790.88	$ 4,790.88
22808 00	Surgery	52.53	52.53	$ 3,782.16	$ 3,782.16
22810 00	Surgery	53.77	53.77	$ 3,871.44	$ 3,871.44
22812 00	Surgery	59.01	59.01	$ 4,248.72	$ 4,248.72
22818 00	Surgery	57.24	57.24	$ 4,121.28	$ 4,121.28
22819 00	Surgery	65.92	65.92	$ 4,746.24	$ 4,746.24
22830 00	Surgery	23.70	23.70	$ 1,706.40	$ 1,706.40
22836 00	Surgery	54.17	54.17	$ 3,900.24	$ 3,900.24
22837 00	Surgery	49.76	49.76	$ 3,582.72	$ 3,582.72
22838 00	Surgery	50.42	50.42	$ 3,630.24	$ 3,630.24
22840 00	Surgery	20.01	20.01	$ 1,440.72	$ 1,440.72
22841 00	Surgery	-	-	$ 1,091.52	$ 1,091.52
22842 00	Surgery	20.36	20.36	$ 1,465.92	$ 1,465.92
22843 00	Surgery	21.81	21.81	$ 1,570.32	$ 1,570.32
22844 00	Surgery	26.20	26.20	$ 1,886.40	$ 1,886.40
22845 00	Surgery	19.39	19.39	$ 1,396.08	$ 1,396.08
22846 00	Surgery	20.16	20.16	$ 1,451.52	$ 1,451.52
22847 00	Surgery	20.58	20.58	$ 1,481.76	$ 1,481.76
22848 00	Surgery	9.51	9.51	$ 684.72	$ 684.72
22849 00	Surgery	36.73	36.73	$ 2,644.56	$ 2,644.56
22850 00	Surgery	21.46	21.46	$ 1,545.12	$ 1,545.12
22852 00	Surgery	20.72	20.72	$ 1,491.84	$ 1,491.84
22853 00	Surgery	6.85	6.85	$ 493.20	$ 493.20
22854 00	Surgery	9.00	9.00	$ 648.00	$ 648.00
22855 00	Surgery	31.46	31.46	$ 2,265.12	$ 2,265.12
22856 00	Surgery	45.57	45.57	$ 3,281.04	$ 3,281.04
22857 00	Surgery	46.97	46.97	$ 3,381.84	$ 3,381.84
22858 00	Surgery	13.45	13.45	$ 968.40	$ 968.40
22859 00	Surgery	8.99	8.99	$ 647.28	$ 647.28
22860 00	Surgery	10.31	10.31	$ 742.32	$ 742.32
22861 00	Surgery	67.33	67.33	$ 4,847.76	$ 4,847.76
22862 00	Surgery	67.90	67.90	$ 4,888.80	$ 4,888.80
22864 00	Surgery	60.51	60.51	$ 4,356.72	$ 4,356.72
22865 00	Surgery	66.39	66.39	$ 4,780.08	$ 4,780.08
22867 00	Surgery	30.30	30.30	$ 2,181.60	$ 2,181.60
22868 00	Surgery	6.43	6.43	$ 462.96	$ 462.96
22869 00	Surgery	11.83	11.83	$ 851.76	$ 851.76
22870 00	Surgery	3.02	3.02	$ 217.44	$ 217.44
22899 00	Surgery	0.00	0.00	BR	BR
22900 00	Surgery	16.39	16.39	$ 1,180.08	$ 1,180.08

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
22901 00	Surgery	19.21	19.21	$ 1,383.12	$ 1,383.12
22902 00	Surgery	15.49	9.92	$ 1,115.28	$ 714.24
22903 00	Surgery	12.84	12.84	$ 924.48	$ 924.48
22904 00	Surgery	29.50	29.50	$ 2,124.00	$ 2,124.00
22905 00	Surgery	37.05	37.05	$ 2,667.60	$ 2,667.60
22999 00	Surgery	0.00	0.00	BR	BR
23000 00	Surgery	17.11	10.06	$ 1,231.92	$ 724.32
23020 00	Surgery	19.48	19.48	$ 1,402.56	$ 1,402.56
23030 00	Surgery	14.19	7.30	$ 1,021.68	$ 525.60
23031 00	Surgery	13.92	6.46	$ 1,002.24	$ 465.12
23035 00	Surgery	19.00	19.00	$ 1,368.00	$ 1,368.00
23040 00	Surgery	20.15	20.15	$ 1,450.80	$ 1,450.80
23044 00	Surgery	16.26	16.26	$ 1,170.72	$ 1,170.72
23065 00	Surgery	6.93	4.39	$ 498.96	$ 316.08
23066 00	Surgery	18.73	10.97	$ 1,348.56	$ 789.84
23071 00	Surgery	12.19	12.19	$ 877.68	$ 877.68
23073 00	Surgery	19.72	19.72	$ 1,419.84	$ 1,419.84
23075 00	Surgery	16.61	9.62	$ 1,195.92	$ 692.64
23076 00	Surgery	15.67	15.67	$ 1,128.24	$ 1,128.24
23077 00	Surgery	31.48	31.48	$ 2,266.56	$ 2,266.56
23078 00	Surgery	39.69	39.69	$ 2,857.68	$ 2,857.68
23100 00	Surgery	14.71	14.71	$ 1,059.12	$ 1,059.12
23101 00	Surgery	13.28	13.28	$ 956.16	$ 956.16
23105 00	Surgery	18.12	18.12	$ 1,304.64	$ 1,304.64
23106 00	Surgery	14.61	14.61	$ 1,051.92	$ 1,051.92
23107 00	Surgery	18.75	18.75	$ 1,350.00	$ 1,350.00
23120 00	Surgery	16.91	16.91	$ 1,217.52	$ 1,217.52
23125 00	Surgery	20.03	20.03	$ 1,442.16	$ 1,442.16
23130 00	Surgery	17.69	17.69	$ 1,273.68	$ 1,273.68
23140 00	Surgery	15.91	15.91	$ 1,145.52	$ 1,145.52
23145 00	Surgery	19.67	19.67	$ 1,416.24	$ 1,416.24
23146 00	Surgery	17.85	17.85	$ 1,285.20	$ 1,285.20
23150 00	Surgery	18.94	18.94	$ 1,363.68	$ 1,363.68
23155 00	Surgery	22.41	22.41	$ 1,613.52	$ 1,613.52
23156 00	Surgery	19.24	19.24	$ 1,385.28	$ 1,385.28
23170 00	Surgery	16.19	16.19	$ 1,165.68	$ 1,165.68
23172 00	Surgery	16.34	16.34	$ 1,176.48	$ 1,176.48
23174 00	Surgery	21.70	21.70	$ 1,562.40	$ 1,562.40
23180 00	Surgery	19.61	19.61	$ 1,411.92	$ 1,411.92
23182 00	Surgery	19.19	19.19	$ 1,381.68	$ 1,381.68

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
23184 00	Surgery	20.85	20.85	$ 1,501.20	$ 1,501.20
23190 00	Surgery	16.42	16.42	$ 1,182.24	$ 1,182.24
23195 00	Surgery	21.25	21.25	$ 1,530.00	$ 1,530.00
23200 00	Surgery	40.88	40.88	$ 2,943.36	$ 2,943.36
23210 00	Surgery	47.58	47.58	$ 3,425.76	$ 3,425.76
23220 00	Surgery	52.02	52.02	$ 3,745.44	$ 3,745.44
23330 00	Surgery	9.83	4.98	$ 707.76	$ 358.56
23333 00	Surgery	13.76	13.76	$ 990.72	$ 990.72
23334 00	Surgery	29.22	29.22	$ 2,103.84	$ 2,103.84
23335 00	Surgery	34.38	34.38	$ 2,475.36	$ 2,475.36
23350 00	Surgery	4.70	1.26	$ 338.40	$ 90.72
23395 00	Surgery	35.26	35.26	$ 2,538.72	$ 2,538.72
23397 00	Surgery	31.22	31.22	$ 2,247.84	$ 2,247.84
23400 00	Surgery	26.91	26.91	$ 1,937.52	$ 1,937.52
23405 00	Surgery	17.20	17.20	$ 1,238.40	$ 1,238.40
23406 00	Surgery	20.18	20.18	$ 1,452.96	$ 1,452.96
23410 00	Surgery	22.90	22.90	$ 1,648.80	$ 1,648.80
23412 00	Surgery	23.70	23.70	$ 1,706.40	$ 1,706.40
23415 00	Surgery	19.71	19.71	$ 1,419.12	$ 1,419.12
23420 00	Surgery	27.14	27.14	$ 1,954.08	$ 1,954.08
23430 00	Surgery	20.85	20.85	$ 1,501.20	$ 1,501.20
23440 00	Surgery	21.00	21.00	$ 1,512.00	$ 1,512.00
23450 00	Surgery	26.10	26.10	$ 1,879.20	$ 1,879.20
23455 00	Surgery	26.36	26.36	$ 1,897.92	$ 1,897.92
23460 00	Surgery	29.96	29.96	$ 2,157.12	$ 2,157.12
23462 00	Surgery	29.26	29.26	$ 2,106.72	$ 2,106.72
23465 00	Surgery	30.68	30.68	$ 2,208.96	$ 2,208.96
23466 00	Surgery	30.98	30.98	$ 2,230.56	$ 2,230.56
23470 00	Surgery	32.57	32.57	$ 2,345.04	$ 2,345.04
23472 00	Surgery	38.93	38.93	$ 2,802.96	$ 2,802.96
23473 00	Surgery	43.12	43.12	$ 3,104.64	$ 3,104.64
23474 00	Surgery	46.47	46.47	$ 3,345.84	$ 3,345.84
23480 00	Surgery	22.87	22.87	$ 1,646.64	$ 1,646.64
23485 00	Surgery	26.09	26.09	$ 1,878.48	$ 1,878.48
23490 00	Surgery	23.97	23.97	$ 1,725.84	$ 1,725.84
23491 00	Surgery	28.07	28.07	$ 2,021.04	$ 2,021.04
23500 00	Surgery	7.73	7.34	$ 556.56	$ 528.48
23505 00	Surgery	12.24	10.34	$ 881.28	$ 744.48
23515 00	Surgery	20.33	20.33	$ 1,463.76	$ 1,463.76
23520 00	Surgery	8.10	7.38	$ 583.20	$ 531.36

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
23525 00	Surgery	13.36	10.99	$ 961.92	$ 791.28
23530 00	Surgery	16.44	16.44	$ 1,183.68	$ 1,183.68
23532 00	Surgery	17.88	17.88	$ 1,287.36	$ 1,287.36
23540 00	Surgery	8.28	7.69	$ 596.16	$ 553.68
23545 00	Surgery	15.03	12.76	$ 1,082.16	$ 918.72
23550 00	Surgery	16.19	16.19	$ 1,165.68	$ 1,165.68
23552 00	Surgery	18.33	18.33	$ 1,319.76	$ 1,319.76
23570 00	Surgery	7.96	7.57	$ 573.12	$ 545.04
23575 00	Surgery	13.74	11.35	$ 989.28	$ 817.20
23585 00	Surgery	26.81	26.81	$ 1,930.32	$ 1,930.32
23600 00	Surgery	11.41	9.94	$ 821.52	$ 715.68
23605 00	Surgery	16.01	13.20	$ 1,152.72	$ 950.40
23615 00	Surgery	24.66	24.66	$ 1,775.52	$ 1,775.52
23616 00	Surgery	33.58	33.58	$ 2,417.76	$ 2,417.76
23620 00	Surgery	9.27	8.13	$ 667.44	$ 585.36
23625 00	Surgery	13.42	11.30	$ 966.24	$ 813.60
23630 00	Surgery	21.98	21.98	$ 1,582.56	$ 1,582.56
23650 00	Surgery	12.99	11.01	$ 935.28	$ 792.72
23655 00	Surgery	12.54	12.54	$ 902.88	$ 902.88
23660 00	Surgery	16.50	16.50	$ 1,188.00	$ 1,188.00
23665 00	Surgery	14.92	12.47	$ 1,074.24	$ 897.84
23670 00	Surgery	24.48	24.48	$ 1,762.56	$ 1,762.56
23675 00	Surgery	18.84	15.30	$ 1,356.48	$ 1,101.60
23680 00	Surgery	25.90	25.90	$ 1,864.80	$ 1,864.80
23700 00	Surgery	5.53	5.53	$ 398.16	$ 398.16
23800 00	Surgery	28.34	28.34	$ 2,040.48	$ 2,040.48
23802 00	Surgery	35.40	35.40	$ 2,548.80	$ 2,548.80
23900 00	Surgery	37.63	37.63	$ 2,709.36	$ 2,709.36
23920 00	Surgery	30.97	30.97	$ 2,229.84	$ 2,229.84
23921 00	Surgery	13.75	13.75	$ 990.00	$ 990.00
23929 00	Surgery	0.00	0.00	BR	BR
23930 00	Surgery	11.41	6.14	$ 821.52	$ 442.08
23931 00	Surgery	9.70	4.75	$ 698.40	$ 342.00
23935 00	Surgery	14.83	14.83	$ 1,067.76	$ 1,067.76
24000 00	Surgery	13.81	13.81	$ 994.32	$ 994.32
24006 00	Surgery	19.89	19.89	$ 1,432.08	$ 1,432.08
24065 00	Surgery	7.85	4.45	$ 565.20	$ 320.40
24066 00	Surgery	20.55	12.45	$ 1,479.60	$ 896.40
24071 00	Surgery	11.73	11.73	$ 844.56	$ 844.56
24073 00	Surgery	19.56	19.56	$ 1,408.32	$ 1,408.32

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
24075 00	Surgery	17.05	9.60	$ 1,227.60	$ 691.20
24076 00	Surgery	15.60	15.60	$ 1,123.20	$ 1,123.20
24077 00	Surgery	28.68	28.68	$ 2,064.96	$ 2,064.96
24079 00	Surgery	36.71	36.71	$ 2,643.12	$ 2,643.12
24100 00	Surgery	12.31	12.31	$ 886.32	$ 886.32
24101 00	Surgery	14.45	14.45	$ 1,040.40	$ 1,040.40
24102 00	Surgery	17.33	17.33	$ 1,247.76	$ 1,247.76
24105 00	Surgery	10.72	10.72	$ 771.84	$ 771.84
24110 00	Surgery	16.95	16.95	$ 1,220.40	$ 1,220.40
24115 00	Surgery	20.75	20.75	$ 1,494.00	$ 1,494.00
24116 00	Surgery	23.89	23.89	$ 1,720.08	$ 1,720.08
24120 00	Surgery	15.19	15.19	$ 1,093.68	$ 1,093.68
24125 00	Surgery	17.80	17.80	$ 1,281.60	$ 1,281.60
24126 00	Surgery	18.49	18.49	$ 1,331.28	$ 1,331.28
24130 00	Surgery	14.53	14.53	$ 1,046.16	$ 1,046.16
24134 00	Surgery	21.05	21.05	$ 1,515.60	$ 1,515.60
24136 00	Surgery	17.98	17.98	$ 1,294.56	$ 1,294.56
24138 00	Surgery	19.79	19.79	$ 1,424.88	$ 1,424.88
24140 00	Surgery	19.64	19.64	$ 1,414.08	$ 1,414.08
24145 00	Surgery	16.95	16.95	$ 1,220.40	$ 1,220.40
24147 00	Surgery	17.86	17.86	$ 1,285.92	$ 1,285.92
24149 00	Surgery	32.64	32.64	$ 2,350.08	$ 2,350.08
24150 00	Surgery	41.83	41.83	$ 3,011.76	$ 3,011.76
24152 00	Surgery	36.65	36.65	$ 2,638.80	$ 2,638.80
24155 00	Surgery	23.69	23.69	$ 1,705.68	$ 1,705.68
24160 00	Surgery	34.38	34.38	$ 2,475.36	$ 2,475.36
24164 00	Surgery	20.43	20.43	$ 1,470.96	$ 1,470.96
24200 00	Surgery	7.28	4.29	$ 524.16	$ 308.88
24201 00	Surgery	19.98	11.75	$ 1,438.56	$ 846.00
24220 00	Surgery	5.58	1.68	$ 401.76	$ 120.96
24300 00	Surgery	13.36	13.36	$ 961.92	$ 961.92
24301 00	Surgery	20.98	20.98	$ 1,510.56	$ 1,510.56
24305 00	Surgery	16.19	16.19	$ 1,165.68	$ 1,165.68
24310 00	Surgery	13.24	13.24	$ 953.28	$ 953.28
24320 00	Surgery	21.84	21.84	$ 1,572.48	$ 1,572.48
24330 00	Surgery	20.27	20.27	$ 1,459.44	$ 1,459.44
24331 00	Surgery	21.98	21.98	$ 1,582.56	$ 1,582.56
24332 00	Surgery	17.66	17.66	$ 1,271.52	$ 1,271.52
24340 00	Surgery	17.47	17.47	$ 1,257.84	$ 1,257.84
24341 00	Surgery	21.20	21.20	$ 1,526.40	$ 1,526.40

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
24342 00	Surgery	21.44	21.44	$ 1,543.68	$ 1,543.68
24343 00	Surgery	20.26	20.26	$ 1,458.72	$ 1,458.72
24344 00	Surgery	30.85	30.85	$ 2,221.20	$ 2,221.20
24345 00	Surgery	20.20	20.20	$ 1,454.40	$ 1,454.40
24346 00	Surgery	30.85	30.85	$ 2,221.20	$ 2,221.20
24357 00	Surgery	11.51	11.51	$ 828.72	$ 828.72
24358 00	Surgery	14.97	14.97	$ 1,077.84	$ 1,077.84
24359 00	Surgery	18.47	18.47	$ 1,329.84	$ 1,329.84
24360 00	Surgery	25.08	25.08	$ 1,805.76	$ 1,805.76
24361 00	Surgery	27.86	27.86	$ 2,005.92	$ 2,005.92
24362 00	Surgery	29.22	29.22	$ 2,103.84	$ 2,103.84
24363 00	Surgery	38.94	38.94	$ 2,803.68	$ 2,803.68
24365 00	Surgery	18.13	18.13	$ 1,305.36	$ 1,305.36
24366 00	Surgery	19.02	19.02	$ 1,369.44	$ 1,369.44
24370 00	Surgery	41.22	41.22	$ 2,967.84	$ 2,967.84
24371 00	Surgery	47.05	47.05	$ 3,387.60	$ 3,387.60
24400 00	Surgery	23.20	23.20	$ 1,670.40	$ 1,670.40
24410 00	Surgery	29.25	29.25	$ 2,106.00	$ 2,106.00
24420 00	Surgery	29.99	29.99	$ 2,159.28	$ 2,159.28
24430 00	Surgery	29.03	29.03	$ 2,090.16	$ 2,090.16
24435 00	Surgery	30.06	30.06	$ 2,164.32	$ 2,164.32
24470 00	Surgery	19.12	19.12	$ 1,376.64	$ 1,376.64
24495 00	Surgery	27.14	27.14	$ 1,954.08	$ 1,954.08
24498 00	Surgery	24.02	24.02	$ 1,729.44	$ 1,729.44
24500 00	Surgery	12.43	10.44	$ 894.96	$ 751.68
24505 00	Surgery	17.43	14.18	$ 1,254.96	$ 1,020.96
24515 00	Surgery	24.62	24.62	$ 1,772.64	$ 1,772.64
24516 00	Surgery	23.88	23.88	$ 1,719.36	$ 1,719.36
24530 00	Surgery	13.00	10.76	$ 936.00	$ 774.72
24535 00	Surgery	20.66	16.91	$ 1,487.52	$ 1,217.52
24538 00	Surgery	22.51	22.51	$ 1,620.72	$ 1,620.72
24545 00	Surgery	25.76	25.76	$ 1,854.72	$ 1,854.72
24546 00	Surgery	28.55	28.55	$ 2,055.60	$ 2,055.60
24560 00	Surgery	11.70	9.58	$ 842.40	$ 689.76
24565 00	Surgery	18.01	14.59	$ 1,296.72	$ 1,050.48
24566 00	Surgery	20.68	20.68	$ 1,488.96	$ 1,488.96
24575 00	Surgery	20.80	20.80	$ 1,497.60	$ 1,497.60
24576 00	Surgery	12.27	10.11	$ 883.44	$ 727.92
24577 00	Surgery	18.50	14.92	$ 1,332.00	$ 1,074.24
24579 00	Surgery	23.36	23.36	$ 1,681.92	$ 1,681.92

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
24582 00	Surgery	23.44	23.44	$ 1,687.68	$ 1,687.68
24586 00	Surgery	29.62	29.62	$ 2,132.64	$ 2,132.64
24587 00	Surgery	29.92	29.92	$ 2,154.24	$ 2,154.24
24600 00	Surgery	14.27	12.04	$ 1,027.44	$ 866.88
24605 00	Surgery	14.35	14.35	$ 1,033.20	$ 1,033.20
24615 00	Surgery	19.90	19.90	$ 1,432.80	$ 1,432.80
24620 00	Surgery	17.00	17.00	$ 1,224.00	$ 1,224.00
24635 00	Surgery	19.16	19.16	$ 1,379.52	$ 1,379.52
24640 00	Surgery	3.12	2.14	$ 224.64	$ 154.08
24650 00	Surgery	9.03	7.74	$ 650.16	$ 557.28
24655 00	Surgery	15.95	13.23	$ 1,148.40	$ 952.56
24665 00	Surgery	18.63	18.63	$ 1,341.36	$ 1,341.36
24666 00	Surgery	20.51	20.51	$ 1,476.72	$ 1,476.72
24670 00	Surgery	10.08	8.43	$ 725.76	$ 606.96
24675 00	Surgery	15.47	12.68	$ 1,113.84	$ 912.96
24685 00	Surgery	18.63	18.63	$ 1,341.36	$ 1,341.36
24800 00	Surgery	23.38	23.38	$ 1,683.36	$ 1,683.36
24802 00	Surgery	27.74	27.74	$ 1,997.28	$ 1,997.28
24900 00	Surgery	21.56	21.56	$ 1,552.32	$ 1,552.32
24920 00	Surgery	20.57	20.57	$ 1,481.04	$ 1,481.04
24925 00	Surgery	16.33	16.33	$ 1,175.76	$ 1,175.76
24930 00	Surgery	21.62	21.62	$ 1,556.64	$ 1,556.64
24931 00	Surgery	25.69	25.69	$ 1,849.68	$ 1,849.68
24935 00	Surgery	34.05	34.05	$ 2,451.60	$ 2,451.60
24940 00	Surgery	0.00	0.00	BR	BR
24999 00	Surgery	0.00	0.00	BR	BR
25000 00	Surgery	10.19	10.19	$ 733.68	$ 733.68
25001 00	Surgery	10.22	10.22	$ 735.84	$ 735.84
25020 00	Surgery	21.61	21.61	$ 1,555.92	$ 1,555.92
25023 00	Surgery	37.84	37.84	$ 2,724.48	$ 2,724.48
25024 00	Surgery	21.76	21.76	$ 1,566.72	$ 1,566.72
25025 00	Surgery	33.66	33.66	$ 2,423.52	$ 2,423.52
25028 00	Surgery	20.60	20.60	$ 1,483.20	$ 1,483.20
25031 00	Surgery	10.90	10.90	$ 784.80	$ 784.80
25035 00	Surgery	16.87	16.87	$ 1,214.64	$ 1,214.64
25040 00	Surgery	15.71	15.71	$ 1,131.12	$ 1,131.12
25065 00	Surgery	7.84	4.37	$ 564.48	$ 314.64
25066 00	Surgery	10.73	10.73	$ 772.56	$ 772.56
25071 00	Surgery	12.11	12.11	$ 871.92	$ 871.92
25073 00	Surgery	15.21	15.21	$ 1,095.12	$ 1,095.12

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
25075 00	Surgery	16.54	9.18	$ 1,190.88	$ 660.96
25076 00	Surgery	14.70	14.70	$ 1,058.40	$ 1,058.40
25077 00	Surgery	24.87	24.87	$ 1,790.64	$ 1,790.64
25078 00	Surgery	32.40	32.40	$ 2,332.80	$ 2,332.80
25085 00	Surgery	12.76	12.76	$ 918.72	$ 918.72
25100 00	Surgery	10.39	10.39	$ 748.08	$ 748.08
25101 00	Surgery	11.74	11.74	$ 845.28	$ 845.28
25105 00	Surgery	13.90	13.90	$ 1,000.80	$ 1,000.80
25107 00	Surgery	17.60	17.60	$ 1,267.20	$ 1,267.20
25109 00	Surgery	15.15	15.15	$ 1,090.80	$ 1,090.80
25110 00	Surgery	10.11	10.11	$ 727.92	$ 727.92
25111 00	Surgery	9.61	9.61	$ 691.92	$ 691.92
25112 00	Surgery	11.29	11.29	$ 812.88	$ 812.88
25115 00	Surgery	21.06	21.06	$ 1,516.32	$ 1,516.32
25116 00	Surgery	17.10	17.10	$ 1,231.20	$ 1,231.20
25118 00	Surgery	11.07	11.07	$ 797.04	$ 797.04
25119 00	Surgery	14.57	14.57	$ 1,049.04	$ 1,049.04
25120 00	Surgery	14.23	14.23	$ 1,024.56	$ 1,024.56
25125 00	Surgery	17.09	17.09	$ 1,230.48	$ 1,230.48
25126 00	Surgery	17.20	17.20	$ 1,238.40	$ 1,238.40
25130 00	Surgery	12.90	12.90	$ 928.80	$ 928.80
25135 00	Surgery	16.20	16.20	$ 1,166.40	$ 1,166.40
25136 00	Surgery	14.47	14.47	$ 1,041.84	$ 1,041.84
25145 00	Surgery	15.04	15.04	$ 1,082.88	$ 1,082.88
25150 00	Surgery	16.01	16.01	$ 1,152.72	$ 1,152.72
25151 00	Surgery	16.34	16.34	$ 1,176.48	$ 1,176.48
25170 00	Surgery	39.81	39.81	$ 2,866.32	$ 2,866.32
25210 00	Surgery	13.99	13.99	$ 1,007.28	$ 1,007.28
25215 00	Surgery	17.30	17.30	$ 1,245.60	$ 1,245.60
25230 00	Surgery	12.38	12.38	$ 891.36	$ 891.36
25240 00	Surgery	12.29	12.29	$ 884.88	$ 884.88
25246 00	Surgery	5.62	1.84	$ 404.64	$ 132.48
25248 00	Surgery	12.22	12.22	$ 879.84	$ 879.84
25250 00	Surgery	15.38	15.38	$ 1,107.36	$ 1,107.36
25251 00	Surgery	20.29	20.29	$ 1,460.88	$ 1,460.88
25259 00	Surgery	13.09	13.09	$ 942.48	$ 942.48
25260 00	Surgery	17.94	17.94	$ 1,291.68	$ 1,291.68
25263 00	Surgery	18.20	18.20	$ 1,310.40	$ 1,310.40
25265 00	Surgery	20.60	20.60	$ 1,483.20	$ 1,483.20
25270 00	Surgery	14.10	14.10	$ 1,015.20	$ 1,015.20

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
25272 00	Surgery	16.04	16.04	$ 1,154.88	$ 1,154.88
25274 00	Surgery	18.44	18.44	$ 1,327.68	$ 1,327.68
25275 00	Surgery	18.68	18.68	$ 1,344.96	$ 1,344.96
25280 00	Surgery	15.94	15.94	$ 1,147.68	$ 1,147.68
25290 00	Surgery	12.41	12.41	$ 893.52	$ 893.52
25295 00	Surgery	14.88	14.88	$ 1,071.36	$ 1,071.36
25300 00	Surgery	19.65	19.65	$ 1,414.80	$ 1,414.80
25301 00	Surgery	17.94	17.94	$ 1,291.68	$ 1,291.68
25310 00	Surgery	20.01	20.01	$ 1,440.72	$ 1,440.72
25312 00	Surgery	19.88	19.88	$ 1,431.36	$ 1,431.36
25315 00	Surgery	21.58	21.58	$ 1,553.76	$ 1,553.76
25316 00	Surgery	25.47	25.47	$ 1,833.84	$ 1,833.84
25320 00	Surgery	27.77	27.77	$ 1,999.44	$ 1,999.44
25332 00	Surgery	23.20	23.20	$ 1,670.40	$ 1,670.40
25335 00	Surgery	26.19	26.19	$ 1,885.68	$ 1,885.68
25337 00	Surgery	24.80	24.80	$ 1,785.60	$ 1,785.60
25350 00	Surgery	18.77	18.77	$ 1,351.44	$ 1,351.44
25355 00	Surgery	21.51	21.51	$ 1,548.72	$ 1,548.72
25360 00	Surgery	18.26	18.26	$ 1,314.72	$ 1,314.72
25365 00	Surgery	25.48	25.48	$ 1,834.56	$ 1,834.56
25370 00	Surgery	28.16	28.16	$ 2,027.52	$ 2,027.52
25375 00	Surgery	26.44	26.44	$ 1,903.68	$ 1,903.68
25390 00	Surgery	21.10	21.10	$ 1,519.20	$ 1,519.20
25391 00	Surgery	27.52	27.52	$ 1,981.44	$ 1,981.44
25392 00	Surgery	27.97	27.97	$ 2,013.84	$ 2,013.84
25393 00	Surgery	30.93	30.93	$ 2,226.96	$ 2,226.96
25394 00	Surgery	22.02	22.02	$ 1,585.44	$ 1,585.44
25400 00	Surgery	22.07	22.07	$ 1,589.04	$ 1,589.04
25405 00	Surgery	28.12	28.12	$ 2,024.64	$ 2,024.64
25415 00	Surgery	26.81	26.81	$ 1,930.32	$ 1,930.32
25420 00	Surgery	31.99	31.99	$ 2,303.28	$ 2,303.28
25425 00	Surgery	26.68	26.68	$ 1,920.96	$ 1,920.96
25426 00	Surgery	30.75	30.75	$ 2,214.00	$ 2,214.00
25430 00	Surgery	20.82	20.82	$ 1,499.04	$ 1,499.04
25431 00	Surgery	22.12	22.12	$ 1,592.64	$ 1,592.64
25440 00	Surgery	21.10	21.10	$ 1,519.20	$ 1,519.20
25441 00	Surgery	26.02	26.02	$ 1,873.44	$ 1,873.44
25442 00	Surgery	22.17	22.17	$ 1,596.24	$ 1,596.24
25443 00	Surgery	22.08	22.08	$ 1,589.76	$ 1,589.76
25444 00	Surgery	22.74	22.74	$ 1,637.28	$ 1,637.28

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
25445 00	Surgery	19.88	19.88	$ 1,431.36	$ 1,431.36
25446 00	Surgery	31.49	31.49	$ 2,267.28	$ 2,267.28
25447 00	Surgery	22.27	22.27	$ 1,603.44	$ 1,603.44
25448 00	Surgery	24.53	24.53	$ 1,766.16	$ 1,766.16
25449 00	Surgery	27.91	27.91	$ 2,009.52	$ 2,009.52
25450 00	Surgery	17.67	17.67	$ 1,272.24	$ 1,272.24
25455 00	Surgery	20.70	20.70	$ 1,490.40	$ 1,490.40
25490 00	Surgery	20.32	20.32	$ 1,463.04	$ 1,463.04
25491 00	Surgery	20.80	20.80	$ 1,497.60	$ 1,497.60
25492 00	Surgery	25.25	25.25	$ 1,818.00	$ 1,818.00
25500 00	Surgery	9.78	8.17	$ 704.16	$ 588.24
25505 00	Surgery	17.67	14.69	$ 1,272.24	$ 1,057.68
25515 00	Surgery	18.98	18.98	$ 1,366.56	$ 1,366.56
25520 00	Surgery	19.06	15.93	$ 1,372.32	$ 1,146.96
25525 00	Surgery	22.06	22.06	$ 1,588.32	$ 1,588.32
25526 00	Surgery	26.80	26.80	$ 1,929.60	$ 1,929.60
25530 00	Surgery	9.04	7.61	$ 650.88	$ 547.92
25535 00	Surgery	16.41	13.57	$ 1,181.52	$ 977.04
25545 00	Surgery	17.81	17.81	$ 1,282.32	$ 1,282.32
25560 00	Surgery	9.94	8.19	$ 715.68	$ 589.68
25565 00	Surgery	18.67	15.26	$ 1,344.24	$ 1,098.72
25574 00	Surgery	19.19	19.19	$ 1,381.68	$ 1,381.68
25575 00	Surgery	25.32	25.32	$ 1,823.04	$ 1,823.04
25600 00	Surgery	11.54	10.24	$ 830.88	$ 737.28
25605 00	Surgery	19.00	16.45	$ 1,368.00	$ 1,184.40
25606 00	Surgery	19.21	19.21	$ 1,383.12	$ 1,383.12
25607 00	Surgery	20.88	20.88	$ 1,503.36	$ 1,503.36
25608 00	Surgery	23.11	23.11	$ 1,663.92	$ 1,663.92
25609 00	Surgery	28.99	28.99	$ 2,087.28	$ 2,087.28
25622 00	Surgery	10.50	8.86	$ 756.00	$ 637.92
25624 00	Surgery	16.44	13.36	$ 1,183.68	$ 961.92
25628 00	Surgery	20.03	20.03	$ 1,442.16	$ 1,442.16
25630 00	Surgery	10.33	8.70	$ 743.76	$ 626.40
25635 00	Surgery	15.59	12.67	$ 1,122.48	$ 912.24
25645 00	Surgery	16.35	16.35	$ 1,177.20	$ 1,177.20
25650 00	Surgery	11.35	9.73	$ 817.20	$ 700.56
25651 00	Surgery	14.18	14.18	$ 1,020.96	$ 1,020.96
25652 00	Surgery	17.69	17.69	$ 1,273.68	$ 1,273.68
25660 00	Surgery	13.35	13.35	$ 961.20	$ 961.20
25670 00	Surgery	17.37	17.37	$ 1,250.64	$ 1,250.64

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
25671 00	Surgery	15.65	15.65	$ 1,126.80	$ 1,126.80
25675 00	Surgery	17.36	14.65	$ 1,249.92	$ 1,054.80
25676 00	Surgery	17.82	17.82	$ 1,283.04	$ 1,283.04
25680 00	Surgery	15.54	15.54	$ 1,118.88	$ 1,118.88
25685 00	Surgery	20.70	20.70	$ 1,490.40	$ 1,490.40
25690 00	Surgery	14.44	14.44	$ 1,039.68	$ 1,039.68
25695 00	Surgery	17.99	17.99	$ 1,295.28	$ 1,295.28
25800 00	Surgery	20.16	20.16	$ 1,451.52	$ 1,451.52
25805 00	Surgery	23.72	23.72	$ 1,707.84	$ 1,707.84
25810 00	Surgery	23.77	23.77	$ 1,711.44	$ 1,711.44
25820 00	Surgery	18.42	18.42	$ 1,326.24	$ 1,326.24
25825 00	Surgery	22.27	22.27	$ 1,603.44	$ 1,603.44
25830 00	Surgery	29.06	29.06	$ 2,092.32	$ 2,092.32
25900 00	Surgery	20.06	20.06	$ 1,444.32	$ 1,444.32
25905 00	Surgery	19.76	19.76	$ 1,422.72	$ 1,422.72
25907 00	Surgery	17.53	17.53	$ 1,262.16	$ 1,262.16
25909 00	Surgery	19.34	19.34	$ 1,392.48	$ 1,392.48
25915 00	Surgery	31.72	31.72	$ 2,283.84	$ 2,283.84
25920 00	Surgery	20.88	20.88	$ 1,503.36	$ 1,503.36
25922 00	Surgery	18.68	18.68	$ 1,344.96	$ 1,344.96
25924 00	Surgery	20.41	20.41	$ 1,469.52	$ 1,469.52
25927 00	Surgery	25.15	25.15	$ 1,810.80	$ 1,810.80
25929 00	Surgery	17.12	17.12	$ 1,232.64	$ 1,232.64
25931 00	Surgery	23.42	23.42	$ 1,686.24	$ 1,686.24
25999 00	Surgery	0.00	0.00	BR	BR
26010 00	Surgery	11.23	4.34	$ 808.56	$ 312.48
26011 00	Surgery	15.48	5.46	$ 1,114.56	$ 393.12
26020 00	Surgery	15.93	15.93	$ 1,146.96	$ 1,146.96
26025 00	Surgery	12.11	12.11	$ 871.92	$ 871.92
26030 00	Surgery	13.95	13.95	$ 1,004.40	$ 1,004.40
26034 00	Surgery	15.75	15.75	$ 1,134.00	$ 1,134.00
26035 00	Surgery	24.41	24.41	$ 1,757.52	$ 1,757.52
26037 00	Surgery	15.78	15.78	$ 1,136.16	$ 1,136.16
26040 00	Surgery	9.24	9.24	$ 665.28	$ 665.28
26045 00	Surgery	13.57	13.57	$ 977.04	$ 977.04
26055 00	Surgery	18.85	8.61	$ 1,357.20	$ 619.92
26060 00	Surgery	7.29	7.29	$ 524.88	$ 524.88
26070 00	Surgery	9.37	9.37	$ 674.64	$ 674.64
26075 00	Surgery	9.88	9.88	$ 711.36	$ 711.36
26080 00	Surgery	11.61	11.61	$ 835.92	$ 835.92

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
26100 00	Surgery	10.14	10.14	$ 730.08	$ 730.08
26105 00	Surgery	10.19	10.19	$ 733.68	$ 733.68
26110 00	Surgery	9.52	9.52	$ 685.44	$ 685.44
26111 00	Surgery	11.77	11.77	$ 847.44	$ 847.44
26113 00	Surgery	15.33	15.33	$ 1,103.76	$ 1,103.76
26115 00	Surgery	17.61	9.62	$ 1,267.92	$ 692.64
26116 00	Surgery	14.79	14.79	$ 1,064.88	$ 1,064.88
26117 00	Surgery	20.79	20.79	$ 1,496.88	$ 1,496.88
26118 00	Surgery	29.16	29.16	$ 2,099.52	$ 2,099.52
26121 00	Surgery	16.82	16.82	$ 1,211.04	$ 1,211.04
26123 00	Surgery	23.39	23.39	$ 1,684.08	$ 1,684.08
26125 00	Surgery	6.83	6.83	$ 491.76	$ 491.76
26130 00	Surgery	13.73	13.73	$ 988.56	$ 988.56
26135 00	Surgery	15.55	15.55	$ 1,119.60	$ 1,119.60
26140 00	Surgery	14.39	14.39	$ 1,036.08	$ 1,036.08
26145 00	Surgery	14.58	14.58	$ 1,049.76	$ 1,049.76
26160 00	Surgery	19.69	9.24	$ 1,417.68	$ 665.28
26170 00	Surgery	11.73	11.73	$ 844.56	$ 844.56
26180 00	Surgery	12.91	12.91	$ 929.52	$ 929.52
26185 00	Surgery	16.39	16.39	$ 1,180.08	$ 1,180.08
26200 00	Surgery	12.85	12.85	$ 925.20	$ 925.20
26205 00	Surgery	17.25	17.25	$ 1,242.00	$ 1,242.00
26210 00	Surgery	12.83	12.83	$ 923.76	$ 923.76
26215 00	Surgery	16.26	16.26	$ 1,170.72	$ 1,170.72
26230 00	Surgery	14.12	14.12	$ 1,016.64	$ 1,016.64
26235 00	Surgery	13.91	13.91	$ 1,001.52	$ 1,001.52
26236 00	Surgery	12.64	12.64	$ 910.08	$ 910.08
26250 00	Surgery	29.52	29.52	$ 2,125.44	$ 2,125.44
26260 00	Surgery	22.33	22.33	$ 1,607.76	$ 1,607.76
26262 00	Surgery	18.03	18.03	$ 1,298.16	$ 1,298.16
26320 00	Surgery	10.11	10.11	$ 727.92	$ 727.92
26340 00	Surgery	10.94	10.94	$ 787.68	$ 787.68
26341 00	Surgery	3.72	2.19	$ 267.84	$ 157.68
26350 00	Surgery	22.12	22.12	$ 1,592.64	$ 1,592.64
26352 00	Surgery	24.09	24.09	$ 1,734.48	$ 1,734.48
26356 00	Surgery	22.56	22.56	$ 1,624.32	$ 1,624.32
26357 00	Surgery	25.55	25.55	$ 1,839.60	$ 1,839.60
26358 00	Surgery	27.94	27.94	$ 2,011.68	$ 2,011.68
26370 00	Surgery	22.75	22.75	$ 1,638.00	$ 1,638.00
26372 00	Surgery	26.88	26.88	$ 1,935.36	$ 1,935.36

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
26373 00	Surgery	26.00	26.00	$ 1,872.00	$ 1,872.00
26390 00	Surgery	25.49	25.49	$ 1,835.28	$ 1,835.28
26392 00	Surgery	29.12	29.12	$ 2,096.64	$ 2,096.64
26410 00	Surgery	17.92	17.92	$ 1,290.24	$ 1,290.24
26412 00	Surgery	20.82	20.82	$ 1,499.04	$ 1,499.04
26415 00	Surgery	24.95	24.95	$ 1,796.40	$ 1,796.40
26416 00	Surgery	26.86	26.86	$ 1,933.92	$ 1,933.92
26418 00	Surgery	18.79	18.79	$ 1,352.88	$ 1,352.88
26420 00	Surgery	21.50	21.50	$ 1,548.00	$ 1,548.00
26426 00	Surgery	14.25	14.25	$ 1,026.00	$ 1,026.00
26428 00	Surgery	23.63	23.63	$ 1,701.36	$ 1,701.36
26432 00	Surgery	16.25	16.25	$ 1,170.00	$ 1,170.00
26433 00	Surgery	17.00	17.00	$ 1,224.00	$ 1,224.00
26434 00	Surgery	20.76	20.76	$ 1,494.72	$ 1,494.72
26437 00	Surgery	19.45	19.45	$ 1,400.40	$ 1,400.40
26440 00	Surgery	19.24	19.24	$ 1,385.28	$ 1,385.28
26442 00	Surgery	28.77	28.77	$ 2,071.44	$ 2,071.44
26445 00	Surgery	18.11	18.11	$ 1,303.92	$ 1,303.92
26449 00	Surgery	19.78	19.78	$ 1,424.16	$ 1,424.16
26450 00	Surgery	13.74	13.74	$ 989.28	$ 989.28
26455 00	Surgery	13.74	13.74	$ 989.28	$ 989.28
26460 00	Surgery	13.43	13.43	$ 966.96	$ 966.96
26471 00	Surgery	19.27	19.27	$ 1,387.44	$ 1,387.44
26474 00	Surgery	19.61	19.61	$ 1,411.92	$ 1,411.92
26476 00	Surgery	19.41	19.41	$ 1,397.52	$ 1,397.52
26477 00	Surgery	18.38	18.38	$ 1,323.36	$ 1,323.36
26478 00	Surgery	19.49	19.49	$ 1,403.28	$ 1,403.28
26479 00	Surgery	20.24	20.24	$ 1,457.28	$ 1,457.28
26480 00	Surgery	20.00	20.00	$ 1,440.00	$ 1,440.00
26483 00	Surgery	25.00	25.00	$ 1,800.00	$ 1,800.00
26485 00	Surgery	24.16	24.16	$ 1,739.52	$ 1,739.52
26489 00	Surgery	28.16	28.16	$ 2,027.52	$ 2,027.52
26490 00	Surgery	24.59	24.59	$ 1,770.48	$ 1,770.48
26492 00	Surgery	27.02	27.02	$ 1,945.44	$ 1,945.44
26494 00	Surgery	24.67	24.67	$ 1,776.24	$ 1,776.24
26496 00	Surgery	26.37	26.37	$ 1,898.64	$ 1,898.64
26497 00	Surgery	26.34	26.34	$ 1,896.48	$ 1,896.48
26498 00	Surgery	33.53	33.53	$ 2,414.16	$ 2,414.16
26499 00	Surgery	25.46	25.46	$ 1,833.12	$ 1,833.12
26500 00	Surgery	20.57	20.57	$ 1,481.04	$ 1,481.04

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
26502 00	Surgery	22.31	22.31	$ 1,606.32	$ 1,606.32
26508 00	Surgery	19.20	19.20	$ 1,382.40	$ 1,382.40
26510 00	Surgery	18.79	18.79	$ 1,352.88	$ 1,352.88
26516 00	Surgery	21.48	21.48	$ 1,546.56	$ 1,546.56
26517 00	Surgery	25.31	25.31	$ 1,822.32	$ 1,822.32
26518 00	Surgery	25.60	25.60	$ 1,843.20	$ 1,843.20
26520 00	Surgery	20.08	20.08	$ 1,445.76	$ 1,445.76
26525 00	Surgery	20.27	20.27	$ 1,459.44	$ 1,459.44
26530 00	Surgery	15.26	15.26	$ 1,098.72	$ 1,098.72
26531 00	Surgery	17.61	17.61	$ 1,267.92	$ 1,267.92
26535 00	Surgery	12.57	12.57	$ 905.04	$ 905.04
26536 00	Surgery	21.89	21.89	$ 1,576.08	$ 1,576.08
26540 00	Surgery	20.34	20.34	$ 1,464.48	$ 1,464.48
26541 00	Surgery	23.94	23.94	$ 1,723.68	$ 1,723.68
26542 00	Surgery	20.86	20.86	$ 1,501.92	$ 1,501.92
26545 00	Surgery	21.18	21.18	$ 1,524.96	$ 1,524.96
26546 00	Surgery	29.74	29.74	$ 2,141.28	$ 2,141.28
26548 00	Surgery	22.93	22.93	$ 1,650.96	$ 1,650.96
26550 00	Surgery	46.06	46.06	$ 3,316.32	$ 3,316.32
26551 00	Surgery	89.08	89.08	$ 6,413.76	$ 6,413.76
26553 00	Surgery	88.47	88.47	$ 6,369.84	$ 6,369.84
26554 00	Surgery	102.57	102.57	$ 7,385.04	$ 7,385.04
26555 00	Surgery	39.19	39.19	$ 2,821.68	$ 2,821.68
26556 00	Surgery	92.21	92.21	$ 6,639.12	$ 6,639.12
26560 00	Surgery	19.10	19.10	$ 1,375.20	$ 1,375.20
26561 00	Surgery	28.33	28.33	$ 2,039.76	$ 2,039.76
26562 00	Surgery	39.22	39.22	$ 2,823.84	$ 2,823.84
26565 00	Surgery	20.67	20.67	$ 1,488.24	$ 1,488.24
26567 00	Surgery	20.96	20.96	$ 1,509.12	$ 1,509.12
26568 00	Surgery	27.28	27.28	$ 1,964.16	$ 1,964.16
26580 00	Surgery	43.35	43.35	$ 3,121.20	$ 3,121.20
26587 00	Surgery	29.08	29.08	$ 2,093.76	$ 2,093.76
26590 00	Surgery	40.11	40.11	$ 2,887.92	$ 2,887.92
26591 00	Surgery	14.74	14.74	$ 1,061.28	$ 1,061.28
26593 00	Surgery	19.03	19.03	$ 1,370.16	$ 1,370.16
26596 00	Surgery	23.73	23.73	$ 1,708.56	$ 1,708.56
26600 00	Surgery	10.23	9.00	$ 736.56	$ 648.00
26605 00	Surgery	11.27	9.34	$ 811.44	$ 672.48
26607 00	Surgery	14.89	14.89	$ 1,072.08	$ 1,072.08
26608 00	Surgery	13.90	13.90	$ 1,000.80	$ 1,000.80

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
26615 00	Surgery	16.40	16.40	$ 1,180.80	$ 1,180.80
26641 00	Surgery	14.05	11.50	$ 1,011.60	$ 828.00
26645 00	Surgery	14.48	11.73	$ 1,042.56	$ 844.56
26650 00	Surgery	14.09	14.09	$ 1,014.48	$ 1,014.48
26665 00	Surgery	17.30	17.30	$ 1,245.60	$ 1,245.60
26670 00	Surgery	12.87	10.70	$ 926.64	$ 770.40
26675 00	Surgery	15.43	12.55	$ 1,110.96	$ 903.60
26676 00	Surgery	14.64	14.64	$ 1,054.08	$ 1,054.08
26685 00	Surgery	16.03	16.03	$ 1,154.16	$ 1,154.16
26686 00	Surgery	17.74	17.74	$ 1,277.28	$ 1,277.28
26700 00	Surgery	12.18	10.43	$ 876.96	$ 750.96
26705 00	Surgery	14.63	11.87	$ 1,053.36	$ 854.64
26706 00	Surgery	12.52	12.52	$ 901.44	$ 901.44
26715 00	Surgery	16.32	16.32	$ 1,175.04	$ 1,175.04
26720 00	Surgery	7.05	6.14	$ 507.60	$ 442.08
26725 00	Surgery	11.85	9.64	$ 853.20	$ 694.08
26727 00	Surgery	13.68	13.68	$ 984.96	$ 984.96
26735 00	Surgery	16.90	16.90	$ 1,216.80	$ 1,216.80
26740 00	Surgery	7.85	6.77	$ 565.20	$ 487.44
26742 00	Surgery	12.64	10.20	$ 910.08	$ 734.40
26746 00	Surgery	20.61	20.61	$ 1,483.92	$ 1,483.92
26750 00	Surgery	6.60	6.24	$ 475.20	$ 449.28
26755 00	Surgery	11.41	8.96	$ 821.52	$ 645.12
26756 00	Surgery	12.42	12.42	$ 894.24	$ 894.24
26765 00	Surgery	14.57	14.57	$ 1,049.04	$ 1,049.04
26770 00	Surgery	10.83	9.21	$ 779.76	$ 663.12
26775 00	Surgery	13.15	10.70	$ 946.80	$ 770.40
26776 00	Surgery	13.02	13.02	$ 937.44	$ 937.44
26785 00	Surgery	15.70	15.70	$ 1,130.40	$ 1,130.40
26820 00	Surgery	24.37	24.37	$ 1,754.64	$ 1,754.64
26841 00	Surgery	22.49	22.49	$ 1,619.28	$ 1,619.28
26842 00	Surgery	24.43	24.43	$ 1,758.96	$ 1,758.96
26843 00	Surgery	23.04	23.04	$ 1,658.88	$ 1,658.88
26844 00	Surgery	25.17	25.17	$ 1,812.24	$ 1,812.24
26850 00	Surgery	21.15	21.15	$ 1,522.80	$ 1,522.80
26852 00	Surgery	23.81	23.81	$ 1,714.32	$ 1,714.32
26860 00	Surgery	18.16	18.16	$ 1,307.52	$ 1,307.52
26861 00	Surgery	2.60	2.60	$ 187.20	$ 187.20
26862 00	Surgery	22.08	22.08	$ 1,589.76	$ 1,589.76
26863 00	Surgery	5.74	5.74	$ 413.28	$ 413.28

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
26910 00	Surgery	22.17	22.17	$ 1,596.24	$ 1,596.24
26951 00	Surgery	20.94	20.94	$ 1,507.68	$ 1,507.68
26952 00	Surgery	19.99	19.99	$ 1,439.28	$ 1,439.28
26989 00	Surgery	0.00	0.00	BR	BR
26990 00	Surgery	19.78	19.78	$ 1,424.16	$ 1,424.16
26991 00	Surgery	22.30	14.72	$ 1,605.60	$ 1,059.84
26992 00	Surgery	28.29	28.29	$ 2,036.88	$ 2,036.88
27000 00	Surgery	10.85	10.85	$ 781.20	$ 781.20
27001 00	Surgery	15.39	15.39	$ 1,108.08	$ 1,108.08
27003 00	Surgery	17.11	17.11	$ 1,231.92	$ 1,231.92
27005 00	Surgery	20.18	20.18	$ 1,452.96	$ 1,452.96
27006 00	Surgery	19.54	19.54	$ 1,406.88	$ 1,406.88
27025 00	Surgery	26.32	26.32	$ 1,895.04	$ 1,895.04
27027 00	Surgery	24.24	24.24	$ 1,745.28	$ 1,745.28
27030 00	Surgery	25.77	25.77	$ 1,855.44	$ 1,855.44
27033 00	Surgery	26.75	26.75	$ 1,926.00	$ 1,926.00
27035 00	Surgery	31.00	31.00	$ 2,232.00	$ 2,232.00
27036 00	Surgery	28.23	28.23	$ 2,032.56	$ 2,032.56
27040 00	Surgery	10.24	5.47	$ 737.28	$ 393.84
27041 00	Surgery	19.61	19.61	$ 1,411.92	$ 1,411.92
27043 00	Surgery	13.59	13.59	$ 978.48	$ 978.48
27045 00	Surgery	20.71	20.71	$ 1,491.12	$ 1,491.12
27047 00	Surgery	16.01	10.53	$ 1,152.72	$ 758.16
27048 00	Surgery	17.57	17.57	$ 1,265.04	$ 1,265.04
27049 00	Surgery	38.68	38.68	$ 2,784.96	$ 2,784.96
27050 00	Surgery	11.97	11.97	$ 861.84	$ 861.84
27052 00	Surgery	16.66	16.66	$ 1,199.52	$ 1,199.52
27054 00	Surgery	19.50	19.50	$ 1,404.00	$ 1,404.00
27057 00	Surgery	27.57	27.57	$ 1,985.04	$ 1,985.04
27059 00	Surgery	49.21	49.21	$ 3,543.12	$ 3,543.12
27060 00	Surgery	13.49	13.49	$ 971.28	$ 971.28
27062 00	Surgery	12.96	12.96	$ 933.12	$ 933.12
27065 00	Surgery	15.22	15.22	$ 1,095.84	$ 1,095.84
27066 00	Surgery	22.71	22.71	$ 1,635.12	$ 1,635.12
27067 00	Surgery	28.66	28.66	$ 2,063.52	$ 2,063.52
27070 00	Surgery	24.73	24.73	$ 1,780.56	$ 1,780.56
27071 00	Surgery	27.43	27.43	$ 1,974.96	$ 1,974.96
27075 00	Surgery	55.64	55.64	$ 4,006.08	$ 4,006.08
27076 00	Surgery	66.85	66.85	$ 4,813.20	$ 4,813.20
27077 00	Surgery	74.34	74.34	$ 5,352.48	$ 5,352.48

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
27078 00	Surgery	54.90	54.90	$ 3,952.80	$ 3,952.80
27080 00	Surgery	14.99	14.99	$ 1,079.28	$ 1,079.28
27086 00	Surgery	10.17	5.01	$ 732.24	$ 360.72
27087 00	Surgery	17.86	17.86	$ 1,285.92	$ 1,285.92
27090 00	Surgery	23.15	23.15	$ 1,666.80	$ 1,666.80
27091 00	Surgery	43.03	43.03	$ 3,098.16	$ 3,098.16
27093 00	Surgery	6.96	1.73	$ 501.12	$ 124.56
27095 00	Surgery	9.75	2.09	$ 702.00	$ 150.48
27096 00	Surgery	5.26	2.21	$ 378.72	$ 159.12
27097 00	Surgery	19.28	19.28	$ 1,388.16	$ 1,388.16
27098 00	Surgery	19.70	19.70	$ 1,418.40	$ 1,418.40
27100 00	Surgery	23.30	23.30	$ 1,677.60	$ 1,677.60
27105 00	Surgery	24.33	24.33	$ 1,751.76	$ 1,751.76
27110 00	Surgery	26.92	26.92	$ 1,938.24	$ 1,938.24
27111 00	Surgery	25.17	25.17	$ 1,812.24	$ 1,812.24
27120 00	Surgery	35.41	35.41	$ 2,549.52	$ 2,549.52
27122 00	Surgery	30.26	30.26	$ 2,178.72	$ 2,178.72
27125 00	Surgery	31.01	31.01	$ 2,232.72	$ 2,232.72
27130 00	Surgery	34.79	34.79	$ 2,504.88	$ 2,504.88
27132 00	Surgery	45.03	45.03	$ 3,242.16	$ 3,242.16
27134 00	Surgery	50.76	50.76	$ 3,654.72	$ 3,654.72
27137 00	Surgery	39.45	39.45	$ 2,840.40	$ 2,840.40
27138 00	Surgery	40.93	40.93	$ 2,946.96	$ 2,946.96
27140 00	Surgery	24.86	24.86	$ 1,789.92	$ 1,789.92
27146 00	Surgery	35.00	35.00	$ 2,520.00	$ 2,520.00
27147 00	Surgery	39.70	39.70	$ 2,858.40	$ 2,858.40
27151 00	Surgery	42.77	42.77	$ 3,079.44	$ 3,079.44
27156 00	Surgery	45.91	45.91	$ 3,305.52	$ 3,305.52
27158 00	Surgery	37.95	37.95	$ 2,732.40	$ 2,732.40
27161 00	Surgery	33.40	33.40	$ 2,404.80	$ 2,404.80
27165 00	Surgery	37.71	37.71	$ 2,715.12	$ 2,715.12
27170 00	Surgery	31.89	31.89	$ 2,296.08	$ 2,296.08
27175 00	Surgery	18.59	18.59	$ 1,338.48	$ 1,338.48
27176 00	Surgery	25.65	25.65	$ 1,846.80	$ 1,846.80
27177 00	Surgery	30.73	30.73	$ 2,212.56	$ 2,212.56
27178 00	Surgery	25.65	25.65	$ 1,846.80	$ 1,846.80
27179 00	Surgery	27.06	27.06	$ 1,948.32	$ 1,948.32
27181 00	Surgery	30.91	30.91	$ 2,225.52	$ 2,225.52
27185 00	Surgery	20.27	20.27	$ 1,459.44	$ 1,459.44
27187 00	Surgery	27.54	27.54	$ 1,982.88	$ 1,982.88

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
27197 00	Surgery	3.70	3.70	$ 266.40	$ 266.40
27198 00	Surgery	8.51	8.51	$ 612.72	$ 612.72
27200 00	Surgery	6.38	6.01	$ 459.36	$ 432.72
27202 00	Surgery	14.87	14.87	$ 1,070.64	$ 1,070.64
27215 00	Surgery	16.20	16.20	$ 1,166.40	$ 1,166.40
27216 00	Surgery	23.86	23.86	$ 1,717.92	$ 1,717.92
27217 00	Surgery	22.46	22.46	$ 1,617.12	$ 1,617.12
27218 00	Surgery	30.60	30.60	$ 2,203.20	$ 2,203.20
27220 00	Surgery	13.50	11.69	$ 972.00	$ 841.68
27222 00	Surgery	27.41	27.41	$ 1,973.52	$ 1,973.52
27226 00	Surgery	28.96	28.96	$ 2,085.12	$ 2,085.12
27227 00	Surgery	44.59	44.59	$ 3,210.48	$ 3,210.48
27228 00	Surgery	50.47	50.47	$ 3,633.84	$ 3,633.84
27230 00	Surgery	16.06	14.16	$ 1,156.32	$ 1,019.52
27232 00	Surgery	20.86	20.86	$ 1,501.92	$ 1,501.92
27235 00	Surgery	25.04	25.04	$ 1,802.88	$ 1,802.88
27236 00	Surgery	32.63	32.63	$ 2,349.36	$ 2,349.36
27238 00	Surgery	13.70	13.70	$ 986.40	$ 986.40
27240 00	Surgery	26.89	26.89	$ 1,936.08	$ 1,936.08
27244 00	Surgery	33.57	33.57	$ 2,417.04	$ 2,417.04
27245 00	Surgery	33.48	33.48	$ 2,410.56	$ 2,410.56
27246 00	Surgery	12.81	11.30	$ 922.32	$ 813.60
27248 00	Surgery	20.53	20.53	$ 1,478.16	$ 1,478.16
27250 00	Surgery	5.23	5.23	$ 376.56	$ 376.56
27252 00	Surgery	21.51	21.51	$ 1,548.72	$ 1,548.72
27253 00	Surgery	26.04	26.04	$ 1,874.88	$ 1,874.88
27254 00	Surgery	34.64	34.64	$ 2,494.08	$ 2,494.08
27256 00	Surgery	12.09	7.84	$ 870.48	$ 564.48
27257 00	Surgery	9.87	9.87	$ 710.64	$ 710.64
27258 00	Surgery	30.51	30.51	$ 2,196.72	$ 2,196.72
27259 00	Surgery	41.93	41.93	$ 3,018.96	$ 3,018.96
27265 00	Surgery	14.77	14.77	$ 1,063.44	$ 1,063.44
27266 00	Surgery	16.70	16.70	$ 1,202.40	$ 1,202.40
27267 00	Surgery	12.91	12.91	$ 929.52	$ 929.52
27268 00	Surgery	15.46	15.46	$ 1,113.12	$ 1,113.12
27269 00	Surgery	33.57	33.57	$ 2,417.04	$ 2,417.04
27275 00	Surgery	5.35	5.35	$ 385.20	$ 385.20
27278 00	Surgery	411.81	13.15	BR	$ 946.80
27279 00	Surgery	22.71	22.71	$ 1,635.12	$ 1,635.12
27280 00	Surgery	38.43	38.43	$ 2,766.96	$ 2,766.96

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
27282 00	Surgery	24.05	24.05	$ 1,731.60	$ 1,731.60
27284 00	Surgery	43.00	43.00	$ 3,096.00	$ 3,096.00
27286 00	Surgery	44.33	44.33	$ 3,191.76	$ 3,191.76
27290 00	Surgery	43.91	43.91	$ 3,161.52	$ 3,161.52
27295 00	Surgery	34.34	34.34	$ 2,472.48	$ 2,472.48
27299 00	Surgery	0.00	0.00	BR	BR
27301 00	Surgery	21.56	14.52	$ 1,552.32	$ 1,045.44
27303 00	Surgery	18.08	18.08	$ 1,301.76	$ 1,301.76
27305 00	Surgery	13.90	13.90	$ 1,000.80	$ 1,000.80
27306 00	Surgery	9.73	9.73	$ 700.56	$ 700.56
27307 00	Surgery	11.26	11.26	$ 810.72	$ 810.72
27310 00	Surgery	20.63	20.63	$ 1,485.36	$ 1,485.36
27323 00	Surgery	8.23	4.72	$ 592.56	$ 339.84
27324 00	Surgery	12.05	12.05	$ 867.60	$ 867.60
27325 00	Surgery	16.18	16.18	$ 1,164.96	$ 1,164.96
27326 00	Surgery	15.10	15.10	$ 1,087.20	$ 1,087.20
27327 00	Surgery	16.15	9.25	$ 1,162.80	$ 666.00
27328 00	Surgery	17.67	17.67	$ 1,272.24	$ 1,272.24
27329 00	Surgery	28.92	28.92	$ 2,082.24	$ 2,082.24
27330 00	Surgery	12.36	12.36	$ 889.92	$ 889.92
27331 00	Surgery	13.76	13.76	$ 990.72	$ 990.72
27332 00	Surgery	18.41	18.41	$ 1,325.52	$ 1,325.52
27333 00	Surgery	16.90	16.90	$ 1,216.80	$ 1,216.80
27334 00	Surgery	19.46	19.46	$ 1,401.12	$ 1,401.12
27335 00	Surgery	21.53	21.53	$ 1,550.16	$ 1,550.16
27337 00	Surgery	12.22	12.22	$ 879.84	$ 879.84
27339 00	Surgery	21.39	21.39	$ 1,540.08	$ 1,540.08
27340 00	Surgery	11.07	11.07	$ 797.04	$ 797.04
27345 00	Surgery	14.02	14.02	$ 1,009.44	$ 1,009.44
27347 00	Surgery	15.21	15.21	$ 1,095.12	$ 1,095.12
27350 00	Surgery	18.57	18.57	$ 1,337.04	$ 1,337.04
27355 00	Surgery	17.29	17.29	$ 1,244.88	$ 1,244.88
27356 00	Surgery	20.86	20.86	$ 1,501.92	$ 1,501.92
27357 00	Surgery	22.95	22.95	$ 1,652.40	$ 1,652.40
27358 00	Surgery	7.08	7.08	$ 509.76	$ 509.76
27360 00	Surgery	25.65	25.65	$ 1,846.80	$ 1,846.80
27364 00	Surgery	42.83	42.83	$ 3,083.76	$ 3,083.76
27365 00	Surgery	55.00	55.00	$ 3,960.00	$ 3,960.00
27369 00	Surgery	5.44	1.02	$ 391.68	$ 73.44
27372 00	Surgery	19.13	11.72	$ 1,377.36	$ 843.84

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
27380 00	Surgery	17.90	17.90	$ 1,288.80	$ 1,288.80
27381 00	Surgery	23.21	23.21	$ 1,671.12	$ 1,671.12
27385 00	Surgery	17.62	17.62	$ 1,268.64	$ 1,268.64
27386 00	Surgery	24.17	24.17	$ 1,740.24	$ 1,740.24
27390 00	Surgery	12.60	12.60	$ 907.20	$ 907.20
27391 00	Surgery	16.52	16.52	$ 1,189.44	$ 1,189.44
27392 00	Surgery	20.17	20.17	$ 1,452.24	$ 1,452.24
27393 00	Surgery	14.28	14.28	$ 1,028.16	$ 1,028.16
27394 00	Surgery	18.54	18.54	$ 1,334.88	$ 1,334.88
27395 00	Surgery	24.62	24.62	$ 1,772.64	$ 1,772.64
27396 00	Surgery	17.62	17.62	$ 1,268.64	$ 1,268.64
27397 00	Surgery	25.64	25.64	$ 1,846.08	$ 1,846.08
27400 00	Surgery	19.73	19.73	$ 1,420.56	$ 1,420.56
27403 00	Surgery	18.28	18.28	$ 1,316.16	$ 1,316.16
27405 00	Surgery	19.08	19.08	$ 1,373.76	$ 1,373.76
27407 00	Surgery	22.40	22.40	$ 1,612.80	$ 1,612.80
27409 00	Surgery	26.83	26.83	$ 1,931.76	$ 1,931.76
27412 00	Surgery	44.75	44.75	$ 3,222.00	$ 3,222.00
27415 00	Surgery	37.68	37.68	$ 2,712.96	$ 2,712.96
27416 00	Surgery	27.02	27.02	$ 1,945.44	$ 1,945.44
27418 00	Surgery	22.85	22.85	$ 1,645.20	$ 1,645.20
27420 00	Surgery	21.11	21.11	$ 1,519.92	$ 1,519.92
27422 00	Surgery	20.92	20.92	$ 1,506.24	$ 1,506.24
27424 00	Surgery	21.08	21.08	$ 1,517.76	$ 1,517.76
27425 00	Surgery	13.26	13.26	$ 954.72	$ 954.72
27427 00	Surgery	19.84	19.84	$ 1,428.48	$ 1,428.48
27428 00	Surgery	31.15	31.15	$ 2,242.80	$ 2,242.80
27429 00	Surgery	35.09	35.09	$ 2,526.48	$ 2,526.48
27430 00	Surgery	20.93	20.93	$ 1,506.96	$ 1,506.96
27435 00	Surgery	22.77	22.77	$ 1,639.44	$ 1,639.44
27437 00	Surgery	18.71	18.71	$ 1,347.12	$ 1,347.12
27438 00	Surgery	23.41	23.41	$ 1,685.52	$ 1,685.52
27440 00	Surgery	22.33	22.33	$ 1,607.76	$ 1,607.76
27441 00	Surgery	23.01	23.01	$ 1,656.72	$ 1,656.72
27442 00	Surgery	24.10	24.10	$ 1,735.20	$ 1,735.20
27443 00	Surgery	22.81	22.81	$ 1,642.32	$ 1,642.32
27446 00	Surgery	31.36	31.36	$ 2,257.92	$ 2,257.92
27447 00	Surgery	34.71	34.71	$ 2,499.12	$ 2,499.12
27448 00	Surgery	22.83	22.83	$ 1,643.76	$ 1,643.76
27450 00	Surgery	27.80	27.80	$ 2,001.60	$ 2,001.60

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
27454 00	Surgery	35.37	35.37	$ 2,546.64	$ 2,546.64
27455 00	Surgery	26.73	26.73	$ 1,924.56	$ 1,924.56
27457 00	Surgery	26.35	26.35	$ 1,897.20	$ 1,897.20
27458 00	Surgery	51.84	51.84	$ 3,732.48	$ 3,732.48
27465 00	Surgery	38.73	38.73	$ 2,788.56	$ 2,788.56
27466 00	Surgery	41.00	41.00	$ 2,952.00	$ 2,952.00
27470 00	Surgery	32.49	32.49	$ 2,339.28	$ 2,339.28
27472 00	Surgery	34.61	34.61	$ 2,491.92	$ 2,491.92
27475 00	Surgery	18.78	18.78	$ 1,352.16	$ 1,352.16
27477 00	Surgery	20.58	20.58	$ 1,481.76	$ 1,481.76
27479 00	Surgery	25.43	25.43	$ 1,830.96	$ 1,830.96
27485 00	Surgery	18.96	18.96	$ 1,365.12	$ 1,365.12
27486 00	Surgery	38.17	38.17	$ 2,748.24	$ 2,748.24
27487 00	Surgery	47.14	47.14	$ 3,394.08	$ 3,394.08
27488 00	Surgery	32.93	32.93	$ 2,370.96	$ 2,370.96
27495 00	Surgery	31.01	31.01	$ 2,232.72	$ 2,232.72
27496 00	Surgery	15.90	15.90	$ 1,144.80	$ 1,144.80
27497 00	Surgery	16.52	16.52	$ 1,189.44	$ 1,189.44
27498 00	Surgery	18.71	18.71	$ 1,347.12	$ 1,347.12
27499 00	Surgery	19.87	19.87	$ 1,430.64	$ 1,430.64
27500 00	Surgery	17.20	13.92	$ 1,238.40	$ 1,002.24
27501 00	Surgery	16.48	14.36	$ 1,186.56	$ 1,033.92
27502 00	Surgery	22.53	22.53	$ 1,622.16	$ 1,622.16
27503 00	Surgery	22.47	22.47	$ 1,617.84	$ 1,617.84
27506 00	Surgery	36.62	36.62	$ 2,636.64	$ 2,636.64
27507 00	Surgery	26.45	26.45	$ 1,904.40	$ 1,904.40
27508 00	Surgery	17.41	14.63	$ 1,253.52	$ 1,053.36
27509 00	Surgery	19.54	19.54	$ 1,406.88	$ 1,406.88
27510 00	Surgery	20.14	20.14	$ 1,450.08	$ 1,450.08
27511 00	Surgery	26.97	26.97	$ 1,941.84	$ 1,941.84
27513 00	Surgery	33.14	33.14	$ 2,386.08	$ 2,386.08
27514 00	Surgery	26.20	26.20	$ 1,886.40	$ 1,886.40
27516 00	Surgery	17.16	14.30	$ 1,235.52	$ 1,029.60
27517 00	Surgery	19.57	19.57	$ 1,409.04	$ 1,409.04
27519 00	Surgery	24.28	24.28	$ 1,748.16	$ 1,748.16
27520 00	Surgery	11.07	9.31	$ 797.04	$ 670.32
27524 00	Surgery	21.11	21.11	$ 1,519.92	$ 1,519.92
27530 00	Surgery	10.45	9.01	$ 752.40	$ 648.72
27532 00	Surgery	20.33	16.64	$ 1,463.76	$ 1,198.08
27535 00	Surgery	24.41	24.41	$ 1,757.52	$ 1,757.52

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
27536 00	Surgery	32.66	32.66	$ 2,351.52	$ 2,351.52
27538 00	Surgery	16.13	13.49	$ 1,161.36	$ 971.28
27540 00	Surgery	22.83	22.83	$ 1,643.76	$ 1,643.76
27550 00	Surgery	18.51	15.66	$ 1,332.72	$ 1,127.52
27552 00	Surgery	18.15	18.15	$ 1,306.80	$ 1,306.80
27556 00	Surgery	23.91	23.91	$ 1,721.52	$ 1,721.52
27557 00	Surgery	28.24	28.24	$ 2,033.28	$ 2,033.28
27558 00	Surgery	31.96	31.96	$ 2,301.12	$ 2,301.12
27560 00	Surgery	13.97	11.92	$ 1,005.84	$ 858.24
27562 00	Surgery	14.26	14.26	$ 1,026.72	$ 1,026.72
27566 00	Surgery	24.75	24.75	$ 1,782.00	$ 1,782.00
27570 00	Surgery	4.49	4.49	$ 323.28	$ 323.28
27580 00	Surgery	40.56	40.56	$ 2,920.32	$ 2,920.32
27590 00	Surgery	21.59	21.59	$ 1,554.48	$ 1,554.48
27591 00	Surgery	26.62	26.62	$ 1,916.64	$ 1,916.64
27592 00	Surgery	18.81	18.81	$ 1,354.32	$ 1,354.32
27594 00	Surgery	14.31	14.31	$ 1,030.32	$ 1,030.32
27596 00	Surgery	19.76	19.76	$ 1,422.72	$ 1,422.72
27598 00	Surgery	19.32	19.32	$ 1,391.04	$ 1,391.04
27599 00	Surgery	0.00	0.00	BR	BR
27600 00	Surgery	11.25	11.25	$ 810.00	$ 810.00
27601 00	Surgery	12.52	12.52	$ 901.44	$ 901.44
27602 00	Surgery	13.29	13.29	$ 956.88	$ 956.88
27603 00	Surgery	16.31	11.12	$ 1,174.32	$ 800.64
27604 00	Surgery	14.30	9.48	$ 1,029.60	$ 682.56
27605 00	Surgery	10.09	5.19	$ 726.48	$ 373.68
27606 00	Surgery	7.63	7.63	$ 549.36	$ 549.36
27607 00	Surgery	16.98	16.98	$ 1,222.56	$ 1,222.56
27610 00	Surgery	18.25	18.25	$ 1,314.00	$ 1,314.00
27612 00	Surgery	16.21	16.21	$ 1,167.12	$ 1,167.12
27613 00	Surgery	7.81	4.52	$ 562.32	$ 325.44
27614 00	Surgery	18.27	11.73	$ 1,315.44	$ 844.56
27615 00	Surgery	28.23	28.23	$ 2,032.56	$ 2,032.56
27616 00	Surgery	34.69	34.69	$ 2,497.68	$ 2,497.68
27618 00	Surgery	15.52	8.93	$ 1,117.44	$ 642.96
27619 00	Surgery	13.06	13.06	$ 940.32	$ 940.32
27620 00	Surgery	13.04	13.04	$ 938.88	$ 938.88
27625 00	Surgery	16.41	16.41	$ 1,181.52	$ 1,181.52
27626 00	Surgery	16.89	16.89	$ 1,216.08	$ 1,216.08
27630 00	Surgery	16.98	10.38	$ 1,222.56	$ 747.36

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
27632 00	Surgery	11.77	11.77	$ 847.44	$ 847.44
27634 00	Surgery	18.66	18.66	$ 1,343.52	$ 1,343.52
27635 00	Surgery	16.34	16.34	$ 1,176.48	$ 1,176.48
27637 00	Surgery	21.19	21.19	$ 1,525.68	$ 1,525.68
27638 00	Surgery	20.92	20.92	$ 1,506.24	$ 1,506.24
27640 00	Surgery	23.01	23.01	$ 1,656.72	$ 1,656.72
27641 00	Surgery	18.26	18.26	$ 1,314.72	$ 1,314.72
27645 00	Surgery	47.58	47.58	$ 3,425.76	$ 3,425.76
27646 00	Surgery	41.61	41.61	$ 2,995.92	$ 2,995.92
27647 00	Surgery	27.16	27.16	$ 1,955.52	$ 1,955.52
27648 00	Surgery	6.19	1.31	$ 445.68	$ 94.32
27650 00	Surgery	18.69	18.69	$ 1,345.68	$ 1,345.68
27652 00	Surgery	18.46	18.46	$ 1,329.12	$ 1,329.12
27654 00	Surgery	20.24	20.24	$ 1,457.28	$ 1,457.28
27656 00	Surgery	15.92	9.61	$ 1,146.24	$ 691.92
27658 00	Surgery	10.69	10.69	$ 769.68	$ 769.68
27659 00	Surgery	13.37	13.37	$ 962.64	$ 962.64
27664 00	Surgery	10.30	10.30	$ 741.60	$ 741.60
27665 00	Surgery	11.96	11.96	$ 861.12	$ 861.12
27675 00	Surgery	14.05	14.05	$ 1,011.60	$ 1,011.60
27676 00	Surgery	17.19	17.19	$ 1,237.68	$ 1,237.68
27680 00	Surgery	12.23	12.23	$ 880.56	$ 880.56
27681 00	Surgery	14.66	14.66	$ 1,055.52	$ 1,055.52
27685 00	Surgery	20.41	13.28	$ 1,469.52	$ 956.16
27686 00	Surgery	15.06	15.06	$ 1,084.32	$ 1,084.32
27687 00	Surgery	13.00	13.00	$ 936.00	$ 936.00
27690 00	Surgery	18.21	18.21	$ 1,311.12	$ 1,311.12
27691 00	Surgery	21.03	21.03	$ 1,514.16	$ 1,514.16
27692 00	Surgery	2.68	2.68	$ 192.96	$ 192.96
27695 00	Surgery	13.94	13.94	$ 1,003.68	$ 1,003.68
27696 00	Surgery	15.28	15.28	$ 1,100.16	$ 1,100.16
27698 00	Surgery	17.87	17.87	$ 1,286.64	$ 1,286.64
27700 00	Surgery	20.04	20.04	$ 1,442.88	$ 1,442.88
27702 00	Surgery	26.50	26.50	$ 1,908.00	$ 1,908.00
27703 00	Surgery	30.47	30.47	$ 2,193.84	$ 2,193.84
27704 00	Surgery	15.85	15.85	$ 1,141.20	$ 1,141.20
27705 00	Surgery	20.74	20.74	$ 1,493.28	$ 1,493.28
27707 00	Surgery	11.75	11.75	$ 846.00	$ 846.00
27709 00	Surgery	31.47	31.47	$ 2,265.84	$ 2,265.84
27712 00	Surgery	30.44	30.44	$ 2,191.68	$ 2,191.68

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
27713 00	Surgery	52.51	52.51	$ 3,780.72	$ 3,780.72
27715 00	Surgery	40.78	40.78	$ 2,936.16	$ 2,936.16
27720 00	Surgery	24.29	24.29	$ 1,748.88	$ 1,748.88
27722 00	Surgery	24.95	24.95	$ 1,796.40	$ 1,796.40
27724 00	Surgery	33.97	33.97	$ 2,445.84	$ 2,445.84
27725 00	Surgery	33.64	33.64	$ 2,422.08	$ 2,422.08
27726 00	Surgery	26.20	26.20	$ 1,886.40	$ 1,886.40
27727 00	Surgery	28.68	28.68	$ 2,064.96	$ 2,064.96
27730 00	Surgery	16.80	16.80	$ 1,209.60	$ 1,209.60
27732 00	Surgery	13.23	13.23	$ 952.56	$ 952.56
27734 00	Surgery	18.63	18.63	$ 1,341.36	$ 1,341.36
27740 00	Surgery	19.98	19.98	$ 1,438.56	$ 1,438.56
27742 00	Surgery	21.87	21.87	$ 1,574.64	$ 1,574.64
27745 00	Surgery	20.32	20.32	$ 1,463.04	$ 1,463.04
27750 00	Surgery	11.84	9.99	$ 852.48	$ 719.28
27752 00	Surgery	18.21	14.99	$ 1,311.12	$ 1,079.28
27756 00	Surgery	16.90	16.90	$ 1,216.80	$ 1,216.80
27758 00	Surgery	24.95	24.95	$ 1,796.40	$ 1,796.40
27759 00	Surgery	27.49	27.49	$ 1,979.28	$ 1,979.28
27760 00	Surgery	11.27	9.57	$ 811.44	$ 689.04
27762 00	Surgery	17.64	14.69	$ 1,270.08	$ 1,057.68
27766 00	Surgery	17.36	17.36	$ 1,249.92	$ 1,249.92
27767 00	Surgery	9.63	9.00	$ 693.36	$ 648.00
27768 00	Surgery	13.24	13.24	$ 953.28	$ 953.28
27769 00	Surgery	20.23	20.23	$ 1,456.56	$ 1,456.56
27780 00	Surgery	10.58	8.92	$ 761.76	$ 642.24
27781 00	Surgery	14.69	12.21	$ 1,057.68	$ 879.12
27784 00	Surgery	20.15	20.15	$ 1,450.80	$ 1,450.80
27786 00	Surgery	10.48	8.79	$ 754.56	$ 632.88
27788 00	Surgery	14.93	12.40	$ 1,074.96	$ 892.80
27792 00	Surgery	18.20	18.20	$ 1,310.40	$ 1,310.40
27808 00	Surgery	11.45	9.58	$ 824.40	$ 689.76
27810 00	Surgery	16.83	13.90	$ 1,211.76	$ 1,000.80
27814 00	Surgery	21.39	21.39	$ 1,540.08	$ 1,540.08
27816 00	Surgery	11.44	9.39	$ 823.68	$ 676.08
27818 00	Surgery	17.51	14.26	$ 1,260.72	$ 1,026.72
27822 00	Surgery	24.74	24.74	$ 1,781.28	$ 1,781.28
27823 00	Surgery	27.64	27.64	$ 1,990.08	$ 1,990.08
27824 00	Surgery	10.68	9.51	$ 768.96	$ 684.72
27825 00	Surgery	18.09	14.34	$ 1,302.48	$ 1,032.48

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
27826 00	Surgery	24.34	24.34	$ 1,752.48	$ 1,752.48
27827 00	Surgery	31.53	31.53	$ 2,270.16	$ 2,270.16
27828 00	Surgery	36.83	36.83	$ 2,651.76	$ 2,651.76
27829 00	Surgery	20.15	20.15	$ 1,450.80	$ 1,450.80
27830 00	Surgery	13.03	10.80	$ 938.16	$ 777.60
27831 00	Surgery	12.06	12.06	$ 868.32	$ 868.32
27832 00	Surgery	21.46	21.46	$ 1,545.12	$ 1,545.12
27840 00	Surgery	13.56	13.56	$ 976.32	$ 976.32
27842 00	Surgery	14.70	14.70	$ 1,058.40	$ 1,058.40
27846 00	Surgery	20.21	20.21	$ 1,455.12	$ 1,455.12
27848 00	Surgery	22.09	22.09	$ 1,590.48	$ 1,590.48
27860 00	Surgery	4.63	4.63	$ 333.36	$ 333.36
27870 00	Surgery	27.78	27.78	$ 2,000.16	$ 2,000.16
27871 00	Surgery	19.37	19.37	$ 1,394.64	$ 1,394.64
27880 00	Surgery	24.63	24.63	$ 1,773.36	$ 1,773.36
27881 00	Surgery	22.72	22.72	$ 1,635.84	$ 1,635.84
27882 00	Surgery	16.54	16.54	$ 1,190.88	$ 1,190.88
27884 00	Surgery	16.40	16.40	$ 1,180.80	$ 1,180.80
27886 00	Surgery	18.02	18.02	$ 1,297.44	$ 1,297.44
27888 00	Surgery	15.96	15.96	$ 1,149.12	$ 1,149.12
27889 00	Surgery	17.89	17.89	$ 1,288.08	$ 1,288.08
27892 00	Surgery	15.51	15.51	$ 1,116.72	$ 1,116.72
27893 00	Surgery	17.59	17.59	$ 1,266.48	$ 1,266.48
27894 00	Surgery	22.67	22.67	$ 1,632.24	$ 1,632.24
27899 00	Surgery	0.00	0.00	BR	BR
28001 00	Surgery	5.01	2.60	$ 360.72	$ 187.20
28002 00	Surgery	7.25	3.81	$ 522.00	$ 274.32
28003 00	Surgery	11.18	6.91	$ 804.96	$ 497.52
28005 00	Surgery	16.01	16.01	$ 1,152.72	$ 1,152.72
28008 00	Surgery	12.64	8.27	$ 910.08	$ 595.44
28010 00	Surgery	7.05	5.93	$ 507.60	$ 426.96
28011 00	Surgery	9.60	7.92	$ 691.20	$ 570.24
28020 00	Surgery	16.88	10.51	$ 1,215.36	$ 756.72
28022 00	Surgery	14.90	9.40	$ 1,072.80	$ 676.80
28024 00	Surgery	14.17	8.92	$ 1,020.24	$ 642.24
28035 00	Surgery	16.33	10.29	$ 1,175.76	$ 740.88
28039 00	Surgery	14.27	9.44	$ 1,027.44	$ 679.68
28041 00	Surgery	12.61	12.61	$ 907.92	$ 907.92
28043 00	Surgery	11.44	7.41	$ 823.68	$ 533.52
28045 00	Surgery	14.52	9.86	$ 1,045.44	$ 709.92

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
28046 00	Surgery	19.81	19.81	$ 1,426.32	$ 1,426.32
28047 00	Surgery	28.66	28.66	$ 2,063.52	$ 2,063.52
28050 00	Surgery	12.19	7.88	$ 877.68	$ 567.36
28052 00	Surgery	11.41	7.26	$ 821.52	$ 522.72
28054 00	Surgery	10.71	6.66	$ 771.12	$ 479.52
28055 00	Surgery	11.13	11.13	$ 801.36	$ 801.36
28060 00	Surgery	15.72	10.29	$ 1,131.84	$ 740.88
28062 00	Surgery	17.58	11.50	$ 1,265.76	$ 828.00
28070 00	Surgery	15.52	9.82	$ 1,117.44	$ 707.04
28072 00	Surgery	15.04	9.35	$ 1,082.88	$ 673.20
28080 00	Surgery	16.39	11.07	$ 1,180.08	$ 797.04
28086 00	Surgery	16.18	10.05	$ 1,164.96	$ 723.60
28088 00	Surgery	14.42	8.54	$ 1,038.24	$ 614.88
28090 00	Surgery	14.05	8.82	$ 1,011.60	$ 635.04
28092 00	Surgery	12.65	7.81	$ 910.80	$ 562.32
28100 00	Surgery	19.32	12.08	$ 1,391.04	$ 869.76
28102 00	Surgery	17.46	17.46	$ 1,257.12	$ 1,257.12
28103 00	Surgery	10.83	10.83	$ 779.76	$ 779.76
28104 00	Surgery	16.19	10.16	$ 1,165.68	$ 731.52
28106 00	Surgery	11.88	11.88	$ 855.36	$ 855.36
28107 00	Surgery	14.90	9.73	$ 1,072.80	$ 700.56
28108 00	Surgery	12.91	8.21	$ 929.52	$ 591.12
28110 00	Surgery	13.99	8.45	$ 1,007.28	$ 608.40
28111 00	Surgery	14.16	9.05	$ 1,019.52	$ 651.60
28112 00	Surgery	14.43	8.89	$ 1,038.96	$ 640.08
28113 00	Surgery	17.50	12.17	$ 1,260.00	$ 876.24
28114 00	Surgery	33.33	23.88	$ 2,399.76	$ 1,719.36
28116 00	Surgery	20.09	14.54	$ 1,446.48	$ 1,046.88
28118 00	Surgery	18.92	12.15	$ 1,362.24	$ 874.80
28119 00	Surgery	15.88	10.36	$ 1,143.36	$ 745.92
28120 00	Surgery	20.56	14.03	$ 1,480.32	$ 1,010.16
28122 00	Surgery	17.94	12.47	$ 1,291.68	$ 897.84
28124 00	Surgery	14.20	9.52	$ 1,022.40	$ 685.44
28126 00	Surgery	11.59	7.13	$ 834.48	$ 513.36
28130 00	Surgery	17.93	17.93	$ 1,290.96	$ 1,290.96
28140 00	Surgery	16.82	11.86	$ 1,211.04	$ 853.92
28150 00	Surgery	12.40	7.95	$ 892.80	$ 572.40
28153 00	Surgery	11.93	7.51	$ 858.96	$ 540.72
28160 00	Surgery	12.18	7.65	$ 876.96	$ 550.80
28171 00	Surgery	30.31	30.31	$ 2,182.32	$ 2,182.32

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
28173 00	Surgery	19.93	19.93	$ 1,434.96	$ 1,434.96
28175 00	Surgery	13.08	13.08	$ 941.76	$ 941.76
28190 00	Surgery	7.17	3.82	$ 516.24	$ 275.04
28192 00	Surgery	13.68	8.79	$ 984.96	$ 632.88
28193 00	Surgery	15.30	10.21	$ 1,101.60	$ 735.12
28200 00	Surgery	15.10	9.37	$ 1,087.20	$ 674.64
28202 00	Surgery	18.22	12.18	$ 1,311.84	$ 876.96
28208 00	Surgery	14.92	9.27	$ 1,074.24	$ 667.44
28210 00	Surgery	17.90	11.90	$ 1,288.80	$ 856.80
28220 00	Surgery	13.37	8.64	$ 962.64	$ 622.08
28222 00	Surgery	16.27	10.45	$ 1,171.44	$ 752.40
28225 00	Surgery	12.29	7.52	$ 884.88	$ 541.44
28226 00	Surgery	19.92	11.70	$ 1,434.24	$ 842.40
28230 00	Surgery	12.89	8.08	$ 928.08	$ 581.76
28232 00	Surgery	11.20	6.92	$ 806.40	$ 498.24
28234 00	Surgery	12.33	7.81	$ 887.76	$ 562.32
28238 00	Surgery	20.52	13.75	$ 1,477.44	$ 990.00
28240 00	Surgery	13.18	8.29	$ 948.96	$ 596.88
28250 00	Surgery	17.94	11.58	$ 1,291.68	$ 833.76
28260 00	Surgery	22.70	15.24	$ 1,634.40	$ 1,097.28
28261 00	Surgery	33.64	23.53	$ 2,422.08	$ 1,694.16
28262 00	Surgery	44.32	30.95	$ 3,191.04	$ 2,228.40
28264 00	Surgery	28.73	19.57	$ 2,068.56	$ 1,409.04
28270 00	Surgery	14.63	9.52	$ 1,053.36	$ 685.44
28272 00	Surgery	11.29	7.17	$ 812.88	$ 516.24
28280 00	Surgery	14.91	9.64	$ 1,073.52	$ 694.08
28285 00	Surgery	16.42	11.10	$ 1,182.24	$ 799.20
28286 00	Surgery	12.88	8.32	$ 927.36	$ 599.04
28288 00	Surgery	18.28	12.47	$ 1,316.16	$ 897.84
28289 00	Surgery	21.04	13.14	$ 1,514.88	$ 946.08
28291 00	Surgery	20.07	13.26	$ 1,445.04	$ 954.72
28292 00	Surgery	21.05	13.77	$ 1,515.60	$ 991.44
28295 00	Surgery	31.89	16.85	$ 2,296.08	$ 1,213.20
28296 00	Surgery	26.45	14.50	$ 1,904.40	$ 1,044.00
28297 00	Surgery	30.86	16.82	$ 2,221.92	$ 1,211.04
28298 00	Surgery	25.76	14.47	$ 1,854.72	$ 1,041.84
28299 00	Surgery	31.03	16.87	$ 2,234.16	$ 1,214.64
28300 00	Surgery	18.30	18.30	$ 1,317.60	$ 1,317.60
28302 00	Surgery	20.18	20.18	$ 1,452.96	$ 1,452.96
28304 00	Surgery	26.10	17.41	$ 1,879.20	$ 1,253.52

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
28305 00	Surgery	18.72	18.72	$ 1,347.84	$ 1,347.84
28306 00	Surgery	18.81	11.55	$ 1,354.32	$ 831.60
28307 00	Surgery	25.29	14.89	$ 1,820.88	$ 1,072.08
28308 00	Surgery	17.53	11.13	$ 1,262.16	$ 801.36
28309 00	Surgery	25.02	25.02	$ 1,801.44	$ 1,801.44
28310 00	Surgery	16.92	10.47	$ 1,218.24	$ 753.84
28312 00	Surgery	17.84	10.38	$ 1,284.48	$ 747.36
28313 00	Surgery	16.34	10.38	$ 1,176.48	$ 747.36
28315 00	Surgery	14.41	9.31	$ 1,037.52	$ 670.32
28320 00	Surgery	17.30	17.30	$ 1,245.60	$ 1,245.60
28322 00	Surgery	24.37	16.18	$ 1,754.64	$ 1,164.96
28340 00	Surgery	16.68	11.40	$ 1,200.96	$ 820.80
28341 00	Surgery	19.40	13.49	$ 1,396.80	$ 971.28
28344 00	Surgery	12.28	7.90	$ 884.16	$ 568.80
28345 00	Surgery	15.05	10.14	$ 1,083.60	$ 730.08
28360 00	Surgery	30.69	30.69	$ 2,209.68	$ 2,209.68
28400 00	Surgery	8.12	7.01	$ 584.64	$ 504.72
28405 00	Surgery	15.03	11.97	$ 1,082.16	$ 861.84
28406 00	Surgery	16.45	16.45	$ 1,184.40	$ 1,184.40
28415 00	Surgery	31.40	31.40	$ 2,260.80	$ 2,260.80
28420 00	Surgery	36.19	36.19	$ 2,605.68	$ 2,605.68
28430 00	Surgery	7.96	6.49	$ 573.12	$ 467.28
28435 00	Surgery	12.39	9.85	$ 892.08	$ 709.20
28436 00	Surgery	14.88	14.88	$ 1,071.36	$ 1,071.36
28445 00	Surgery	29.23	29.23	$ 2,104.56	$ 2,104.56
28446 00	Surgery	33.70	33.70	$ 2,426.40	$ 2,426.40
28450 00	Surgery	6.93	5.82	$ 498.96	$ 419.04
28455 00	Surgery	7.79	6.62	$ 560.88	$ 476.64
28456 00	Surgery	11.48	11.48	$ 826.56	$ 826.56
28465 00	Surgery	18.55	18.55	$ 1,335.60	$ 1,335.60
28470 00	Surgery	7.10	6.25	$ 511.20	$ 450.00
28475 00	Surgery	8.26	6.72	$ 594.72	$ 483.84
28476 00	Surgery	11.61	11.61	$ 835.92	$ 835.92
28485 00	Surgery	16.23	16.23	$ 1,168.56	$ 1,168.56
28490 00	Surgery	4.75	3.96	$ 342.00	$ 285.12
28495 00	Surgery	5.86	4.62	$ 421.92	$ 332.64
28496 00	Surgery	16.42	8.41	$ 1,182.24	$ 605.52
28505 00	Surgery	20.01	14.09	$ 1,440.72	$ 1,014.48
28510 00	Surgery	3.92	3.74	$ 282.24	$ 269.28
28515 00	Surgery	5.22	4.34	$ 375.84	$ 312.48

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
28525 00	Surgery	17.17	11.55	$ 1,236.24	$ 831.60
28530 00	Surgery	3.70	3.09	$ 266.40	$ 222.48
28531 00	Surgery	9.68	5.23	$ 696.96	$ 376.56
28540 00	Surgery	5.96	5.12	$ 429.12	$ 368.64
28545 00	Surgery	10.40	8.30	$ 748.80	$ 597.60
28546 00	Surgery	19.09	10.71	$ 1,374.48	$ 771.12
28555 00	Surgery	26.47	18.32	$ 1,905.84	$ 1,319.04
28570 00	Surgery	8.00	6.14	$ 576.00	$ 442.08
28575 00	Surgery	12.65	10.23	$ 910.80	$ 736.56
28576 00	Surgery	11.57	11.57	$ 833.04	$ 833.04
28585 00	Surgery	28.41	20.23	$ 2,045.52	$ 1,456.56
28600 00	Surgery	5.70	4.73	$ 410.40	$ 340.56
28605 00	Surgery	11.49	9.35	$ 827.28	$ 673.20
28606 00	Surgery	11.59	11.59	$ 834.48	$ 834.48
28615 00	Surgery	23.75	23.75	$ 1,710.00	$ 1,710.00
28630 00	Surgery	5.14	3.32	$ 370.08	$ 239.04
28635 00	Surgery	5.23	3.68	$ 376.56	$ 264.96
28636 00	Surgery	11.62	6.51	$ 836.64	$ 468.72
28645 00	Surgery	19.95	13.81	$ 1,436.40	$ 994.32
28660 00	Surgery	4.47	3.02	$ 321.84	$ 217.44
28665 00	Surgery	4.64	3.59	$ 334.08	$ 258.48
28666 00	Surgery	4.91	4.91	$ 353.52	$ 353.52
28675 00	Surgery	17.60	11.80	$ 1,267.20	$ 849.60
28705 00	Surgery	33.13	33.13	$ 2,385.36	$ 2,385.36
28715 00	Surgery	26.46	26.46	$ 1,905.12	$ 1,905.12
28725 00	Surgery	21.83	21.83	$ 1,571.76	$ 1,571.76
28730 00	Surgery	20.31	20.31	$ 1,462.32	$ 1,462.32
28735 00	Surgery	21.81	21.81	$ 1,570.32	$ 1,570.32
28737 00	Surgery	18.92	18.92	$ 1,362.24	$ 1,362.24
28740 00	Surgery	25.40	17.29	$ 1,828.80	$ 1,244.88
28750 00	Surgery	31.14	16.06	$ 2,242.08	$ 1,156.32
28755 00	Surgery	27.49	13.99	$ 1,979.28	$ 1,007.28
28760 00	Surgery	23.47	16.07	$ 1,689.84	$ 1,157.04
28800 00	Surgery	14.71	14.71	$ 1,059.12	$ 1,059.12
28805 00	Surgery	19.44	19.44	$ 1,399.68	$ 1,399.68
28810 00	Surgery	11.88	11.88	$ 855.36	$ 855.36
28820 00	Surgery	8.90	4.84	$ 640.80	$ 348.48
28825 00	Surgery	8.68	4.68	$ 624.96	$ 336.96
28890 00	Surgery	9.10	6.16	$ 655.20	$ 443.52
28899 00	Surgery	0.00	0.00	BR	BR

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
29000 00	Surgery	13.92	6.30	$ 1,002.24	$ 453.60
29010 00	Surgery	9.50	4.59	$ 684.00	$ 330.48
29015 00	Surgery	10.11	5.09	$ 727.92	$ 366.48
29035 00	Surgery	8.98	4.16	$ 646.56	$ 299.52
29040 00	Surgery	10.16	4.94	$ 731.52	$ 355.68
29044 00	Surgery	10.00	4.80	$ 720.00	$ 345.60
29046 00	Surgery	10.90	5.35	$ 784.80	$ 385.20
29049 00	Surgery	3.41	2.01	$ 245.52	$ 144.72
29055 00	Surgery	7.73	3.93	$ 556.56	$ 282.96
29058 00	Surgery	4.14	2.62	$ 298.08	$ 188.64
29065 00	Surgery	3.24	1.93	$ 233.28	$ 138.96
29075 00	Surgery	2.92	1.76	$ 210.24	$ 126.72
29085 00	Surgery	3.20	1.90	$ 230.40	$ 136.80
29086 00	Surgery	2.47	1.38	$ 177.84	$ 99.36
29105 00	Surgery	2.91	1.13	$ 209.52	$ 81.36
29125 00	Surgery	2.37	1.23	$ 170.64	$ 88.56
29126 00	Surgery	2.56	1.36	$ 184.32	$ 97.92
29130 00	Surgery	1.38	0.77	$ 99.36	$ 55.44
29131 00	Surgery	1.78	0.93	$ 128.16	$ 66.96
29200 00	Surgery	0.94	0.46	$ 67.68	$ 33.12
29240 00	Surgery	0.86	0.46	$ 61.92	$ 33.12
29260 00	Surgery	0.86	0.47	$ 61.92	$ 33.84
29280 00	Surgery	0.90	0.51	$ 64.80	$ 36.72
29305 00	Surgery	8.52	4.54	$ 613.44	$ 326.88
29325 00	Surgery	9.38	5.04	$ 675.36	$ 362.88
29345 00	Surgery	4.46	2.74	$ 321.12	$ 197.28
29355 00	Surgery	4.63	2.90	$ 333.36	$ 208.80
29358 00	Surgery	5.48	2.87	$ 394.56	$ 206.64
29365 00	Surgery	4.16	2.46	$ 299.52	$ 177.12
29405 00	Surgery	2.63	1.67	$ 189.36	$ 120.24
29425 00	Surgery	2.42	1.53	$ 174.24	$ 110.16
29435 00	Surgery	4.17	2.43	$ 300.24	$ 174.96
29440 00	Surgery	1.32	0.77	$ 95.04	$ 55.44
29445 00	Surgery	3.96	2.71	$ 285.12	$ 195.12
29450 00	Surgery	4.36	2.99	$ 313.92	$ 215.28
29505 00	Surgery	3.28	1.64	$ 236.16	$ 118.08
29515 00	Surgery	2.47	1.49	$ 177.84	$ 107.28
29520 00	Surgery	1.04	0.46	$ 74.88	$ 33.12
29530 00	Surgery	0.86	0.46	$ 61.92	$ 33.12
29540 00	Surgery	0.84	0.46	$ 60.48	$ 33.12

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
29550 00	Surgery	0.58	0.29	$ 41.76	$ 20.88
29580 00	Surgery	1.89	0.70	$ 136.08	$ 50.40
29581 00	Surgery	2.50	0.69	$ 180.00	$ 49.68
29584 00	Surgery	2.23	0.40	$ 160.56	$ 28.80
29700 00	Surgery	2.07	0.90	$ 149.04	$ 64.80
29705 00	Surgery	2.08	1.22	$ 149.76	$ 87.84
29710 00	Surgery	4.09	2.17	$ 294.48	$ 156.24
29720 00	Surgery	2.94	1.16	$ 211.68	$ 83.52
29730 00	Surgery	2.01	1.16	$ 144.72	$ 83.52
29740 00	Surgery	3.28	1.81	$ 236.16	$ 130.32
29750 00	Surgery	3.53	2.02	$ 254.16	$ 145.44
29799 00	Surgery	0.00	0.00	BR	BR
29800 00	Surgery	15.23	15.23	$ 1,096.56	$ 1,096.56
29804 00	Surgery	16.22	16.22	$ 1,167.84	$ 1,167.84
29805 00	Surgery	13.44	13.44	$ 967.68	$ 967.68
29806 00	Surgery	29.13	29.13	$ 2,097.36	$ 2,097.36
29807 00	Surgery	28.50	28.50	$ 2,052.00	$ 2,052.00
29819 00	Surgery	16.47	16.47	$ 1,185.84	$ 1,185.84
29820 00	Surgery	15.02	15.02	$ 1,081.44	$ 1,081.44
29821 00	Surgery	16.69	16.69	$ 1,201.68	$ 1,201.68
29822 00	Surgery	15.45	15.45	$ 1,112.40	$ 1,112.40
29823 00	Surgery	16.73	16.73	$ 1,204.56	$ 1,204.56
29824 00	Surgery	19.13	19.13	$ 1,377.36	$ 1,377.36
29825 00	Surgery	16.57	16.57	$ 1,193.04	$ 1,193.04
29826 00	Surgery	4.42	4.42	$ 318.24	$ 318.24
29827 00	Surgery	29.23	29.23	$ 2,104.56	$ 2,104.56
29828 00	Surgery	25.26	25.26	$ 1,818.72	$ 1,818.72
29830 00	Surgery	13.15	13.15	$ 946.80	$ 946.80
29834 00	Surgery	14.03	14.03	$ 1,010.16	$ 1,010.16
29835 00	Surgery	14.58	14.58	$ 1,049.76	$ 1,049.76
29836 00	Surgery	16.41	16.41	$ 1,181.52	$ 1,181.52
29837 00	Surgery	15.17	15.17	$ 1,092.24	$ 1,092.24
29838 00	Surgery	16.72	16.72	$ 1,203.84	$ 1,203.84
29840 00	Surgery	13.21	13.21	$ 951.12	$ 951.12
29843 00	Surgery	14.06	14.06	$ 1,012.32	$ 1,012.32
29844 00	Surgery	14.10	14.10	$ 1,015.20	$ 1,015.20
29845 00	Surgery	16.37	16.37	$ 1,178.64	$ 1,178.64
29846 00	Surgery	14.61	14.61	$ 1,051.92	$ 1,051.92
29847 00	Surgery	15.48	15.48	$ 1,114.56	$ 1,114.56
29848 00	Surgery	14.54	14.54	$ 1,046.88	$ 1,046.88

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
29850 00	Surgery	17.77	17.77	$ 1,279.44	$ 1,279.44
29851 00	Surgery	25.80	25.80	$ 1,857.60	$ 1,857.60
29855 00	Surgery	21.85	21.85	$ 1,573.20	$ 1,573.20
29856 00	Surgery	27.48	27.48	$ 1,978.56	$ 1,978.56
29860 00	Surgery	18.42	18.42	$ 1,326.24	$ 1,326.24
29861 00	Surgery	19.68	19.68	$ 1,416.96	$ 1,416.96
29862 00	Surgery	22.75	22.75	$ 1,638.00	$ 1,638.00
29863 00	Surgery	22.67	22.67	$ 1,632.24	$ 1,632.24
29866 00	Surgery	29.32	29.32	$ 2,111.04	$ 2,111.04
29867 00	Surgery	35.29	35.29	$ 2,540.88	$ 2,540.88
29868 00	Surgery	45.28	45.28	$ 3,260.16	$ 3,260.16
29870 00	Surgery	18.05	11.97	$ 1,299.60	$ 861.84
29871 00	Surgery	14.71	14.71	$ 1,059.12	$ 1,059.12
29873 00	Surgery	15.60	15.60	$ 1,123.20	$ 1,123.20
29874 00	Surgery	15.15	15.15	$ 1,090.80	$ 1,090.80
29875 00	Surgery	14.20	14.20	$ 1,022.40	$ 1,022.40
29876 00	Surgery	18.41	18.41	$ 1,325.52	$ 1,325.52
29877 00	Surgery	17.57	17.57	$ 1,265.04	$ 1,265.04
29879 00	Surgery	18.66	18.66	$ 1,343.52	$ 1,343.52
29880 00	Surgery	15.96	15.96	$ 1,149.12	$ 1,149.12
29881 00	Surgery	15.44	15.44	$ 1,111.68	$ 1,111.68
29882 00	Surgery	19.22	19.22	$ 1,383.84	$ 1,383.84
29883 00	Surgery	23.53	23.53	$ 1,694.16	$ 1,694.16
29884 00	Surgery	17.55	17.55	$ 1,263.60	$ 1,263.60
29885 00	Surgery	21.33	21.33	$ 1,535.76	$ 1,535.76
29886 00	Surgery	18.11	18.11	$ 1,303.92	$ 1,303.92
29887 00	Surgery	21.27	21.27	$ 1,531.44	$ 1,531.44
29888 00	Surgery	26.63	26.63	$ 1,917.36	$ 1,917.36
29889 00	Surgery	33.90	33.90	$ 2,440.80	$ 2,440.80
29891 00	Surgery	18.98	18.98	$ 1,366.56	$ 1,366.56
29892 00	Surgery	17.89	17.89	$ 1,288.08	$ 1,288.08
29893 00	Surgery	19.92	12.51	$ 1,434.24	$ 900.72
29894 00	Surgery	14.22	14.22	$ 1,023.84	$ 1,023.84
29895 00	Surgery	12.98	12.98	$ 934.56	$ 934.56
29897 00	Surgery	13.92	13.92	$ 1,002.24	$ 1,002.24
29898 00	Surgery	15.68	15.68	$ 1,128.96	$ 1,128.96
29899 00	Surgery	27.58	27.58	$ 1,985.76	$ 1,985.76
29900 00	Surgery	14.79	14.79	$ 1,064.88	$ 1,064.88
29901 00	Surgery	15.68	15.68	$ 1,128.96	$ 1,128.96
29902 00	Surgery	16.54	16.54	$ 1,190.88	$ 1,190.88

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
29904 00	Surgery	18.03	18.03	$ 1,298.16	$ 1,298.16
29905 00	Surgery	14.30	14.30	$ 1,029.60	$ 1,029.60
29906 00	Surgery	18.74	18.74	$ 1,349.28	$ 1,349.28
29907 00	Surgery	24.55	24.55	$ 1,767.60	$ 1,767.60
29914 00	Surgery	27.40	27.40	$ 1,972.80	$ 1,972.80
29915 00	Surgery	27.91	27.91	$ 2,009.52	$ 2,009.52
29916 00	Surgery	27.86	27.86	$ 2,005.92	$ 2,005.92
29999 00	Surgery	0.00	0.00	BR	BR
30000 00	Surgery	7.83	3.31	$ 563.76	$ 238.32
30020 00	Surgery	8.00	3.34	$ 576.00	$ 240.48
30100 00	Surgery	4.23	1.83	$ 304.56	$ 131.76
30110 00	Surgery	7.39	3.59	$ 532.08	$ 258.48
30115 00	Surgery	12.98	12.98	$ 934.56	$ 934.56
30117 00	Surgery	28.49	11.21	$ 2,051.28	$ 807.12
30118 00	Surgery	19.05	19.05	$ 1,371.60	$ 1,371.60
30120 00	Surgery	15.53	11.21	$ 1,118.16	$ 807.12
30124 00	Surgery	8.37	8.37	$ 602.64	$ 602.64
30125 00	Surgery	17.69	17.69	$ 1,273.68	$ 1,273.68
30130 00	Surgery	11.77	11.77	$ 847.44	$ 847.44
30140 00	Surgery	8.80	4.59	$ 633.60	$ 330.48
30150 00	Surgery	21.48	21.48	$ 1,546.56	$ 1,546.56
30160 00	Surgery	21.80	21.80	$ 1,569.60	$ 1,569.60
30200 00	Surgery	3.34	1.62	$ 240.48	$ 116.64
30210 00	Surgery	4.66	2.89	$ 335.52	$ 208.08
30220 00	Surgery	8.96	3.47	$ 645.12	$ 249.84
30300 00	Surgery	6.37	3.46	$ 458.64	$ 249.12
30310 00	Surgery	5.70	5.70	$ 410.40	$ 410.40
30320 00	Surgery	13.57	13.57	$ 977.04	$ 977.04
30400 00	Surgery	35.81	35.81	$ 2,578.32	$ 2,578.32
30410 00	Surgery	40.55	40.55	$ 2,919.60	$ 2,919.60
30420 00	Surgery	39.29	39.29	$ 2,828.88	$ 2,828.88
30430 00	Surgery	31.83	31.83	$ 2,291.76	$ 2,291.76
30435 00	Surgery	38.64	38.64	$ 2,782.08	$ 2,782.08
30450 00	Surgery	49.12	49.12	$ 3,536.64	$ 3,536.64
30460 00	Surgery	22.98	22.98	$ 1,654.56	$ 1,654.56
30462 00	Surgery	43.76	43.76	$ 3,150.72	$ 3,150.72
30465 00	Surgery	27.63	27.63	$ 1,989.36	$ 1,989.36
30468 00	Surgery	71.68	4.36	$ 5,160.96	$ 313.92
30469 00	Surgery	69.54	3.88	$ 5,006.88	$ 279.36
30520 00	Surgery	18.36	18.36	$ 1,321.92	$ 1,321.92

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
30540 00	Surgery	20.14	20.14	$ 1,450.08	$ 1,450.08
30545 00	Surgery	27.01	27.01	$ 1,944.72	$ 1,944.72
30560 00	Surgery	9.44	4.18	$ 679.68	$ 300.96
30580 00	Surgery	18.73	12.57	$ 1,348.56	$ 905.04
30600 00	Surgery	18.15	11.54	$ 1,306.80	$ 830.88
30620 00	Surgery	18.49	18.49	$ 1,331.28	$ 1,331.28
30630 00	Surgery	18.20	18.20	$ 1,310.40	$ 1,310.40
30801 00	Surgery	6.55	4.20	$ 471.60	$ 302.40
30802 00	Surgery	8.34	5.49	$ 600.48	$ 395.28
30901 00	Surgery	4.96	1.49	$ 357.12	$ 107.28
30903 00	Surgery	7.96	2.09	$ 573.12	$ 150.48
30905 00	Surgery	11.84	2.97	$ 852.48	$ 213.84
30906 00	Surgery	12.19	3.57	$ 877.68	$ 257.04
30915 00	Surgery	16.19	16.19	$ 1,165.68	$ 1,165.68
30920 00	Surgery	23.23	23.23	$ 1,672.56	$ 1,672.56
30930 00	Surgery	3.26	3.26	$ 234.72	$ 234.72
30999 00	Surgery	0.00	0.00	BR	BR
31000 00	Surgery	5.63	3.06	$ 405.36	$ 220.32
31002 00	Surgery	5.01	5.01	$ 360.72	$ 360.72
31020 00	Surgery	12.93	9.79	$ 930.96	$ 704.88
31030 00	Surgery	19.53	14.20	$ 1,406.16	$ 1,022.40
31032 00	Surgery	16.52	16.52	$ 1,189.44	$ 1,189.44
31040 00	Surgery	21.61	21.61	$ 1,555.92	$ 1,555.92
31050 00	Surgery	14.28	14.28	$ 1,028.16	$ 1,028.16
31051 00	Surgery	19.02	19.02	$ 1,369.44	$ 1,369.44
31070 00	Surgery	13.26	13.26	$ 954.72	$ 954.72
31075 00	Surgery	22.44	22.44	$ 1,615.68	$ 1,615.68
31080 00	Surgery	29.42	29.42	$ 2,118.24	$ 2,118.24
31081 00	Surgery	31.40	31.40	$ 2,260.80	$ 2,260.80
31084 00	Surgery	32.43	32.43	$ 2,334.96	$ 2,334.96
31085 00	Surgery	33.35	33.35	$ 2,401.20	$ 2,401.20
31086 00	Surgery	31.63	31.63	$ 2,277.36	$ 2,277.36
31087 00	Surgery	29.96	29.96	$ 2,157.12	$ 2,157.12
31090 00	Surgery	30.28	30.28	$ 2,180.16	$ 2,180.16
31200 00	Surgery	17.49	17.49	$ 1,259.28	$ 1,259.28
31201 00	Surgery	21.24	21.24	$ 1,529.28	$ 1,529.28
31205 00	Surgery	25.18	25.18	$ 1,812.96	$ 1,812.96
31225 00	Surgery	47.23	47.23	$ 3,400.56	$ 3,400.56
31230 00	Surgery	52.23	52.23	$ 3,760.56	$ 3,760.56
31231 00	Surgery	5.79	1.64	$ 416.88	$ 118.08

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
31233 00	Surgery	8.16	3.51	$ 587.52	$ 252.72
31235 00	Surgery	9.29	4.13	$ 668.88	$ 297.36
31237 00	Surgery	7.98	4.14	$ 574.56	$ 298.08
31238 00	Surgery	7.79	4.32	$ 560.88	$ 311.04
31239 00	Surgery	15.71	15.71	$ 1,131.12	$ 1,131.12
31240 00	Surgery	4.09	4.09	$ 294.48	$ 294.48
31241 00	Surgery	11.17	11.17	$ 804.24	$ 804.24
31242 00	Surgery	71.72	4.04	$ 5,163.84	$ 290.88
31243 00	Surgery	69.64	4.04	$ 5,014.08	$ 290.88
31253 00	Surgery	12.58	12.58	$ 905.76	$ 905.76
31254 00	Surgery	13.07	6.16	$ 941.04	$ 443.52
31255 00	Surgery	8.18	8.18	$ 588.96	$ 588.96
31256 00	Surgery	4.57	4.57	$ 329.04	$ 329.04
31257 00	Surgery	11.23	11.23	$ 808.56	$ 808.56
31259 00	Surgery	11.89	11.89	$ 856.08	$ 856.08
31267 00	Surgery	6.71	6.71	$ 483.12	$ 483.12
31276 00	Surgery	9.52	9.52	$ 685.44	$ 685.44
31287 00	Surgery	5.10	5.10	$ 367.20	$ 367.20
31288 00	Surgery	5.93	5.93	$ 426.96	$ 426.96
31290 00	Surgery	29.71	29.71	$ 2,139.12	$ 2,139.12
31291 00	Surgery	32.24	32.24	$ 2,321.28	$ 2,321.28
31292 00	Surgery	25.58	25.58	$ 1,841.76	$ 1,841.76
31293 00	Surgery	27.64	27.64	$ 1,990.08	$ 1,990.08
31294 00	Surgery	31.50	31.50	$ 2,268.00	$ 2,268.00
31295 00	Surgery	47.23	4.04	$ 3,400.56	$ 290.88
31296 00	Surgery	48.00	4.56	$ 3,456.00	$ 328.32
31297 00	Surgery	46.84	3.70	$ 3,372.48	$ 266.40
31298 00	Surgery	88.79	6.46	$ 6,392.88	$ 465.12
31299 00	Surgery	0.00	0.00	BR	BR
31300 00	Surgery	33.58	33.58	$ 2,417.76	$ 2,417.76
31360 00	Surgery	54.06	54.06	$ 3,892.32	$ 3,892.32
31365 00	Surgery	66.35	66.35	$ 4,777.20	$ 4,777.20
31367 00	Surgery	57.54	57.54	$ 4,142.88	$ 4,142.88
31368 00	Surgery	63.43	63.43	$ 4,566.96	$ 4,566.96
31370 00	Surgery	54.27	54.27	$ 3,907.44	$ 3,907.44
31375 00	Surgery	51.68	51.68	$ 3,720.96	$ 3,720.96
31380 00	Surgery	51.00	51.00	$ 3,672.00	$ 3,672.00
31382 00	Surgery	55.63	55.63	$ 4,005.36	$ 4,005.36
31390 00	Surgery	72.78	72.78	$ 5,240.16	$ 5,240.16
31395 00	Surgery	76.47	76.47	$ 5,505.84	$ 5,505.84

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
31400 00	Surgery	27.96	27.96	$ 2,013.12	$ 2,013.12
31420 00	Surgery	22.20	22.20	$ 1,598.40	$ 1,598.40
31500 00	Surgery	3.98	3.98	$ 286.56	$ 286.56
31502 00	Surgery	0.91	0.91	$ 65.52	$ 65.52
31505 00	Surgery	2.65	1.34	$ 190.80	$ 96.48
31510 00	Surgery	6.44	3.15	$ 463.68	$ 226.80
31511 00	Surgery	6.31	3.49	$ 454.32	$ 251.28
31512 00	Surgery	6.49	3.37	$ 467.28	$ 242.64
31513 00	Surgery	3.40	3.40	$ 244.80	$ 244.80
31515 00	Surgery	6.87	3.04	$ 494.64	$ 218.88
31520 00	Surgery	4.04	4.04	$ 290.88	$ 290.88
31525 00	Surgery	7.52	4.12	$ 541.44	$ 296.64
31526 00	Surgery	4.05	4.05	$ 291.60	$ 291.60
31527 00	Surgery	4.99	4.99	$ 359.28	$ 359.28
31528 00	Surgery	3.74	3.74	$ 269.28	$ 269.28
31529 00	Surgery	4.13	4.13	$ 297.36	$ 297.36
31530 00	Surgery	5.18	5.18	$ 372.96	$ 372.96
31531 00	Surgery	5.44	5.44	$ 391.68	$ 391.68
31535 00	Surgery	4.85	4.85	$ 349.20	$ 349.20
31536 00	Surgery	5.36	5.36	$ 385.92	$ 385.92
31540 00	Surgery	6.15	6.15	$ 442.80	$ 442.80
31541 00	Surgery	6.69	6.69	$ 481.68	$ 481.68
31545 00	Surgery	9.15	9.15	$ 658.80	$ 658.80
31546 00	Surgery	13.79	13.79	$ 992.88	$ 992.88
31551 00	Surgery	41.06	41.06	$ 2,956.32	$ 2,956.32
31552 00	Surgery	39.75	39.75	$ 2,862.00	$ 2,862.00
31553 00	Surgery	44.90	44.90	$ 3,232.80	$ 3,232.80
31554 00	Surgery	44.92	44.92	$ 3,234.24	$ 3,234.24
31560 00	Surgery	7.90	7.90	$ 568.80	$ 568.80
31561 00	Surgery	8.62	8.62	$ 620.64	$ 620.64
31570 00	Surgery	10.31	5.88	$ 742.32	$ 423.36
31571 00	Surgery	6.33	6.33	$ 455.76	$ 455.76
31572 00	Surgery	15.32	4.64	$ 1,103.04	$ 334.08
31573 00	Surgery	8.60	3.86	$ 619.20	$ 277.92
31574 00	Surgery	27.00	3.87	$ 1,944.00	$ 278.64
31575 00	Surgery	3.81	1.83	$ 274.32	$ 131.76
31576 00	Surgery	8.04	3.11	$ 578.88	$ 223.92
31577 00	Surgery	8.35	3.56	$ 601.20	$ 256.32
31578 00	Surgery	9.11	3.87	$ 655.92	$ 278.64
31579 00	Surgery	5.84	3.11	$ 420.48	$ 223.92

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
31580 00	Surgery	34.90	34.90	$ 2,512.80	$ 2,512.80
31584 00	Surgery	37.92	37.92	$ 2,730.24	$ 2,730.24
31587 00	Surgery	32.65	32.65	$ 2,350.80	$ 2,350.80
31590 00	Surgery	26.41	26.41	$ 1,901.52	$ 1,901.52
31591 00	Surgery	29.93	29.93	$ 2,154.96	$ 2,154.96
31592 00	Surgery	45.84	45.84	$ 3,300.48	$ 3,300.48
31599 00	Surgery	0.00	0.00	BR	BR
31600 00	Surgery	8.18	8.18	$ 588.96	$ 588.96
31601 00	Surgery	11.36	11.36	$ 817.92	$ 817.92
31603 00	Surgery	8.34	8.34	$ 600.48	$ 600.48
31605 00	Surgery	9.06	9.06	$ 652.32	$ 652.32
31610 00	Surgery	25.77	25.77	$ 1,855.44	$ 1,855.44
31611 00	Surgery	14.70	14.70	$ 1,058.40	$ 1,058.40
31612 00	Surgery	2.84	1.25	$ 204.48	$ 90.00
31613 00	Surgery	11.86	11.86	$ 853.92	$ 853.92
31614 00	Surgery	19.23	19.23	$ 1,384.56	$ 1,384.56
31615 00	Surgery	5.18	3.05	$ 372.96	$ 219.60
31622 00	Surgery	8.45	3.60	$ 608.40	$ 259.20
31623 00	Surgery	9.07	3.57	$ 653.04	$ 257.04
31624 00	Surgery	8.57	3.62	$ 617.04	$ 260.64
31625 00	Surgery	11.50	4.21	$ 828.00	$ 303.12
31626 00	Surgery	26.03	5.33	$ 1,874.16	$ 383.76
31627 00	Surgery	34.59	2.55	$ 2,490.48	$ 183.60
31628 00	Surgery	12.23	4.75	$ 880.56	$ 342.00
31629 00	Surgery	14.88	5.04	$ 1,071.36	$ 362.88
31630 00	Surgery	5.29	5.29	$ 380.88	$ 380.88
31631 00	Surgery	5.98	5.98	$ 430.56	$ 430.56
31632 00	Surgery	2.06	1.29	$ 148.32	$ 92.88
31633 00	Surgery	2.58	1.68	$ 185.76	$ 120.96
31634 00	Surgery	48.09	5.10	$ 3,462.48	$ 367.20
31635 00	Surgery	9.70	4.74	$ 698.40	$ 341.28
31636 00	Surgery	5.85	5.85	$ 421.20	$ 421.20
31637 00	Surgery	2.01	2.01	$ 144.72	$ 144.72
31638 00	Surgery	6.56	6.56	$ 472.32	$ 472.32
31640 00	Surgery	6.53	6.53	$ 470.16	$ 470.16
31641 00	Surgery	6.72	6.72	$ 483.84	$ 483.84
31643 00	Surgery	4.56	4.56	$ 328.32	$ 328.32
31645 00	Surgery	9.23	3.99	$ 664.56	$ 287.28
31646 00	Surgery	3.86	3.86	$ 277.92	$ 277.92
31647 00	Surgery	5.54	5.54	$ 398.88	$ 398.88

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
31648 00	Surgery	5.30	5.30	$ 381.60	$ 381.60
31649 00	Surgery	2.15	1.85	$ 154.80	$ 133.20
31651 00	Surgery	2.33	2.01	$ 167.76	$ 144.72
31652 00	Surgery	40.58	5.93	$ 2,921.76	$ 426.96
31653 00	Surgery	41.89	6.56	$ 3,016.08	$ 472.32
31654 00	Surgery	3.93	1.79	$ 282.96	$ 128.88
31660 00	Surgery	5.08	5.08	$ 365.76	$ 365.76
31661 00	Surgery	5.35	5.35	$ 385.20	$ 385.20
31717 00	Surgery	9.18	2.89	$ 660.96	$ 208.08
31720 00	Surgery	1.36	1.36	$ 97.92	$ 97.92
31725 00	Surgery	2.11	2.11	$ 151.92	$ 151.92
31730 00	Surgery	35.18	3.99	$ 2,532.96	$ 287.28
31750 00	Surgery	37.34	37.34	$ 2,688.48	$ 2,688.48
31755 00	Surgery	47.71	47.71	$ 3,435.12	$ 3,435.12
31760 00	Surgery	39.34	39.34	$ 2,832.48	$ 2,832.48
31766 00	Surgery	49.96	49.96	$ 3,597.12	$ 3,597.12
31770 00	Surgery	37.52	37.52	$ 2,701.44	$ 2,701.44
31775 00	Surgery	39.59	39.59	$ 2,850.48	$ 2,850.48
31780 00	Surgery	30.85	30.85	$ 2,221.20	$ 2,221.20
31781 00	Surgery	36.68	36.68	$ 2,640.96	$ 2,640.96
31785 00	Surgery	27.51	27.51	$ 1,980.72	$ 1,980.72
31786 00	Surgery	40.74	40.74	$ 2,933.28	$ 2,933.28
31800 00	Surgery	19.30	19.30	$ 1,389.60	$ 1,389.60
31805 00	Surgery	23.80	23.80	$ 1,713.60	$ 1,713.60
31820 00	Surgery	13.35	8.99	$ 961.20	$ 647.28
31825 00	Surgery	18.29	12.88	$ 1,316.88	$ 927.36
31830 00	Surgery	14.66	9.91	$ 1,055.52	$ 713.52
31899 00	Surgery	0.00	0.00	BR	BR
32035 00	Surgery	21.78	21.78	$ 1,568.16	$ 1,568.16
32036 00	Surgery	23.19	23.19	$ 1,669.68	$ 1,669.68
32096 00	Surgery	22.88	22.88	$ 1,647.36	$ 1,647.36
32097 00	Surgery	23.05	23.05	$ 1,659.60	$ 1,659.60
32098 00	Surgery	21.60	21.60	$ 1,555.20	$ 1,555.20
32100 00	Surgery	23.27	23.27	$ 1,675.44	$ 1,675.44
32110 00	Surgery	41.79	41.79	$ 3,008.88	$ 3,008.88
32120 00	Surgery	25.42	25.42	$ 1,830.24	$ 1,830.24
32124 00	Surgery	26.92	26.92	$ 1,938.24	$ 1,938.24
32140 00	Surgery	28.60	28.60	$ 2,059.20	$ 2,059.20
32141 00	Surgery	42.92	42.92	$ 3,090.24	$ 3,090.24
32150 00	Surgery	29.21	29.21	$ 2,103.12	$ 2,103.12

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
32151 00	Surgery	29.00	29.00	$ 2,088.00	$ 2,088.00
32160 00	Surgery	23.12	23.12	$ 1,664.64	$ 1,664.64
32200 00	Surgery	33.20	33.20	$ 2,390.40	$ 2,390.40
32215 00	Surgery	23.46	23.46	$ 1,689.12	$ 1,689.12
32220 00	Surgery	46.06	46.06	$ 3,316.32	$ 3,316.32
32225 00	Surgery	28.67	28.67	$ 2,064.24	$ 2,064.24
32310 00	Surgery	26.63	26.63	$ 1,917.36	$ 1,917.36
32320 00	Surgery	45.89	45.89	$ 3,304.08	$ 3,304.08
32400 00	Surgery	4.98	2.17	$ 358.56	$ 156.24
32408 00	Surgery	24.08	3.91	$ 1,733.76	$ 281.52
32440 00	Surgery	44.60	44.60	$ 3,211.20	$ 3,211.20
32442 00	Surgery	84.62	84.62	$ 6,092.64	$ 6,092.64
32445 00	Surgery	98.65	98.65	$ 7,102.80	$ 7,102.80
32480 00	Surgery	41.99	41.99	$ 3,023.28	$ 3,023.28
32482 00	Surgery	45.03	45.03	$ 3,242.16	$ 3,242.16
32484 00	Surgery	40.51	40.51	$ 2,916.72	$ 2,916.72
32486 00	Surgery	65.15	65.15	$ 4,690.80	$ 4,690.80
32488 00	Surgery	67.04	67.04	$ 4,826.88	$ 4,826.88
32491 00	Surgery	42.14	42.14	$ 3,034.08	$ 3,034.08
32501 00	Surgery	6.61	6.61	$ 475.92	$ 475.92
32503 00	Surgery	50.69	50.69	$ 3,649.68	$ 3,649.68
32504 00	Surgery	57.47	57.47	$ 4,137.84	$ 4,137.84
32505 00	Surgery	26.79	26.79	$ 1,928.88	$ 1,928.88
32506 00	Surgery	4.23	4.23	$ 304.56	$ 304.56
32507 00	Surgery	4.23	4.23	$ 304.56	$ 304.56
32540 00	Surgery	48.91	48.91	$ 3,521.52	$ 3,521.52
32550 00	Surgery	23.46	5.43	$ 1,689.12	$ 390.96
32551 00	Surgery	4.28	4.28	$ 308.16	$ 308.16
32552 00	Surgery	5.71	4.42	$ 411.12	$ 318.24
32553 00	Surgery	14.71	4.55	$ 1,059.12	$ 327.60
32554 00	Surgery	7.80	2.37	$ 561.60	$ 170.64
32555 00	Surgery	9.31	2.81	$ 670.32	$ 202.32
32556 00	Surgery	25.18	3.35	$ 1,812.96	$ 241.20
32557 00	Surgery	19.40	3.87	$ 1,396.80	$ 278.64
32560 00	Surgery	8.27	2.05	$ 595.44	$ 147.60
32561 00	Surgery	3.03	1.80	$ 218.16	$ 129.60
32562 00	Surgery	2.75	1.61	$ 198.00	$ 115.92
32601 00	Surgery	8.63	8.63	$ 621.36	$ 621.36
32604 00	Surgery	13.35	13.35	$ 961.20	$ 961.20
32606 00	Surgery	12.83	12.83	$ 923.76	$ 923.76

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
32607 00	Surgery	8.66	8.66	$ 623.52	$ 623.52
32608 00	Surgery	10.57	10.57	$ 761.04	$ 761.04
32609 00	Surgery	7.15	7.15	$ 514.80	$ 514.80
32650 00	Surgery	19.47	19.47	$ 1,401.84	$ 1,401.84
32651 00	Surgery	31.13	31.13	$ 2,241.36	$ 2,241.36
32652 00	Surgery	47.00	47.00	$ 3,384.00	$ 3,384.00
32653 00	Surgery	30.13	30.13	$ 2,169.36	$ 2,169.36
32654 00	Surgery	33.77	33.77	$ 2,431.44	$ 2,431.44
32655 00	Surgery	27.42	27.42	$ 1,974.24	$ 1,974.24
32656 00	Surgery	23.33	23.33	$ 1,679.76	$ 1,679.76
32658 00	Surgery	20.82	20.82	$ 1,499.04	$ 1,499.04
32659 00	Surgery	21.45	21.45	$ 1,544.40	$ 1,544.40
32661 00	Surgery	23.10	23.10	$ 1,663.20	$ 1,663.20
32662 00	Surgery	25.77	25.77	$ 1,855.44	$ 1,855.44
32663 00	Surgery	39.48	39.48	$ 2,842.56	$ 2,842.56
32664 00	Surgery	24.44	24.44	$ 1,759.68	$ 1,759.68
32665 00	Surgery	34.95	34.95	$ 2,516.40	$ 2,516.40
32666 00	Surgery	25.12	25.12	$ 1,808.64	$ 1,808.64
32667 00	Surgery	4.24	4.24	$ 305.28	$ 305.28
32668 00	Surgery	4.25	4.25	$ 306.00	$ 306.00
32669 00	Surgery	37.95	37.95	$ 2,732.40	$ 2,732.40
32670 00	Surgery	44.91	44.91	$ 3,233.52	$ 3,233.52
32671 00	Surgery	49.70	49.70	$ 3,578.40	$ 3,578.40
32672 00	Surgery	42.73	42.73	$ 3,076.56	$ 3,076.56
32673 00	Surgery	34.46	34.46	$ 2,481.12	$ 2,481.12
32674 00	Surgery	5.85	5.85	$ 421.20	$ 421.20
32701 00	Surgery	5.63	5.63	$ 405.36	$ 405.36
32800 00	Surgery	27.46	27.46	$ 1,977.12	$ 1,977.12
32810 00	Surgery	26.16	26.16	$ 1,883.52	$ 1,883.52
32815 00	Surgery	78.71	78.71	$ 5,667.12	$ 5,667.12
32820 00	Surgery	39.34	39.34	$ 2,832.48	$ 2,832.48
32850 00	Surgery	0.00	0.00	BR	BR
32851 00	Surgery	91.27	91.27	$ 6,571.44	$ 6,571.44
32852 00	Surgery	99.63	99.63	$ 7,173.36	$ 7,173.36
32853 00	Surgery	126.91	126.91	$ 9,137.52	$ 9,137.52
32854 00	Surgery	134.57	134.57	$ 9,689.04	$ 9,689.04
32855 00	Surgery	-	-	$ 732.24	$ 732.24
32856 00	Surgery	-	-	$ 1,632.96	$ 1,632.96
32900 00	Surgery	38.68	38.68	$ 2,784.96	$ 2,784.96
32905 00	Surgery	37.95	37.95	$ 2,732.40	$ 2,732.40

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
32906 00	Surgery	46.45	46.45	$ 3,344.40	$ 3,344.40
32940 00	Surgery	35.18	35.18	$ 2,532.96	$ 2,532.96
32960 00	Surgery	4.02	2.46	$ 289.44	$ 177.12
32994 00	Surgery	136.06	11.40	$ 9,796.32	$ 820.80
32997 00	Surgery	8.99	8.99	$ 647.28	$ 647.28
32998 00	Surgery	87.50	11.40	$ 6,300.00	$ 820.80
32999 00	Surgery	0.00	0.00	BR	BR
33016 00	Surgery	6.11	6.11	$ 439.92	$ 439.92
33017 00	Surgery	6.41	6.41	$ 461.52	$ 461.52
33018 00	Surgery	7.53	7.53	$ 542.16	$ 542.16
33019 00	Surgery	5.37	5.37	$ 386.64	$ 386.64
33020 00	Surgery	23.46	23.46	$ 1,689.12	$ 1,689.12
33025 00	Surgery	22.16	22.16	$ 1,595.52	$ 1,595.52
33030 00	Surgery	56.22	56.22	$ 4,047.84	$ 4,047.84
33031 00	Surgery	69.21	69.21	$ 4,983.12	$ 4,983.12
33050 00	Surgery	29.02	29.02	$ 2,089.44	$ 2,089.44
33120 00	Surgery	58.43	58.43	$ 4,206.96	$ 4,206.96
33130 00	Surgery	39.22	39.22	$ 2,823.84	$ 2,823.84
33140 00	Surgery	44.11	44.11	$ 3,175.92	$ 3,175.92
33141 00	Surgery	3.58	3.58	$ 257.76	$ 257.76
33202 00	Surgery	22.19	22.19	$ 1,597.68	$ 1,597.68
33203 00	Surgery	23.09	23.09	$ 1,662.48	$ 1,662.48
33206 00	Surgery	12.04	12.04	$ 866.88	$ 866.88
33207 00	Surgery	12.64	12.64	$ 910.08	$ 910.08
33208 00	Surgery	13.65	13.65	$ 982.80	$ 982.80
33210 00	Surgery	4.21	4.21	$ 303.12	$ 303.12
33211 00	Surgery	4.36	4.36	$ 313.92	$ 313.92
33212 00	Surgery	8.75	8.75	$ 630.00	$ 630.00
33213 00	Surgery	9.09	9.09	$ 654.48	$ 654.48
33214 00	Surgery	12.74	12.74	$ 917.28	$ 917.28
33215 00	Surgery	8.24	8.24	$ 593.28	$ 593.28
33216 00	Surgery	9.92	9.92	$ 714.24	$ 714.24
33217 00	Surgery	9.89	9.89	$ 712.08	$ 712.08
33218 00	Surgery	10.43	10.43	$ 750.96	$ 750.96
33220 00	Surgery	10.22	10.22	$ 735.84	$ 735.84
33221 00	Surgery	9.54	9.54	$ 686.88	$ 686.88
33222 00	Surgery	9.29	9.29	$ 668.88	$ 668.88
33223 00	Surgery	10.90	10.90	$ 784.80	$ 784.80
33224 00	Surgery	13.22	13.22	$ 951.84	$ 951.84
33225 00	Surgery	11.81	11.81	$ 850.32	$ 850.32

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
33226 00	Surgery	12.67	12.67	$ 912.24	$ 912.24
33227 00	Surgery	9.04	9.04	$ 650.88	$ 650.88
33228 00	Surgery	9.44	9.44	$ 679.68	$ 679.68
33229 00	Surgery	9.87	9.87	$ 710.64	$ 710.64
33230 00	Surgery	9.97	9.97	$ 717.84	$ 717.84
33231 00	Surgery	10.63	10.63	$ 765.36	$ 765.36
33233 00	Surgery	6.36	6.36	$ 457.92	$ 457.92
33234 00	Surgery	12.85	12.85	$ 925.20	$ 925.20
33235 00	Surgery	17.00	17.00	$ 1,224.00	$ 1,224.00
33236 00	Surgery	23.30	23.30	$ 1,677.60	$ 1,677.60
33237 00	Surgery	24.86	24.86	$ 1,789.92	$ 1,789.92
33238 00	Surgery	28.06	28.06	$ 2,020.32	$ 2,020.32
33240 00	Surgery	9.59	9.59	$ 690.48	$ 690.48
33241 00	Surgery	5.92	5.92	$ 426.24	$ 426.24
33243 00	Surgery	39.01	39.01	$ 2,808.72	$ 2,808.72
33244 00	Surgery	22.95	22.95	$ 1,652.40	$ 1,652.40
33249 00	Surgery	23.89	23.89	$ 1,720.08	$ 1,720.08
33250 00	Surgery	41.67	41.67	$ 3,000.24	$ 3,000.24
33251 00	Surgery	45.90	45.90	$ 3,304.80	$ 3,304.80
33254 00	Surgery	38.72	38.72	$ 2,787.84	$ 2,787.84
33255 00	Surgery	46.42	46.42	$ 3,342.24	$ 3,342.24
33256 00	Surgery	54.70	54.70	$ 3,938.40	$ 3,938.40
33257 00	Surgery	17.04	17.04	$ 1,226.88	$ 1,226.88
33258 00	Surgery	19.05	19.05	$ 1,371.60	$ 1,371.60
33259 00	Surgery	24.58	24.58	$ 1,769.76	$ 1,769.76
33261 00	Surgery	45.92	45.92	$ 3,306.24	$ 3,306.24
33262 00	Surgery	9.86	9.86	$ 709.92	$ 709.92
33263 00	Surgery	10.25	10.25	$ 738.00	$ 738.00
33264 00	Surgery	10.64	10.64	$ 766.08	$ 766.08
33265 00	Surgery	38.75	38.75	$ 2,790.00	$ 2,790.00
33266 00	Surgery	52.12	52.12	$ 3,752.64	$ 3,752.64
33267 00	Surgery	29.60	29.60	$ 2,131.20	$ 2,131.20
33268 00	Surgery	3.51	3.51	$ 252.72	$ 252.72
33269 00	Surgery	23.84	23.84	$ 1,716.48	$ 1,716.48
33270 00	Surgery	14.76	14.76	$ 1,062.72	$ 1,062.72
33271 00	Surgery	12.16	12.16	$ 875.52	$ 875.52
33272 00	Surgery	9.29	9.29	$ 668.88	$ 668.88
33273 00	Surgery	10.75	10.75	$ 774.00	$ 774.00
33274 00	Surgery	12.56	12.56	$ 904.32	$ 904.32
33275 00	Surgery	13.39	13.39	$ 964.08	$ 964.08

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
33276 00	Surgery	15.13	15.13	$ 1,089.36	$ 1,089.36
33277 00	Surgery	7.65	7.65	$ 550.80	$ 550.80
33278 00	Surgery	14.88	14.88	$ 1,071.36	$ 1,071.36
33279 00	Surgery	9.24	9.24	$ 665.28	$ 665.28
33280 00	Surgery	5.75	5.75	$ 414.00	$ 414.00
33281 00	Surgery	10.14	10.14	$ 730.08	$ 730.08
33285 00	Surgery	120.12	2.27	$ 8,648.64	$ 163.44
33286 00	Surgery	3.86	2.24	$ 277.92	$ 161.28
33287 00	Surgery	10.21	10.21	$ 735.12	$ 735.12
33288 00	Surgery	13.66	13.66	$ 983.52	$ 983.52
33289 00	Surgery	8.51	8.51	$ 612.72	$ 612.72
33300 00	Surgery	67.93	67.93	$ 4,890.96	$ 4,890.96
33305 00	Surgery	112.80	112.80	$ 8,121.60	$ 8,121.60
33310 00	Surgery	33.83	33.83	$ 2,435.76	$ 2,435.76
33315 00	Surgery	53.40	53.40	$ 3,844.80	$ 3,844.80
33320 00	Surgery	30.46	30.46	$ 2,193.12	$ 2,193.12
33321 00	Surgery	34.25	34.25	$ 2,466.00	$ 2,466.00
33322 00	Surgery	39.77	39.77	$ 2,863.44	$ 2,863.44
33330 00	Surgery	40.82	40.82	$ 2,939.04	$ 2,939.04
33335 00	Surgery	52.96	52.96	$ 3,813.12	$ 3,813.12
33340 00	Surgery	18.52	18.52	$ 1,333.44	$ 1,333.44
33361 00	Surgery	32.31	32.31	$ 2,326.32	$ 2,326.32
33362 00	Surgery	35.19	35.19	$ 2,533.68	$ 2,533.68
33363 00	Surgery	36.56	36.56	$ 2,632.32	$ 2,632.32
33364 00	Surgery	37.87	37.87	$ 2,726.64	$ 2,726.64
33365 00	Surgery	38.15	38.15	$ 2,746.80	$ 2,746.80
33366 00	Surgery	41.93	41.93	$ 3,018.96	$ 3,018.96
33367 00	Surgery	16.72	16.72	$ 1,203.84	$ 1,203.84
33368 00	Surgery	20.26	20.26	$ 1,458.72	$ 1,458.72
33369 00	Surgery	26.77	26.77	$ 1,927.44	$ 1,927.44
33370 00	Surgery	3.47	3.47	$ 249.84	$ 249.84
33390 00	Surgery	53.06	53.06	$ 3,820.32	$ 3,820.32
33391 00	Surgery	63.45	63.45	$ 4,568.40	$ 4,568.40
33404 00	Surgery	49.84	49.84	$ 3,588.48	$ 3,588.48
33405 00	Surgery	63.65	63.65	$ 4,582.80	$ 4,582.80
33406 00	Surgery	80.22	80.22	$ 5,775.84	$ 5,775.84
33410 00	Surgery	71.37	71.37	$ 5,138.64	$ 5,138.64
33411 00	Surgery	93.34	93.34	$ 6,720.48	$ 6,720.48
33412 00	Surgery	87.82	87.82	$ 6,323.04	$ 6,323.04
33413 00	Surgery	90.27	90.27	$ 6,499.44	$ 6,499.44

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
33414 00	Surgery	59.78	59.78	$ 4,304.16	$ 4,304.16
33415 00	Surgery	57.01	57.01	$ 4,104.72	$ 4,104.72
33416 00	Surgery	56.95	56.95	$ 4,100.40	$ 4,100.40
33417 00	Surgery	47.31	47.31	$ 3,406.32	$ 3,406.32
33418 00	Surgery	47.33	47.33	$ 3,407.76	$ 3,407.76
33419 00	Surgery	11.02	11.02	$ 793.44	$ 793.44
33420 00	Surgery	41.53	41.53	$ 2,990.16	$ 2,990.16
33422 00	Surgery	47.55	47.55	$ 3,423.60	$ 3,423.60
33425 00	Surgery	76.34	76.34	$ 5,496.48	$ 5,496.48
33426 00	Surgery	66.82	66.82	$ 4,811.04	$ 4,811.04
33427 00	Surgery	68.06	68.06	$ 4,900.32	$ 4,900.32
33430 00	Surgery	78.53	78.53	$ 5,654.16	$ 5,654.16
33440 00	Surgery	94.85	94.85	$ 6,829.20	$ 6,829.20
33460 00	Surgery	67.19	67.19	$ 4,837.68	$ 4,837.68
33463 00	Surgery	85.79	85.79	$ 6,176.88	$ 6,176.88
33464 00	Surgery	68.05	68.05	$ 4,899.60	$ 4,899.60
33465 00	Surgery	76.76	76.76	$ 5,526.72	$ 5,526.72
33468 00	Surgery	68.01	68.01	$ 4,896.72	$ 4,896.72
33474 00	Surgery	61.01	61.01	$ 4,392.72	$ 4,392.72
33475 00	Surgery	64.33	64.33	$ 4,631.76	$ 4,631.76
33476 00	Surgery	43.37	43.37	$ 3,122.64	$ 3,122.64
33477 00	Surgery	33.72	33.72	$ 2,427.84	$ 2,427.84
33478 00	Surgery	44.71	44.71	$ 3,219.12	$ 3,219.12
33496 00	Surgery	47.50	47.50	$ 3,420.00	$ 3,420.00
33500 00	Surgery	44.55	44.55	$ 3,207.60	$ 3,207.60
33501 00	Surgery	32.19	32.19	$ 2,317.68	$ 2,317.68
33502 00	Surgery	36.68	36.68	$ 2,640.96	$ 2,640.96
33503 00	Surgery	38.25	38.25	$ 2,754.00	$ 2,754.00
33504 00	Surgery	41.82	41.82	$ 3,011.04	$ 3,011.04
33505 00	Surgery	56.83	56.83	$ 4,091.76	$ 4,091.76
33506 00	Surgery	56.91	56.91	$ 4,097.52	$ 4,097.52
33507 00	Surgery	48.01	48.01	$ 3,456.72	$ 3,456.72
33508 00	Surgery	0.43	0.43	$ 30.96	$ 30.96
33509 00	Surgery	4.73	4.73	$ 340.56	$ 340.56
33510 00	Surgery	54.33	54.33	$ 3,911.76	$ 3,911.76
33511 00	Surgery	59.72	59.72	$ 4,299.84	$ 4,299.84
33512 00	Surgery	67.61	67.61	$ 4,867.92	$ 4,867.92
33513 00	Surgery	68.97	68.97	$ 4,965.84	$ 4,965.84
33514 00	Surgery	73.42	73.42	$ 5,286.24	$ 5,286.24
33516 00	Surgery	76.04	76.04	$ 5,474.88	$ 5,474.88

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
33517 00	Surgery	5.10	5.10	$ 367.20	$ 367.20
33518 00	Surgery	11.19	11.19	$ 805.68	$ 805.68
33519 00	Surgery	14.79	14.79	$ 1,064.88	$ 1,064.88
33521 00	Surgery	17.76	17.76	$ 1,278.72	$ 1,278.72
33522 00	Surgery	19.92	19.92	$ 1,434.24	$ 1,434.24
33523 00	Surgery	22.65	22.65	$ 1,630.80	$ 1,630.80
33530 00	Surgery	14.29	14.29	$ 1,028.88	$ 1,028.88
33533 00	Surgery	52.63	52.63	$ 3,789.36	$ 3,789.36
33534 00	Surgery	61.71	61.71	$ 4,443.12	$ 4,443.12
33535 00	Surgery	68.43	68.43	$ 4,926.96	$ 4,926.96
33536 00	Surgery	73.67	73.67	$ 5,304.24	$ 5,304.24
33542 00	Surgery	73.52	73.52	$ 5,293.44	$ 5,293.44
33545 00	Surgery	85.87	85.87	$ 6,182.64	$ 6,182.64
33548 00	Surgery	83.10	83.10	$ 5,983.20	$ 5,983.20
33572 00	Surgery	6.27	6.27	$ 451.44	$ 451.44
33600 00	Surgery	48.67	48.67	$ 3,504.24	$ 3,504.24
33602 00	Surgery	47.32	47.32	$ 3,407.04	$ 3,407.04
33606 00	Surgery	50.22	50.22	$ 3,615.84	$ 3,615.84
33608 00	Surgery	50.90	50.90	$ 3,664.80	$ 3,664.80
33610 00	Surgery	50.22	50.22	$ 3,615.84	$ 3,615.84
33611 00	Surgery	54.38	54.38	$ 3,915.36	$ 3,915.36
33612 00	Surgery	55.81	55.81	$ 4,018.32	$ 4,018.32
33615 00	Surgery	56.06	56.06	$ 4,036.32	$ 4,036.32
33617 00	Surgery	60.59	60.59	$ 4,362.48	$ 4,362.48
33619 00	Surgery	77.14	77.14	$ 5,554.08	$ 5,554.08
33620 00	Surgery	46.03	46.03	$ 3,314.16	$ 3,314.16
33621 00	Surgery	26.50	26.50	$ 1,908.00	$ 1,908.00
33622 00	Surgery	94.58	94.58	$ 6,809.76	$ 6,809.76
33641 00	Surgery	45.93	45.93	$ 3,306.96	$ 3,306.96
33645 00	Surgery	48.45	48.45	$ 3,488.40	$ 3,488.40
33647 00	Surgery	50.75	50.75	$ 3,654.00	$ 3,654.00
33660 00	Surgery	49.11	49.11	$ 3,535.92	$ 3,535.92
33665 00	Surgery	53.38	53.38	$ 3,843.36	$ 3,843.36
33670 00	Surgery	54.45	54.45	$ 3,920.40	$ 3,920.40
33675 00	Surgery	54.95	54.95	$ 3,956.40	$ 3,956.40
33676 00	Surgery	56.36	56.36	$ 4,057.92	$ 4,057.92
33677 00	Surgery	58.46	58.46	$ 4,209.12	$ 4,209.12
33681 00	Surgery	52.27	52.27	$ 3,763.44	$ 3,763.44
33684 00	Surgery	52.70	52.70	$ 3,794.40	$ 3,794.40
33688 00	Surgery	52.17	52.17	$ 3,756.24	$ 3,756.24

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
33690 00	Surgery	34.60	34.60	$ 2,491.20	$ 2,491.20
33692 00	Surgery	54.16	54.16	$ 3,899.52	$ 3,899.52
33694 00	Surgery	54.38	54.38	$ 3,915.36	$ 3,915.36
33697 00	Surgery	57.21	57.21	$ 4,119.12	$ 4,119.12
33702 00	Surgery	43.82	43.82	$ 3,155.04	$ 3,155.04
33710 00	Surgery	57.11	57.11	$ 4,111.92	$ 4,111.92
33720 00	Surgery	43.86	43.86	$ 3,157.92	$ 3,157.92
33724 00	Surgery	43.17	43.17	$ 3,108.24	$ 3,108.24
33726 00	Surgery	56.60	56.60	$ 4,075.20	$ 4,075.20
33730 00	Surgery	56.25	56.25	$ 4,050.00	$ 4,050.00
33732 00	Surgery	46.77	46.77	$ 3,367.44	$ 3,367.44
33735 00	Surgery	37.22	37.22	$ 2,679.84	$ 2,679.84
33736 00	Surgery	40.22	40.22	$ 2,895.84	$ 2,895.84
33741 00	Surgery	19.45	19.45	$ 1,400.40	$ 1,400.40
33745 00	Surgery	27.82	27.82	$ 2,003.04	$ 2,003.04
33746 00	Surgery	11.11	11.11	$ 799.92	$ 799.92
33750 00	Surgery	35.73	35.73	$ 2,572.56	$ 2,572.56
33755 00	Surgery	37.79	37.79	$ 2,720.88	$ 2,720.88
33762 00	Surgery	36.28	36.28	$ 2,612.16	$ 2,612.16
33764 00	Surgery	37.79	37.79	$ 2,720.88	$ 2,720.88
33766 00	Surgery	37.64	37.64	$ 2,710.08	$ 2,710.08
33767 00	Surgery	40.09	40.09	$ 2,886.48	$ 2,886.48
33768 00	Surgery	11.30	11.30	$ 813.60	$ 813.60
33770 00	Surgery	58.66	58.66	$ 4,223.52	$ 4,223.52
33771 00	Surgery	60.02	60.02	$ 4,321.44	$ 4,321.44
33774 00	Surgery	51.00	51.00	$ 3,672.00	$ 3,672.00
33775 00	Surgery	52.30	52.30	$ 3,765.60	$ 3,765.60
33776 00	Surgery	55.38	55.38	$ 3,987.36	$ 3,987.36
33777 00	Surgery	52.92	52.92	$ 3,810.24	$ 3,810.24
33778 00	Surgery	65.59	65.59	$ 4,722.48	$ 4,722.48
33779 00	Surgery	64.16	64.16	$ 4,619.52	$ 4,619.52
33780 00	Surgery	65.48	65.48	$ 4,714.56	$ 4,714.56
33781 00	Surgery	63.65	63.65	$ 4,582.80	$ 4,582.80
33782 00	Surgery	89.06	89.06	$ 6,412.32	$ 6,412.32
33783 00	Surgery	96.11	96.11	$ 6,919.92	$ 6,919.92
33786 00	Surgery	63.14	63.14	$ 4,546.08	$ 4,546.08
33788 00	Surgery	43.06	43.06	$ 3,100.32	$ 3,100.32
33800 00	Surgery	28.03	28.03	$ 2,018.16	$ 2,018.16
33802 00	Surgery	31.30	31.30	$ 2,253.60	$ 2,253.60
33803 00	Surgery	32.53	32.53	$ 2,342.16	$ 2,342.16

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
33814 00	Surgery	43.40	43.40	$ 3,124.80	$ 3,124.80
33820 00	Surgery	27.70	27.70	$ 1,994.40	$ 1,994.40
33822 00	Surgery	29.13	29.13	$ 2,097.36	$ 2,097.36
33824 00	Surgery	33.87	33.87	$ 2,438.64	$ 2,438.64
33840 00	Surgery	35.49	35.49	$ 2,555.28	$ 2,555.28
33845 00	Surgery	38.24	38.24	$ 2,753.28	$ 2,753.28
33851 00	Surgery	36.40	36.40	$ 2,620.80	$ 2,620.80
33852 00	Surgery	39.84	39.84	$ 2,868.48	$ 2,868.48
33853 00	Surgery	51.79	51.79	$ 3,728.88	$ 3,728.88
33858 00	Surgery	93.82	93.82	$ 6,755.04	$ 6,755.04
33859 00	Surgery	67.72	67.72	$ 4,875.84	$ 4,875.84
33863 00	Surgery	87.00	87.00	$ 6,264.00	$ 6,264.00
33864 00	Surgery	88.81	88.81	$ 6,394.32	$ 6,394.32
33866 00	Surgery	25.05	25.05	$ 1,803.60	$ 1,803.60
33871 00	Surgery	89.92	89.92	$ 6,474.24	$ 6,474.24
33875 00	Surgery	75.95	75.95	$ 5,468.40	$ 5,468.40
33877 00	Surgery	98.57	98.57	$ 7,097.04	$ 7,097.04
33880 00	Surgery	38.54	38.54	$ 2,774.88	$ 2,774.88
33881 00	Surgery	32.36	32.36	$ 2,329.92	$ 2,329.92
33882 00	Surgery	52.78	52.78	$ 3,800.16	$ 3,800.16
33883 00	Surgery	28.79	28.79	$ 2,072.88	$ 2,072.88
33886 00	Surgery	28.76	28.76	$ 2,070.72	$ 2,070.72
33894 00	Surgery	25.39	25.39	$ 1,828.08	$ 1,828.08
33895 00	Surgery	20.21	20.21	$ 1,455.12	$ 1,455.12
33897 00	Surgery	15.02	15.02	$ 1,081.44	$ 1,081.44
33900 00	Surgery	15.32	15.32	$ 1,103.04	$ 1,103.04
33901 00	Surgery	20.15	20.15	$ 1,450.80	$ 1,450.80
33902 00	Surgery	19.45	19.45	$ 1,400.40	$ 1,400.40
33903 00	Surgery	22.95	22.95	$ 1,652.40	$ 1,652.40
33904 00	Surgery	7.70	7.70	$ 554.40	$ 554.40
33910 00	Surgery	73.49	73.49	$ 5,291.28	$ 5,291.28
33915 00	Surgery	39.02	39.02	$ 2,809.44	$ 2,809.44
33916 00	Surgery	115.37	115.37	$ 8,306.64	$ 8,306.64
33917 00	Surgery	41.60	41.60	$ 2,995.20	$ 2,995.20
33920 00	Surgery	50.60	50.60	$ 3,643.20	$ 3,643.20
33922 00	Surgery	39.57	39.57	$ 2,849.04	$ 2,849.04
33924 00	Surgery	7.74	7.74	$ 557.28	$ 557.28
33925 00	Surgery	47.86	47.86	$ 3,445.92	$ 3,445.92
33926 00	Surgery	66.85	66.85	$ 4,813.20	$ 4,813.20
33927 00	Surgery	69.26	69.26	$ 4,986.72	$ 4,986.72

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
33928 00	Surgery	0.00	0.00	BR	BR
33929 00	Surgery	0.00	0.00	BR	BR
33930 00	Surgery	0.00	0.00	BR	BR
33933 00	Surgery	0.00	0.00	BR	BR
33935 00	Surgery	137.90	137.90	$ 9,928.80	$ 9,928.80
33940 00	Surgery	0.00	0.00	BR	BR
33944 00	Surgery	-	-	$ 1,059.12	$ 1,059.12
33945 00	Surgery	135.23	135.23	$ 9,736.56	$ 9,736.56
33946 00	Surgery	8.37	8.37	$ 602.64	$ 602.64
33947 00	Surgery	9.23	9.23	$ 664.56	$ 664.56
33948 00	Surgery	6.50	6.50	$ 468.00	$ 468.00
33949 00	Surgery	6.26	6.26	$ 450.72	$ 450.72
33951 00	Surgery	11.65	11.65	$ 838.80	$ 838.80
33952 00	Surgery	11.52	11.52	$ 829.44	$ 829.44
33953 00	Surgery	12.97	12.97	$ 933.84	$ 933.84
33954 00	Surgery	12.93	12.93	$ 930.96	$ 930.96
33955 00	Surgery	22.69	22.69	$ 1,633.68	$ 1,633.68
33956 00	Surgery	22.64	22.64	$ 1,630.08	$ 1,630.08
33957 00	Surgery	5.09	5.09	$ 366.48	$ 366.48
33958 00	Surgery	5.09	5.09	$ 366.48	$ 366.48
33959 00	Surgery	6.47	6.47	$ 465.84	$ 465.84
33962 00	Surgery	6.47	6.47	$ 465.84	$ 465.84
33963 00	Surgery	12.83	12.83	$ 923.76	$ 923.76
33964 00	Surgery	13.52	13.52	$ 973.44	$ 973.44
33965 00	Surgery	5.09	5.09	$ 366.48	$ 366.48
33966 00	Surgery	6.46	6.46	$ 465.12	$ 465.12
33967 00	Surgery	6.73	6.73	$ 484.56	$ 484.56
33968 00	Surgery	0.89	0.89	$ 64.08	$ 64.08
33969 00	Surgery	7.50	7.50	$ 540.00	$ 540.00
33970 00	Surgery	9.41	9.41	$ 677.52	$ 677.52
33971 00	Surgery	20.10	20.10	$ 1,447.20	$ 1,447.20
33973 00	Surgery	13.73	13.73	$ 988.56	$ 988.56
33974 00	Surgery	26.10	26.10	$ 1,879.20	$ 1,879.20
33975 00	Surgery	35.27	35.27	$ 2,539.44	$ 2,539.44
33976 00	Surgery	43.33	43.33	$ 3,119.76	$ 3,119.76
33977 00	Surgery	31.00	31.00	$ 2,232.00	$ 2,232.00
33978 00	Surgery	37.03	37.03	$ 2,666.16	$ 2,666.16
33979 00	Surgery	52.95	52.95	$ 3,812.40	$ 3,812.40
33980 00	Surgery	48.99	48.99	$ 3,527.28	$ 3,527.28
33981 00	Surgery	22.69	22.69	$ 1,633.68	$ 1,633.68

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
33982 00	Surgery	53.33	53.33	$ 3,839.76	$ 3,839.76
33983 00	Surgery	62.79	62.79	$ 4,520.88	$ 4,520.88
33984 00	Surgery	7.74	7.74	$ 557.28	$ 557.28
33985 00	Surgery	14.09	14.09	$ 1,014.48	$ 1,014.48
33986 00	Surgery	14.29	14.29	$ 1,028.88	$ 1,028.88
33987 00	Surgery	5.70	5.70	$ 410.40	$ 410.40
33988 00	Surgery	21.28	21.28	$ 1,532.16	$ 1,532.16
33989 00	Surgery	13.52	13.52	$ 973.44	$ 973.44
33990 00	Surgery	9.37	9.37	$ 674.64	$ 674.64
33991 00	Surgery	12.45	12.45	$ 896.40	$ 896.40
33992 00	Surgery	4.94	4.94	$ 355.68	$ 355.68
33993 00	Surgery	4.26	4.26	$ 306.72	$ 306.72
33995 00	Surgery	9.36	9.36	$ 673.92	$ 673.92
33997 00	Surgery	4.18	4.18	$ 300.96	$ 300.96
33999 00	Surgery	0.00	0.00	BR	BR
34001 00	Surgery	25.00	25.00	$ 1,800.00	$ 1,800.00
34051 00	Surgery	28.90	28.90	$ 2,080.80	$ 2,080.80
34101 00	Surgery	16.28	16.28	$ 1,172.16	$ 1,172.16
34111 00	Surgery	16.29	16.29	$ 1,172.88	$ 1,172.88
34151 00	Surgery	37.82	37.82	$ 2,723.04	$ 2,723.04
34201 00	Surgery	27.76	27.76	$ 1,998.72	$ 1,998.72
34203 00	Surgery	25.82	25.82	$ 1,859.04	$ 1,859.04
34401 00	Surgery	36.49	36.49	$ 2,627.28	$ 2,627.28
34421 00	Surgery	19.02	19.02	$ 1,369.44	$ 1,369.44
34451 00	Surgery	39.11	39.11	$ 2,815.92	$ 2,815.92
34471 00	Surgery	29.45	29.45	$ 2,120.40	$ 2,120.40
34490 00	Surgery	15.80	15.80	$ 1,137.60	$ 1,137.60
34501 00	Surgery	24.57	24.57	$ 1,769.04	$ 1,769.04
34502 00	Surgery	42.41	42.41	$ 3,053.52	$ 3,053.52
34510 00	Surgery	27.89	27.89	$ 2,008.08	$ 2,008.08
34520 00	Surgery	27.04	27.04	$ 1,946.88	$ 1,946.88
34530 00	Surgery	25.77	25.77	$ 1,855.44	$ 1,855.44
34701 00	Surgery	33.41	33.41	$ 2,405.52	$ 2,405.52
34702 00	Surgery	48.73	48.73	$ 3,508.56	$ 3,508.56
34703 00	Surgery	37.06	37.06	$ 2,668.32	$ 2,668.32
34704 00	Surgery	60.46	60.46	$ 4,353.12	$ 4,353.12
34705 00	Surgery	41.16	41.16	$ 2,963.52	$ 2,963.52
34706 00	Surgery	61.40	61.40	$ 4,420.80	$ 4,420.80
34707 00	Surgery	31.46	31.46	$ 2,265.12	$ 2,265.12
34708 00	Surgery	49.38	49.38	$ 3,555.36	$ 3,555.36

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
34709 00	Surgery	8.64	8.64	$ 622.08	$ 622.08
34710 00	Surgery	21.63	21.63	$ 1,557.36	$ 1,557.36
34711 00	Surgery	7.91	7.91	$ 569.52	$ 569.52
34712 00	Surgery	17.78	17.78	$ 1,280.16	$ 1,280.16
34713 00	Surgery	3.30	3.30	$ 237.60	$ 237.60
34714 00	Surgery	7.34	7.34	$ 528.48	$ 528.48
34715 00	Surgery	8.07	8.07	$ 581.04	$ 581.04
34716 00	Surgery	10.13	10.13	$ 729.36	$ 729.36
34717 00	Surgery	11.88	11.88	$ 855.36	$ 855.36
34718 00	Surgery	33.31	33.31	$ 2,398.32	$ 2,398.32
34808 00	Surgery	5.44	5.44	$ 391.68	$ 391.68
34812 00	Surgery	5.54	5.54	$ 398.88	$ 398.88
34813 00	Surgery	6.34	6.34	$ 456.48	$ 456.48
34820 00	Surgery	9.11	9.11	$ 655.92	$ 655.92
34830 00	Surgery	47.94	47.94	$ 3,451.68	$ 3,451.68
34831 00	Surgery	52.52	52.52	$ 3,781.44	$ 3,781.44
34832 00	Surgery	51.51	51.51	$ 3,708.72	$ 3,708.72
34833 00	Surgery	10.63	10.63	$ 765.36	$ 765.36
34834 00	Surgery	3.49	3.49	$ 251.28	$ 251.28
34839 00	Surgery	0.00	0.00	Bundled Code	Bundled Code
34841 00	Surgery	-	-	$ 2,880.72	$ 2,880.72
34842 00	Surgery	-	-	$ 4,041.36	$ 4,041.36
34843 00	Surgery	-	-	$ 10,685.52	$ 10,685.52
34844 00	Surgery	-	-	$ 5,735.52	$ 5,735.52
34845 00	Surgery	-	-	$ 3,002.40	$ 3,002.40
34846 00	Surgery	-	-	$ 4,209.84	$ 4,209.84
34847 00	Surgery	-	-	$ 6,004.08	$ 6,004.08
34848 00	Surgery	-	-	$ 6,459.12	$ 6,459.12
35001 00	Surgery	30.14	30.14	$ 2,170.08	$ 2,170.08
35002 00	Surgery	31.04	31.04	$ 2,234.88	$ 2,234.88
35005 00	Surgery	27.21	27.21	$ 1,959.12	$ 1,959.12
35011 00	Surgery	27.37	27.37	$ 1,970.64	$ 1,970.64
35013 00	Surgery	32.31	32.31	$ 2,326.32	$ 2,326.32
35021 00	Surgery	36.20	36.20	$ 2,606.40	$ 2,606.40
35022 00	Surgery	41.19	41.19	$ 2,965.68	$ 2,965.68
35045 00	Surgery	26.08	26.08	$ 1,877.76	$ 1,877.76
35081 00	Surgery	47.12	47.12	$ 3,392.64	$ 3,392.64
35082 00	Surgery	58.54	58.54	$ 4,214.88	$ 4,214.88
35091 00	Surgery	48.02	48.02	$ 3,457.44	$ 3,457.44
35092 00	Surgery	68.60	68.60	$ 4,939.20	$ 4,939.20

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
35102 00	Surgery	50.92	50.92	$ 3,666.24	$ 3,666.24
35103 00	Surgery	58.87	58.87	$ 4,238.64	$ 4,238.64
35111 00	Surgery	36.18	36.18	$ 2,604.96	$ 2,604.96
35112 00	Surgery	44.48	44.48	$ 3,202.56	$ 3,202.56
35121 00	Surgery	43.02	43.02	$ 3,097.44	$ 3,097.44
35122 00	Surgery	51.39	51.39	$ 3,700.08	$ 3,700.08
35131 00	Surgery	37.70	37.70	$ 2,714.40	$ 2,714.40
35132 00	Surgery	44.48	44.48	$ 3,202.56	$ 3,202.56
35141 00	Surgery	29.66	29.66	$ 2,135.52	$ 2,135.52
35142 00	Surgery	35.77	35.77	$ 2,575.44	$ 2,575.44
35151 00	Surgery	33.62	33.62	$ 2,420.64	$ 2,420.64
35152 00	Surgery	38.05	38.05	$ 2,739.60	$ 2,739.60
35180 00	Surgery	21.47	21.47	$ 1,545.84	$ 1,545.84
35182 00	Surgery	50.55	50.55	$ 3,639.60	$ 3,639.60
35184 00	Surgery	26.34	26.34	$ 1,896.48	$ 1,896.48
35188 00	Surgery	37.82	37.82	$ 2,723.04	$ 2,723.04
35189 00	Surgery	41.09	41.09	$ 2,958.48	$ 2,958.48
35190 00	Surgery	20.54	20.54	$ 1,478.88	$ 1,478.88
35201 00	Surgery	25.32	25.32	$ 1,823.04	$ 1,823.04
35206 00	Surgery	21.68	21.68	$ 1,560.96	$ 1,560.96
35207 00	Surgery	20.46	20.46	$ 1,473.12	$ 1,473.12
35211 00	Surgery	39.53	39.53	$ 2,846.16	$ 2,846.16
35216 00	Surgery	57.11	57.11	$ 4,111.92	$ 4,111.92
35221 00	Surgery	40.08	40.08	$ 2,885.76	$ 2,885.76
35226 00	Surgery	22.65	22.65	$ 1,630.80	$ 1,630.80
35231 00	Surgery	32.49	32.49	$ 2,339.28	$ 2,339.28
35236 00	Surgery	27.46	27.46	$ 1,977.12	$ 1,977.12
35241 00	Surgery	41.02	41.02	$ 2,953.44	$ 2,953.44
35246 00	Surgery	44.43	44.43	$ 3,198.96	$ 3,198.96
35251 00	Surgery	46.87	46.87	$ 3,374.64	$ 3,374.64
35256 00	Surgery	27.77	27.77	$ 1,999.44	$ 1,999.44
35261 00	Surgery	26.87	26.87	$ 1,934.64	$ 1,934.64
35266 00	Surgery	23.59	23.59	$ 1,698.48	$ 1,698.48
35271 00	Surgery	39.59	39.59	$ 2,850.48	$ 2,850.48
35276 00	Surgery	41.75	41.75	$ 3,006.00	$ 3,006.00
35281 00	Surgery	44.48	44.48	$ 3,202.56	$ 3,202.56
35286 00	Surgery	25.20	25.20	$ 1,814.40	$ 1,814.40
35301 00	Surgery	30.71	30.71	$ 2,211.12	$ 2,211.12
35302 00	Surgery	30.31	30.31	$ 2,182.32	$ 2,182.32
35303 00	Surgery	33.34	33.34	$ 2,400.48	$ 2,400.48

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
35304 00	Surgery	34.60	34.60	$ 2,491.20	$ 2,491.20
35305 00	Surgery	32.96	32.96	$ 2,373.12	$ 2,373.12
35306 00	Surgery	12.05	12.05	$ 867.60	$ 867.60
35311 00	Surgery	43.77	43.77	$ 3,151.44	$ 3,151.44
35321 00	Surgery	24.73	24.73	$ 1,780.56	$ 1,780.56
35331 00	Surgery	38.05	38.05	$ 2,739.60	$ 2,739.60
35341 00	Surgery	37.24	37.24	$ 2,681.28	$ 2,681.28
35351 00	Surgery	35.02	35.02	$ 2,521.44	$ 2,521.44
35355 00	Surgery	27.92	27.92	$ 2,010.24	$ 2,010.24
35361 00	Surgery	41.44	41.44	$ 2,983.68	$ 2,983.68
35363 00	Surgery	44.19	44.19	$ 3,181.68	$ 3,181.68
35371 00	Surgery	22.15	22.15	$ 1,594.80	$ 1,594.80
35372 00	Surgery	26.51	26.51	$ 1,908.72	$ 1,908.72
35390 00	Surgery	4.29	4.29	$ 308.88	$ 308.88
35400 00	Surgery	3.92	3.92	$ 282.24	$ 282.24
35500 00	Surgery	8.59	8.59	$ 618.48	$ 618.48
35501 00	Surgery	39.73	39.73	$ 2,860.56	$ 2,860.56
35506 00	Surgery	34.70	34.70	$ 2,498.40	$ 2,498.40
35508 00	Surgery	36.26	36.26	$ 2,610.72	$ 2,610.72
35509 00	Surgery	38.46	38.46	$ 2,769.12	$ 2,769.12
35510 00	Surgery	33.49	33.49	$ 2,411.28	$ 2,411.28
35511 00	Surgery	30.53	30.53	$ 2,198.16	$ 2,198.16
35512 00	Surgery	32.85	32.85	$ 2,365.20	$ 2,365.20
35515 00	Surgery	36.26	36.26	$ 2,610.72	$ 2,610.72
35516 00	Surgery	33.23	33.23	$ 2,392.56	$ 2,392.56
35518 00	Surgery	31.09	31.09	$ 2,238.48	$ 2,238.48
35521 00	Surgery	33.50	33.50	$ 2,412.00	$ 2,412.00
35522 00	Surgery	31.87	31.87	$ 2,294.64	$ 2,294.64
35523 00	Surgery	33.53	33.53	$ 2,414.16	$ 2,414.16
35525 00	Surgery	29.97	29.97	$ 2,157.84	$ 2,157.84
35526 00	Surgery	48.94	48.94	$ 3,523.68	$ 3,523.68
35531 00	Surgery	53.00	53.00	$ 3,816.00	$ 3,816.00
35533 00	Surgery	41.01	41.01	$ 2,952.72	$ 2,952.72
35535 00	Surgery	51.74	51.74	$ 3,725.28	$ 3,725.28
35536 00	Surgery	45.97	45.97	$ 3,309.84	$ 3,309.84
35537 00	Surgery	56.64	56.64	$ 4,078.08	$ 4,078.08
35538 00	Surgery	63.42	63.42	$ 4,566.24	$ 4,566.24
35539 00	Surgery	59.54	59.54	$ 4,286.88	$ 4,286.88
35540 00	Surgery	66.36	66.36	$ 4,777.92	$ 4,777.92
35556 00	Surgery	37.78	37.78	$ 2,720.16	$ 2,720.16

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
35558 00	Surgery	33.03	33.03	$ 2,378.16	$ 2,378.16
35560 00	Surgery	46.38	46.38	$ 3,339.36	$ 3,339.36
35563 00	Surgery	36.06	36.06	$ 2,596.32	$ 2,596.32
35565 00	Surgery	34.77	34.77	$ 2,503.44	$ 2,503.44
35566 00	Surgery	44.96	44.96	$ 3,237.12	$ 3,237.12
35570 00	Surgery	40.14	40.14	$ 2,890.08	$ 2,890.08
35571 00	Surgery	35.94	35.94	$ 2,587.68	$ 2,587.68
35572 00	Surgery	9.19	9.19	$ 661.68	$ 661.68
35583 00	Surgery	38.98	38.98	$ 2,806.56	$ 2,806.56
35585 00	Surgery	45.15	45.15	$ 3,250.80	$ 3,250.80
35587 00	Surgery	36.30	36.30	$ 2,613.60	$ 2,613.60
35600 00	Surgery	5.06	5.06	$ 364.32	$ 364.32
35601 00	Surgery	38.00	38.00	$ 2,736.00	$ 2,736.00
35602 00	Surgery	34.61	34.61	$ 2,491.92	$ 2,491.92
35606 00	Surgery	31.88	31.88	$ 2,295.36	$ 2,295.36
35612 00	Surgery	28.54	28.54	$ 2,054.88	$ 2,054.88
35616 00	Surgery	30.02	30.02	$ 2,161.44	$ 2,161.44
35621 00	Surgery	29.65	29.65	$ 2,134.80	$ 2,134.80
35623 00	Surgery	35.80	35.80	$ 2,577.60	$ 2,577.60
35626 00	Surgery	44.35	44.35	$ 3,193.20	$ 3,193.20
35631 00	Surgery	50.12	50.12	$ 3,608.64	$ 3,608.64
35632 00	Surgery	49.12	49.12	$ 3,536.64	$ 3,536.64
35633 00	Surgery	53.96	53.96	$ 3,885.12	$ 3,885.12
35634 00	Surgery	48.08	48.08	$ 3,461.76	$ 3,461.76
35636 00	Surgery	43.41	43.41	$ 3,125.52	$ 3,125.52
35637 00	Surgery	45.14	45.14	$ 3,250.08	$ 3,250.08
35638 00	Surgery	47.34	47.34	$ 3,408.48	$ 3,408.48
35642 00	Surgery	27.09	27.09	$ 1,950.48	$ 1,950.48
35645 00	Surgery	25.88	25.88	$ 1,863.36	$ 1,863.36
35646 00	Surgery	46.20	46.20	$ 3,326.40	$ 3,326.40
35647 00	Surgery	40.69	40.69	$ 2,929.68	$ 2,929.68
35650 00	Surgery	27.88	27.88	$ 2,007.36	$ 2,007.36
35654 00	Surgery	37.02	37.02	$ 2,665.44	$ 2,665.44
35656 00	Surgery	29.10	29.10	$ 2,095.20	$ 2,095.20
35661 00	Surgery	29.41	29.41	$ 2,117.52	$ 2,117.52
35663 00	Surgery	33.23	33.23	$ 2,392.56	$ 2,392.56
35665 00	Surgery	31.92	31.92	$ 2,298.24	$ 2,298.24
35666 00	Surgery	34.96	34.96	$ 2,517.12	$ 2,517.12
35671 00	Surgery	30.80	30.80	$ 2,217.60	$ 2,217.60
35681 00	Surgery	2.15	2.15	$ 154.80	$ 154.80

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
35682 00	Surgery	9.44	9.44	$ 679.68	$ 679.68
35683 00	Surgery	11.05	11.05	$ 795.60	$ 795.60
35685 00	Surgery	5.35	5.35	$ 385.20	$ 385.20
35686 00	Surgery	4.35	4.35	$ 313.20	$ 313.20
35691 00	Surgery	25.84	25.84	$ 1,860.48	$ 1,860.48
35693 00	Surgery	22.98	22.98	$ 1,654.56	$ 1,654.56
35694 00	Surgery	26.98	26.98	$ 1,942.56	$ 1,942.56
35695 00	Surgery	27.98	27.98	$ 2,014.56	$ 2,014.56
35697 00	Surgery	3.95	3.95	$ 284.40	$ 284.40
35700 00	Surgery	4.09	4.09	$ 294.48	$ 294.48
35701 00	Surgery	11.48	11.48	$ 826.56	$ 826.56
35702 00	Surgery	11.14	11.14	$ 802.08	$ 802.08
35703 00	Surgery	11.37	11.37	$ 818.64	$ 818.64
35800 00	Surgery	19.80	19.80	$ 1,425.60	$ 1,425.60
35820 00	Surgery	56.01	56.01	$ 4,032.72	$ 4,032.72
35840 00	Surgery	33.63	33.63	$ 2,421.36	$ 2,421.36
35860 00	Surgery	23.22	23.22	$ 1,671.84	$ 1,671.84
35870 00	Surgery	34.00	34.00	$ 2,448.00	$ 2,448.00
35875 00	Surgery	16.12	16.12	$ 1,160.64	$ 1,160.64
35876 00	Surgery	25.64	25.64	$ 1,846.08	$ 1,846.08
35879 00	Surgery	25.18	25.18	$ 1,812.96	$ 1,812.96
35881 00	Surgery	27.98	27.98	$ 2,014.56	$ 2,014.56
35883 00	Surgery	32.44	32.44	$ 2,335.68	$ 2,335.68
35884 00	Surgery	33.75	33.75	$ 2,430.00	$ 2,430.00
35901 00	Surgery	13.14	13.14	$ 946.08	$ 946.08
35903 00	Surgery	15.51	15.51	$ 1,116.72	$ 1,116.72
35905 00	Surgery	45.70	45.70	$ 3,290.40	$ 3,290.40
35907 00	Surgery	51.59	51.59	$ 3,714.48	$ 3,714.48
36000 00	Surgery	0.00	0.00	Bundled Code	Bundled Code
36002 00	Surgery	4.53	2.75	$ 326.16	$ 198.00
36005 00	Surgery	7.32	1.25	$ 527.04	$ 90.00
36010 00	Surgery	15.34	2.85	$ 1,104.48	$ 205.20
36011 00	Surgery	23.41	4.09	$ 1,685.52	$ 294.48
36012 00	Surgery	24.20	4.60	$ 1,742.40	$ 331.20
36013 00	Surgery	23.21	3.36	$ 1,671.12	$ 241.92
36014 00	Surgery	22.48	3.91	$ 1,618.56	$ 281.52
36015 00	Surgery	23.78	4.46	$ 1,712.16	$ 321.12
36100 00	Surgery	15.45	4.01	$ 1,112.40	$ 288.72
36140 00	Surgery	14.96	2.36	$ 1,077.12	$ 169.92
36160 00	Surgery	16.33	3.20	$ 1,175.76	$ 230.40

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
36200 00	Surgery	16.96	3.68	$ 1,221.12	$ 264.96
36215 00	Surgery	31.86	5.63	$ 2,293.92	$ 405.36
36216 00	Surgery	32.35	7.29	$ 2,329.20	$ 524.88
36217 00	Surgery	59.16	9.03	$ 4,259.52	$ 650.16
36218 00	Surgery	6.88	1.39	$ 495.36	$ 100.08
36221 00	Surgery	28.53	5.33	$ 2,054.16	$ 383.76
36222 00	Surgery	37.71	7.56	$ 2,715.12	$ 544.32
36223 00	Surgery	57.35	8.90	$ 4,129.20	$ 640.80
36224 00	Surgery	70.37	9.94	$ 5,066.64	$ 715.68
36225 00	Surgery	53.66	8.81	$ 3,863.52	$ 634.32
36226 00	Surgery	68.44	9.86	$ 4,927.68	$ 709.92
36227 00	Surgery	8.19	3.24	$ 589.68	$ 233.28
36228 00	Surgery	46.14	6.73	$ 3,322.08	$ 484.56
36245 00	Surgery	35.89	6.20	$ 2,584.08	$ 446.40
36246 00	Surgery	23.89	6.63	$ 1,720.08	$ 477.36
36247 00	Surgery	40.60	7.75	$ 2,923.20	$ 558.00
36248 00	Surgery	3.36	1.24	$ 241.92	$ 89.28
36251 00	Surgery	36.71	6.72	$ 2,643.12	$ 483.84
36252 00	Surgery	40.22	9.27	$ 2,895.84	$ 667.44
36253 00	Surgery	56.81	9.13	$ 4,090.32	$ 657.36
36254 00	Surgery	57.18	10.85	$ 4,116.96	$ 781.20
36260 00	Surgery	18.96	18.96	$ 1,365.12	$ 1,365.12
36261 00	Surgery	12.20	12.20	$ 878.40	$ 878.40
36262 00	Surgery	9.47	9.47	$ 681.84	$ 681.84
36299 00	Surgery	0.00	0.00	BR	BR
36400 00	Surgery	0.82	0.47	$ 59.04	$ 33.84
36405 00	Surgery	0.72	0.38	$ 51.84	$ 27.36
36406 00	Surgery	0.55	0.23	$ 39.60	$ 16.56
36410 00	Surgery	0.57	0.24	$ 41.04	$ 17.28
36415 00	Surgery	0.28	0.28	$ 20.13	$ 20.13
36416 00	Surgery	0.00	0.00	Bundled Code	Bundled Code
36420 00	Surgery	1.38	1.38	$ 99.36	$ 99.36
36425 00	Surgery	0.99	0.99	$ 71.28	$ 71.28
36430 00	Surgery	1.42	1.42	$ 102.24	$ 102.24
36440 00	Surgery	1.26	1.26	$ 90.72	$ 90.72
36450 00	Surgery	4.31	4.31	$ 310.32	$ 310.32
36455 00	Surgery	3.42	3.42	$ 246.24	$ 246.24
36456 00	Surgery	2.46	2.46	$ 177.12	$ 177.12
36460 00	Surgery	8.91	8.91	$ 641.52	$ 641.52
36465 00	Surgery	38.52	3.16	$ 2,773.44	$ 227.52

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
36466 00	Surgery	40.09	3.99	$ 2,886.48	$ 287.28
36468 00	Surgery	-	-	$ 230.40	$ 230.40
36470 00	Surgery	3.62	1.01	$ 260.64	$ 72.72
36471 00	Surgery	6.14	2.00	$ 442.08	$ 144.00
36473 00	Surgery	35.15	4.74	$ 2,530.80	$ 341.28
36474 00	Surgery	7.20	2.34	$ 518.40	$ 168.48
36475 00	Surgery	31.62	7.38	$ 2,276.64	$ 531.36
36476 00	Surgery	8.35	3.52	$ 601.20	$ 253.44
36478 00	Surgery	29.35	7.39	$ 2,113.20	$ 532.08
36479 00	Surgery	9.29	3.57	$ 668.88	$ 257.04
36481 00	Surgery	49.07	8.42	$ 3,533.04	$ 606.24
36482 00	Surgery	49.62	4.75	$ 3,572.64	$ 342.00
36483 00	Surgery	4.23	2.38	$ 304.56	$ 171.36
36500 00	Surgery	4.80	4.80	$ 345.60	$ 345.60
36510 00	Surgery	2.58	1.35	$ 185.76	$ 97.20
36511 00	Surgery	2.73	2.73	$ 196.56	$ 196.56
36512 00	Surgery	2.57	2.57	$ 185.04	$ 185.04
36513 00	Surgery	2.64	2.64	$ 190.08	$ 190.08
36514 00	Surgery	21.39	2.34	$ 1,540.08	$ 168.48
36516 00	Surgery	66.70	2.23	$ 4,802.40	$ 160.56
36522 00	Surgery	40.79	2.34	$ 2,936.88	$ 168.48
36555 00	Surgery	6.39	2.37	$ 460.08	$ 170.64
36556 00	Surgery	7.12	2.32	$ 512.64	$ 167.04
36557 00	Surgery	37.79	9.23	$ 2,720.88	$ 664.56
36558 00	Surgery	23.58	6.96	$ 1,697.76	$ 501.12
36560 00	Surgery	40.22	10.91	$ 2,895.84	$ 785.52
36561 00	Surgery	28.82	8.98	$ 2,075.04	$ 646.56
36563 00	Surgery	34.87	10.25	$ 2,510.64	$ 738.00
36565 00	Surgery	25.76	9.37	$ 1,854.72	$ 674.64
36566 00	Surgery	131.90	10.00	$ 9,496.80	$ 720.00
36568 00	Surgery	2.51	2.51	$ 180.72	$ 180.72
36569 00	Surgery	2.58	2.58	$ 185.76	$ 185.76
36570 00	Surgery	47.50	9.54	$ 3,420.00	$ 686.88
36571 00	Surgery	40.15	8.80	$ 2,890.80	$ 633.60
36572 00	Surgery	10.92	2.20	$ 786.24	$ 158.40
36573 00	Surgery	10.95	2.16	$ 788.40	$ 155.52
36575 00	Surgery	4.42	0.89	$ 318.24	$ 64.08
36576 00	Surgery	10.61	5.11	$ 763.92	$ 367.92
36578 00	Surgery	13.06	5.66	$ 940.32	$ 407.52
36580 00	Surgery	5.78	1.72	$ 416.16	$ 123.84

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
36581 00	Surgery	22.69	4.93	$ 1,633.68	$ 354.96
36582 00	Surgery	25.68	7.76	$ 1,848.96	$ 558.72
36583 00	Surgery	37.76	9.44	$ 2,718.72	$ 679.68
36584 00	Surgery	9.21	1.52	$ 663.12	$ 109.44
36585 00	Surgery	44.71	8.80	$ 3,219.12	$ 633.60
36589 00	Surgery	4.98	3.75	$ 358.56	$ 270.00
36590 00	Surgery	6.74	5.17	$ 485.28	$ 372.24
36591 00	Surgery	0.91	0.91	$ 65.52	$ 65.52
36592 00	Surgery	1.01	1.01	$ 72.72	$ 72.72
36593 00	Surgery	1.14	1.14	$ 82.08	$ 82.08
36595 00	Surgery	17.37	4.72	$ 1,250.64	$ 339.84
36596 00	Surgery	3.52	1.23	$ 253.44	$ 88.56
36597 00	Surgery	3.38	1.56	$ 243.36	$ 112.32
36598 00	Surgery	3.47	0.91	$ 249.84	$ 65.52
36600 00	Surgery	0.82	0.39	$ 59.04	$ 28.08
36620 00	Surgery	1.22	1.22	$ 87.84	$ 87.84
36625 00	Surgery	2.86	2.86	$ 205.92	$ 205.92
36640 00	Surgery	3.02	3.02	$ 217.44	$ 217.44
36660 00	Surgery	1.72	1.72	$ 123.84	$ 123.84
36680 00	Surgery	1.73	1.73	$ 124.56	$ 124.56
36800 00	Surgery	3.22	3.22	$ 231.84	$ 231.84
36810 00	Surgery	5.31	5.31	$ 382.32	$ 382.32
36815 00	Surgery	3.69	3.69	$ 265.68	$ 265.68
36818 00	Surgery	18.82	18.82	$ 1,355.04	$ 1,355.04
36819 00	Surgery	19.87	19.87	$ 1,430.64	$ 1,430.64
36820 00	Surgery	19.87	19.87	$ 1,430.64	$ 1,430.64
36821 00	Surgery	17.99	17.99	$ 1,295.28	$ 1,295.28
36823 00	Surgery	39.43	39.43	$ 2,838.96	$ 2,838.96
36825 00	Surgery	21.59	21.59	$ 1,554.48	$ 1,554.48
36830 00	Surgery	18.18	18.18	$ 1,308.96	$ 1,308.96
36831 00	Surgery	16.94	16.94	$ 1,219.68	$ 1,219.68
36832 00	Surgery	20.61	20.61	$ 1,483.92	$ 1,483.92
36833 00	Surgery	22.05	22.05	$ 1,587.60	$ 1,587.60
36835 00	Surgery	14.27	14.27	$ 1,027.44	$ 1,027.44
36836 00	Surgery	240.50	9.39	$ 17,316.00	$ 676.08
36837 00	Surgery	272.23	12.00	$ 19,600.56	$ 864.00
36838 00	Surgery	30.85	30.85	$ 2,221.20	$ 2,221.20
36860 00	Surgery	7.73	2.94	$ 556.56	$ 211.68
36861 00	Surgery	3.70	3.70	$ 266.40	$ 266.40
36901 00	Surgery	20.55	4.41	$ 1,479.60	$ 317.52

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
36902 00	Surgery	35.65	6.29	$ 2,566.80	$ 452.88
36903 00	Surgery	143.78	8.31	$ 10,352.16	$ 598.32
36904 00	Surgery	52.12	9.60	$ 3,752.64	$ 691.20
36905 00	Surgery	66.02	11.55	$ 4,753.44	$ 831.60
36906 00	Surgery	177.09	13.33	$ 12,750.48	$ 959.76
36907 00	Surgery	17.32	3.82	$ 1,247.04	$ 275.04
36908 00	Surgery	41.65	5.44	$ 2,998.80	$ 391.68
36909 00	Surgery	54.39	5.26	$ 3,916.08	$ 378.72
37140 00	Surgery	64.00	64.00	$ 4,608.00	$ 4,608.00
37145 00	Surgery	59.45	59.45	$ 4,280.40	$ 4,280.40
37160 00	Surgery	61.05	61.05	$ 4,395.60	$ 4,395.60
37180 00	Surgery	58.72	58.72	$ 4,227.84	$ 4,227.84
37181 00	Surgery	64.00	64.00	$ 4,608.00	$ 4,608.00
37182 00	Surgery	20.99	20.99	$ 1,511.28	$ 1,511.28
37183 00	Surgery	161.80	9.64	$ 11,649.60	$ 694.08
37184 00	Surgery	48.83	11.27	$ 3,515.76	$ 811.44
37185 00	Surgery	13.74	4.23	$ 989.28	$ 304.56
37186 00	Surgery	34.65	6.52	$ 2,494.80	$ 469.44
37187 00	Surgery	47.91	10.35	$ 3,449.52	$ 745.20
37188 00	Surgery	41.24	7.50	$ 2,969.28	$ 540.00
37191 00	Surgery	56.44	5.72	$ 4,063.68	$ 411.84
37192 00	Surgery	35.82	9.32	$ 2,579.04	$ 671.04
37193 00	Surgery	42.28	9.04	$ 3,044.16	$ 650.88
37195 00	Surgery	-	-	$ 1,438.56	$ 1,438.56
37197 00	Surgery	44.28	7.92	$ 3,188.16	$ 570.24
37200 00	Surgery	5.54	5.54	$ 398.88	$ 398.88
37211 00	Surgery	10.13	10.13	$ 729.36	$ 729.36
37212 00	Surgery	8.82	8.82	$ 635.04	$ 635.04
37213 00	Surgery	6.06	6.06	$ 436.32	$ 436.32
37214 00	Surgery	3.21	3.21	$ 231.12	$ 231.12
37215 00	Surgery	26.63	26.63	$ 1,917.36	$ 1,917.36
37216 00	Surgery	25.74	25.74	$ 1,853.28	$ 1,853.28
37217 00	Surgery	29.32	29.32	$ 2,111.04	$ 2,111.04
37218 00	Surgery	22.21	22.21	$ 1,599.12	$ 1,599.12
37236 00	Surgery	77.82	11.68	$ 5,603.04	$ 840.96
37237 00	Surgery	36.41	5.62	$ 2,621.52	$ 404.64
37238 00	Surgery	98.04	8.11	$ 7,058.88	$ 583.92
37239 00	Surgery	49.69	3.94	$ 3,577.68	$ 283.68
37241 00	Surgery	131.53	11.11	$ 9,470.16	$ 799.92
37242 00	Surgery	199.85	12.38	$ 14,389.20	$ 891.36

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
37243 00	Surgery	239.37	14.44	$ 17,234.64	$ 1,039.68
37244 00	Surgery	182.84	16.95	$ 13,164.48	$ 1,220.40
37246 00	Surgery	52.29	9.23	$ 3,764.88	$ 664.56
37247 00	Surgery	17.94	4.55	$ 1,291.68	$ 327.60
37248 00	Surgery	39.08	7.79	$ 2,813.76	$ 560.88
37249 00	Surgery	12.80	3.84	$ 921.60	$ 276.48
37252 00	Surgery	26.81	2.37	$ 1,930.32	$ 170.64
37253 00	Surgery	5.08	1.87	$ 365.76	$ 134.64
37254 00	Surgery	62.05	10.05	$ 4,467.60	$ 723.60
37255 00	Surgery	15.27	4.07	$ 1,099.44	$ 293.04
37256 00	Surgery	72.76	14.73	$ 5,238.72	$ 1,060.56
37257 00	Surgery	17.35	5.27	$ 1,249.20	$ 379.44
37258 00	Surgery	106.65	12.01	$ 7,678.80	$ 864.72
37259 00	Surgery	36.10	5.43	$ 2,599.20	$ 390.96
37260 00	Surgery	252.50	17.36	$ 18,180.00	$ 1,249.92
37261 00	Surgery	100.64	5.77	$ 7,246.08	$ 415.44
37262 00	Surgery	102.07	4.07	$ 7,349.04	$ 293.04
37263 00	Surgery	162.56	10.66	$ 11,704.32	$ 767.52
37264 00	Surgery	65.37	4.08	$ 4,706.64	$ 293.76
37265 00	Surgery	204.43	14.42	$ 14,718.96	$ 1,038.24
37266 00	Surgery	73.08	5.43	$ 5,261.76	$ 390.96
37267 00	Surgery	155.94	12.02	$ 11,227.68	$ 865.44
37268 00	Surgery	100.60	5.08	$ 7,243.20	$ 365.76
37269 00	Surgery	345.90	20.20	$ 24,904.80	$ 1,454.40
37270 00	Surgery	104.66	6.82	$ 7,535.52	$ 491.04
37271 00	Surgery	316.24	12.32	$ 22,769.28	$ 887.04
37272 00	Surgery	69.97	5.43	$ 5,037.84	$ 390.96
37273 00	Surgery	396.05	17.25	$ 28,515.60	$ 1,242.00
37274 00	Surgery	74.45	7.48	$ 5,360.40	$ 538.56
37275 00	Surgery	307.65	15.01	$ 22,150.80	$ 1,080.72
37276 00	Surgery	103.55	5.77	$ 7,455.60	$ 415.44
37277 00	Surgery	461.69	20.41	$ 33,241.68	$ 1,469.52
37278 00	Surgery	115.99	8.11	$ 8,351.28	$ 583.92
37279 00	Surgery	138.80	5.44	$ 9,993.60	$ 391.68
37280 00	Surgery	80.75	13.40	$ 5,814.00	$ 964.80
37281 00	Surgery	22.04	4.03	$ 1,586.88	$ 290.16
37282 00	Surgery	182.58	16.81	$ 13,145.76	$ 1,210.32
37283 00	Surgery	25.84	5.74	$ 1,860.48	$ 413.28
37284 00	Surgery	168.59	13.82	$ 12,138.48	$ 995.04
37285 00	Surgery	83.47	4.56	$ 6,009.84	$ 328.32

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
37286 00	Surgery	310.35	18.53	$ 22,345.20	$ 1,334.16
37287 00	Surgery	147.91	6.86	$ 10,649.52	$ 493.92
37288 00	Surgery	233.40	18.25	$ 16,804.80	$ 1,314.00
37289 00	Surgery	27.59	6.43	$ 1,986.48	$ 462.96
37290 00	Surgery	318.74	22.96	$ 22,949.28	$ 1,653.12
37291 00	Surgery	32.20	8.77	$ 2,318.40	$ 631.44
37292 00	Surgery	306.33	20.33	$ 22,055.76	$ 1,463.76
37293 00	Surgery	105.06	8.94	$ 7,564.32	$ 643.68
37294 00	Surgery	455.04	24.37	$ 32,762.88	$ 1,754.64
37295 00	Surgery	179.69	11.27	$ 12,937.68	$ 811.44
37296 00	Surgery	90.81	15.01	$ 6,538.32	$ 1,080.72
37297 00	Surgery	24.80	5.38	$ 1,785.60	$ 387.36
37298 00	Surgery	102.11	18.52	$ 7,351.92	$ 1,333.44
37299 00	Surgery	26.90	6.70	$ 1,936.80	$ 482.40
37501 00	Surgery	0.00	0.00	BR	BR
37565 00	Surgery	19.50	19.50	$ 1,404.00	$ 1,404.00
37600 00	Surgery	19.83	19.83	$ 1,427.76	$ 1,427.76
37605 00	Surgery	20.22	20.22	$ 1,455.84	$ 1,455.84
37606 00	Surgery	22.74	22.74	$ 1,637.28	$ 1,637.28
37607 00	Surgery	10.36	10.36	$ 745.92	$ 745.92
37609 00	Surgery	9.45	5.63	$ 680.40	$ 405.36
37615 00	Surgery	13.85	13.85	$ 997.20	$ 997.20
37616 00	Surgery	32.06	32.06	$ 2,308.32	$ 2,308.32
37617 00	Surgery	36.06	36.06	$ 2,596.32	$ 2,596.32
37618 00	Surgery	11.06	11.06	$ 796.32	$ 796.32
37619 00	Surgery	47.39	47.39	$ 3,412.08	$ 3,412.08
37650 00	Surgery	12.68	12.68	$ 912.96	$ 912.96
37660 00	Surgery	36.55	36.55	$ 2,631.60	$ 2,631.60
37700 00	Surgery	6.82	6.82	$ 491.04	$ 491.04
37718 00	Surgery	10.86	10.86	$ 781.92	$ 781.92
37722 00	Surgery	12.70	12.70	$ 914.40	$ 914.40
37735 00	Surgery	16.01	16.01	$ 1,152.72	$ 1,152.72
37760 00	Surgery	15.85	15.85	$ 1,141.20	$ 1,141.20
37761 00	Surgery	14.60	14.60	$ 1,051.20	$ 1,051.20
37765 00	Surgery	12.40	7.35	$ 892.80	$ 529.20
37766 00	Surgery	14.75	9.03	$ 1,062.00	$ 650.16
37780 00	Surgery	6.61	6.61	$ 475.92	$ 475.92
37785 00	Surgery	10.12	7.01	$ 728.64	$ 504.72
37788 00	Surgery	33.71	33.71	$ 2,427.12	$ 2,427.12
37790 00	Surgery	13.24	13.24	$ 953.28	$ 953.28

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
37799 00	Surgery	0.00	0.00	BR	BR
38100 00	Surgery	32.15	32.15	$ 2,314.80	$ 2,314.80
38101 00	Surgery	32.53	32.53	$ 2,342.16	$ 2,342.16
38102 00	Surgery	7.07	7.07	$ 509.04	$ 509.04
38115 00	Surgery	35.98	35.98	$ 2,590.56	$ 2,590.56
38120 00	Surgery	29.90	29.90	$ 2,152.80	$ 2,152.80
38129 00	Surgery	0.00	0.00	BR	BR
38200 00	Surgery	3.27	3.27	$ 235.44	$ 235.44
38204 00	Surgery	0.00	0.00	Bundled Code	Bundled Code
38205 00	Surgery	2.06	2.06	$ 148.32	$ 148.32
38206 00	Surgery	2.02	2.02	$ 145.44	$ 145.44
38207 00	Surgery	1.14	1.14	$ 82.08	$ 82.08
38208 00	Surgery	0.73	0.73	$ 52.56	$ 52.56
38209 00	Surgery	0.31	0.31	$ 22.32	$ 22.32
38210 00	Surgery	2.03	2.03	$ 146.16	$ 146.16
38211 00	Surgery	1.84	1.84	$ 132.48	$ 132.48
38212 00	Surgery	1.21	1.21	$ 87.12	$ 87.12
38213 00	Surgery	0.31	0.31	$ 22.32	$ 22.32
38214 00	Surgery	1.04	1.04	$ 74.88	$ 74.88
38215 00	Surgery	1.21	1.21	$ 87.12	$ 87.12
38220 00	Surgery	5.02	1.66	$ 361.44	$ 119.52
38221 00	Surgery	5.00	1.73	$ 360.00	$ 124.56
38222 00	Surgery	5.30	1.87	$ 381.60	$ 134.64
38225 00	Surgery	-	-	$ 180.00	$ 180.00
38226 00	Surgery	-	-	$ 72.72	$ 72.72
38227 00	Surgery	-	-	$ 73.44	$ 73.44
38228 00	Surgery	9.55	4.49	$ 687.60	$ 323.28
38230 00	Surgery	5.21	5.21	$ 375.12	$ 375.12
38232 00	Surgery	4.73	4.73	$ 340.56	$ 340.56
38240 00	Surgery	6.04	6.04	$ 434.88	$ 434.88
38241 00	Surgery	4.46	4.46	$ 321.12	$ 321.12
38242 00	Surgery	3.17	3.17	$ 228.24	$ 228.24
38243 00	Surgery	3.04	3.04	$ 218.88	$ 218.88
38300 00	Surgery	11.33	6.47	$ 815.76	$ 465.84
38305 00	Surgery	14.71	14.71	$ 1,059.12	$ 1,059.12
38308 00	Surgery	13.40	13.40	$ 964.80	$ 964.80
38380 00	Surgery	15.52	15.52	$ 1,117.44	$ 1,117.44
38381 00	Surgery	23.10	23.10	$ 1,663.20	$ 1,663.20
38382 00	Surgery	20.15	20.15	$ 1,450.80	$ 1,450.80
38500 00	Surgery	11.06	7.35	$ 796.32	$ 529.20

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
38505 00	Surgery	5.10	2.24	$ 367.20	$ 161.28
38510 00	Surgery	16.50	11.32	$ 1,188.00	$ 815.04
38520 00	Surgery	13.20	13.20	$ 950.40	$ 950.40
38525 00	Surgery	12.89	12.89	$ 928.08	$ 928.08
38530 00	Surgery	15.89	15.89	$ 1,144.08	$ 1,144.08
38531 00	Surgery	12.95	12.95	$ 932.40	$ 932.40
38542 00	Surgery	14.06	14.06	$ 1,012.32	$ 1,012.32
38550 00	Surgery	15.50	15.50	$ 1,116.00	$ 1,116.00
38555 00	Surgery	29.44	29.44	$ 2,119.68	$ 2,119.68
38562 00	Surgery	20.05	20.05	$ 1,443.60	$ 1,443.60
38564 00	Surgery	19.83	19.83	$ 1,427.76	$ 1,427.76
38570 00	Surgery	14.39	14.39	$ 1,036.08	$ 1,036.08
38571 00	Surgery	17.86	17.86	$ 1,285.92	$ 1,285.92
38572 00	Surgery	24.72	24.72	$ 1,779.84	$ 1,779.84
38573 00	Surgery	32.36	32.36	$ 2,329.92	$ 2,329.92
38589 00	Surgery	0.00	0.00	BR	BR
38700 00	Surgery	21.26	21.26	$ 1,530.72	$ 1,530.72
38720 00	Surgery	35.78	35.78	$ 2,576.16	$ 2,576.16
38724 00	Surgery	37.80	37.80	$ 2,721.60	$ 2,721.60
38740 00	Surgery	20.17	20.17	$ 1,452.24	$ 1,452.24
38745 00	Surgery	25.15	25.15	$ 1,810.80	$ 1,810.80
38746 00	Surgery	5.85	5.85	$ 421.20	$ 421.20
38747 00	Surgery	7.17	7.17	$ 516.24	$ 516.24
38760 00	Surgery	23.37	23.37	$ 1,682.64	$ 1,682.64
38765 00	Surgery	36.69	36.69	$ 2,641.68	$ 2,641.68
38770 00	Surgery	22.13	22.13	$ 1,593.36	$ 1,593.36
38780 00	Surgery	29.31	29.31	$ 2,110.32	$ 2,110.32
38790 00	Surgery	2.27	2.27	$ 163.44	$ 163.44
38792 00	Surgery	2.46	0.82	$ 177.12	$ 59.04
38794 00	Surgery	7.74	7.74	$ 557.28	$ 557.28
38900 00	Surgery	4.34	3.68	$ 312.48	$ 264.96
38999 00	Surgery	0.00	0.00	BR	BR
39000 00	Surgery	14.73	14.73	$ 1,060.56	$ 1,060.56
39010 00	Surgery	22.82	22.82	$ 1,643.04	$ 1,643.04
39200 00	Surgery	24.90	24.90	$ 1,792.80	$ 1,792.80
39220 00	Surgery	31.97	31.97	$ 2,301.84	$ 2,301.84
39401 00	Surgery	8.76	8.76	$ 630.72	$ 630.72
39402 00	Surgery	11.31	11.31	$ 814.32	$ 814.32
39499 00	Surgery	0.00	0.00	BR	BR
39501 00	Surgery	24.25	24.25	$ 1,746.00	$ 1,746.00

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
39503 00	Surgery	160.25	160.25	$ 11,538.00	$ 11,538.00
39540 00	Surgery	24.50	24.50	$ 1,764.00	$ 1,764.00
39541 00	Surgery	26.59	26.59	$ 1,914.48	$ 1,914.48
39545 00	Surgery	26.13	26.13	$ 1,881.36	$ 1,881.36
39560 00	Surgery	22.72	22.72	$ 1,635.84	$ 1,635.84
39561 00	Surgery	36.46	36.46	$ 2,625.12	$ 2,625.12
39599 00	Surgery	0.00	0.00	BR	BR
40490 00	Surgery	3.60	1.68	$ 259.20	$ 120.96
40500 00	Surgery	15.80	9.97	$ 1,137.60	$ 717.84
40510 00	Surgery	14.92	9.50	$ 1,074.24	$ 684.00
40520 00	Surgery	15.55	9.79	$ 1,119.60	$ 704.88
40525 00	Surgery	14.91	14.91	$ 1,073.52	$ 1,073.52
40527 00	Surgery	16.57	16.57	$ 1,193.04	$ 1,193.04
40530 00	Surgery	16.94	10.99	$ 1,219.68	$ 791.28
40650 00	Surgery	17.17	10.47	$ 1,236.24	$ 753.84
40652 00	Surgery	17.15	10.84	$ 1,234.80	$ 780.48
40654 00	Surgery	18.46	11.83	$ 1,329.12	$ 851.76
40700 00	Surgery	27.29	27.29	$ 1,964.88	$ 1,964.88
40701 00	Surgery	31.89	31.89	$ 2,296.08	$ 2,296.08
40702 00	Surgery	26.93	26.93	$ 1,938.96	$ 1,938.96
40720 00	Surgery	27.62	27.62	$ 1,988.64	$ 1,988.64
40761 00	Surgery	28.82	28.82	$ 2,075.04	$ 2,075.04
40799 00	Surgery	0.00	0.00	BR	BR
40800 00	Surgery	6.28	3.47	$ 452.16	$ 249.84
40801 00	Surgery	9.20	5.67	$ 662.40	$ 408.24
40804 00	Surgery	6.26	3.46	$ 450.72	$ 249.12
40805 00	Surgery	8.73	5.51	$ 628.56	$ 396.72
40806 00	Surgery	3.03	0.86	$ 218.16	$ 61.92
40808 00	Surgery	5.03	2.47	$ 362.16	$ 177.84
40810 00	Surgery	6.47	3.44	$ 465.84	$ 247.68
40812 00	Surgery	8.42	5.04	$ 606.24	$ 362.88
40814 00	Surgery	11.44	7.92	$ 823.68	$ 570.24
40816 00	Surgery	12.23	8.38	$ 880.56	$ 603.36
40818 00	Surgery	10.91	7.38	$ 785.52	$ 531.36
40819 00	Surgery	8.29	5.65	$ 596.88	$ 406.80
40820 00	Surgery	7.55	4.59	$ 543.60	$ 330.48
40830 00	Surgery	6.94	4.15	$ 499.68	$ 298.80
40831 00	Surgery	9.36	5.79	$ 673.92	$ 416.88
40840 00	Surgery	26.45	16.86	$ 1,904.40	$ 1,213.92
40842 00	Surgery	25.09	16.30	$ 1,806.48	$ 1,173.60

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
40843 00	Surgery	38.75	23.31	$ 2,790.00	$ 1,678.32
40844 00	Surgery	48.56	31.73	$ 3,496.32	$ 2,284.56
40845 00	Surgery	44.22	31.41	$ 3,183.84	$ 2,261.52
40899 00	Surgery	0.00	0.00	BR	BR
41000 00	Surgery	4.77	3.08	$ 343.44	$ 221.76
41005 00	Surgery	6.92	3.35	$ 498.24	$ 241.20
41006 00	Surgery	10.45	6.45	$ 752.40	$ 464.40
41007 00	Surgery	10.08	6.18	$ 725.76	$ 444.96
41008 00	Surgery	12.41	7.33	$ 893.52	$ 527.76
41009 00	Surgery	12.96	7.91	$ 933.12	$ 569.52
41010 00	Surgery	6.31	3.07	$ 454.32	$ 221.04
41015 00	Surgery	12.29	8.38	$ 884.88	$ 603.36
41016 00	Surgery	14.48	9.74	$ 1,042.56	$ 701.28
41017 00	Surgery	14.34	9.62	$ 1,032.48	$ 692.64
41018 00	Surgery	16.42	11.22	$ 1,182.24	$ 807.84
41019 00	Surgery	12.15	12.15	$ 874.80	$ 874.80
41100 00	Surgery	5.63	2.92	$ 405.36	$ 210.24
41105 00	Surgery	5.67	3.01	$ 408.24	$ 216.72
41108 00	Surgery	5.09	2.52	$ 366.48	$ 181.44
41110 00	Surgery	6.79	3.56	$ 488.88	$ 256.32
41112 00	Surgery	10.25	6.76	$ 738.00	$ 486.72
41113 00	Surgery	11.02	7.33	$ 793.44	$ 527.76
41114 00	Surgery	16.42	16.42	$ 1,182.24	$ 1,182.24
41115 00	Surgery	7.66	3.99	$ 551.52	$ 287.28
41116 00	Surgery	10.04	6.03	$ 722.88	$ 434.16
41120 00	Surgery	29.27	29.27	$ 2,107.44	$ 2,107.44
41130 00	Surgery	35.47	35.47	$ 2,553.84	$ 2,553.84
41135 00	Surgery	57.39	57.39	$ 4,132.08	$ 4,132.08
41140 00	Surgery	57.70	57.70	$ 4,154.40	$ 4,154.40
41145 00	Surgery	72.34	72.34	$ 5,208.48	$ 5,208.48
41150 00	Surgery	58.15	58.15	$ 4,186.80	$ 4,186.80
41153 00	Surgery	62.92	62.92	$ 4,530.24	$ 4,530.24
41155 00	Surgery	78.24	78.24	$ 5,633.28	$ 5,633.28
41250 00	Surgery	10.08	4.99	$ 725.76	$ 359.28
41251 00	Surgery	12.81	6.79	$ 922.32	$ 488.88
41252 00	Surgery	10.31	5.85	$ 742.32	$ 421.20
41510 00	Surgery	12.90	12.90	$ 928.80	$ 928.80
41512 00	Surgery	18.53	18.53	$ 1,334.16	$ 1,334.16
41520 00	Surgery	10.81	6.90	$ 778.32	$ 496.80
41530 00	Surgery	27.53	10.83	$ 1,982.16	$ 779.76

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
41599 00	Surgery	0.00	0.00	BR	BR
41800 00	Surgery	11.48	5.66	$ 826.56	$ 407.52
41805 00	Surgery	9.55	5.74	$ 687.60	$ 413.28
41806 00	Surgery	12.76	7.86	$ 918.72	$ 565.92
41820 00	Surgery	-	-	$ 509.76	$ 509.76
41821 00	Surgery	-	-	$ 181.44	$ 181.44
41822 00	Surgery	11.44	5.64	$ 823.68	$ 406.08
41823 00	Surgery	17.20	10.68	$ 1,238.40	$ 768.96
41825 00	Surgery	6.45	3.32	$ 464.40	$ 239.04
41826 00	Surgery	8.99	5.36	$ 647.28	$ 385.92
41827 00	Surgery	12.97	7.91	$ 933.84	$ 569.52
41828 00	Surgery	11.36	6.00	$ 817.92	$ 432.00
41830 00	Surgery	15.10	8.83	$ 1,087.20	$ 635.76
41850 00	Surgery	-	-	$ 372.96	$ 372.96
41870 00	Surgery	-	-	$ 637.20	$ 637.20
41872 00	Surgery	15.37	8.95	$ 1,106.64	$ 644.40
41874 00	Surgery	11.69	6.75	$ 841.68	$ 486.00
41899 00	Surgery	0.00	0.00	BR	BR
42000 00	Surgery	4.79	2.97	$ 344.88	$ 213.84
42100 00	Surgery	4.49	3.04	$ 323.28	$ 218.88
42104 00	Surgery	6.54	3.67	$ 470.88	$ 264.24
42106 00	Surgery	7.83	4.49	$ 563.76	$ 323.28
42107 00	Surgery	14.09	9.12	$ 1,014.48	$ 656.64
42120 00	Surgery	27.31	27.31	$ 1,966.32	$ 1,966.32
42140 00	Surgery	9.13	4.55	$ 657.36	$ 327.60
42145 00	Surgery	18.22	18.22	$ 1,311.84	$ 1,311.84
42160 00	Surgery	6.96	3.86	$ 501.12	$ 277.92
42180 00	Surgery	7.63	5.05	$ 549.36	$ 363.60
42182 00	Surgery	9.85	6.82	$ 709.20	$ 491.04
42200 00	Surgery	25.23	25.23	$ 1,816.56	$ 1,816.56
42205 00	Surgery	25.99	25.99	$ 1,871.28	$ 1,871.28
42210 00	Surgery	29.05	29.05	$ 2,091.60	$ 2,091.60
42215 00	Surgery	19.43	19.43	$ 1,398.96	$ 1,398.96
42220 00	Surgery	16.15	16.15	$ 1,162.80	$ 1,162.80
42225 00	Surgery	29.02	29.02	$ 2,089.44	$ 2,089.44
42226 00	Surgery	24.99	24.99	$ 1,799.28	$ 1,799.28
42227 00	Surgery	23.20	23.20	$ 1,670.40	$ 1,670.40
42235 00	Surgery	20.65	20.65	$ 1,486.80	$ 1,486.80
42260 00	Surgery	25.53	17.58	$ 1,838.16	$ 1,265.76
42280 00	Surgery	5.54	2.94	$ 398.88	$ 211.68

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
42281 00	Surgery	7.23	4.60	$ 520.56	$ 331.20
42299 00	Surgery	0.00	0.00	BR	BR
42300 00	Surgery	6.42	4.24	$ 462.24	$ 305.28
42305 00	Surgery	11.52	11.52	$ 829.44	$ 829.44
42310 00	Surgery	5.48	3.83	$ 394.56	$ 275.76
42320 00	Surgery	7.83	4.85	$ 563.76	$ 349.20
42330 00	Surgery	7.12	4.50	$ 512.64	$ 324.00
42335 00	Surgery	12.83	7.17	$ 923.76	$ 516.24
42340 00	Surgery	15.74	9.25	$ 1,133.28	$ 666.00
42400 00	Surgery	2.83	1.43	$ 203.76	$ 102.96
42405 00	Surgery	9.19	6.05	$ 661.68	$ 435.60
42408 00	Surgery	17.07	9.71	$ 1,229.04	$ 699.12
42409 00	Surgery	11.59	6.30	$ 834.48	$ 453.60
42410 00	Surgery	16.68	16.68	$ 1,200.96	$ 1,200.96
42415 00	Surgery	27.55	27.55	$ 1,983.60	$ 1,983.60
42420 00	Surgery	30.71	30.71	$ 2,211.12	$ 2,211.12
42425 00	Surgery	21.87	21.87	$ 1,574.64	$ 1,574.64
42426 00	Surgery	34.91	34.91	$ 2,513.52	$ 2,513.52
42440 00	Surgery	11.09	11.09	$ 798.48	$ 798.48
42450 00	Surgery	14.13	9.86	$ 1,017.36	$ 709.92
42500 00	Surgery	13.44	9.38	$ 967.68	$ 675.36
42505 00	Surgery	17.19	12.28	$ 1,237.68	$ 884.16
42507 00	Surgery	13.22	13.22	$ 951.84	$ 951.84
42509 00	Surgery	21.52	21.52	$ 1,549.44	$ 1,549.44
42510 00	Surgery	16.09	16.09	$ 1,158.48	$ 1,158.48
42550 00	Surgery	4.40	1.56	$ 316.80	$ 112.32
42600 00	Surgery	16.15	9.56	$ 1,162.80	$ 688.32
42650 00	Surgery	2.30	1.60	$ 165.60	$ 115.20
42660 00	Surgery	3.06	2.10	$ 220.32	$ 151.20
42665 00	Surgery	11.03	5.91	$ 794.16	$ 425.52
42699 00	Surgery	0.00	0.00	BR	BR
42700 00	Surgery	5.96	3.84	$ 429.12	$ 276.48
42720 00	Surgery	13.37	10.00	$ 962.64	$ 720.00
42725 00	Surgery	21.20	21.20	$ 1,526.40	$ 1,526.40
42800 00	Surgery	4.78	3.18	$ 344.16	$ 228.96
42804 00	Surgery	6.45	3.38	$ 464.40	$ 243.36
42806 00	Surgery	7.20	3.85	$ 518.40	$ 277.20
42808 00	Surgery	7.02	4.44	$ 505.44	$ 319.68
42809 00	Surgery	6.42	3.50	$ 462.24	$ 252.00
42810 00	Surgery	11.56	7.72	$ 832.32	$ 555.84

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
42815 00	Surgery	14.32	14.32	$ 1,031.04	$ 1,031.04
42820 00	Surgery	7.81	7.81	$ 562.32	$ 562.32
42821 00	Surgery	8.15	8.15	$ 586.80	$ 586.80
42825 00	Surgery	7.29	7.29	$ 524.88	$ 524.88
42826 00	Surgery	6.93	6.93	$ 498.96	$ 498.96
42830 00	Surgery	5.85	5.85	$ 421.20	$ 421.20
42831 00	Surgery	6.37	6.37	$ 458.64	$ 458.64
42835 00	Surgery	5.49	5.49	$ 395.28	$ 395.28
42836 00	Surgery	6.67	6.67	$ 480.24	$ 480.24
42842 00	Surgery	27.27	27.27	$ 1,963.44	$ 1,963.44
42844 00	Surgery	36.78	36.78	$ 2,648.16	$ 2,648.16
42845 00	Surgery	57.78	57.78	$ 4,160.16	$ 4,160.16
42860 00	Surgery	5.38	5.38	$ 387.36	$ 387.36
42870 00	Surgery	16.42	16.42	$ 1,182.24	$ 1,182.24
42890 00	Surgery	37.58	37.58	$ 2,705.76	$ 2,705.76
42892 00	Surgery	49.14	49.14	$ 3,538.08	$ 3,538.08
42894 00	Surgery	62.05	62.05	$ 4,467.60	$ 4,467.60
42900 00	Surgery	8.65	8.65	$ 622.80	$ 622.80
42950 00	Surgery	21.95	21.95	$ 1,580.40	$ 1,580.40
42953 00	Surgery	26.77	26.77	$ 1,927.44	$ 1,927.44
42955 00	Surgery	20.86	20.86	$ 1,501.92	$ 1,501.92
42960 00	Surgery	4.36	4.36	$ 313.92	$ 313.92
42961 00	Surgery	11.16	11.16	$ 803.52	$ 803.52
42962 00	Surgery	13.71	13.71	$ 987.12	$ 987.12
42970 00	Surgery	10.91	10.91	$ 785.52	$ 785.52
42971 00	Surgery	11.97	11.97	$ 861.84	$ 861.84
42972 00	Surgery	13.31	13.31	$ 958.32	$ 958.32
42975 00	Surgery	2.50	2.50	$ 180.00	$ 180.00
42999 00	Surgery	0.00	0.00	BR	BR
43020 00	Surgery	16.52	16.52	$ 1,189.44	$ 1,189.44
43030 00	Surgery	13.97	13.97	$ 1,005.84	$ 1,005.84
43045 00	Surgery	37.68	37.68	$ 2,712.96	$ 2,712.96
43100 00	Surgery	16.71	16.71	$ 1,203.12	$ 1,203.12
43101 00	Surgery	29.00	29.00	$ 2,088.00	$ 2,088.00
43107 00	Surgery	82.60	82.60	$ 5,947.20	$ 5,947.20
43108 00	Surgery	122.74	122.74	$ 8,837.28	$ 8,837.28
43112 00	Surgery	95.77	95.77	$ 6,895.44	$ 6,895.44
43113 00	Surgery	120.69	120.69	$ 8,689.68	$ 8,689.68
43116 00	Surgery	137.07	137.07	$ 9,869.04	$ 9,869.04
43117 00	Surgery	90.67	90.67	$ 6,528.24	$ 6,528.24

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
43118 00	Surgery	100.42	100.42	$ 7,230.24	$ 7,230.24
43121 00	Surgery	80.20	80.20	$ 5,774.40	$ 5,774.40
43122 00	Surgery	69.95	69.95	$ 5,036.40	$ 5,036.40
43123 00	Surgery	125.01	125.01	$ 9,000.72	$ 9,000.72
43124 00	Surgery	106.39	106.39	$ 7,660.08	$ 7,660.08
43130 00	Surgery	21.39	21.39	$ 1,540.08	$ 1,540.08
43135 00	Surgery	41.57	41.57	$ 2,993.04	$ 2,993.04
43180 00	Surgery	14.34	14.34	$ 1,032.48	$ 1,032.48
43191 00	Surgery	4.06	4.06	$ 292.32	$ 292.32
43192 00	Surgery	4.40	4.40	$ 316.80	$ 316.80
43193 00	Surgery	4.43	4.43	$ 318.96	$ 318.96
43194 00	Surgery	4.84	4.84	$ 348.48	$ 348.48
43195 00	Surgery	4.77	4.77	$ 343.44	$ 343.44
43196 00	Surgery	5.14	5.14	$ 370.08	$ 370.08
43197 00	Surgery	5.90	2.05	$ 424.80	$ 147.60
43198 00	Surgery	6.53	2.45	$ 470.16	$ 176.40
43200 00	Surgery	8.59	2.38	$ 618.48	$ 171.36
43201 00	Surgery	8.33	2.76	$ 599.76	$ 198.72
43202 00	Surgery	11.77	2.79	$ 847.44	$ 200.88
43204 00	Surgery	3.61	3.61	$ 259.92	$ 259.92
43205 00	Surgery	3.77	3.77	$ 271.44	$ 271.44
43206 00	Surgery	10.19	3.55	$ 733.68	$ 255.60
43210 00	Surgery	11.36	11.36	$ 817.92	$ 817.92
43211 00	Surgery	6.19	6.19	$ 445.68	$ 445.68
43212 00	Surgery	5.08	5.08	$ 365.76	$ 365.76
43213 00	Surgery	37.55	6.75	$ 2,703.60	$ 486.00
43214 00	Surgery	5.04	5.04	$ 362.88	$ 362.88
43215 00	Surgery	13.07	3.82	$ 941.04	$ 275.04
43216 00	Surgery	13.61	3.57	$ 979.92	$ 257.04
43217 00	Surgery	14.01	4.26	$ 1,008.72	$ 306.72
43220 00	Surgery	28.68	3.17	$ 2,064.96	$ 228.24
43226 00	Surgery	12.43	3.51	$ 894.96	$ 252.72
43227 00	Surgery	19.62	4.40	$ 1,412.64	$ 316.80
43229 00	Surgery	23.41	5.23	$ 1,685.52	$ 376.56
43231 00	Surgery	4.13	4.13	$ 297.36	$ 297.36
43232 00	Surgery	5.31	5.31	$ 382.32	$ 382.32
43233 00	Surgery	6.11	6.11	$ 439.92	$ 439.92
43235 00	Surgery	9.66	3.31	$ 695.52	$ 238.32
43236 00	Surgery	13.36	3.70	$ 961.92	$ 266.40
43237 00	Surgery	5.18	5.18	$ 372.96	$ 372.96

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
43238 00	Surgery	6.12	6.12	$ 440.64	$ 440.64
43239 00	Surgery	12.54	3.70	$ 902.88	$ 266.40
43240 00	Surgery	10.24	10.24	$ 737.28	$ 737.28
43241 00	Surgery	3.80	3.80	$ 273.60	$ 273.60
43242 00	Surgery	6.88	6.88	$ 495.36	$ 495.36
43243 00	Surgery	6.26	6.26	$ 450.72	$ 450.72
43244 00	Surgery	6.45	6.45	$ 464.40	$ 464.40
43245 00	Surgery	19.61	4.70	$ 1,411.92	$ 338.40
43246 00	Surgery	5.34	5.34	$ 384.48	$ 384.48
43247 00	Surgery	12.76	4.71	$ 918.72	$ 339.12
43248 00	Surgery	13.71	4.43	$ 987.12	$ 318.96
43249 00	Surgery	35.34	4.08	$ 2,544.48	$ 293.76
43250 00	Surgery	14.93	4.57	$ 1,074.96	$ 329.04
43251 00	Surgery	16.34	5.18	$ 1,176.48	$ 372.96
43252 00	Surgery	11.29	4.49	$ 812.88	$ 323.28
43253 00	Surgery	6.89	6.89	$ 496.08	$ 496.08
43254 00	Surgery	7.09	7.09	$ 510.48	$ 510.48
43255 00	Surgery	20.63	5.30	$ 1,485.36	$ 381.60
43257 00	Surgery	6.12	6.12	$ 440.64	$ 440.64
43259 00	Surgery	5.95	5.95	$ 428.40	$ 428.40
43260 00	Surgery	8.41	8.41	$ 605.52	$ 605.52
43261 00	Surgery	8.85	8.85	$ 637.20	$ 637.20
43262 00	Surgery	9.32	9.32	$ 671.04	$ 671.04
43263 00	Surgery	9.34	9.34	$ 672.48	$ 672.48
43264 00	Surgery	9.50	9.50	$ 684.00	$ 684.00
43265 00	Surgery	11.28	11.28	$ 812.16	$ 812.16
43266 00	Surgery	5.76	5.76	$ 414.72	$ 414.72
43270 00	Surgery	24.03	5.92	$ 1,730.16	$ 426.24
43273 00	Surgery	3.05	3.05	$ 219.60	$ 219.60
43274 00	Surgery	12.04	12.04	$ 866.88	$ 866.88
43275 00	Surgery	9.83	9.83	$ 707.76	$ 707.76
43276 00	Surgery	12.55	12.55	$ 903.60	$ 903.60
43277 00	Surgery	9.88	9.88	$ 711.36	$ 711.36
43278 00	Surgery	11.27	11.27	$ 811.44	$ 811.44
43279 00	Surgery	35.92	35.92	$ 2,586.24	$ 2,586.24
43280 00	Surgery	30.30	30.30	$ 2,181.60	$ 2,181.60
43281 00	Surgery	42.66	42.66	$ 3,071.52	$ 3,071.52
43282 00	Surgery	47.96	47.96	$ 3,453.12	$ 3,453.12
43283 00	Surgery	4.25	4.25	$ 306.00	$ 306.00
43284 00	Surgery	18.76	18.76	$ 1,350.72	$ 1,350.72

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
43285 00	Surgery	19.27	19.27	$ 1,387.44	$ 1,387.44
43286 00	Surgery	88.18	88.18	$ 6,348.96	$ 6,348.96
43287 00	Surgery	98.62	98.62	$ 7,100.64	$ 7,100.64
43288 00	Surgery	103.70	103.70	$ 7,466.40	$ 7,466.40
43289 00	Surgery	0.00	0.00	BR	BR
43290 00	Surgery	79.90	4.71	$ 5,752.80	$ 339.12
43291 00	Surgery	15.17	4.26	$ 1,092.24	$ 306.72
43300 00	Surgery	16.52	16.52	$ 1,189.44	$ 1,189.44
43305 00	Surgery	28.25	28.25	$ 2,034.00	$ 2,034.00
43310 00	Surgery	41.93	41.93	$ 3,018.96	$ 3,018.96
43312 00	Surgery	44.27	44.27	$ 3,187.44	$ 3,187.44
43313 00	Surgery	81.11	81.11	$ 5,839.92	$ 5,839.92
43314 00	Surgery	85.97	85.97	$ 6,189.84	$ 6,189.84
43320 00	Surgery	39.16	39.16	$ 2,819.52	$ 2,819.52
43325 00	Surgery	38.11	38.11	$ 2,743.92	$ 2,743.92
43327 00	Surgery	23.69	23.69	$ 1,705.68	$ 1,705.68
43328 00	Surgery	31.77	31.77	$ 2,287.44	$ 2,287.44
43330 00	Surgery	37.49	37.49	$ 2,699.28	$ 2,699.28
43331 00	Surgery	38.39	38.39	$ 2,764.08	$ 2,764.08
43332 00	Surgery	32.27	32.27	$ 2,323.44	$ 2,323.44
43333 00	Surgery	35.20	35.20	$ 2,534.40	$ 2,534.40
43334 00	Surgery	34.93	34.93	$ 2,514.96	$ 2,514.96
43335 00	Surgery	37.51	37.51	$ 2,700.72	$ 2,700.72
43336 00	Surgery	40.84	40.84	$ 2,940.48	$ 2,940.48
43337 00	Surgery	43.44	43.44	$ 3,127.68	$ 3,127.68
43338 00	Surgery	3.10	3.10	$ 223.20	$ 223.20
43340 00	Surgery	38.69	38.69	$ 2,785.68	$ 2,785.68
43341 00	Surgery	40.05	40.05	$ 2,883.60	$ 2,883.60
43351 00	Surgery	38.19	38.19	$ 2,749.68	$ 2,749.68
43352 00	Surgery	30.96	30.96	$ 2,229.12	$ 2,229.12
43360 00	Surgery	63.52	63.52	$ 4,573.44	$ 4,573.44
43361 00	Surgery	75.08	75.08	$ 5,405.76	$ 5,405.76
43400 00	Surgery	42.52	42.52	$ 3,061.44	$ 3,061.44
43405 00	Surgery	41.98	41.98	$ 3,022.56	$ 3,022.56
43410 00	Surgery	27.01	27.01	$ 1,944.72	$ 1,944.72
43415 00	Surgery	72.29	72.29	$ 5,204.88	$ 5,204.88
43420 00	Surgery	26.31	26.31	$ 1,894.32	$ 1,894.32
43425 00	Surgery	41.19	41.19	$ 2,965.68	$ 2,965.68
43450 00	Surgery	6.35	2.19	$ 457.20	$ 157.68
43453 00	Surgery	24.90	2.32	$ 1,792.80	$ 167.04

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
43460 00	Surgery	5.62	5.62	$ 404.64	$ 404.64
43496 00	Surgery	0.00	0.00	BR	BR
43497 00	Surgery	21.51	21.51	$ 1,548.72	$ 1,548.72
43499 00	Surgery	0.00	0.00	BR	BR
43500 00	Surgery	22.51	22.51	$ 1,620.72	$ 1,620.72
43501 00	Surgery	37.98	37.98	$ 2,734.56	$ 2,734.56
43502 00	Surgery	42.61	42.61	$ 3,067.92	$ 3,067.92
43510 00	Surgery	27.06	27.06	$ 1,948.32	$ 1,948.32
43520 00	Surgery	20.39	20.39	$ 1,468.08	$ 1,468.08
43605 00	Surgery	23.97	23.97	$ 1,725.84	$ 1,725.84
43610 00	Surgery	27.54	27.54	$ 1,982.88	$ 1,982.88
43611 00	Surgery	34.40	34.40	$ 2,476.80	$ 2,476.80
43620 00	Surgery	54.92	54.92	$ 3,954.24	$ 3,954.24
43621 00	Surgery	62.62	62.62	$ 4,508.64	$ 4,508.64
43622 00	Surgery	63.75	63.75	$ 4,590.00	$ 4,590.00
43631 00	Surgery	40.59	40.59	$ 2,922.48	$ 2,922.48
43632 00	Surgery	56.15	56.15	$ 4,042.80	$ 4,042.80
43633 00	Surgery	53.17	53.17	$ 3,828.24	$ 3,828.24
43634 00	Surgery	58.74	58.74	$ 4,229.28	$ 4,229.28
43635 00	Surgery	3.02	3.02	$ 217.44	$ 217.44
43640 00	Surgery	33.58	33.58	$ 2,417.76	$ 2,417.76
43641 00	Surgery	33.94	33.94	$ 2,443.68	$ 2,443.68
43644 00	Surgery	48.45	48.45	$ 3,488.40	$ 3,488.40
43645 00	Surgery	51.44	51.44	$ 3,703.68	$ 3,703.68
43647 00	Surgery	-	-	$ 1,103.76	$ 1,103.76
43648 00	Surgery	-	-	$ 968.40	$ 968.40
43651 00	Surgery	18.98	18.98	$ 1,366.56	$ 1,366.56
43652 00	Surgery	21.93	21.93	$ 1,578.96	$ 1,578.96
43653 00	Surgery	16.92	16.92	$ 1,218.24	$ 1,218.24
43659 00	Surgery	0.00	0.00	BR	BR
43752 00	Surgery	1.03	1.03	$ 74.16	$ 74.16
43753 00	Surgery	0.61	0.61	$ 43.92	$ 43.92
43754 00	Surgery	10.16	1.43	$ 731.52	$ 102.96
43755 00	Surgery	6.72	1.65	$ 483.84	$ 118.80
43756 00	Surgery	9.08	1.41	$ 653.76	$ 101.52
43757 00	Surgery	12.21	2.10	$ 879.12	$ 151.20
43761 00	Surgery	3.68	2.65	$ 264.96	$ 190.80
43762 00	Surgery	8.15	1.03	$ 586.80	$ 74.16
43763 00	Surgery	11.15	2.49	$ 802.80	$ 179.28
43770 00	Surgery	32.00	32.00	$ 2,304.00	$ 2,304.00

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
43771 00	Surgery	36.11	36.11	$ 2,599.92	$ 2,599.92
43772 00	Surgery	26.79	26.79	$ 1,928.88	$ 1,928.88
43773 00	Surgery	36.11	36.11	$ 2,599.92	$ 2,599.92
43774 00	Surgery	27.17	27.17	$ 1,956.24	$ 1,956.24
43775 00	Surgery	29.94	29.94	$ 2,155.68	$ 2,155.68
43800 00	Surgery	26.08	26.08	$ 1,877.76	$ 1,877.76
43810 00	Surgery	28.62	28.62	$ 2,060.64	$ 2,060.64
43820 00	Surgery	37.62	37.62	$ 2,708.64	$ 2,708.64
43825 00	Surgery	36.84	36.84	$ 2,652.48	$ 2,652.48
43830 00	Surgery	20.24	20.24	$ 1,457.28	$ 1,457.28
43831 00	Surgery	17.93	17.93	$ 1,290.96	$ 1,290.96
43832 00	Surgery	29.52	29.52	$ 2,125.44	$ 2,125.44
43840 00	Surgery	38.10	38.10	$ 2,743.20	$ 2,743.20
43842 00	Surgery	30.49	30.49	$ 2,195.28	$ 2,195.28
43843 00	Surgery	36.12	36.12	$ 2,600.64	$ 2,600.64
43845 00	Surgery	54.70	54.70	$ 3,938.40	$ 3,938.40
43846 00	Surgery	46.33	46.33	$ 3,335.76	$ 3,335.76
43847 00	Surgery	50.54	50.54	$ 3,638.88	$ 3,638.88
43848 00	Surgery	53.65	53.65	$ 3,862.80	$ 3,862.80
43860 00	Surgery	45.39	45.39	$ 3,268.08	$ 3,268.08
43865 00	Surgery	47.55	47.55	$ 3,423.60	$ 3,423.60
43870 00	Surgery	20.17	20.17	$ 1,452.24	$ 1,452.24
43880 00	Surgery	44.81	44.81	$ 3,226.32	$ 3,226.32
43881 00	Surgery	-	-	$ 2,073.60	$ 2,073.60
43882 00	Surgery	0.00	0.00	BR	BR
43886 00	Surgery	11.16	11.16	$ 803.52	$ 803.52
43887 00	Surgery	10.04	10.04	$ 722.88	$ 722.88
43888 00	Surgery	13.81	13.81	$ 994.32	$ 994.32
43889 00	Surgery	21.55	21.55	$ 1,551.60	$ 1,551.60
43999 00	Surgery	0.00	0.00	BR	BR
44005 00	Surgery	30.55	30.55	$ 2,199.60	$ 2,199.60
44010 00	Surgery	23.43	23.43	$ 1,686.96	$ 1,686.96
44015 00	Surgery	3.79	3.79	$ 272.88	$ 272.88
44020 00	Surgery	27.40	27.40	$ 1,972.80	$ 1,972.80
44021 00	Surgery	27.21	27.21	$ 1,959.12	$ 1,959.12
44025 00	Surgery	27.53	27.53	$ 1,982.16	$ 1,982.16
44050 00	Surgery	26.39	26.39	$ 1,900.08	$ 1,900.08
44055 00	Surgery	41.25	41.25	$ 2,970.00	$ 2,970.00
44100 00	Surgery	2.74	2.74	$ 197.28	$ 197.28
44110 00	Surgery	23.87	23.87	$ 1,718.64	$ 1,718.64

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
44111 00	Surgery	27.11	27.11	$ 1,951.92	$ 1,951.92
44120 00	Surgery	34.02	34.02	$ 2,449.44	$ 2,449.44
44121 00	Surgery	6.48	6.48	$ 466.56	$ 466.56
44125 00	Surgery	32.86	32.86	$ 2,365.92	$ 2,365.92
44126 00	Surgery	68.42	68.42	$ 4,926.24	$ 4,926.24
44127 00	Surgery	78.67	78.67	$ 5,664.24	$ 5,664.24
44128 00	Surgery	6.54	6.54	$ 470.88	$ 470.88
44130 00	Surgery	36.85	36.85	$ 2,653.20	$ 2,653.20
44132 00	Surgery	0.00	0.00	BR	BR
44133 00	Surgery	0.00	0.00	BR	BR
44135 00	Surgery	0.00	0.00	BR	BR
44136 00	Surgery	0.00	0.00	BR	BR
44137 00	Surgery	0.00	0.00	BR	BR
44139 00	Surgery	3.20	3.20	$ 230.40	$ 230.40
44140 00	Surgery	37.43	37.43	$ 2,694.96	$ 2,694.96
44141 00	Surgery	50.63	50.63	$ 3,645.36	$ 3,645.36
44143 00	Surgery	45.83	45.83	$ 3,299.76	$ 3,299.76
44144 00	Surgery	48.94	48.94	$ 3,523.68	$ 3,523.68
44145 00	Surgery	45.37	45.37	$ 3,266.64	$ 3,266.64
44146 00	Surgery	58.14	58.14	$ 4,186.08	$ 4,186.08
44147 00	Surgery	52.66	52.66	$ 3,791.52	$ 3,791.52
44150 00	Surgery	51.81	51.81	$ 3,730.32	$ 3,730.32
44151 00	Surgery	60.21	60.21	$ 4,335.12	$ 4,335.12
44155 00	Surgery	57.49	57.49	$ 4,139.28	$ 4,139.28
44156 00	Surgery	64.30	64.30	$ 4,629.60	$ 4,629.60
44157 00	Surgery	61.14	61.14	$ 4,402.08	$ 4,402.08
44158 00	Surgery	62.61	62.61	$ 4,507.92	$ 4,507.92
44160 00	Surgery	34.65	34.65	$ 2,494.80	$ 2,494.80
44180 00	Surgery	25.88	25.88	$ 1,863.36	$ 1,863.36
44186 00	Surgery	18.71	18.71	$ 1,347.12	$ 1,347.12
44187 00	Surgery	30.68	30.68	$ 2,208.96	$ 2,208.96
44188 00	Surgery	34.12	34.12	$ 2,456.64	$ 2,456.64
44202 00	Surgery	38.59	38.59	$ 2,778.48	$ 2,778.48
44203 00	Surgery	6.47	6.47	$ 465.84	$ 465.84
44204 00	Surgery	42.31	42.31	$ 3,046.32	$ 3,046.32
44205 00	Surgery	36.71	36.71	$ 2,643.12	$ 2,643.12
44206 00	Surgery	47.92	47.92	$ 3,450.24	$ 3,450.24
44207 00	Surgery	49.38	49.38	$ 3,555.36	$ 3,555.36
44208 00	Surgery	53.95	53.95	$ 3,884.40	$ 3,884.40
44210 00	Surgery	48.73	48.73	$ 3,508.56	$ 3,508.56

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
44211 00	Surgery	57.70	57.70	$ 4,154.40	$ 4,154.40
44212 00	Surgery	55.75	55.75	$ 4,014.00	$ 4,014.00
44213 00	Surgery	4.94	4.94	$ 355.68	$ 355.68
44227 00	Surgery	45.49	45.49	$ 3,275.28	$ 3,275.28
44238 00	Surgery	0.00	0.00	BR	BR
44300 00	Surgery	23.84	23.84	$ 1,716.48	$ 1,716.48
44310 00	Surgery	28.97	28.97	$ 2,085.84	$ 2,085.84
44312 00	Surgery	17.01	17.01	$ 1,224.72	$ 1,224.72
44314 00	Surgery	28.01	28.01	$ 2,016.72	$ 2,016.72
44316 00	Surgery	39.65	39.65	$ 2,854.80	$ 2,854.80
44320 00	Surgery	33.59	33.59	$ 2,418.48	$ 2,418.48
44322 00	Surgery	29.45	29.45	$ 2,120.40	$ 2,120.40
44340 00	Surgery	18.18	18.18	$ 1,308.96	$ 1,308.96
44345 00	Surgery	29.54	29.54	$ 2,126.88	$ 2,126.88
44346 00	Surgery	32.94	32.94	$ 2,371.68	$ 2,371.68
44360 00	Surgery	3.82	3.82	$ 275.04	$ 275.04
44361 00	Surgery	4.21	4.21	$ 303.12	$ 303.12
44363 00	Surgery	5.08	5.08	$ 365.76	$ 365.76
44364 00	Surgery	5.40	5.40	$ 388.80	$ 388.80
44365 00	Surgery	4.82	4.82	$ 347.04	$ 347.04
44366 00	Surgery	6.30	6.30	$ 453.60	$ 453.60
44369 00	Surgery	6.46	6.46	$ 465.12	$ 465.12
44370 00	Surgery	7.05	7.05	$ 507.60	$ 507.60
44372 00	Surgery	6.35	6.35	$ 457.20	$ 457.20
44373 00	Surgery	5.10	5.10	$ 367.20	$ 367.20
44376 00	Surgery	7.44	7.44	$ 535.68	$ 535.68
44377 00	Surgery	7.81	7.81	$ 562.32	$ 562.32
44378 00	Surgery	10.03	10.03	$ 722.16	$ 722.16
44379 00	Surgery	10.74	10.74	$ 773.28	$ 773.28
44380 00	Surgery	6.70	1.59	$ 482.40	$ 114.48
44381 00	Surgery	31.96	2.32	$ 2,301.12	$ 167.04
44382 00	Surgery	10.02	2.03	$ 721.44	$ 146.16
44384 00	Surgery	4.04	4.04	$ 290.88	$ 290.88
44385 00	Surgery	7.34	2.02	$ 528.48	$ 145.44
44386 00	Surgery	10.41	2.43	$ 749.52	$ 174.96
44388 00	Surgery	10.59	4.22	$ 762.48	$ 303.84
44389 00	Surgery	13.70	4.60	$ 986.40	$ 331.20
44390 00	Surgery	13.45	5.56	$ 968.40	$ 400.32
44391 00	Surgery	21.01	6.08	$ 1,512.72	$ 437.76
44392 00	Surgery	12.94	5.38	$ 931.68	$ 387.36

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
44394 00	Surgery	14.48	5.98	$ 1,042.56	$ 430.56
44401 00	Surgery	77.28	6.38	$ 5,564.16	$ 459.36
44402 00	Surgery	6.86	6.86	$ 493.92	$ 493.92
44403 00	Surgery	7.96	7.96	$ 573.12	$ 573.12
44404 00	Surgery	13.94	4.58	$ 1,003.68	$ 329.76
44405 00	Surgery	18.40	4.87	$ 1,324.80	$ 350.64
44406 00	Surgery	6.05	6.05	$ 435.60	$ 435.60
44407 00	Surgery	7.22	7.22	$ 519.84	$ 519.84
44408 00	Surgery	6.10	6.10	$ 439.20	$ 439.20
44500 00	Surgery	0.49	0.49	$ 35.28	$ 35.28
44602 00	Surgery	38.63	38.63	$ 2,781.36	$ 2,781.36
44603 00	Surgery	44.44	44.44	$ 3,199.68	$ 3,199.68
44604 00	Surgery	29.18	29.18	$ 2,100.96	$ 2,100.96
44605 00	Surgery	36.46	36.46	$ 2,625.12	$ 2,625.12
44615 00	Surgery	29.79	29.79	$ 2,144.88	$ 2,144.88
44620 00	Surgery	24.07	24.07	$ 1,733.04	$ 1,733.04
44625 00	Surgery	27.95	27.95	$ 2,012.40	$ 2,012.40
44626 00	Surgery	43.60	43.60	$ 3,139.20	$ 3,139.20
44640 00	Surgery	38.44	38.44	$ 2,767.68	$ 2,767.68
44650 00	Surgery	39.62	39.62	$ 2,852.64	$ 2,852.64
44660 00	Surgery	36.42	36.42	$ 2,622.24	$ 2,622.24
44661 00	Surgery	42.34	42.34	$ 3,048.48	$ 3,048.48
44680 00	Surgery	30.22	30.22	$ 2,175.84	$ 2,175.84
44700 00	Surgery	27.44	27.44	$ 1,975.68	$ 1,975.68
44701 00	Surgery	4.56	4.56	$ 328.32	$ 328.32
44705 00	Surgery	3.45	1.84	$ 248.40	$ 132.48
44715 00	Surgery	0.00	0.00	BR	BR
44720 00	Surgery	7.37	7.37	$ 530.64	$ 530.64
44721 00	Surgery	10.31	10.31	$ 742.32	$ 742.32
44799 00	Surgery	0.00	0.00	BR	BR
44800 00	Surgery	22.15	22.15	$ 1,594.80	$ 1,594.80
44820 00	Surgery	24.20	24.20	$ 1,742.40	$ 1,742.40
44850 00	Surgery	21.24	21.24	$ 1,529.28	$ 1,529.28
44899 00	Surgery	0.00	0.00	BR	BR
44900 00	Surgery	22.27	22.27	$ 1,603.44	$ 1,603.44
44950 00	Surgery	18.13	18.13	$ 1,305.36	$ 1,305.36
44955 00	Surgery	2.24	2.24	$ 161.28	$ 161.28
44960 00	Surgery	24.70	24.70	$ 1,778.40	$ 1,778.40
44970 00	Surgery	17.31	17.31	$ 1,246.32	$ 1,246.32
44979 00	Surgery	0.00	0.00	BR	BR

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
45000 00	Surgery	12.36	12.36	$ 889.92	$ 889.92
45005 00	Surgery	10.98	5.20	$ 790.56	$ 374.40
45020 00	Surgery	16.52	16.52	$ 1,189.44	$ 1,189.44
45100 00	Surgery	9.05	9.05	$ 651.60	$ 651.60
45108 00	Surgery	11.16	11.16	$ 803.52	$ 803.52
45110 00	Surgery	50.07	50.07	$ 3,605.04	$ 3,605.04
45111 00	Surgery	30.26	30.26	$ 2,178.72	$ 2,178.72
45112 00	Surgery	49.12	49.12	$ 3,536.64	$ 3,536.64
45113 00	Surgery	50.76	50.76	$ 3,654.72	$ 3,654.72
45114 00	Surgery	50.55	50.55	$ 3,639.60	$ 3,639.60
45116 00	Surgery	42.12	42.12	$ 3,032.64	$ 3,032.64
45119 00	Surgery	51.12	51.12	$ 3,680.64	$ 3,680.64
45120 00	Surgery	44.85	44.85	$ 3,229.20	$ 3,229.20
45121 00	Surgery	48.81	48.81	$ 3,514.32	$ 3,514.32
45123 00	Surgery	30.92	30.92	$ 2,226.24	$ 2,226.24
45126 00	Surgery	74.33	74.33	$ 5,351.76	$ 5,351.76
45130 00	Surgery	30.08	30.08	$ 2,165.76	$ 2,165.76
45135 00	Surgery	35.81	35.81	$ 2,578.32	$ 2,578.32
45136 00	Surgery	48.95	48.95	$ 3,524.40	$ 3,524.40
45150 00	Surgery	12.52	12.52	$ 901.44	$ 901.44
45160 00	Surgery	29.23	29.23	$ 2,104.56	$ 2,104.56
45171 00	Surgery	18.32	18.32	$ 1,319.04	$ 1,319.04
45172 00	Surgery	23.80	23.80	$ 1,713.60	$ 1,713.60
45190 00	Surgery	20.13	20.13	$ 1,449.36	$ 1,449.36
45300 00	Surgery	4.45	1.35	$ 320.40	$ 97.20
45303 00	Surgery	30.70	2.40	$ 2,210.40	$ 172.80
45305 00	Surgery	5.94	2.07	$ 427.68	$ 149.04
45307 00	Surgery	7.08	2.87	$ 509.76	$ 206.64
45308 00	Surgery	6.80	2.44	$ 489.60	$ 175.68
45309 00	Surgery	7.01	2.58	$ 504.72	$ 185.76
45315 00	Surgery	7.52	3.00	$ 541.44	$ 216.00
45317 00	Surgery	7.19	3.07	$ 517.68	$ 221.04
45320 00	Surgery	7.36	2.98	$ 529.92	$ 214.56
45321 00	Surgery	2.94	2.94	$ 211.68	$ 211.68
45327 00	Surgery	3.29	3.29	$ 236.88	$ 236.88
45330 00	Surgery	6.44	1.61	$ 463.68	$ 115.92
45331 00	Surgery	9.67	2.00	$ 696.24	$ 144.00
45332 00	Surgery	9.37	2.87	$ 674.64	$ 206.64
45333 00	Surgery	11.02	2.59	$ 793.44	$ 186.48
45334 00	Surgery	16.29	3.17	$ 1,172.88	$ 228.24

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
45335 00	Surgery	9.82	1.87	$ 707.04	$ 134.64
45337 00	Surgery	2.99	2.99	$ 215.28	$ 215.28
45338 00	Surgery	10.03	3.26	$ 722.16	$ 234.72
45340 00	Surgery	15.19	2.17	$ 1,093.68	$ 156.24
45341 00	Surgery	3.34	3.34	$ 240.48	$ 240.48
45342 00	Surgery	4.54	4.54	$ 326.88	$ 326.88
45346 00	Surgery	74.62	4.29	$ 5,372.64	$ 308.88
45347 00	Surgery	4.09	4.09	$ 294.48	$ 294.48
45349 00	Surgery	5.25	5.25	$ 378.00	$ 378.00
45350 00	Surgery	22.26	2.75	$ 1,602.72	$ 198.00
45378 00	Surgery	11.32	4.93	$ 815.04	$ 354.96
45379 00	Surgery	14.35	6.29	$ 1,033.20	$ 452.88
45380 00	Surgery	14.37	5.32	$ 1,034.64	$ 383.04
45381 00	Surgery	14.68	5.32	$ 1,056.96	$ 383.04
45382 00	Surgery	21.86	6.79	$ 1,573.92	$ 488.88
45384 00	Surgery	16.15	6.09	$ 1,162.80	$ 438.48
45385 00	Surgery	14.97	6.69	$ 1,077.84	$ 481.68
45386 00	Surgery	20.07	5.61	$ 1,445.04	$ 403.92
45388 00	Surgery	79.62	7.14	$ 5,732.64	$ 514.08
45389 00	Surgery	7.58	7.58	$ 545.76	$ 545.76
45390 00	Surgery	8.69	8.69	$ 625.68	$ 625.68
45391 00	Surgery	6.77	6.77	$ 487.44	$ 487.44
45392 00	Surgery	7.96	7.96	$ 573.12	$ 573.12
45393 00	Surgery	6.54	6.54	$ 470.88	$ 470.88
45395 00	Surgery	53.87	53.87	$ 3,878.64	$ 3,878.64
45397 00	Surgery	58.14	58.14	$ 4,186.08	$ 4,186.08
45398 00	Surgery	27.02	6.27	$ 1,945.44	$ 451.44
45399 00	Surgery	0.00	0.00	BR	BR
45400 00	Surgery	31.27	31.27	$ 2,251.44	$ 2,251.44
45402 00	Surgery	41.70	41.70	$ 3,002.40	$ 3,002.40
45499 00	Surgery	0.00	0.00	BR	BR
45500 00	Surgery	17.07	17.07	$ 1,229.04	$ 1,229.04
45505 00	Surgery	17.79	17.79	$ 1,280.88	$ 1,280.88
45520 00	Surgery	5.05	1.13	$ 363.60	$ 81.36
45540 00	Surgery	29.17	29.17	$ 2,100.24	$ 2,100.24
45541 00	Surgery	26.67	26.67	$ 1,920.24	$ 1,920.24
45550 00	Surgery	40.49	40.49	$ 2,915.28	$ 2,915.28
45560 00	Surgery	18.97	18.97	$ 1,365.84	$ 1,365.84
45562 00	Surgery	33.63	33.63	$ 2,421.36	$ 2,421.36
45563 00	Surgery	47.00	47.00	$ 3,384.00	$ 3,384.00

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
45800 00	Surgery	36.21	36.21	$ 2,607.12	$ 2,607.12
45805 00	Surgery	41.71	41.71	$ 3,003.12	$ 3,003.12
45820 00	Surgery	36.29	36.29	$ 2,612.88	$ 2,612.88
45825 00	Surgery	43.78	43.78	$ 3,152.16	$ 3,152.16
45900 00	Surgery	6.33	6.33	$ 455.76	$ 455.76
45905 00	Surgery	5.06	5.06	$ 364.32	$ 364.32
45910 00	Surgery	5.63	5.63	$ 405.36	$ 405.36
45915 00	Surgery	12.08	6.94	$ 869.76	$ 499.68
45990 00	Surgery	2.98	2.98	$ 214.56	$ 214.56
45999 00	Surgery	0.00	0.00	BR	BR
46020 00	Surgery	3.32	3.32	$ 239.04	$ 239.04
46030 00	Surgery	8.50	2.41	$ 612.00	$ 173.52
46040 00	Surgery	18.87	13.02	$ 1,358.64	$ 937.44
46045 00	Surgery	13.40	13.40	$ 964.80	$ 964.80
46050 00	Surgery	8.00	3.10	$ 576.00	$ 223.20
46060 00	Surgery	14.72	14.72	$ 1,059.84	$ 1,059.84
46070 00	Surgery	8.67	8.67	$ 624.24	$ 624.24
46080 00	Surgery	9.45	4.49	$ 680.40	$ 323.28
46083 00	Surgery	6.75	3.22	$ 486.00	$ 231.84
46200 00	Surgery	15.89	10.41	$ 1,144.08	$ 749.52
46220 00	Surgery	8.25	3.58	$ 594.00	$ 257.76
46221 00	Surgery	9.75	5.90	$ 702.00	$ 424.80
46230 00	Surgery	10.25	4.98	$ 738.00	$ 358.56
46250 00	Surgery	16.07	9.54	$ 1,157.04	$ 686.88
46255 00	Surgery	17.39	10.50	$ 1,252.08	$ 756.00
46257 00	Surgery	12.45	12.45	$ 896.40	$ 896.40
46258 00	Surgery	14.40	14.40	$ 1,036.80	$ 1,036.80
46260 00	Surgery	14.36	14.36	$ 1,033.92	$ 1,033.92
46261 00	Surgery	15.43	15.43	$ 1,110.96	$ 1,110.96
46262 00	Surgery	17.60	17.60	$ 1,267.20	$ 1,267.20
46270 00	Surgery	17.96	12.22	$ 1,293.12	$ 879.84
46275 00	Surgery	18.88	12.73	$ 1,359.36	$ 916.56
46280 00	Surgery	14.45	14.45	$ 1,040.40	$ 1,040.40
46285 00	Surgery	18.89	12.78	$ 1,360.08	$ 920.16
46288 00	Surgery	16.54	16.54	$ 1,190.88	$ 1,190.88
46320 00	Surgery	6.96	3.24	$ 501.12	$ 233.28
46500 00	Surgery	10.72	5.82	$ 771.84	$ 419.04
46505 00	Surgery	10.26	7.38	$ 738.72	$ 531.36
46600 00	Surgery	3.86	1.21	$ 277.92	$ 87.12
46601 00	Surgery	4.97	2.56	$ 357.84	$ 184.32

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
46604 00	Surgery	20.69	1.87	$ 1,489.68	$ 134.64
46606 00	Surgery	9.19	2.13	$ 661.68	$ 153.36
46607 00	Surgery	6.91	3.39	$ 497.52	$ 244.08
46608 00	Surgery	9.65	2.44	$ 694.80	$ 175.68
46610 00	Surgery	9.16	2.28	$ 659.52	$ 164.16
46611 00	Surgery	7.23	2.24	$ 520.56	$ 161.28
46612 00	Surgery	10.98	2.71	$ 790.56	$ 195.12
46614 00	Surgery	5.49	1.84	$ 395.28	$ 132.48
46615 00	Surgery	5.74	2.51	$ 413.28	$ 180.72
46700 00	Surgery	19.15	19.15	$ 1,378.80	$ 1,378.80
46705 00	Surgery	17.26	17.26	$ 1,242.72	$ 1,242.72
46706 00	Surgery	5.33	5.33	$ 383.76	$ 383.76
46707 00	Surgery	15.37	15.37	$ 1,106.64	$ 1,106.64
46710 00	Surgery	31.97	31.97	$ 2,301.84	$ 2,301.84
46712 00	Surgery	62.18	62.18	$ 4,476.96	$ 4,476.96
46715 00	Surgery	16.59	16.59	$ 1,194.48	$ 1,194.48
46716 00	Surgery	36.38	36.38	$ 2,619.36	$ 2,619.36
46730 00	Surgery	57.11	57.11	$ 4,111.92	$ 4,111.92
46735 00	Surgery	65.18	65.18	$ 4,692.96	$ 4,692.96
46740 00	Surgery	62.04	62.04	$ 4,466.88	$ 4,466.88
46742 00	Surgery	71.10	71.10	$ 5,119.20	$ 5,119.20
46744 00	Surgery	98.92	98.92	$ 7,122.24	$ 7,122.24
46746 00	Surgery	108.64	108.64	$ 7,822.08	$ 7,822.08
46748 00	Surgery	117.45	117.45	$ 8,456.40	$ 8,456.40
46750 00	Surgery	20.57	20.57	$ 1,481.04	$ 1,481.04
46751 00	Surgery	19.88	19.88	$ 1,431.36	$ 1,431.36
46753 00	Surgery	18.40	18.40	$ 1,324.80	$ 1,324.80
46754 00	Surgery	11.42	7.18	$ 822.24	$ 516.96
46760 00	Surgery	31.40	31.40	$ 2,260.80	$ 2,260.80
46761 00	Surgery	24.85	24.85	$ 1,789.20	$ 1,789.20
46900 00	Surgery	8.04	3.96	$ 578.88	$ 285.12
46910 00	Surgery	8.88	3.89	$ 639.36	$ 280.08
46916 00	Surgery	7.61	3.66	$ 547.92	$ 263.52
46917 00	Surgery	13.90	3.62	$ 1,000.80	$ 260.64
46922 00	Surgery	10.31	4.02	$ 742.32	$ 289.44
46924 00	Surgery	18.61	5.15	$ 1,339.92	$ 370.80
46930 00	Surgery	7.42	4.72	$ 534.24	$ 339.84
46940 00	Surgery	8.69	4.09	$ 625.68	$ 294.48
46942 00	Surgery	8.32	3.70	$ 599.04	$ 266.40
46945 00	Surgery	10.49	10.49	$ 755.28	$ 755.28

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
46946 00	Surgery	11.49	11.49	$ 827.28	$ 827.28
46947 00	Surgery	11.36	11.36	$ 817.92	$ 817.92
46948 00	Surgery	13.34	13.34	$ 960.48	$ 960.48
46999 00	Surgery	0.00	0.00	BR	BR
47000 00	Surgery	8.62	2.29	$ 620.64	$ 164.88
47001 00	Surgery	2.77	2.77	$ 199.44	$ 199.44
47010 00	Surgery	34.22	34.22	$ 2,463.84	$ 2,463.84
47015 00	Surgery	33.06	33.06	$ 2,380.32	$ 2,380.32
47100 00	Surgery	24.39	24.39	$ 1,756.08	$ 1,756.08
47120 00	Surgery	64.87	64.87	$ 4,670.64	$ 4,670.64
47122 00	Surgery	94.23	94.23	$ 6,784.56	$ 6,784.56
47125 00	Surgery	84.62	84.62	$ 6,092.64	$ 6,092.64
47130 00	Surgery	90.51	90.51	$ 6,516.72	$ 6,516.72
47133 00	Surgery	-	-	$ 6,562.80	$ 6,562.80
47135 00	Surgery	150.86	150.86	$ 10,861.92	$ 10,861.92
47140 00	Surgery	100.15	100.15	$ 7,210.80	$ 7,210.80
47141 00	Surgery	119.32	119.32	$ 8,591.04	$ 8,591.04
47142 00	Surgery	131.00	131.00	$ 9,432.00	$ 9,432.00
47143 00	Surgery	-	-	$ 1,418.40	$ 1,418.40
47144 00	Surgery	-	-	$ 1,635.12	$ 1,635.12
47145 00	Surgery	0.00	0.00	BR	BR
47146 00	Surgery	8.83	8.83	$ 635.76	$ 635.76
47147 00	Surgery	10.29	10.29	$ 740.88	$ 740.88
47300 00	Surgery	32.12	32.12	$ 2,312.64	$ 2,312.64
47350 00	Surgery	38.49	38.49	$ 2,771.28	$ 2,771.28
47360 00	Surgery	52.24	52.24	$ 3,761.28	$ 3,761.28
47361 00	Surgery	82.92	82.92	$ 5,970.24	$ 5,970.24
47362 00	Surgery	40.06	40.06	$ 2,884.32	$ 2,884.32
47370 00	Surgery	35.10	35.10	$ 2,527.20	$ 2,527.20
47371 00	Surgery	35.40	35.40	$ 2,548.80	$ 2,548.80
47379 00	Surgery	0.00	0.00	BR	BR
47380 00	Surgery	40.25	40.25	$ 2,898.00	$ 2,898.00
47381 00	Surgery	41.40	41.40	$ 2,980.80	$ 2,980.80
47382 00	Surgery	102.70	19.18	$ 7,394.40	$ 1,380.96
47383 00	Surgery	174.34	12.07	$ 12,552.48	$ 869.04
47384 00	Surgery	12.70	12.70	$ 914.40	$ 914.40
47399 00	Surgery	0.00	0.00	BR	BR
47400 00	Surgery	59.68	59.68	$ 4,296.96	$ 4,296.96
47420 00	Surgery	37.09	37.09	$ 2,670.48	$ 2,670.48
47425 00	Surgery	38.46	38.46	$ 2,769.12	$ 2,769.12

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
47460 00	Surgery	35.81	35.81	$ 2,578.32	$ 2,578.32
47480 00	Surgery	25.08	25.08	$ 1,805.76	$ 1,805.76
47490 00	Surgery	8.93	8.93	$ 642.96	$ 642.96
47531 00	Surgery	11.93	1.85	$ 858.96	$ 133.20
47532 00	Surgery	24.23	5.47	$ 1,744.56	$ 393.84
47533 00	Surgery	33.26	6.79	$ 2,394.72	$ 488.88
47534 00	Surgery	36.47	9.49	$ 2,625.84	$ 683.28
47535 00	Surgery	25.40	5.07	$ 1,828.80	$ 365.04
47536 00	Surgery	18.10	3.43	$ 1,303.20	$ 246.96
47537 00	Surgery	13.85	2.51	$ 997.20	$ 180.72
47538 00	Surgery	104.64	6.05	$ 7,534.08	$ 435.60
47539 00	Surgery	118.93	10.98	$ 8,562.96	$ 790.56
47540 00	Surgery	118.46	11.27	$ 8,529.12	$ 811.44
47541 00	Surgery	35.41	8.79	$ 2,549.52	$ 632.88
47542 00	Surgery	14.25	3.51	$ 1,026.00	$ 252.72
47543 00	Surgery	11.19	3.68	$ 805.68	$ 264.96
47544 00	Surgery	23.73	4.03	$ 1,708.56	$ 290.16
47550 00	Surgery	4.34	4.34	$ 312.48	$ 312.48
47552 00	Surgery	7.63	7.63	$ 549.36	$ 549.36
47553 00	Surgery	7.56	7.56	$ 544.32	$ 544.32
47554 00	Surgery	11.87	11.87	$ 854.64	$ 854.64
47555 00	Surgery	9.00	9.00	$ 648.00	$ 648.00
47556 00	Surgery	10.20	10.20	$ 734.40	$ 734.40
47562 00	Surgery	18.92	18.92	$ 1,362.24	$ 1,362.24
47563 00	Surgery	20.49	20.49	$ 1,475.28	$ 1,475.28
47564 00	Surgery	31.78	31.78	$ 2,288.16	$ 2,288.16
47570 00	Surgery	22.04	22.04	$ 1,586.88	$ 1,586.88
47579 00	Surgery	0.00	0.00	BR	BR
47600 00	Surgery	30.25	30.25	$ 2,178.00	$ 2,178.00
47605 00	Surgery	31.78	31.78	$ 2,288.16	$ 2,288.16
47610 00	Surgery	35.14	35.14	$ 2,530.08	$ 2,530.08
47612 00	Surgery	35.67	35.67	$ 2,568.24	$ 2,568.24
47620 00	Surgery	38.41	38.41	$ 2,765.52	$ 2,765.52
47700 00	Surgery	30.19	30.19	$ 2,173.68	$ 2,173.68
47701 00	Surgery	48.51	48.51	$ 3,492.72	$ 3,492.72
47711 00	Surgery	43.33	43.33	$ 3,119.76	$ 3,119.76
47712 00	Surgery	55.48	55.48	$ 3,994.56	$ 3,994.56
47715 00	Surgery	37.54	37.54	$ 2,702.88	$ 2,702.88
47720 00	Surgery	32.82	32.82	$ 2,363.04	$ 2,363.04
47721 00	Surgery	38.20	38.20	$ 2,750.40	$ 2,750.40

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
47740 00	Surgery	37.08	37.08	$ 2,669.76	$ 2,669.76
47741 00	Surgery	41.46	41.46	$ 2,985.12	$ 2,985.12
47760 00	Surgery	62.21	62.21	$ 4,479.12	$ 4,479.12
47765 00	Surgery	83.63	83.63	$ 6,021.36	$ 6,021.36
47780 00	Surgery	68.37	68.37	$ 4,922.64	$ 4,922.64
47785 00	Surgery	88.99	88.99	$ 6,407.28	$ 6,407.28
47800 00	Surgery	43.82	43.82	$ 3,155.04	$ 3,155.04
47801 00	Surgery	31.07	31.07	$ 2,237.04	$ 2,237.04
47900 00	Surgery	38.86	38.86	$ 2,797.92	$ 2,797.92
47999 00	Surgery	0.00	0.00	BR	BR
48000 00	Surgery	52.30	52.30	$ 3,765.60	$ 3,765.60
48001 00	Surgery	63.73	63.73	$ 4,588.56	$ 4,588.56
48020 00	Surgery	33.35	33.35	$ 2,401.20	$ 2,401.20
48100 00	Surgery	25.27	25.27	$ 1,819.44	$ 1,819.44
48102 00	Surgery	14.75	6.10	$ 1,062.00	$ 439.20
48105 00	Surgery	76.52	76.52	$ 5,509.44	$ 5,509.44
48120 00	Surgery	31.35	31.35	$ 2,257.20	$ 2,257.20
48140 00	Surgery	43.61	43.61	$ 3,139.92	$ 3,139.92
48145 00	Surgery	45.60	45.60	$ 3,283.20	$ 3,283.20
48146 00	Surgery	52.93	52.93	$ 3,810.96	$ 3,810.96
48148 00	Surgery	35.27	35.27	$ 2,539.44	$ 2,539.44
48150 00	Surgery	85.96	85.96	$ 6,189.12	$ 6,189.12
48152 00	Surgery	80.03	80.03	$ 5,762.16	$ 5,762.16
48153 00	Surgery	85.71	85.71	$ 6,171.12	$ 6,171.12
48154 00	Surgery	80.37	80.37	$ 5,786.64	$ 5,786.64
48155 00	Surgery	51.24	51.24	$ 3,689.28	$ 3,689.28
48160 00	Surgery	-	-	$ 10,605.60	$ 10,605.60
48400 00	Surgery	2.85	2.85	$ 205.20	$ 205.20
48500 00	Surgery	32.69	32.69	$ 2,353.68	$ 2,353.68
48510 00	Surgery	31.25	31.25	$ 2,250.00	$ 2,250.00
48520 00	Surgery	30.97	30.97	$ 2,229.84	$ 2,229.84
48540 00	Surgery	36.54	36.54	$ 2,630.88	$ 2,630.88
48545 00	Surgery	37.83	37.83	$ 2,723.76	$ 2,723.76
48547 00	Surgery	49.85	49.85	$ 3,589.20	$ 3,589.20
48548 00	Surgery	46.62	46.62	$ 3,356.64	$ 3,356.64
48550 00	Surgery	0.00	0.00	BR	BR
48551 00	Surgery	-	-	$ 954.00	$ 954.00
48552 00	Surgery	6.33	6.33	$ 455.76	$ 455.76
48554 00	Surgery	76.67	76.67	$ 5,520.24	$ 5,520.24
48556 00	Surgery	37.31	37.31	$ 2,686.32	$ 2,686.32

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
48999 00	Surgery	0.00	0.00	BR	BR
49000 00	Surgery	21.82	21.82	$ 1,571.04	$ 1,571.04
49002 00	Surgery	29.17	29.17	$ 2,100.24	$ 2,100.24
49010 00	Surgery	25.88	25.88	$ 1,863.36	$ 1,863.36
49013 00	Surgery	12.28	12.28	$ 884.16	$ 884.16
49014 00	Surgery	10.36	10.36	$ 745.92	$ 745.92
49020 00	Surgery	44.55	44.55	$ 3,207.60	$ 3,207.60
49040 00	Surgery	28.71	28.71	$ 2,067.12	$ 2,067.12
49060 00	Surgery	30.72	30.72	$ 2,211.84	$ 2,211.84
49062 00	Surgery	21.96	21.96	$ 1,581.12	$ 1,581.12
49082 00	Surgery	7.34	2.13	$ 528.48	$ 153.36
49083 00	Surgery	8.51	2.78	$ 612.72	$ 200.16
49084 00	Surgery	2.87	2.87	$ 206.64	$ 206.64
49180 00	Surgery	5.10	2.13	$ 367.20	$ 153.36
49185 00	Surgery	36.12	3.15	$ 2,600.64	$ 226.80
49186 00	Surgery	36.57	36.57	$ 2,633.04	$ 2,633.04
49187 00	Surgery	46.30	46.30	$ 3,333.60	$ 3,333.60
49188 00	Surgery	55.46	55.46	$ 3,993.12	$ 3,993.12
49189 00	Surgery	64.29	64.29	$ 4,628.88	$ 4,628.88
49190 00	Surgery	79.05	79.05	$ 5,691.60	$ 5,691.60
49215 00	Surgery	59.98	59.98	$ 4,318.56	$ 4,318.56
49250 00	Surgery	17.01	17.01	$ 1,224.72	$ 1,224.72
49255 00	Surgery	22.51	22.51	$ 1,620.72	$ 1,620.72
49320 00	Surgery	9.47	9.47	$ 681.84	$ 681.84
49321 00	Surgery	9.86	9.86	$ 709.92	$ 709.92
49322 00	Surgery	10.64	10.64	$ 766.08	$ 766.08
49323 00	Surgery	18.09	18.09	$ 1,302.48	$ 1,302.48
49324 00	Surgery	10.96	10.96	$ 789.12	$ 789.12
49325 00	Surgery	11.64	11.64	$ 838.08	$ 838.08
49326 00	Surgery	5.07	5.07	$ 365.04	$ 365.04
49327 00	Surgery	3.49	3.49	$ 251.28	$ 251.28
49329 00	Surgery	0.00	0.00	BR	BR
49400 00	Surgery	4.51	2.35	$ 324.72	$ 169.20
49402 00	Surgery	23.94	23.94	$ 1,723.68	$ 1,723.68
49405 00	Surgery	25.08	4.99	$ 1,805.76	$ 359.28
49406 00	Surgery	25.06	4.99	$ 1,804.32	$ 359.28
49407 00	Surgery	22.06	5.39	$ 1,588.32	$ 388.08
49411 00	Surgery	14.09	4.74	$ 1,014.48	$ 341.28
49412 00	Surgery	2.21	2.21	$ 159.12	$ 159.12
49418 00	Surgery	28.13	5.23	$ 2,025.36	$ 376.56

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
49419 00	Surgery	11.72	11.72	$ 843.84	$ 843.84
49421 00	Surgery	6.19	6.19	$ 445.68	$ 445.68
49422 00	Surgery	6.04	6.04	$ 434.88	$ 434.88
49423 00	Surgery	16.45	1.82	$ 1,184.40	$ 131.04
49424 00	Surgery	5.12	0.96	$ 368.64	$ 69.12
49425 00	Surgery	22.35	22.35	$ 1,609.20	$ 1,609.20
49426 00	Surgery	19.24	19.24	$ 1,385.28	$ 1,385.28
49427 00	Surgery	1.06	1.06	$ 76.32	$ 76.32
49428 00	Surgery	12.32	12.32	$ 887.04	$ 887.04
49429 00	Surgery	13.01	13.01	$ 936.72	$ 936.72
49435 00	Surgery	3.17	3.17	$ 228.24	$ 228.24
49436 00	Surgery	16.84	5.32	$ 1,212.48	$ 383.04
49440 00	Surgery	23.60	5.34	$ 1,699.20	$ 384.48
49441 00	Surgery	29.39	6.51	$ 2,116.08	$ 468.72
49442 00	Surgery	22.20	5.34	$ 1,598.40	$ 384.48
49446 00	Surgery	22.86	3.78	$ 1,645.92	$ 272.16
49450 00	Surgery	16.89	1.69	$ 1,216.08	$ 121.68
49451 00	Surgery	18.02	2.28	$ 1,297.44	$ 164.16
49452 00	Surgery	21.78	3.50	$ 1,568.16	$ 252.00
49460 00	Surgery	21.37	1.28	$ 1,538.64	$ 92.16
49465 00	Surgery	3.89	0.77	$ 280.08	$ 55.44
49491 00	Surgery	22.87	22.87	$ 1,646.64	$ 1,646.64
49492 00	Surgery	27.28	27.28	$ 1,964.16	$ 1,964.16
49495 00	Surgery	11.96	11.96	$ 861.12	$ 861.12
49496 00	Surgery	17.85	17.85	$ 1,285.20	$ 1,285.20
49500 00	Surgery	12.35	12.35	$ 889.20	$ 889.20
49501 00	Surgery	17.56	17.56	$ 1,264.32	$ 1,264.32
49505 00	Surgery	15.21	15.21	$ 1,095.12	$ 1,095.12
49507 00	Surgery	17.01	17.01	$ 1,224.72	$ 1,224.72
49520 00	Surgery	18.21	18.21	$ 1,311.12	$ 1,311.12
49521 00	Surgery	20.51	20.51	$ 1,476.72	$ 1,476.72
49525 00	Surgery	16.60	16.60	$ 1,195.20	$ 1,195.20
49540 00	Surgery	19.27	19.27	$ 1,387.44	$ 1,387.44
49550 00	Surgery	16.72	16.72	$ 1,203.84	$ 1,203.84
49553 00	Surgery	18.23	18.23	$ 1,312.56	$ 1,312.56
49555 00	Surgery	17.47	17.47	$ 1,257.84	$ 1,257.84
49557 00	Surgery	20.73	20.73	$ 1,492.56	$ 1,492.56
49591 00	Surgery	9.45	9.45	$ 680.40	$ 680.40
49592 00	Surgery	13.08	13.08	$ 941.76	$ 941.76
49593 00	Surgery	15.72	15.72	$ 1,131.84	$ 1,131.84

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
49594 00	Surgery	20.43	20.43	$ 1,470.96	$ 1,470.96
49595 00	Surgery	21.09	21.09	$ 1,518.48	$ 1,518.48
49596 00	Surgery	28.04	28.04	$ 2,018.88	$ 2,018.88
49600 00	Surgery	21.07	21.07	$ 1,517.04	$ 1,517.04
49605 00	Surgery	134.46	134.46	$ 9,681.12	$ 9,681.12
49606 00	Surgery	31.74	31.74	$ 2,285.28	$ 2,285.28
49610 00	Surgery	19.84	19.84	$ 1,428.48	$ 1,428.48
49611 00	Surgery	17.67	17.67	$ 1,272.24	$ 1,272.24
49613 00	Surgery	11.59	11.59	$ 834.48	$ 834.48
49614 00	Surgery	15.69	15.69	$ 1,129.68	$ 1,129.68
49615 00	Surgery	17.48	17.48	$ 1,258.56	$ 1,258.56
49616 00	Surgery	23.45	23.45	$ 1,688.40	$ 1,688.40
49617 00	Surgery	24.20	24.20	$ 1,742.40	$ 1,742.40
49618 00	Surgery	33.88	33.88	$ 2,439.36	$ 2,439.36
49621 00	Surgery	20.46	20.46	$ 1,473.12	$ 1,473.12
49622 00	Surgery	25.44	25.44	$ 1,831.68	$ 1,831.68
49623 00	Surgery	5.51	5.51	$ 396.72	$ 396.72
49650 00	Surgery	12.70	12.70	$ 914.40	$ 914.40
49651 00	Surgery	16.47	16.47	$ 1,185.84	$ 1,185.84
49659 00	Surgery	0.00	0.00	BR	BR
49900 00	Surgery	23.96	23.96	$ 1,725.12	$ 1,725.12
49904 00	Surgery	38.57	38.57	$ 2,777.04	$ 2,777.04
49905 00	Surgery	9.43	9.43	$ 678.96	$ 678.96
49906 00	Surgery	-	-	$ 9,345.60	$ 9,345.60
49999 00	Surgery	0.00	0.00	BR	BR
50010 00	Surgery	19.20	19.20	$ 1,382.40	$ 1,382.40
50020 00	Surgery	27.43	27.43	$ 1,974.96	$ 1,974.96
50040 00	Surgery	24.94	24.94	$ 1,795.68	$ 1,795.68
50045 00	Surgery	25.13	25.13	$ 1,809.36	$ 1,809.36
50060 00	Surgery	30.51	30.51	$ 2,196.72	$ 2,196.72
50065 00	Surgery	32.28	32.28	$ 2,324.16	$ 2,324.16
50070 00	Surgery	31.67	31.67	$ 2,280.24	$ 2,280.24
50075 00	Surgery	38.82	38.82	$ 2,795.04	$ 2,795.04
50080 00	Surgery	18.82	18.82	$ 1,355.04	$ 1,355.04
50081 00	Surgery	29.99	29.99	$ 2,159.28	$ 2,159.28
50100 00	Surgery	30.68	30.68	$ 2,208.96	$ 2,208.96
50120 00	Surgery	25.55	25.55	$ 1,839.60	$ 1,839.60
50125 00	Surgery	26.41	26.41	$ 1,901.52	$ 1,901.52
50130 00	Surgery	27.73	27.73	$ 1,996.56	$ 1,996.56
50200 00	Surgery	14.73	3.30	$ 1,060.56	$ 237.60

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
50205 00	Surgery	21.35	21.35	$ 1,537.20	$ 1,537.20
50220 00	Surgery	28.84	28.84	$ 2,076.48	$ 2,076.48
50225 00	Surgery	31.72	31.72	$ 2,283.84	$ 2,283.84
50230 00	Surgery	34.21	34.21	$ 2,463.12	$ 2,463.12
50234 00	Surgery	34.75	34.75	$ 2,502.00	$ 2,502.00
50236 00	Surgery	39.14	39.14	$ 2,818.08	$ 2,818.08
50240 00	Surgery	35.65	35.65	$ 2,566.80	$ 2,566.80
50250 00	Surgery	32.58	32.58	$ 2,345.76	$ 2,345.76
50280 00	Surgery	25.47	25.47	$ 1,833.84	$ 1,833.84
50290 00	Surgery	24.25	24.25	$ 1,746.00	$ 1,746.00
50300 00	Surgery	0.00	0.00	BR	BR
50320 00	Surgery	44.40	44.40	$ 3,196.80	$ 3,196.80
50323 00	Surgery	-	-	$ 908.64	$ 908.64
50325 00	Surgery	-	-	$ 617.04	$ 617.04
50327 00	Surgery	5.83	5.83	$ 419.76	$ 419.76
50328 00	Surgery	5.09	5.09	$ 366.48	$ 366.48
50329 00	Surgery	4.87	4.87	$ 350.64	$ 350.64
50340 00	Surgery	28.08	28.08	$ 2,021.76	$ 2,021.76
50360 00	Surgery	68.66	68.66	$ 4,943.52	$ 4,943.52
50365 00	Surgery	83.82	83.82	$ 6,035.04	$ 6,035.04
50370 00	Surgery	35.03	35.03	$ 2,522.16	$ 2,522.16
50380 00	Surgery	59.24	59.24	$ 4,265.28	$ 4,265.28
50382 00	Surgery	28.40	6.49	$ 2,044.80	$ 467.28
50384 00	Surgery	24.54	5.88	$ 1,766.88	$ 423.36
50385 00	Surgery	29.82	5.67	$ 2,147.04	$ 408.24
50386 00	Surgery	22.53	4.31	$ 1,622.16	$ 310.32
50387 00	Surgery	15.56	2.15	$ 1,120.32	$ 154.80
50389 00	Surgery	11.86	1.37	$ 853.92	$ 98.64
50390 00	Surgery	2.42	2.42	$ 174.24	$ 174.24
50391 00	Surgery	3.81	2.54	$ 274.32	$ 182.88
50396 00	Surgery	3.00	3.00	$ 216.00	$ 216.00
50400 00	Surgery	30.93	30.93	$ 2,226.96	$ 2,226.96
50405 00	Surgery	37.23	37.23	$ 2,680.56	$ 2,680.56
50430 00	Surgery	18.47	4.06	$ 1,329.84	$ 292.32
50431 00	Surgery	9.22	1.77	$ 663.84	$ 127.44
50432 00	Surgery	25.87	5.32	$ 1,862.64	$ 383.04
50433 00	Surgery	32.18	6.57	$ 2,316.96	$ 473.04
50434 00	Surgery	25.90	4.99	$ 1,864.80	$ 359.28
50435 00	Surgery	16.87	2.63	$ 1,214.64	$ 189.36
50436 00	Surgery	4.08	4.08	$ 293.76	$ 293.76

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
50437 00	Surgery	6.71	6.71	$ 483.12	$ 483.12
50500 00	Surgery	36.24	36.24	$ 2,609.28	$ 2,609.28
50520 00	Surgery	32.79	32.79	$ 2,360.88	$ 2,360.88
50525 00	Surgery	41.28	41.28	$ 2,972.16	$ 2,972.16
50526 00	Surgery	44.10	44.10	$ 3,175.20	$ 3,175.20
50540 00	Surgery	30.70	30.70	$ 2,210.40	$ 2,210.40
50541 00	Surgery	24.58	24.58	$ 1,769.76	$ 1,769.76
50542 00	Surgery	31.28	31.28	$ 2,252.16	$ 2,252.16
50543 00	Surgery	39.81	39.81	$ 2,866.32	$ 2,866.32
50544 00	Surgery	33.03	33.03	$ 2,378.16	$ 2,378.16
50545 00	Surgery	35.52	35.52	$ 2,557.44	$ 2,557.44
50546 00	Surgery	32.31	32.31	$ 2,326.32	$ 2,326.32
50547 00	Surgery	46.11	46.11	$ 3,319.92	$ 3,319.92
50548 00	Surgery	35.66	35.66	$ 2,567.52	$ 2,567.52
50549 00	Surgery	0.00	0.00	BR	BR
50551 00	Surgery	11.29	7.77	$ 812.88	$ 559.44
50553 00	Surgery	12.06	8.28	$ 868.32	$ 596.16
50555 00	Surgery	12.86	8.98	$ 925.92	$ 646.56
50557 00	Surgery	13.08	9.09	$ 941.76	$ 654.48
50561 00	Surgery	14.82	10.37	$ 1,067.04	$ 746.64
50562 00	Surgery	15.34	15.34	$ 1,104.48	$ 1,104.48
50570 00	Surgery	12.88	12.88	$ 927.36	$ 927.36
50572 00	Surgery	13.90	13.90	$ 1,000.80	$ 1,000.80
50574 00	Surgery	14.77	14.77	$ 1,063.44	$ 1,063.44
50575 00	Surgery	18.62	18.62	$ 1,340.64	$ 1,340.64
50576 00	Surgery	14.72	14.72	$ 1,059.84	$ 1,059.84
50580 00	Surgery	15.86	15.86	$ 1,141.92	$ 1,141.92
50590 00	Surgery	22.76	15.60	$ 1,638.72	$ 1,123.20
50592 00	Surgery	78.50	8.91	$ 5,652.00	$ 641.52
50593 00	Surgery	104.98	11.94	$ 7,558.56	$ 859.68
50600 00	Surgery	25.16	25.16	$ 1,811.52	$ 1,811.52
50605 00	Surgery	28.02	28.02	$ 2,017.44	$ 2,017.44
50606 00	Surgery	14.24	3.77	$ 1,025.28	$ 271.44
50610 00	Surgery	25.35	25.35	$ 1,825.20	$ 1,825.20
50620 00	Surgery	24.29	24.29	$ 1,748.88	$ 1,748.88
50630 00	Surgery	24.00	24.00	$ 1,728.00	$ 1,728.00
50650 00	Surgery	27.88	27.88	$ 2,007.36	$ 2,007.36
50660 00	Surgery	30.59	30.59	$ 2,202.48	$ 2,202.48
50684 00	Surgery	3.84	1.40	$ 276.48	$ 100.80
50686 00	Surgery	4.41	2.41	$ 317.52	$ 173.52

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
50688 00	Surgery	2.13	2.13	$ 153.36	$ 153.36
50690 00	Surgery	3.50	1.86	$ 252.00	$ 133.92
50693 00	Surgery	28.34	5.28	$ 2,040.48	$ 380.16
50694 00	Surgery	31.76	6.86	$ 2,286.72	$ 493.92
50695 00	Surgery	38.11	8.78	$ 2,743.92	$ 632.16
50700 00	Surgery	24.95	24.95	$ 1,796.40	$ 1,796.40
50705 00	Surgery	53.00	4.78	$ 3,816.00	$ 344.16
50706 00	Surgery	23.74	4.65	$ 1,709.28	$ 334.80
50715 00	Surgery	33.52	33.52	$ 2,413.44	$ 2,413.44
50722 00	Surgery	27.06	27.06	$ 1,948.32	$ 1,948.32
50725 00	Surgery	29.53	29.53	$ 2,126.16	$ 2,126.16
50727 00	Surgery	14.18	14.18	$ 1,020.96	$ 1,020.96
50728 00	Surgery	19.07	19.07	$ 1,373.04	$ 1,373.04
50740 00	Surgery	34.54	34.54	$ 2,486.88	$ 2,486.88
50750 00	Surgery	30.85	30.85	$ 2,221.20	$ 2,221.20
50760 00	Surgery	30.75	30.75	$ 2,214.00	$ 2,214.00
50770 00	Surgery	30.85	30.85	$ 2,221.20	$ 2,221.20
50780 00	Surgery	30.14	30.14	$ 2,170.08	$ 2,170.08
50782 00	Surgery	28.84	28.84	$ 2,076.48	$ 2,076.48
50783 00	Surgery	30.18	30.18	$ 2,172.96	$ 2,172.96
50785 00	Surgery	32.48	32.48	$ 2,338.56	$ 2,338.56
50800 00	Surgery	24.92	24.92	$ 1,794.24	$ 1,794.24
50810 00	Surgery	39.81	39.81	$ 2,866.32	$ 2,866.32
50815 00	Surgery	32.85	32.85	$ 2,365.20	$ 2,365.20
50820 00	Surgery	35.29	35.29	$ 2,540.88	$ 2,540.88
50825 00	Surgery	43.84	43.84	$ 3,156.48	$ 3,156.48
50830 00	Surgery	47.86	47.86	$ 3,445.92	$ 3,445.92
50840 00	Surgery	33.04	33.04	$ 2,378.88	$ 2,378.88
50845 00	Surgery	33.79	33.79	$ 2,432.88	$ 2,432.88
50860 00	Surgery	25.46	25.46	$ 1,833.12	$ 1,833.12
50900 00	Surgery	22.79	22.79	$ 1,640.88	$ 1,640.88
50920 00	Surgery	23.80	23.80	$ 1,713.60	$ 1,713.60
50930 00	Surgery	29.52	29.52	$ 2,125.44	$ 2,125.44
50940 00	Surgery	23.97	23.97	$ 1,725.84	$ 1,725.84
50945 00	Surgery	25.96	25.96	$ 1,869.12	$ 1,869.12
50947 00	Surgery	36.94	36.94	$ 2,659.68	$ 2,659.68
50948 00	Surgery	33.87	33.87	$ 2,438.64	$ 2,438.64
50949 00	Surgery	0.00	0.00	BR	BR
50951 00	Surgery	11.77	8.06	$ 847.44	$ 580.32
50953 00	Surgery	12.49	8.61	$ 899.28	$ 619.92

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
50955 00	Surgery	13.30	9.27	$ 957.60	$ 667.44
50957 00	Surgery	13.42	9.32	$ 966.24	$ 671.04
50961 00	Surgery	12.13	8.36	$ 873.36	$ 601.92
50970 00	Surgery	9.73	9.73	$ 700.56	$ 700.56
50972 00	Surgery	9.41	9.41	$ 677.52	$ 677.52
50974 00	Surgery	12.38	12.38	$ 891.36	$ 891.36
50976 00	Surgery	12.21	12.21	$ 879.12	$ 879.12
50980 00	Surgery	9.35	9.35	$ 673.20	$ 673.20
51020 00	Surgery	13.04	13.04	$ 938.88	$ 938.88
51040 00	Surgery	8.17	8.17	$ 588.24	$ 588.24
51045 00	Surgery	13.67	13.67	$ 984.24	$ 984.24
51050 00	Surgery	12.99	12.99	$ 935.28	$ 935.28
51060 00	Surgery	15.96	15.96	$ 1,149.12	$ 1,149.12
51065 00	Surgery	15.87	15.87	$ 1,142.64	$ 1,142.64
51080 00	Surgery	11.34	11.34	$ 816.48	$ 816.48
51100 00	Surgery	2.23	1.01	$ 160.56	$ 72.72
51101 00	Surgery	4.67	1.33	$ 336.24	$ 95.76
51102 00	Surgery	7.22	3.77	$ 519.84	$ 271.44
51500 00	Surgery	17.37	17.37	$ 1,250.64	$ 1,250.64
51520 00	Surgery	16.30	16.30	$ 1,173.60	$ 1,173.60
51525 00	Surgery	23.15	23.15	$ 1,666.80	$ 1,666.80
51530 00	Surgery	20.85	20.85	$ 1,501.20	$ 1,501.20
51535 00	Surgery	21.09	21.09	$ 1,518.48	$ 1,518.48
51550 00	Surgery	26.09	26.09	$ 1,878.48	$ 1,878.48
51555 00	Surgery	33.81	33.81	$ 2,434.32	$ 2,434.32
51565 00	Surgery	34.46	34.46	$ 2,481.12	$ 2,481.12
51570 00	Surgery	39.05	39.05	$ 2,811.60	$ 2,811.60
51575 00	Surgery	48.18	48.18	$ 3,468.96	$ 3,468.96
51580 00	Surgery	50.40	50.40	$ 3,628.80	$ 3,628.80
51585 00	Surgery	55.94	55.94	$ 4,027.68	$ 4,027.68
51590 00	Surgery	51.25	51.25	$ 3,690.00	$ 3,690.00
51595 00	Surgery	57.93	57.93	$ 4,170.96	$ 4,170.96
51596 00	Surgery	62.52	62.52	$ 4,501.44	$ 4,501.44
51597 00	Surgery	61.08	61.08	$ 4,397.76	$ 4,397.76
51600 00	Surgery	6.21	1.12	$ 447.12	$ 80.64
51605 00	Surgery	1.05	1.05	$ 75.60	$ 75.60
51610 00	Surgery	3.84	1.73	$ 276.48	$ 124.56
51700 00	Surgery	2.34	0.78	$ 168.48	$ 56.16
51701 00	Surgery	1.36	0.66	$ 97.92	$ 47.52
51702 00	Surgery	1.96	0.68	$ 141.12	$ 48.96

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
51703 00	Surgery	4.62	2.02	$ 332.64	$ 145.44
51705 00	Surgery	3.03	1.41	$ 218.16	$ 101.52
51710 00	Surgery	4.21	2.19	$ 303.12	$ 157.68
51715 00	Surgery	10.37	5.28	$ 746.64	$ 380.16
51720 00	Surgery	2.75	1.14	$ 198.00	$ 82.08
51721 00	Surgery	16.90	5.75	$ 1,216.80	$ 414.00
51725 00	Surgery	5.94	5.94	$ 427.68	$ 427.68
51725 26	Surgery	2.28	2.28	$ 164.16	$ 164.16
51725 TC	Surgery	3.66	3.66	$ 263.52	$ 263.52
51726 00	Surgery	8.11	8.11	$ 583.92	$ 583.92
51726 26	Surgery	2.52	2.52	$ 181.44	$ 181.44
51726 TC	Surgery	5.59	5.59	$ 402.48	$ 402.48
51727 00	Surgery	9.91	9.91	$ 713.52	$ 713.52
51727 26	Surgery	3.17	3.17	$ 228.24	$ 228.24
51727 TC	Surgery	6.74	6.74	$ 485.28	$ 485.28
51728 00	Surgery	10.08	10.08	$ 725.76	$ 725.76
51728 26	Surgery	3.12	3.12	$ 224.64	$ 224.64
51728 TC	Surgery	6.96	6.96	$ 501.12	$ 501.12
51729 00	Surgery	10.60	10.60	$ 763.20	$ 763.20
51729 26	Surgery	3.77	3.77	$ 271.44	$ 271.44
51729 TC	Surgery	6.83	6.83	$ 491.76	$ 491.76
51736 00	Surgery	0.44	0.44	$ 31.68	$ 31.68
51736 26	Surgery	0.26	0.26	$ 18.72	$ 18.72
51736 TC	Surgery	0.18	0.18	$ 12.96	$ 12.96
51741 00	Surgery	0.46	0.46	$ 33.12	$ 33.12
51741 26	Surgery	0.26	0.26	$ 18.72	$ 18.72
51741 TC	Surgery	0.20	0.20	$ 14.40	$ 14.40
51784 00	Surgery	1.99	1.99	$ 143.28	$ 143.28
51784 26	Surgery	1.11	1.11	$ 79.92	$ 79.92
51784 TC	Surgery	0.88	0.88	$ 63.36	$ 63.36
51785 00	Surgery	11.75	11.75	$ 846.00	$ 846.00
51785 26	Surgery	2.80	2.80	$ 201.60	$ 201.60
51785 TC	Surgery	8.95	8.95	$ 644.40	$ 644.40
51792 00	Surgery	7.40	7.40	$ 532.80	$ 532.80
51792 26	Surgery	1.68	1.68	$ 120.96	$ 120.96
51792 TC	Surgery	5.72	5.72	$ 411.84	$ 411.84
51797 00	Surgery	4.64	4.64	$ 334.08	$ 334.08
51797 26	Surgery	1.18	1.18	$ 84.96	$ 84.96
51797 TC	Surgery	3.46	3.46	$ 249.12	$ 249.12
51798 00	Surgery	0.38	0.38	$ 27.36	$ 27.36

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
51800 00	Surgery	27.88	27.88	$ 2,007.36	$ 2,007.36
51820 00	Surgery	29.19	29.19	$ 2,101.68	$ 2,101.68
51840 00	Surgery	18.63	18.63	$ 1,341.36	$ 1,341.36
51841 00	Surgery	21.51	21.51	$ 1,548.72	$ 1,548.72
51845 00	Surgery	15.88	15.88	$ 1,143.36	$ 1,143.36
51860 00	Surgery	20.42	20.42	$ 1,470.24	$ 1,470.24
51865 00	Surgery	24.25	24.25	$ 1,746.00	$ 1,746.00
51880 00	Surgery	12.86	12.86	$ 925.92	$ 925.92
51900 00	Surgery	22.31	22.31	$ 1,606.32	$ 1,606.32
51920 00	Surgery	20.74	20.74	$ 1,493.28	$ 1,493.28
51925 00	Surgery	28.31	28.31	$ 2,038.32	$ 2,038.32
51940 00	Surgery	43.62	43.62	$ 3,140.64	$ 3,140.64
51960 00	Surgery	37.03	37.03	$ 2,666.16	$ 2,666.16
51980 00	Surgery	19.37	19.37	$ 1,394.64	$ 1,394.64
51990 00	Surgery	20.09	20.09	$ 1,446.48	$ 1,446.48
51992 00	Surgery	22.35	22.35	$ 1,609.20	$ 1,609.20
51999 00	Surgery	0.00	0.00	BR	BR
52000 00	Surgery	6.46	2.13	$ 465.12	$ 153.36
52001 00	Surgery	12.56	7.57	$ 904.32	$ 545.04
52005 00	Surgery	8.40	3.58	$ 604.80	$ 257.76
52007 00	Surgery	12.92	4.43	$ 930.24	$ 318.96
52010 00	Surgery	10.93	4.41	$ 786.96	$ 317.52
52204 00	Surgery	10.64	3.80	$ 766.08	$ 273.60
52214 00	Surgery	21.78	4.55	$ 1,568.16	$ 327.60
52224 00	Surgery	22.76	5.26	$ 1,638.72	$ 378.72
52234 00	Surgery	6.49	6.49	$ 467.28	$ 467.28
52235 00	Surgery	7.62	7.62	$ 548.64	$ 548.64
52240 00	Surgery	10.31	10.31	$ 742.32	$ 742.32
52250 00	Surgery	6.34	6.34	$ 456.48	$ 456.48
52260 00	Surgery	5.56	5.56	$ 400.32	$ 400.32
52265 00	Surgery	10.34	4.32	$ 744.48	$ 311.04
52270 00	Surgery	11.97	4.85	$ 861.84	$ 349.20
52275 00	Surgery	15.54	6.56	$ 1,118.88	$ 472.32
52276 00	Surgery	6.99	6.99	$ 503.28	$ 503.28
52277 00	Surgery	8.54	8.54	$ 614.88	$ 614.88
52281 00	Surgery	9.29	4.09	$ 668.88	$ 294.48
52282 00	Surgery	8.89	8.89	$ 640.08	$ 640.08
52283 00	Surgery	9.94	5.35	$ 715.68	$ 385.20
52284 00	Surgery	80.32	4.37	$ 5,783.04	$ 314.64
52285 00	Surgery	9.76	5.19	$ 702.72	$ 373.68

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
52287 00	Surgery	10.89	4.46	$ 784.08	$ 321.12
52290 00	Surgery	6.45	6.45	$ 464.40	$ 464.40
52300 00	Surgery	7.40	7.40	$ 532.80	$ 532.80
52301 00	Surgery	7.64	7.64	$ 550.08	$ 550.08
52305 00	Surgery	7.33	7.33	$ 527.76	$ 527.76
52310 00	Surgery	8.94	4.03	$ 643.68	$ 290.16
52315 00	Surgery	13.70	7.26	$ 986.40	$ 522.72
52317 00	Surgery	26.00	9.11	$ 1,872.00	$ 655.92
52318 00	Surgery	12.40	12.40	$ 892.80	$ 892.80
52320 00	Surgery	6.48	6.48	$ 466.56	$ 466.56
52325 00	Surgery	8.43	8.43	$ 606.96	$ 606.96
52327 00	Surgery	6.74	6.74	$ 485.28	$ 485.28
52330 00	Surgery	17.67	6.92	$ 1,272.24	$ 498.24
52332 00	Surgery	11.16	4.18	$ 803.52	$ 300.96
52334 00	Surgery	4.89	4.89	$ 352.08	$ 352.08
52341 00	Surgery	7.50	7.50	$ 540.00	$ 540.00
52342 00	Surgery	8.15	8.15	$ 586.80	$ 586.80
52343 00	Surgery	9.06	9.06	$ 652.32	$ 652.32
52344 00	Surgery	9.72	9.72	$ 699.84	$ 699.84
52345 00	Surgery	10.37	10.37	$ 746.64	$ 746.64
52346 00	Surgery	11.72	11.72	$ 843.84	$ 843.84
52351 00	Surgery	7.98	7.98	$ 574.56	$ 574.56
52352 00	Surgery	9.33	9.33	$ 671.76	$ 671.76
52353 00	Surgery	10.29	10.29	$ 740.88	$ 740.88
52354 00	Surgery	10.97	10.97	$ 789.84	$ 789.84
52355 00	Surgery	12.27	12.27	$ 883.44	$ 883.44
52356 00	Surgery	10.93	10.93	$ 786.96	$ 786.96
52400 00	Surgery	12.82	12.82	$ 923.04	$ 923.04
52402 00	Surgery	6.91	6.91	$ 497.52	$ 497.52
52441 00	Surgery	37.28	5.51	$ 2,684.16	$ 396.72
52442 00	Surgery	25.88	1.32	$ 1,863.36	$ 95.04
52443 00	Surgery	176.77	5.16	$ 12,727.44	$ 371.52
52450 00	Surgery	13.11	13.11	$ 943.92	$ 943.92
52500 00	Surgery	10.55	10.55	$ 759.60	$ 759.60
52597 00	Surgery	16.42	16.42	$ 1,182.24	$ 1,182.24
52601 00	Surgery	15.75	15.75	$ 1,134.00	$ 1,134.00
52630 00	Surgery	11.26	11.26	$ 810.72	$ 810.72
52640 00	Surgery	9.05	9.05	$ 651.60	$ 651.60
52648 00	Surgery	15.82	15.82	$ 1,139.04	$ 1,139.04
52649 00	Surgery	19.67	19.67	$ 1,416.24	$ 1,416.24

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
52700 00	Surgery	12.14	12.14	$ 874.08	$ 874.08
53000 00	Surgery	4.15	4.15	$ 298.80	$ 298.80
53010 00	Surgery	8.42	8.42	$ 606.24	$ 606.24
53020 00	Surgery	2.58	2.58	$ 185.76	$ 185.76
53025 00	Surgery	1.88	1.88	$ 135.36	$ 135.36
53040 00	Surgery	10.85	10.85	$ 781.20	$ 781.20
53060 00	Surgery	5.71	4.46	$ 411.12	$ 321.12
53080 00	Surgery	11.66	11.66	$ 839.52	$ 839.52
53085 00	Surgery	17.69	17.69	$ 1,273.68	$ 1,273.68
53200 00	Surgery	4.97	3.83	$ 357.84	$ 275.76
53210 00	Surgery	20.83	20.83	$ 1,499.76	$ 1,499.76
53215 00	Surgery	24.93	24.93	$ 1,794.96	$ 1,794.96
53220 00	Surgery	12.45	12.45	$ 896.40	$ 896.40
53230 00	Surgery	16.59	16.59	$ 1,194.48	$ 1,194.48
53235 00	Surgery	17.29	17.29	$ 1,244.88	$ 1,244.88
53240 00	Surgery	11.74	11.74	$ 845.28	$ 845.28
53250 00	Surgery	11.00	11.00	$ 792.00	$ 792.00
53260 00	Surgery	6.40	4.96	$ 460.80	$ 357.12
53265 00	Surgery	6.93	5.10	$ 498.96	$ 367.20
53270 00	Surgery	6.56	5.07	$ 472.32	$ 365.04
53275 00	Surgery	7.14	7.14	$ 514.08	$ 514.08
53400 00	Surgery	21.67	21.67	$ 1,560.24	$ 1,560.24
53405 00	Surgery	23.57	23.57	$ 1,697.04	$ 1,697.04
53410 00	Surgery	26.33	26.33	$ 1,895.76	$ 1,895.76
53415 00	Surgery	30.28	30.28	$ 2,180.16	$ 2,180.16
53420 00	Surgery	22.68	22.68	$ 1,632.96	$ 1,632.96
53425 00	Surgery	25.14	25.14	$ 1,810.08	$ 1,810.08
53430 00	Surgery	26.14	26.14	$ 1,882.08	$ 1,882.08
53431 00	Surgery	30.85	30.85	$ 2,221.20	$ 2,221.20
53440 00	Surgery	20.40	20.40	$ 1,468.80	$ 1,468.80
53442 00	Surgery	21.45	21.45	$ 1,544.40	$ 1,544.40
53444 00	Surgery	21.46	21.46	$ 1,545.12	$ 1,545.12
53445 00	Surgery	20.64	20.64	$ 1,486.08	$ 1,486.08
53446 00	Surgery	17.58	17.58	$ 1,265.76	$ 1,265.76
53447 00	Surgery	21.88	21.88	$ 1,575.36	$ 1,575.36
53448 00	Surgery	34.22	34.22	$ 2,463.84	$ 2,463.84
53449 00	Surgery	16.75	16.75	$ 1,206.00	$ 1,206.00
53450 00	Surgery	11.35	11.35	$ 817.20	$ 817.20
53451 00	Surgery	-	-	$ 1,605.60	$ 1,605.60
53452 00	Surgery	0.00	0.00	BR	BR

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
53453 00	Surgery	0.00	0.00	BR	BR
53454 00	Surgery	-	-	$ 282.24	$ 282.24
53460 00	Surgery	12.62	12.62	$ 908.64	$ 908.64
53500 00	Surgery	20.14	20.14	$ 1,450.08	$ 1,450.08
53502 00	Surgery	13.38	13.38	$ 963.36	$ 963.36
53505 00	Surgery	13.37	13.37	$ 962.64	$ 962.64
53510 00	Surgery	17.25	17.25	$ 1,242.00	$ 1,242.00
53515 00	Surgery	21.49	21.49	$ 1,547.28	$ 1,547.28
53520 00	Surgery	15.34	15.34	$ 1,104.48	$ 1,104.48
53600 00	Surgery	2.73	1.68	$ 196.56	$ 120.96
53601 00	Surgery	2.68	1.43	$ 192.96	$ 102.96
53605 00	Surgery	1.67	1.67	$ 120.24	$ 120.24
53620 00	Surgery	5.20	2.31	$ 374.40	$ 166.32
53621 00	Surgery	5.00	1.91	$ 360.00	$ 137.52
53660 00	Surgery	2.36	1.12	$ 169.92	$ 80.64
53661 00	Surgery	2.32	1.08	$ 167.04	$ 77.76
53665 00	Surgery	0.99	0.99	$ 71.28	$ 71.28
53850 00	Surgery	42.73	9.91	$ 3,076.56	$ 713.52
53852 00	Surgery	41.81	10.59	$ 3,010.32	$ 762.48
53854 00	Surgery	101.66	10.60	$ 7,319.52	$ 763.20
53855 00	Surgery	19.58	2.15	$ 1,409.76	$ 154.80
53860 00	Surgery	71.60	6.04	$ 5,155.20	$ 434.88
53865 00	Surgery	92.41	4.36	$ 6,653.52	$ 313.92
53866 00	Surgery	4.36	2.21	$ 313.92	$ 159.12
53899 00	Surgery	0.00	0.00	BR	BR
54000 00	Surgery	5.01	3.14	$ 360.72	$ 226.08
54001 00	Surgery	6.09	3.88	$ 438.48	$ 279.36
54015 00	Surgery	8.30	8.30	$ 597.60	$ 597.60
54050 00	Surgery	4.37	2.90	$ 314.64	$ 208.80
54055 00	Surgery	4.17	2.60	$ 300.24	$ 187.20
54056 00	Surgery	4.31	2.97	$ 310.32	$ 213.84
54057 00	Surgery	4.31	2.73	$ 310.32	$ 196.56
54060 00	Surgery	6.02	3.67	$ 433.44	$ 264.24
54065 00	Surgery	6.67	4.51	$ 480.24	$ 324.72
54100 00	Surgery	6.08	3.11	$ 437.76	$ 223.92
54105 00	Surgery	8.56	5.85	$ 616.32	$ 421.20
54110 00	Surgery	17.02	17.02	$ 1,225.44	$ 1,225.44
54111 00	Surgery	21.57	21.57	$ 1,553.04	$ 1,553.04
54112 00	Surgery	25.25	25.25	$ 1,818.00	$ 1,818.00
54115 00	Surgery	14.25	11.86	$ 1,026.00	$ 853.92

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
54120 00	Surgery	17.26	17.26	$ 1,242.72	$ 1,242.72
54125 00	Surgery	22.37	22.37	$ 1,610.64	$ 1,610.64
54130 00	Surgery	31.99	31.99	$ 2,303.28	$ 2,303.28
54135 00	Surgery	40.25	40.25	$ 2,898.00	$ 2,898.00
54150 00	Surgery	4.55	2.52	$ 327.60	$ 181.44
54160 00	Surgery	6.84	3.96	$ 492.48	$ 285.12
54161 00	Surgery	5.42	5.42	$ 390.24	$ 390.24
54162 00	Surgery	7.91	5.52	$ 569.52	$ 397.44
54163 00	Surgery	6.20	6.20	$ 446.40	$ 446.40
54164 00	Surgery	5.55	5.55	$ 399.60	$ 399.60
54200 00	Surgery	3.63	2.50	$ 261.36	$ 180.00
54205 00	Surgery	14.62	14.62	$ 1,052.64	$ 1,052.64
54220 00	Surgery	7.55	3.88	$ 543.60	$ 279.36
54230 00	Surgery	3.31	2.19	$ 238.32	$ 157.68
54231 00	Surgery	4.46	3.14	$ 321.12	$ 226.08
54235 00	Surgery	2.84	2.04	$ 204.48	$ 146.88
54240 00	Surgery	3.39	3.39	$ 244.08	$ 244.08
54240 26	Surgery	1.99	1.99	$ 143.28	$ 143.28
54240 TC	Surgery	1.40	1.40	$ 100.80	$ 100.80
54250 00	Surgery	3.70	3.70	$ 266.40	$ 266.40
54250 26	Surgery	3.26	3.26	$ 234.72	$ 234.72
54250 TC	Surgery	0.44	0.44	$ 31.68	$ 31.68
54300 00	Surgery	17.62	17.62	$ 1,268.64	$ 1,268.64
54304 00	Surgery	20.24	20.24	$ 1,457.28	$ 1,457.28
54308 00	Surgery	19.43	19.43	$ 1,398.96	$ 1,398.96
54312 00	Surgery	22.18	22.18	$ 1,596.96	$ 1,596.96
54316 00	Surgery	26.73	26.73	$ 1,924.56	$ 1,924.56
54318 00	Surgery	19.38	19.38	$ 1,395.36	$ 1,395.36
54322 00	Surgery	21.10	21.10	$ 1,519.20	$ 1,519.20
54324 00	Surgery	26.04	26.04	$ 1,874.88	$ 1,874.88
54326 00	Surgery	25.38	25.38	$ 1,827.36	$ 1,827.36
54328 00	Surgery	25.23	25.23	$ 1,816.56	$ 1,816.56
54332 00	Surgery	27.15	27.15	$ 1,954.80	$ 1,954.80
54336 00	Surgery	31.87	31.87	$ 2,294.64	$ 2,294.64
54340 00	Surgery	15.59	15.59	$ 1,122.48	$ 1,122.48
54344 00	Surgery	25.43	25.43	$ 1,830.96	$ 1,830.96
54348 00	Surgery	27.18	27.18	$ 1,956.96	$ 1,956.96
54352 00	Surgery	37.73	37.73	$ 2,716.56	$ 2,716.56
54360 00	Surgery	19.55	19.55	$ 1,407.60	$ 1,407.60
54380 00	Surgery	21.66	21.66	$ 1,559.52	$ 1,559.52

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
54385 00	Surgery	25.15	25.15	$ 1,810.80	$ 1,810.80
54390 00	Surgery	33.24	33.24	$ 2,393.28	$ 2,393.28
54400 00	Surgery	14.52	14.52	$ 1,045.44	$ 1,045.44
54401 00	Surgery	18.49	18.49	$ 1,331.28	$ 1,331.28
54405 00	Surgery	21.82	21.82	$ 1,571.04	$ 1,571.04
54406 00	Surgery	19.88	19.88	$ 1,431.36	$ 1,431.36
54408 00	Surgery	21.50	21.50	$ 1,548.00	$ 1,548.00
54410 00	Surgery	23.42	23.42	$ 1,686.24	$ 1,686.24
54411 00	Surgery	27.80	27.80	$ 2,001.60	$ 2,001.60
54415 00	Surgery	14.66	14.66	$ 1,055.52	$ 1,055.52
54416 00	Surgery	19.61	19.61	$ 1,411.92	$ 1,411.92
54417 00	Surgery	24.30	24.30	$ 1,749.60	$ 1,749.60
54420 00	Surgery	19.05	19.05	$ 1,371.60	$ 1,371.60
54430 00	Surgery	17.41	17.41	$ 1,253.52	$ 1,253.52
54435 00	Surgery	11.49	11.49	$ 827.28	$ 827.28
54437 00	Surgery	18.55	18.55	$ 1,335.60	$ 1,335.60
54440 00	Surgery	-	-	$ 1,518.48	$ 1,518.48
54450 00	Surgery	2.15	1.51	$ 154.80	$ 108.72
54500 00	Surgery	2.01	2.01	$ 144.72	$ 144.72
54505 00	Surgery	5.78	5.78	$ 416.16	$ 416.16
54512 00	Surgery	14.68	14.68	$ 1,056.96	$ 1,056.96
54520 00	Surgery	9.15	9.15	$ 658.80	$ 658.80
54522 00	Surgery	16.02	16.02	$ 1,153.44	$ 1,153.44
54530 00	Surgery	14.05	14.05	$ 1,011.60	$ 1,011.60
54535 00	Surgery	20.17	20.17	$ 1,452.24	$ 1,452.24
54550 00	Surgery	13.52	13.52	$ 973.44	$ 973.44
54560 00	Surgery	18.66	18.66	$ 1,343.52	$ 1,343.52
54600 00	Surgery	12.49	12.49	$ 899.28	$ 899.28
54620 00	Surgery	8.16	8.16	$ 587.52	$ 587.52
54640 00	Surgery	11.79	11.79	$ 848.88	$ 848.88
54650 00	Surgery	19.40	19.40	$ 1,396.80	$ 1,396.80
54660 00	Surgery	10.01	10.01	$ 720.72	$ 720.72
54670 00	Surgery	11.34	11.34	$ 816.48	$ 816.48
54680 00	Surgery	21.31	21.31	$ 1,534.32	$ 1,534.32
54690 00	Surgery	17.76	17.76	$ 1,278.72	$ 1,278.72
54692 00	Surgery	20.38	20.38	$ 1,467.36	$ 1,467.36
54699 00	Surgery	0.00	0.00	BR	BR
54700 00	Surgery	5.99	5.99	$ 431.28	$ 431.28
54800 00	Surgery	3.33	3.33	$ 239.76	$ 239.76
54830 00	Surgery	10.41	10.41	$ 749.52	$ 749.52

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
54840 00	Surgery	8.94	8.94	$ 643.68	$ 643.68
54860 00	Surgery	11.61	11.61	$ 835.92	$ 835.92
54861 00	Surgery	15.57	15.57	$ 1,121.04	$ 1,121.04
54865 00	Surgery	10.06	10.06	$ 724.32	$ 724.32
54900 00	Surgery	21.70	21.70	$ 1,562.40	$ 1,562.40
54901 00	Surgery	28.48	28.48	$ 2,050.56	$ 2,050.56
55000 00	Surgery	3.78	2.31	$ 272.16	$ 166.32
55040 00	Surgery	9.43	9.43	$ 678.96	$ 678.96
55041 00	Surgery	14.10	14.10	$ 1,015.20	$ 1,015.20
55060 00	Surgery	10.60	10.60	$ 763.20	$ 763.20
55100 00	Surgery	7.43	4.91	$ 534.96	$ 353.52
55110 00	Surgery	10.87	10.87	$ 782.64	$ 782.64
55120 00	Surgery	9.92	9.92	$ 714.24	$ 714.24
55150 00	Surgery	13.64	13.64	$ 982.08	$ 982.08
55175 00	Surgery	10.17	10.17	$ 732.24	$ 732.24
55180 00	Surgery	18.68	18.68	$ 1,344.96	$ 1,344.96
55200 00	Surgery	11.83	7.73	$ 851.76	$ 556.56
55250 00	Surgery	10.38	6.53	$ 747.36	$ 470.16
55300 00	Surgery	4.94	4.94	$ 355.68	$ 355.68
55400 00	Surgery	13.67	13.67	$ 984.24	$ 984.24
55500 00	Surgery	11.01	11.01	$ 792.72	$ 792.72
55520 00	Surgery	13.46	13.46	$ 969.12	$ 969.12
55530 00	Surgery	9.78	9.78	$ 704.16	$ 704.16
55535 00	Surgery	11.91	11.91	$ 857.52	$ 857.52
55540 00	Surgery	16.17	16.17	$ 1,164.24	$ 1,164.24
55550 00	Surgery	11.88	11.88	$ 855.36	$ 855.36
55559 00	Surgery	0.00	0.00	BR	BR
55600 00	Surgery	11.67	11.67	$ 840.24	$ 840.24
55605 00	Surgery	14.43	14.43	$ 1,038.96	$ 1,038.96
55650 00	Surgery	19.51	19.51	$ 1,404.72	$ 1,404.72
55680 00	Surgery	9.64	9.64	$ 694.08	$ 694.08
55705 00	Surgery	6.98	2.99	$ 502.56	$ 215.28
55706 00	Surgery	6.09	6.09	$ 438.48	$ 438.48
55707 00	Surgery	10.24	4.08	$ 737.28	$ 293.76
55708 00	Surgery	12.56	5.08	$ 904.32	$ 365.76
55709 00	Surgery	17.42	4.88	$ 1,254.24	$ 351.36
55710 00	Surgery	19.53	5.64	$ 1,406.16	$ 406.08
55711 00	Surgery	11.00	4.06	$ 792.00	$ 292.32
55712 00	Surgery	18.17	4.73	$ 1,308.24	$ 340.56
55713 00	Surgery	22.88	5.56	$ 1,647.36	$ 400.32

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
55714 00	Surgery	22.32	5.06	$ 1,607.04	$ 364.32
55715 00	Surgery	2.43	1.41	$ 174.96	$ 101.52
55720 00	Surgery	12.43	12.43	$ 894.96	$ 894.96
55725 00	Surgery	16.37	16.37	$ 1,178.64	$ 1,178.64
55801 00	Surgery	29.44	29.44	$ 2,119.68	$ 2,119.68
55810 00	Surgery	34.88	34.88	$ 2,511.36	$ 2,511.36
55812 00	Surgery	42.83	42.83	$ 3,083.76	$ 3,083.76
55815 00	Surgery	46.82	46.82	$ 3,371.04	$ 3,371.04
55821 00	Surgery	22.61	22.61	$ 1,627.92	$ 1,627.92
55831 00	Surgery	23.20	23.20	$ 1,670.40	$ 1,670.40
55840 00	Surgery	31.29	31.29	$ 2,252.88	$ 2,252.88
55842 00	Surgery	31.22	31.22	$ 2,247.84	$ 2,247.84
55845 00	Surgery	36.21	36.21	$ 2,607.12	$ 2,607.12
55860 00	Surgery	23.53	23.53	$ 1,694.16	$ 1,694.16
55862 00	Surgery	29.38	29.38	$ 2,115.36	$ 2,115.36
55865 00	Surgery	35.66	35.66	$ 2,567.52	$ 2,567.52
55866 00	Surgery	32.39	32.39	$ 2,332.08	$ 2,332.08
55867 00	Surgery	28.32	28.32	$ 2,039.04	$ 2,039.04
55868 00	Surgery	33.16	33.16	$ 2,387.52	$ 2,387.52
55869 00	Surgery	39.78	39.78	$ 2,864.16	$ 2,864.16
55870 00	Surgery	5.55	3.82	$ 399.60	$ 275.04
55873 00	Surgery	170.40	20.61	$ 12,268.80	$ 1,483.92
55874 00	Surgery	110.91	4.27	$ 7,985.52	$ 307.44
55875 00	Surgery	20.59	20.59	$ 1,482.48	$ 1,482.48
55876 00	Surgery	4.53	2.72	$ 326.16	$ 195.84
55877 00	Surgery	20.10	20.10	$ 1,447.20	$ 1,447.20
55880 00	Surgery	26.33	26.33	$ 1,895.76	$ 1,895.76
55881 00	Surgery	277.55	12.86	$ 19,983.60	$ 925.92
55882 00	Surgery	288.50	15.80	$ 20,772.00	$ 1,137.60
55899 00	Surgery	0.00	0.00	BR	BR
55920 00	Surgery	11.50	11.50	$ 828.00	$ 828.00
55970 00	Surgery	0.00	0.00	BR	BR
55980 00	Surgery	0.00	0.00	BR	BR
56405 00	Surgery	4.37	3.50	$ 314.64	$ 252.00
56420 00	Surgery	5.45	3.00	$ 392.40	$ 216.00
56440 00	Surgery	4.90	4.90	$ 352.80	$ 352.80
56441 00	Surgery	5.46	4.21	$ 393.12	$ 303.12
56442 00	Surgery	1.31	1.31	$ 94.32	$ 94.32
56501 00	Surgery	5.54	3.59	$ 398.88	$ 258.48
56515 00	Surgery	8.18	5.69	$ 588.96	$ 409.68

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
56605 00	Surgery	2.80	1.55	$ 201.60	$ 111.60
56606 00	Surgery	1.17	0.76	$ 84.24	$ 54.72
56620 00	Surgery	16.37	16.37	$ 1,178.64	$ 1,178.64
56625 00	Surgery	18.60	18.60	$ 1,339.20	$ 1,339.20
56630 00	Surgery	26.88	26.88	$ 1,935.36	$ 1,935.36
56631 00	Surgery	33.22	33.22	$ 2,391.84	$ 2,391.84
56632 00	Surgery	40.04	40.04	$ 2,882.88	$ 2,882.88
56633 00	Surgery	34.45	34.45	$ 2,480.40	$ 2,480.40
56634 00	Surgery	36.79	36.79	$ 2,648.88	$ 2,648.88
56637 00	Surgery	42.88	42.88	$ 3,087.36	$ 3,087.36
56640 00	Surgery	42.88	42.88	$ 3,087.36	$ 3,087.36
56700 00	Surgery	5.44	5.44	$ 391.68	$ 391.68
56740 00	Surgery	8.47	8.47	$ 609.84	$ 609.84
56800 00	Surgery	6.80	6.80	$ 489.60	$ 489.60
56805 00	Surgery	30.66	30.66	$ 2,207.52	$ 2,207.52
56810 00	Surgery	7.22	7.22	$ 519.84	$ 519.84
56820 00	Surgery	3.83	2.26	$ 275.76	$ 162.72
56821 00	Surgery	5.12	3.03	$ 368.64	$ 218.16
57000 00	Surgery	5.34	5.34	$ 384.48	$ 384.48
57010 00	Surgery	12.23	12.23	$ 880.56	$ 880.56
57020 00	Surgery	3.58	2.06	$ 257.76	$ 148.32
57022 00	Surgery	4.78	4.78	$ 344.16	$ 344.16
57023 00	Surgery	8.48	8.48	$ 610.56	$ 610.56
57061 00	Surgery	4.88	3.16	$ 351.36	$ 227.52
57065 00	Surgery	7.24	4.97	$ 521.28	$ 357.84
57100 00	Surgery	3.15	1.75	$ 226.80	$ 126.00
57105 00	Surgery	5.25	4.06	$ 378.00	$ 292.32
57106 00	Surgery	14.74	14.74	$ 1,061.28	$ 1,061.28
57107 00	Surgery	39.55	39.55	$ 2,847.60	$ 2,847.60
57109 00	Surgery	48.65	48.65	$ 3,502.80	$ 3,502.80
57110 00	Surgery	23.89	23.89	$ 1,720.08	$ 1,720.08
57111 00	Surgery	48.65	48.65	$ 3,502.80	$ 3,502.80
57120 00	Surgery	14.18	14.18	$ 1,020.96	$ 1,020.96
57130 00	Surgery	6.65	4.61	$ 478.80	$ 331.92
57135 00	Surgery	7.28	5.04	$ 524.16	$ 362.88
57150 00	Surgery	1.59	0.67	$ 114.48	$ 48.24
57155 00	Surgery	11.90	7.14	$ 856.80	$ 514.08
57156 00	Surgery	6.70	3.80	$ 482.40	$ 273.60
57160 00	Surgery	2.11	1.21	$ 151.92	$ 87.12
57170 00	Surgery	2.18	1.24	$ 156.96	$ 89.28

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
57180 00	Surgery	5.66	3.20	$ 407.52	$ 230.40
57200 00	Surgery	9.12	9.12	$ 656.64	$ 656.64
57210 00	Surgery	10.63	10.63	$ 765.36	$ 765.36
57220 00	Surgery	9.33	9.33	$ 671.76	$ 671.76
57230 00	Surgery	11.16	11.16	$ 803.52	$ 803.52
57240 00	Surgery	16.32	16.32	$ 1,175.04	$ 1,175.04
57250 00	Surgery	16.33	16.33	$ 1,175.76	$ 1,175.76
57260 00	Surgery	20.58	20.58	$ 1,481.76	$ 1,481.76
57265 00	Surgery	23.00	23.00	$ 1,656.00	$ 1,656.00
57267 00	Surgery	6.56	6.56	$ 472.32	$ 472.32
57268 00	Surgery	13.67	13.67	$ 984.24	$ 984.24
57270 00	Surgery	21.58	21.58	$ 1,553.76	$ 1,553.76
57280 00	Surgery	25.65	25.65	$ 1,846.80	$ 1,846.80
57282 00	Surgery	18.42	18.42	$ 1,326.24	$ 1,326.24
57283 00	Surgery	18.53	18.53	$ 1,334.16	$ 1,334.16
57284 00	Surgery	22.10	22.10	$ 1,591.20	$ 1,591.20
57285 00	Surgery	18.41	18.41	$ 1,325.52	$ 1,325.52
57287 00	Surgery	19.76	19.76	$ 1,422.72	$ 1,422.72
57288 00	Surgery	19.87	19.87	$ 1,430.64	$ 1,430.64
57289 00	Surgery	20.95	20.95	$ 1,508.40	$ 1,508.40
57291 00	Surgery	14.62	14.62	$ 1,052.64	$ 1,052.64
57292 00	Surgery	21.90	21.90	$ 1,576.80	$ 1,576.80
57295 00	Surgery	13.43	13.43	$ 966.96	$ 966.96
57296 00	Surgery	25.24	25.24	$ 1,817.28	$ 1,817.28
57300 00	Surgery	16.89	16.89	$ 1,216.08	$ 1,216.08
57305 00	Surgery	26.92	26.92	$ 1,938.24	$ 1,938.24
57307 00	Surgery	29.89	29.89	$ 2,152.08	$ 2,152.08
57308 00	Surgery	18.88	18.88	$ 1,359.36	$ 1,359.36
57310 00	Surgery	13.44	13.44	$ 967.68	$ 967.68
57311 00	Surgery	15.09	15.09	$ 1,086.48	$ 1,086.48
57320 00	Surgery	15.02	15.02	$ 1,081.44	$ 1,081.44
57330 00	Surgery	20.62	20.62	$ 1,484.64	$ 1,484.64
57335 00	Surgery	31.02	31.02	$ 2,233.44	$ 2,233.44
57400 00	Surgery	3.46	3.46	$ 249.12	$ 249.12
57410 00	Surgery	2.89	2.89	$ 208.08	$ 208.08
57415 00	Surgery	4.68	4.68	$ 336.96	$ 336.96
57420 00	Surgery	4.12	2.43	$ 296.64	$ 174.96
57421 00	Surgery	5.45	3.27	$ 392.40	$ 235.44
57423 00	Surgery	24.58	24.58	$ 1,769.76	$ 1,769.76
57425 00	Surgery	25.75	25.75	$ 1,854.00	$ 1,854.00

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
57426 00	Surgery	23.23	23.23	$ 1,672.56	$ 1,672.56
57452 00	Surgery	3.76	2.47	$ 270.72	$ 177.84
57454 00	Surgery	4.97	3.56	$ 357.84	$ 256.32
57455 00	Surgery	4.82	2.89	$ 347.04	$ 208.08
57456 00	Surgery	4.51	2.67	$ 324.72	$ 192.24
57460 00	Surgery	9.25	4.24	$ 666.00	$ 305.28
57461 00	Surgery	10.46	4.84	$ 753.12	$ 348.48
57465 00	Surgery	1.65	1.10	$ 118.80	$ 79.20
57500 00	Surgery	4.53	2.05	$ 326.16	$ 147.60
57505 00	Surgery	4.46	2.98	$ 321.12	$ 214.56
57510 00	Surgery	4.90	3.06	$ 352.80	$ 220.32
57511 00	Surgery	5.69	3.94	$ 409.68	$ 283.68
57513 00	Surgery	5.88	3.92	$ 423.36	$ 282.24
57520 00	Surgery	10.79	8.19	$ 776.88	$ 589.68
57522 00	Surgery	9.00	6.93	$ 648.00	$ 498.96
57530 00	Surgery	10.17	10.17	$ 732.24	$ 732.24
57531 00	Surgery	48.90	48.90	$ 3,520.80	$ 3,520.80
57540 00	Surgery	20.95	20.95	$ 1,508.40	$ 1,508.40
57545 00	Surgery	22.05	22.05	$ 1,587.60	$ 1,587.60
57550 00	Surgery	11.56	11.56	$ 832.32	$ 832.32
57555 00	Surgery	16.46	16.46	$ 1,185.12	$ 1,185.12
57556 00	Surgery	15.65	15.65	$ 1,126.80	$ 1,126.80
57558 00	Surgery	4.48	3.41	$ 322.56	$ 245.52
57700 00	Surgery	9.54	9.54	$ 686.88	$ 686.88
57720 00	Surgery	8.96	8.96	$ 645.12	$ 645.12
57800 00	Surgery	2.22	1.30	$ 159.84	$ 93.60
58100 00	Surgery	2.94	1.65	$ 211.68	$ 118.80
58110 00	Surgery	1.53	1.06	$ 110.16	$ 76.32
58120 00	Surgery	8.93	6.28	$ 642.96	$ 452.16
58140 00	Surgery	24.34	24.34	$ 1,752.48	$ 1,752.48
58145 00	Surgery	14.94	14.94	$ 1,075.68	$ 1,075.68
58146 00	Surgery	30.38	30.38	$ 2,187.36	$ 2,187.36
58150 00	Surgery	27.94	27.94	$ 2,011.68	$ 2,011.68
58152 00	Surgery	32.64	32.64	$ 2,350.08	$ 2,350.08
58180 00	Surgery	25.95	25.95	$ 1,868.40	$ 1,868.40
58200 00	Surgery	37.62	37.62	$ 2,708.64	$ 2,708.64
58210 00	Surgery	50.23	50.23	$ 3,616.56	$ 3,616.56
58240 00	Surgery	80.17	80.17	$ 5,772.24	$ 5,772.24
58260 00	Surgery	22.21	22.21	$ 1,599.12	$ 1,599.12
58262 00	Surgery	24.51	24.51	$ 1,764.72	$ 1,764.72

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
58263 00	Surgery	26.27	26.27	$ 1,891.44	$ 1,891.44
58267 00	Surgery	28.14	28.14	$ 2,026.08	$ 2,026.08
58270 00	Surgery	23.76	23.76	$ 1,710.72	$ 1,710.72
58275 00	Surgery	26.22	26.22	$ 1,887.84	$ 1,887.84
58280 00	Surgery	27.92	27.92	$ 2,010.24	$ 2,010.24
58285 00	Surgery	39.78	39.78	$ 2,864.16	$ 2,864.16
58290 00	Surgery	30.29	30.29	$ 2,180.88	$ 2,180.88
58291 00	Surgery	32.71	32.71	$ 2,355.12	$ 2,355.12
58292 00	Surgery	34.45	34.45	$ 2,480.40	$ 2,480.40
58294 00	Surgery	32.02	32.02	$ 2,305.44	$ 2,305.44
58300 00	Surgery	3.16	1.31	$ 227.52	$ 94.32
58301 00	Surgery	3.34	1.73	$ 240.48	$ 124.56
58321 00	Surgery	2.51	1.25	$ 180.72	$ 90.00
58322 00	Surgery	2.78	1.49	$ 200.16	$ 107.28
58323 00	Surgery	0.44	0.31	$ 31.68	$ 22.32
58340 00	Surgery	7.09	1.56	$ 510.48	$ 112.32
58345 00	Surgery	7.64	7.64	$ 550.08	$ 550.08
58346 00	Surgery	12.57	12.57	$ 905.04	$ 905.04
58350 00	Surgery	4.29	2.51	$ 308.88	$ 180.72
58353 00	Surgery	26.67	6.10	$ 1,920.24	$ 439.20
58356 00	Surgery	48.40	9.15	$ 3,484.80	$ 658.80
58400 00	Surgery	12.45	12.45	$ 896.40	$ 896.40
58410 00	Surgery	21.57	21.57	$ 1,553.04	$ 1,553.04
58520 00	Surgery	21.13	21.13	$ 1,521.36	$ 1,521.36
58540 00	Surgery	24.23	24.23	$ 1,744.56	$ 1,744.56
58541 00	Surgery	19.42	19.42	$ 1,398.24	$ 1,398.24
58542 00	Surgery	21.96	21.96	$ 1,581.12	$ 1,581.12
58543 00	Surgery	22.23	22.23	$ 1,600.56	$ 1,600.56
58544 00	Surgery	24.01	24.01	$ 1,728.72	$ 1,728.72
58545 00	Surgery	24.19	24.19	$ 1,741.68	$ 1,741.68
58546 00	Surgery	29.33	29.33	$ 2,111.76	$ 2,111.76
58548 00	Surgery	51.73	51.73	$ 3,724.56	$ 3,724.56
58550 00	Surgery	23.55	23.55	$ 1,695.60	$ 1,695.60
58552 00	Surgery	26.27	26.27	$ 1,891.44	$ 1,891.44
58553 00	Surgery	29.51	29.51	$ 2,124.72	$ 2,124.72
58554 00	Surgery	34.78	34.78	$ 2,504.16	$ 2,504.16
58555 00	Surgery	9.82	4.03	$ 707.04	$ 290.16
58558 00	Surgery	38.02	6.12	$ 2,737.44	$ 440.64
58559 00	Surgery	7.46	7.46	$ 537.12	$ 537.12
58560 00	Surgery	8.23	8.23	$ 592.56	$ 592.56

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
58561 00	Surgery	9.40	9.40	$ 676.80	$ 676.80
58562 00	Surgery	11.93	5.84	$ 858.96	$ 420.48
58563 00	Surgery	60.15	6.50	$ 4,330.80	$ 468.00
58565 00	Surgery	47.38	12.10	$ 3,411.36	$ 871.20
58570 00	Surgery	21.77	21.77	$ 1,567.44	$ 1,567.44
58571 00	Surgery	24.81	24.81	$ 1,786.32	$ 1,786.32
58572 00	Surgery	28.31	28.31	$ 2,038.32	$ 2,038.32
58573 00	Surgery	33.10	33.10	$ 2,383.20	$ 2,383.20
58575 00	Surgery	53.16	53.16	$ 3,827.52	$ 3,827.52
58578 00	Surgery	0.00	0.00	BR	BR
58579 00	Surgery	0.00	0.00	BR	BR
58580 00	Surgery	78.38	10.80	$ 5,643.36	$ 777.60
58600 00	Surgery	9.95	9.95	$ 716.40	$ 716.40
58605 00	Surgery	9.05	9.05	$ 651.60	$ 651.60
58611 00	Surgery	1.95	1.95	$ 140.40	$ 140.40
58615 00	Surgery	6.76	6.76	$ 486.72	$ 486.72
58660 00	Surgery	18.79	18.79	$ 1,352.88	$ 1,352.88
58661 00	Surgery	17.55	17.55	$ 1,263.60	$ 1,263.60
58662 00	Surgery	19.36	19.36	$ 1,393.92	$ 1,393.92
58670 00	Surgery	9.97	9.97	$ 717.84	$ 717.84
58671 00	Surgery	9.97	9.97	$ 717.84	$ 717.84
58672 00	Surgery	19.30	19.30	$ 1,389.60	$ 1,389.60
58673 00	Surgery	20.95	20.95	$ 1,508.40	$ 1,508.40
58674 00	Surgery	21.57	21.57	$ 1,553.04	$ 1,553.04
58679 00	Surgery	0.00	0.00	BR	BR
58700 00	Surgery	21.87	21.87	$ 1,574.64	$ 1,574.64
58720 00	Surgery	20.91	20.91	$ 1,505.52	$ 1,505.52
58740 00	Surgery	24.70	24.70	$ 1,778.40	$ 1,778.40
58750 00	Surgery	24.01	24.01	$ 1,728.72	$ 1,728.72
58752 00	Surgery	23.93	23.93	$ 1,722.96	$ 1,722.96
58760 00	Surgery	21.69	21.69	$ 1,561.68	$ 1,561.68
58770 00	Surgery	22.76	22.76	$ 1,638.72	$ 1,638.72
58800 00	Surgery	10.58	8.43	$ 761.76	$ 606.96
58805 00	Surgery	11.41	11.41	$ 821.52	$ 821.52
58820 00	Surgery	9.09	9.09	$ 654.48	$ 654.48
58822 00	Surgery	18.94	18.94	$ 1,363.68	$ 1,363.68
58825 00	Surgery	18.79	18.79	$ 1,352.88	$ 1,352.88
58900 00	Surgery	11.65	11.65	$ 838.80	$ 838.80
58920 00	Surgery	18.90	18.90	$ 1,360.80	$ 1,360.80
58925 00	Surgery	20.90	20.90	$ 1,504.80	$ 1,504.80

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
58940 00	Surgery	15.43	15.43	$ 1,110.96	$ 1,110.96
58943 00	Surgery	33.82	33.82	$ 2,435.04	$ 2,435.04
58950 00	Surgery	31.99	31.99	$ 2,303.28	$ 2,303.28
58951 00	Surgery	39.84	39.84	$ 2,868.48	$ 2,868.48
58952 00	Surgery	45.50	45.50	$ 3,276.00	$ 3,276.00
58953 00	Surgery	55.25	55.25	$ 3,978.00	$ 3,978.00
58954 00	Surgery	59.72	59.72	$ 4,299.84	$ 4,299.84
58956 00	Surgery	37.74	37.74	$ 2,717.28	$ 2,717.28
58958 00	Surgery	43.51	43.51	$ 3,132.72	$ 3,132.72
58960 00	Surgery	28.25	28.25	$ 2,034.00	$ 2,034.00
58970 00	Surgery	7.10	5.17	$ 511.20	$ 372.24
58974 00	Surgery	-	-	$ 822.24	$ 822.24
58976 00	Surgery	7.64	5.58	$ 550.08	$ 401.76
58999 00	Surgery	0.00	0.00	BR	BR
59000 00	Surgery	3.58	2.18	$ 257.76	$ 156.96
59001 00	Surgery	4.78	4.78	$ 344.16	$ 344.16
59012 00	Surgery	5.38	5.38	$ 387.36	$ 387.36
59015 00	Surgery	4.81	3.52	$ 346.32	$ 253.44
59020 00	Surgery	2.18	2.18	$ 156.96	$ 156.96
59020 26	Surgery	1.10	1.10	$ 79.20	$ 79.20
59020 TC	Surgery	1.08	1.08	$ 77.76	$ 77.76
59025 00	Surgery	1.51	1.51	$ 108.72	$ 108.72
59025 26	Surgery	0.88	0.88	$ 63.36	$ 63.36
59025 TC	Surgery	0.63	0.63	$ 45.36	$ 45.36
59030 00	Surgery	2.96	2.96	$ 213.12	$ 213.12
59050 00	Surgery	1.33	1.33	$ 95.76	$ 95.76
59051 00	Surgery	1.09	1.09	$ 78.48	$ 78.48
59070 00	Surgery	12.08	8.25	$ 869.76	$ 594.00
59072 00	Surgery	13.86	13.86	$ 997.92	$ 997.92
59074 00	Surgery	11.63	8.25	$ 837.36	$ 594.00
59076 00	Surgery	13.86	13.86	$ 997.92	$ 997.92
59100 00	Surgery	23.07	23.07	$ 1,661.04	$ 1,661.04
59120 00	Surgery	22.00	22.00	$ 1,584.00	$ 1,584.00
59121 00	Surgery	22.01	22.01	$ 1,584.72	$ 1,584.72
59130 00	Surgery	25.52	25.52	$ 1,837.44	$ 1,837.44
59136 00	Surgery	24.19	24.19	$ 1,741.68	$ 1,741.68
59140 00	Surgery	11.38	11.38	$ 819.36	$ 819.36
59150 00	Surgery	21.35	21.35	$ 1,537.20	$ 1,537.20
59151 00	Surgery	20.79	20.79	$ 1,496.88	$ 1,496.88
59160 00	Surgery	7.89	5.02	$ 568.08	$ 361.44

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
59200 00	Surgery	3.90	1.79	$ 280.80	$ 128.88
59300 00	Surgery	6.75	4.00	$ 486.00	$ 288.00
59320 00	Surgery	4.11	4.11	$ 295.92	$ 295.92
59325 00	Surgery	6.45	6.45	$ 464.40	$ 464.40
59350 00	Surgery	7.37	7.37	$ 530.64	$ 530.64
59400 00	Surgery	66.30	66.30	$ 4,773.60	$ 4,773.60
59409 00	Surgery	21.61	21.61	$ 1,555.92	$ 1,555.92
59410 00	Surgery	29.23	29.23	$ 2,104.56	$ 2,104.56
59412 00	Surgery	2.82	2.82	$ 203.04	$ 203.04
59414 00	Surgery	2.46	2.46	$ 177.12	$ 177.12
59425 00	Surgery	17.21	11.73	$ 1,239.12	$ 844.56
59426 00	Surgery	31.60	21.51	$ 2,275.20	$ 1,548.72
59430 00	Surgery	7.82	4.84	$ 563.04	$ 348.48
59510 00	Surgery	74.05	74.05	$ 5,331.60	$ 5,331.60
59514 00	Surgery	24.66	24.66	$ 1,775.52	$ 1,775.52
59515 00	Surgery	36.67	36.67	$ 2,640.24	$ 2,640.24
59525 00	Surgery	12.76	12.76	$ 918.72	$ 918.72
59610 00	Surgery	69.78	69.78	$ 5,024.16	$ 5,024.16
59612 00	Surgery	24.65	24.65	$ 1,774.80	$ 1,774.80
59614 00	Surgery	31.93	31.93	$ 2,298.96	$ 2,298.96
59618 00	Surgery	74.86	74.86	$ 5,389.92	$ 5,389.92
59620 00	Surgery	25.52	25.52	$ 1,837.44	$ 1,837.44
59622 00	Surgery	37.82	37.82	$ 2,723.04	$ 2,723.04
59812 00	Surgery	10.76	8.37	$ 774.72	$ 602.64
59820 00	Surgery	12.92	10.52	$ 930.24	$ 757.44
59821 00	Surgery	12.80	10.30	$ 921.60	$ 741.60
59830 00	Surgery	12.55	12.55	$ 903.60	$ 903.60
59840 00	Surgery	7.32	6.03	$ 527.04	$ 434.16
59841 00	Surgery	12.69	10.07	$ 913.68	$ 725.04
59850 00	Surgery	10.62	10.62	$ 764.64	$ 764.64
59851 00	Surgery	11.58	11.58	$ 833.76	$ 833.76
59852 00	Surgery	15.86	15.86	$ 1,141.92	$ 1,141.92
59855 00	Surgery	11.55	11.55	$ 831.60	$ 831.60
59856 00	Surgery	13.44	13.44	$ 967.68	$ 967.68
59857 00	Surgery	15.63	15.63	$ 1,125.36	$ 1,125.36
59866 00	Surgery	6.39	6.39	$ 460.08	$ 460.08
59870 00	Surgery	14.45	14.45	$ 1,040.40	$ 1,040.40
59871 00	Surgery	3.61	3.61	$ 259.92	$ 259.92
59897 00	Surgery	0.00	0.00	BR	BR
59898 00	Surgery	0.00	0.00	BR	BR

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
59899 00	Surgery	0.00	0.00	BR	BR
60000 00	Surgery	5.60	4.36	$ 403.20	$ 313.92
60100 00	Surgery	3.25	1.96	$ 234.00	$ 141.12
60200 00	Surgery	18.61	18.61	$ 1,339.92	$ 1,339.92
60210 00	Surgery	19.38	19.38	$ 1,395.36	$ 1,395.36
60212 00	Surgery	29.13	29.13	$ 2,097.36	$ 2,097.36
60220 00	Surgery	19.17	19.17	$ 1,380.24	$ 1,380.24
60225 00	Surgery	25.43	25.43	$ 1,830.96	$ 1,830.96
60240 00	Surgery	24.84	24.84	$ 1,788.48	$ 1,788.48
60252 00	Surgery	35.29	35.29	$ 2,540.88	$ 2,540.88
60254 00	Surgery	44.36	44.36	$ 3,193.92	$ 3,193.92
60260 00	Surgery	29.04	29.04	$ 2,090.88	$ 2,090.88
60270 00	Surgery	36.79	36.79	$ 2,648.88	$ 2,648.88
60271 00	Surgery	28.34	28.34	$ 2,040.48	$ 2,040.48
60280 00	Surgery	12.27	12.27	$ 883.44	$ 883.44
60281 00	Surgery	15.73	15.73	$ 1,132.56	$ 1,132.56
60300 00	Surgery	3.09	1.25	$ 222.48	$ 90.00
60500 00	Surgery	26.69	26.69	$ 1,921.68	$ 1,921.68
60502 00	Surgery	36.01	36.01	$ 2,592.72	$ 2,592.72
60505 00	Surgery	35.93	35.93	$ 2,586.96	$ 2,586.96
60512 00	Surgery	6.32	6.32	$ 455.04	$ 455.04
60520 00	Surgery	29.43	29.43	$ 2,118.96	$ 2,118.96
60521 00	Surgery	32.37	32.37	$ 2,330.64	$ 2,330.64
60522 00	Surgery	38.93	38.93	$ 2,802.96	$ 2,802.96
60540 00	Surgery	30.27	30.27	$ 2,179.44	$ 2,179.44
60545 00	Surgery	35.16	35.16	$ 2,531.52	$ 2,531.52
60600 00	Surgery	36.65	36.65	$ 2,638.80	$ 2,638.80
60605 00	Surgery	44.91	44.91	$ 3,233.52	$ 3,233.52
60650 00	Surgery	33.05	33.05	$ 2,379.60	$ 2,379.60
60659 00	Surgery	0.00	0.00	BR	BR
60660 00	Surgery	76.95	8.34	$ 5,540.40	$ 600.48
60661 00	Surgery	12.25	5.70	$ 882.00	$ 410.40
60699 00	Surgery	0.00	0.00	BR	BR
61000 00	Surgery	3.33	3.33	$ 239.76	$ 239.76
61001 00	Surgery	3.17	3.17	$ 228.24	$ 228.24
61020 00	Surgery	2.95	2.95	$ 212.40	$ 212.40
61026 00	Surgery	3.14	3.14	$ 226.08	$ 226.08
61050 00	Surgery	2.07	2.07	$ 149.04	$ 149.04
61055 00	Surgery	2.95	2.95	$ 212.40	$ 212.40
61070 00	Surgery	1.54	1.54	$ 110.88	$ 110.88

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
61105 00	Surgery	14.92	14.92	$ 1,074.24	$ 1,074.24
61107 00	Surgery	8.61	8.61	$ 619.92	$ 619.92
61108 00	Surgery	27.81	27.81	$ 2,002.32	$ 2,002.32
61120 00	Surgery	23.16	23.16	$ 1,667.52	$ 1,667.52
61140 00	Surgery	37.96	37.96	$ 2,733.12	$ 2,733.12
61150 00	Surgery	40.01	40.01	$ 2,880.72	$ 2,880.72
61151 00	Surgery	29.89	29.89	$ 2,152.08	$ 2,152.08
61154 00	Surgery	38.52	38.52	$ 2,773.44	$ 2,773.44
61156 00	Surgery	36.65	36.65	$ 2,638.80	$ 2,638.80
61210 00	Surgery	10.05	10.05	$ 723.60	$ 723.60
61215 00	Surgery	16.69	16.69	$ 1,201.68	$ 1,201.68
61250 00	Surgery	26.44	26.44	$ 1,903.68	$ 1,903.68
61253 00	Surgery	29.89	29.89	$ 2,152.08	$ 2,152.08
61304 00	Surgery	48.17	48.17	$ 3,468.24	$ 3,468.24
61305 00	Surgery	58.68	58.68	$ 4,224.96	$ 4,224.96
61312 00	Surgery	60.03	60.03	$ 4,322.16	$ 4,322.16
61313 00	Surgery	58.31	58.31	$ 4,198.32	$ 4,198.32
61314 00	Surgery	53.56	53.56	$ 3,856.32	$ 3,856.32
61315 00	Surgery	60.39	60.39	$ 4,348.08	$ 4,348.08
61316 00	Surgery	2.39	2.39	$ 172.08	$ 172.08
61320 00	Surgery	55.01	55.01	$ 3,960.72	$ 3,960.72
61321 00	Surgery	61.95	61.95	$ 4,460.40	$ 4,460.40
61322 00	Surgery	68.97	68.97	$ 4,965.84	$ 4,965.84
61323 00	Surgery	68.82	68.82	$ 4,955.04	$ 4,955.04
61330 00	Surgery	52.80	52.80	$ 3,801.60	$ 3,801.60
61333 00	Surgery	58.60	58.60	$ 4,219.20	$ 4,219.20
61340 00	Surgery	42.75	42.75	$ 3,078.00	$ 3,078.00
61343 00	Surgery	63.24	63.24	$ 4,553.28	$ 4,553.28
61345 00	Surgery	59.57	59.57	$ 4,289.04	$ 4,289.04
61450 00	Surgery	55.86	55.86	$ 4,021.92	$ 4,021.92
61458 00	Surgery	58.79	58.79	$ 4,232.88	$ 4,232.88
61460 00	Surgery	61.32	61.32	$ 4,415.04	$ 4,415.04
61500 00	Surgery	35.89	35.89	$ 2,584.08	$ 2,584.08
61501 00	Surgery	31.62	31.62	$ 2,276.64	$ 2,276.64
61510 00	Surgery	64.71	64.71	$ 4,659.12	$ 4,659.12
61512 00	Surgery	73.76	73.76	$ 5,310.72	$ 5,310.72
61514 00	Surgery	55.61	55.61	$ 4,003.92	$ 4,003.92
61516 00	Surgery	54.55	54.55	$ 3,927.60	$ 3,927.60
61517 00	Surgery	2.38	2.38	$ 171.36	$ 171.36
61518 00	Surgery	80.39	80.39	$ 5,788.08	$ 5,788.08

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
61519 00	Surgery	84.50	84.50	$ 6,084.00	$ 6,084.00
61520 00	Surgery	104.76	104.76	$ 7,542.72	$ 7,542.72
61521 00	Surgery	90.14	90.14	$ 6,490.08	$ 6,490.08
61522 00	Surgery	63.55	63.55	$ 4,575.60	$ 4,575.60
61524 00	Surgery	60.72	60.72	$ 4,371.84	$ 4,371.84
61526 00	Surgery	90.68	90.68	$ 6,528.96	$ 6,528.96
61530 00	Surgery	87.81	87.81	$ 6,322.32	$ 6,322.32
61531 00	Surgery	37.03	37.03	$ 2,666.16	$ 2,666.16
61533 00	Surgery	45.06	45.06	$ 3,244.32	$ 3,244.32
61534 00	Surgery	48.80	48.80	$ 3,513.60	$ 3,513.60
61535 00	Surgery	30.69	30.69	$ 2,209.68	$ 2,209.68
61536 00	Surgery	74.25	74.25	$ 5,346.00	$ 5,346.00
61537 00	Surgery	70.51	70.51	$ 5,076.72	$ 5,076.72
61538 00	Surgery	76.17	76.17	$ 5,484.24	$ 5,484.24
61539 00	Surgery	68.30	68.30	$ 4,917.60	$ 4,917.60
61540 00	Surgery	63.29	63.29	$ 4,556.88	$ 4,556.88
61541 00	Surgery	62.53	62.53	$ 4,502.16	$ 4,502.16
61543 00	Surgery	63.17	63.17	$ 4,548.24	$ 4,548.24
61544 00	Surgery	55.29	55.29	$ 3,980.88	$ 3,980.88
61545 00	Surgery	91.87	91.87	$ 6,614.64	$ 6,614.64
61546 00	Surgery	66.84	66.84	$ 4,812.48	$ 4,812.48
61548 00	Surgery	44.52	44.52	$ 3,205.44	$ 3,205.44
61550 00	Surgery	36.48	36.48	$ 2,626.56	$ 2,626.56
61552 00	Surgery	44.28	44.28	$ 3,188.16	$ 3,188.16
61556 00	Surgery	50.23	50.23	$ 3,616.56	$ 3,616.56
61557 00	Surgery	50.09	50.09	$ 3,606.48	$ 3,606.48
61558 00	Surgery	55.37	55.37	$ 3,986.64	$ 3,986.64
61559 00	Surgery	70.17	70.17	$ 5,052.24	$ 5,052.24
61563 00	Surgery	57.76	57.76	$ 4,158.72	$ 4,158.72
61564 00	Surgery	69.85	69.85	$ 5,029.20	$ 5,029.20
61566 00	Surgery	65.05	65.05	$ 4,683.60	$ 4,683.60
61567 00	Surgery	74.06	74.06	$ 5,332.32	$ 5,332.32
61570 00	Surgery	54.88	54.88	$ 3,951.36	$ 3,951.36
61571 00	Surgery	58.19	58.19	$ 4,189.68	$ 4,189.68
61575 00	Surgery	72.24	72.24	$ 5,201.28	$ 5,201.28
61576 00	Surgery	125.58	125.58	$ 9,041.76	$ 9,041.76
61580 00	Surgery	66.42	66.42	$ 4,782.24	$ 4,782.24
61581 00	Surgery	70.65	70.65	$ 5,086.80	$ 5,086.80
61582 00	Surgery	92.14	92.14	$ 6,634.08	$ 6,634.08
61583 00	Surgery	87.53	87.53	$ 6,302.16	$ 6,302.16

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
61584 00	Surgery	84.77	84.77	$ 6,103.44	$ 6,103.44
61585 00	Surgery	97.46	97.46	$ 7,017.12	$ 7,017.12
61586 00	Surgery	79.02	79.02	$ 5,689.44	$ 5,689.44
61590 00	Surgery	79.81	79.81	$ 5,746.32	$ 5,746.32
61591 00	Surgery	83.21	83.21	$ 5,991.12	$ 5,991.12
61592 00	Surgery	90.82	90.82	$ 6,539.04	$ 6,539.04
61595 00	Surgery	65.45	65.45	$ 4,712.40	$ 4,712.40
61596 00	Surgery	62.56	62.56	$ 4,504.32	$ 4,504.32
61597 00	Surgery	88.79	88.79	$ 6,392.88	$ 6,392.88
61598 00	Surgery	85.26	85.26	$ 6,138.72	$ 6,138.72
61600 00	Surgery	57.33	57.33	$ 4,127.76	$ 4,127.76
61601 00	Surgery	71.87	71.87	$ 5,174.64	$ 5,174.64
61605 00	Surgery	57.26	57.26	$ 4,122.72	$ 4,122.72
61606 00	Surgery	81.68	81.68	$ 5,880.96	$ 5,880.96
61607 00	Surgery	74.64	74.64	$ 5,374.08	$ 5,374.08
61608 00	Surgery	94.65	94.65	$ 6,814.80	$ 6,814.80
61611 00	Surgery	12.79	12.79	$ 920.88	$ 920.88
61613 00	Surgery	96.07	96.07	$ 6,917.04	$ 6,917.04
61615 00	Surgery	84.38	84.38	$ 6,075.36	$ 6,075.36
61616 00	Surgery	94.47	94.47	$ 6,801.84	$ 6,801.84
61618 00	Surgery	36.48	36.48	$ 2,626.56	$ 2,626.56
61619 00	Surgery	46.87	46.87	$ 3,374.64	$ 3,374.64
61623 00	Surgery	15.52	15.52	$ 1,117.44	$ 1,117.44
61624 00	Surgery	31.28	31.28	$ 2,252.16	$ 2,252.16
61626 00	Surgery	291.46	22.58	$ 20,985.12	$ 1,625.76
61630 00	Surgery	37.56	37.56	$ 2,704.32	$ 2,704.32
61635 00	Surgery	40.61	40.61	$ 2,923.92	$ 2,923.92
61640 00	Surgery	14.01	14.01	$ 1,008.72	$ 1,008.72
61641 00	Surgery	4.92	4.92	$ 354.24	$ 354.24
61642 00	Surgery	9.84	9.84	$ 708.48	$ 708.48
61645 00	Surgery	22.63	22.63	$ 1,629.36	$ 1,629.36
61650 00	Surgery	15.67	15.67	$ 1,128.24	$ 1,128.24
61651 00	Surgery	6.70	6.70	$ 482.40	$ 482.40
61680 00	Surgery	66.09	66.09	$ 4,758.48	$ 4,758.48
61682 00	Surgery	116.25	116.25	$ 8,370.00	$ 8,370.00
61684 00	Surgery	81.77	81.77	$ 5,887.44	$ 5,887.44
61686 00	Surgery	127.20	127.20	$ 9,158.40	$ 9,158.40
61690 00	Surgery	63.58	63.58	$ 4,577.76	$ 4,577.76
61692 00	Surgery	103.79	103.79	$ 7,472.88	$ 7,472.88
61697 00	Surgery	119.89	119.89	$ 8,632.08	$ 8,632.08

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
61698 00	Surgery	130.89	130.89	$ 9,424.08	$ 9,424.08
61700 00	Surgery	96.13	96.13	$ 6,921.36	$ 6,921.36
61702 00	Surgery	114.32	114.32	$ 8,231.04	$ 8,231.04
61703 00	Surgery	40.45	40.45	$ 2,912.40	$ 2,912.40
61705 00	Surgery	74.89	74.89	$ 5,392.08	$ 5,392.08
61708 00	Surgery	73.36	73.36	$ 5,281.92	$ 5,281.92
61710 00	Surgery	62.07	62.07	$ 4,469.04	$ 4,469.04
61711 00	Surgery	74.69	74.69	$ 5,377.68	$ 5,377.68
61715 00	Surgery	0.00	0.00	BR	BR
61715 26	Surgery	38.56	38.56	$ 2,776.32	$ 2,776.32
61715 TC	Surgery	0.00	0.00	BR	BR
61720 00	Surgery	37.81	37.81	$ 2,722.32	$ 2,722.32
61735 00	Surgery	47.04	47.04	$ 3,386.88	$ 3,386.88
61736 00	Surgery	34.18	34.18	$ 2,460.96	$ 2,460.96
61737 00	Surgery	40.42	40.42	$ 2,910.24	$ 2,910.24
61750 00	Surgery	41.48	41.48	$ 2,986.56	$ 2,986.56
61751 00	Surgery	41.51	41.51	$ 2,988.72	$ 2,988.72
61760 00	Surgery	46.53	46.53	$ 3,350.16	$ 3,350.16
61770 00	Surgery	47.45	47.45	$ 3,416.40	$ 3,416.40
61781 00	Surgery	6.44	6.44	$ 463.68	$ 463.68
61782 00	Surgery	4.32	4.32	$ 311.04	$ 311.04
61783 00	Surgery	6.21	6.21	$ 447.12	$ 447.12
61790 00	Surgery	26.88	26.88	$ 1,935.36	$ 1,935.36
61791 00	Surgery	33.73	33.73	$ 2,428.56	$ 2,428.56
61796 00	Surgery	30.32	30.32	$ 2,183.04	$ 2,183.04
61797 00	Surgery	5.99	5.99	$ 431.28	$ 431.28
61798 00	Surgery	40.07	40.07	$ 2,885.04	$ 2,885.04
61799 00	Surgery	8.25	8.25	$ 594.00	$ 594.00
61800 00	Surgery	4.36	4.36	$ 313.92	$ 313.92
61850 00	Surgery	29.64	29.64	$ 2,134.08	$ 2,134.08
61860 00	Surgery	45.84	45.84	$ 3,300.48	$ 3,300.48
61863 00	Surgery	44.79	44.79	$ 3,224.88	$ 3,224.88
61864 00	Surgery	7.76	7.76	$ 558.72	$ 558.72
61867 00	Surgery	66.06	66.06	$ 4,756.32	$ 4,756.32
61868 00	Surgery	13.65	13.65	$ 982.80	$ 982.80
61880 00	Surgery	18.55	18.55	$ 1,335.60	$ 1,335.60
61885 00	Surgery	16.69	16.69	$ 1,201.68	$ 1,201.68
61886 00	Surgery	27.88	27.88	$ 2,007.36	$ 2,007.36
61888 00	Surgery	12.07	12.07	$ 869.04	$ 869.04
61889 00	Surgery	52.40	52.40	$ 3,772.80	$ 3,772.80

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
61891 00	Surgery	25.07	25.07	$ 1,805.04	$ 1,805.04
61892 00	Surgery	32.82	32.82	$ 2,363.04	$ 2,363.04
62000 00	Surgery	31.16	31.16	$ 2,243.52	$ 2,243.52
62005 00	Surgery	37.83	37.83	$ 2,723.76	$ 2,723.76
62010 00	Surgery	45.44	45.44	$ 3,271.68	$ 3,271.68
62100 00	Surgery	43.60	43.60	$ 3,139.20	$ 3,139.20
62115 00	Surgery	50.33	50.33	$ 3,623.76	$ 3,623.76
62117 00	Surgery	57.07	57.07	$ 4,109.04	$ 4,109.04
62120 00	Surgery	64.21	64.21	$ 4,623.12	$ 4,623.12
62121 00	Surgery	42.91	42.91	$ 3,089.52	$ 3,089.52
62140 00	Surgery	29.31	29.31	$ 2,110.32	$ 2,110.32
62141 00	Surgery	33.40	33.40	$ 2,404.80	$ 2,404.80
62142 00	Surgery	26.98	26.98	$ 1,942.56	$ 1,942.56
62143 00	Surgery	31.22	31.22	$ 2,247.84	$ 2,247.84
62145 00	Surgery	40.90	40.90	$ 2,944.80	$ 2,944.80
62146 00	Surgery	37.22	37.22	$ 2,679.84	$ 2,679.84
62147 00	Surgery	40.79	40.79	$ 2,936.88	$ 2,936.88
62148 00	Surgery	3.45	3.45	$ 248.40	$ 248.40
62160 00	Surgery	5.16	5.16	$ 371.52	$ 371.52
62161 00	Surgery	44.99	44.99	$ 3,239.28	$ 3,239.28
62162 00	Surgery	55.49	55.49	$ 3,995.28	$ 3,995.28
62164 00	Surgery	61.67	61.67	$ 4,440.24	$ 4,440.24
62165 00	Surgery	41.93	41.93	$ 3,018.96	$ 3,018.96
62180 00	Surgery	47.09	47.09	$ 3,390.48	$ 3,390.48
62190 00	Surgery	28.37	28.37	$ 2,042.64	$ 2,042.64
62192 00	Surgery	30.41	30.41	$ 2,189.52	$ 2,189.52
62194 00	Surgery	15.77	15.77	$ 1,135.44	$ 1,135.44
62200 00	Surgery	40.70	40.70	$ 2,930.40	$ 2,930.40
62201 00	Surgery	36.72	36.72	$ 2,643.84	$ 2,643.84
62220 00	Surgery	29.03	29.03	$ 2,090.16	$ 2,090.16
62223 00	Surgery	30.64	30.64	$ 2,206.08	$ 2,206.08
62225 00	Surgery	17.13	17.13	$ 1,233.36	$ 1,233.36
62230 00	Surgery	25.13	25.13	$ 1,809.36	$ 1,809.36
62252 00	Surgery	3.11	3.11	$ 223.92	$ 223.92
62252 26	Surgery	1.48	1.48	$ 106.56	$ 106.56
62252 TC	Surgery	1.63	1.63	$ 117.36	$ 117.36
62256 00	Surgery	19.16	19.16	$ 1,379.52	$ 1,379.52
62258 00	Surgery	33.09	33.09	$ 2,382.48	$ 2,382.48
62263 00	Surgery	19.90	8.93	$ 1,432.80	$ 642.96
62264 00	Surgery	13.37	6.41	$ 962.64	$ 461.52

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
62267 00	Surgery	7.75	4.04	$ 558.00	$ 290.88
62268 00	Surgery	9.53	9.53	$ 686.16	$ 686.16
62269 00	Surgery	6.65	6.65	$ 478.80	$ 478.80
62270 00	Surgery	4.94	1.76	$ 355.68	$ 126.72
62272 00	Surgery	6.49	2.54	$ 467.28	$ 182.88
62273 00	Surgery	5.15	3.06	$ 370.80	$ 220.32
62280 00	Surgery	9.72	4.08	$ 699.84	$ 293.76
62281 00	Surgery	7.42	4.08	$ 534.24	$ 293.76
62282 00	Surgery	10.25	3.88	$ 738.00	$ 279.36
62284 00	Surgery	5.39	2.15	$ 388.08	$ 154.80
62287 00	Surgery	15.98	15.98	$ 1,150.56	$ 1,150.56
62290 00	Surgery	11.08	4.27	$ 797.76	$ 307.44
62291 00	Surgery	10.10	4.00	$ 727.20	$ 288.00
62292 00	Surgery	15.27	15.27	$ 1,099.44	$ 1,099.44
62294 00	Surgery	28.60	28.60	$ 2,059.20	$ 2,059.20
62302 00	Surgery	7.33	3.06	$ 527.76	$ 220.32
62303 00	Surgery	7.45	3.05	$ 536.40	$ 219.60
62304 00	Surgery	7.26	3.02	$ 522.72	$ 217.44
62305 00	Surgery	7.92	3.14	$ 570.24	$ 226.08
62320 00	Surgery	4.90	2.63	$ 352.80	$ 189.36
62321 00	Surgery	8.28	2.86	$ 596.16	$ 205.92
62322 00	Surgery	4.36	2.22	$ 313.92	$ 159.84
62323 00	Surgery	8.18	2.67	$ 588.96	$ 192.24
62324 00	Surgery	4.60	2.58	$ 331.20	$ 185.76
62325 00	Surgery	7.94	3.02	$ 571.68	$ 217.44
62326 00	Surgery	4.59	2.46	$ 330.48	$ 177.12
62327 00	Surgery	8.22	2.79	$ 591.84	$ 200.88
62328 00	Surgery	6.45	2.20	$ 464.40	$ 158.40
62329 00	Surgery	8.19	2.78	$ 589.68	$ 200.16
62330 00	Surgery	14.35	14.35	$ 1,033.20	$ 1,033.20
62331 00	Surgery	5.66	5.66	$ 407.52	$ 407.52
62350 00	Surgery	11.31	11.31	$ 814.32	$ 814.32
62351 00	Surgery	27.37	27.37	$ 1,970.64	$ 1,970.64
62355 00	Surgery	8.41	8.41	$ 605.52	$ 605.52
62360 00	Surgery	9.30	9.30	$ 669.60	$ 669.60
62361 00	Surgery	13.92	13.92	$ 1,002.24	$ 1,002.24
62362 00	Surgery	11.13	11.13	$ 801.36	$ 801.36
62365 00	Surgery	8.86	8.86	$ 637.92	$ 637.92
62367 00	Surgery	1.00	0.64	$ 72.00	$ 46.08
62368 00	Surgery	1.39	0.88	$ 100.08	$ 63.36

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
62369 00	Surgery	2.91	0.89	$ 209.52	$ 64.08
62370 00	Surgery	2.91	1.18	$ 209.52	$ 84.96
62380 00	Surgery	-	-	$ 3,294.72	$ 3,294.72
63001 00	Surgery	35.74	35.74	$ 2,573.28	$ 2,573.28
63003 00	Surgery	35.87	35.87	$ 2,582.64	$ 2,582.64
63005 00	Surgery	35.70	35.70	$ 2,570.40	$ 2,570.40
63011 00	Surgery	30.26	30.26	$ 2,178.72	$ 2,178.72
63012 00	Surgery	34.42	34.42	$ 2,478.24	$ 2,478.24
63015 00	Surgery	43.25	43.25	$ 3,114.00	$ 3,114.00
63016 00	Surgery	43.81	43.81	$ 3,154.32	$ 3,154.32
63017 00	Surgery	37.28	37.28	$ 2,684.16	$ 2,684.16
63020 00	Surgery	31.86	31.86	$ 2,293.92	$ 2,293.92
63030 00	Surgery	26.89	26.89	$ 1,936.08	$ 1,936.08
63032 00	Surgery	4.08	4.08	$ 293.76	$ 293.76
63035 00	Surgery	6.18	6.18	$ 444.96	$ 444.96
63040 00	Surgery	38.56	38.56	$ 2,776.32	$ 2,776.32
63042 00	Surgery	36.52	36.52	$ 2,629.44	$ 2,629.44
63043 00	Surgery	-	-	$ 1,658.16	$ 1,658.16
63044 00	Surgery	-	-	$ 1,259.28	$ 1,259.28
63045 00	Surgery	37.41	37.41	$ 2,693.52	$ 2,693.52
63046 00	Surgery	35.46	35.46	$ 2,553.12	$ 2,553.12
63047 00	Surgery	31.90	31.90	$ 2,296.80	$ 2,296.80
63048 00	Surgery	5.61	5.61	$ 403.92	$ 403.92
63050 00	Surgery	41.95	41.95	$ 3,020.40	$ 3,020.40
63051 00	Surgery	47.15	47.15	$ 3,394.80	$ 3,394.80
63052 00	Surgery	6.88	6.88	$ 495.36	$ 495.36
63053 00	Surgery	6.13	6.13	$ 441.36	$ 441.36
63055 00	Surgery	46.50	46.50	$ 3,348.00	$ 3,348.00
63056 00	Surgery	42.06	42.06	$ 3,028.32	$ 3,028.32
63057 00	Surgery	8.61	8.61	$ 619.92	$ 619.92
63064 00	Surgery	50.47	50.47	$ 3,633.84	$ 3,633.84
63066 00	Surgery	5.62	5.62	$ 404.64	$ 404.64
63075 00	Surgery	38.57	38.57	$ 2,777.04	$ 2,777.04
63076 00	Surgery	6.50	6.50	$ 468.00	$ 468.00
63077 00	Surgery	39.27	39.27	$ 2,827.44	$ 2,827.44
63078 00	Surgery	5.65	5.65	$ 406.80	$ 406.80
63081 00	Surgery	49.70	49.70	$ 3,578.40	$ 3,578.40
63082 00	Surgery	7.11	7.11	$ 511.92	$ 511.92
63085 00	Surgery	54.49	54.49	$ 3,923.28	$ 3,923.28
63086 00	Surgery	5.12	5.12	$ 368.64	$ 368.64

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
63087 00	Surgery	67.79	67.79	$ 4,880.88	$ 4,880.88
63088 00	Surgery	7.02	7.02	$ 505.44	$ 505.44
63090 00	Surgery	54.55	54.55	$ 3,927.60	$ 3,927.60
63091 00	Surgery	4.73	4.73	$ 340.56	$ 340.56
63101 00	Surgery	66.39	66.39	$ 4,780.08	$ 4,780.08
63102 00	Surgery	65.09	65.09	$ 4,686.48	$ 4,686.48
63103 00	Surgery	7.87	7.87	$ 566.64	$ 566.64
63170 00	Surgery	47.19	47.19	$ 3,397.68	$ 3,397.68
63172 00	Surgery	41.88	41.88	$ 3,015.36	$ 3,015.36
63173 00	Surgery	50.81	50.81	$ 3,658.32	$ 3,658.32
63185 00	Surgery	37.02	37.02	$ 2,665.44	$ 2,665.44
63190 00	Surgery	33.68	33.68	$ 2,424.96	$ 2,424.96
63191 00	Surgery	41.22	41.22	$ 2,967.84	$ 2,967.84
63197 00	Surgery	50.41	50.41	$ 3,629.52	$ 3,629.52
63200 00	Surgery	45.96	45.96	$ 3,309.12	$ 3,309.12
63250 00	Surgery	84.86	84.86	$ 6,109.92	$ 6,109.92
63251 00	Surgery	86.96	86.96	$ 6,261.12	$ 6,261.12
63252 00	Surgery	86.94	86.94	$ 6,259.68	$ 6,259.68
63265 00	Surgery	48.31	48.31	$ 3,478.32	$ 3,478.32
63266 00	Surgery	49.64	49.64	$ 3,574.08	$ 3,574.08
63267 00	Surgery	39.60	39.60	$ 2,851.20	$ 2,851.20
63268 00	Surgery	43.64	43.64	$ 3,142.08	$ 3,142.08
63270 00	Surgery	60.57	60.57	$ 4,361.04	$ 4,361.04
63271 00	Surgery	60.25	60.25	$ 4,338.00	$ 4,338.00
63272 00	Surgery	54.77	54.77	$ 3,943.44	$ 3,943.44
63273 00	Surgery	54.80	54.80	$ 3,945.60	$ 3,945.60
63275 00	Surgery	51.85	51.85	$ 3,733.20	$ 3,733.20
63276 00	Surgery	51.71	51.71	$ 3,723.12	$ 3,723.12
63277 00	Surgery	44.98	44.98	$ 3,238.56	$ 3,238.56
63278 00	Surgery	47.29	47.29	$ 3,404.88	$ 3,404.88
63280 00	Surgery	61.75	61.75	$ 4,446.00	$ 4,446.00
63281 00	Surgery	61.27	61.27	$ 4,411.44	$ 4,411.44
63282 00	Surgery	58.02	58.02	$ 4,177.44	$ 4,177.44
63283 00	Surgery	56.06	56.06	$ 4,036.32	$ 4,036.32
63285 00	Surgery	75.57	75.57	$ 5,441.04	$ 5,441.04
63286 00	Surgery	74.68	74.68	$ 5,376.96	$ 5,376.96
63287 00	Surgery	79.07	79.07	$ 5,693.04	$ 5,693.04
63290 00	Surgery	80.37	80.37	$ 5,786.64	$ 5,786.64
63295 00	Surgery	9.06	9.06	$ 652.32	$ 652.32
63300 00	Surgery	52.13	52.13	$ 3,753.36	$ 3,753.36

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
63301 00	Surgery	64.36	64.36	$ 4,633.92	$ 4,633.92
63302 00	Surgery	63.65	63.65	$ 4,582.80	$ 4,582.80
63303 00	Surgery	67.04	67.04	$ 4,826.88	$ 4,826.88
63304 00	Surgery	68.30	68.30	$ 4,917.60	$ 4,917.60
63305 00	Surgery	72.45	72.45	$ 5,216.40	$ 5,216.40
63306 00	Surgery	71.25	71.25	$ 5,130.00	$ 5,130.00
63307 00	Surgery	69.62	69.62	$ 5,012.64	$ 5,012.64
63308 00	Surgery	8.65	8.65	$ 622.80	$ 622.80
63600 00	Surgery	32.48	32.48	$ 2,338.56	$ 2,338.56
63610 00	Surgery	16.43	16.43	$ 1,182.96	$ 1,182.96
63620 00	Surgery	33.33	33.33	$ 2,399.76	$ 2,399.76
63621 00	Surgery	6.91	6.91	$ 497.52	$ 497.52
63650 00	Surgery	71.51	11.24	$ 5,148.72	$ 809.28
63655 00	Surgery	25.11	25.11	$ 1,807.92	$ 1,807.92
63661 00	Surgery	22.26	9.25	$ 1,602.72	$ 666.00
63662 00	Surgery	25.44	25.44	$ 1,831.68	$ 1,831.68
63663 00	Surgery	28.54	12.26	$ 2,054.88	$ 882.72
63664 00	Surgery	26.54	26.54	$ 1,910.88	$ 1,910.88
63685 00	Surgery	9.54	9.54	$ 686.88	$ 686.88
63688 00	Surgery	9.15	9.15	$ 658.80	$ 658.80
63700 00	Surgery	39.62	39.62	$ 2,852.64	$ 2,852.64
63702 00	Surgery	42.96	42.96	$ 3,093.12	$ 3,093.12
63704 00	Surgery	50.01	50.01	$ 3,600.72	$ 3,600.72
63706 00	Surgery	55.07	55.07	$ 3,965.04	$ 3,965.04
63707 00	Surgery	27.78	27.78	$ 2,000.16	$ 2,000.16
63709 00	Surgery	32.48	32.48	$ 2,338.56	$ 2,338.56
63710 00	Surgery	31.31	31.31	$ 2,254.32	$ 2,254.32
63740 00	Surgery	30.21	30.21	$ 2,175.12	$ 2,175.12
63741 00	Surgery	21.35	21.35	$ 1,537.20	$ 1,537.20
63744 00	Surgery	22.04	22.04	$ 1,586.88	$ 1,586.88
63746 00	Surgery	19.26	19.26	$ 1,386.72	$ 1,386.72
64400 00	Surgery	3.65	1.42	$ 262.80	$ 102.24
64405 00	Surgery	2.36	1.38	$ 169.92	$ 99.36
64408 00	Surgery	2.39	1.16	$ 172.08	$ 83.52
64415 00	Surgery	4.64	1.99	$ 334.08	$ 143.28
64416 00	Surgery	2.17	2.17	$ 156.24	$ 156.24
64417 00	Surgery	5.57	1.84	$ 401.04	$ 132.48
64418 00	Surgery	2.69	1.44	$ 193.68	$ 103.68
64420 00	Surgery	3.17	1.57	$ 228.24	$ 113.04
64421 00	Surgery	1.05	0.65	$ 75.60	$ 46.80

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
64425 00	Surgery	3.62	1.49	$ 260.64	$ 107.28
64430 00	Surgery	2.87	1.46	$ 206.64	$ 105.12
64435 00	Surgery	2.25	1.16	$ 162.00	$ 83.52
64445 00	Surgery	5.19	1.98	$ 373.68	$ 142.56
64446 00	Surgery	2.12	2.12	$ 152.64	$ 152.64
64447 00	Surgery	4.02	1.82	$ 289.44	$ 131.04
64448 00	Surgery	2.03	2.03	$ 146.16	$ 146.16
64449 00	Surgery	1.81	1.81	$ 130.32	$ 130.32
64450 00	Surgery	2.42	1.15	$ 174.24	$ 82.80
64451 00	Surgery	7.23	2.17	$ 520.56	$ 156.24
64454 00	Surgery	7.03	2.19	$ 506.16	$ 157.68
64455 00	Surgery	1.50	0.90	$ 108.00	$ 64.80
64461 00	Surgery	4.48	2.15	$ 322.56	$ 154.80
64462 00	Surgery	2.34	1.33	$ 168.48	$ 95.76
64463 00	Surgery	7.91	2.29	$ 569.52	$ 164.88
64466 00	Surgery	4.25	1.84	$ 306.00	$ 132.48
64467 00	Surgery	8.08	2.13	$ 581.76	$ 153.36
64468 00	Surgery	4.92	2.04	$ 354.24	$ 146.88
64469 00	Surgery	12.49	2.24	$ 899.28	$ 161.28
64473 00	Surgery	4.03	1.64	$ 290.16	$ 118.08
64474 00	Surgery	7.97	2.04	$ 573.84	$ 146.88
64479 00	Surgery	8.54	3.49	$ 614.88	$ 251.28
64480 00	Surgery	4.28	1.59	$ 308.16	$ 114.48
64483 00	Surgery	7.93	2.98	$ 570.96	$ 214.56
64484 00	Surgery	3.52	1.31	$ 253.44	$ 94.32
64486 00	Surgery	3.76	1.45	$ 270.72	$ 104.40
64487 00	Surgery	7.35	1.68	$ 529.20	$ 120.96
64488 00	Surgery	4.42	1.70	$ 318.24	$ 122.40
64489 00	Surgery	12.07	2.12	$ 869.04	$ 152.64
64490 00	Surgery	6.14	2.82	$ 442.08	$ 203.04
64491 00	Surgery	3.05	1.52	$ 219.60	$ 109.44
64492 00	Surgery	3.06	1.53	$ 220.32	$ 110.16
64493 00	Surgery	5.70	2.44	$ 410.40	$ 175.68
64494 00	Surgery	2.87	1.31	$ 206.64	$ 94.32
64495 00	Surgery	2.96	1.35	$ 213.12	$ 97.20
64505 00	Surgery	4.50	2.92	$ 324.00	$ 210.24
64510 00	Surgery	4.61	2.09	$ 331.92	$ 150.48
64517 00	Surgery	6.07	3.41	$ 437.04	$ 245.52
64520 00	Surgery	7.25	2.30	$ 522.00	$ 165.60
64530 00	Surgery	7.06	2.56	$ 508.32	$ 184.32

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
64553 00	Surgery	144.95	13.50	$ 10,436.40	$ 972.00
64555 00	Surgery	66.57	8.80	$ 4,793.04	$ 633.60
64561 00	Surgery	22.24	8.12	$ 1,601.28	$ 584.64
64566 00	Surgery	3.51	0.78	$ 252.72	$ 56.16
64567 00	Surgery	37.11	1.99	$ 2,671.92	$ 143.28
64568 00	Surgery	19.76	19.76	$ 1,422.72	$ 1,422.72
64569 00	Surgery	22.34	22.34	$ 1,608.48	$ 1,608.48
64570 00	Surgery	22.94	22.94	$ 1,651.68	$ 1,651.68
64575 00	Surgery	8.79	8.79	$ 632.88	$ 632.88
64580 00	Surgery	9.43	9.43	$ 678.96	$ 678.96
64581 00	Surgery	17.60	17.60	$ 1,267.20	$ 1,267.20
64582 00	Surgery	21.64	21.64	$ 1,558.08	$ 1,558.08
64583 00	Surgery	22.31	22.31	$ 1,606.32	$ 1,606.32
64584 00	Surgery	18.91	18.91	$ 1,361.52	$ 1,361.52
64585 00	Surgery	7.54	4.07	$ 542.88	$ 293.04
64590 00	Surgery	12.82	7.99	$ 923.04	$ 575.28
64595 00	Surgery	10.42	6.28	$ 750.24	$ 452.16
64596 00	Surgery	0.00	0.00	BR	BR
64597 00	Surgery	0.00	0.00	BR	BR
64598 00	Surgery	0.00	0.00	BR	BR
64600 00	Surgery	15.89	6.80	$ 1,144.08	$ 489.60
64605 00	Surgery	32.96	12.69	$ 2,373.12	$ 913.68
64610 00	Surgery	25.74	13.45	$ 1,853.28	$ 968.40
64611 00	Surgery	4.15	3.24	$ 298.80	$ 233.28
64612 00	Surgery	4.24	3.24	$ 305.28	$ 233.28
64615 00	Surgery	4.70	3.27	$ 338.40	$ 235.44
64616 00	Surgery	4.30	2.98	$ 309.60	$ 214.56
64617 00	Surgery	4.76	2.75	$ 342.72	$ 198.00
64620 00	Surgery	6.76	5.01	$ 486.72	$ 360.72
64624 00	Surgery	12.31	3.99	$ 886.32	$ 287.28
64625 00	Surgery	14.84	5.29	$ 1,068.48	$ 380.88
64628 00	Surgery	10.92	10.92	$ 786.24	$ 786.24
64629 00	Surgery	5.01	5.01	$ 360.72	$ 360.72
64630 00	Surgery	8.21	5.50	$ 591.12	$ 396.00
64632 00	Surgery	2.70	1.85	$ 194.40	$ 133.20
64633 00	Surgery	13.74	5.17	$ 989.28	$ 372.24
64634 00	Surgery	7.98	1.73	$ 574.56	$ 124.56
64635 00	Surgery	13.92	5.18	$ 1,002.24	$ 372.96
64636 00	Surgery	7.53	1.52	$ 542.16	$ 109.44
64640 00	Surgery	8.01	3.34	$ 576.72	$ 240.48

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
64642 00	Surgery	4.89	2.88	$ 352.08	$ 207.36
64643 00	Surgery	2.99	1.79	$ 215.28	$ 128.88
64644 00	Surgery	5.71	3.10	$ 411.12	$ 223.20
64645 00	Surgery	3.88	2.11	$ 279.36	$ 151.92
64646 00	Surgery	5.10	3.11	$ 367.20	$ 223.92
64647 00	Surgery	5.67	3.48	$ 408.24	$ 250.56
64650 00	Surgery	2.59	1.00	$ 186.48	$ 72.00
64653 00	Surgery	3.06	1.29	$ 220.32	$ 92.88
64654 00	Surgery	16.75	16.75	$ 1,206.00	$ 1,206.00
64655 00	Surgery	19.29	19.29	$ 1,388.88	$ 1,388.88
64656 00	Surgery	12.79	12.79	$ 920.88	$ 920.88
64657 00	Surgery	18.93	18.93	$ 1,362.96	$ 1,362.96
64658 00	Surgery	14.25	14.25	$ 1,026.00	$ 1,026.00
64659 00	Surgery	13.22	13.22	$ 951.84	$ 951.84
64680 00	Surgery	10.38	4.39	$ 747.36	$ 316.08
64681 00	Surgery	13.84	5.78	$ 996.48	$ 416.16
64702 00	Surgery	14.63	14.63	$ 1,053.36	$ 1,053.36
64704 00	Surgery	9.23	9.23	$ 664.56	$ 664.56
64708 00	Surgery	13.90	13.90	$ 1,000.80	$ 1,000.80
64712 00	Surgery	16.69	16.69	$ 1,201.68	$ 1,201.68
64713 00	Surgery	22.31	22.31	$ 1,606.32	$ 1,606.32
64714 00	Surgery	21.43	21.43	$ 1,542.96	$ 1,542.96
64716 00	Surgery	14.07	14.07	$ 1,013.04	$ 1,013.04
64718 00	Surgery	17.22	17.22	$ 1,239.84	$ 1,239.84
64719 00	Surgery	11.61	11.61	$ 835.92	$ 835.92
64721 00	Surgery	14.45	12.67	$ 1,040.40	$ 912.24
64722 00	Surgery	11.17	11.17	$ 804.24	$ 804.24
64726 00	Surgery	7.73	7.73	$ 556.56	$ 556.56
64727 00	Surgery	4.34	4.34	$ 312.48	$ 312.48
64728 00	Surgery	40.21	3.67	$ 2,895.12	$ 264.24
64732 00	Surgery	14.80	14.80	$ 1,065.60	$ 1,065.60
64734 00	Surgery	16.68	16.68	$ 1,200.96	$ 1,200.96
64736 00	Surgery	9.14	9.14	$ 658.08	$ 658.08
64738 00	Surgery	12.46	12.46	$ 897.12	$ 897.12
64740 00	Surgery	12.89	12.89	$ 928.08	$ 928.08
64742 00	Surgery	12.74	12.74	$ 917.28	$ 917.28
64744 00	Surgery	16.23	16.23	$ 1,168.56	$ 1,168.56
64746 00	Surgery	12.99	12.99	$ 935.28	$ 935.28
64755 00	Surgery	26.05	26.05	$ 1,875.60	$ 1,875.60
64760 00	Surgery	15.29	15.29	$ 1,100.88	$ 1,100.88

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
64763 00	Surgery	15.10	15.10	$ 1,087.20	$ 1,087.20
64766 00	Surgery	18.52	18.52	$ 1,333.44	$ 1,333.44
64771 00	Surgery	16.73	16.73	$ 1,204.56	$ 1,204.56
64772 00	Surgery	15.46	15.46	$ 1,113.12	$ 1,113.12
64774 00	Surgery	12.33	12.33	$ 887.76	$ 887.76
64776 00	Surgery	11.21	11.21	$ 807.12	$ 807.12
64778 00	Surgery	4.64	4.64	$ 334.08	$ 334.08
64782 00	Surgery	13.06	13.06	$ 940.32	$ 940.32
64783 00	Surgery	5.55	5.55	$ 399.60	$ 399.60
64784 00	Surgery	20.15	20.15	$ 1,450.80	$ 1,450.80
64786 00	Surgery	28.48	28.48	$ 2,050.56	$ 2,050.56
64787 00	Surgery	6.10	6.10	$ 439.20	$ 439.20
64788 00	Surgery	11.71	11.71	$ 843.12	$ 843.12
64790 00	Surgery	24.07	24.07	$ 1,733.04	$ 1,733.04
64792 00	Surgery	36.32	36.32	$ 2,615.04	$ 2,615.04
64795 00	Surgery	5.58	5.58	$ 401.76	$ 401.76
64802 00	Surgery	26.32	26.32	$ 1,895.04	$ 1,895.04
64804 00	Surgery	35.92	35.92	$ 2,586.24	$ 2,586.24
64809 00	Surgery	32.76	32.76	$ 2,358.72	$ 2,358.72
64818 00	Surgery	21.53	21.53	$ 1,550.16	$ 1,550.16
64820 00	Surgery	20.94	20.94	$ 1,507.68	$ 1,507.68
64821 00	Surgery	19.77	19.77	$ 1,423.44	$ 1,423.44
64822 00	Surgery	19.77	19.77	$ 1,423.44	$ 1,423.44
64823 00	Surgery	22.16	22.16	$ 1,595.52	$ 1,595.52
64831 00	Surgery	19.27	19.27	$ 1,387.44	$ 1,387.44
64832 00	Surgery	8.43	8.43	$ 606.96	$ 606.96
64834 00	Surgery	19.78	19.78	$ 1,424.16	$ 1,424.16
64835 00	Surgery	22.61	22.61	$ 1,627.92	$ 1,627.92
64836 00	Surgery	22.61	22.61	$ 1,627.92	$ 1,627.92
64837 00	Surgery	9.33	9.33	$ 671.76	$ 671.76
64840 00	Surgery	26.49	26.49	$ 1,907.28	$ 1,907.28
64856 00	Surgery	27.53	27.53	$ 1,982.16	$ 1,982.16
64857 00	Surgery	28.29	28.29	$ 2,036.88	$ 2,036.88
64858 00	Surgery	31.85	31.85	$ 2,293.20	$ 2,293.20
64859 00	Surgery	6.35	6.35	$ 457.20	$ 457.20
64861 00	Surgery	45.27	45.27	$ 3,259.44	$ 3,259.44
64862 00	Surgery	37.05	37.05	$ 2,667.60	$ 2,667.60
64864 00	Surgery	22.61	22.61	$ 1,627.92	$ 1,627.92
64865 00	Surgery	28.38	28.38	$ 2,043.36	$ 2,043.36
64866 00	Surgery	33.74	33.74	$ 2,429.28	$ 2,429.28

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
64868 00	Surgery	25.99	25.99	$ 1,871.28	$ 1,871.28
64872 00	Surgery	2.98	2.98	$ 214.56	$ 214.56
64874 00	Surgery	4.45	4.45	$ 320.40	$ 320.40
64876 00	Surgery	5.03	5.03	$ 362.16	$ 362.16
64885 00	Surgery	27.81	27.81	$ 2,002.32	$ 2,002.32
64886 00	Surgery	33.47	33.47	$ 2,409.84	$ 2,409.84
64890 00	Surgery	29.33	29.33	$ 2,111.76	$ 2,111.76
64891 00	Surgery	31.16	31.16	$ 2,243.52	$ 2,243.52
64892 00	Surgery	28.59	28.59	$ 2,058.48	$ 2,058.48
64893 00	Surgery	30.43	30.43	$ 2,190.96	$ 2,190.96
64895 00	Surgery	35.69	35.69	$ 2,569.68	$ 2,569.68
64896 00	Surgery	38.51	38.51	$ 2,772.72	$ 2,772.72
64897 00	Surgery	34.18	34.18	$ 2,460.96	$ 2,460.96
64898 00	Surgery	37.02	37.02	$ 2,665.44	$ 2,665.44
64901 00	Surgery	15.24	15.24	$ 1,097.28	$ 1,097.28
64902 00	Surgery	17.64	17.64	$ 1,270.08	$ 1,270.08
64905 00	Surgery	26.69	26.69	$ 1,921.68	$ 1,921.68
64907 00	Surgery	35.01	35.01	$ 2,520.72	$ 2,520.72
64910 00	Surgery	20.87	20.87	$ 1,502.64	$ 1,502.64
64911 00	Surgery	28.45	28.45	$ 2,048.40	$ 2,048.40
64912 00	Surgery	24.52	24.52	$ 1,765.44	$ 1,765.44
64913 00	Surgery	4.39	4.39	$ 316.08	$ 316.08
64999 00	Surgery	0.00	0.00	BR	BR
65091 00	Surgery	19.84	19.84	$ 1,428.48	$ 1,428.48
65093 00	Surgery	19.75	19.75	$ 1,422.00	$ 1,422.00
65101 00	Surgery	22.74	22.74	$ 1,637.28	$ 1,637.28
65103 00	Surgery	23.37	23.37	$ 1,682.64	$ 1,682.64
65105 00	Surgery	25.38	25.38	$ 1,827.36	$ 1,827.36
65110 00	Surgery	34.31	34.31	$ 2,470.32	$ 2,470.32
65112 00	Surgery	39.12	39.12	$ 2,816.64	$ 2,816.64
65114 00	Surgery	40.69	40.69	$ 2,929.68	$ 2,929.68
65125 00	Surgery	13.64	7.81	$ 982.08	$ 562.32
65130 00	Surgery	22.80	22.80	$ 1,641.60	$ 1,641.60
65135 00	Surgery	23.06	23.06	$ 1,660.32	$ 1,660.32
65140 00	Surgery	24.69	24.69	$ 1,777.68	$ 1,777.68
65150 00	Surgery	18.86	18.86	$ 1,357.92	$ 1,357.92
65155 00	Surgery	25.60	25.60	$ 1,843.20	$ 1,843.20
65175 00	Surgery	20.94	20.94	$ 1,507.68	$ 1,507.68
65205 00	Surgery	0.84	0.73	$ 60.48	$ 52.56
65210 00	Surgery	1.14	0.90	$ 82.08	$ 64.80

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
65220 00	Surgery	1.92	1.13	$ 138.24	$ 81.36
65222 00	Surgery	2.00	1.25	$ 144.00	$ 90.00
65235 00	Surgery	19.03	19.03	$ 1,370.16	$ 1,370.16
65260 00	Surgery	25.15	25.15	$ 1,810.80	$ 1,810.80
65265 00	Surgery	28.20	28.20	$ 2,030.40	$ 2,030.40
65270 00	Surgery	8.44	3.55	$ 607.68	$ 255.60
65272 00	Surgery	15.76	8.97	$ 1,134.72	$ 645.84
65273 00	Surgery	9.61	9.61	$ 691.92	$ 691.92
65275 00	Surgery	17.69	11.64	$ 1,273.68	$ 838.08
65280 00	Surgery	16.94	16.94	$ 1,219.68	$ 1,219.68
65285 00	Surgery	27.82	27.82	$ 2,003.04	$ 2,003.04
65286 00	Surgery	20.92	12.57	$ 1,506.24	$ 905.04
65290 00	Surgery	12.43	12.43	$ 894.96	$ 894.96
65400 00	Surgery	20.91	15.67	$ 1,505.52	$ 1,128.24
65410 00	Surgery	4.31	2.59	$ 310.32	$ 186.48
65420 00	Surgery	16.18	10.02	$ 1,164.96	$ 721.44
65426 00	Surgery	20.08	12.37	$ 1,445.76	$ 890.64
65430 00	Surgery	3.46	2.56	$ 249.12	$ 184.32
65435 00	Surgery	2.50	1.81	$ 180.00	$ 130.32
65436 00	Surgery	11.74	9.52	$ 845.28	$ 685.44
65450 00	Surgery	10.02	8.65	$ 721.44	$ 622.80
65600 00	Surgery	13.24	8.98	$ 953.28	$ 646.56
65710 00	Surgery	29.43	29.43	$ 2,118.96	$ 2,118.96
65730 00	Surgery	31.97	31.97	$ 2,301.84	$ 2,301.84
65750 00	Surgery	32.03	32.03	$ 2,306.16	$ 2,306.16
65755 00	Surgery	31.88	31.88	$ 2,295.36	$ 2,295.36
65756 00	Surgery	29.69	29.69	$ 2,137.68	$ 2,137.68
65757 00	Surgery	-	-	$ 435.60	$ 435.60
65760 00	Surgery	-	-	$ 1,614.24	$ 1,614.24
65765 00	Surgery	0.00	0.00	BR	BR
65767 00	Surgery	0.00	0.00	BR	BR
65770 00	Surgery	35.40	35.40	$ 2,548.80	$ 2,548.80
65771 00	Surgery	0.00	0.00	BR	BR
65772 00	Surgery	13.78	10.51	$ 992.16	$ 756.72
65775 00	Surgery	14.94	14.94	$ 1,075.68	$ 1,075.68
65778 00	Surgery	38.15	1.07	$ 2,746.80	$ 77.04
65779 00	Surgery	34.13	2.54	$ 2,457.36	$ 182.88
65780 00	Surgery	15.45	15.45	$ 1,112.40	$ 1,112.40
65781 00	Surgery	33.62	33.62	$ 2,420.64	$ 2,420.64
65782 00	Surgery	29.15	29.15	$ 2,098.80	$ 2,098.80

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
65785 00	Surgery	62.83	11.56	$ 4,523.76	$ 832.32
65800 00	Surgery	3.61	2.13	$ 259.92	$ 153.36
65810 00	Surgery	12.00	12.00	$ 864.00	$ 864.00
65815 00	Surgery	19.23	12.32	$ 1,384.56	$ 887.04
65820 00	Surgery	21.66	21.66	$ 1,559.52	$ 1,559.52
65850 00	Surgery	21.38	21.38	$ 1,539.36	$ 1,539.36
65855 00	Surgery	7.35	5.13	$ 529.20	$ 369.36
65860 00	Surgery	9.28	6.26	$ 668.16	$ 450.72
65865 00	Surgery	12.39	12.39	$ 892.08	$ 892.08
65870 00	Surgery	15.36	15.36	$ 1,105.92	$ 1,105.92
65875 00	Surgery	16.41	16.41	$ 1,181.52	$ 1,181.52
65880 00	Surgery	17.17	17.17	$ 1,236.24	$ 1,236.24
65900 00	Surgery	25.44	25.44	$ 1,831.68	$ 1,831.68
65920 00	Surgery	20.39	20.39	$ 1,468.08	$ 1,468.08
65930 00	Surgery	16.40	16.40	$ 1,180.80	$ 1,180.80
66020 00	Surgery	5.89	3.41	$ 424.08	$ 245.52
66030 00	Surgery	5.29	2.92	$ 380.88	$ 210.24
66130 00	Surgery	21.15	14.27	$ 1,522.80	$ 1,027.44
66150 00	Surgery	22.79	22.79	$ 1,640.88	$ 1,640.88
66155 00	Surgery	22.78	22.78	$ 1,640.16	$ 1,640.16
66160 00	Surgery	25.40	25.40	$ 1,828.80	$ 1,828.80
66170 00	Surgery	28.09	28.09	$ 2,022.48	$ 2,022.48
66172 00	Surgery	30.81	30.81	$ 2,218.32	$ 2,218.32
66174 00	Surgery	16.18	16.18	$ 1,164.96	$ 1,164.96
66175 00	Surgery	18.57	18.57	$ 1,337.04	$ 1,337.04
66179 00	Surgery	27.65	27.65	$ 1,990.80	$ 1,990.80
66180 00	Surgery	29.06	29.06	$ 2,092.32	$ 2,092.32
66183 00	Surgery	26.39	26.39	$ 1,900.08	$ 1,900.08
66184 00	Surgery	20.56	20.56	$ 1,480.32	$ 1,480.32
66185 00	Surgery	21.96	21.96	$ 1,581.12	$ 1,581.12
66225 00	Surgery	23.75	23.75	$ 1,710.00	$ 1,710.00
66250 00	Surgery	22.50	14.31	$ 1,620.00	$ 1,030.32
66500 00	Surgery	10.55	10.55	$ 759.60	$ 759.60
66505 00	Surgery	11.46	11.46	$ 825.12	$ 825.12
66600 00	Surgery	23.69	23.69	$ 1,705.68	$ 1,705.68
66605 00	Surgery	27.74	27.74	$ 1,997.28	$ 1,997.28
66625 00	Surgery	11.10	11.10	$ 799.20	$ 799.20
66630 00	Surgery	14.56	14.56	$ 1,048.32	$ 1,048.32
66635 00	Surgery	14.69	14.69	$ 1,057.68	$ 1,057.68
66680 00	Surgery	15.19	15.19	$ 1,093.68	$ 1,093.68

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
66682 00	Surgery	16.96	16.96	$ 1,221.12	$ 1,221.12
66683 00	Surgery	19.79	19.79	$ 1,424.88	$ 1,424.88
66700 00	Surgery	13.67	10.04	$ 984.24	$ 722.88
66710 00	Surgery	13.33	10.04	$ 959.76	$ 722.88
66711 00	Surgery	13.36	13.36	$ 961.92	$ 961.92
66720 00	Surgery	14.18	10.83	$ 1,020.96	$ 779.76
66740 00	Surgery	13.28	10.04	$ 956.16	$ 722.88
66761 00	Surgery	8.96	6.05	$ 645.12	$ 435.60
66762 00	Surgery	14.42	10.99	$ 1,038.24	$ 791.28
66770 00	Surgery	15.99	12.44	$ 1,151.28	$ 895.68
66820 00	Surgery	12.61	12.61	$ 907.92	$ 907.92
66821 00	Surgery	10.04	8.24	$ 722.88	$ 593.28
66825 00	Surgery	21.86	21.86	$ 1,573.92	$ 1,573.92
66830 00	Surgery	18.06	18.06	$ 1,300.32	$ 1,300.32
66840 00	Surgery	17.68	17.68	$ 1,272.96	$ 1,272.96
66850 00	Surgery	20.06	20.06	$ 1,444.32	$ 1,444.32
66852 00	Surgery	21.26	21.26	$ 1,530.72	$ 1,530.72
66920 00	Surgery	19.01	19.01	$ 1,368.72	$ 1,368.72
66930 00	Surgery	21.74	21.74	$ 1,565.28	$ 1,565.28
66940 00	Surgery	20.00	20.00	$ 1,440.00	$ 1,440.00
66982 00	Surgery	18.88	18.88	$ 1,359.36	$ 1,359.36
66983 00	Surgery	-	-	$ 1,342.08	$ 1,342.08
66984 00	Surgery	13.85	13.85	$ 997.20	$ 997.20
66985 00	Surgery	19.72	19.72	$ 1,419.84	$ 1,419.84
66986 00	Surgery	22.88	22.88	$ 1,647.36	$ 1,647.36
66987 00	Surgery	-	-	$ 1,926.72	$ 1,926.72
66988 00	Surgery	-	-	$ 1,763.28	$ 1,763.28
66989 00	Surgery	21.52	21.52	$ 1,549.44	$ 1,549.44
66990 00	Surgery	2.11	2.11	$ 151.92	$ 151.92
66991 00	Surgery	17.43	17.43	$ 1,254.96	$ 1,254.96
66999 00	Surgery	0.00	0.00	BR	BR
67005 00	Surgery	12.38	12.38	$ 891.36	$ 891.36
67010 00	Surgery	14.02	14.02	$ 1,009.44	$ 1,009.44
67015 00	Surgery	15.70	15.70	$ 1,130.40	$ 1,130.40
67025 00	Surgery	22.23	16.17	$ 1,600.56	$ 1,164.24
67027 00	Surgery	21.41	21.41	$ 1,541.52	$ 1,541.52
67028 00	Surgery	3.42	2.26	$ 246.24	$ 162.72
67030 00	Surgery	14.70	14.70	$ 1,058.40	$ 1,058.40
67031 00	Surgery	11.67	9.15	$ 840.24	$ 658.80
67036 00	Surgery	22.73	22.73	$ 1,636.56	$ 1,636.56

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
67039 00	Surgery	24.23	24.23	$ 1,744.56	$ 1,744.56
67040 00	Surgery	26.04	26.04	$ 1,874.88	$ 1,874.88
67041 00	Surgery	28.59	28.59	$ 2,058.48	$ 2,058.48
67042 00	Surgery	28.58	28.58	$ 2,057.76	$ 2,057.76
67043 00	Surgery	30.08	30.08	$ 2,165.76	$ 2,165.76
67101 00	Surgery	10.04	7.36	$ 722.88	$ 529.92
67105 00	Surgery	8.94	7.10	$ 643.68	$ 511.20
67107 00	Surgery	28.13	28.13	$ 2,025.36	$ 2,025.36
67108 00	Surgery	29.70	29.70	$ 2,138.40	$ 2,138.40
67110 00	Surgery	26.69	20.91	$ 1,921.68	$ 1,505.52
67113 00	Surgery	33.24	33.24	$ 2,393.28	$ 2,393.28
67115 00	Surgery	12.94	12.94	$ 931.68	$ 931.68
67120 00	Surgery	20.06	14.25	$ 1,444.32	$ 1,026.00
67121 00	Surgery	22.89	22.89	$ 1,648.08	$ 1,648.08
67141 00	Surgery	8.09	5.65	$ 582.48	$ 406.80
67145 00	Surgery	7.35	5.65	$ 529.20	$ 406.80
67208 00	Surgery	18.11	14.72	$ 1,303.92	$ 1,059.84
67210 00	Surgery	15.49	12.82	$ 1,115.28	$ 923.04
67218 00	Surgery	34.58	34.58	$ 2,489.76	$ 2,489.76
67220 00	Surgery	15.93	12.81	$ 1,146.96	$ 922.32
67221 00	Surgery	8.51	5.04	$ 612.72	$ 362.88
67225 00	Surgery	0.87	0.66	$ 62.64	$ 47.52
67227 00	Surgery	8.88	6.44	$ 639.36	$ 463.68
67228 00	Surgery	10.21	7.60	$ 735.12	$ 547.20
67229 00	Surgery	29.04	29.04	$ 2,090.88	$ 2,090.88
67250 00	Surgery	23.82	23.82	$ 1,715.04	$ 1,715.04
67255 00	Surgery	17.86	17.86	$ 1,285.92	$ 1,285.92
67299 00	Surgery	0.00	0.00	BR	BR
67311 00	Surgery	11.71	11.71	$ 843.12	$ 843.12
67312 00	Surgery	16.71	16.71	$ 1,203.12	$ 1,203.12
67314 00	Surgery	11.71	11.71	$ 843.12	$ 843.12
67316 00	Surgery	17.85	17.85	$ 1,285.20	$ 1,285.20
67318 00	Surgery	17.33	17.33	$ 1,247.76	$ 1,247.76
67320 00	Surgery	4.18	4.18	$ 300.96	$ 300.96
67331 00	Surgery	3.02	3.02	$ 217.44	$ 217.44
67332 00	Surgery	4.86	4.86	$ 349.92	$ 349.92
67334 00	Surgery	2.98	2.98	$ 214.56	$ 214.56
67335 00	Surgery	4.48	4.48	$ 322.56	$ 322.56
67340 00	Surgery	6.99	6.99	$ 503.28	$ 503.28
67343 00	Surgery	17.45	17.45	$ 1,256.40	$ 1,256.40

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
67345 00	Surgery	7.52	5.71	$ 541.44	$ 411.12
67346 00	Surgery	4.82	4.82	$ 347.04	$ 347.04
67399 00	Surgery	0.00	0.00	BR	BR
67400 00	Surgery	27.28	27.28	$ 1,964.16	$ 1,964.16
67405 00	Surgery	24.00	24.00	$ 1,728.00	$ 1,728.00
67412 00	Surgery	26.16	26.16	$ 1,883.52	$ 1,883.52
67413 00	Surgery	25.36	25.36	$ 1,825.92	$ 1,825.92
67414 00	Surgery	37.40	37.40	$ 2,692.80	$ 2,692.80
67415 00	Surgery	2.46	2.46	$ 177.12	$ 177.12
67420 00	Surgery	45.03	45.03	$ 3,242.16	$ 3,242.16
67430 00	Surgery	36.31	36.31	$ 2,614.32	$ 2,614.32
67440 00	Surgery	35.21	35.21	$ 2,535.12	$ 2,535.12
67445 00	Surgery	39.27	39.27	$ 2,827.44	$ 2,827.44
67450 00	Surgery	36.47	36.47	$ 2,625.84	$ 2,625.84
67500 00	Surgery	2.36	1.65	$ 169.92	$ 118.80
67505 00	Surgery	2.54	1.74	$ 182.88	$ 125.28
67515 00	Surgery	1.55	1.15	$ 111.60	$ 82.80
67516 00	Surgery	3.63	2.39	$ 261.36	$ 172.08
67550 00	Surgery	28.62	28.62	$ 2,060.64	$ 2,060.64
67560 00	Surgery	29.21	29.21	$ 2,103.12	$ 2,103.12
67570 00	Surgery	33.18	33.18	$ 2,388.96	$ 2,388.96
67599 00	Surgery	0.00	0.00	BR	BR
67700 00	Surgery	8.40	3.07	$ 604.80	$ 221.04
67710 00	Surgery	7.17	2.60	$ 516.24	$ 187.20
67715 00	Surgery	8.22	3.06	$ 591.84	$ 220.32
67800 00	Surgery	3.91	2.60	$ 281.52	$ 187.20
67801 00	Surgery	4.94	3.30	$ 355.68	$ 237.60
67805 00	Surgery	6.18	4.15	$ 444.96	$ 298.80
67808 00	Surgery	9.56	9.56	$ 688.32	$ 688.32
67810 00	Surgery	5.42	1.65	$ 390.24	$ 118.80
67820 00	Surgery	0.56	0.57	$ 40.32	$ 41.04
67825 00	Surgery	4.05	3.22	$ 291.60	$ 231.84
67830 00	Surgery	8.04	3.57	$ 578.88	$ 257.04
67835 00	Surgery	11.36	11.36	$ 817.92	$ 817.92
67840 00	Surgery	8.32	4.02	$ 599.04	$ 289.44
67850 00	Surgery	6.28	3.37	$ 452.16	$ 242.64
67875 00	Surgery	5.41	2.43	$ 389.52	$ 174.96
67880 00	Surgery	14.10	9.57	$ 1,015.20	$ 689.04
67882 00	Surgery	17.20	12.15	$ 1,238.40	$ 874.80
67900 00	Surgery	19.69	12.96	$ 1,417.68	$ 933.12

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
67901 00	Surgery	23.76	15.04	$ 1,710.72	$ 1,082.88
67902 00	Surgery	18.42	18.42	$ 1,326.24	$ 1,326.24
67903 00	Surgery	18.15	12.23	$ 1,306.80	$ 880.56
67904 00	Surgery	22.30	15.21	$ 1,605.60	$ 1,095.12
67906 00	Surgery	12.80	12.80	$ 921.60	$ 921.60
67908 00	Surgery	16.36	11.23	$ 1,177.92	$ 808.56
67909 00	Surgery	16.56	11.34	$ 1,192.32	$ 816.48
67911 00	Surgery	14.29	14.29	$ 1,028.88	$ 1,028.88
67912 00	Surgery	26.78	12.69	$ 1,928.16	$ 913.68
67914 00	Surgery	14.67	8.73	$ 1,056.24	$ 628.56
67915 00	Surgery	9.45	5.39	$ 680.40	$ 388.08
67916 00	Surgery	18.31	11.13	$ 1,318.32	$ 801.36
67917 00	Surgery	18.73	11.74	$ 1,348.56	$ 845.28
67921 00	Surgery	14.29	8.28	$ 1,028.88	$ 596.16
67922 00	Surgery	9.24	5.39	$ 665.28	$ 388.08
67923 00	Surgery	18.28	11.11	$ 1,316.16	$ 799.92
67924 00	Surgery	19.49	11.74	$ 1,403.28	$ 845.28
67930 00	Surgery	11.19	5.89	$ 805.68	$ 424.08
67935 00	Surgery	18.15	11.03	$ 1,306.80	$ 794.16
67938 00	Surgery	7.55	3.00	$ 543.60	$ 216.00
67950 00	Surgery	17.63	11.90	$ 1,269.36	$ 856.80
67961 00	Surgery	17.73	11.69	$ 1,276.56	$ 841.68
67966 00	Surgery	23.43	16.61	$ 1,686.96	$ 1,195.92
67971 00	Surgery	18.19	18.19	$ 1,309.68	$ 1,309.68
67973 00	Surgery	23.26	23.26	$ 1,674.72	$ 1,674.72
67974 00	Surgery	23.21	23.21	$ 1,671.12	$ 1,671.12
67975 00	Surgery	17.32	17.32	$ 1,247.04	$ 1,247.04
67999 00	Surgery	0.00	0.00	BR	BR
68020 00	Surgery	3.63	2.84	$ 261.36	$ 204.48
68040 00	Surgery	1.85	1.19	$ 133.20	$ 85.68
68100 00	Surgery	5.38	2.43	$ 387.36	$ 174.96
68110 00	Surgery	7.11	3.86	$ 511.92	$ 277.92
68115 00	Surgery	9.91	4.70	$ 713.52	$ 338.40
68130 00	Surgery	16.60	10.71	$ 1,195.20	$ 771.12
68135 00	Surgery	4.78	3.89	$ 344.16	$ 280.08
68200 00	Surgery	1.24	0.87	$ 89.28	$ 62.64
68320 00	Surgery	22.37	14.02	$ 1,610.64	$ 1,009.44
68325 00	Surgery	16.78	16.78	$ 1,208.16	$ 1,208.16
68326 00	Surgery	16.53	16.53	$ 1,190.16	$ 1,190.16
68328 00	Surgery	17.93	17.93	$ 1,290.96	$ 1,290.96

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
68330 00	Surgery	18.68	11.90	$ 1,344.96	$ 856.80
68335 00	Surgery	16.57	16.57	$ 1,193.04	$ 1,193.04
68340 00	Surgery	18.63	10.67	$ 1,341.36	$ 768.24
68360 00	Surgery	16.36	10.63	$ 1,177.92	$ 765.36
68362 00	Surgery	16.75	16.75	$ 1,206.00	$ 1,206.00
68371 00	Surgery	10.74	10.74	$ 773.28	$ 773.28
68399 00	Surgery	0.00	0.00	BR	BR
68400 00	Surgery	8.86	3.38	$ 637.92	$ 243.36
68420 00	Surgery	9.90	4.22	$ 712.80	$ 303.84
68440 00	Surgery	3.18	2.72	$ 228.96	$ 195.84
68500 00	Surgery	27.58	27.58	$ 1,985.76	$ 1,985.76
68505 00	Surgery	27.47	27.47	$ 1,977.84	$ 1,977.84
68510 00	Surgery	13.50	7.03	$ 972.00	$ 506.16
68520 00	Surgery	19.27	19.27	$ 1,387.44	$ 1,387.44
68525 00	Surgery	6.18	6.18	$ 444.96	$ 444.96
68530 00	Surgery	12.98	6.37	$ 934.56	$ 458.64
68540 00	Surgery	25.37	25.37	$ 1,826.64	$ 1,826.64
68550 00	Surgery	31.54	31.54	$ 2,270.88	$ 2,270.88
68700 00	Surgery	15.46	15.46	$ 1,113.12	$ 1,113.12
68705 00	Surgery	7.78	4.29	$ 560.16	$ 308.88
68720 00	Surgery	21.04	21.04	$ 1,514.88	$ 1,514.88
68745 00	Surgery	21.14	21.14	$ 1,522.08	$ 1,522.08
68750 00	Surgery	22.42	22.42	$ 1,614.24	$ 1,614.24
68760 00	Surgery	6.57	3.82	$ 473.04	$ 275.04
68761 00	Surgery	4.29	3.10	$ 308.88	$ 223.20
68770 00	Surgery	16.03	16.03	$ 1,154.16	$ 1,154.16
68801 00	Surgery	2.83	2.15	$ 203.76	$ 154.80
68810 00	Surgery	4.81	3.36	$ 346.32	$ 241.92
68811 00	Surgery	3.52	3.52	$ 253.44	$ 253.44
68815 00	Surgery	11.17	5.78	$ 804.24	$ 416.16
68816 00	Surgery	24.90	4.01	$ 1,792.80	$ 288.72
68840 00	Surgery	4.02	3.13	$ 289.44	$ 225.36
68841 00	Surgery	1.16	0.82	$ 83.52	$ 59.04
68850 00	Surgery	1.69	1.37	$ 121.68	$ 98.64
68899 00	Surgery	0.00	0.00	BR	BR
69000 00	Surgery	5.74	3.52	$ 413.28	$ 253.44
69005 00	Surgery	6.66	4.38	$ 479.52	$ 315.36
69020 00	Surgery	6.97	3.98	$ 501.84	$ 286.56
69090 00	Surgery	-	-	$ 56.88	$ 56.88
69100 00	Surgery	2.77	1.12	$ 199.44	$ 80.64

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
69105 00	Surgery	4.31	1.72	$ 310.32	$ 123.84
69110 00	Surgery	14.05	9.00	$ 1,011.60	$ 648.00
69120 00	Surgery	10.80	10.80	$ 777.60	$ 777.60
69140 00	Surgery	25.23	25.23	$ 1,816.56	$ 1,816.56
69145 00	Surgery	12.12	7.10	$ 872.64	$ 511.20
69150 00	Surgery	26.95	26.95	$ 1,940.40	$ 1,940.40
69155 00	Surgery	42.85	42.85	$ 3,085.20	$ 3,085.20
69200 00	Surgery	2.45	1.25	$ 176.40	$ 90.00
69205 00	Surgery	2.62	2.62	$ 188.64	$ 188.64
69209 00	Surgery	0.51	0.51	$ 36.72	$ 36.72
69210 00	Surgery	1.43	0.81	$ 102.96	$ 58.32
69220 00	Surgery	2.35	1.33	$ 169.20	$ 95.76
69222 00	Surgery	6.49	3.77	$ 467.28	$ 271.44
69300 00	Surgery	19.55	12.79	$ 1,407.60	$ 920.88
69310 00	Surgery	31.05	31.05	$ 2,235.60	$ 2,235.60
69320 00	Surgery	42.71	42.71	$ 3,075.12	$ 3,075.12
69399 00	Surgery	0.00	0.00	BR	BR
69420 00	Surgery	5.74	3.31	$ 413.28	$ 238.32
69421 00	Surgery	4.13	4.13	$ 297.36	$ 297.36
69424 00	Surgery	3.90	1.66	$ 280.80	$ 119.52
69433 00	Surgery	6.06	3.58	$ 436.32	$ 257.76
69436 00	Surgery	4.33	4.33	$ 311.76	$ 311.76
69440 00	Surgery	18.69	18.69	$ 1,345.68	$ 1,345.68
69450 00	Surgery	14.88	14.88	$ 1,071.36	$ 1,071.36
69501 00	Surgery	19.03	19.03	$ 1,370.16	$ 1,370.16
69502 00	Surgery	25.16	25.16	$ 1,811.52	$ 1,811.52
69505 00	Surgery	33.78	33.78	$ 2,432.16	$ 2,432.16
69511 00	Surgery	34.51	34.51	$ 2,484.72	$ 2,484.72
69530 00	Surgery	45.58	45.58	$ 3,281.76	$ 3,281.76
69535 00	Surgery	70.77	70.77	$ 5,095.44	$ 5,095.44
69540 00	Surgery	6.29	3.60	$ 452.88	$ 259.20
69550 00	Surgery	29.31	29.31	$ 2,110.32	$ 2,110.32
69552 00	Surgery	42.78	42.78	$ 3,080.16	$ 3,080.16
69554 00	Surgery	66.92	66.92	$ 4,818.24	$ 4,818.24
69601 00	Surgery	27.10	27.10	$ 1,951.20	$ 1,951.20
69602 00	Surgery	28.93	28.93	$ 2,082.96	$ 2,082.96
69603 00	Surgery	35.19	35.19	$ 2,533.68	$ 2,533.68
69604 00	Surgery	29.53	29.53	$ 2,126.16	$ 2,126.16
69610 00	Surgery	11.44	7.47	$ 823.68	$ 537.84
69620 00	Surgery	22.19	13.53	$ 1,597.68	$ 974.16

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
69631 00	Surgery	23.93	23.93	$ 1,722.96	$ 1,722.96
69632 00	Surgery	29.02	29.02	$ 2,089.44	$ 2,089.44
69633 00	Surgery	28.24	28.24	$ 2,033.28	$ 2,033.28
69635 00	Surgery	35.21	35.21	$ 2,535.12	$ 2,535.12
69636 00	Surgery	38.60	38.60	$ 2,779.20	$ 2,779.20
69637 00	Surgery	38.46	38.46	$ 2,769.12	$ 2,769.12
69641 00	Surgery	27.79	27.79	$ 2,000.88	$ 2,000.88
69642 00	Surgery	35.47	35.47	$ 2,553.84	$ 2,553.84
69643 00	Surgery	32.56	32.56	$ 2,344.32	$ 2,344.32
69644 00	Surgery	41.06	41.06	$ 2,956.32	$ 2,956.32
69645 00	Surgery	40.44	40.44	$ 2,911.68	$ 2,911.68
69646 00	Surgery	42.85	42.85	$ 3,085.20	$ 3,085.20
69650 00	Surgery	21.48	21.48	$ 1,546.56	$ 1,546.56
69660 00	Surgery	24.52	24.52	$ 1,765.44	$ 1,765.44
69661 00	Surgery	31.87	31.87	$ 2,294.64	$ 2,294.64
69662 00	Surgery	30.55	30.55	$ 2,199.60	$ 2,199.60
69666 00	Surgery	21.59	21.59	$ 1,554.48	$ 1,554.48
69667 00	Surgery	21.67	21.67	$ 1,560.24	$ 1,560.24
69670 00	Surgery	25.15	25.15	$ 1,810.80	$ 1,810.80
69676 00	Surgery	22.36	22.36	$ 1,609.92	$ 1,609.92
69700 00	Surgery	17.91	17.91	$ 1,289.52	$ 1,289.52
69705 00	Surgery	76.94	4.44	$ 5,539.68	$ 319.68
69706 00	Surgery	79.66	6.15	$ 5,735.52	$ 442.80
69710 00	Surgery	0.00	0.00	BR	BR
69711 00	Surgery	22.45	22.45	$ 1,616.40	$ 1,616.40
69714 00	Surgery	13.10	13.10	$ 943.20	$ 943.20
69716 00	Surgery	16.30	16.30	$ 1,173.60	$ 1,173.60
69717 00	Surgery	14.75	14.75	$ 1,062.00	$ 1,062.00
69719 00	Surgery	16.83	16.83	$ 1,211.76	$ 1,211.76
69720 00	Surgery	31.73	31.73	$ 2,284.56	$ 2,284.56
69725 00	Surgery	48.68	48.68	$ 3,504.96	$ 3,504.96
69726 00	Surgery	12.65	12.65	$ 910.80	$ 910.80
69727 00	Surgery	14.05	14.05	$ 1,011.60	$ 1,011.60
69728 00	Surgery	15.56	15.56	$ 1,120.32	$ 1,120.32
69729 00	Surgery	17.62	17.62	$ 1,268.64	$ 1,268.64
69730 00	Surgery	17.91	17.91	$ 1,289.52	$ 1,289.52
69740 00	Surgery	30.51	30.51	$ 2,196.72	$ 2,196.72
69745 00	Surgery	32.56	32.56	$ 2,344.32	$ 2,344.32
69799 00	Surgery	0.00	0.00	BR	BR
69801 00	Surgery	6.68	3.22	$ 480.96	$ 231.84

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
69805 00	Surgery	27.15	27.15	$ 1,954.80	$ 1,954.80
69806 00	Surgery	24.42	24.42	$ 1,758.24	$ 1,758.24
69905 00	Surgery	24.51	24.51	$ 1,764.72	$ 1,764.72
69910 00	Surgery	26.17	26.17	$ 1,884.24	$ 1,884.24
69915 00	Surgery	39.18	39.18	$ 2,820.96	$ 2,820.96
69930 00	Surgery	31.73	31.73	$ 2,284.56	$ 2,284.56
69949 00	Surgery	0.00	0.00	BR	BR
69950 00	Surgery	45.24	45.24	$ 3,257.28	$ 3,257.28
69955 00	Surgery	51.12	51.12	$ 3,680.64	$ 3,680.64
69960 00	Surgery	48.88	48.88	$ 3,519.36	$ 3,519.36
69970 00	Surgery	55.16	55.16	$ 3,971.52	$ 3,971.52
69979 00	Surgery	0.00	0.00	BR	BR
69990 00	Surgery	5.93	5.93	$ 426.96	$ 426.96

Historical Note

New Appendix A, Surgery Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Surgery Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19- 3). Appendix A. Surgery Codes 2019-2020 repealed; new Appendix A, Surgery Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Surgery Codes 2020-2021 repealed; new Appendix A, Surgery Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Surgery Codes 2021-2022 repealed; new Surgery Codes 2022-2023 made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Surgery Codes 2022-2023 repealed; new Surgery Codes 2023-2024 made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Surgery Codes 2023-2024 repealed; new Appendix A, Surgery Codes 2024-2025 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Surgery Codes 2024-2025 repealed; new Appendix A, Surgery Codes 2025 made by exempt rulemaking at effective May 1, 2025 (Supp. 25-2). Surgery Codes 2025 repealed; new Appendix A, Surgery Codes 2026 made by exempt rulemaking at effective May 1, 2026 (Supp. 26-2).

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RADIOLOGY GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction Section of the Fee Schedule.

The following Commission guidelines are in addition to CMS and CPT® guidelines and represent additional guidance from the Commission relative to unit values for these services. To the extent that a conflict may exist between an incorporated portion of the CPT® and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

A. GENERAL GUIDELINES

1. Values include usual contrast media, equipment, and materials. An additional charge may be warranted when special surgical trays and materials are provided by the healthcare provider.

2. Values include consultation and written reports to the referring healthcare provider.

3. X-ray findings and attending healthcare provider's written orders for x-rays must be included with the statement for x-ray services. Bills unsupported by findings will not be paid.

4. X-rays should be taken, reported, and be properly marked for identification and orientation in accordance with the accepted standard of radiologic practice in the State of Arizona.

B. MODIFIERS

Modifiers identify circumstances that alter or enhance the description of the service. For radiology codes, two modifiers affect the assigned unit value and are listed in *The Essential RBRVS.* However, other modifiers may be required for correct reporting of service. See CMS and the 2025 CPT® publication for additional information on modifiers. Listed radiology modifiers affect the unit values as follows:

1. Total: When no modifier is listed, the unit value represents the global value of the procedure. The five-digit code is used to represent a global service inclusive of the professional and technical value of providing that service. The following sections provide additional definitions for each component.

2. Professional: Modifier 26 is used to designate professional services. The professional component includes examination of the patient, when indicated, performance and/or supervision of the procedure, interpretation and written report of the examination, and consultation with referring healthcare providers.

3. Technical: Modifier TC is used to designate the technical value of providing the service. The technical component includes personnel, materials, space, equipment, and other allocated facility overhead normally included in providing the service.

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C. REFERENCE TO RELATIVE VALUES

Two patterns of billing currently prevail in radiology. The first pattern occurs when a total charge for the radiology service, including both the professional component ("PC") and technical component ("TC"), is billed by appropriately licensed healthcare providers working in offices, clinics, and independent diagnostic testing facilities. The second pattern occurs when services are performed in settings such as a hospital or ambulatory surgery center radiology department. The radiologist submits a separate statement to the payer for services that compose the professional component. The hospital or ambulatory surgery center charges for use of the department facilities and the services of its employees as the technical component.

The Radiology Relative Values scales have been devised for use in radiology and are not coordinated with scales for services in other branches of medicine such as surgery, medicine, or pathology. The two scales are compatible only within themselves. Some procedures are noted as a "BR" value or "By Report". This usage is intended to indicate that circumstances involving a given patient procedure may require much more than the average amount of time and effort to perform and thus a value would be unique and could not be anticipated or established. When such added involvement is claimed, a written explanation will usually be required as an addendum to the bill.

The PC values do not include TC charges made by the hospital in which the procedure was accomplished. Such charges by the hospital or ambulatory surgery center cover the services of technologists and other staff, the films, contrast media, radioactive agents, chemical and other materials, the use of the space and facilities of the x-ray department plus any other hospital or ambulatory surgery center costs. Most hospitals or ambulatory surgery centers have derived their own schedule of charges for these items. Establishment of hospital or ambulatory surgery center charges is not the subject of the Fee Schedule.

The separation of billing in no way implies a division of responsibility, but only a division of the charge. The radiologist is a physician performing a needed medical service for a patient and must retain full responsibility for his or her own activity and full responsibility for the potential supervision of technologists, the selection and maintenance of equipment, the control of radiation hazards, and the general administration of the radiology department.

D. REVIEW OF DIAGNOSTIC STUDIES

No separate charge is warranted for prior studies reviewed in conjunction with a visit, consultation, record review, or other evaluation by a healthcare provider; neither the professional component value modifier 26 nor the radiological consultation CPT® code 76140 is reimbursable. The review of diagnostic tests is included in the evaluation and management codes.

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Historical Note

New Appendix A. Radiology Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A. Radiology Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Radiology Guidelines repealed; new Appendix A, Radiology Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Radiology Guidelines repealed; new Appendix A, Radiology Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Radiology Guidelines repealed; new Radiology Guidelines made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Radiology Guidelines repealed; new Radiology Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Radiology Guidelines repealed; new Appendix A, Radiology Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Radiology Guidelines repealed; new Appendix A, Radiology Guidelines made by exempt rulemaking effective May 1, 2025 (Supp. 25-2). Appendix A, Radiology Guidelines repealed; new Appendix A, Radiology Guidelines made by exempt rulemaking effective May 1, 2026 (Supp. 26-2).

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ARIZONA PHYSICIANS' FEE SCHEDULE
Radiology Codes 2026
Radiology Conversion Factor $70.00

Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
70010 00	Radiology	1.48	1.48	$ 103.60	$ 103.60
70015 00	Radiology	4.80	4.80	$ 336.00	$ 336.00
70015 26	Radiology	1.64	1.64	$ 114.80	$ 114.80
70015 TC	Radiology	3.16	3.16	$ 221.20	$ 221.20
70030 00	Radiology	0.98	0.98	$ 68.60	$ 68.60
70030 26	Radiology	0.26	0.26	$ 18.20	$ 18.20
70030 TC	Radiology	0.72	0.72	$ 50.40	$ 50.40
70100 00	Radiology	1.21	1.21	$ 84.70	$ 84.70
70100 26	Radiology	0.27	0.27	$ 18.90	$ 18.90
70100 TC	Radiology	0.94	0.94	$ 65.80	$ 65.80
70110 00	Radiology	1.29	1.29	$ 90.30	$ 90.30
70110 26	Radiology	0.35	0.35	$ 24.50	$ 24.50
70110 TC	Radiology	0.94	0.94	$ 65.80	$ 65.80
70120 00	Radiology	1.16	1.16	$ 81.20	$ 81.20
70120 26	Radiology	0.26	0.26	$ 18.20	$ 18.20
70120 TC	Radiology	0.90	0.90	$ 63.00	$ 63.00
70130 00	Radiology	1.83	1.83	$ 128.10	$ 128.10
70130 26	Radiology	0.48	0.48	$ 33.60	$ 33.60
70130 TC	Radiology	1.35	1.35	$ 94.50	$ 94.50
70134 00	Radiology	1.83	1.83	$ 128.10	$ 128.10
70134 26	Radiology	0.50	0.50	$ 35.00	$ 35.00
70134 TC	Radiology	1.33	1.33	$ 93.10	$ 93.10
70140 00	Radiology	0.95	0.95	$ 66.50	$ 66.50
70140 26	Radiology	0.29	0.29	$ 20.30	$ 20.30
70140 TC	Radiology	0.66	0.66	$ 46.20	$ 46.20
70150 00	Radiology	1.40	1.40	$ 98.00	$ 98.00
70150 26	Radiology	0.37	0.37	$ 25.90	$ 25.90
70150 TC	Radiology	1.03	1.03	$ 72.10	$ 72.10
70160 00	Radiology	1.12	1.12	$ 78.40	$ 78.40
70160 26	Radiology	0.25	0.25	$ 17.50	$ 17.50
70160 TC	Radiology	0.87	0.87	$ 60.90	$ 60.90
70170 00	Radiology	-	-	$ 101.50	$ 101.50
70170 26	Radiology	0.42	0.42	$ 29.40	$ 29.40
70170 TC	Radiology	-	-	$ 72.10	$ 72.10
70190 00	Radiology	1.10	1.10	$ 77.00	$ 77.00

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
70190 26	Radiology	0.31	0.31	$ 21.70	$ 21.70
70190 TC	Radiology	0.79	0.79	$ 55.30	$ 55.30
70200 00	Radiology	1.40	1.40	$ 98.00	$ 98.00
70200 26	Radiology	0.39	0.39	$ 27.30	$ 27.30
70200 TC	Radiology	1.01	1.01	$ 70.70	$ 70.70
70210 00	Radiology	0.97	0.97	$ 67.90	$ 67.90
70210 26	Radiology	0.25	0.25	$ 17.50	$ 17.50
70210 TC	Radiology	0.72	0.72	$ 50.40	$ 50.40
70220 00	Radiology	1.13	1.13	$ 79.10	$ 79.10
70220 26	Radiology	0.31	0.31	$ 21.70	$ 21.70
70220 TC	Radiology	0.82	0.82	$ 57.40	$ 57.40
70240 00	Radiology	0.96	0.96	$ 67.20	$ 67.20
70240 26	Radiology	0.27	0.27	$ 18.90	$ 18.90
70240 TC	Radiology	0.69	0.69	$ 48.30	$ 48.30
70250 00	Radiology	1.07	1.07	$ 74.90	$ 74.90
70250 26	Radiology	0.26	0.26	$ 18.20	$ 18.20
70250 TC	Radiology	0.81	0.81	$ 56.70	$ 56.70
70260 00	Radiology	1.31	1.31	$ 91.70	$ 91.70
70260 26	Radiology	0.39	0.39	$ 27.30	$ 27.30
70260 TC	Radiology	0.92	0.92	$ 64.40	$ 64.40
70300 00	Radiology	0.43	0.43	$ 30.10	$ 30.10
70300 26	Radiology	0.16	0.16	$ 11.20	$ 11.20
70300 TC	Radiology	0.27	0.27	$ 18.90	$ 18.90
70310 00	Radiology	1.28	1.28	$ 89.60	$ 89.60
70310 26	Radiology	0.24	0.24	$ 16.80	$ 16.80
70310 TC	Radiology	1.04	1.04	$ 72.80	$ 72.80
70320 00	Radiology	1.70	1.70	$ 119.00	$ 119.00
70320 26	Radiology	0.34	0.34	$ 23.80	$ 23.80
70320 TC	Radiology	1.36	1.36	$ 95.20	$ 95.20
70328 00	Radiology	1.02	1.02	$ 71.40	$ 71.40
70328 26	Radiology	0.26	0.26	$ 18.20	$ 18.20
70328 TC	Radiology	0.76	0.76	$ 53.20	$ 53.20
70330 00	Radiology	1.60	1.60	$ 112.00	$ 112.00
70330 26	Radiology	0.34	0.34	$ 23.80	$ 23.80
70330 TC	Radiology	1.26	1.26	$ 88.20	$ 88.20
70332 00	Radiology	2.39	2.39	$ 167.30	$ 167.30
70332 26	Radiology	0.75	0.75	$ 52.50	$ 52.50
70332 TC	Radiology	1.64	1.64	$ 114.80	$ 114.80
70336 00	Radiology	7.76	7.76	$ 543.20	$ 543.20
70336 26	Radiology	2.00	2.00	$ 140.00	$ 140.00

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
70336 TC	Radiology	5.76	5.76	$ 403.20	$ 403.20
70350 00	Radiology	0.55	0.55	$ 38.50	$ 38.50
70350 26	Radiology	0.26	0.26	$ 18.20	$ 18.20
70350 TC	Radiology	0.29	0.29	$ 20.30	$ 20.30
70355 00	Radiology	0.58	0.58	$ 40.60	$ 40.60
70355 26	Radiology	0.30	0.30	$ 21.00	$ 21.00
70355 TC	Radiology	0.28	0.28	$ 19.60	$ 19.60
70360 00	Radiology	0.93	0.93	$ 65.10	$ 65.10
70360 26	Radiology	0.26	0.26	$ 18.20	$ 18.20
70360 TC	Radiology	0.67	0.67	$ 46.90	$ 46.90
70370 00	Radiology	3.00	3.00	$ 210.00	$ 210.00
70370 26	Radiology	0.46	0.46	$ 32.20	$ 32.20
70370 TC	Radiology	2.54	2.54	$ 177.80	$ 177.80
70371 00	Radiology	3.33	3.33	$ 233.10	$ 233.10
70371 26	Radiology	1.23	1.23	$ 86.10	$ 86.10
70371 TC	Radiology	2.10	2.10	$ 147.00	$ 147.00
70380 00	Radiology	1.10	1.10	$ 77.00	$ 77.00
70380 26	Radiology	0.24	0.24	$ 16.80	$ 16.80
70380 TC	Radiology	0.86	0.86	$ 60.20	$ 60.20
70390 00	Radiology	3.31	3.31	$ 231.70	$ 231.70
70390 26	Radiology	0.52	0.52	$ 36.40	$ 36.40
70390 TC	Radiology	2.79	2.79	$ 195.30	$ 195.30
70450 00	Radiology	3.19	3.19	$ 223.30	$ 223.30
70450 26	Radiology	1.18	1.18	$ 82.60	$ 82.60
70450 TC	Radiology	2.01	2.01	$ 140.70	$ 140.70
70460 00	Radiology	4.44	4.44	$ 310.80	$ 310.80
70460 26	Radiology	1.56	1.56	$ 109.20	$ 109.20
70460 TC	Radiology	2.88	2.88	$ 201.60	$ 201.60
70470 00	Radiology	5.18	5.18	$ 362.60	$ 362.60
70470 26	Radiology	1.75	1.75	$ 122.50	$ 122.50
70470 TC	Radiology	3.43	3.43	$ 240.10	$ 240.10
70471 00	Radiology	11.28	11.28	$ 789.60	$ 789.60
70471 26	Radiology	3.54	3.54	$ 247.80	$ 247.80
70471 TC	Radiology	7.74	7.74	$ 541.80	$ 541.80
70472 00	Radiology	4.68	4.68	$ 327.60	$ 327.60
70472 26	Radiology	1.09	1.09	$ 76.30	$ 76.30
70472 TC	Radiology	3.59	3.59	$ 251.30	$ 251.30
70473 00	Radiology	7.22	7.22	$ 505.40	$ 505.40
70473 26	Radiology	1.42	1.42	$ 99.40	$ 99.40
70473 TC	Radiology	5.80	5.80	$ 406.00	$ 406.00

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
70480 00	Radiology	4.74	4.74	$ 331.80	$ 331.80
70480 26	Radiology	1.77	1.77	$ 123.90	$ 123.90
70480 TC	Radiology	2.97	2.97	$ 207.90	$ 207.90
70481 00	Radiology	5.38	5.38	$ 376.60	$ 376.60
70481 26	Radiology	1.56	1.56	$ 109.20	$ 109.20
70481 TC	Radiology	3.82	3.82	$ 267.40	$ 267.40
70482 00	Radiology	6.26	6.26	$ 438.20	$ 438.20
70482 26	Radiology	1.74	1.74	$ 121.80	$ 121.80
70482 TC	Radiology	4.52	4.52	$ 316.40	$ 316.40
70486 00	Radiology	3.84	3.84	$ 268.80	$ 268.80
70486 26	Radiology	1.19	1.19	$ 83.30	$ 83.30
70486 TC	Radiology	2.65	2.65	$ 185.50	$ 185.50
70487 00	Radiology	4.54	4.54	$ 317.80	$ 317.80
70487 26	Radiology	1.56	1.56	$ 109.20	$ 109.20
70487 TC	Radiology	2.98	2.98	$ 208.60	$ 208.60
70488 00	Radiology	5.51	5.51	$ 385.70	$ 385.70
70488 26	Radiology	1.75	1.75	$ 122.50	$ 122.50
70488 TC	Radiology	3.76	3.76	$ 263.20	$ 263.20
70490 00	Radiology	4.48	4.48	$ 313.60	$ 313.60
70490 26	Radiology	1.77	1.77	$ 123.90	$ 123.90
70490 TC	Radiology	2.71	2.71	$ 189.70	$ 189.70
70491 00	Radiology	5.49	5.49	$ 384.30	$ 384.30
70491 26	Radiology	1.90	1.90	$ 133.00	$ 133.00
70491 TC	Radiology	3.59	3.59	$ 251.30	$ 251.30
70492 00	Radiology	6.58	6.58	$ 460.60	$ 460.60
70492 26	Radiology	2.21	2.21	$ 154.70	$ 154.70
70492 TC	Radiology	4.37	4.37	$ 305.90	$ 305.90
70496 00	Radiology	8.20	8.20	$ 574.00	$ 574.00
70496 26	Radiology	2.40	2.40	$ 168.00	$ 168.00
70496 TC	Radiology	5.80	5.80	$ 406.00	$ 406.00
70498 00	Radiology	8.20	8.20	$ 574.00	$ 574.00
70498 26	Radiology	2.40	2.40	$ 168.00	$ 168.00
70498 TC	Radiology	5.80	5.80	$ 406.00	$ 406.00
70540 00	Radiology	6.72	6.72	$ 470.40	$ 470.40
70540 26	Radiology	1.85	1.85	$ 129.50	$ 129.50
70540 TC	Radiology	4.87	4.87	$ 340.90	$ 340.90
70542 00	Radiology	7.98	7.98	$ 558.60	$ 558.60
70542 26	Radiology	2.23	2.23	$ 156.10	$ 156.10
70542 TC	Radiology	5.75	5.75	$ 402.50	$ 402.50
70543 00	Radiology	10.09	10.09	$ 706.30	$ 706.30

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
70543 26	Radiology	2.96	2.96	$ 207.20	$ 207.20
70543 TC	Radiology	7.13	7.13	$ 499.10	$ 499.10
70544 00	Radiology	6.43	6.43	$ 450.10	$ 450.10
70544 26	Radiology	1.65	1.65	$ 115.50	$ 115.50
70544 TC	Radiology	4.78	4.78	$ 334.60	$ 334.60
70545 00	Radiology	6.78	6.78	$ 474.60	$ 474.60
70545 26	Radiology	1.65	1.65	$ 115.50	$ 115.50
70545 TC	Radiology	5.13	5.13	$ 359.10	$ 359.10
70546 00	Radiology	9.81	9.81	$ 686.70	$ 686.70
70546 26	Radiology	2.03	2.03	$ 142.10	$ 142.10
70546 TC	Radiology	7.78	7.78	$ 544.60	$ 544.60
70547 00	Radiology	6.43	6.43	$ 450.10	$ 450.10
70547 26	Radiology	1.65	1.65	$ 115.50	$ 115.50
70547 TC	Radiology	4.78	4.78	$ 334.60	$ 334.60
70548 00	Radiology	7.35	7.35	$ 514.50	$ 514.50
70548 26	Radiology	2.06	2.06	$ 144.20	$ 144.20
70548 TC	Radiology	5.29	5.29	$ 370.30	$ 370.30
70549 00	Radiology	10.28	10.28	$ 719.60	$ 719.60
70549 26	Radiology	2.47	2.47	$ 172.90	$ 172.90
70549 TC	Radiology	7.81	7.81	$ 546.70	$ 546.70
70551 00	Radiology	5.85	5.85	$ 409.50	$ 409.50
70551 26	Radiology	2.03	2.03	$ 142.10	$ 142.10
70551 TC	Radiology	3.82	3.82	$ 267.40	$ 267.40
70552 00	Radiology	8.05	8.05	$ 563.50	$ 563.50
70552 26	Radiology	2.45	2.45	$ 171.50	$ 171.50
70552 TC	Radiology	5.60	5.60	$ 392.00	$ 392.00
70553 00	Radiology	9.49	9.49	$ 664.30	$ 664.30
70553 26	Radiology	3.15	3.15	$ 220.50	$ 220.50
70553 TC	Radiology	6.34	6.34	$ 443.80	$ 443.80
70554 00	Radiology	11.31	11.31	$ 791.70	$ 791.70
70554 26	Radiology	2.93	2.93	$ 205.10	$ 205.10
70554 TC	Radiology	8.38	8.38	$ 586.60	$ 586.60
70555 00	Radiology	-	-	$ 1,408.40	$ 1,408.40
70555 26	Radiology	3.42	3.42	$ 239.40	$ 239.40
70555 TC	Radiology	-	-	$ 1,169.00	$ 1,169.00
70557 00	Radiology	-	-	$ 322.70	$ 322.70
70557 26	Radiology	4.61	4.61	$ 322.70	$ 322.70
70557 TC	Radiology	0.00	0.00	BR	BR
70558 00	Radiology	-	-	$ 1,422.40	$ 1,422.40
70558 26	Radiology	5.08	5.08	$ 355.60	$ 355.60

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
70558 TC	Radiology	-	-	$ 1,066.80	$ 1,066.80
70559 00	Radiology	-	-	$ 912.10	$ 912.10
70559 26	Radiology	4.69	4.69	$ 328.30	$ 328.30
70559 TC	Radiology	-	-	$ 583.80	$ 583.80
71045 00	Radiology	0.76	0.76	$ 53.20	$ 53.20
71045 26	Radiology	0.25	0.25	$ 17.50	$ 17.50
71045 TC	Radiology	0.51	0.51	$ 35.70	$ 35.70
71046 00	Radiology	0.99	0.99	$ 69.30	$ 69.30
71046 26	Radiology	0.30	0.30	$ 21.00	$ 21.00
71046 TC	Radiology	0.69	0.69	$ 48.30	$ 48.30
71047 00	Radiology	1.23	1.23	$ 86.10	$ 86.10
71047 26	Radiology	0.38	0.38	$ 26.60	$ 26.60
71047 TC	Radiology	0.85	0.85	$ 59.50	$ 59.50
71048 00	Radiology	1.35	1.35	$ 94.50	$ 94.50
71048 26	Radiology	0.44	0.44	$ 30.80	$ 30.80
71048 TC	Radiology	0.91	0.91	$ 63.70	$ 63.70
71100 00	Radiology	1.08	1.08	$ 75.60	$ 75.60
71100 26	Radiology	0.31	0.31	$ 21.70	$ 21.70
71100 TC	Radiology	0.77	0.77	$ 53.90	$ 53.90
71101 00	Radiology	1.25	1.25	$ 87.50	$ 87.50
71101 26	Radiology	0.38	0.38	$ 26.60	$ 26.60
71101 TC	Radiology	0.87	0.87	$ 60.90	$ 60.90
71110 00	Radiology	1.28	1.28	$ 89.60	$ 89.60
71110 26	Radiology	0.40	0.40	$ 28.00	$ 28.00
71110 TC	Radiology	0.88	0.88	$ 61.60	$ 61.60
71111 00	Radiology	1.54	1.54	$ 107.80	$ 107.80
71111 26	Radiology	0.45	0.45	$ 31.50	$ 31.50
71111 TC	Radiology	1.09	1.09	$ 76.30	$ 76.30
71120 00	Radiology	0.99	0.99	$ 69.30	$ 69.30
71120 26	Radiology	0.28	0.28	$ 19.60	$ 19.60
71120 TC	Radiology	0.71	0.71	$ 49.70	$ 49.70
71130 00	Radiology	1.24	1.24	$ 86.80	$ 86.80
71130 26	Radiology	0.31	0.31	$ 21.70	$ 21.70
71130 TC	Radiology	0.93	0.93	$ 65.10	$ 65.10
71250 00	Radiology	3.97	3.97	$ 277.90	$ 277.90
71250 26	Radiology	1.48	1.48	$ 103.60	$ 103.60
71250 TC	Radiology	2.49	2.49	$ 174.30	$ 174.30
71260 00	Radiology	4.99	4.99	$ 349.30	$ 349.30
71260 26	Radiology	1.61	1.61	$ 112.70	$ 112.70
71260 TC	Radiology	3.38	3.38	$ 236.60	$ 236.60

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
71270 00	Radiology	5.86	5.86	$ 410.20	$ 410.20
71270 26	Radiology	1.72	1.72	$ 120.40	$ 120.40
71270 TC	Radiology	4.14	4.14	$ 289.80	$ 289.80
71271 00	Radiology	4.08	4.08	$ 285.60	$ 285.60
71271 26	Radiology	1.48	1.48	$ 103.60	$ 103.60
71271 TC	Radiology	2.60	2.60	$ 182.00	$ 182.00
71275 00	Radiology	8.40	8.40	$ 588.00	$ 588.00
71275 26	Radiology	2.50	2.50	$ 175.00	$ 175.00
71275 TC	Radiology	5.90	5.90	$ 413.00	$ 413.00
71550 00	Radiology	9.97	9.97	$ 697.90	$ 697.90
71550 26	Radiology	1.99	1.99	$ 139.30	$ 139.30
71550 TC	Radiology	7.98	7.98	$ 558.60	$ 558.60
71551 00	Radiology	11.12	11.12	$ 778.40	$ 778.40
71551 26	Radiology	2.38	2.38	$ 166.60	$ 166.60
71551 TC	Radiology	8.74	8.74	$ 611.80	$ 611.80
71552 00	Radiology	13.95	13.95	$ 976.50	$ 976.50
71552 26	Radiology	3.11	3.11	$ 217.70	$ 217.70
71552 TC	Radiology	10.84	10.84	$ 758.80	$ 758.80
71555 00	Radiology	10.01	10.01	$ 700.70	$ 700.70
71555 26	Radiology	2.47	2.47	$ 172.90	$ 172.90
71555 TC	Radiology	7.54	7.54	$ 527.80	$ 527.80
72020 00	Radiology	0.71	0.71	$ 49.70	$ 49.70
72020 26	Radiology	0.23	0.23	$ 16.10	$ 16.10
72020 TC	Radiology	0.48	0.48	$ 33.60	$ 33.60
72040 00	Radiology	1.19	1.19	$ 83.30	$ 83.30
72040 26	Radiology	0.31	0.31	$ 21.70	$ 21.70
72040 TC	Radiology	0.88	0.88	$ 61.60	$ 61.60
72050 00	Radiology	1.65	1.65	$ 115.50	$ 115.50
72050 26	Radiology	0.39	0.39	$ 27.30	$ 27.30
72050 TC	Radiology	1.26	1.26	$ 88.20	$ 88.20
72052 00	Radiology	1.88	1.88	$ 131.60	$ 131.60
72052 26	Radiology	0.43	0.43	$ 30.10	$ 30.10
72052 TC	Radiology	1.45	1.45	$ 101.50	$ 101.50
72070 00	Radiology	0.99	0.99	$ 69.30	$ 69.30
72070 26	Radiology	0.29	0.29	$ 20.30	$ 20.30
72070 TC	Radiology	0.70	0.70	$ 49.00	$ 49.00
72072 00	Radiology	1.16	1.16	$ 81.20	$ 81.20
72072 26	Radiology	0.31	0.31	$ 21.70	$ 21.70
72072 TC	Radiology	0.85	0.85	$ 59.50	$ 59.50
72074 00	Radiology	1.32	1.32	$ 92.40	$ 92.40

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
72074 26	Radiology	0.34	0.34	$ 23.80	$ 23.80
72074 TC	Radiology	0.98	0.98	$ 68.60	$ 68.60
72080 00	Radiology	1.05	1.05	$ 73.50	$ 73.50
72080 26	Radiology	0.30	0.30	$ 21.00	$ 21.00
72080 TC	Radiology	0.75	0.75	$ 52.50	$ 52.50
72081 00	Radiology	1.32	1.32	$ 92.40	$ 92.40
72081 26	Radiology	0.38	0.38	$ 26.60	$ 26.60
72081 TC	Radiology	0.94	0.94	$ 65.80	$ 65.80
72082 00	Radiology	2.15	2.15	$ 150.50	$ 150.50
72082 26	Radiology	0.45	0.45	$ 31.50	$ 31.50
72082 TC	Radiology	1.70	1.70	$ 119.00	$ 119.00
72083 00	Radiology	2.39	2.39	$ 167.30	$ 167.30
72083 26	Radiology	0.51	0.51	$ 35.70	$ 35.70
72083 TC	Radiology	1.88	1.88	$ 131.60	$ 131.60
72084 00	Radiology	2.95	2.95	$ 206.50	$ 206.50
72084 26	Radiology	0.59	0.59	$ 41.30	$ 41.30
72084 TC	Radiology	2.36	2.36	$ 165.20	$ 165.20
72100 00	Radiology	1.21	1.21	$ 84.70	$ 84.70
72100 26	Radiology	0.32	0.32	$ 22.40	$ 22.40
72100 TC	Radiology	0.89	0.89	$ 62.30	$ 62.30
72110 00	Radiology	1.60	1.60	$ 112.00	$ 112.00
72110 26	Radiology	0.38	0.38	$ 26.60	$ 26.60
72110 TC	Radiology	1.22	1.22	$ 85.40	$ 85.40
72114 00	Radiology	1.85	1.85	$ 129.50	$ 129.50
72114 26	Radiology	0.43	0.43	$ 30.10	$ 30.10
72114 TC	Radiology	1.42	1.42	$ 99.40	$ 99.40
72120 00	Radiology	1.26	1.26	$ 88.20	$ 88.20
72120 26	Radiology	0.32	0.32	$ 22.40	$ 22.40
72120 TC	Radiology	0.94	0.94	$ 65.80	$ 65.80
72125 00	Radiology	3.91	3.91	$ 273.70	$ 273.70
72125 26	Radiology	1.39	1.39	$ 97.30	$ 97.30
72125 TC	Radiology	2.52	2.52	$ 176.40	$ 176.40
72126 00	Radiology	5.04	5.04	$ 352.80	$ 352.80
72126 26	Radiology	1.68	1.68	$ 117.60	$ 117.60
72126 TC	Radiology	3.36	3.36	$ 235.20	$ 235.20
72127 00	Radiology	5.87	5.87	$ 410.90	$ 410.90
72127 26	Radiology	1.74	1.74	$ 121.80	$ 121.80
72127 TC	Radiology	4.13	4.13	$ 289.10	$ 289.10
72128 00	Radiology	3.90	3.90	$ 273.00	$ 273.00
72128 26	Radiology	1.39	1.39	$ 97.30	$ 97.30

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
72128 TC	Radiology	2.51	2.51	$ 175.70	$ 175.70
72129 00	Radiology	5.07	5.07	$ 354.90	$ 354.90
72129 26	Radiology	1.68	1.68	$ 117.60	$ 117.60
72129 TC	Radiology	3.39	3.39	$ 237.30	$ 237.30
72130 00	Radiology	5.93	5.93	$ 415.10	$ 415.10
72130 26	Radiology	1.75	1.75	$ 122.50	$ 122.50
72130 TC	Radiology	4.18	4.18	$ 292.60	$ 292.60
72131 00	Radiology	3.89	3.89	$ 272.30	$ 272.30
72131 26	Radiology	1.39	1.39	$ 97.30	$ 97.30
72131 TC	Radiology	2.50	2.50	$ 175.00	$ 175.00
72132 00	Radiology	5.05	5.05	$ 353.50	$ 353.50
72132 26	Radiology	1.68	1.68	$ 117.60	$ 117.60
72132 TC	Radiology	3.37	3.37	$ 235.90	$ 235.90
72133 00	Radiology	5.89	5.89	$ 412.30	$ 412.30
72133 26	Radiology	1.75	1.75	$ 122.50	$ 122.50
72133 TC	Radiology	4.14	4.14	$ 289.80	$ 289.80
72141 00	Radiology	5.71	5.71	$ 399.70	$ 399.70
72141 26	Radiology	2.04	2.04	$ 142.80	$ 142.80
72141 TC	Radiology	3.67	3.67	$ 256.90	$ 256.90
72142 00	Radiology	8.20	8.20	$ 574.00	$ 574.00
72142 26	Radiology	2.48	2.48	$ 173.60	$ 173.60
72142 TC	Radiology	5.72	5.72	$ 400.40	$ 400.40
72146 00	Radiology	5.70	5.70	$ 399.00	$ 399.00
72146 26	Radiology	2.04	2.04	$ 142.80	$ 142.80
72146 TC	Radiology	3.66	3.66	$ 256.20	$ 256.20
72147 00	Radiology	8.12	8.12	$ 568.40	$ 568.40
72147 26	Radiology	2.46	2.46	$ 172.20	$ 172.20
72147 TC	Radiology	5.66	5.66	$ 396.20	$ 396.20
72148 00	Radiology	5.74	5.74	$ 401.80	$ 401.80
72148 26	Radiology	2.05	2.05	$ 143.50	$ 143.50
72148 TC	Radiology	3.69	3.69	$ 258.30	$ 258.30
72149 00	Radiology	8.07	8.07	$ 564.90	$ 564.90
72149 26	Radiology	2.46	2.46	$ 172.20	$ 172.20
72149 TC	Radiology	5.61	5.61	$ 392.70	$ 392.70
72156 00	Radiology	9.52	9.52	$ 666.40	$ 666.40
72156 26	Radiology	3.16	3.16	$ 221.20	$ 221.20
72156 TC	Radiology	6.36	6.36	$ 445.20	$ 445.20
72157 00	Radiology	9.54	9.54	$ 667.80	$ 667.80
72157 26	Radiology	3.16	3.16	$ 221.20	$ 221.20
72157 TC	Radiology	6.38	6.38	$ 446.60	$ 446.60

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
72158 00	Radiology	9.53	9.53	$ 667.10	$ 667.10
72158 26	Radiology	3.16	3.16	$ 221.20	$ 221.20
72158 TC	Radiology	6.37	6.37	$ 445.90	$ 445.90
72159 00	Radiology	10.10	10.10	$ 707.00	$ 707.00
72159 26	Radiology	2.47	2.47	$ 172.90	$ 172.90
72159 TC	Radiology	7.63	7.63	$ 534.10	$ 534.10
72170 00	Radiology	0.84	0.84	$ 58.80	$ 58.80
72170 26	Radiology	0.25	0.25	$ 17.50	$ 17.50
72170 TC	Radiology	0.59	0.59	$ 41.30	$ 41.30
72190 00	Radiology	1.30	1.30	$ 91.00	$ 91.00
72190 26	Radiology	0.37	0.37	$ 25.90	$ 25.90
72190 TC	Radiology	0.93	0.93	$ 65.10	$ 65.10
72191 00	Radiology	9.10	9.10	$ 637.00	$ 637.00
72191 26	Radiology	2.47	2.47	$ 172.90	$ 172.90
72191 TC	Radiology	6.63	6.63	$ 464.10	$ 464.10
72192 00	Radiology	3.97	3.97	$ 277.90	$ 277.90
72192 26	Radiology	1.49	1.49	$ 104.30	$ 104.30
72192 TC	Radiology	2.48	2.48	$ 173.60	$ 173.60
72193 00	Radiology	6.76	6.76	$ 473.20	$ 473.20
72193 26	Radiology	1.60	1.60	$ 112.00	$ 112.00
72193 TC	Radiology	5.16	5.16	$ 361.20	$ 361.20
72194 00	Radiology	7.50	7.50	$ 525.00	$ 525.00
72194 26	Radiology	1.68	1.68	$ 117.60	$ 117.60
72194 TC	Radiology	5.82	5.82	$ 407.40	$ 407.40
72195 00	Radiology	6.81	6.81	$ 476.70	$ 476.70
72195 26	Radiology	2.00	2.00	$ 140.00	$ 140.00
72195 TC	Radiology	4.81	4.81	$ 336.70	$ 336.70
72196 00	Radiology	8.03	8.03	$ 562.10	$ 562.10
72196 26	Radiology	2.38	2.38	$ 166.60	$ 166.60
72196 TC	Radiology	5.65	5.65	$ 395.50	$ 395.50
72197 00	Radiology	10.01	10.01	$ 700.70	$ 700.70
72197 26	Radiology	3.04	3.04	$ 212.80	$ 212.80
72197 TC	Radiology	6.97	6.97	$ 487.90	$ 487.90
72198 00	Radiology	10.06	10.06	$ 704.20	$ 704.20
72198 26	Radiology	2.45	2.45	$ 171.50	$ 171.50
72198 TC	Radiology	7.61	7.61	$ 532.70	$ 532.70
72200 00	Radiology	1.01	1.01	$ 70.70	$ 70.70
72200 26	Radiology	0.25	0.25	$ 17.50	$ 17.50
72200 TC	Radiology	0.76	0.76	$ 53.20	$ 53.20
72202 00	Radiology	1.16	1.16	$ 81.20	$ 81.20

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
72202 26	Radiology	0.31	0.31	$ 21.70	$ 21.70
72202 TC	Radiology	0.85	0.85	$ 59.50	$ 59.50
72220 00	Radiology	0.96	0.96	$ 67.20	$ 67.20
72220 26	Radiology	0.25	0.25	$ 17.50	$ 17.50
72220 TC	Radiology	0.71	0.71	$ 49.70	$ 49.70
72240 00	Radiology	3.35	3.35	$ 234.50	$ 234.50
72240 26	Radiology	1.29	1.29	$ 90.30	$ 90.30
72240 TC	Radiology	2.06	2.06	$ 144.20	$ 144.20
72255 00	Radiology	3.12	3.12	$ 218.40	$ 218.40
72255 26	Radiology	1.26	1.26	$ 88.20	$ 88.20
72255 TC	Radiology	1.86	1.86	$ 130.20	$ 130.20
72265 00	Radiology	3.30	3.30	$ 231.00	$ 231.00
72265 26	Radiology	1.20	1.20	$ 84.00	$ 84.00
72265 TC	Radiology	2.10	2.10	$ 147.00	$ 147.00
72270 00	Radiology	4.00	4.00	$ 280.00	$ 280.00
72270 26	Radiology	1.80	1.80	$ 126.00	$ 126.00
72270 TC	Radiology	2.20	2.20	$ 154.00	$ 154.00
72285 00	Radiology	4.34	4.34	$ 303.80	$ 303.80
72285 26	Radiology	1.71	1.71	$ 119.70	$ 119.70
72285 TC	Radiology	2.63	2.63	$ 184.10	$ 184.10
72295 00	Radiology	3.66	3.66	$ 256.20	$ 256.20
72295 26	Radiology	1.21	1.21	$ 84.70	$ 84.70
72295 TC	Radiology	2.45	2.45	$ 171.50	$ 171.50
73000 00	Radiology	1.00	1.00	$ 70.00	$ 70.00
73000 26	Radiology	0.24	0.24	$ 16.80	$ 16.80
73000 TC	Radiology	0.76	0.76	$ 53.20	$ 53.20
73010 00	Radiology	0.75	0.75	$ 52.50	$ 52.50
73010 26	Radiology	0.27	0.27	$ 18.90	$ 18.90
73010 TC	Radiology	0.48	0.48	$ 33.60	$ 33.60
73020 00	Radiology	0.65	0.65	$ 45.50	$ 45.50
73020 26	Radiology	0.22	0.22	$ 15.40	$ 15.40
73020 TC	Radiology	0.43	0.43	$ 30.10	$ 30.10
73030 00	Radiology	1.07	1.07	$ 74.90	$ 74.90
73030 26	Radiology	0.27	0.27	$ 18.90	$ 18.90
73030 TC	Radiology	0.80	0.80	$ 56.00	$ 56.00
73040 00	Radiology	4.03	4.03	$ 282.10	$ 282.10
73040 26	Radiology	0.80	0.80	$ 56.00	$ 56.00
73040 TC	Radiology	3.23	3.23	$ 226.10	$ 226.10
73050 00	Radiology	0.91	0.91	$ 63.70	$ 63.70
73050 26	Radiology	0.28	0.28	$ 19.60	$ 19.60

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
73050 TC	Radiology	0.63	0.63	$ 44.10	$ 44.10
73060 00	Radiology	0.96	0.96	$ 67.20	$ 67.20
73060 26	Radiology	0.24	0.24	$ 16.80	$ 16.80
73060 TC	Radiology	0.72	0.72	$ 50.40	$ 50.40
73070 00	Radiology	0.88	0.88	$ 61.60	$ 61.60
73070 26	Radiology	0.24	0.24	$ 16.80	$ 16.80
73070 TC	Radiology	0.64	0.64	$ 44.80	$ 44.80
73080 00	Radiology	0.99	0.99	$ 69.30	$ 69.30
73080 26	Radiology	0.25	0.25	$ 17.50	$ 17.50
73080 TC	Radiology	0.74	0.74	$ 51.80	$ 51.80
73085 00	Radiology	2.88	2.88	$ 201.60	$ 201.60
73085 26	Radiology	0.75	0.75	$ 52.50	$ 52.50
73085 TC	Radiology	2.13	2.13	$ 149.10	$ 149.10
73090 00	Radiology	0.87	0.87	$ 60.90	$ 60.90
73090 26	Radiology	0.23	0.23	$ 16.10	$ 16.10
73090 TC	Radiology	0.64	0.64	$ 44.80	$ 44.80
73092 00	Radiology	0.92	0.92	$ 64.40	$ 64.40
73092 26	Radiology	0.23	0.23	$ 16.10	$ 16.10
73092 TC	Radiology	0.69	0.69	$ 48.30	$ 48.30
73100 00	Radiology	1.03	1.03	$ 72.10	$ 72.10
73100 26	Radiology	0.25	0.25	$ 17.50	$ 17.50
73100 TC	Radiology	0.78	0.78	$ 54.60	$ 54.60
73110 00	Radiology	1.28	1.28	$ 89.60	$ 89.60
73110 26	Radiology	0.26	0.26	$ 18.20	$ 18.20
73110 TC	Radiology	1.02	1.02	$ 71.40	$ 71.40
73115 00	Radiology	3.99	3.99	$ 279.30	$ 279.30
73115 26	Radiology	0.81	0.81	$ 56.70	$ 56.70
73115 TC	Radiology	3.18	3.18	$ 222.60	$ 222.60
73120 00	Radiology	0.94	0.94	$ 65.80	$ 65.80
73120 26	Radiology	0.24	0.24	$ 16.80	$ 16.80
73120 TC	Radiology	0.70	0.70	$ 49.00	$ 49.00
73130 00	Radiology	1.14	1.14	$ 79.80	$ 79.80
73130 26	Radiology	0.26	0.26	$ 18.20	$ 18.20
73130 TC	Radiology	0.88	0.88	$ 61.60	$ 61.60
73140 00	Radiology	1.18	1.18	$ 82.60	$ 82.60
73140 26	Radiology	0.20	0.20	$ 14.00	$ 14.00
73140 TC	Radiology	0.98	0.98	$ 68.60	$ 68.60
73200 00	Radiology	4.81	4.81	$ 336.70	$ 336.70
73200 26	Radiology	1.39	1.39	$ 97.30	$ 97.30
73200 TC	Radiology	3.42	3.42	$ 239.40	$ 239.40

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
73201 00	Radiology	5.97	5.97	$ 417.90	$ 417.90
73201 26	Radiology	1.60	1.60	$ 112.00	$ 112.00
73201 TC	Radiology	4.37	4.37	$ 305.90	$ 305.90
73202 00	Radiology	7.37	7.37	$ 515.90	$ 515.90
73202 26	Radiology	1.67	1.67	$ 116.90	$ 116.90
73202 TC	Radiology	5.70	5.70	$ 399.00	$ 399.00
73206 00	Radiology	8.85	8.85	$ 619.50	$ 619.50
73206 26	Radiology	2.47	2.47	$ 172.90	$ 172.90
73206 TC	Radiology	6.38	6.38	$ 446.60	$ 446.60
73218 00	Radiology	9.08	9.08	$ 635.60	$ 635.60
73218 26	Radiology	1.88	1.88	$ 131.60	$ 131.60
73218 TC	Radiology	7.20	7.20	$ 504.00	$ 504.00
73219 00	Radiology	9.87	9.87	$ 690.90	$ 690.90
73219 26	Radiology	2.24	2.24	$ 156.80	$ 156.80
73219 TC	Radiology	7.63	7.63	$ 534.10	$ 534.10
73220 00	Radiology	12.18	12.18	$ 852.60	$ 852.60
73220 26	Radiology	2.98	2.98	$ 208.60	$ 208.60
73220 TC	Radiology	9.20	9.20	$ 644.00	$ 644.00
73221 00	Radiology	6.14	6.14	$ 429.80	$ 429.80
73221 26	Radiology	1.89	1.89	$ 132.30	$ 132.30
73221 TC	Radiology	4.25	4.25	$ 297.50	$ 297.50
73222 00	Radiology	9.36	9.36	$ 655.20	$ 655.20
73222 26	Radiology	2.25	2.25	$ 157.50	$ 157.50
73222 TC	Radiology	7.11	7.11	$ 497.70	$ 497.70
73223 00	Radiology	11.47	11.47	$ 802.90	$ 802.90
73223 26	Radiology	2.98	2.98	$ 208.60	$ 208.60
73223 TC	Radiology	8.49	8.49	$ 594.30	$ 594.30
73225 00	Radiology	9.69	9.69	$ 678.30	$ 678.30
73225 26	Radiology	2.34	2.34	$ 163.80	$ 163.80
73225 TC	Radiology	7.35	7.35	$ 514.50	$ 514.50
73501 00	Radiology	1.01	1.01	$ 70.70	$ 70.70
73501 26	Radiology	0.27	0.27	$ 18.90	$ 18.90
73501 TC	Radiology	0.74	0.74	$ 51.80	$ 51.80
73502 00	Radiology	1.46	1.46	$ 102.20	$ 102.20
73502 26	Radiology	0.32	0.32	$ 22.40	$ 22.40
73502 TC	Radiology	1.14	1.14	$ 79.80	$ 79.80
73503 00	Radiology	1.88	1.88	$ 131.60	$ 131.60
73503 26	Radiology	0.40	0.40	$ 28.00	$ 28.00
73503 TC	Radiology	1.48	1.48	$ 103.60	$ 103.60
73521 00	Radiology	1.25	1.25	$ 87.50	$ 87.50

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
73521 26	Radiology	0.32	0.32	$ 22.40	$ 22.40
73521 TC	Radiology	0.93	0.93	$ 65.10	$ 65.10
73522 00	Radiology	1.63	1.63	$ 114.10	$ 114.10
73522 26	Radiology	0.42	0.42	$ 29.40	$ 29.40
73522 TC	Radiology	1.21	1.21	$ 84.70	$ 84.70
73523 00	Radiology	1.84	1.84	$ 128.80	$ 128.80
73523 26	Radiology	0.44	0.44	$ 30.80	$ 30.80
73523 TC	Radiology	1.40	1.40	$ 98.00	$ 98.00
73525 00	Radiology	3.99	3.99	$ 279.30	$ 279.30
73525 26	Radiology	0.85	0.85	$ 59.50	$ 59.50
73525 TC	Radiology	3.14	3.14	$ 219.80	$ 219.80
73551 00	Radiology	0.88	0.88	$ 61.60	$ 61.60
73551 26	Radiology	0.24	0.24	$ 16.80	$ 16.80
73551 TC	Radiology	0.64	0.64	$ 44.80	$ 44.80
73552 00	Radiology	1.07	1.07	$ 74.90	$ 74.90
73552 26	Radiology	0.26	0.26	$ 18.20	$ 18.20
73552 TC	Radiology	0.81	0.81	$ 56.70	$ 56.70
73560 00	Radiology	1.03	1.03	$ 72.10	$ 72.10
73560 26	Radiology	0.24	0.24	$ 16.80	$ 16.80
73560 TC	Radiology	0.79	0.79	$ 55.30	$ 55.30
73562 00	Radiology	1.27	1.27	$ 88.90	$ 88.90
73562 26	Radiology	0.28	0.28	$ 19.60	$ 19.60
73562 TC	Radiology	0.99	0.99	$ 69.30	$ 69.30
73564 00	Radiology	1.48	1.48	$ 103.60	$ 103.60
73564 26	Radiology	0.33	0.33	$ 23.10	$ 23.10
73564 TC	Radiology	1.15	1.15	$ 80.50	$ 80.50
73565 00	Radiology	1.26	1.26	$ 88.20	$ 88.20
73565 26	Radiology	0.25	0.25	$ 17.50	$ 17.50
73565 TC	Radiology	1.01	1.01	$ 70.70	$ 70.70
73580 00	Radiology	3.51	3.51	$ 245.70	$ 245.70
73580 26	Radiology	0.95	0.95	$ 66.50	$ 66.50
73580 TC	Radiology	2.56	2.56	$ 179.20	$ 179.20
73590 00	Radiology	0.94	0.94	$ 65.80	$ 65.80
73590 26	Radiology	0.23	0.23	$ 16.10	$ 16.10
73590 TC	Radiology	0.71	0.71	$ 49.70	$ 49.70
73592 00	Radiology	0.92	0.92	$ 64.40	$ 64.40
73592 26	Radiology	0.23	0.23	$ 16.10	$ 16.10
73592 TC	Radiology	0.69	0.69	$ 48.30	$ 48.30
73600 00	Radiology	0.97	0.97	$ 67.90	$ 67.90
73600 26	Radiology	0.24	0.24	$ 16.80	$ 16.80

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
73600 TC	Radiology	0.73	0.73	$ 51.10	$ 51.10
73610 00	Radiology	1.11	1.11	$ 77.70	$ 77.70
73610 26	Radiology	0.25	0.25	$ 17.50	$ 17.50
73610 TC	Radiology	0.86	0.86	$ 60.20	$ 60.20
73615 00	Radiology	3.98	3.98	$ 278.60	$ 278.60
73615 26	Radiology	0.84	0.84	$ 58.80	$ 58.80
73615 TC	Radiology	3.14	3.14	$ 219.80	$ 219.80
73620 00	Radiology	0.86	0.86	$ 60.20	$ 60.20
73620 26	Radiology	0.23	0.23	$ 16.10	$ 16.10
73620 TC	Radiology	0.63	0.63	$ 44.10	$ 44.10
73630 00	Radiology	1.02	1.02	$ 71.40	$ 71.40
73630 26	Radiology	0.24	0.24	$ 16.80	$ 16.80
73630 TC	Radiology	0.78	0.78	$ 54.60	$ 54.60
73650 00	Radiology	0.85	0.85	$ 59.50	$ 59.50
73650 26	Radiology	0.23	0.23	$ 16.10	$ 16.10
73650 TC	Radiology	0.62	0.62	$ 43.40	$ 43.40
73660 00	Radiology	0.86	0.86	$ 60.20	$ 60.20
73660 26	Radiology	0.19	0.19	$ 13.30	$ 13.30
73660 TC	Radiology	0.67	0.67	$ 46.90	$ 46.90
73700 00	Radiology	3.90	3.90	$ 273.00	$ 273.00
73700 26	Radiology	1.39	1.39	$ 97.30	$ 97.30
73700 TC	Radiology	2.51	2.51	$ 175.70	$ 175.70
73701 00	Radiology	4.97	4.97	$ 347.90	$ 347.90
73701 26	Radiology	1.60	1.60	$ 112.00	$ 112.00
73701 TC	Radiology	3.37	3.37	$ 235.90	$ 235.90
73702 00	Radiology	5.83	5.83	$ 408.10	$ 408.10
73702 26	Radiology	1.67	1.67	$ 116.90	$ 116.90
73702 TC	Radiology	4.16	4.16	$ 291.20	$ 291.20
73706 00	Radiology	9.63	9.63	$ 674.10	$ 674.10
73706 26	Radiology	2.60	2.60	$ 182.00	$ 182.00
73706 TC	Radiology	7.03	7.03	$ 492.10	$ 492.10
73718 00	Radiology	6.66	6.66	$ 466.20	$ 466.20
73718 26	Radiology	1.86	1.86	$ 130.20	$ 130.20
73718 TC	Radiology	4.80	4.80	$ 336.00	$ 336.00
73719 00	Radiology	7.82	7.82	$ 547.40	$ 547.40
73719 26	Radiology	2.22	2.22	$ 155.40	$ 155.40
73719 TC	Radiology	5.60	5.60	$ 392.00	$ 392.00
73720 00	Radiology	10.03	10.03	$ 702.10	$ 702.10
73720 26	Radiology	2.97	2.97	$ 207.90	$ 207.90
73720 TC	Radiology	7.06	7.06	$ 494.20	$ 494.20

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
73721 00	Radiology	6.12	6.12	$ 428.40	$ 428.40
73721 26	Radiology	1.88	1.88	$ 131.60	$ 131.60
73721 TC	Radiology	4.24	4.24	$ 296.80	$ 296.80
73722 00	Radiology	9.43	9.43	$ 660.10	$ 660.10
73722 26	Radiology	2.25	2.25	$ 157.50	$ 157.50
73722 TC	Radiology	7.18	7.18	$ 502.60	$ 502.60
73723 00	Radiology	11.42	11.42	$ 799.40	$ 799.40
73723 26	Radiology	2.97	2.97	$ 207.90	$ 207.90
73723 TC	Radiology	8.45	8.45	$ 591.50	$ 591.50
73725 00	Radiology	10.09	10.09	$ 706.30	$ 706.30
73725 26	Radiology	2.48	2.48	$ 173.60	$ 173.60
73725 TC	Radiology	7.61	7.61	$ 532.70	$ 532.70
74018 00	Radiology	0.89	0.89	$ 62.30	$ 62.30
74018 26	Radiology	0.26	0.26	$ 18.20	$ 18.20
74018 TC	Radiology	0.63	0.63	$ 44.10	$ 44.10
74019 00	Radiology	1.08	1.08	$ 75.60	$ 75.60
74019 26	Radiology	0.32	0.32	$ 22.40	$ 22.40
74019 TC	Radiology	0.76	0.76	$ 53.20	$ 53.20
74021 00	Radiology	1.26	1.26	$ 88.20	$ 88.20
74021 26	Radiology	0.37	0.37	$ 25.90	$ 25.90
74021 TC	Radiology	0.89	0.89	$ 62.30	$ 62.30
74022 00	Radiology	1.48	1.48	$ 103.60	$ 103.60
74022 26	Radiology	0.45	0.45	$ 31.50	$ 31.50
74022 TC	Radiology	1.03	1.03	$ 72.10	$ 72.10
74150 00	Radiology	4.08	4.08	$ 285.60	$ 285.60
74150 26	Radiology	1.64	1.64	$ 114.80	$ 114.80
74150 TC	Radiology	2.44	2.44	$ 170.80	$ 170.80
74160 00	Radiology	6.89	6.89	$ 482.30	$ 482.30
74160 26	Radiology	1.75	1.75	$ 122.50	$ 122.50
74160 TC	Radiology	5.14	5.14	$ 359.80	$ 359.80
74170 00	Radiology	7.75	7.75	$ 542.50	$ 542.50
74170 26	Radiology	1.92	1.92	$ 134.40	$ 134.40
74170 TC	Radiology	5.83	5.83	$ 408.10	$ 408.10
74174 00	Radiology	11.33	11.33	$ 793.10	$ 793.10
74174 26	Radiology	3.02	3.02	$ 211.40	$ 211.40
74174 TC	Radiology	8.31	8.31	$ 581.70	$ 581.70
74175 00	Radiology	9.11	9.11	$ 637.70	$ 637.70
74175 26	Radiology	2.49	2.49	$ 174.30	$ 174.30
74175 TC	Radiology	6.62	6.62	$ 463.40	$ 463.40
74176 00	Radiology	5.48	5.48	$ 383.60	$ 383.60

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
74176 26	Radiology	2.39	2.39	$ 167.30	$ 167.30
74176 TC	Radiology	3.09	3.09	$ 216.30	$ 216.30
74177 00	Radiology	8.99	8.99	$ 629.30	$ 629.30
74177 26	Radiology	2.51	2.51	$ 175.70	$ 175.70
74177 TC	Radiology	6.48	6.48	$ 453.60	$ 453.60
74178 00	Radiology	10.12	10.12	$ 708.40	$ 708.40
74178 26	Radiology	2.78	2.78	$ 194.60	$ 194.60
74178 TC	Radiology	7.34	7.34	$ 513.80	$ 513.80
74181 00	Radiology	5.80	5.80	$ 406.00	$ 406.00
74181 26	Radiology	1.99	1.99	$ 139.30	$ 139.30
74181 TC	Radiology	3.81	3.81	$ 266.70	$ 266.70
74182 00	Radiology	8.99	8.99	$ 629.30	$ 629.30
74182 26	Radiology	2.37	2.37	$ 165.90	$ 165.90
74182 TC	Radiology	6.62	6.62	$ 463.40	$ 463.40
74183 00	Radiology	10.06	10.06	$ 704.20	$ 704.20
74183 26	Radiology	3.04	3.04	$ 212.80	$ 212.80
74183 TC	Radiology	7.02	7.02	$ 491.40	$ 491.40
74185 00	Radiology	10.05	10.05	$ 703.50	$ 703.50
74185 26	Radiology	2.47	2.47	$ 172.90	$ 172.90
74185 TC	Radiology	7.58	7.58	$ 530.60	$ 530.60
74190 00	Radiology	-	-	$ 151.90	$ 151.90
74190 26	Radiology	0.65	0.65	$ 45.50	$ 45.50
74190 TC	Radiology	-	-	$ 106.40	$ 106.40
74210 00	Radiology	2.73	2.73	$ 191.10	$ 191.10
74210 26	Radiology	0.81	0.81	$ 56.70	$ 56.70
74210 TC	Radiology	1.92	1.92	$ 134.40	$ 134.40
74220 00	Radiology	2.82	2.82	$ 197.40	$ 197.40
74220 26	Radiology	0.83	0.83	$ 58.10	$ 58.10
74220 TC	Radiology	1.99	1.99	$ 139.30	$ 139.30
74221 00	Radiology	3.16	3.16	$ 221.20	$ 221.20
74221 26	Radiology	0.96	0.96	$ 67.20	$ 67.20
74221 TC	Radiology	2.20	2.20	$ 154.00	$ 154.00
74230 00	Radiology	3.60	3.60	$ 252.00	$ 252.00
74230 26	Radiology	0.74	0.74	$ 51.80	$ 51.80
74230 TC	Radiology	2.86	2.86	$ 200.20	$ 200.20
74235 00	Radiology	-	-	$ 328.30	$ 328.30
74235 26	Radiology	1.64	1.64	$ 114.80	$ 114.80
74235 TC	Radiology	-	-	$ 213.50	$ 213.50
74240 00	Radiology	3.65	3.65	$ 255.50	$ 255.50
74240 26	Radiology	1.13	1.13	$ 79.10	$ 79.10

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
74240 TC	Radiology	2.52	2.52	$ 176.40	$ 176.40
74246 00	Radiology	4.03	4.03	$ 282.10	$ 282.10
74246 26	Radiology	1.25	1.25	$ 87.50	$ 87.50
74246 TC	Radiology	2.78	2.78	$ 194.60	$ 194.60
74248 00	Radiology	2.38	2.38	$ 166.60	$ 166.60
74248 26	Radiology	0.96	0.96	$ 67.20	$ 67.20
74248 TC	Radiology	1.42	1.42	$ 99.40	$ 99.40
74250 00	Radiology	3.54	3.54	$ 247.80	$ 247.80
74250 26	Radiology	1.12	1.12	$ 78.40	$ 78.40
74250 TC	Radiology	2.42	2.42	$ 169.40	$ 169.40
74251 00	Radiology	10.29	10.29	$ 720.30	$ 720.30
74251 26	Radiology	1.61	1.61	$ 112.70	$ 112.70
74251 TC	Radiology	8.68	8.68	$ 607.60	$ 607.60
74261 00	Radiology	12.25	12.25	$ 857.50	$ 857.50
74261 26	Radiology	3.32	3.32	$ 232.40	$ 232.40
74261 TC	Radiology	8.93	8.93	$ 625.10	$ 625.10
74262 00	Radiology	13.76	13.76	$ 963.20	$ 963.20
74262 26	Radiology	3.46	3.46	$ 242.20	$ 242.20
74262 TC	Radiology	10.30	10.30	$ 721.00	$ 721.00
74263 00	Radiology	25.00	25.00	$ 1,750.00	$ 1,750.00
74263 26	Radiology	3.60	3.60	$ 252.00	$ 252.00
74263 TC	Radiology	21.40	21.40	$ 1,498.00	$ 1,498.00
74270 00	Radiology	4.45	4.45	$ 311.50	$ 311.50
74270 26	Radiology	1.43	1.43	$ 100.10	$ 100.10
74270 TC	Radiology	3.02	3.02	$ 211.40	$ 211.40
74280 00	Radiology	6.33	6.33	$ 443.10	$ 443.10
74280 26	Radiology	1.73	1.73	$ 121.10	$ 121.10
74280 TC	Radiology	4.60	4.60	$ 322.00	$ 322.00
74283 00	Radiology	8.39	8.39	$ 587.30	$ 587.30
74283 26	Radiology	3.08	3.08	$ 215.60	$ 215.60
74283 TC	Radiology	5.31	5.31	$ 371.70	$ 371.70
74290 00	Radiology	2.43	2.43	$ 170.10	$ 170.10
74290 26	Radiology	0.44	0.44	$ 30.80	$ 30.80
74290 TC	Radiology	1.99	1.99	$ 139.30	$ 139.30
74300 00	Radiology	-	-	$ 91.00	$ 91.00
74300 26	Radiology	0.39	0.39	$ 27.30	$ 27.30
74300 TC	Radiology	-	-	$ 63.70	$ 63.70
74301 00	Radiology	-	-	$ 78.40	$ 78.40
74301 26	Radiology	0.28	0.28	$ 19.60	$ 19.60
74301 TC	Radiology	-	-	$ 58.80	$ 58.80

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
74328 00	Radiology	-	-	$ 240.10	$ 240.10
74328 26	Radiology	0.72	0.72	$ 50.40	$ 50.40
74328 TC	Radiology	-	-	$ 189.70	$ 189.70
74329 00	Radiology	-	-	$ 232.40	$ 232.40
74329 26	Radiology	0.73	0.73	$ 51.10	$ 51.10
74329 TC	Radiology	-	-	$ 181.30	$ 181.30
74330 00	Radiology	-	-	$ 214.90	$ 214.90
74330 26	Radiology	0.83	0.83	$ 58.10	$ 58.10
74330 TC	Radiology	-	-	$ 156.80	$ 156.80
74340 00	Radiology	-	-	$ 276.50	$ 276.50
74340 26	Radiology	0.75	0.75	$ 52.50	$ 52.50
74340 TC	Radiology	-	-	$ 224.00	$ 224.00
74355 00	Radiology	-	-	$ 272.30	$ 272.30
74355 26	Radiology	1.05	1.05	$ 73.50	$ 73.50
74355 TC	Radiology	-	-	$ 198.80	$ 198.80
74360 00	Radiology	-	-	$ 358.40	$ 358.40
74360 26	Radiology	0.87	0.87	$ 60.90	$ 60.90
74360 TC	Radiology	-	-	$ 297.50	$ 297.50
74363 00	Radiology	-	-	$ 423.50	$ 423.50
74363 26	Radiology	1.15	1.15	$ 80.50	$ 80.50
74363 TC	Radiology	-	-	$ 343.00	$ 343.00
74400 00	Radiology	3.95	3.95	$ 276.50	$ 276.50
74400 26	Radiology	0.68	0.68	$ 47.60	$ 47.60
74400 TC	Radiology	3.27	3.27	$ 228.90	$ 228.90
74410 00	Radiology	4.33	4.33	$ 303.10	$ 303.10
74410 26	Radiology	0.69	0.69	$ 48.30	$ 48.30
74410 TC	Radiology	3.64	3.64	$ 254.80	$ 254.80
74415 00	Radiology	4.54	4.54	$ 317.80	$ 317.80
74415 26	Radiology	0.68	0.68	$ 47.60	$ 47.60
74415 TC	Radiology	3.86	3.86	$ 270.20	$ 270.20
74420 00	Radiology	2.43	2.43	$ 170.10	$ 170.10
74420 26	Radiology	0.74	0.74	$ 51.80	$ 51.80
74420 TC	Radiology	1.69	1.69	$ 118.30	$ 118.30
74425 00	Radiology	4.01	4.01	$ 280.70	$ 280.70
74425 26	Radiology	0.71	0.71	$ 49.70	$ 49.70
74425 TC	Radiology	3.30	3.30	$ 231.00	$ 231.00
74430 00	Radiology	1.25	1.25	$ 87.50	$ 87.50
74430 26	Radiology	0.45	0.45	$ 31.50	$ 31.50
74430 TC	Radiology	0.80	0.80	$ 56.00	$ 56.00
74440 00	Radiology	3.02	3.02	$ 211.40	$ 211.40

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
74440 26	Radiology	0.54	0.54	$ 37.80	$ 37.80
74440 TC	Radiology	2.48	2.48	$ 173.60	$ 173.60
74445 00	Radiology	-	-	$ 197.40	$ 197.40
74445 26	Radiology	1.61	1.61	$ 112.70	$ 112.70
74445 TC	Radiology	-	-	$ 84.70	$ 84.70
74450 00	Radiology	-	-	$ 140.00	$ 140.00
74450 26	Radiology	0.46	0.46	$ 32.20	$ 32.20
74450 TC	Radiology	-	-	$ 107.80	$ 107.80
74455 00	Radiology	3.16	3.16	$ 221.20	$ 221.20
74455 26	Radiology	0.47	0.47	$ 32.90	$ 32.90
74455 TC	Radiology	2.69	2.69	$ 188.30	$ 188.30
74470 00	Radiology	-	-	$ 144.20	$ 144.20
74470 26	Radiology	0.74	0.74	$ 51.80	$ 51.80
74470 TC	Radiology	-	-	$ 92.40	$ 92.40
74485 00	Radiology	3.70	3.70	$ 259.00	$ 259.00
74485 26	Radiology	1.18	1.18	$ 82.60	$ 82.60
74485 TC	Radiology	2.52	2.52	$ 176.40	$ 176.40
74712 00	Radiology	12.16	12.16	$ 851.20	$ 851.20
74712 26	Radiology	4.16	4.16	$ 291.20	$ 291.20
74712 TC	Radiology	8.00	8.00	$ 560.00	$ 560.00
74713 00	Radiology	5.90	5.90	$ 413.00	$ 413.00
74713 26	Radiology	2.56	2.56	$ 179.20	$ 179.20
74713 TC	Radiology	3.34	3.34	$ 233.80	$ 233.80
74740 00	Radiology	2.70	2.70	$ 189.00	$ 189.00
74740 26	Radiology	0.53	0.53	$ 37.10	$ 37.10
74740 TC	Radiology	2.17	2.17	$ 151.90	$ 151.90
74742 00	Radiology	-	-	$ 235.20	$ 235.20
74742 26	Radiology	0.84	0.84	$ 58.80	$ 58.80
74742 TC	Radiology	-	-	$ 176.40	$ 176.40
74775 00	Radiology	-	-	$ 193.90	$ 193.90
74775 26	Radiology	0.86	0.86	$ 60.20	$ 60.20
74775 TC	Radiology	-	-	$ 133.70	$ 133.70
75557 00	Radiology	8.37	8.37	$ 585.90	$ 585.90
75557 26	Radiology	3.22	3.22	$ 225.40	$ 225.40
75557 TC	Radiology	5.15	5.15	$ 360.50	$ 360.50
75559 00	Radiology	11.38	11.38	$ 796.60	$ 796.60
75559 26	Radiology	4.05	4.05	$ 283.50	$ 283.50
75559 TC	Radiology	7.33	7.33	$ 513.10	$ 513.10
75561 00	Radiology	10.93	10.93	$ 765.10	$ 765.10
75561 26	Radiology	3.59	3.59	$ 251.30	$ 251.30

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
75561 TC	Radiology	7.34	7.34	$ 513.80	$ 513.80
75563 00	Radiology	12.87	12.87	$ 900.90	$ 900.90
75563 26	Radiology	4.13	4.13	$ 289.10	$ 289.10
75563 TC	Radiology	8.74	8.74	$ 611.80	$ 611.80
75565 00	Radiology	1.36	1.36	$ 95.20	$ 95.20
75565 26	Radiology	0.34	0.34	$ 23.80	$ 23.80
75565 TC	Radiology	1.02	1.02	$ 71.40	$ 71.40
75571 00	Radiology	2.98	2.98	$ 208.60	$ 208.60
75571 26	Radiology	0.80	0.80	$ 56.00	$ 56.00
75571 TC	Radiology	2.18	2.18	$ 152.60	$ 152.60
75572 00	Radiology	6.87	6.87	$ 480.90	$ 480.90
75572 26	Radiology	2.40	2.40	$ 168.00	$ 168.00
75572 TC	Radiology	4.47	4.47	$ 312.90	$ 312.90
75573 00	Radiology	9.26	9.26	$ 648.20	$ 648.20
75573 26	Radiology	3.54	3.54	$ 247.80	$ 247.80
75573 TC	Radiology	5.72	5.72	$ 400.40	$ 400.40
75574 00	Radiology	9.75	9.75	$ 682.50	$ 682.50
75574 26	Radiology	3.31	3.31	$ 231.70	$ 231.70
75574 TC	Radiology	6.44	6.44	$ 450.80	$ 450.80
75577 00	Radiology	30.30	30.30	$ 2,121.00	$ 2,121.00
75577 26	Radiology	1.24	1.24	$ 86.80	$ 86.80
75577 TC	Radiology	29.06	29.06	$ 2,034.20	$ 2,034.20
75580 00	Radiology	26.55	26.55	$ 1,858.50	$ 1,858.50
75580 26	Radiology	1.03	1.03	$ 72.10	$ 72.10
75580 TC	Radiology	25.52	25.52	$ 1,786.40	$ 1,786.40
75600 00	Radiology	5.31	5.31	$ 371.70	$ 371.70
75600 26	Radiology	0.71	0.71	$ 49.70	$ 49.70
75600 TC	Radiology	4.60	4.60	$ 322.00	$ 322.00
75605 00	Radiology	3.62	3.62	$ 253.40	$ 253.40
75605 26	Radiology	1.56	1.56	$ 109.20	$ 109.20
75605 TC	Radiology	2.06	2.06	$ 144.20	$ 144.20
75625 00	Radiology	3.75	3.75	$ 262.50	$ 262.50
75625 26	Radiology	1.97	1.97	$ 137.90	$ 137.90
75625 TC	Radiology	1.78	1.78	$ 124.60	$ 124.60
75630 00	Radiology	4.66	4.66	$ 326.20	$ 326.20
75630 26	Radiology	2.73	2.73	$ 191.10	$ 191.10
75630 TC	Radiology	1.93	1.93	$ 135.10	$ 135.10
75635 00	Radiology	12.31	12.31	$ 861.70	$ 861.70
75635 26	Radiology	3.28	3.28	$ 229.60	$ 229.60
75635 TC	Radiology	9.03	9.03	$ 632.10	$ 632.10

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
75705 00	Radiology	8.71	8.71	$ 609.70	$ 609.70
75705 26	Radiology	3.68	3.68	$ 257.60	$ 257.60
75705 TC	Radiology	5.03	5.03	$ 352.10	$ 352.10
75710 00	Radiology	4.47	4.47	$ 312.90	$ 312.90
75710 26	Radiology	2.41	2.41	$ 168.70	$ 168.70
75710 TC	Radiology	2.06	2.06	$ 144.20	$ 144.20
75716 00	Radiology	4.87	4.87	$ 340.90	$ 340.90
75716 26	Radiology	2.70	2.70	$ 189.00	$ 189.00
75716 TC	Radiology	2.17	2.17	$ 151.90	$ 151.90
75726 00	Radiology	5.02	5.02	$ 351.40	$ 351.40
75726 26	Radiology	2.72	2.72	$ 190.40	$ 190.40
75726 TC	Radiology	2.30	2.30	$ 161.00	$ 161.00
75731 00	Radiology	4.52	4.52	$ 316.40	$ 316.40
75731 26	Radiology	1.57	1.57	$ 109.90	$ 109.90
75731 TC	Radiology	2.95	2.95	$ 206.50	$ 206.50
75733 00	Radiology	5.24	5.24	$ 366.80	$ 366.80
75733 26	Radiology	1.79	1.79	$ 125.30	$ 125.30
75733 TC	Radiology	3.45	3.45	$ 241.50	$ 241.50
75736 00	Radiology	4.29	4.29	$ 300.30	$ 300.30
75736 26	Radiology	1.50	1.50	$ 105.00	$ 105.00
75736 TC	Radiology	2.79	2.79	$ 195.30	$ 195.30
75741 00	Radiology	3.83	3.83	$ 268.10	$ 268.10
75741 26	Radiology	1.75	1.75	$ 122.50	$ 122.50
75741 TC	Radiology	2.08	2.08	$ 145.60	$ 145.60
75743 00	Radiology	4.37	4.37	$ 305.90	$ 305.90
75743 26	Radiology	2.23	2.23	$ 156.10	$ 156.10
75743 TC	Radiology	2.14	2.14	$ 149.80	$ 149.80
75746 00	Radiology	4.02	4.02	$ 281.40	$ 281.40
75746 26	Radiology	1.53	1.53	$ 107.10	$ 107.10
75746 TC	Radiology	2.49	2.49	$ 174.30	$ 174.30
75756 00	Radiology	5.01	5.01	$ 350.70	$ 350.70
75756 26	Radiology	1.62	1.62	$ 113.40	$ 113.40
75756 TC	Radiology	3.39	3.39	$ 237.30	$ 237.30
75774 00	Radiology	2.85	2.85	$ 199.50	$ 199.50
75774 26	Radiology	1.33	1.33	$ 93.10	$ 93.10
75774 TC	Radiology	1.52	1.52	$ 106.40	$ 106.40
75801 00	Radiology	-	-	$ 539.70	$ 539.70
75801 26	Radiology	1.31	1.31	$ 91.70	$ 91.70
75801 TC	Radiology	-	-	$ 448.00	$ 448.00
75803 00	Radiology	-	-	$ 515.20	$ 515.20

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
75803 26	Radiology	1.62	1.62	$ 113.40	$ 113.40
75803 TC	Radiology	-	-	$ 401.80	$ 401.80
75805 00	Radiology	-	-	$ 527.10	$ 527.10
75805 26	Radiology	1.13	1.13	$ 79.10	$ 79.10
75805 TC	Radiology	-	-	$ 448.00	$ 448.00
75807 00	Radiology	-	-	$ 535.50	$ 535.50
75807 26	Radiology	1.53	1.53	$ 107.10	$ 107.10
75807 TC	Radiology	-	-	$ 428.40	$ 428.40
75809 00	Radiology	2.55	2.55	$ 178.50	$ 178.50
75809 26	Radiology	0.70	0.70	$ 49.00	$ 49.00
75809 TC	Radiology	1.85	1.85	$ 129.50	$ 129.50
75810 00	Radiology	-	-	$ 897.40	$ 897.40
75810 26	Radiology	1.41	1.41	$ 98.70	$ 98.70
75810 TC	Radiology	-	-	$ 798.70	$ 798.70
75820 00	Radiology	3.21	3.21	$ 224.70	$ 224.70
75820 26	Radiology	1.44	1.44	$ 100.80	$ 100.80
75820 TC	Radiology	1.77	1.77	$ 123.90	$ 123.90
75822 00	Radiology	3.99	3.99	$ 279.30	$ 279.30
75822 26	Radiology	2.02	2.02	$ 141.40	$ 141.40
75822 TC	Radiology	1.97	1.97	$ 137.90	$ 137.90
75825 00	Radiology	3.40	3.40	$ 238.00	$ 238.00
75825 26	Radiology	1.56	1.56	$ 109.20	$ 109.20
75825 TC	Radiology	1.84	1.84	$ 128.80	$ 128.80
75827 00	Radiology	3.56	3.56	$ 249.20	$ 249.20
75827 26	Radiology	1.58	1.58	$ 110.60	$ 110.60
75827 TC	Radiology	1.98	1.98	$ 138.60	$ 138.60
75831 00	Radiology	3.56	3.56	$ 249.20	$ 249.20
75831 26	Radiology	1.50	1.50	$ 105.00	$ 105.00
75831 TC	Radiology	2.06	2.06	$ 144.20	$ 144.20
75833 00	Radiology	4.69	4.69	$ 328.30	$ 328.30
75833 26	Radiology	2.15	2.15	$ 150.50	$ 150.50
75833 TC	Radiology	2.54	2.54	$ 177.80	$ 177.80
75840 00	Radiology	3.76	3.76	$ 263.20	$ 263.20
75840 26	Radiology	1.57	1.57	$ 109.90	$ 109.90
75840 TC	Radiology	2.19	2.19	$ 153.30	$ 153.30
75860 00	Radiology	3.88	3.88	$ 271.60	$ 271.60
75860 26	Radiology	1.60	1.60	$ 112.00	$ 112.00
75860 TC	Radiology	2.28	2.28	$ 159.60	$ 159.60
75870 00	Radiology	5.51	5.51	$ 385.70	$ 385.70
75870 26	Radiology	1.87	1.87	$ 130.90	$ 130.90

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
75870 TC	Radiology	3.64	3.64	$ 254.80	$ 254.80
75872 00	Radiology	3.76	3.76	$ 263.20	$ 263.20
75872 26	Radiology	1.57	1.57	$ 109.90	$ 109.90
75872 TC	Radiology	2.19	2.19	$ 153.30	$ 153.30
75880 00	Radiology	3.15	3.15	$ 220.50	$ 220.50
75880 26	Radiology	0.97	0.97	$ 67.90	$ 67.90
75880 TC	Radiology	2.18	2.18	$ 152.60	$ 152.60
75885 00	Radiology	4.05	4.05	$ 283.50	$ 283.50
75885 26	Radiology	1.90	1.90	$ 133.00	$ 133.00
75885 TC	Radiology	2.15	2.15	$ 150.50	$ 150.50
75887 00	Radiology	4.06	4.06	$ 284.20	$ 284.20
75887 26	Radiology	1.90	1.90	$ 133.00	$ 133.00
75887 TC	Radiology	2.16	2.16	$ 151.20	$ 151.20
75889 00	Radiology	3.66	3.66	$ 256.20	$ 256.20
75889 26	Radiology	1.50	1.50	$ 105.00	$ 105.00
75889 TC	Radiology	2.16	2.16	$ 151.20	$ 151.20
75891 00	Radiology	3.68	3.68	$ 257.60	$ 257.60
75891 26	Radiology	1.51	1.51	$ 105.70	$ 105.70
75891 TC	Radiology	2.17	2.17	$ 151.90	$ 151.90
75893 00	Radiology	3.31	3.31	$ 231.70	$ 231.70
75893 26	Radiology	0.78	0.78	$ 54.60	$ 54.60
75893 TC	Radiology	2.53	2.53	$ 177.10	$ 177.10
75894 00	Radiology	9.48	9.48	$ 663.60	$ 663.60
75894 26	Radiology	3.82	3.82	$ 267.40	$ 267.40
75894 TC	Radiology	5.66	5.66	$ 396.20	$ 396.20
75898 00	Radiology	8.17	8.17	$ 571.90	$ 571.90
75898 26	Radiology	3.18	3.18	$ 222.60	$ 222.60
75898 TC	Radiology	4.99	4.99	$ 349.30	$ 349.30
75901 00	Radiology	6.82	6.82	$ 477.40	$ 477.40
75901 26	Radiology	0.67	0.67	$ 46.90	$ 46.90
75901 TC	Radiology	6.15	6.15	$ 430.50	$ 430.50
75902 00	Radiology	2.58	2.58	$ 180.60	$ 180.60
75902 26	Radiology	0.54	0.54	$ 37.80	$ 37.80
75902 TC	Radiology	2.04	2.04	$ 142.80	$ 142.80
75970 00	Radiology	-	-	$ 855.40	$ 855.40
75970 26	Radiology	1.10	1.10	$ 77.00	$ 77.00
75970 TC	Radiology	-	-	$ 778.40	$ 778.40
75984 00	Radiology	2.81	2.81	$ 196.70	$ 196.70
75984 26	Radiology	1.11	1.11	$ 77.70	$ 77.70
75984 TC	Radiology	1.70	1.70	$ 119.00	$ 119.00

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
75989 00	Radiology	3.37	3.37	$ 235.90	$ 235.90
75989 26	Radiology	1.63	1.63	$ 114.10	$ 114.10
75989 TC	Radiology	1.74	1.74	$ 121.80	$ 121.80
76000 00	Radiology	1.32	1.32	$ 92.40	$ 92.40
76000 26	Radiology	0.46	0.46	$ 32.20	$ 32.20
76000 TC	Radiology	0.86	0.86	$ 60.20	$ 60.20
76010 00	Radiology	0.86	0.86	$ 60.20	$ 60.20
76010 26	Radiology	0.25	0.25	$ 17.50	$ 17.50
76010 TC	Radiology	0.61	0.61	$ 42.70	$ 42.70
76014 00	Radiology	0.33	0.33	$ 23.10	$ 23.10
76015 00	Radiology	1.59	1.59	$ 111.30	$ 111.30
76016 00	Radiology	2.15	2.15	$ 150.50	$ 150.50
76016 26	Radiology	0.83	0.83	$ 58.10	$ 58.10
76016 TC	Radiology	1.32	1.32	$ 92.40	$ 92.40
76017 00	Radiology	6.64	6.64	$ 464.80	$ 464.80
76017 26	Radiology	1.04	1.04	$ 72.80	$ 72.80
76017 TC	Radiology	5.60	5.60	$ 392.00	$ 392.00
76018 00	Radiology	3.44	3.44	$ 240.80	$ 240.80
76018 26	Radiology	1.03	1.03	$ 72.10	$ 72.10
76018 TC	Radiology	2.41	2.41	$ 168.70	$ 168.70
76019 00	Radiology	4.59	4.59	$ 321.30	$ 321.30
76019 26	Radiology	0.84	0.84	$ 58.80	$ 58.80
76019 TC	Radiology	3.75	3.75	$ 262.50	$ 262.50
76080 00	Radiology	1.76	1.76	$ 123.20	$ 123.20
76080 26	Radiology	0.72	0.72	$ 50.40	$ 50.40
76080 TC	Radiology	1.04	1.04	$ 72.80	$ 72.80
76098 00	Radiology	1.29	1.29	$ 90.30	$ 90.30
76098 26	Radiology	0.44	0.44	$ 30.80	$ 30.80
76098 TC	Radiology	0.85	0.85	$ 59.50	$ 59.50
76100 00	Radiology	2.58	2.58	$ 180.60	$ 180.60
76100 26	Radiology	0.81	0.81	$ 56.70	$ 56.70
76100 TC	Radiology	1.77	1.77	$ 123.90	$ 123.90
76120 00	Radiology	3.40	3.40	$ 238.00	$ 238.00
76120 26	Radiology	0.56	0.56	$ 39.20	$ 39.20
76120 TC	Radiology	2.84	2.84	$ 198.80	$ 198.80
76125 00	Radiology	-	-	$ 95.20	$ 95.20
76125 26	Radiology	0.42	0.42	$ 29.40	$ 29.40
76125 TC	Radiology	-	-	$ 65.80	$ 65.80
76140 00	Radiology	0.00	0.00	BR	BR
76145 00	Radiology	31.11	31.11	$ 2,177.70	$ 2,177.70

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
76376 00	Radiology	0.76	0.76	$ 53.20	$ 53.20
76376 26	Radiology	0.28	0.28	$ 19.60	$ 19.60
76376 TC	Radiology	0.48	0.48	$ 33.60	$ 33.60
76377 00	Radiology	2.36	2.36	$ 165.20	$ 165.20
76377 26	Radiology	1.11	1.11	$ 77.70	$ 77.70
76377 TC	Radiology	1.25	1.25	$ 87.50	$ 87.50
76380 00	Radiology	3.96	3.96	$ 277.20	$ 277.20
76380 26	Radiology	1.34	1.34	$ 93.80	$ 93.80
76380 TC	Radiology	2.62	2.62	$ 183.40	$ 183.40
76390 00	Radiology	-	-	$ 1,047.20	$ 1,047.20
76390 26	Radiology	-	-	$ 177.80	$ 177.80
76390 TC	Radiology	-	-	$ 869.40	$ 869.40
76391 00	Radiology	5.91	5.91	$ 413.70	$ 413.70
76391 26	Radiology	1.50	1.50	$ 105.00	$ 105.00
76391 TC	Radiology	4.41	4.41	$ 308.70	$ 308.70
76496 00	Radiology	0.00	0.00	BR	BR
76496 26	Radiology	0.00	0.00	BR	BR
76496 TC	Radiology	0.00	0.00	BR	BR
76497 00	Radiology	0.00	0.00	BR	BR
76497 26	Radiology	0.00	0.00	BR	BR
76497 TC	Radiology	0.00	0.00	BR	BR
76498 00	Radiology	0.00	0.00	BR	BR
76498 26	Radiology	0.00	0.00	BR	BR
76498 TC	Radiology	0.00	0.00	BR	BR
76499 00	Radiology	0.00	0.00	BR	BR
76499 26	Radiology	0.00	0.00	BR	BR
76499 TC	Radiology	0.00	0.00	BR	BR
76506 00	Radiology	3.26	3.26	$ 228.20	$ 228.20
76506 26	Radiology	0.88	0.88	$ 61.60	$ 61.60
76506 TC	Radiology	2.38	2.38	$ 166.60	$ 166.60
76510 00	Radiology	2.06	2.06	$ 144.20	$ 144.20
76510 26	Radiology	1.15	1.15	$ 80.50	$ 80.50
76510 TC	Radiology	0.91	0.91	$ 63.70	$ 63.70
76511 00	Radiology	1.72	1.72	$ 120.40	$ 120.40
76511 26	Radiology	1.05	1.05	$ 73.50	$ 73.50
76511 TC	Radiology	0.67	0.67	$ 46.90	$ 46.90
76512 00	Radiology	1.46	1.46	$ 102.20	$ 102.20
76512 26	Radiology	0.91	0.91	$ 63.70	$ 63.70
76512 TC	Radiology	0.55	0.55	$ 38.50	$ 38.50
76513 00	Radiology	2.29	2.29	$ 160.30	$ 160.30

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
76513 26	Radiology	0.97	0.97	$ 67.90	$ 67.90
76513 TC	Radiology	1.32	1.32	$ 92.40	$ 92.40
76514 00	Radiology	0.35	0.35	$ 24.50	$ 24.50
76514 26	Radiology	0.23	0.23	$ 16.10	$ 16.10
76514 TC	Radiology	0.12	0.12	$ 8.40	$ 8.40
76516 00	Radiology	1.43	1.43	$ 100.10	$ 100.10
76516 26	Radiology	0.67	0.67	$ 46.90	$ 46.90
76516 TC	Radiology	0.76	0.76	$ 53.20	$ 53.20
76519 00	Radiology	2.08	2.08	$ 145.60	$ 145.60
76519 26	Radiology	0.90	0.90	$ 63.00	$ 63.00
76519 TC	Radiology	1.18	1.18	$ 82.60	$ 82.60
76529 00	Radiology	2.61	2.61	$ 182.70	$ 182.70
76529 26	Radiology	0.96	0.96	$ 67.20	$ 67.20
76529 TC	Radiology	1.65	1.65	$ 115.50	$ 115.50
76536 00	Radiology	3.25	3.25	$ 227.50	$ 227.50
76536 26	Radiology	0.79	0.79	$ 55.30	$ 55.30
76536 TC	Radiology	2.46	2.46	$ 172.20	$ 172.20
76604 00	Radiology	1.83	1.83	$ 128.10	$ 128.10
76604 26	Radiology	0.83	0.83	$ 58.10	$ 58.10
76604 TC	Radiology	1.00	1.00	$ 70.00	$ 70.00
76641 00	Radiology	3.00	3.00	$ 210.00	$ 210.00
76641 26	Radiology	1.01	1.01	$ 70.70	$ 70.70
76641 TC	Radiology	1.99	1.99	$ 139.30	$ 139.30
76642 00	Radiology	2.50	2.50	$ 175.00	$ 175.00
76642 26	Radiology	0.94	0.94	$ 65.80	$ 65.80
76642 TC	Radiology	1.56	1.56	$ 109.20	$ 109.20
76700 00	Radiology	3.42	3.42	$ 239.40	$ 239.40
76700 26	Radiology	1.12	1.12	$ 78.40	$ 78.40
76700 TC	Radiology	2.30	2.30	$ 161.00	$ 161.00
76705 00	Radiology	2.58	2.58	$ 180.60	$ 180.60
76705 26	Radiology	0.82	0.82	$ 57.40	$ 57.40
76705 TC	Radiology	1.76	1.76	$ 123.20	$ 123.20
76706 00	Radiology	3.17	3.17	$ 221.90	$ 221.90
76706 26	Radiology	0.77	0.77	$ 53.90	$ 53.90
76706 TC	Radiology	2.40	2.40	$ 168.00	$ 168.00
76770 00	Radiology	3.18	3.18	$ 222.60	$ 222.60
76770 26	Radiology	1.02	1.02	$ 71.40	$ 71.40
76770 TC	Radiology	2.16	2.16	$ 151.20	$ 151.20
76775 00	Radiology	1.82	1.82	$ 127.40	$ 127.40
76775 26	Radiology	0.81	0.81	$ 56.70	$ 56.70

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
76775 TC	Radiology	1.01	1.01	$ 70.70	$ 70.70
76776 00	Radiology	4.29	4.29	$ 300.30	$ 300.30
76776 26	Radiology	1.04	1.04	$ 72.80	$ 72.80
76776 TC	Radiology	3.25	3.25	$ 227.50	$ 227.50
76800 00	Radiology	5.70	5.70	$ 399.00	$ 399.00
76800 26	Radiology	1.93	1.93	$ 135.10	$ 135.10
76800 TC	Radiology	3.77	3.77	$ 263.90	$ 263.90
76801 00	Radiology	3.50	3.50	$ 245.00	$ 245.00
76801 26	Radiology	1.39	1.39	$ 97.30	$ 97.30
76801 TC	Radiology	2.11	2.11	$ 147.70	$ 147.70
76802 00	Radiology	1.81	1.81	$ 126.70	$ 126.70
76802 26	Radiology	1.18	1.18	$ 82.60	$ 82.60
76802 TC	Radiology	0.63	0.63	$ 44.10	$ 44.10
76805 00	Radiology	4.07	4.07	$ 284.90	$ 284.90
76805 26	Radiology	1.41	1.41	$ 98.70	$ 98.70
76805 TC	Radiology	2.66	2.66	$ 186.20	$ 186.20
76810 00	Radiology	2.65	2.65	$ 185.50	$ 185.50
76810 26	Radiology	1.41	1.41	$ 98.70	$ 98.70
76810 TC	Radiology	1.24	1.24	$ 86.80	$ 86.80
76811 00	Radiology	5.45	5.45	$ 381.50	$ 381.50
76811 26	Radiology	2.71	2.71	$ 189.70	$ 189.70
76811 TC	Radiology	2.74	2.74	$ 191.80	$ 191.80
76812 00	Radiology	5.82	5.82	$ 407.40	$ 407.40
76812 26	Radiology	2.56	2.56	$ 179.20	$ 179.20
76812 TC	Radiology	3.26	3.26	$ 228.20	$ 228.20
76813 00	Radiology	3.46	3.46	$ 242.20	$ 242.20
76813 26	Radiology	1.69	1.69	$ 118.30	$ 118.30
76813 TC	Radiology	1.77	1.77	$ 123.90	$ 123.90
76814 00	Radiology	2.24	2.24	$ 156.80	$ 156.80
76814 26	Radiology	1.42	1.42	$ 99.40	$ 99.40
76814 TC	Radiology	0.82	0.82	$ 57.40	$ 57.40
76815 00	Radiology	2.44	2.44	$ 170.80	$ 170.80
76815 26	Radiology	0.92	0.92	$ 64.40	$ 64.40
76815 TC	Radiology	1.52	1.52	$ 106.40	$ 106.40
76816 00	Radiology	3.33	3.33	$ 233.10	$ 233.10
76816 26	Radiology	1.22	1.22	$ 85.40	$ 85.40
76816 TC	Radiology	2.11	2.11	$ 147.70	$ 147.70
76817 00	Radiology	2.78	2.78	$ 194.60	$ 194.60
76817 26	Radiology	1.06	1.06	$ 74.20	$ 74.20
76817 TC	Radiology	1.72	1.72	$ 120.40	$ 120.40

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
76818 00	Radiology	3.65	3.65	$ 255.50	$ 255.50
76818 26	Radiology	1.50	1.50	$ 105.00	$ 105.00
76818 TC	Radiology	2.15	2.15	$ 150.50	$ 150.50
76819 00	Radiology	2.63	2.63	$ 184.10	$ 184.10
76819 26	Radiology	1.10	1.10	$ 77.00	$ 77.00
76819 TC	Radiology	1.53	1.53	$ 107.10	$ 107.10
76820 00	Radiology	1.35	1.35	$ 94.50	$ 94.50
76820 26	Radiology	0.72	0.72	$ 50.40	$ 50.40
76820 TC	Radiology	0.63	0.63	$ 44.10	$ 44.10
76821 00	Radiology	2.70	2.70	$ 189.00	$ 189.00
76821 26	Radiology	1.00	1.00	$ 70.00	$ 70.00
76821 TC	Radiology	1.70	1.70	$ 119.00	$ 119.00
76825 00	Radiology	7.84	7.84	$ 548.80	$ 548.80
76825 26	Radiology	2.36	2.36	$ 165.20	$ 165.20
76825 TC	Radiology	5.48	5.48	$ 383.60	$ 383.60
76826 00	Radiology	4.74	4.74	$ 331.80	$ 331.80
76826 26	Radiology	1.18	1.18	$ 82.60	$ 82.60
76826 TC	Radiology	3.56	3.56	$ 249.20	$ 249.20
76827 00	Radiology	2.09	2.09	$ 146.30	$ 146.30
76827 26	Radiology	0.82	0.82	$ 57.40	$ 57.40
76827 TC	Radiology	1.27	1.27	$ 88.90	$ 88.90
76828 00	Radiology	1.48	1.48	$ 103.60	$ 103.60
76828 26	Radiology	0.80	0.80	$ 56.00	$ 56.00
76828 TC	Radiology	0.68	0.68	$ 47.60	$ 47.60
76830 00	Radiology	3.52	3.52	$ 246.40	$ 246.40
76830 26	Radiology	0.97	0.97	$ 67.90	$ 67.90
76830 TC	Radiology	2.55	2.55	$ 178.50	$ 178.50
76831 00	Radiology	3.51	3.51	$ 245.70	$ 245.70
76831 26	Radiology	1.04	1.04	$ 72.80	$ 72.80
76831 TC	Radiology	2.47	2.47	$ 172.90	$ 172.90
76856 00	Radiology	3.15	3.15	$ 220.50	$ 220.50
76856 26	Radiology	0.97	0.97	$ 67.90	$ 67.90
76856 TC	Radiology	2.18	2.18	$ 152.60	$ 152.60
76857 00	Radiology	1.53	1.53	$ 107.10	$ 107.10
76857 26	Radiology	0.71	0.71	$ 49.70	$ 49.70
76857 TC	Radiology	0.82	0.82	$ 57.40	$ 57.40
76870 00	Radiology	2.95	2.95	$ 206.50	$ 206.50
76870 26	Radiology	0.89	0.89	$ 62.30	$ 62.30
76870 TC	Radiology	2.06	2.06	$ 144.20	$ 144.20
76872 00	Radiology	3.60	3.60	$ 252.00	$ 252.00

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
76872 26	Radiology	0.95	0.95	$ 66.50	$ 66.50
76872 TC	Radiology	2.65	2.65	$ 185.50	$ 185.50
76873 00	Radiology	5.35	5.35	$ 374.50	$ 374.50
76873 26	Radiology	2.28	2.28	$ 159.60	$ 159.60
76873 TC	Radiology	3.07	3.07	$ 214.90	$ 214.90
76881 00	Radiology	1.61	1.61	$ 112.70	$ 112.70
76881 26	Radiology	1.28	1.28	$ 89.60	$ 89.60
76881 TC	Radiology	0.33	0.33	$ 23.10	$ 23.10
76882 00	Radiology	1.92	1.92	$ 134.40	$ 134.40
76882 26	Radiology	0.96	0.96	$ 67.20	$ 67.20
76882 TC	Radiology	0.96	0.96	$ 67.20	$ 67.20
76883 00	Radiology	2.23	2.23	$ 156.10	$ 156.10
76883 26	Radiology	1.74	1.74	$ 121.80	$ 121.80
76883 TC	Radiology	0.49	0.49	$ 34.30	$ 34.30
76885 00	Radiology	3.94	3.94	$ 275.80	$ 275.80
76885 26	Radiology	1.02	1.02	$ 71.40	$ 71.40
76885 TC	Radiology	2.92	2.92	$ 204.40	$ 204.40
76886 00	Radiology	2.91	2.91	$ 203.70	$ 203.70
76886 26	Radiology	0.86	0.86	$ 60.20	$ 60.20
76886 TC	Radiology	2.05	2.05	$ 143.50	$ 143.50
76932 00	Radiology	-	-	$ 193.20	$ 193.20
76932 26	Radiology	1.02	1.02	$ 71.40	$ 71.40
76932 TC	Radiology	-	-	$ 121.80	$ 121.80
76936 00	Radiology	7.93	7.93	$ 555.10	$ 555.10
76936 26	Radiology	2.78	2.78	$ 194.60	$ 194.60
76936 TC	Radiology	5.15	5.15	$ 360.50	$ 360.50
76937 00	Radiology	1.21	1.21	$ 84.70	$ 84.70
76937 26	Radiology	0.41	0.41	$ 28.70	$ 28.70
76937 TC	Radiology	0.80	0.80	$ 56.00	$ 56.00
76940 00	Radiology	-	-	$ 346.50	$ 346.50
76940 26	Radiology	3.07	3.07	$ 214.90	$ 214.90
76940 TC	Radiology	-	-	$ 131.60	$ 131.60
76941 00	Radiology	-	-	$ 249.20	$ 249.20
76941 26	Radiology	1.92	1.92	$ 134.40	$ 134.40
76941 TC	Radiology	-	-	$ 114.80	$ 114.80
76942 00	Radiology	1.92	1.92	$ 134.40	$ 134.40
76942 26	Radiology	0.94	0.94	$ 65.80	$ 65.80
76942 TC	Radiology	0.98	0.98	$ 68.60	$ 68.60
76945 00	Radiology	-	-	$ 186.90	$ 186.90
76945 26	Radiology	0.96	0.96	$ 67.20	$ 67.20

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
76945 TC	Radiology	-	-	$ 119.70	$ 119.70
76946 00	Radiology	1.02	1.02	$ 71.40	$ 71.40
76946 26	Radiology	0.55	0.55	$ 38.50	$ 38.50
76946 TC	Radiology	0.47	0.47	$ 32.90	$ 32.90
76948 00	Radiology	2.46	2.46	$ 172.20	$ 172.20
76948 26	Radiology	0.96	0.96	$ 67.20	$ 67.20
76948 TC	Radiology	1.50	1.50	$ 105.00	$ 105.00
76965 00	Radiology	2.89	2.89	$ 202.30	$ 202.30
76965 26	Radiology	2.03	2.03	$ 142.10	$ 142.10
76965 TC	Radiology	0.86	0.86	$ 60.20	$ 60.20
76975 00	Radiology	-	-	$ 218.40	$ 218.40
76975 26	Radiology	1.28	1.28	$ 89.60	$ 89.60
76975 TC	Radiology	-	-	$ 128.80	$ 128.80
76977 00	Radiology	0.23	0.23	$ 16.10	$ 16.10
76977 26	Radiology	0.08	0.08	$ 5.60	$ 5.60
76977 TC	Radiology	0.15	0.15	$ 10.50	$ 10.50
76978 00	Radiology	5.13	5.13	$ 359.10	$ 359.10
76978 26	Radiology	2.23	2.23	$ 156.10	$ 156.10
76978 TC	Radiology	2.90	2.90	$ 203.00	$ 203.00
76979 00	Radiology	3.20	3.20	$ 224.00	$ 224.00
76979 26	Radiology	1.18	1.18	$ 82.60	$ 82.60
76979 TC	Radiology	2.02	2.02	$ 141.40	$ 141.40
76981 00	Radiology	3.37	3.37	$ 235.90	$ 235.90
76981 26	Radiology	0.87	0.87	$ 60.90	$ 60.90
76981 TC	Radiology	2.50	2.50	$ 175.00	$ 175.00
76982 00	Radiology	2.77	2.77	$ 193.90	$ 193.90
76982 26	Radiology	0.84	0.84	$ 58.80	$ 58.80
76982 TC	Radiology	1.93	1.93	$ 135.10	$ 135.10
76983 00	Radiology	1.82	1.82	$ 127.40	$ 127.40
76983 26	Radiology	0.72	0.72	$ 50.40	$ 50.40
76983 TC	Radiology	1.10	1.10	$ 77.00	$ 77.00
76984 00	Radiology	-	-	$ 158.20	$ 158.20
76984 26	Radiology	0.97	0.97	$ 67.90	$ 67.90
76984 TC	Radiology	-	-	$ 90.30	$ 90.30
76987 00	Radiology	-	-	$ 464.10	$ 464.10
76987 26	Radiology	2.85	2.85	$ 199.50	$ 199.50
76987 TC	Radiology	-	-	$ 264.60	$ 264.60
76988 00	Radiology	-	-	$ 374.50	$ 374.50
76988 26	Radiology	2.30	2.30	$ 161.00	$ 161.00
76988 TC	Radiology	-	-	$ 213.50	$ 213.50

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
76989 00	Radiology	-	-	$ 182.00	$ 182.00
76989 26	Radiology	1.12	1.12	$ 78.40	$ 78.40
76989 TC	Radiology	-	-	$ 103.60	$ 103.60
76998 00	Radiology	-	-	$ 238.00	$ 238.00
76998 26	Radiology	1.46	1.46	$ 102.20	$ 102.20
76998 TC	Radiology	-	-	$ 135.80	$ 135.80
76999 00	Radiology	0.00	0.00	BR	BR
76999 26	Radiology	0.00	0.00	BR	BR
76999 TC	Radiology	0.00	0.00	BR	BR
77001 00	Radiology	2.95	2.95	$ 206.50	$ 206.50
77001 26	Radiology	0.53	0.53	$ 37.10	$ 37.10
77001 TC	Radiology	2.42	2.42	$ 169.40	$ 169.40
77002 00	Radiology	3.63	3.63	$ 254.10	$ 254.10
77002 26	Radiology	0.81	0.81	$ 56.70	$ 56.70
77002 TC	Radiology	2.82	2.82	$ 197.40	$ 197.40
77003 00	Radiology	3.13	3.13	$ 219.10	$ 219.10
77003 26	Radiology	0.85	0.85	$ 59.50	$ 59.50
77003 TC	Radiology	2.28	2.28	$ 159.60	$ 159.60
77011 00	Radiology	6.63	6.63	$ 464.10	$ 464.10
77011 26	Radiology	1.80	1.80	$ 126.00	$ 126.00
77011 TC	Radiology	4.83	4.83	$ 338.10	$ 338.10
77012 00	Radiology	3.68	3.68	$ 257.60	$ 257.60
77012 26	Radiology	2.01	2.01	$ 140.70	$ 140.70
77012 TC	Radiology	1.67	1.67	$ 116.90	$ 116.90
77013 00	Radiology	-	-	$ 1,030.40	$ 1,030.40
77013 26	Radiology	5.30	5.30	$ 371.00	$ 371.00
77013 TC	Radiology	-	-	$ 659.40	$ 659.40
77021 00	Radiology	12.78	12.78	$ 894.60	$ 894.60
77021 26	Radiology	2.10	2.10	$ 147.00	$ 147.00
77021 TC	Radiology	10.68	10.68	$ 747.60	$ 747.60
77022 00	Radiology	-	-	$ 1,291.50	$ 1,291.50
77022 26	Radiology	5.72	5.72	$ 400.40	$ 400.40
77022 TC	Radiology	-	-	$ 891.10	$ 891.10
77046 00	Radiology	6.38	6.38	$ 446.60	$ 446.60
77046 26	Radiology	1.98	1.98	$ 138.60	$ 138.60
77046 TC	Radiology	4.40	4.40	$ 308.00	$ 308.00
77047 00	Radiology	6.48	6.48	$ 453.60	$ 453.60
77047 26	Radiology	2.19	2.19	$ 153.30	$ 153.30
77047 TC	Radiology	4.29	4.29	$ 300.30	$ 300.30
77048 00	Radiology	10.00	10.00	$ 700.00	$ 700.00

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
77048 26	Radiology	2.90	2.90	$ 203.00	$ 203.00
77048 TC	Radiology	7.10	7.10	$ 497.00	$ 497.00
77049 00	Radiology	10.17	10.17	$ 711.90	$ 711.90
77049 26	Radiology	3.17	3.17	$ 221.90	$ 221.90
77049 TC	Radiology	7.00	7.00	$ 490.00	$ 490.00
77053 00	Radiology	1.59	1.59	$ 111.30	$ 111.30
77053 26	Radiology	0.50	0.50	$ 35.00	$ 35.00
77053 TC	Radiology	1.09	1.09	$ 76.30	$ 76.30
77054 00	Radiology	2.05	2.05	$ 143.50	$ 143.50
77054 26	Radiology	0.63	0.63	$ 44.10	$ 44.10
77054 TC	Radiology	1.42	1.42	$ 99.40	$ 99.40
77061 00	Radiology	-	-	$ 131.60	$ 131.60
77061 26	Radiology	0.00	0.00	BR	BR
77061 TC	Radiology	-	-	$ 131.60	$ 131.60
77062 00	Radiology	-	-	$ 138.60	$ 138.60
77062 26	Radiology	0.00	0.00	BR	BR
77062 TC	Radiology	-	-	$ 138.60	$ 138.60
77063 00	Radiology	1.53	1.53	$ 107.10	$ 107.10
77063 26	Radiology	0.83	0.83	$ 58.10	$ 58.10
77063 TC	Radiology	0.70	0.70	$ 49.00	$ 49.00
77065 00	Radiology	3.71	3.71	$ 259.70	$ 259.70
77065 26	Radiology	1.13	1.13	$ 79.10	$ 79.10
77065 TC	Radiology	2.58	2.58	$ 180.60	$ 180.60
77066 00	Radiology	4.70	4.70	$ 329.00	$ 329.00
77066 26	Radiology	1.39	1.39	$ 97.30	$ 97.30
77066 TC	Radiology	3.31	3.31	$ 231.70	$ 231.70
77067 00	Radiology	3.78	3.78	$ 264.60	$ 264.60
77067 26	Radiology	1.05	1.05	$ 73.50	$ 73.50
77067 TC	Radiology	2.73	2.73	$ 191.10	$ 191.10
77071 00	Radiology	1.75	1.75	$ 122.50	$ 122.50
77072 00	Radiology	0.76	0.76	$ 53.20	$ 53.20
77072 26	Radiology	0.27	0.27	$ 18.90	$ 18.90
77072 TC	Radiology	0.49	0.49	$ 34.30	$ 34.30
77073 00	Radiology	1.39	1.39	$ 97.30	$ 97.30
77073 26	Radiology	0.39	0.39	$ 27.30	$ 27.30
77073 TC	Radiology	1.00	1.00	$ 70.00	$ 70.00
77074 00	Radiology	1.94	1.94	$ 135.80	$ 135.80
77074 26	Radiology	0.62	0.62	$ 43.40	$ 43.40
77074 TC	Radiology	1.32	1.32	$ 92.40	$ 92.40
77075 00	Radiology	2.93	2.93	$ 205.10	$ 205.10

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
77075 26	Radiology	0.77	0.77	$ 53.90	$ 53.90
77075 TC	Radiology	2.16	2.16	$ 151.20	$ 151.20
77076 00	Radiology	3.14	3.14	$ 219.80	$ 219.80
77076 26	Radiology	0.97	0.97	$ 67.90	$ 67.90
77076 TC	Radiology	2.17	2.17	$ 151.90	$ 151.90
77077 00	Radiology	1.42	1.42	$ 99.40	$ 99.40
77077 26	Radiology	0.49	0.49	$ 34.30	$ 34.30
77077 TC	Radiology	0.93	0.93	$ 65.10	$ 65.10
77078 00	Radiology	2.96	2.96	$ 207.20	$ 207.20
77078 26	Radiology	0.34	0.34	$ 23.80	$ 23.80
77078 TC	Radiology	2.62	2.62	$ 183.40	$ 183.40
77080 00	Radiology	1.18	1.18	$ 82.60	$ 82.60
77080 26	Radiology	0.28	0.28	$ 19.60	$ 19.60
77080 TC	Radiology	0.90	0.90	$ 63.00	$ 63.00
77081 00	Radiology	0.95	0.95	$ 66.50	$ 66.50
77081 26	Radiology	0.28	0.28	$ 19.60	$ 19.60
77081 TC	Radiology	0.67	0.67	$ 46.90	$ 46.90
77084 00	Radiology	9.39	9.39	$ 657.30	$ 657.30
77084 26	Radiology	2.20	2.20	$ 154.00	$ 154.00
77084 TC	Radiology	7.19	7.19	$ 503.30	$ 503.30
77085 00	Radiology	1.63	1.63	$ 114.10	$ 114.10
77085 26	Radiology	0.43	0.43	$ 30.10	$ 30.10
77085 TC	Radiology	1.20	1.20	$ 84.00	$ 84.00
77086 00	Radiology	1.04	1.04	$ 72.80	$ 72.80
77086 26	Radiology	0.24	0.24	$ 16.80	$ 16.80
77086 TC	Radiology	0.80	0.80	$ 56.00	$ 56.00
77089 00	Radiology	1.19	1.19	$ 83.30	$ 83.30
77090 00	Radiology	0.09	0.09	$ 6.30	$ 6.30
77091 00	Radiology	0.80	0.80	$ 56.00	$ 56.00
77092 00	Radiology	0.30	0.30	$ 21.00	$ 21.00
77261 00	Radiology	2.09	2.09	$ 146.30	$ 146.30
77262 00	Radiology	3.21	3.21	$ 224.70	$ 224.70
77263 00	Radiology	5.04	5.04	$ 352.80	$ 352.80
77280 00	Radiology	8.07	8.07	$ 564.90	$ 564.90
77280 26	Radiology	1.11	1.11	$ 77.70	$ 77.70
77280 TC	Radiology	6.96	6.96	$ 487.20	$ 487.20
77285 00	Radiology	13.56	13.56	$ 949.20	$ 949.20
77285 26	Radiology	1.67	1.67	$ 116.90	$ 116.90
77285 TC	Radiology	11.89	11.89	$ 832.30	$ 832.30
77290 00	Radiology	13.22	13.22	$ 925.40	$ 925.40

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
77290 26	Radiology	2.45	2.45	$ 171.50	$ 171.50
77290 TC	Radiology	10.77	10.77	$ 753.90	$ 753.90
77293 00	Radiology	12.03	12.03	$ 842.10	$ 842.10
77293 26	Radiology	3.12	3.12	$ 218.40	$ 218.40
77293 TC	Radiology	8.91	8.91	$ 623.70	$ 623.70
77295 00	Radiology	14.53	14.53	$ 1,017.10	$ 1,017.10
77295 26	Radiology	6.73	6.73	$ 471.10	$ 471.10
77295 TC	Radiology	7.80	7.80	$ 546.00	$ 546.00
77299 00	Radiology	0.00	0.00	BR	BR
77299 26	Radiology	0.00	0.00	BR	BR
77299 TC	Radiology	0.00	0.00	BR	BR
77300 00	Radiology	2.01	2.01	$ 140.70	$ 140.70
77300 26	Radiology	0.98	0.98	$ 68.60	$ 68.60
77300 TC	Radiology	1.03	1.03	$ 72.10	$ 72.10
77301 00	Radiology	58.69	58.69	$ 4,108.30	$ 4,108.30
77301 26	Radiology	12.55	12.55	$ 878.50	$ 878.50
77301 TC	Radiology	46.14	46.14	$ 3,229.80	$ 3,229.80
77306 00	Radiology	4.50	4.50	$ 315.00	$ 315.00
77306 26	Radiology	2.21	2.21	$ 154.70	$ 154.70
77306 TC	Radiology	2.29	2.29	$ 160.30	$ 160.30
77307 00	Radiology	8.69	8.69	$ 608.30	$ 608.30
77307 26	Radiology	4.55	4.55	$ 318.50	$ 318.50
77307 TC	Radiology	4.14	4.14	$ 289.80	$ 289.80
77316 00	Radiology	7.45	7.45	$ 521.50	$ 521.50
77316 26	Radiology	2.20	2.20	$ 154.00	$ 154.00
77316 TC	Radiology	5.25	5.25	$ 367.50	$ 367.50
77317 00	Radiology	9.76	9.76	$ 683.20	$ 683.20
77317 26	Radiology	2.87	2.87	$ 200.90	$ 200.90
77317 TC	Radiology	6.89	6.89	$ 482.30	$ 482.30
77318 00	Radiology	13.86	13.86	$ 970.20	$ 970.20
77318 26	Radiology	4.55	4.55	$ 318.50	$ 318.50
77318 TC	Radiology	9.31	9.31	$ 651.70	$ 651.70
77321 00	Radiology	2.83	2.83	$ 198.10	$ 198.10
77321 26	Radiology	1.49	1.49	$ 104.30	$ 104.30
77321 TC	Radiology	1.34	1.34	$ 93.80	$ 93.80
77331 00	Radiology	1.95	1.95	$ 136.50	$ 136.50
77331 26	Radiology	1.37	1.37	$ 95.90	$ 95.90
77331 TC	Radiology	0.58	0.58	$ 40.60	$ 40.60
77332 00	Radiology	1.22	1.22	$ 85.40	$ 85.40
77332 26	Radiology	0.71	0.71	$ 49.70	$ 49.70

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
77332 TC	Radiology	0.51	0.51	$ 35.70	$ 35.70
77333 00	Radiology	4.12	4.12	$ 288.40	$ 288.40
77333 26	Radiology	1.17	1.17	$ 81.90	$ 81.90
77333 TC	Radiology	2.95	2.95	$ 206.50	$ 206.50
77334 00	Radiology	3.78	3.78	$ 264.60	$ 264.60
77334 26	Radiology	1.80	1.80	$ 126.00	$ 126.00
77334 TC	Radiology	1.98	1.98	$ 138.60	$ 138.60
77336 00	Radiology	2.76	2.76	$ 193.20	$ 193.20
77338 00	Radiology	14.22	14.22	$ 995.40	$ 995.40
77338 26	Radiology	6.74	6.74	$ 471.80	$ 471.80
77338 TC	Radiology	7.48	7.48	$ 523.60	$ 523.60
77370 00	Radiology	4.52	4.52	$ 316.40	$ 316.40
77371 00	Radiology	-	-	$ 4,963.70	$ 4,963.70
77372 00	Radiology	27.96	27.96	$ 1,957.20	$ 1,957.20
77373 00	Radiology	29.30	29.30	$ 2,051.00	$ 2,051.00
77385 00	Radiology	0.00	0.00		
77386 00	Radiology	0.00	0.00		
77387 00	Radiology	1.09	1.09	$ 76.30	$ 76.30
77387 26	Radiology	1.09	1.09	$ 76.30	$ 76.30
77387 TC	Radiology	0.00	0.00	Bundled Code	Bundled Code
77399 00	Radiology	0.00	0.00	BR	BR
77399 26	Radiology	0.00	0.00	BR	BR
77399 TC	Radiology	0.00	0.00	BR	BR
77401 00	Radiology	0.00	0.00		
77402 00	Radiology	2.46	2.46	$ 172.20	$ 172.20
77407 00	Radiology	9.28	9.28	$ 649.60	$ 649.60
77412 00	Radiology	13.28	13.28	$ 929.60	$ 929.60
77417 00	Radiology	-	-	$ 1.40	$ 1.40
77423 00	Radiology	0.00	0.00	BR	BR
77424 00	Radiology	0.00	0.00	BR	BR
77425 00	Radiology	0.00	0.00	BR	BR
77427 00	Radiology	5.85	5.85	$ 409.50	$ 409.50
77431 00	Radiology	3.19	3.19	$ 223.30	$ 223.30
77432 00	Radiology	12.70	12.70	$ 889.00	$ 889.00
77435 00	Radiology	19.20	19.20	$ 1,344.00	$ 1,344.00
77436 00	Radiology	2.35	2.35	$ 164.50	$ 164.50
77436 26	Radiology	1.25	1.25	$ 87.50	$ 87.50
77436 TC	Radiology	1.10	1.10	$ 77.00	$ 77.00
77437 00	Radiology	3.28	3.28	$ 229.60	$ 229.60
77438 00	Radiology	3.31	3.31	$ 231.70	$ 231.70

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
77439 00	Radiology	0.48	0.48	$ 33.60	$ 33.60
77439 26	Radiology	0.48	0.48	$ 33.60	$ 33.60
77439 TC	Radiology	0.00	0.00	Bundled Code	Bundled Code
77469 00	Radiology	7.98	7.98	$ 558.60	$ 558.60
77470 00	Radiology	4.34	4.34	$ 303.80	$ 303.80
77470 26	Radiology	3.18	3.18	$ 222.60	$ 222.60
77470 TC	Radiology	1.16	1.16	$ 81.20	$ 81.20
77499 00	Radiology	0.00	0.00	BR	BR
77499 26	Radiology	0.00	0.00	BR	BR
77499 TC	Radiology	0.00	0.00	BR	BR
77520 00	Radiology	-	-	$ 2,695.70	$ 2,695.70
77522 00	Radiology	-	-	$ 2,504.60	$ 2,504.60
77523 00	Radiology	-	-	$ 2,314.90	$ 2,314.90
77525 00	Radiology	-	-	$ 3,997.00	$ 3,997.00
77600 00	Radiology	16.41	16.41	$ 1,148.70	$ 1,148.70
77600 26	Radiology	2.10	2.10	$ 147.00	$ 147.00
77600 TC	Radiology	14.31	14.31	$ 1,001.70	$ 1,001.70
77605 00	Radiology	31.00	31.00	$ 2,170.00	$ 2,170.00
77605 26	Radiology	3.12	3.12	$ 218.40	$ 218.40
77605 TC	Radiology	27.88	27.88	$ 1,951.60	$ 1,951.60
77610 00	Radiology	20.17	20.17	$ 1,411.90	$ 1,411.90
77610 26	Radiology	2.06	2.06	$ 144.20	$ 144.20
77610 TC	Radiology	18.11	18.11	$ 1,267.70	$ 1,267.70
77615 00	Radiology	31.80	31.80	$ 2,226.00	$ 2,226.00
77615 26	Radiology	2.88	2.88	$ 201.60	$ 201.60
77615 TC	Radiology	28.92	28.92	$ 2,024.40	$ 2,024.40
77620 00	Radiology	21.91	21.91	$ 1,533.70	$ 1,533.70
77620 26	Radiology	2.62	2.62	$ 183.40	$ 183.40
77620 TC	Radiology	19.29	19.29	$ 1,350.30	$ 1,350.30
77750 00	Radiology	11.84	11.84	$ 828.80	$ 828.80
77750 26	Radiology	7.86	7.86	$ 550.20	$ 550.20
77750 TC	Radiology	3.98	3.98	$ 278.60	$ 278.60
77761 00	Radiology	12.70	12.70	$ 889.00	$ 889.00
77761 26	Radiology	6.04	6.04	$ 422.80	$ 422.80
77761 TC	Radiology	6.66	6.66	$ 466.20	$ 466.20
77762 00	Radiology	16.72	16.72	$ 1,170.40	$ 1,170.40
77762 26	Radiology	9.05	9.05	$ 633.50	$ 633.50
77762 TC	Radiology	7.67	7.67	$ 536.90	$ 536.90
77763 00	Radiology	23.71	23.71	$ 1,659.70	$ 1,659.70
77763 26	Radiology	13.59	13.59	$ 951.30	$ 951.30

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
77763 TC	Radiology	10.12	10.12	$ 708.40	$ 708.40
77767 00	Radiology	7.51	7.51	$ 525.70	$ 525.70
77767 26	Radiology	1.64	1.64	$ 114.80	$ 114.80
77767 TC	Radiology	5.87	5.87	$ 410.90	$ 410.90
77768 00	Radiology	11.05	11.05	$ 773.50	$ 773.50
77768 26	Radiology	2.21	2.21	$ 154.70	$ 154.70
77768 TC	Radiology	8.84	8.84	$ 618.80	$ 618.80
77770 00	Radiology	10.46	10.46	$ 732.20	$ 732.20
77770 26	Radiology	3.05	3.05	$ 213.50	$ 213.50
77770 TC	Radiology	7.41	7.41	$ 518.70	$ 518.70
77771 00	Radiology	18.29	18.29	$ 1,280.30	$ 1,280.30
77771 26	Radiology	5.97	5.97	$ 417.90	$ 417.90
77771 TC	Radiology	12.32	12.32	$ 862.40	$ 862.40
77772 00	Radiology	27.39	27.39	$ 1,917.30	$ 1,917.30
77772 26	Radiology	8.41	8.41	$ 588.70	$ 588.70
77772 TC	Radiology	18.98	18.98	$ 1,328.60	$ 1,328.60
77778 00	Radiology	27.93	27.93	$ 1,955.10	$ 1,955.10
77778 26	Radiology	13.77	13.77	$ 963.90	$ 963.90
77778 TC	Radiology	14.16	14.16	$ 991.20	$ 991.20
77789 00	Radiology	3.98	3.98	$ 278.60	$ 278.60
77789 26	Radiology	1.79	1.79	$ 125.30	$ 125.30
77789 TC	Radiology	2.19	2.19	$ 153.30	$ 153.30
77790 00	Radiology	0.56	0.56	$ 39.20	$ 39.20
77799 00	Radiology	0.00	0.00	BR	BR
77799 26	Radiology	0.00	0.00	BR	BR
77799 TC	Radiology	0.00	0.00	BR	BR
78012 00	Radiology	2.40	2.40	$ 168.00	$ 168.00
78012 26	Radiology	0.26	0.26	$ 18.20	$ 18.20
78012 TC	Radiology	2.14	2.14	$ 149.80	$ 149.80
78013 00	Radiology	4.97	4.97	$ 347.90	$ 347.90
78013 26	Radiology	0.50	0.50	$ 35.00	$ 35.00
78013 TC	Radiology	4.47	4.47	$ 312.90	$ 312.90
78014 00	Radiology	6.31	6.31	$ 441.70	$ 441.70
78014 26	Radiology	0.68	0.68	$ 47.60	$ 47.60
78014 TC	Radiology	5.63	5.63	$ 394.10	$ 394.10
78015 00	Radiology	6.11	6.11	$ 427.70	$ 427.70
78015 26	Radiology	0.93	0.93	$ 65.10	$ 65.10
78015 TC	Radiology	5.18	5.18	$ 362.60	$ 362.60
78016 00	Radiology	7.53	7.53	$ 527.10	$ 527.10
78016 26	Radiology	0.96	0.96	$ 67.20	$ 67.20

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
78016 TC	Radiology	6.57	6.57	$ 459.90	$ 459.90
78018 00	Radiology	8.25	8.25	$ 577.50	$ 577.50
78018 26	Radiology	1.14	1.14	$ 79.80	$ 79.80
78018 TC	Radiology	7.11	7.11	$ 497.70	$ 497.70
78020 00	Radiology	2.37	2.37	$ 165.90	$ 165.90
78020 26	Radiology	0.78	0.78	$ 54.60	$ 54.60
78020 TC	Radiology	1.59	1.59	$ 111.30	$ 111.30
78070 00	Radiology	7.81	7.81	$ 546.70	$ 546.70
78070 26	Radiology	1.09	1.09	$ 76.30	$ 76.30
78070 TC	Radiology	6.72	6.72	$ 470.40	$ 470.40
78071 00	Radiology	9.27	9.27	$ 648.90	$ 648.90
78071 26	Radiology	1.62	1.62	$ 113.40	$ 113.40
78071 TC	Radiology	7.65	7.65	$ 535.50	$ 535.50
78072 00	Radiology	11.47	11.47	$ 802.90	$ 802.90
78072 26	Radiology	2.12	2.12	$ 148.40	$ 148.40
78072 TC	Radiology	9.35	9.35	$ 654.50	$ 654.50
78075 00	Radiology	11.60	11.60	$ 812.00	$ 812.00
78075 26	Radiology	1.02	1.02	$ 71.40	$ 71.40
78075 TC	Radiology	10.58	10.58	$ 740.60	$ 740.60
78099 00	Radiology	0.00	0.00	BR	BR
78099 26	Radiology	0.00	0.00	BR	BR
78099 TC	Radiology	0.00	0.00	BR	BR
78102 00	Radiology	4.71	4.71	$ 329.70	$ 329.70
78102 26	Radiology	0.74	0.74	$ 51.80	$ 51.80
78102 TC	Radiology	3.97	3.97	$ 277.90	$ 277.90
78103 00	Radiology	5.10	5.10	$ 357.00	$ 357.00
78103 26	Radiology	0.87	0.87	$ 60.90	$ 60.90
78103 TC	Radiology	4.23	4.23	$ 296.10	$ 296.10
78104 00	Radiology	6.62	6.62	$ 463.40	$ 463.40
78104 26	Radiology	1.07	1.07	$ 74.90	$ 74.90
78104 TC	Radiology	5.55	5.55	$ 388.50	$ 388.50
78110 00	Radiology	2.13	2.13	$ 149.10	$ 149.10
78110 26	Radiology	0.23	0.23	$ 16.10	$ 16.10
78110 TC	Radiology	1.90	1.90	$ 133.00	$ 133.00
78111 00	Radiology	2.90	2.90	$ 203.00	$ 203.00
78111 26	Radiology	0.31	0.31	$ 21.70	$ 21.70
78111 TC	Radiology	2.59	2.59	$ 181.30	$ 181.30
78120 00	Radiology	2.17	2.17	$ 151.90	$ 151.90
78120 26	Radiology	0.27	0.27	$ 18.90	$ 18.90
78120 TC	Radiology	1.90	1.90	$ 133.00	$ 133.00

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
78121 00	Radiology	2.92	2.92	$ 204.40	$ 204.40
78121 26	Radiology	0.44	0.44	$ 30.80	$ 30.80
78121 TC	Radiology	2.48	2.48	$ 173.60	$ 173.60
78122 00	Radiology	3.03	3.03	$ 212.10	$ 212.10
78122 26	Radiology	0.62	0.62	$ 43.40	$ 43.40
78122 TC	Radiology	2.41	2.41	$ 168.70	$ 168.70
78130 00	Radiology	3.80	3.80	$ 266.00	$ 266.00
78130 26	Radiology	0.71	0.71	$ 49.70	$ 49.70
78130 TC	Radiology	3.09	3.09	$ 216.30	$ 216.30
78140 00	Radiology	3.29	3.29	$ 230.30	$ 230.30
78140 26	Radiology	0.71	0.71	$ 49.70	$ 49.70
78140 TC	Radiology	2.58	2.58	$ 180.60	$ 180.60
78185 00	Radiology	4.62	4.62	$ 323.40	$ 323.40
78185 26	Radiology	0.47	0.47	$ 32.90	$ 32.90
78185 TC	Radiology	4.15	4.15	$ 290.50	$ 290.50
78191 00	Radiology	3.80	3.80	$ 266.00	$ 266.00
78191 26	Radiology	0.71	0.71	$ 49.70	$ 49.70
78191 TC	Radiology	3.09	3.09	$ 216.30	$ 216.30
78195 00	Radiology	9.33	9.33	$ 653.10	$ 653.10
78195 26	Radiology	1.60	1.60	$ 112.00	$ 112.00
78195 TC	Radiology	7.73	7.73	$ 541.10	$ 541.10
78199 00	Radiology	0.00	0.00	BR	BR
78199 26	Radiology	0.00	0.00	BR	BR
78199 TC	Radiology	0.00	0.00	BR	BR
78201 00	Radiology	5.14	5.14	$ 359.80	$ 359.80
78201 26	Radiology	0.59	0.59	$ 41.30	$ 41.30
78201 TC	Radiology	4.55	4.55	$ 318.50	$ 318.50
78202 00	Radiology	5.75	5.75	$ 402.50	$ 402.50
78202 26	Radiology	0.69	0.69	$ 48.30	$ 48.30
78202 TC	Radiology	5.06	5.06	$ 354.20	$ 354.20
78215 00	Radiology	5.34	5.34	$ 373.80	$ 373.80
78215 26	Radiology	0.68	0.68	$ 47.60	$ 47.60
78215 TC	Radiology	4.66	4.66	$ 326.20	$ 326.20
78216 00	Radiology	3.95	3.95	$ 276.50	$ 276.50
78216 26	Radiology	0.79	0.79	$ 55.30	$ 55.30
78216 TC	Radiology	3.16	3.16	$ 221.20	$ 221.20
78226 00	Radiology	8.53	8.53	$ 597.10	$ 597.10
78226 26	Radiology	1.01	1.01	$ 70.70	$ 70.70
78226 TC	Radiology	7.52	7.52	$ 526.40	$ 526.40
78227 00	Radiology	11.46	11.46	$ 802.20	$ 802.20

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
78227 26	Radiology	1.23	1.23	$ 86.10	$ 86.10
78227 TC	Radiology	10.23	10.23	$ 716.10	$ 716.10
78230 00	Radiology	4.73	4.73	$ 331.10	$ 331.10
78230 26	Radiology	0.63	0.63	$ 44.10	$ 44.10
78230 TC	Radiology	4.10	4.10	$ 287.00	$ 287.00
78231 00	Radiology	3.14	3.14	$ 219.80	$ 219.80
78231 26	Radiology	0.61	0.61	$ 42.70	$ 42.70
78231 TC	Radiology	2.53	2.53	$ 177.10	$ 177.10
78232 00	Radiology	3.09	3.09	$ 216.30	$ 216.30
78232 26	Radiology	0.55	0.55	$ 38.50	$ 38.50
78232 TC	Radiology	2.54	2.54	$ 177.80	$ 177.80
78258 00	Radiology	6.15	6.15	$ 430.50	$ 430.50
78258 26	Radiology	1.01	1.01	$ 70.70	$ 70.70
78258 TC	Radiology	5.14	5.14	$ 359.80	$ 359.80
78261 00	Radiology	5.50	5.50	$ 385.00	$ 385.00
78261 26	Radiology	0.80	0.80	$ 56.00	$ 56.00
78261 TC	Radiology	4.70	4.70	$ 329.00	$ 329.00
78262 00	Radiology	6.51	6.51	$ 455.70	$ 455.70
78262 26	Radiology	0.94	0.94	$ 65.80	$ 65.80
78262 TC	Radiology	5.57	5.57	$ 389.90	$ 389.90
78264 00	Radiology	8.68	8.68	$ 607.60	$ 607.60
78264 26	Radiology	1.07	1.07	$ 74.90	$ 74.90
78264 TC	Radiology	7.61	7.61	$ 532.70	$ 532.70
78265 00	Radiology	10.41	10.41	$ 728.70	$ 728.70
78265 26	Radiology	1.34	1.34	$ 93.80	$ 93.80
78265 TC	Radiology	9.07	9.07	$ 634.90	$ 634.90
78266 00	Radiology	11.82	11.82	$ 827.40	$ 827.40
78266 26	Radiology	1.42	1.42	$ 99.40	$ 99.40
78266 TC	Radiology	10.40	10.40	$ 728.00	$ 728.00
78267 00	Radiology	0.33	0.33	$ 23.18	$ 23.18
78268 00	Radiology	2.83	2.83	$ 197.86	$ 197.86
78278 00	Radiology	9.15	9.15	$ 640.50	$ 640.50
78278 26	Radiology	1.35	1.35	$ 94.50	$ 94.50
78278 TC	Radiology	7.80	7.80	$ 546.00	$ 546.00
78282 00	Radiology	-	-	$ 185.50	$ 185.50
78282 26	Radiology	0.45	0.45	$ 31.50	$ 31.50
78282 TC	Radiology	-	-	$ 154.00	$ 154.00
78290 00	Radiology	8.71	8.71	$ 609.70	$ 609.70
78290 26	Radiology	0.93	0.93	$ 65.10	$ 65.10
78290 TC	Radiology	7.78	7.78	$ 544.60	$ 544.60

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
78291 00	Radiology	6.97	6.97	$ 487.90	$ 487.90
78291 26	Radiology	1.22	1.22	$ 85.40	$ 85.40
78291 TC	Radiology	5.75	5.75	$ 402.50	$ 402.50
78299 00	Radiology	0.00	0.00	BR	BR
78299 26	Radiology	0.00	0.00	BR	BR
78299 TC	Radiology	0.00	0.00	BR	BR
78300 00	Radiology	5.97	5.97	$ 417.90	$ 417.90
78300 26	Radiology	0.84	0.84	$ 58.80	$ 58.80
78300 TC	Radiology	5.13	5.13	$ 359.10	$ 359.10
78305 00	Radiology	7.27	7.27	$ 508.90	$ 508.90
78305 26	Radiology	1.14	1.14	$ 79.80	$ 79.80
78305 TC	Radiology	6.13	6.13	$ 429.10	$ 429.10
78306 00	Radiology	7.76	7.76	$ 543.20	$ 543.20
78306 26	Radiology	1.16	1.16	$ 81.20	$ 81.20
78306 TC	Radiology	6.60	6.60	$ 462.00	$ 462.00
78315 00	Radiology	9.08	9.08	$ 635.60	$ 635.60
78315 26	Radiology	1.38	1.38	$ 96.60	$ 96.60
78315 TC	Radiology	7.70	7.70	$ 539.00	$ 539.00
78350 00	Radiology	0.99	0.99	$ 69.30	$ 69.30
78350 26	Radiology	0.32	0.32	$ 22.40	$ 22.40
78350 TC	Radiology	0.67	0.67	$ 46.90	$ 46.90
78351 00	Radiology	0.37	0.37	$ 25.90	$ 25.90
78399 00	Radiology	0.00	0.00	BR	BR
78399 26	Radiology	0.00	0.00	BR	BR
78399 TC	Radiology	0.00	0.00	BR	BR
78414 00	Radiology	-	-	$ 294.00	$ 294.00
78414 26	Radiology	0.63	0.63	$ 44.10	$ 44.10
78414 TC	Radiology	-	-	$ 249.90	$ 249.90
78428 00	Radiology	5.12	5.12	$ 358.40	$ 358.40
78428 26	Radiology	1.05	1.05	$ 73.50	$ 73.50
78428 TC	Radiology	4.07	4.07	$ 284.90	$ 284.90
78429 00	Radiology	-	-	$ 2,608.90	$ 2,608.90
78429 26	Radiology	2.33	2.33	$ 163.10	$ 163.10
78429 TC	Radiology	-	-	$ 2,445.80	$ 2,445.80
78430 00	Radiology	0.00	0.00	BR	BR
78430 26	Radiology	2.22	2.22	$ 155.40	$ 155.40
78430 TC	Radiology	0.00	0.00	BR	BR
78431 00	Radiology	-	-	$ 2,623.60	$ 2,623.60
78431 26	Radiology	2.59	2.59	$ 181.30	$ 181.30
78431 TC	Radiology	-	-	$ 2,442.30	$ 2,442.30

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
78432 00	Radiology	0.00	0.00	BR	BR
78432 26	Radiology	2.85	2.85	$ 199.50	$ 199.50
78432 TC	Radiology	0.00	0.00	BR	BR
78433 00	Radiology	-	-	$ 5,225.50	$ 5,225.50
78433 26	Radiology	3.00	3.00	$ 210.00	$ 210.00
78433 TC	Radiology	-	-	$ 5,015.50	$ 5,015.50
78434 00	Radiology	-	-	$ 473.90	$ 473.90
78434 26	Radiology	0.86	0.86	$ 60.20	$ 60.20
78434 TC	Radiology	-	-	$ 413.70	$ 413.70
78445 00	Radiology	5.00	5.00	$ 350.00	$ 350.00
78445 26	Radiology	0.68	0.68	$ 47.60	$ 47.60
78445 TC	Radiology	4.32	4.32	$ 302.40	$ 302.40
78451 00	Radiology	9.32	9.32	$ 652.40	$ 652.40
78451 26	Radiology	1.89	1.89	$ 132.30	$ 132.30
78451 TC	Radiology	7.43	7.43	$ 520.10	$ 520.10
78452 00	Radiology	12.81	12.81	$ 896.70	$ 896.70
78452 26	Radiology	2.23	2.23	$ 156.10	$ 156.10
78452 TC	Radiology	10.58	10.58	$ 740.60	$ 740.60
78453 00	Radiology	7.87	7.87	$ 550.90	$ 550.90
78453 26	Radiology	1.36	1.36	$ 95.20	$ 95.20
78453 TC	Radiology	6.51	6.51	$ 455.70	$ 455.70
78454 00	Radiology	11.44	11.44	$ 800.80	$ 800.80
78454 26	Radiology	1.83	1.83	$ 128.10	$ 128.10
78454 TC	Radiology	9.61	9.61	$ 672.70	$ 672.70
78456 00	Radiology	8.51	8.51	$ 595.70	$ 595.70
78456 26	Radiology	1.37	1.37	$ 95.90	$ 95.90
78456 TC	Radiology	7.14	7.14	$ 499.80	$ 499.80
78457 00	Radiology	5.01	5.01	$ 350.70	$ 350.70
78457 26	Radiology	1.06	1.06	$ 74.20	$ 74.20
78457 TC	Radiology	3.95	3.95	$ 276.50	$ 276.50
78458 00	Radiology	5.57	5.57	$ 389.90	$ 389.90
78458 26	Radiology	1.25	1.25	$ 87.50	$ 87.50
78458 TC	Radiology	4.32	4.32	$ 302.40	$ 302.40
78459 00	Radiology	-	-	$ 3,710.00	$ 3,710.00
78459 26	Radiology	2.12	2.12	$ 148.40	$ 148.40
78459 TC	Radiology	-	-	$ 3,561.60	$ 3,561.60
78466 00	Radiology	4.76	4.76	$ 333.20	$ 333.20
78466 26	Radiology	0.94	0.94	$ 65.80	$ 65.80
78466 TC	Radiology	3.82	3.82	$ 267.40	$ 267.40
78468 00	Radiology	5.48	5.48	$ 383.60	$ 383.60

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
78468 26	Radiology	1.10	1.10	$ 77.00	$ 77.00
78468 TC	Radiology	4.38	4.38	$ 306.60	$ 306.60
78469 00	Radiology	6.10	6.10	$ 427.00	$ 427.00
78469 26	Radiology	1.27	1.27	$ 88.90	$ 88.90
78469 TC	Radiology	4.83	4.83	$ 338.10	$ 338.10
78472 00	Radiology	6.21	6.21	$ 434.70	$ 434.70
78472 26	Radiology	1.34	1.34	$ 93.80	$ 93.80
78472 TC	Radiology	4.87	4.87	$ 340.90	$ 340.90
78473 00	Radiology	7.99	7.99	$ 559.30	$ 559.30
78473 26	Radiology	2.03	2.03	$ 142.10	$ 142.10
78473 TC	Radiology	5.96	5.96	$ 417.20	$ 417.20
78481 00	Radiology	4.86	4.86	$ 340.20	$ 340.20
78481 26	Radiology	1.33	1.33	$ 93.10	$ 93.10
78481 TC	Radiology	3.53	3.53	$ 247.10	$ 247.10
78483 00	Radiology	6.57	6.57	$ 459.90	$ 459.90
78483 26	Radiology	2.01	2.01	$ 140.70	$ 140.70
78483 TC	Radiology	4.56	4.56	$ 319.20	$ 319.20
78491 00	Radiology	-	-	$ 1,649.20	$ 1,649.20
78491 26	Radiology	2.12	2.12	$ 148.40	$ 148.40
78491 TC	Radiology	-	-	$ 1,500.80	$ 1,500.80
78492 00	Radiology	-	-	$ 2,881.90	$ 2,881.90
78492 26	Radiology	2.47	2.47	$ 172.90	$ 172.90
78492 TC	Radiology	-	-	$ 2,709.00	$ 2,709.00
78494 00	Radiology	6.32	6.32	$ 442.40	$ 442.40
78494 26	Radiology	1.63	1.63	$ 114.10	$ 114.10
78494 TC	Radiology	4.69	4.69	$ 328.30	$ 328.30
78496 00	Radiology	1.27	1.27	$ 88.90	$ 88.90
78496 26	Radiology	0.69	0.69	$ 48.30	$ 48.30
78496 TC	Radiology	0.58	0.58	$ 40.60	$ 40.60
78499 00	Radiology	0.00	0.00	BR	BR
78499 26	Radiology	0.00	0.00	BR	BR
78499 TC	Radiology	0.00	0.00	BR	BR
78579 00	Radiology	4.98	4.98	$ 348.60	$ 348.60
78579 26	Radiology	0.67	0.67	$ 46.90	$ 46.90
78579 TC	Radiology	4.31	4.31	$ 301.70	$ 301.70
78580 00	Radiology	6.27	6.27	$ 438.90	$ 438.90
78580 26	Radiology	1.01	1.01	$ 70.70	$ 70.70
78580 TC	Radiology	5.26	5.26	$ 368.20	$ 368.20
78582 00	Radiology	8.70	8.70	$ 609.00	$ 609.00
78582 26	Radiology	1.45	1.45	$ 101.50	$ 101.50

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
78582 TC	Radiology	7.25	7.25	$ 507.50	$ 507.50
78597 00	Radiology	5.39	5.39	$ 377.30	$ 377.30
78597 26	Radiology	0.99	0.99	$ 69.30	$ 69.30
78597 TC	Radiology	4.40	4.40	$ 308.00	$ 308.00
78598 00	Radiology	7.93	7.93	$ 555.10	$ 555.10
78598 26	Radiology	1.13	1.13	$ 79.10	$ 79.10
78598 TC	Radiology	6.80	6.80	$ 476.00	$ 476.00
78599 00	Radiology	0.00	0.00	BR	BR
78599 26	Radiology	0.00	0.00	BR	BR
78599 TC	Radiology	0.00	0.00	BR	BR
78600 00	Radiology	4.99	4.99	$ 349.30	$ 349.30
78600 26	Radiology	0.60	0.60	$ 42.00	$ 42.00
78600 TC	Radiology	4.39	4.39	$ 307.30	$ 307.30
78601 00	Radiology	5.77	5.77	$ 403.90	$ 403.90
78601 26	Radiology	0.70	0.70	$ 49.00	$ 49.00
78601 TC	Radiology	5.07	5.07	$ 354.90	$ 354.90
78605 00	Radiology	5.37	5.37	$ 375.90	$ 375.90
78605 26	Radiology	0.74	0.74	$ 51.80	$ 51.80
78605 TC	Radiology	4.63	4.63	$ 324.10	$ 324.10
78606 00	Radiology	8.62	8.62	$ 603.40	$ 603.40
78606 26	Radiology	0.86	0.86	$ 60.20	$ 60.20
78606 TC	Radiology	7.76	7.76	$ 543.20	$ 543.20
78608 00	Radiology	-	-	$ 3,500.00	$ 3,500.00
78608 26	Radiology	2.00	2.00	$ 140.00	$ 140.00
78608 TC	Radiology	-	-	$ 3,360.00	$ 3,360.00
78609 00	Radiology	2.14	2.14	$ 149.80	$ 149.80
78609 26	Radiology	2.14	2.14	$ 149.80	$ 149.80
78609 TC	Radiology	0.00	0.00	BR	BR
78610 00	Radiology	4.69	4.69	$ 328.30	$ 328.30
78610 26	Radiology	0.41	0.41	$ 28.70	$ 28.70
78610 TC	Radiology	4.28	4.28	$ 299.60	$ 299.60
78630 00	Radiology	8.82	8.82	$ 617.40	$ 617.40
78630 26	Radiology	0.92	0.92	$ 64.40	$ 64.40
78630 TC	Radiology	7.90	7.90	$ 553.00	$ 553.00
78635 00	Radiology	8.82	8.82	$ 617.40	$ 617.40
78635 26	Radiology	0.84	0.84	$ 58.80	$ 58.80
78635 TC	Radiology	7.98	7.98	$ 558.60	$ 558.60
78645 00	Radiology	8.54	8.54	$ 597.80	$ 597.80
78645 26	Radiology	0.77	0.77	$ 53.90	$ 53.90
78645 TC	Radiology	7.77	7.77	$ 543.90	$ 543.90

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
78650 00	Radiology	7.34	7.34	$ 513.80	$ 513.80
78650 26	Radiology	0.71	0.71	$ 49.70	$ 49.70
78650 TC	Radiology	6.63	6.63	$ 464.10	$ 464.10
78660 00	Radiology	3.97	3.97	$ 277.90	$ 277.90
78660 26	Radiology	0.62	0.62	$ 43.40	$ 43.40
78660 TC	Radiology	3.35	3.35	$ 234.50	$ 234.50
78699 00	Radiology	0.00	0.00	BR	BR
78699 26	Radiology	0.00	0.00	BR	BR
78699 TC	Radiology	0.00	0.00	BR	BR
78700 00	Radiology	4.59	4.59	$ 321.30	$ 321.30
78700 26	Radiology	0.60	0.60	$ 42.00	$ 42.00
78700 TC	Radiology	3.99	3.99	$ 279.30	$ 279.30
78701 00	Radiology	6.08	6.08	$ 425.60	$ 425.60
78701 26	Radiology	0.69	0.69	$ 48.30	$ 48.30
78701 TC	Radiology	5.39	5.39	$ 377.30	$ 377.30
78707 00	Radiology	6.27	6.27	$ 438.90	$ 438.90
78707 26	Radiology	1.30	1.30	$ 91.00	$ 91.00
78707 TC	Radiology	4.97	4.97	$ 347.90	$ 347.90
78708 00	Radiology	5.16	5.16	$ 361.20	$ 361.20
78708 26	Radiology	1.62	1.62	$ 113.40	$ 113.40
78708 TC	Radiology	3.54	3.54	$ 247.80	$ 247.80
78709 00	Radiology	9.77	9.77	$ 683.90	$ 683.90
78709 26	Radiology	1.89	1.89	$ 132.30	$ 132.30
78709 TC	Radiology	7.88	7.88	$ 551.60	$ 551.60
78725 00	Radiology	2.98	2.98	$ 208.60	$ 208.60
78725 26	Radiology	0.51	0.51	$ 35.70	$ 35.70
78725 TC	Radiology	2.47	2.47	$ 172.90	$ 172.90
78730 00	Radiology	2.19	2.19	$ 153.30	$ 153.30
78730 26	Radiology	0.23	0.23	$ 16.10	$ 16.10
78730 TC	Radiology	1.96	1.96	$ 137.20	$ 137.20
78740 00	Radiology	6.61	6.61	$ 462.70	$ 462.70
78740 26	Radiology	0.81	0.81	$ 56.70	$ 56.70
78740 TC	Radiology	5.80	5.80	$ 406.00	$ 406.00
78761 00	Radiology	5.69	5.69	$ 398.30	$ 398.30
78761 26	Radiology	0.98	0.98	$ 68.60	$ 68.60
78761 TC	Radiology	4.71	4.71	$ 329.70	$ 329.70
78799 00	Radiology	0.00	0.00	BR	BR
78799 26	Radiology	0.00	0.00	BR	BR
78799 TC	Radiology	0.00	0.00	BR	BR
78800 00	Radiology	6.94	6.94	$ 485.80	$ 485.80

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
78800 26	Radiology	0.92	0.92	$ 64.40	$ 64.40
78800 TC	Radiology	6.02	6.02	$ 421.40	$ 421.40
78801 00	Radiology	7.19	7.19	$ 503.30	$ 503.30
78801 26	Radiology	0.99	0.99	$ 69.30	$ 69.30
78801 TC	Radiology	6.20	6.20	$ 434.00	$ 434.00
78802 00	Radiology	8.09	8.09	$ 566.30	$ 566.30
78802 26	Radiology	1.07	1.07	$ 74.90	$ 74.90
78802 TC	Radiology	7.02	7.02	$ 491.40	$ 491.40
78803 00	Radiology	10.05	10.05	$ 703.50	$ 703.50
78803 26	Radiology	1.47	1.47	$ 102.90	$ 102.90
78803 TC	Radiology	8.58	8.58	$ 600.60	$ 600.60
78804 00	Radiology	16.80	16.80	$ 1,176.00	$ 1,176.00
78804 26	Radiology	1.35	1.35	$ 94.50	$ 94.50
78804 TC	Radiology	15.45	15.45	$ 1,081.50	$ 1,081.50
78808 00	Radiology	1.23	1.23	$ 86.10	$ 86.10
78811 00	Radiology	-	-	$ 3,605.00	$ 3,605.00
78811 26	Radiology	2.06	2.06	$ 144.20	$ 144.20
78811 TC	Radiology	-	-	$ 3,460.80	$ 3,460.80
78812 00	Radiology	-	-	$ 4,532.50	$ 4,532.50
78812 26	Radiology	2.59	2.59	$ 181.30	$ 181.30
78812 TC	Radiology	-	-	$ 4,351.20	$ 4,351.20
78813 00	Radiology	-	-	$ 4,637.50	$ 4,637.50
78813 26	Radiology	2.65	2.65	$ 185.50	$ 185.50
78813 TC	Radiology	-	-	$ 4,452.00	$ 4,452.00
78814 00	Radiology	-	-	$ 5,162.50	$ 5,162.50
78814 26	Radiology	2.95	2.95	$ 206.50	$ 206.50
78814 TC	Radiology	-	-	$ 4,956.00	$ 4,956.00
78815 00	Radiology	-	-	$ 5,740.00	$ 5,740.00
78815 26	Radiology	3.28	3.28	$ 229.60	$ 229.60
78815 TC	Radiology	-	-	$ 5,510.40	$ 5,510.40
78816 00	Radiology	-	-	$ 5,827.50	$ 5,827.50
78816 26	Radiology	3.33	3.33	$ 233.10	$ 233.10
78816 TC	Radiology	-	-	$ 5,594.40	$ 5,594.40
78830 00	Radiology	12.60	12.60	$ 882.00	$ 882.00
78830 26	Radiology	1.95	1.95	$ 136.50	$ 136.50
78830 TC	Radiology	10.65	10.65	$ 745.50	$ 745.50
78831 00	Radiology	18.65	18.65	$ 1,305.50	$ 1,305.50
78831 26	Radiology	2.42	2.42	$ 169.40	$ 169.40
78831 TC	Radiology	16.23	16.23	$ 1,136.10	$ 1,136.10
78832 00	Radiology	23.68	23.68	$ 1,657.60	$ 1,657.60

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
78832 26	Radiology	2.81	2.81	$ 196.70	$ 196.70
78832 TC	Radiology	20.87	20.87	$ 1,460.90	$ 1,460.90
78835 00	Radiology	2.69	2.69	$ 188.30	$ 188.30
78835 26	Radiology	0.64	0.64	$ 44.80	$ 44.80
78835 TC	Radiology	2.05	2.05	$ 143.50	$ 143.50
78999 00	Radiology	0.00	0.00	BR	BR
78999 26	Radiology	0.00	0.00	BR	BR
78999 TC	Radiology	0.00	0.00	BR	BR
79005 00	Radiology	3.96	3.96	$ 277.20	$ 277.20
79005 26	Radiology	2.44	2.44	$ 170.80	$ 170.80
79005 TC	Radiology	1.52	1.52	$ 106.40	$ 106.40
79101 00	Radiology	4.28	4.28	$ 299.60	$ 299.60
79101 26	Radiology	2.69	2.69	$ 188.30	$ 188.30
79101 TC	Radiology	1.59	1.59	$ 111.30	$ 111.30
79200 00	Radiology	3.91	3.91	$ 273.70	$ 273.70
79200 26	Radiology	2.32	2.32	$ 162.40	$ 162.40
79200 TC	Radiology	1.59	1.59	$ 111.30	$ 111.30
79300 00	Radiology	-	-	$ 464.80	$ 464.80
79300 26	Radiology	1.86	1.86	$ 130.20	$ 130.20
79300 TC	Radiology	-	-	$ 334.60	$ 334.60
79403 00	Radiology	4.69	4.69	$ 328.30	$ 328.30
79403 26	Radiology	2.61	2.61	$ 182.70	$ 182.70
79403 TC	Radiology	2.08	2.08	$ 145.60	$ 145.60
79440 00	Radiology	3.51	3.51	$ 245.70	$ 245.70
79440 26	Radiology	2.32	2.32	$ 162.40	$ 162.40
79440 TC	Radiology	1.19	1.19	$ 83.30	$ 83.30
79445 00	Radiology	-	-	$ 404.60	$ 404.60
79445 26	Radiology	3.18	3.18	$ 222.60	$ 222.60
79445 TC	Radiology	-	-	$ 182.00	$ 182.00
79999 00	Radiology	0.00	0.00	BR	BR
79999 26	Radiology	0.00	0.00	BR	BR
79999 TC	Radiology	0.00	0.00	BR	BR

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Historical Note

New Appendix A, Radiology Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A Radiology Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Radiology Codes 2019-2020 repealed; new Appendix A, Radiology Codes 2020- 2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Radiology Codes 2020-2021 repealed; new Appendix A, Radiology Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Radiology Codes 2021- 2022 repealed; new Appendix A, Radiology Codes 2022-2023 made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Radiology Codes 2022-2023 repealed; new Appendix A, Radiology Codes 2023-2024 made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Radiology Codes 2023-2024 repealed; new Appendix A, Radiology Codes 2024-2025 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Radiology Codes 2024-2025 repealed; new Appendix A, Radiology Codes 2025 made by exempt rulemaking effective May 1, 2025 (Supp. 25-2). Appendix A, Radiology Codes 2025 repealed; new Appendix A, Radiology Codes 2026 made by exempt rulemaking effective May 1, 2026 (Supp. 26-2).

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PATHOLOGY AND LABORATORY GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction Section of the Fee Schedule.

The following Commission guidelines are in addition to the CPT® guidelines and represent additional guidance from the Commission relative to unit values for these services. To the extent that a conflict may exist between an incorporated portion of the CPT® publication or HCPCS code and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier, or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

A healthcare provider seeking reimbursement for presumptive, or "point of care" drug testing shall submit to the payer written documentation establishing:

1. That the testing is medically necessary and reasonably required;

2. The type of drug testing utilized; and

3. The healthcare provider's interpretation of the "point of care" testing.

For purposes of this section, presumptive or "point of care" testing is testing that is performed at or near the site of patient care (*i.e.,* the healthcare provider's office).

CPT® codes 80305-80307 are used for reporting presumptive drug class screening. Each code represents all drugs and drug classes performed by the respective methodology per date of service.

Healthcare providers performing validity testing on urine specimens utilized for drug testing shall not separately bill the validity testing. For example, if a laboratory performs a urinary pH, specific gravity, creatinine, nitrates, oxidants, or other tests to confirm that a urine specimen is not adulterated, this testing is not separately billed.

Definitive drug testing may be reported with HCPCS codes G0480 - G0483. These codes differ based on the number of drug classes including metabolites tested. Only one (1) code from this group of codes may be reported per date of service. Requests for quantitative or definitive testing require documentation that qualifies necessity.

G0480 – Definitive drug testing 1 – 7 drug class(es) including metabolites(s) if performed.

G0481 – Definitive drug testing 8 – 14 drug class(es) including metabolite(s) if performed.

G0482 – Definitive drug testing 15 – 21 drug class(es) including metabolites(s) if performed.

G0483 – Definitive drug testing of 22 or more drug class(es), including metabolite(s) if performed.

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Historical Note

New Appendix A, Pathology and Laboratory Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Pathology and Laboratory Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Pathology and Laboratory Guidelines repealed; new Appendix A, Pathology and Laboratory Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Pathology and Laboratory Guidelines repealed; new Appendix A, Pathology and Laboratory Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Pathology and Laboratory Guidelines repealed; new Appendix A, Pathology and Laboratory Guidelines made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Pathology and Laboratory Guidelines repealed; new Appendix A, Pathology and Laboratory Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Pathology and Laboratory Guidelines repealed; new Appendix A, Pathology and Laboratory Guidelines made by exempt rulemaking effective May 1, 2025 (Supp. 25-2). Appendix A, Pathology and Laboratory Guidelines repealed; new Appendix A, Pathology and Laboratory Guidelines made by exempt rulemaking effective May 1, 2026 (Supp. 26-2).

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ARIZONA PHYSICIANS' FEE SCHEDULE
Pathology Codes 2026
Pathology Conversion Factor $68.00

Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
80047 00	Pathology	0.41	0.41	$ 27.95	$ 27.95
80048 00	Pathology	0.25	0.25	$ 17.22	$ 17.22
80050 00	Pathology	-	-	$ 302.60	$ 302.60
80051 00	Pathology	0.21	0.21	$ 14.27	$ 14.27
80053 00	Pathology	0.32	0.32	$ 21.50	$ 21.50
80055 00	Pathology	1.43	1.43	$ 97.34	$ 97.34
80061 00	Pathology	0.40	0.40	$ 27.26	$ 27.26
80069 00	Pathology	0.26	0.26	$ 17.67	$ 17.67
80074 00	Pathology	1.43	1.43	$ 96.97	$ 96.97
80076 00	Pathology	0.24	0.24	$ 16.63	$ 16.63
80081 00	Pathology	2.24	2.24	$ 152.41	$ 152.41
80143 00	Pathology	0.56	0.56	$ 37.95	$ 37.95
80145 00	Pathology	1.15	1.15	$ 78.52	$ 78.52
80150 00	Pathology	0.45	0.45	$ 30.70	$ 30.70
80151 00	Pathology	0.56	0.56	$ 37.95	$ 37.95
80155 00	Pathology	1.15	1.15	$ 78.52	$ 78.52
80156 00	Pathology	0.44	0.44	$ 29.66	$ 29.66
80157 00	Pathology	0.40	0.40	$ 26.98	$ 26.98
80158 00	Pathology	0.54	0.54	$ 36.75	$ 36.75
80159 00	Pathology	0.60	0.60	$ 41.02	$ 41.02
80161 00	Pathology	0.56	0.56	$ 37.95	$ 37.95
80162 00	Pathology	0.40	0.40	$ 27.04	$ 27.04
80163 00	Pathology	0.40	0.40	$ 27.04	$ 27.04
80164 00	Pathology	0.41	0.41	$ 27.57	$ 27.57
80165 00	Pathology	0.41	0.41	$ 27.57	$ 27.57
80167 00	Pathology	0.56	0.56	$ 37.95	$ 37.95
80168 00	Pathology	0.49	0.49	$ 33.27	$ 33.27
80169 00	Pathology	0.41	0.41	$ 27.95	$ 27.95
80170 00	Pathology	0.49	0.49	$ 33.35	$ 33.35
80171 00	Pathology	0.65	0.65	$ 44.12	$ 44.12
80173 00	Pathology	0.47	0.47	$ 32.13	$ 32.13
80175 00	Pathology	0.40	0.40	$ 26.98	$ 26.98
80176 00	Pathology	0.44	0.44	$ 29.91	$ 29.91
80177 00	Pathology	0.40	0.40	$ 26.98	$ 26.98
80178 00	Pathology	0.20	0.20	$ 13.46	$ 13.46

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
80179 00	Pathology	0.56	0.56	$ 37.95	$ 37.95
80180 00	Pathology	0.54	0.54	$ 36.75	$ 36.75
80181 00	Pathology	0.56	0.56	$ 37.95	$ 37.95
80183 00	Pathology	0.40	0.40	$ 26.98	$ 26.98
80184 00	Pathology	0.46	0.46	$ 31.15	$ 31.15
80185 00	Pathology	0.40	0.40	$ 26.98	$ 26.98
80186 00	Pathology	0.41	0.41	$ 28.01	$ 28.01
80187 00	Pathology	0.81	0.81	$ 55.19	$ 55.19
80188 00	Pathology	0.50	0.50	$ 33.78	$ 33.78
80189 00	Pathology	0.81	0.81	$ 55.19	$ 55.19
80190 00	Pathology	1.80	1.80	$ 122.15	$ 122.15
80192 00	Pathology	0.50	0.50	$ 34.10	$ 34.10
80193 00	Pathology	1.15	1.15	$ 78.52	$ 78.52
80194 00	Pathology	0.44	0.44	$ 29.72	$ 29.72
80195 00	Pathology	0.41	0.41	$ 27.95	$ 27.95
80197 00	Pathology	0.41	0.41	$ 27.95	$ 27.95
80198 00	Pathology	0.42	0.42	$ 28.79	$ 28.79
80199 00	Pathology	0.81	0.81	$ 55.19	$ 55.19
80200 00	Pathology	0.48	0.48	$ 32.84	$ 32.84
80201 00	Pathology	0.36	0.36	$ 24.27	$ 24.27
80202 00	Pathology	0.41	0.41	$ 27.57	$ 27.57
80203 00	Pathology	0.40	0.40	$ 26.98	$ 26.98
80204 00	Pathology	1.15	1.15	$ 78.52	$ 78.52
80210 00	Pathology	0.81	0.81	$ 55.19	$ 55.19
80220 00	Pathology	0.56	0.56	$ 37.95	$ 37.95
80230 00	Pathology	1.15	1.15	$ 78.52	$ 78.52
80235 00	Pathology	0.81	0.81	$ 55.19	$ 55.19
80280 00	Pathology	1.15	1.15	$ 78.52	$ 78.52
80285 00	Pathology	0.81	0.81	$ 55.19	$ 55.19
80299 00	Pathology	0.56	0.56	$ 37.95	$ 37.95
80305 00	Pathology	0.38	0.38	$ 25.65	$ 25.65
80306 00	Pathology	0.51	0.51	$ 34.89	$ 34.89
80307 00	Pathology	1.86	1.86	$ 126.51	$ 126.51
80320 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80321 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80322 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80323 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80324 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80325 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80326 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
80327 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80328 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80329 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80330 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80331 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80332 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80333 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80334 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80335 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80336 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80337 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80338 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80339 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80340 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80341 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80342 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80343 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80344 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80345 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80346 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80347 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80348 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80349 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80350 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80351 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80352 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80353 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80354 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80355 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80356 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80357 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80358 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80359 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80360 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80361 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80362 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80363 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80364 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80365 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80366 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
80367 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80368 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80369 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80370 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80371 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80372 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80373 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80374 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80375 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80376 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80377 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80400 00	Pathology	0.98	0.98	$ 66.41	$ 66.41
80402 00	Pathology	2.60	2.60	$ 177.04	$ 177.04
80406 00	Pathology	2.34	2.34	$ 159.33	$ 159.33
80408 00	Pathology	3.76	3.76	$ 255.50	$ 255.50
80410 00	Pathology	2.41	2.41	$ 163.62	$ 163.62
80412 00	Pathology	24.00	24.00	$ 1,632.00	$ 1,632.00
80414 00	Pathology	1.55	1.55	$ 105.13	$ 105.13
80415 00	Pathology	1.67	1.67	$ 113.78	$ 113.78
80416 00	Pathology	6.27	6.27	$ 426.15	$ 426.15
80417 00	Pathology	1.32	1.32	$ 89.56	$ 89.56
80418 00	Pathology	17.35	17.35	$ 1,179.75	$ 1,179.75
80420 00	Pathology	4.85	4.85	$ 329.57	$ 329.57
80422 00	Pathology	1.38	1.38	$ 93.79	$ 93.79
80424 00	Pathology	1.51	1.51	$ 102.81	$ 102.81
80426 00	Pathology	4.44	4.44	$ 302.14	$ 302.14
80428 00	Pathology	2.00	2.00	$ 135.79	$ 135.79
80430 00	Pathology	3.87	3.87	$ 263.30	$ 263.30
80432 00	Pathology	4.96	4.96	$ 337.16	$ 337.16
80434 00	Pathology	8.53	8.53	$ 580.28	$ 580.28
80435 00	Pathology	3.08	3.08	$ 209.69	$ 209.69
80436 00	Pathology	2.73	2.73	$ 185.59	$ 185.59
80438 00	Pathology	1.51	1.51	$ 102.63	$ 102.63
80439 00	Pathology	2.01	2.01	$ 136.83	$ 136.83
80503 00	Pathology	0.79	0.55	$ 53.72	$ 37.40
80504 00	Pathology	1.53	1.16	$ 104.04	$ 78.88
80505 00	Pathology	2.82	2.20	$ 191.76	$ 149.60
80506 00	Pathology	1.25	1.25	$ 85.00	$ 85.00
81000 00	Pathology	0.12	0.12	$ 8.18	$ 8.18
81001 00	Pathology	0.09	0.09	$ 6.45	$ 6.45

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
81002 00	Pathology	0.10	0.10	$ 7.08	$ 7.08
81003 00	Pathology	0.07	0.07	$ 4.58	$ 4.58
81005 00	Pathology	0.06	0.06	$ 4.42	$ 4.42
81007 00	Pathology	0.90	0.90	$ 61.04	$ 61.04
81015 00	Pathology	0.09	0.09	$ 6.21	$ 6.21
81020 00	Pathology	0.14	0.14	$ 9.57	$ 9.57
81025 00	Pathology	0.26	0.26	$ 17.53	$ 17.53
81050 00	Pathology	0.11	0.11	$ 7.41	$ 7.41
81099 00	Pathology	0.00	0.00	BR	BR
81105 00	Pathology	3.66	3.66	$ 248.82	$ 248.82
81106 00	Pathology	3.66	3.66	$ 248.82	$ 248.82
81107 00	Pathology	3.66	3.66	$ 248.82	$ 248.82
81108 00	Pathology	3.66	3.66	$ 248.82	$ 248.82
81109 00	Pathology	3.66	3.66	$ 248.82	$ 248.82
81110 00	Pathology	3.66	3.66	$ 248.82	$ 248.82
81111 00	Pathology	3.66	3.66	$ 248.82	$ 248.82
81112 00	Pathology	3.66	3.66	$ 248.82	$ 248.82
81120 00	Pathology	5.79	5.79	$ 393.43	$ 393.43
81121 00	Pathology	8.86	8.86	$ 602.19	$ 602.19
81161 00	Pathology	8.35	8.35	$ 568.01	$ 568.01
81162 00	Pathology	54.64	54.64	$ 3,715.22	$ 3,715.22
81163 00	Pathology	14.01	14.01	$ 952.79	$ 952.79
81164 00	Pathology	17.49	17.49	$ 1,189.42	$ 1,189.42
81165 00	Pathology	8.47	8.47	$ 575.91	$ 575.91
81166 00	Pathology	9.02	9.02	$ 613.51	$ 613.51
81167 00	Pathology	8.47	8.47	$ 575.91	$ 575.91
81168 00	Pathology	6.21	6.21	$ 422.06	$ 422.06
81170 00	Pathology	8.98	8.98	$ 610.76	$ 610.76
81171 00	Pathology	4.10	4.10	$ 278.91	$ 278.91
81172 00	Pathology	8.23	8.23	$ 559.52	$ 559.52
81173 00	Pathology	9.02	9.02	$ 613.51	$ 613.51
81174 00	Pathology	5.54	5.54	$ 377.04	$ 377.04
81175 00	Pathology	20.25	20.25	$ 1,377.27	$ 1,377.27
81176 00	Pathology	7.24	7.24	$ 492.48	$ 492.48
81177 00	Pathology	4.10	4.10	$ 278.91	$ 278.91
81178 00	Pathology	4.10	4.10	$ 278.91	$ 278.91
81179 00	Pathology	4.10	4.10	$ 278.91	$ 278.91
81180 00	Pathology	4.10	4.10	$ 278.91	$ 278.91
81181 00	Pathology	4.10	4.10	$ 278.91	$ 278.91
81182 00	Pathology	4.10	4.10	$ 278.91	$ 278.91

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
81183 00	Pathology	4.10	4.10	$ 278.91	$ 278.91
81184 00	Pathology	4.10	4.10	$ 278.91	$ 278.91
81185 00	Pathology	25.34	25.34	$ 1,722.90	$ 1,722.90
81186 00	Pathology	5.54	5.54	$ 377.04	$ 377.04
81187 00	Pathology	4.10	4.10	$ 278.91	$ 278.91
81188 00	Pathology	4.10	4.10	$ 278.91	$ 278.91
81189 00	Pathology	8.23	8.23	$ 559.52	$ 559.52
81190 00	Pathology	5.54	5.54	$ 377.04	$ 377.04
81191 00	Pathology	6.21	6.21	$ 422.06	$ 422.06
81192 00	Pathology	6.21	6.21	$ 422.06	$ 422.06
81193 00	Pathology	6.21	6.21	$ 422.06	$ 422.06
81194 00	Pathology	15.52	15.52	$ 1,055.15	$ 1,055.15
81195 00	Pathology	55.78	55.78	$ 3,793.28	$ 3,793.28
81200 00	Pathology	1.41	1.41	$ 96.20	$ 96.20
81201 00	Pathology	23.35	23.35	$ 1,587.98	$ 1,587.98
81202 00	Pathology	8.38	8.38	$ 570.04	$ 570.04
81203 00	Pathology	5.99	5.99	$ 407.17	$ 407.17
81204 00	Pathology	4.10	4.10	$ 278.91	$ 278.91
81205 00	Pathology	2.84	2.84	$ 193.39	$ 193.39
81206 00	Pathology	4.91	4.91	$ 333.80	$ 333.80
81207 00	Pathology	4.34	4.34	$ 294.88	$ 294.88
81208 00	Pathology	6.43	6.43	$ 436.94	$ 436.94
81209 00	Pathology	1.18	1.18	$ 80.03	$ 80.03
81210 00	Pathology	5.25	5.25	$ 357.09	$ 357.09
81212 00	Pathology	13.17	13.17	$ 895.78	$ 895.78
81215 00	Pathology	11.23	11.23	$ 763.96	$ 763.96
81216 00	Pathology	5.54	5.54	$ 376.88	$ 376.88
81217 00	Pathology	11.23	11.23	$ 763.96	$ 763.96
81218 00	Pathology	7.24	7.24	$ 492.48	$ 492.48
81219 00	Pathology	3.64	3.64	$ 247.62	$ 247.62
81220 00	Pathology	16.66	16.66	$ 1,133.17	$ 1,133.17
81221 00	Pathology	2.91	2.91	$ 197.93	$ 197.93
81222 00	Pathology	13.03	13.03	$ 885.75	$ 885.75
81223 00	Pathology	14.94	14.94	$ 1,015.90	$ 1,015.90
81224 00	Pathology	5.05	5.05	$ 343.55	$ 343.55
81225 00	Pathology	8.72	8.72	$ 593.17	$ 593.17
81226 00	Pathology	13.50	13.50	$ 918.00	$ 918.00
81227 00	Pathology	5.23	5.23	$ 355.89	$ 355.89
81228 00	Pathology	26.95	26.95	$ 1,832.29	$ 1,832.29
81229 00	Pathology	34.73	34.73	$ 2,361.61	$ 2,361.61

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
81230 00	Pathology	5.23	5.23	$ 355.89	$ 355.89
81231 00	Pathology	5.23	5.23	$ 355.89	$ 355.89
81232 00	Pathology	5.23	5.23	$ 355.89	$ 355.89
81233 00	Pathology	5.25	5.25	$ 357.09	$ 357.09
81234 00	Pathology	4.10	4.10	$ 278.91	$ 278.91
81235 00	Pathology	9.72	9.72	$ 660.80	$ 660.80
81236 00	Pathology	8.47	8.47	$ 575.91	$ 575.91
81237 00	Pathology	5.25	5.25	$ 357.09	$ 357.09
81238 00	Pathology	17.96	17.96	$ 1,221.52	$ 1,221.52
81239 00	Pathology	8.23	8.23	$ 559.52	$ 559.52
81240 00	Pathology	1.97	1.97	$ 133.74	$ 133.74
81241 00	Pathology	2.20	2.20	$ 149.37	$ 149.37
81242 00	Pathology	1.10	1.10	$ 74.55	$ 74.55
81243 00	Pathology	1.71	1.71	$ 116.13	$ 116.13
81244 00	Pathology	1.34	1.34	$ 91.39	$ 91.39
81245 00	Pathology	4.96	4.96	$ 336.96	$ 336.96
81246 00	Pathology	2.48	2.48	$ 168.98	$ 168.98
81247 00	Pathology	5.23	5.23	$ 355.89	$ 355.89
81248 00	Pathology	11.23	11.23	$ 763.96	$ 763.96
81249 00	Pathology	17.96	17.96	$ 1,221.52	$ 1,221.52
81250 00	Pathology	1.75	1.75	$ 119.08	$ 119.08
81251 00	Pathology	1.41	1.41	$ 96.20	$ 96.20
81252 00	Pathology	3.03	3.03	$ 205.87	$ 205.87
81253 00	Pathology	1.84	1.84	$ 125.25	$ 125.25
81254 00	Pathology	1.05	1.05	$ 71.26	$ 71.26
81255 00	Pathology	1.54	1.54	$ 104.75	$ 104.75
81256 00	Pathology	1.96	1.96	$ 133.06	$ 133.06
81257 00	Pathology	3.06	3.06	$ 208.19	$ 208.19
81258 00	Pathology	11.23	11.23	$ 763.96	$ 763.96
81259 00	Pathology	17.96	17.96	$ 1,221.52	$ 1,221.52
81260 00	Pathology	1.18	1.18	$ 80.03	$ 80.03
81261 00	Pathology	5.93	5.93	$ 403.08	$ 403.08
81262 00	Pathology	2.05	2.05	$ 139.56	$ 139.56
81263 00	Pathology	8.82	8.82	$ 599.61	$ 599.61
81264 00	Pathology	5.17	5.17	$ 351.66	$ 351.66
81265 00	Pathology	6.98	6.98	$ 474.50	$ 474.50
81266 00	Pathology	9.13	9.13	$ 620.55	$ 620.55
81267 00	Pathology	6.21	6.21	$ 422.36	$ 422.36
81268 00	Pathology	7.81	7.81	$ 530.94	$ 530.94
81269 00	Pathology	6.06	6.06	$ 412.06	$ 412.06

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
81270 00	Pathology	2.74	2.74	$ 186.61	$ 186.61
81271 00	Pathology	4.10	4.10	$ 278.91	$ 278.91
81272 00	Pathology	9.87	9.87	$ 670.84	$ 670.84
81273 00	Pathology	3.74	3.74	$ 254.22	$ 254.22
81274 00	Pathology	8.23	8.23	$ 559.52	$ 559.52
81275 00	Pathology	5.79	5.79	$ 393.43	$ 393.43
81276 00	Pathology	5.79	5.79	$ 393.43	$ 393.43
81277 00	Pathology	34.73	34.73	$ 2,361.61	$ 2,361.61
81278 00	Pathology	6.21	6.21	$ 422.06	$ 422.06
81279 00	Pathology	5.54	5.54	$ 377.04	$ 377.04
81283 00	Pathology	2.20	2.20	$ 149.37	$ 149.37
81284 00	Pathology	4.10	4.10	$ 278.91	$ 278.91
81285 00	Pathology	8.23	8.23	$ 559.52	$ 559.52
81286 00	Pathology	8.23	8.23	$ 559.52	$ 559.52
81287 00	Pathology	3.73	3.73	$ 253.75	$ 253.75
81288 00	Pathology	5.76	5.76	$ 391.54	$ 391.54
81289 00	Pathology	5.54	5.54	$ 377.04	$ 377.04
81290 00	Pathology	1.18	1.18	$ 80.03	$ 80.03
81291 00	Pathology	1.96	1.96	$ 133.02	$ 133.02
81292 00	Pathology	20.22	20.22	$ 1,375.03	$ 1,375.03
81293 00	Pathology	9.91	9.91	$ 673.87	$ 673.87
81294 00	Pathology	6.06	6.06	$ 412.06	$ 412.06
81295 00	Pathology	11.43	11.43	$ 777.09	$ 777.09
81296 00	Pathology	10.11	10.11	$ 687.58	$ 687.58
81297 00	Pathology	6.39	6.39	$ 434.25	$ 434.25
81298 00	Pathology	19.22	19.22	$ 1,306.73	$ 1,306.73
81299 00	Pathology	9.22	9.22	$ 627.05	$ 627.05
81300 00	Pathology	7.13	7.13	$ 484.54	$ 484.54
81301 00	Pathology	10.44	10.44	$ 709.62	$ 709.62
81302 00	Pathology	15.80	15.80	$ 1,074.68	$ 1,074.68
81303 00	Pathology	3.59	3.59	$ 244.30	$ 244.30
81304 00	Pathology	4.49	4.49	$ 305.38	$ 305.38
81305 00	Pathology	5.25	5.25	$ 357.09	$ 357.09
81306 00	Pathology	8.72	8.72	$ 593.17	$ 593.17
81307 00	Pathology	20.25	20.25	$ 1,377.27	$ 1,377.27
81308 00	Pathology	9.02	9.02	$ 613.51	$ 613.51
81309 00	Pathology	8.23	8.23	$ 559.52	$ 559.52
81310 00	Pathology	7.38	7.38	$ 501.88	$ 501.88
81311 00	Pathology	8.86	8.86	$ 602.19	$ 602.19
81312 00	Pathology	4.10	4.10	$ 278.91	$ 278.91

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
81313 00	Pathology	7.64	7.64	$ 519.25	$ 519.25
81314 00	Pathology	9.87	9.87	$ 670.84	$ 670.84
81315 00	Pathology	6.21	6.21	$ 422.06	$ 422.06
81316 00	Pathology	6.21	6.21	$ 422.06	$ 422.06
81317 00	Pathology	20.25	20.25	$ 1,377.27	$ 1,377.27
81318 00	Pathology	9.91	9.91	$ 673.87	$ 673.87
81319 00	Pathology	6.09	6.09	$ 414.30	$ 414.30
81320 00	Pathology	8.72	8.72	$ 593.17	$ 593.17
81321 00	Pathology	17.96	17.96	$ 1,221.52	$ 1,221.52
81322 00	Pathology	1.40	1.40	$ 94.87	$ 94.87
81323 00	Pathology	8.98	8.98	$ 610.76	$ 610.76
81324 00	Pathology	22.70	22.70	$ 1,543.92	$ 1,543.92
81325 00	Pathology	23.04	23.04	$ 1,566.77	$ 1,566.77
81326 00	Pathology	1.40	1.40	$ 94.87	$ 94.87
81327 00	Pathology	5.75	5.75	$ 390.89	$ 390.89
81328 00	Pathology	5.23	5.23	$ 355.89	$ 355.89
81329 00	Pathology	4.10	4.10	$ 278.91	$ 278.91
81330 00	Pathology	1.41	1.41	$ 95.69	$ 95.69
81331 00	Pathology	1.53	1.53	$ 103.97	$ 103.97
81332 00	Pathology	1.31	1.31	$ 88.87	$ 88.87
81333 00	Pathology	4.10	4.10	$ 278.91	$ 278.91
81334 00	Pathology	9.87	9.87	$ 670.84	$ 670.84
81335 00	Pathology	5.23	5.23	$ 355.89	$ 355.89
81336 00	Pathology	9.02	9.02	$ 613.51	$ 613.51
81337 00	Pathology	5.54	5.54	$ 377.04	$ 377.04
81338 00	Pathology	4.50	4.50	$ 306.05	$ 306.05
81339 00	Pathology	5.54	5.54	$ 377.04	$ 377.04
81340 00	Pathology	6.25	6.25	$ 425.33	$ 425.33
81341 00	Pathology	1.48	1.48	$ 100.96	$ 100.96
81342 00	Pathology	6.03	6.03	$ 410.23	$ 410.23
81343 00	Pathology	4.10	4.10	$ 278.91	$ 278.91
81344 00	Pathology	4.10	4.10	$ 278.91	$ 278.91
81345 00	Pathology	5.54	5.54	$ 377.04	$ 377.04
81346 00	Pathology	5.23	5.23	$ 355.89	$ 355.89
81347 00	Pathology	5.79	5.79	$ 393.43	$ 393.43
81348 00	Pathology	5.25	5.25	$ 357.09	$ 357.09
81349 00	Pathology	35.87	35.87	$ 2,438.85	$ 2,438.85
81350 00	Pathology	7.01	7.01	$ 476.39	$ 476.39
81351 00	Pathology	19.22	19.22	$ 1,306.73	$ 1,306.73
81352 00	Pathology	9.87	9.87	$ 670.84	$ 670.84

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
81353 00	Pathology	9.22	9.22	$ 627.05	$ 627.05
81354 00	Pathology	37.83	37.83	$ 2,572.39	$ 2,572.39
81355 00	Pathology	2.64	2.64	$ 179.56	$ 179.56
81357 00	Pathology	5.79	5.79	$ 393.43	$ 393.43
81360 00	Pathology	5.79	5.79	$ 393.43	$ 393.43
81361 00	Pathology	5.23	5.23	$ 355.89	$ 355.89
81362 00	Pathology	11.23	11.23	$ 763.96	$ 763.96
81363 00	Pathology	6.06	6.06	$ 412.06	$ 412.06
81364 00	Pathology	9.72	9.72	$ 660.80	$ 660.80
81370 00	Pathology	12.04	12.04	$ 818.67	$ 818.67
81371 00	Pathology	12.11	12.11	$ 823.55	$ 823.55
81372 00	Pathology	12.08	12.08	$ 821.66	$ 821.66
81373 00	Pathology	3.82	3.82	$ 259.43	$ 259.43
81374 00	Pathology	2.23	2.23	$ 151.33	$ 151.33
81375 00	Pathology	6.61	6.61	$ 449.40	$ 449.40
81376 00	Pathology	3.66	3.66	$ 248.82	$ 248.82
81377 00	Pathology	2.84	2.84	$ 192.88	$ 192.88
81378 00	Pathology	10.35	10.35	$ 703.54	$ 703.54
81379 00	Pathology	10.04	10.04	$ 682.79	$ 682.79
81380 00	Pathology	5.31	5.31	$ 360.86	$ 360.86
81381 00	Pathology	5.09	5.09	$ 345.89	$ 345.89
81382 00	Pathology	3.70	3.70	$ 251.80	$ 251.80
81383 00	Pathology	3.27	3.27	$ 222.17	$ 222.17
81400 00	Pathology	1.91	1.91	$ 130.21	$ 130.21
81401 00	Pathology	4.10	4.10	$ 278.91	$ 278.91
81402 00	Pathology	4.50	4.50	$ 306.05	$ 306.05
81403 00	Pathology	5.54	5.54	$ 377.04	$ 377.04
81404 00	Pathology	8.23	8.23	$ 559.52	$ 559.52
81405 00	Pathology	9.02	9.02	$ 613.51	$ 613.51
81406 00	Pathology	8.47	8.47	$ 575.91	$ 575.91
81407 00	Pathology	25.34	25.34	$ 1,722.90	$ 1,722.90
81408 00	Pathology	59.88	59.88	$ 4,071.75	$ 4,071.75
81410 00	Pathology	15.09	15.09	$ 1,026.08	$ 1,026.08
81411 00	Pathology	40.42	40.42	$ 2,748.82	$ 2,748.82
81412 00	Pathology	73.31	73.31	$ 4,984.96	$ 4,984.96
81413 00	Pathology	17.51	17.51	$ 1,190.78	$ 1,190.78
81414 00	Pathology	17.51	17.51	$ 1,190.78	$ 1,190.78
81415 00	Pathology	143.11	143.11	$ 9,731.47	$ 9,731.47
81416 00	Pathology	359.27	359.27	$ 24,430.48	$ 24,430.48
81417 00	Pathology	9.58	9.58	$ 651.48	$ 651.48

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
81418 00	Pathology	27.46	27.46	$ 1,867.06	$ 1,867.06
81419 00	Pathology	73.31	73.31	$ 4,984.96	$ 4,984.96
81420 00	Pathology	22.73	22.73	$ 1,545.33	$ 1,545.33
81422 00	Pathology	22.73	22.73	$ 1,545.33	$ 1,545.33
81425 00	Pathology	150.63	150.63	$ 10,242.89	$ 10,242.89
81426 00	Pathology	81.13	81.13	$ 5,517.11	$ 5,517.11
81427 00	Pathology	69.99	69.99	$ 4,759.16	$ 4,759.16
81430 00	Pathology	48.65	48.65	$ 3,308.29	$ 3,308.29
81431 00	Pathology	20.35	20.35	$ 1,383.52	$ 1,383.52
81432 00	Pathology	39.04	39.04	$ 2,654.68	$ 2,654.68
81434 00	Pathology	17.90	17.90	$ 1,217.27	$ 1,217.27
81435 00	Pathology	39.04	39.04	$ 2,654.68	$ 2,654.68
81437 00	Pathology	39.04	39.04	$ 2,654.68	$ 2,654.68
81439 00	Pathology	17.51	17.51	$ 1,190.78	$ 1,190.78
81440 00	Pathology	99.52	99.52	$ 6,767.24	$ 6,767.24
81441 00	Pathology	73.31	73.31	$ 4,984.96	$ 4,984.96
81442 00	Pathology	64.18	64.18	$ 4,364.10	$ 4,364.10
81443 00	Pathology	73.31	73.31	$ 4,984.96	$ 4,984.96
81445 00	Pathology	17.90	17.90	$ 1,217.27	$ 1,217.27
81448 00	Pathology	17.51	17.51	$ 1,190.78	$ 1,190.78
81449 00	Pathology	17.90	17.90	$ 1,217.27	$ 1,217.27
81450 00	Pathology	22.74	22.74	$ 1,546.31	$ 1,546.31
81451 00	Pathology	22.74	22.74	$ 1,546.31	$ 1,546.31
81455 00	Pathology	87.41	87.41	$ 5,943.94	$ 5,943.94
81456 00	Pathology	87.41	87.41	$ 5,943.94	$ 5,943.94
81457 00	Pathology	26.85	26.85	$ 1,825.91	$ 1,825.91
81458 00	Pathology	31.33	31.33	$ 2,130.24	$ 2,130.24
81459 00	Pathology	89.51	89.51	$ 6,086.34	$ 6,086.34
81460 00	Pathology	38.53	38.53	$ 2,620.17	$ 2,620.17
81462 00	Pathology	35.80	35.80	$ 2,434.56	$ 2,434.56
81463 00	Pathology	40.28	40.28	$ 2,738.88	$ 2,738.88
81464 00	Pathology	98.46	98.46	$ 6,694.99	$ 6,694.99
81465 00	Pathology	28.02	28.02	$ 1,905.58	$ 1,905.58
81470 00	Pathology	27.36	27.36	$ 1,860.79	$ 1,860.79
81471 00	Pathology	27.36	27.36	$ 1,860.79	$ 1,860.79
81479 00	Pathology	0.00	0.00	BR	BR
81490 00	Pathology	25.17	25.17	$ 1,711.46	$ 1,711.46
81493 00	Pathology	31.44	31.44	$ 2,137.67	$ 2,137.67
81500 00	Pathology	7.80	7.80	$ 530.34	$ 530.34
81503 00	Pathology	26.86	26.86	$ 1,826.18	$ 1,826.18

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
81504 00	Pathology	15.57	15.57	$ 1,058.65	$ 1,058.65
81506 00	Pathology	2.06	2.06	$ 140.31	$ 140.31
81507 00	Pathology	23.80	23.80	$ 1,618.52	$ 1,618.52
81508 00	Pathology	1.63	1.63	$ 110.55	$ 110.55
81509 00	Pathology	44.53	44.53	$ 3,028.10	$ 3,028.10
81510 00	Pathology	1.66	1.66	$ 113.07	$ 113.07
81511 00	Pathology	4.60	4.60	$ 312.51	$ 312.51
81512 00	Pathology	2.08	2.08	$ 141.53	$ 141.53
81513 00	Pathology	4.27	4.27	$ 290.38	$ 290.38
81514 00	Pathology	7.87	7.87	$ 535.41	$ 535.41
81515 00	Pathology	7.87	7.87	$ 535.41	$ 535.41
81517 00	Pathology	5.28	5.28	$ 358.70	$ 358.70
81518 00	Pathology	115.95	115.95	$ 7,884.94	$ 7,884.94
81519 00	Pathology	115.95	115.95	$ 7,884.94	$ 7,884.94
81520 00	Pathology	75.15	75.15	$ 5,110.47	$ 5,110.47
81521 00	Pathology	115.95	115.95	$ 7,884.94	$ 7,884.94
81522 00	Pathology	115.95	115.95	$ 7,884.94	$ 7,884.94
81523 00	Pathology	115.95	115.95	$ 7,884.94	$ 7,884.94
81524 00	Pathology	0.00	0.00	BR	BR
81525 00	Pathology	93.29	93.29	$ 6,343.78	$ 6,343.78
81528 00	Pathology	15.24	15.24	$ 1,035.99	$ 1,035.99
81529 00	Pathology	215.35	215.35	$ 14,644.04	$ 14,644.04
81535 00	Pathology	17.35	17.35	$ 1,179.71	$ 1,179.71
81536 00	Pathology	5.32	5.32	$ 361.49	$ 361.49
81538 00	Pathology	85.96	85.96	$ 5,844.99	$ 5,844.99
81539 00	Pathology	22.75	22.75	$ 1,547.26	$ 1,547.26
81540 00	Pathology	112.27	112.27	$ 7,634.52	$ 7,634.52
81541 00	Pathology	115.95	115.95	$ 7,884.94	$ 7,884.94
81542 00	Pathology	115.95	115.95	$ 7,884.94	$ 7,884.94
81546 00	Pathology	107.78	107.78	$ 7,329.14	$ 7,329.14
81551 00	Pathology	60.78	60.78	$ 4,132.82	$ 4,132.82
81552 00	Pathology	232.81	232.81	$ 15,830.95	$ 15,830.95
81554 00	Pathology	161.96	161.96	$ 11,013.26	$ 11,013.26
81558 00	Pathology	97.00	97.00	$ 6,596.23	$ 6,596.23
81560 00	Pathology	19.18	19.18	$ 1,304.45	$ 1,304.45
81595 00	Pathology	97.00	97.00	$ 6,596.23	$ 6,596.23
81596 00	Pathology	2.16	2.16	$ 146.97	$ 146.97
81599 00	Pathology	0.00	0.00	BR	BR
82009 00	Pathology	0.14	0.14	$ 9.20	$ 9.20
82010 00	Pathology	0.24	0.24	$ 16.63	$ 16.63

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
82013 00	Pathology	0.37	0.37	$ 25.02	$ 25.02
82016 00	Pathology	0.49	0.49	$ 33.57	$ 33.57
82017 00	Pathology	0.51	0.51	$ 34.35	$ 34.35
82024 00	Pathology	1.16	1.16	$ 78.63	$ 78.63
82030 00	Pathology	0.77	0.77	$ 52.53	$ 52.53
82040 00	Pathology	0.15	0.15	$ 10.08	$ 10.08
82042 00	Pathology	0.23	0.23	$ 15.84	$ 15.84
82043 00	Pathology	0.17	0.17	$ 11.77	$ 11.77
82044 00	Pathology	0.19	0.19	$ 12.68	$ 12.68
82045 00	Pathology	1.02	1.02	$ 69.10	$ 69.10
82075 00	Pathology	0.90	0.90	$ 61.08	$ 61.08
82077 00	Pathology	0.52	0.52	$ 35.16	$ 35.16
82085 00	Pathology	0.29	0.29	$ 19.77	$ 19.77
82088 00	Pathology	1.22	1.22	$ 82.96	$ 82.96
82103 00	Pathology	0.40	0.40	$ 27.36	$ 27.36
82104 00	Pathology	0.43	0.43	$ 29.44	$ 29.44
82105 00	Pathology	0.50	0.50	$ 34.14	$ 34.14
82106 00	Pathology	0.51	0.51	$ 34.61	$ 34.61
82107 00	Pathology	1.93	1.93	$ 131.13	$ 131.13
82108 00	Pathology	0.76	0.76	$ 51.87	$ 51.87
82120 00	Pathology	0.18	0.18	$ 12.19	$ 12.19
82127 00	Pathology	0.42	0.42	$ 28.87	$ 28.87
82128 00	Pathology	0.42	0.42	$ 28.24	$ 28.24
82131 00	Pathology	0.69	0.69	$ 46.78	$ 46.78
82135 00	Pathology	0.49	0.49	$ 33.49	$ 33.49
82136 00	Pathology	0.59	0.59	$ 39.92	$ 39.92
82139 00	Pathology	0.51	0.51	$ 34.35	$ 34.35
82140 00	Pathology	0.44	0.44	$ 29.66	$ 29.66
82143 00	Pathology	0.28	0.28	$ 19.04	$ 19.04
82150 00	Pathology	0.19	0.19	$ 13.19	$ 13.19
82154 00	Pathology	0.86	0.86	$ 58.69	$ 58.69
82157 00	Pathology	0.88	0.88	$ 59.61	$ 59.61
82160 00	Pathology	0.76	0.76	$ 52.02	$ 52.02
82163 00	Pathology	0.61	0.61	$ 41.78	$ 41.78
82164 00	Pathology	0.44	0.44	$ 29.72	$ 29.72
82166 00	Pathology	1.16	1.16	$ 78.63	$ 78.63
82172 00	Pathology	0.63	0.63	$ 42.94	$ 42.94
82175 00	Pathology	0.57	0.57	$ 38.62	$ 38.62
82180 00	Pathology	0.30	0.30	$ 20.13	$ 20.13
82190 00	Pathology	0.48	0.48	$ 32.37	$ 32.37

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
82232 00	Pathology	0.48	0.48	$ 32.94	$ 32.94
82233 00	Pathology	3.86	3.86	$ 262.46	$ 262.46
82234 00	Pathology	3.86	3.86	$ 262.46	$ 262.46
82239 00	Pathology	0.51	0.51	$ 34.85	$ 34.85
82240 00	Pathology	0.80	0.80	$ 54.11	$ 54.11
82247 00	Pathology	0.15	0.15	$ 10.22	$ 10.22
82248 00	Pathology	0.15	0.15	$ 10.22	$ 10.22
82252 00	Pathology	0.14	0.14	$ 9.28	$ 9.28
82261 00	Pathology	0.51	0.51	$ 34.35	$ 34.35
82270 00	Pathology	0.13	0.13	$ 8.92	$ 8.92
82271 00	Pathology	0.16	0.16	$ 10.83	$ 10.83
82272 00	Pathology	0.13	0.13	$ 8.61	$ 8.61
82274 00	Pathology	0.48	0.48	$ 32.41	$ 32.41
82286 00	Pathology	0.15	0.15	$ 10.51	$ 10.51
82300 00	Pathology	0.71	0.71	$ 48.13	$ 48.13
82306 00	Pathology	0.89	0.89	$ 60.26	$ 60.26
82308 00	Pathology	0.80	0.80	$ 54.54	$ 54.54
82310 00	Pathology	0.15	0.15	$ 10.51	$ 10.51
82330 00	Pathology	0.41	0.41	$ 27.85	$ 27.85
82331 00	Pathology	0.40	0.40	$ 27.16	$ 27.16
82340 00	Pathology	0.18	0.18	$ 12.28	$ 12.28
82355 00	Pathology	0.35	0.35	$ 23.58	$ 23.58
82360 00	Pathology	0.39	0.39	$ 26.20	$ 26.20
82365 00	Pathology	0.39	0.39	$ 26.26	$ 26.26
82370 00	Pathology	0.37	0.37	$ 25.49	$ 25.49
82373 00	Pathology	0.54	0.54	$ 36.77	$ 36.77
82374 00	Pathology	0.15	0.15	$ 9.94	$ 9.94
82375 00	Pathology	0.37	0.37	$ 25.08	$ 25.08
82376 00	Pathology	0.42	0.42	$ 28.64	$ 28.64
82378 00	Pathology	0.57	0.57	$ 38.60	$ 38.60
82379 00	Pathology	0.51	0.51	$ 34.35	$ 34.35
82380 00	Pathology	0.28	0.28	$ 18.77	$ 18.77
82382 00	Pathology	0.82	0.82	$ 55.58	$ 55.58
82383 00	Pathology	0.87	0.87	$ 59.20	$ 59.20
82384 00	Pathology	0.76	0.76	$ 51.41	$ 51.41
82387 00	Pathology	0.54	0.54	$ 36.77	$ 36.77
82390 00	Pathology	0.32	0.32	$ 21.87	$ 21.87
82397 00	Pathology	0.42	0.42	$ 28.75	$ 28.75
82415 00	Pathology	0.38	0.38	$ 25.79	$ 25.79
82435 00	Pathology	0.14	0.14	$ 9.37	$ 9.37

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
82436 00	Pathology	0.17	0.17	$ 11.71	$ 11.71
82438 00	Pathology	0.15	0.15	$ 10.18	$ 10.18
82441 00	Pathology	0.18	0.18	$ 12.24	$ 12.24
82465 00	Pathology	0.13	0.13	$ 8.86	$ 8.86
82480 00	Pathology	0.24	0.24	$ 16.02	$ 16.02
82482 00	Pathology	0.29	0.29	$ 19.97	$ 19.97
82485 00	Pathology	0.62	0.62	$ 42.04	$ 42.04
82495 00	Pathology	0.61	0.61	$ 41.29	$ 41.29
82507 00	Pathology	0.83	0.83	$ 56.60	$ 56.60
82523 00	Pathology	0.56	0.56	$ 38.03	$ 38.03
82525 00	Pathology	0.37	0.37	$ 25.27	$ 25.27
82528 00	Pathology	0.67	0.67	$ 45.85	$ 45.85
82530 00	Pathology	0.50	0.50	$ 34.02	$ 34.02
82533 00	Pathology	0.49	0.49	$ 33.18	$ 33.18
82540 00	Pathology	0.14	0.14	$ 9.45	$ 9.45
82542 00	Pathology	0.72	0.72	$ 49.04	$ 49.04
82550 00	Pathology	0.19	0.19	$ 13.25	$ 13.25
82552 00	Pathology	0.40	0.40	$ 27.26	$ 27.26
82553 00	Pathology	0.35	0.35	$ 23.51	$ 23.51
82554 00	Pathology	0.36	0.36	$ 24.17	$ 24.17
82565 00	Pathology	0.15	0.15	$ 10.42	$ 10.42
82570 00	Pathology	0.16	0.16	$ 10.55	$ 10.55
82575 00	Pathology	0.28	0.28	$ 19.26	$ 19.26
82585 00	Pathology	0.42	0.42	$ 28.79	$ 28.79
82595 00	Pathology	0.19	0.19	$ 13.17	$ 13.17
82600 00	Pathology	0.58	0.58	$ 39.50	$ 39.50
82607 00	Pathology	0.45	0.45	$ 30.70	$ 30.70
82608 00	Pathology	0.43	0.43	$ 29.15	$ 29.15
82610 00	Pathology	0.55	0.55	$ 37.70	$ 37.70
82615 00	Pathology	0.29	0.29	$ 19.44	$ 19.44
82626 00	Pathology	0.76	0.76	$ 51.45	$ 51.45
82627 00	Pathology	0.67	0.67	$ 45.26	$ 45.26
82633 00	Pathology	0.93	0.93	$ 63.07	$ 63.07
82634 00	Pathology	0.88	0.88	$ 59.61	$ 59.61
82638 00	Pathology	0.37	0.37	$ 24.94	$ 24.94
82642 00	Pathology	0.88	0.88	$ 59.61	$ 59.61
82652 00	Pathology	1.15	1.15	$ 78.38	$ 78.38
82653 00	Pathology	0.69	0.69	$ 46.76	$ 46.76
82656 00	Pathology	0.35	0.35	$ 23.47	$ 23.47
82657 00	Pathology	0.66	0.66	$ 45.14	$ 45.14

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
82658 00	Pathology	1.32	1.32	$ 89.64	$ 89.64
82664 00	Pathology	1.84	1.84	$ 125.21	$ 125.21
82668 00	Pathology	0.56	0.56	$ 38.25	$ 38.25
82670 00	Pathology	0.84	0.84	$ 56.88	$ 56.88
82671 00	Pathology	0.97	0.97	$ 65.76	$ 65.76
82672 00	Pathology	0.65	0.65	$ 44.18	$ 44.18
82677 00	Pathology	0.72	0.72	$ 49.23	$ 49.23
82679 00	Pathology	0.75	0.75	$ 50.80	$ 50.80
82681 00	Pathology	0.84	0.84	$ 56.88	$ 56.88
82693 00	Pathology	0.45	0.45	$ 30.33	$ 30.33
82696 00	Pathology	0.79	0.79	$ 53.42	$ 53.42
82705 00	Pathology	0.15	0.15	$ 10.38	$ 10.38
82710 00	Pathology	0.50	0.50	$ 34.20	$ 34.20
82715 00	Pathology	0.69	0.69	$ 46.76	$ 46.76
82725 00	Pathology	0.56	0.56	$ 38.21	$ 38.21
82726 00	Pathology	0.59	0.59	$ 40.21	$ 40.21
82728 00	Pathology	0.41	0.41	$ 27.75	$ 27.75
82731 00	Pathology	1.93	1.93	$ 131.13	$ 131.13
82735 00	Pathology	0.56	0.56	$ 37.75	$ 37.75
82746 00	Pathology	0.44	0.44	$ 29.93	$ 29.93
82747 00	Pathology	0.53	0.53	$ 35.93	$ 35.93
82757 00	Pathology	0.52	0.52	$ 35.30	$ 35.30
82759 00	Pathology	0.64	0.64	$ 43.73	$ 43.73
82760 00	Pathology	0.34	0.34	$ 22.80	$ 22.80
82775 00	Pathology	0.63	0.63	$ 42.90	$ 42.90
82776 00	Pathology	0.35	0.35	$ 23.90	$ 23.90
82777 00	Pathology	1.32	1.32	$ 90.09	$ 90.09
82784 00	Pathology	0.28	0.28	$ 18.93	$ 18.93
82785 00	Pathology	0.49	0.49	$ 33.51	$ 33.51
82787 00	Pathology	0.24	0.24	$ 16.33	$ 16.33
82800 00	Pathology	0.33	0.33	$ 22.39	$ 22.39
82803 00	Pathology	0.78	0.78	$ 53.08	$ 53.08
82805 00	Pathology	2.36	2.36	$ 160.37	$ 160.37
82810 00	Pathology	0.29	0.29	$ 19.89	$ 19.89
82820 00	Pathology	0.40	0.40	$ 27.16	$ 27.16
82930 00	Pathology	0.20	0.20	$ 13.66	$ 13.66
82938 00	Pathology	0.53	0.53	$ 36.01	$ 36.01
82941 00	Pathology	0.53	0.53	$ 35.89	$ 35.89
82943 00	Pathology	0.43	0.43	$ 29.09	$ 29.09
82945 00	Pathology	0.12	0.12	$ 8.00	$ 8.00

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
82946 00	Pathology	0.53	0.53	$ 36.18	$ 36.18
82947 00	Pathology	0.12	0.12	$ 8.00	$ 8.00
82948 00	Pathology	0.15	0.15	$ 10.26	$ 10.26
82950 00	Pathology	0.14	0.14	$ 9.67	$ 9.67
82951 00	Pathology	0.39	0.39	$ 26.20	$ 26.20
82952 00	Pathology	0.12	0.12	$ 7.98	$ 7.98
82955 00	Pathology	0.29	0.29	$ 19.75	$ 19.75
82960 00	Pathology	0.18	0.18	$ 12.32	$ 12.32
82962 00	Pathology	0.10	0.10	$ 6.68	$ 6.68
82963 00	Pathology	0.64	0.64	$ 43.73	$ 43.73
82965 00	Pathology	0.39	0.39	$ 26.77	$ 26.77
82977 00	Pathology	0.22	0.22	$ 14.66	$ 14.66
82978 00	Pathology	0.46	0.46	$ 31.45	$ 31.45
82979 00	Pathology	0.28	0.28	$ 19.22	$ 19.22
82985 00	Pathology	0.50	0.50	$ 34.12	$ 34.12
83001 00	Pathology	0.56	0.56	$ 37.83	$ 37.83
83002 00	Pathology	0.55	0.55	$ 37.70	$ 37.70
83003 00	Pathology	0.50	0.50	$ 33.94	$ 33.94
83006 00	Pathology	2.26	2.26	$ 153.91	$ 153.91
83009 00	Pathology	2.02	2.02	$ 137.14	$ 137.14
83010 00	Pathology	0.38	0.38	$ 25.61	$ 25.61
83012 00	Pathology	0.81	0.81	$ 54.74	$ 54.74
83013 00	Pathology	2.02	2.02	$ 137.14	$ 137.14
83014 00	Pathology	0.24	0.24	$ 16.00	$ 16.00
83015 00	Pathology	0.63	0.63	$ 42.63	$ 42.63
83018 00	Pathology	0.66	0.66	$ 44.71	$ 44.71
83020 00	Pathology	0.39	0.39	$ 26.20	$ 26.20
83020 26	Pathology	0.53	0.53	$ 36.04	$ 36.04
83021 00	Pathology	0.54	0.54	$ 36.77	$ 36.77
83026 00	Pathology	0.12	0.12	$ 8.16	$ 8.16
83030 00	Pathology	0.32	0.32	$ 21.87	$ 21.87
83033 00	Pathology	0.24	0.24	$ 16.29	$ 16.29
83036 00	Pathology	0.29	0.29	$ 19.77	$ 19.77
83037 00	Pathology	0.29	0.29	$ 19.77	$ 19.77
83045 00	Pathology	0.19	0.19	$ 13.21	$ 13.21
83050 00	Pathology	0.25	0.25	$ 16.69	$ 16.69
83051 00	Pathology	0.22	0.22	$ 14.88	$ 14.88
83060 00	Pathology	0.26	0.26	$ 17.92	$ 17.92
83065 00	Pathology	0.27	0.27	$ 18.32	$ 18.32
83068 00	Pathology	0.28	0.28	$ 19.28	$ 19.28

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
83069 00	Pathology	0.12	0.12	$ 8.04	$ 8.04
83070 00	Pathology	0.14	0.14	$ 9.67	$ 9.67
83080 00	Pathology	0.51	0.51	$ 34.35	$ 34.35
83088 00	Pathology	0.88	0.88	$ 60.12	$ 60.12
83090 00	Pathology	0.54	0.54	$ 36.48	$ 36.48
83150 00	Pathology	0.67	0.67	$ 45.62	$ 45.62
83491 00	Pathology	0.54	0.54	$ 36.44	$ 36.44
83497 00	Pathology	0.39	0.39	$ 26.26	$ 26.26
83498 00	Pathology	0.81	0.81	$ 55.31	$ 55.31
83500 00	Pathology	0.68	0.68	$ 46.11	$ 46.11
83505 00	Pathology	0.73	0.73	$ 49.47	$ 49.47
83516 00	Pathology	0.35	0.35	$ 23.47	$ 23.47
83518 00	Pathology	0.29	0.29	$ 19.63	$ 19.63
83519 00	Pathology	0.55	0.55	$ 37.46	$ 37.46
83520 00	Pathology	0.52	0.52	$ 35.16	$ 35.16
83521 00	Pathology	0.52	0.52	$ 35.16	$ 35.16
83525 00	Pathology	0.34	0.34	$ 23.27	$ 23.27
83527 00	Pathology	0.39	0.39	$ 26.36	$ 26.36
83528 00	Pathology	0.59	0.59	$ 40.35	$ 40.35
83529 00	Pathology	0.52	0.52	$ 35.16	$ 35.16
83540 00	Pathology	0.19	0.19	$ 13.17	$ 13.17
83550 00	Pathology	0.26	0.26	$ 17.79	$ 17.79
83570 00	Pathology	0.26	0.26	$ 18.02	$ 18.02
83582 00	Pathology	0.46	0.46	$ 31.49	$ 31.49
83586 00	Pathology	0.38	0.38	$ 26.06	$ 26.06
83593 00	Pathology	0.85	0.85	$ 58.02	$ 58.02
83605 00	Pathology	0.35	0.35	$ 23.56	$ 23.56
83615 00	Pathology	0.18	0.18	$ 12.30	$ 12.30
83625 00	Pathology	0.38	0.38	$ 26.04	$ 26.04
83630 00	Pathology	0.59	0.59	$ 40.11	$ 40.11
83631 00	Pathology	0.59	0.59	$ 39.96	$ 39.96
83632 00	Pathology	0.61	0.61	$ 41.17	$ 41.17
83633 00	Pathology	0.34	0.34	$ 22.90	$ 22.90
83655 00	Pathology	0.36	0.36	$ 24.65	$ 24.65
83661 00	Pathology	0.66	0.66	$ 44.77	$ 44.77
83662 00	Pathology	0.57	0.57	$ 38.50	$ 38.50
83663 00	Pathology	0.57	0.57	$ 38.50	$ 38.50
83664 00	Pathology	0.58	0.58	$ 39.33	$ 39.33
83670 00	Pathology	0.29	0.29	$ 19.97	$ 19.97
83690 00	Pathology	0.21	0.21	$ 14.03	$ 14.03

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
83695 00	Pathology	0.43	0.43	$ 29.15	$ 29.15
83698 00	Pathology	1.39	1.39	$ 94.28	$ 94.28
83700 00	Pathology	0.34	0.34	$ 22.92	$ 22.92
83701 00	Pathology	1.01	1.01	$ 68.93	$ 68.93
83704 00	Pathology	1.02	1.02	$ 69.61	$ 69.61
83718 00	Pathology	0.25	0.25	$ 16.67	$ 16.67
83719 00	Pathology	0.38	0.38	$ 25.96	$ 25.96
83721 00	Pathology	0.31	0.31	$ 21.38	$ 21.38
83722 00	Pathology	1.02	1.02	$ 69.61	$ 69.61
83727 00	Pathology	0.51	0.51	$ 35.00	$ 35.00
83735 00	Pathology	0.20	0.20	$ 13.64	$ 13.64
83775 00	Pathology	0.22	0.22	$ 15.00	$ 15.00
83785 00	Pathology	0.80	0.80	$ 54.26	$ 54.26
83789 00	Pathology	0.72	0.72	$ 49.08	$ 49.08
83825 00	Pathology	0.49	0.49	$ 33.10	$ 33.10
83835 00	Pathology	0.51	0.51	$ 34.49	$ 34.49
83857 00	Pathology	0.32	0.32	$ 21.87	$ 21.87
83861 00	Pathology	0.67	0.67	$ 45.77	$ 45.77
83864 00	Pathology	0.85	0.85	$ 58.02	$ 58.02
83872 00	Pathology	0.18	0.18	$ 11.93	$ 11.93
83873 00	Pathology	0.51	0.51	$ 35.02	$ 35.02
83874 00	Pathology	0.39	0.39	$ 26.30	$ 26.30
83876 00	Pathology	1.52	1.52	$ 103.54	$ 103.54
83880 00	Pathology	1.18	1.18	$ 79.93	$ 79.93
83883 00	Pathology	0.41	0.41	$ 27.69	$ 27.69
83884 00	Pathology	3.48	3.48	$ 236.63	$ 236.63
83885 00	Pathology	0.73	0.73	$ 49.90	$ 49.90
83915 00	Pathology	0.33	0.33	$ 22.70	$ 22.70
83916 00	Pathology	0.82	0.82	$ 55.76	$ 55.76
83918 00	Pathology	0.71	0.71	$ 48.05	$ 48.05
83919 00	Pathology	0.49	0.49	$ 33.49	$ 33.49
83921 00	Pathology	0.64	0.64	$ 43.18	$ 43.18
83930 00	Pathology	0.20	0.20	$ 13.46	$ 13.46
83935 00	Pathology	0.20	0.20	$ 13.88	$ 13.88
83937 00	Pathology	0.89	0.89	$ 60.77	$ 60.77
83945 00	Pathology	0.43	0.43	$ 29.42	$ 29.42
83950 00	Pathology	1.93	1.93	$ 131.13	$ 131.13
83951 00	Pathology	1.93	1.93	$ 131.13	$ 131.13
83970 00	Pathology	1.24	1.24	$ 84.04	$ 84.04
83986 00	Pathology	0.11	0.11	$ 7.29	$ 7.29

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
83987 00	Pathology	0.11	0.11	$ 7.29	$ 7.29
83992 00	Pathology	-	-	$ 58.48	$ 58.48
83993 00	Pathology	0.59	0.59	$ 39.96	$ 39.96
84030 00	Pathology	0.16	0.16	$ 11.20	$ 11.20
84035 00	Pathology	0.12	0.12	$ 8.10	$ 8.10
84060 00	Pathology	0.23	0.23	$ 15.55	$ 15.55
84066 00	Pathology	0.29	0.29	$ 19.67	$ 19.67
84075 00	Pathology	0.16	0.16	$ 10.55	$ 10.55
84078 00	Pathology	0.25	0.25	$ 16.82	$ 16.82
84080 00	Pathology	0.44	0.44	$ 30.09	$ 30.09
84081 00	Pathology	0.49	0.49	$ 33.63	$ 33.63
84085 00	Pathology	0.28	0.28	$ 19.22	$ 19.22
84087 00	Pathology	0.32	0.32	$ 21.84	$ 21.84
84100 00	Pathology	0.14	0.14	$ 9.65	$ 9.65
84105 00	Pathology	0.17	0.17	$ 11.77	$ 11.77
84106 00	Pathology	0.17	0.17	$ 11.85	$ 11.85
84110 00	Pathology	0.25	0.25	$ 17.18	$ 17.18
84112 00	Pathology	2.94	2.94	$ 199.74	$ 199.74
84119 00	Pathology	0.40	0.40	$ 27.20	$ 27.20
84120 00	Pathology	0.44	0.44	$ 29.95	$ 29.95
84126 00	Pathology	1.17	1.17	$ 79.62	$ 79.62
84132 00	Pathology	0.14	0.14	$ 9.69	$ 9.69
84133 00	Pathology	0.14	0.14	$ 9.63	$ 9.63
84134 00	Pathology	0.44	0.44	$ 29.70	$ 29.70
84135 00	Pathology	0.64	0.64	$ 43.30	$ 43.30
84138 00	Pathology	0.63	0.63	$ 42.86	$ 42.86
84140 00	Pathology	0.62	0.62	$ 42.08	$ 42.08
84143 00	Pathology	0.68	0.68	$ 46.44	$ 46.44
84144 00	Pathology	0.62	0.62	$ 42.47	$ 42.47
84145 00	Pathology	0.81	0.81	$ 55.42	$ 55.42
84146 00	Pathology	0.58	0.58	$ 39.46	$ 39.46
84150 00	Pathology	1.25	1.25	$ 85.04	$ 85.04
84152 00	Pathology	0.55	0.55	$ 37.44	$ 37.44
84153 00	Pathology	0.55	0.55	$ 37.44	$ 37.44
84154 00	Pathology	0.55	0.55	$ 37.44	$ 37.44
84155 00	Pathology	0.11	0.11	$ 7.47	$ 7.47
84156 00	Pathology	0.11	0.11	$ 7.47	$ 7.47
84157 00	Pathology	0.12	0.12	$ 8.14	$ 8.14
84160 00	Pathology	0.17	0.17	$ 11.42	$ 11.42
84163 00	Pathology	0.45	0.45	$ 30.64	$ 30.64

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
84165 00	Pathology	0.32	0.32	$ 21.87	$ 21.87
84165 26	Pathology	0.53	0.53	$ 36.04	$ 36.04
84166 00	Pathology	0.53	0.53	$ 36.30	$ 36.30
84166 26	Pathology	0.53	0.53	$ 36.04	$ 36.04
84181 00	Pathology	0.51	0.51	$ 34.67	$ 34.67
84181 26	Pathology	0.53	0.53	$ 36.04	$ 36.04
84182 00	Pathology	0.87	0.87	$ 59.47	$ 59.47
84182 26	Pathology	0.53	0.53	$ 36.04	$ 36.04
84202 00	Pathology	0.43	0.43	$ 29.21	$ 29.21
84203 00	Pathology	0.29	0.29	$ 19.83	$ 19.83
84206 00	Pathology	0.80	0.80	$ 54.34	$ 54.34
84207 00	Pathology	0.84	0.84	$ 57.21	$ 57.21
84210 00	Pathology	0.43	0.43	$ 29.48	$ 29.48
84220 00	Pathology	0.28	0.28	$ 19.22	$ 19.22
84228 00	Pathology	0.35	0.35	$ 23.68	$ 23.68
84233 00	Pathology	2.63	2.63	$ 178.91	$ 178.91
84234 00	Pathology	1.94	1.94	$ 132.09	$ 132.09
84235 00	Pathology	2.13	2.13	$ 145.02	$ 145.02
84238 00	Pathology	1.09	1.09	$ 74.45	$ 74.45
84244 00	Pathology	0.66	0.66	$ 44.77	$ 44.77
84252 00	Pathology	0.61	0.61	$ 41.21	$ 41.21
84255 00	Pathology	0.76	0.76	$ 51.98	$ 51.98
84260 00	Pathology	0.93	0.93	$ 63.07	$ 63.07
84270 00	Pathology	0.65	0.65	$ 44.24	$ 44.24
84275 00	Pathology	0.40	0.40	$ 27.36	$ 27.36
84285 00	Pathology	0.75	0.75	$ 51.32	$ 51.32
84295 00	Pathology	0.14	0.14	$ 9.79	$ 9.79
84300 00	Pathology	0.15	0.15	$ 10.30	$ 10.30
84302 00	Pathology	0.15	0.15	$ 9.89	$ 9.89
84305 00	Pathology	0.64	0.64	$ 43.28	$ 43.28
84307 00	Pathology	0.55	0.55	$ 37.22	$ 37.22
84311 00	Pathology	0.24	0.24	$ 16.49	$ 16.49
84315 00	Pathology	0.10	0.10	$ 6.68	$ 6.68
84375 00	Pathology	1.17	1.17	$ 79.40	$ 79.40
84376 00	Pathology	0.16	0.16	$ 11.20	$ 11.20
84377 00	Pathology	0.16	0.16	$ 11.20	$ 11.20
84378 00	Pathology	0.35	0.35	$ 23.47	$ 23.47
84379 00	Pathology	0.35	0.35	$ 23.47	$ 23.47
84392 00	Pathology	0.16	0.16	$ 11.18	$ 11.18
84393 00	Pathology	3.86	3.86	$ 262.46	$ 262.46

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
84394 00	Pathology	3.86	3.86	$ 262.46	$ 262.46
84402 00	Pathology	0.76	0.76	$ 51.85	$ 51.85
84403 00	Pathology	0.77	0.77	$ 52.55	$ 52.55
84410 00	Pathology	1.54	1.54	$ 104.40	$ 104.40
84425 00	Pathology	0.64	0.64	$ 43.22	$ 43.22
84430 00	Pathology	0.35	0.35	$ 23.68	$ 23.68
84431 00	Pathology	1.05	1.05	$ 71.48	$ 71.48
84432 00	Pathology	0.48	0.48	$ 32.70	$ 32.70
84433 00	Pathology	0.66	0.66	$ 45.14	$ 45.14
84436 00	Pathology	0.21	0.21	$ 13.99	$ 13.99
84437 00	Pathology	0.19	0.19	$ 13.17	$ 13.17
84439 00	Pathology	0.27	0.27	$ 18.36	$ 18.36
84442 00	Pathology	0.44	0.44	$ 30.09	$ 30.09
84443 00	Pathology	0.50	0.50	$ 34.20	$ 34.20
84445 00	Pathology	1.52	1.52	$ 103.54	$ 103.54
84446 00	Pathology	0.42	0.42	$ 28.87	$ 28.87
84449 00	Pathology	0.54	0.54	$ 36.65	$ 36.65
84450 00	Pathology	0.16	0.16	$ 10.55	$ 10.55
84460 00	Pathology	0.16	0.16	$ 10.79	$ 10.79
84466 00	Pathology	0.38	0.38	$ 25.98	$ 25.98
84478 00	Pathology	0.17	0.17	$ 11.69	$ 11.69
84479 00	Pathology	0.19	0.19	$ 13.17	$ 13.17
84480 00	Pathology	0.42	0.42	$ 28.87	$ 28.87
84481 00	Pathology	0.51	0.51	$ 34.49	$ 34.49
84482 00	Pathology	0.47	0.47	$ 32.09	$ 32.09
84484 00	Pathology	0.37	0.37	$ 25.39	$ 25.39
84485 00	Pathology	0.22	0.22	$ 14.66	$ 14.66
84488 00	Pathology	0.22	0.22	$ 14.86	$ 14.86
84490 00	Pathology	0.30	0.30	$ 20.22	$ 20.22
84510 00	Pathology	0.32	0.32	$ 21.64	$ 21.64
84512 00	Pathology	0.30	0.30	$ 20.54	$ 20.54
84520 00	Pathology	0.12	0.12	$ 8.04	$ 8.04
84525 00	Pathology	0.15	0.15	$ 10.44	$ 10.44
84540 00	Pathology	0.17	0.17	$ 11.32	$ 11.32
84545 00	Pathology	0.22	0.22	$ 14.66	$ 14.66
84550 00	Pathology	0.14	0.14	$ 9.20	$ 9.20
84560 00	Pathology	0.15	0.15	$ 10.34	$ 10.34
84577 00	Pathology	0.50	0.50	$ 34.20	$ 34.20
84578 00	Pathology	0.13	0.13	$ 9.10	$ 9.10
84580 00	Pathology	0.29	0.29	$ 19.44	$ 19.44

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
84583 00	Pathology	0.18	0.18	$ 12.32	$ 12.32
84585 00	Pathology	0.46	0.46	$ 31.56	$ 31.56
84586 00	Pathology	1.06	1.06	$ 71.93	$ 71.93
84588 00	Pathology	1.02	1.02	$ 69.10	$ 69.10
84590 00	Pathology	0.35	0.35	$ 23.64	$ 23.64
84591 00	Pathology	0.51	0.51	$ 34.73	$ 34.73
84597 00	Pathology	0.41	0.41	$ 27.93	$ 27.93
84600 00	Pathology	0.51	0.51	$ 34.83	$ 34.83
84620 00	Pathology	0.39	0.39	$ 26.28	$ 26.28
84630 00	Pathology	0.34	0.34	$ 23.19	$ 23.19
84681 00	Pathology	0.62	0.62	$ 42.37	$ 42.37
84702 00	Pathology	0.45	0.45	$ 30.64	$ 30.64
84703 00	Pathology	0.23	0.23	$ 15.31	$ 15.31
84704 00	Pathology	0.46	0.46	$ 31.13	$ 31.13
84830 00	Pathology	0.38	0.38	$ 25.86	$ 25.86
84999 00	Pathology	0.00	0.00	BR	BR
85002 00	Pathology	0.14	0.14	$ 9.81	$ 9.81
85004 00	Pathology	0.19	0.19	$ 13.17	$ 13.17
85007 00	Pathology	0.11	0.11	$ 7.74	$ 7.74
85008 00	Pathology	0.10	0.10	$ 6.98	$ 6.98
85009 00	Pathology	0.15	0.15	$ 10.32	$ 10.32
85013 00	Pathology	0.21	0.21	$ 14.25	$ 14.25
85014 00	Pathology	0.07	0.07	$ 4.83	$ 4.83
85018 00	Pathology	0.07	0.07	$ 4.83	$ 4.83
85025 00	Pathology	0.23	0.23	$ 15.82	$ 15.82
85027 00	Pathology	0.19	0.19	$ 13.17	$ 13.17
85032 00	Pathology	0.13	0.13	$ 8.77	$ 8.77
85041 00	Pathology	0.09	0.09	$ 6.15	$ 6.15
85044 00	Pathology	0.13	0.13	$ 8.77	$ 8.77
85045 00	Pathology	0.12	0.12	$ 8.12	$ 8.12
85046 00	Pathology	0.17	0.17	$ 11.34	$ 11.34
85048 00	Pathology	0.08	0.08	$ 5.17	$ 5.17
85049 00	Pathology	0.13	0.13	$ 9.12	$ 9.12
85055 00	Pathology	1.07	1.07	$ 72.76	$ 72.76
85060 00	Pathology	0.57	0.57	$ 38.76	$ 38.76
85097 00	Pathology	2.03	1.17	$ 138.04	$ 79.56
85130 00	Pathology	0.36	0.36	$ 24.21	$ 24.21
85170 00	Pathology	0.49	0.49	$ 33.18	$ 33.18
85175 00	Pathology	0.61	0.61	$ 41.47	$ 41.47
85210 00	Pathology	0.39	0.39	$ 26.43	$ 26.43

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
85220 00	Pathology	0.53	0.53	$ 35.93	$ 35.93
85230 00	Pathology	0.54	0.54	$ 36.44	$ 36.44
85240 00	Pathology	0.54	0.54	$ 36.44	$ 36.44
85244 00	Pathology	0.61	0.61	$ 41.57	$ 41.57
85245 00	Pathology	0.69	0.69	$ 46.70	$ 46.70
85246 00	Pathology	0.69	0.69	$ 46.70	$ 46.70
85247 00	Pathology	0.69	0.69	$ 46.70	$ 46.70
85250 00	Pathology	0.57	0.57	$ 38.76	$ 38.76
85260 00	Pathology	0.54	0.54	$ 36.44	$ 36.44
85270 00	Pathology	0.54	0.54	$ 36.44	$ 36.44
85280 00	Pathology	0.58	0.58	$ 39.39	$ 39.39
85290 00	Pathology	0.49	0.49	$ 33.27	$ 33.27
85291 00	Pathology	0.27	0.27	$ 18.55	$ 18.55
85292 00	Pathology	0.57	0.57	$ 38.54	$ 38.54
85293 00	Pathology	0.57	0.57	$ 38.54	$ 38.54
85300 00	Pathology	0.35	0.35	$ 24.13	$ 24.13
85301 00	Pathology	0.32	0.32	$ 22.01	$ 22.01
85302 00	Pathology	0.36	0.36	$ 24.45	$ 24.45
85303 00	Pathology	0.41	0.41	$ 28.18	$ 28.18
85305 00	Pathology	0.35	0.35	$ 23.64	$ 23.64
85306 00	Pathology	0.46	0.46	$ 31.19	$ 31.19
85307 00	Pathology	0.46	0.46	$ 31.19	$ 31.19
85335 00	Pathology	0.39	0.39	$ 26.20	$ 26.20
85337 00	Pathology	0.52	0.52	$ 35.16	$ 35.16
85345 00	Pathology	0.14	0.14	$ 9.55	$ 9.55
85347 00	Pathology	0.13	0.13	$ 8.71	$ 8.71
85348 00	Pathology	0.13	0.13	$ 9.14	$ 9.14
85360 00	Pathology	0.25	0.25	$ 17.12	$ 17.12
85362 00	Pathology	0.21	0.21	$ 14.03	$ 14.03
85366 00	Pathology	2.41	2.41	$ 163.81	$ 163.81
85370 00	Pathology	0.37	0.37	$ 25.31	$ 25.31
85378 00	Pathology	0.29	0.29	$ 19.79	$ 19.79
85379 00	Pathology	0.30	0.30	$ 20.73	$ 20.73
85380 00	Pathology	0.30	0.30	$ 20.73	$ 20.73
85384 00	Pathology	0.29	0.29	$ 19.79	$ 19.79
85385 00	Pathology	0.43	0.43	$ 29.44	$ 29.44
85390 00	Pathology	0.46	0.46	$ 31.52	$ 31.52
85390 26	Pathology	1.07	1.07	$ 72.76	$ 72.76
85396 00	Pathology	0.47	0.47	$ 31.96	$ 31.96
85397 00	Pathology	0.92	0.92	$ 62.83	$ 62.83

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
85400 00	Pathology	0.23	0.23	$ 15.70	$ 15.70
85410 00	Pathology	0.23	0.23	$ 15.70	$ 15.70
85415 00	Pathology	0.51	0.51	$ 35.00	$ 35.00
85420 00	Pathology	0.20	0.20	$ 13.29	$ 13.29
85421 00	Pathology	0.30	0.30	$ 20.73	$ 20.73
85441 00	Pathology	0.13	0.13	$ 8.55	$ 8.55
85445 00	Pathology	0.20	0.20	$ 13.88	$ 13.88
85460 00	Pathology	0.23	0.23	$ 15.74	$ 15.74
85461 00	Pathology	0.28	0.28	$ 19.06	$ 19.06
85475 00	Pathology	0.27	0.27	$ 18.06	$ 18.06
85520 00	Pathology	0.39	0.39	$ 26.65	$ 26.65
85525 00	Pathology	0.35	0.35	$ 24.10	$ 24.10
85530 00	Pathology	0.39	0.39	$ 26.65	$ 26.65
85536 00	Pathology	0.21	0.21	$ 14.01	$ 14.01
85540 00	Pathology	0.26	0.26	$ 17.51	$ 17.51
85547 00	Pathology	0.26	0.26	$ 17.51	$ 17.51
85549 00	Pathology	0.56	0.56	$ 38.17	$ 38.17
85555 00	Pathology	0.22	0.22	$ 15.21	$ 15.21
85557 00	Pathology	0.40	0.40	$ 27.20	$ 27.20
85576 00	Pathology	0.75	0.75	$ 50.71	$ 50.71
85576 26	Pathology	0.53	0.53	$ 36.04	$ 36.04
85597 00	Pathology	0.54	0.54	$ 36.61	$ 36.61
85598 00	Pathology	0.54	0.54	$ 36.61	$ 36.61
85610 00	Pathology	0.13	0.13	$ 8.73	$ 8.73
85611 00	Pathology	0.12	0.12	$ 8.02	$ 8.02
85612 00	Pathology	0.52	0.52	$ 35.61	$ 35.61
85613 00	Pathology	0.29	0.29	$ 19.50	$ 19.50
85635 00	Pathology	0.29	0.29	$ 20.05	$ 20.05
85651 00	Pathology	0.13	0.13	$ 8.69	$ 8.69
85652 00	Pathology	0.08	0.08	$ 5.50	$ 5.50
85660 00	Pathology	0.16	0.16	$ 11.22	$ 11.22
85670 00	Pathology	0.17	0.17	$ 11.75	$ 11.75
85675 00	Pathology	0.21	0.21	$ 13.95	$ 13.95
85705 00	Pathology	0.29	0.29	$ 19.61	$ 19.61
85730 00	Pathology	0.18	0.18	$ 12.24	$ 12.24
85732 00	Pathology	0.19	0.19	$ 13.17	$ 13.17
85810 00	Pathology	0.35	0.35	$ 23.76	$ 23.76
85999 00	Pathology	0.00	0.00	BR	BR
86000 00	Pathology	0.21	0.21	$ 14.21	$ 14.21
86001 00	Pathology	0.23	0.23	$ 15.92	$ 15.92

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
86003 00	Pathology	0.16	0.16	$ 10.63	$ 10.63
86005 00	Pathology	0.24	0.24	$ 16.23	$ 16.23
86008 00	Pathology	0.54	0.54	$ 36.50	$ 36.50
86015 00	Pathology	0.36	0.36	$ 24.53	$ 24.53
86021 00	Pathology	0.45	0.45	$ 30.64	$ 30.64
86022 00	Pathology	0.55	0.55	$ 37.40	$ 37.40
86023 00	Pathology	0.37	0.37	$ 25.37	$ 25.37
86036 00	Pathology	0.36	0.36	$ 24.53	$ 24.53
86037 00	Pathology	0.36	0.36	$ 24.53	$ 24.53
86038 00	Pathology	0.36	0.36	$ 24.61	$ 24.61
86039 00	Pathology	0.33	0.33	$ 22.72	$ 22.72
86041 00	Pathology	0.55	0.55	$ 37.46	$ 37.46
86042 00	Pathology	0.55	0.55	$ 37.46	$ 37.46
86043 00	Pathology	0.36	0.36	$ 24.53	$ 24.53
86051 00	Pathology	0.35	0.35	$ 23.47	$ 23.47
86052 00	Pathology	0.36	0.36	$ 24.53	$ 24.53
86053 00	Pathology	1.13	1.13	$ 76.81	$ 76.81
86060 00	Pathology	0.22	0.22	$ 14.86	$ 14.86
86063 00	Pathology	0.17	0.17	$ 11.75	$ 11.75
86077 00	Pathology	1.54	1.19	$ 104.72	$ 80.92
86078 00	Pathology	1.54	1.19	$ 104.72	$ 80.92
86079 00	Pathology	1.53	1.18	$ 104.04	$ 80.24
86140 00	Pathology	0.16	0.16	$ 10.55	$ 10.55
86141 00	Pathology	0.39	0.39	$ 26.36	$ 26.36
86146 00	Pathology	0.76	0.76	$ 51.81	$ 51.81
86147 00	Pathology	0.76	0.76	$ 51.81	$ 51.81
86148 00	Pathology	0.48	0.48	$ 32.72	$ 32.72
86152 00	Pathology	7.51	7.51	$ 510.56	$ 510.56
86153 26	Pathology	0.99	0.99	$ 67.32	$ 67.32
86155 00	Pathology	0.48	0.48	$ 32.55	$ 32.55
86156 00	Pathology	0.24	0.24	$ 16.43	$ 16.43
86157 00	Pathology	0.24	0.24	$ 16.41	$ 16.41
86160 00	Pathology	0.36	0.36	$ 24.43	$ 24.43
86161 00	Pathology	0.36	0.36	$ 24.43	$ 24.43
86162 00	Pathology	0.61	0.61	$ 41.37	$ 41.37
86171 00	Pathology	0.30	0.30	$ 20.38	$ 20.38
86200 00	Pathology	0.39	0.39	$ 26.36	$ 26.36
86215 00	Pathology	0.40	0.40	$ 26.98	$ 26.98
86225 00	Pathology	0.41	0.41	$ 27.97	$ 27.97
86226 00	Pathology	0.36	0.36	$ 24.65	$ 24.65

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
86231 00	Pathology	0.36	0.36	$ 24.61	$ 24.61
86235 00	Pathology	0.54	0.54	$ 36.50	$ 36.50
86255 00	Pathology	0.36	0.36	$ 24.53	$ 24.53
86255 26	Pathology	0.53	0.53	$ 36.04	$ 36.04
86256 00	Pathology	0.36	0.36	$ 24.53	$ 24.53
86256 26	Pathology	0.53	0.53	$ 36.04	$ 36.04
86258 00	Pathology	0.36	0.36	$ 24.53	$ 24.53
86277 00	Pathology	0.47	0.47	$ 32.04	$ 32.04
86280 00	Pathology	0.25	0.25	$ 16.67	$ 16.67
86294 00	Pathology	0.77	0.77	$ 52.06	$ 52.06
86300 00	Pathology	0.62	0.62	$ 42.37	$ 42.37
86301 00	Pathology	0.62	0.62	$ 42.37	$ 42.37
86304 00	Pathology	0.62	0.62	$ 42.37	$ 42.37
86305 00	Pathology	0.62	0.62	$ 42.37	$ 42.37
86308 00	Pathology	0.16	0.16	$ 10.55	$ 10.55
86309 00	Pathology	0.19	0.19	$ 13.17	$ 13.17
86310 00	Pathology	0.22	0.22	$ 15.00	$ 15.00
86316 00	Pathology	0.62	0.62	$ 42.37	$ 42.37
86317 00	Pathology	0.45	0.45	$ 30.52	$ 30.52
86318 00	Pathology	0.54	0.54	$ 36.83	$ 36.83
86320 00	Pathology	0.90	0.90	$ 60.91	$ 60.91
86320 26	Pathology	0.53	0.53	$ 36.04	$ 36.04
86325 00	Pathology	0.69	0.69	$ 47.09	$ 47.09
86325 26	Pathology	0.53	0.53	$ 36.04	$ 36.04
86328 00	Pathology	1.36	1.36	$ 92.18	$ 92.18
86329 00	Pathology	0.42	0.42	$ 28.60	$ 28.60
86331 00	Pathology	0.36	0.36	$ 24.39	$ 24.39
86332 00	Pathology	0.73	0.73	$ 49.61	$ 49.61
86334 00	Pathology	0.67	0.67	$ 45.48	$ 45.48
86334 26	Pathology	0.53	0.53	$ 36.04	$ 36.04
86335 00	Pathology	0.88	0.88	$ 59.75	$ 59.75
86335 26	Pathology	0.53	0.53	$ 36.04	$ 36.04
86336 00	Pathology	0.47	0.47	$ 31.74	$ 31.74
86337 00	Pathology	0.64	0.64	$ 43.59	$ 43.59
86340 00	Pathology	0.45	0.45	$ 30.70	$ 30.70
86341 00	Pathology	0.71	0.71	$ 47.99	$ 47.99
86343 00	Pathology	0.37	0.37	$ 25.37	$ 25.37
86344 00	Pathology	0.31	0.31	$ 21.15	$ 21.15
86352 00	Pathology	4.07	4.07	$ 276.59	$ 276.59
86353 00	Pathology	1.47	1.47	$ 99.82	$ 99.82

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
86355 00	Pathology	1.13	1.13	$ 76.81	$ 76.81
86356 00	Pathology	0.80	0.80	$ 54.52	$ 54.52
86357 00	Pathology	1.13	1.13	$ 76.81	$ 76.81
86359 00	Pathology	1.13	1.13	$ 76.81	$ 76.81
86360 00	Pathology	1.41	1.41	$ 95.65	$ 95.65
86361 00	Pathology	0.80	0.80	$ 54.52	$ 54.52
86362 00	Pathology	0.36	0.36	$ 24.53	$ 24.53
86363 00	Pathology	1.13	1.13	$ 76.81	$ 76.81
86364 00	Pathology	0.35	0.35	$ 23.47	$ 23.47
86366 00	Pathology	0.55	0.55	$ 37.46	$ 37.46
86367 00	Pathology	2.33	2.33	$ 158.35	$ 158.35
86376 00	Pathology	0.44	0.44	$ 29.62	$ 29.62
86381 00	Pathology	0.76	0.76	$ 51.81	$ 51.81
86382 00	Pathology	0.51	0.51	$ 34.43	$ 34.43
86384 00	Pathology	0.41	0.41	$ 27.71	$ 27.71
86386 00	Pathology	0.65	0.65	$ 44.34	$ 44.34
86403 00	Pathology	0.35	0.35	$ 23.49	$ 23.49
86406 00	Pathology	0.32	0.32	$ 21.66	$ 21.66
86408 00	Pathology	1.26	1.26	$ 85.77	$ 85.77
86409 00	Pathology	2.38	2.38	$ 162.08	$ 162.08
86413 00	Pathology	1.54	1.54	$ 104.70	$ 104.70
86430 00	Pathology	0.18	0.18	$ 12.50	$ 12.50
86431 00	Pathology	0.17	0.17	$ 11.54	$ 11.54
86480 00	Pathology	1.86	1.86	$ 126.18	$ 126.18
86481 00	Pathology	2.99	2.99	$ 203.59	$ 203.59
86485 00	Pathology	-	-	$ 73.44	$ 73.44
86486 00	Pathology	0.20	0.20	$ 13.60	$ 13.60
86510 00	Pathology	0.25	0.25	$ 17.00	$ 17.00
86580 00	Pathology	0.33	0.33	$ 22.44	$ 22.44
86581 00	Pathology	2.76	2.76	$ 187.36	$ 187.36
86590 00	Pathology	0.38	0.38	$ 25.77	$ 25.77
86592 00	Pathology	0.13	0.13	$ 8.69	$ 8.69
86593 00	Pathology	0.13	0.13	$ 8.96	$ 8.96
86596 00	Pathology	0.36	0.36	$ 24.53	$ 24.53
86602 00	Pathology	0.30	0.30	$ 20.73	$ 20.73
86603 00	Pathology	0.39	0.39	$ 26.20	$ 26.20
86606 00	Pathology	0.45	0.45	$ 30.64	$ 30.64
86609 00	Pathology	0.39	0.39	$ 26.22	$ 26.22
86611 00	Pathology	0.30	0.30	$ 20.73	$ 20.73
86612 00	Pathology	0.39	0.39	$ 26.26	$ 26.26

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
86615 00	Pathology	0.39	0.39	$ 26.85	$ 26.85
86617 00	Pathology	0.46	0.46	$ 31.54	$ 31.54
86618 00	Pathology	0.51	0.51	$ 34.67	$ 34.67
86619 00	Pathology	0.40	0.40	$ 27.24	$ 27.24
86622 00	Pathology	0.27	0.27	$ 18.18	$ 18.18
86625 00	Pathology	0.39	0.39	$ 26.71	$ 26.71
86628 00	Pathology	0.36	0.36	$ 24.45	$ 24.45
86631 00	Pathology	0.35	0.35	$ 24.06	$ 24.06
86632 00	Pathology	0.38	0.38	$ 25.81	$ 25.81
86635 00	Pathology	0.34	0.34	$ 23.35	$ 23.35
86638 00	Pathology	0.36	0.36	$ 24.67	$ 24.67
86641 00	Pathology	0.43	0.43	$ 29.34	$ 29.34
86644 00	Pathology	0.43	0.43	$ 29.30	$ 29.30
86645 00	Pathology	0.50	0.50	$ 34.30	$ 34.30
86648 00	Pathology	0.46	0.46	$ 30.97	$ 30.97
86651 00	Pathology	0.39	0.39	$ 26.85	$ 26.85
86652 00	Pathology	0.39	0.39	$ 26.85	$ 26.85
86653 00	Pathology	0.39	0.39	$ 26.85	$ 26.85
86654 00	Pathology	0.39	0.39	$ 26.85	$ 26.85
86658 00	Pathology	0.39	0.39	$ 26.53	$ 26.53
86663 00	Pathology	0.39	0.39	$ 26.71	$ 26.71
86664 00	Pathology	0.46	0.46	$ 31.13	$ 31.13
86665 00	Pathology	0.54	0.54	$ 36.93	$ 36.93
86666 00	Pathology	0.30	0.30	$ 20.73	$ 20.73
86668 00	Pathology	0.42	0.42	$ 28.83	$ 28.83
86671 00	Pathology	0.37	0.37	$ 24.94	$ 24.94
86674 00	Pathology	0.44	0.44	$ 29.97	$ 29.97
86677 00	Pathology	0.50	0.50	$ 34.30	$ 34.30
86682 00	Pathology	0.39	0.39	$ 26.49	$ 26.49
86684 00	Pathology	0.47	0.47	$ 32.25	$ 32.25
86687 00	Pathology	0.27	0.27	$ 18.51	$ 18.51
86688 00	Pathology	0.42	0.42	$ 28.50	$ 28.50
86689 00	Pathology	0.58	0.58	$ 39.39	$ 39.39
86692 00	Pathology	0.51	0.51	$ 34.94	$ 34.94
86694 00	Pathology	0.43	0.43	$ 29.30	$ 29.30
86695 00	Pathology	0.39	0.39	$ 26.85	$ 26.85
86696 00	Pathology	0.58	0.58	$ 39.39	$ 39.39
86698 00	Pathology	0.41	0.41	$ 28.07	$ 28.07
86701 00	Pathology	0.27	0.27	$ 18.10	$ 18.10
86702 00	Pathology	0.40	0.40	$ 27.53	$ 27.53

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
86703 00	Pathology	0.41	0.41	$ 27.91	$ 27.91
86704 00	Pathology	0.36	0.36	$ 24.53	$ 24.53
86705 00	Pathology	0.35	0.35	$ 23.96	$ 23.96
86706 00	Pathology	0.32	0.32	$ 21.87	$ 21.87
86707 00	Pathology	0.35	0.35	$ 23.56	$ 23.56
86708 00	Pathology	0.37	0.37	$ 25.22	$ 25.22
86709 00	Pathology	0.34	0.34	$ 22.92	$ 22.92
86710 00	Pathology	0.41	0.41	$ 27.59	$ 27.59
86711 00	Pathology	0.51	0.51	$ 34.39	$ 34.39
86713 00	Pathology	0.46	0.46	$ 31.15	$ 31.15
86717 00	Pathology	0.37	0.37	$ 24.94	$ 24.94
86720 00	Pathology	0.49	0.49	$ 32.98	$ 32.98
86723 00	Pathology	0.39	0.39	$ 26.85	$ 26.85
86727 00	Pathology	0.39	0.39	$ 26.20	$ 26.20
86732 00	Pathology	0.45	0.45	$ 30.54	$ 30.54
86735 00	Pathology	0.39	0.39	$ 26.57	$ 26.57
86738 00	Pathology	0.40	0.40	$ 26.95	$ 26.95
86741 00	Pathology	0.39	0.39	$ 26.85	$ 26.85
86744 00	Pathology	0.48	0.48	$ 32.55	$ 32.55
86747 00	Pathology	0.45	0.45	$ 30.60	$ 30.60
86750 00	Pathology	0.39	0.39	$ 26.85	$ 26.85
86753 00	Pathology	0.37	0.37	$ 25.22	$ 25.22
86756 00	Pathology	0.48	0.48	$ 32.35	$ 32.35
86757 00	Pathology	0.58	0.58	$ 39.39	$ 39.39
86759 00	Pathology	0.55	0.55	$ 37.11	$ 37.11
86762 00	Pathology	0.43	0.43	$ 29.30	$ 29.30
86765 00	Pathology	0.39	0.39	$ 26.22	$ 26.22
86768 00	Pathology	0.39	0.39	$ 26.85	$ 26.85
86769 00	Pathology	1.26	1.26	$ 85.77	$ 85.77
86771 00	Pathology	0.73	0.73	$ 49.84	$ 49.84
86774 00	Pathology	0.44	0.44	$ 30.13	$ 30.13
86777 00	Pathology	0.43	0.43	$ 29.30	$ 29.30
86778 00	Pathology	0.43	0.43	$ 29.34	$ 29.34
86780 00	Pathology	0.40	0.40	$ 26.95	$ 26.95
86784 00	Pathology	0.38	0.38	$ 25.57	$ 25.57
86787 00	Pathology	0.39	0.39	$ 26.22	$ 26.22
86788 00	Pathology	0.50	0.50	$ 34.30	$ 34.30
86789 00	Pathology	0.43	0.43	$ 29.30	$ 29.30
86790 00	Pathology	0.39	0.39	$ 26.22	$ 26.22
86793 00	Pathology	0.39	0.39	$ 26.85	$ 26.85

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
86794 00	Pathology	0.50	0.50	$ 34.30	$ 34.30
86800 00	Pathology	0.48	0.48	$ 32.39	$ 32.39
86803 00	Pathology	0.43	0.43	$ 29.05	$ 29.05
86804 00	Pathology	0.46	0.46	$ 31.54	$ 31.54
86805 00	Pathology	5.67	5.67	$ 385.82	$ 385.82
86806 00	Pathology	1.42	1.42	$ 96.89	$ 96.89
86807 00	Pathology	2.35	2.35	$ 160.12	$ 160.12
86808 00	Pathology	0.89	0.89	$ 60.42	$ 60.42
86812 00	Pathology	0.77	0.77	$ 52.55	$ 52.55
86813 00	Pathology	1.74	1.74	$ 118.08	$ 118.08
86816 00	Pathology	0.90	0.90	$ 61.42	$ 61.42
86817 00	Pathology	3.18	3.18	$ 216.09	$ 216.09
86821 00	Pathology	1.09	1.09	$ 74.43	$ 74.43
86825 00	Pathology	3.28	3.28	$ 222.91	$ 222.91
86826 00	Pathology	1.09	1.09	$ 74.37	$ 74.37
86828 00	Pathology	1.92	1.92	$ 130.68	$ 130.68
86829 00	Pathology	1.92	1.92	$ 130.68	$ 130.68
86830 00	Pathology	2.86	2.86	$ 194.47	$ 194.47
86831 00	Pathology	2.45	2.45	$ 166.70	$ 166.70
86832 00	Pathology	9.69	9.69	$ 659.11	$ 659.11
86833 00	Pathology	9.75	9.75	$ 663.29	$ 663.29
86834 00	Pathology	10.71	10.71	$ 727.95	$ 727.95
86835 00	Pathology	9.67	9.67	$ 657.51	$ 657.51
86849 00	Pathology	0.00	0.00	BR	BR
86850 00	Pathology	0.29	0.29	$ 19.89	$ 19.89
86860 00	Pathology	-	-	$ 194.48	$ 194.48
86870 00	Pathology	-	-	$ 161.84	$ 161.84
86880 00	Pathology	0.16	0.16	$ 10.97	$ 10.97
86885 00	Pathology	0.17	0.17	$ 11.65	$ 11.65
86886 00	Pathology	0.16	0.16	$ 10.55	$ 10.55
86890 00	Pathology	-	-	$ 371.28	$ 371.28
86891 00	Pathology	-	-	$ 1,131.52	$ 1,131.52
86900 00	Pathology	0.09	0.09	$ 6.09	$ 6.09
86901 00	Pathology	0.09	0.09	$ 6.09	$ 6.09
86902 00	Pathology	0.19	0.19	$ 12.93	$ 12.93
86904 00	Pathology	0.49	0.49	$ 33.27	$ 33.27
86905 00	Pathology	0.11	0.11	$ 7.80	$ 7.80
86906 00	Pathology	0.23	0.23	$ 15.78	$ 15.78
86910 00	Pathology	0.00	0.00	BR	BR
86911 00	Pathology	0.00	0.00	BR	BR

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
86920 00	Pathology	-	-	$ 163.20	$ 163.20
86921 00	Pathology	-	-	$ 101.32	$ 101.32
86922 00	Pathology	-	-	$ 282.20	$ 282.20
86923 00	Pathology	-	-	$ 143.48	$ 143.48
86927 00	Pathology	-	-	$ 21.08	$ 21.08
86930 00	Pathology	0.00	0.00	BR	BR
86931 00	Pathology	0.00	0.00	BR	BR
86932 00	Pathology	0.00	0.00	BR	BR
86940 00	Pathology	0.26	0.26	$ 17.85	$ 17.85
86941 00	Pathology	0.36	0.36	$ 24.65	$ 24.65
86945 00	Pathology	-	-	$ 480.08	$ 480.08
86950 00	Pathology	0.00	0.00	BR	BR
86960 00	Pathology	-	-	$ 97.92	$ 97.92
86965 00	Pathology	-	-	$ 735.08	$ 735.08
86970 00	Pathology	-	-	$ 200.60	$ 200.60
86971 00	Pathology	-	-	$ 70.72	$ 70.72
86972 00	Pathology	-	-	$ 310.08	$ 310.08
86975 00	Pathology	0.00	0.00	BR	BR
86976 00	Pathology	-	-	$ 74.12	$ 74.12
86977 00	Pathology	0.00	0.00	BR	BR
86978 00	Pathology	-	-	$ 243.44	$ 243.44
86985 00	Pathology	-	-	$ 119.00	$ 119.00
86999 00	Pathology	0.00	0.00	BR	BR
87003 00	Pathology	0.50	0.50	$ 34.28	$ 34.28
87015 00	Pathology	0.20	0.20	$ 13.60	$ 13.60
87040 00	Pathology	0.31	0.31	$ 21.01	$ 21.01
87045 00	Pathology	0.28	0.28	$ 19.22	$ 19.22
87046 00	Pathology	0.28	0.28	$ 19.22	$ 19.22
87070 00	Pathology	0.26	0.26	$ 17.55	$ 17.55
87071 00	Pathology	0.30	0.30	$ 20.13	$ 20.13
87073 00	Pathology	0.29	0.29	$ 19.67	$ 19.67
87075 00	Pathology	0.28	0.28	$ 19.28	$ 19.28
87076 00	Pathology	0.24	0.24	$ 16.45	$ 16.45
87077 00	Pathology	0.24	0.24	$ 16.45	$ 16.45
87081 00	Pathology	0.20	0.20	$ 13.50	$ 13.50
87084 00	Pathology	0.81	0.81	$ 55.11	$ 55.11
87086 00	Pathology	0.24	0.24	$ 16.43	$ 16.43
87088 00	Pathology	0.24	0.24	$ 16.47	$ 16.47
87101 00	Pathology	0.23	0.23	$ 15.70	$ 15.70
87102 00	Pathology	0.25	0.25	$ 17.12	$ 17.12

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
87103 00	Pathology	0.61	0.61	$ 41.65	$ 41.65
87106 00	Pathology	0.31	0.31	$ 21.01	$ 21.01
87107 00	Pathology	0.31	0.31	$ 21.01	$ 21.01
87109 00	Pathology	0.46	0.46	$ 31.33	$ 31.33
87110 00	Pathology	0.59	0.59	$ 39.90	$ 39.90
87116 00	Pathology	0.32	0.32	$ 21.99	$ 21.99
87118 00	Pathology	0.44	0.44	$ 29.74	$ 29.74
87140 00	Pathology	0.17	0.17	$ 11.34	$ 11.34
87143 00	Pathology	0.37	0.37	$ 25.49	$ 25.49
87147 00	Pathology	0.16	0.16	$ 10.55	$ 10.55
87149 00	Pathology	0.60	0.60	$ 40.82	$ 40.82
87150 00	Pathology	1.05	1.05	$ 71.44	$ 71.44
87152 00	Pathology	0.23	0.23	$ 15.76	$ 15.76
87153 00	Pathology	3.45	3.45	$ 234.86	$ 234.86
87154 00	Pathology	6.53	6.53	$ 443.94	$ 443.94
87158 00	Pathology	0.23	0.23	$ 15.76	$ 15.76
87164 00	Pathology	0.32	0.32	$ 21.87	$ 21.87
87164 26	Pathology	0.54	0.54	$ 36.72	$ 36.72
87166 00	Pathology	0.34	0.34	$ 23.01	$ 23.01
87168 00	Pathology	0.13	0.13	$ 8.69	$ 8.69
87169 00	Pathology	0.13	0.13	$ 8.77	$ 8.77
87172 00	Pathology	0.13	0.13	$ 8.69	$ 8.69
87176 00	Pathology	0.18	0.18	$ 11.97	$ 11.97
87177 00	Pathology	0.27	0.27	$ 18.12	$ 18.12
87181 00	Pathology	0.14	0.14	$ 9.67	$ 9.67
87182 00	Pathology	0.00	0.00	BR	BR
87183 00	Pathology	1.05	1.05	$ 71.44	$ 71.44
87184 00	Pathology	0.22	0.22	$ 15.23	$ 15.23
87185 00	Pathology	0.14	0.14	$ 9.67	$ 9.67
87186 00	Pathology	0.26	0.26	$ 17.61	$ 17.61
87187 00	Pathology	1.20	1.20	$ 81.78	$ 81.78
87188 00	Pathology	0.20	0.20	$ 13.52	$ 13.52
87190 00	Pathology	0.22	0.22	$ 14.88	$ 14.88
87197 00	Pathology	0.45	0.45	$ 30.58	$ 30.58
87205 00	Pathology	0.13	0.13	$ 8.69	$ 8.69
87206 00	Pathology	0.16	0.16	$ 10.97	$ 10.97
87207 00	Pathology	0.18	0.18	$ 12.19	$ 12.19
87207 26	Pathology	0.53	0.53	$ 36.04	$ 36.04
87209 00	Pathology	0.54	0.54	$ 36.61	$ 36.61
87210 00	Pathology	0.17	0.17	$ 11.85	$ 11.85

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
87220 00	Pathology	0.13	0.13	$ 8.69	$ 8.69
87230 00	Pathology	0.59	0.59	$ 40.19	$ 40.19
87250 00	Pathology	0.59	0.59	$ 39.82	$ 39.82
87252 00	Pathology	0.78	0.78	$ 53.08	$ 53.08
87253 00	Pathology	0.60	0.60	$ 41.12	$ 41.12
87254 00	Pathology	0.59	0.59	$ 39.82	$ 39.82
87255 00	Pathology	1.01	1.01	$ 68.93	$ 68.93
87260 00	Pathology	0.43	0.43	$ 29.38	$ 29.38
87265 00	Pathology	0.36	0.36	$ 24.39	$ 24.39
87267 00	Pathology	0.40	0.40	$ 27.32	$ 27.32
87269 00	Pathology	0.41	0.41	$ 27.71	$ 27.71
87270 00	Pathology	0.36	0.36	$ 24.39	$ 24.39
87271 00	Pathology	0.40	0.40	$ 27.32	$ 27.32
87272 00	Pathology	0.36	0.36	$ 24.39	$ 24.39
87273 00	Pathology	0.36	0.36	$ 24.39	$ 24.39
87274 00	Pathology	0.36	0.36	$ 24.39	$ 24.39
87275 00	Pathology	0.37	0.37	$ 24.94	$ 24.94
87276 00	Pathology	0.48	0.48	$ 32.72	$ 32.72
87278 00	Pathology	0.47	0.47	$ 31.76	$ 31.76
87279 00	Pathology	0.49	0.49	$ 33.45	$ 33.45
87280 00	Pathology	0.40	0.40	$ 27.32	$ 27.32
87281 00	Pathology	0.36	0.36	$ 24.39	$ 24.39
87283 00	Pathology	1.82	1.82	$ 123.78	$ 123.78
87285 00	Pathology	0.36	0.36	$ 24.80	$ 24.80
87290 00	Pathology	0.40	0.40	$ 27.32	$ 27.32
87299 00	Pathology	0.48	0.48	$ 32.78	$ 32.78
87300 00	Pathology	0.36	0.36	$ 24.39	$ 24.39
87301 00	Pathology	0.36	0.36	$ 24.39	$ 24.39
87305 00	Pathology	0.36	0.36	$ 24.39	$ 24.39
87320 00	Pathology	0.45	0.45	$ 30.54	$ 30.54
87324 00	Pathology	0.36	0.36	$ 24.39	$ 24.39
87327 00	Pathology	0.40	0.40	$ 27.32	$ 27.32
87328 00	Pathology	0.41	0.41	$ 28.14	$ 28.14
87329 00	Pathology	0.36	0.36	$ 24.39	$ 24.39
87332 00	Pathology	0.36	0.36	$ 24.39	$ 24.39
87335 00	Pathology	0.38	0.38	$ 25.77	$ 25.77
87336 00	Pathology	0.48	0.48	$ 32.57	$ 32.57
87337 00	Pathology	0.36	0.36	$ 24.39	$ 24.39
87338 00	Pathology	0.43	0.43	$ 29.28	$ 29.28
87339 00	Pathology	0.48	0.48	$ 32.57	$ 32.57

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
87340 00	Pathology	0.31	0.31	$ 21.03	$ 21.03
87341 00	Pathology	0.31	0.31	$ 21.03	$ 21.03
87350 00	Pathology	0.35	0.35	$ 23.47	$ 23.47
87380 00	Pathology	0.55	0.55	$ 37.38	$ 37.38
87385 00	Pathology	0.40	0.40	$ 26.98	$ 26.98
87389 00	Pathology	0.72	0.72	$ 49.02	$ 49.02
87390 00	Pathology	0.72	0.72	$ 48.98	$ 48.98
87391 00	Pathology	0.66	0.66	$ 44.59	$ 44.59
87400 00	Pathology	0.42	0.42	$ 28.77	$ 28.77
87420 00	Pathology	0.42	0.42	$ 28.32	$ 28.32
87425 00	Pathology	0.36	0.36	$ 24.39	$ 24.39
87426 00	Pathology	1.06	1.06	$ 71.93	$ 71.93
87427 00	Pathology	0.36	0.36	$ 24.39	$ 24.39
87428 00	Pathology	2.10	2.10	$ 143.10	$ 143.10
87430 00	Pathology	0.50	0.50	$ 34.22	$ 34.22
87449 00	Pathology	0.36	0.36	$ 24.39	$ 24.39
87451 00	Pathology	0.31	0.31	$ 21.40	$ 21.40
87467 00	Pathology	0.76	0.76	$ 51.55	$ 51.55
87468 00	Pathology	1.05	1.05	$ 71.44	$ 71.44
87469 00	Pathology	1.05	1.05	$ 71.44	$ 71.44
87471 00	Pathology	1.05	1.05	$ 71.44	$ 71.44
87472 00	Pathology	1.28	1.28	$ 87.22	$ 87.22
87475 00	Pathology	0.60	0.60	$ 40.82	$ 40.82
87476 00	Pathology	1.05	1.05	$ 71.44	$ 71.44
87478 00	Pathology	1.05	1.05	$ 71.44	$ 71.44
87480 00	Pathology	0.60	0.60	$ 40.82	$ 40.82
87481 00	Pathology	1.05	1.05	$ 71.44	$ 71.44
87482 00	Pathology	1.67	1.67	$ 113.48	$ 113.48
87483 00	Pathology	12.48	12.48	$ 848.51	$ 848.51
87484 00	Pathology	1.05	1.05	$ 71.44	$ 71.44
87485 00	Pathology	0.60	0.60	$ 40.82	$ 40.82
87486 00	Pathology	1.05	1.05	$ 71.44	$ 71.44
87487 00	Pathology	1.28	1.28	$ 87.22	$ 87.22
87490 00	Pathology	0.68	0.68	$ 46.32	$ 46.32
87491 00	Pathology	1.05	1.05	$ 71.44	$ 71.44
87492 00	Pathology	1.60	1.60	$ 108.86	$ 108.86
87493 00	Pathology	1.12	1.12	$ 75.88	$ 75.88
87494 00	Pathology	2.10	2.10	$ 142.88	$ 142.88
87495 00	Pathology	0.90	0.90	$ 61.14	$ 61.14
87496 00	Pathology	1.05	1.05	$ 71.44	$ 71.44

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
87497 00	Pathology	1.28	1.28	$ 87.22	$ 87.22
87498 00	Pathology	1.05	1.05	$ 71.44	$ 71.44
87500 00	Pathology	1.05	1.05	$ 71.44	$ 71.44
87501 00	Pathology	1.54	1.54	$ 104.46	$ 104.46
87502 00	Pathology	2.87	2.87	$ 195.04	$ 195.04
87503 00	Pathology	0.87	0.87	$ 59.49	$ 59.49
87505 00	Pathology	3.84	3.84	$ 261.18	$ 261.18
87506 00	Pathology	7.87	7.87	$ 535.41	$ 535.41
87507 00	Pathology	12.48	12.48	$ 848.51	$ 848.51
87510 00	Pathology	0.60	0.60	$ 40.82	$ 40.82
87511 00	Pathology	1.05	1.05	$ 71.44	$ 71.44
87512 00	Pathology	1.25	1.25	$ 85.02	$ 85.02
87513 00	Pathology	1.05	1.05	$ 71.44	$ 71.44
87516 00	Pathology	1.05	1.05	$ 71.44	$ 71.44
87517 00	Pathology	1.28	1.28	$ 87.22	$ 87.22
87520 00	Pathology	0.93	0.93	$ 63.56	$ 63.56
87521 00	Pathology	1.05	1.05	$ 71.44	$ 71.44
87522 00	Pathology	1.28	1.28	$ 87.22	$ 87.22
87523 00	Pathology	1.28	1.28	$ 87.22	$ 87.22
87525 00	Pathology	0.89	0.89	$ 60.67	$ 60.67
87526 00	Pathology	1.18	1.18	$ 79.93	$ 79.93
87527 00	Pathology	1.25	1.25	$ 85.02	$ 85.02
87528 00	Pathology	0.60	0.60	$ 40.82	$ 40.82
87529 00	Pathology	1.05	1.05	$ 71.44	$ 71.44
87530 00	Pathology	1.28	1.28	$ 87.22	$ 87.22
87531 00	Pathology	1.74	1.74	$ 118.08	$ 118.08
87532 00	Pathology	1.05	1.05	$ 71.44	$ 71.44
87533 00	Pathology	1.25	1.25	$ 85.02	$ 85.02
87534 00	Pathology	0.66	0.66	$ 44.63	$ 44.63
87535 00	Pathology	1.05	1.05	$ 71.44	$ 71.44
87536 00	Pathology	2.55	2.55	$ 173.25	$ 173.25
87537 00	Pathology	0.66	0.66	$ 44.63	$ 44.63
87538 00	Pathology	1.05	1.05	$ 71.44	$ 71.44
87539 00	Pathology	1.76	1.76	$ 119.34	$ 119.34
87540 00	Pathology	0.60	0.60	$ 40.82	$ 40.82
87541 00	Pathology	1.05	1.05	$ 71.44	$ 71.44
87542 00	Pathology	1.25	1.25	$ 85.02	$ 85.02
87550 00	Pathology	0.60	0.60	$ 40.82	$ 40.82
87551 00	Pathology	1.44	1.44	$ 98.21	$ 98.21
87552 00	Pathology	1.28	1.28	$ 87.22	$ 87.22

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
87555 00	Pathology	0.80	0.80	$ 54.72	$ 54.72
87556 00	Pathology	1.25	1.25	$ 84.86	$ 84.86
87557 00	Pathology	1.28	1.28	$ 87.22	$ 87.22
87560 00	Pathology	0.82	0.82	$ 55.56	$ 55.56
87561 00	Pathology	1.05	1.05	$ 71.44	$ 71.44
87562 00	Pathology	1.28	1.28	$ 87.22	$ 87.22
87563 00	Pathology	1.05	1.05	$ 71.44	$ 71.44
87564 00	Pathology	2.30	2.30	$ 156.29	$ 156.29
87580 00	Pathology	0.60	0.60	$ 40.82	$ 40.82
87581 00	Pathology	1.05	1.05	$ 71.44	$ 71.44
87582 00	Pathology	9.06	9.06	$ 616.10	$ 616.10
87590 00	Pathology	0.80	0.80	$ 54.72	$ 54.72
87591 00	Pathology	1.05	1.05	$ 71.44	$ 71.44
87592 00	Pathology	1.28	1.28	$ 87.22	$ 87.22
87593 00	Pathology	1.54	1.54	$ 104.46	$ 104.46
87594 00	Pathology	1.05	1.05	$ 71.44	$ 71.44
87623 00	Pathology	1.05	1.05	$ 71.44	$ 71.44
87624 00	Pathology	1.05	1.05	$ 71.44	$ 71.44
87625 00	Pathology	1.21	1.21	$ 82.55	$ 82.55
87626 00	Pathology	2.10	2.10	$ 142.92	$ 142.92
87627 00	Pathology	20.35	20.35	$ 1,383.93	$ 1,383.93
87631 00	Pathology	4.27	4.27	$ 290.38	$ 290.38
87632 00	Pathology	6.53	6.53	$ 443.94	$ 443.94
87633 00	Pathology	12.48	12.48	$ 848.51	$ 848.51
87634 00	Pathology	2.10	2.10	$ 142.92	$ 142.92
87635 00	Pathology	1.54	1.54	$ 104.46	$ 104.46
87636 00	Pathology	4.27	4.27	$ 290.38	$ 290.38
87637 00	Pathology	4.27	4.27	$ 290.38	$ 290.38
87640 00	Pathology	1.05	1.05	$ 71.44	$ 71.44
87641 00	Pathology	1.05	1.05	$ 71.44	$ 71.44
87650 00	Pathology	0.60	0.60	$ 40.82	$ 40.82
87651 00	Pathology	1.05	1.05	$ 71.44	$ 71.44
87652 00	Pathology	1.25	1.25	$ 85.02	$ 85.02
87653 00	Pathology	1.05	1.05	$ 71.44	$ 71.44
87660 00	Pathology	0.60	0.60	$ 40.82	$ 40.82
87661 00	Pathology	1.05	1.05	$ 71.44	$ 71.44
87662 00	Pathology	1.54	1.54	$ 104.46	$ 104.46
87797 00	Pathology	0.90	0.90	$ 61.14	$ 61.14
87798 00	Pathology	1.05	1.05	$ 71.44	$ 71.44
87799 00	Pathology	1.28	1.28	$ 87.22	$ 87.22

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
87800 00	Pathology	1.31	1.31	$ 88.91	$ 88.91
87801 00	Pathology	2.10	2.10	$ 142.92	$ 142.92
87802 00	Pathology	0.38	0.38	$ 25.92	$ 25.92
87803 00	Pathology	0.48	0.48	$ 32.57	$ 32.57
87804 00	Pathology	0.50	0.50	$ 33.69	$ 33.69
87806 00	Pathology	0.98	0.98	$ 66.72	$ 66.72
87807 00	Pathology	0.39	0.39	$ 26.67	$ 26.67
87808 00	Pathology	0.46	0.46	$ 31.13	$ 31.13
87809 00	Pathology	0.65	0.65	$ 44.30	$ 44.30
87810 00	Pathology	1.06	1.06	$ 71.85	$ 71.85
87811 00	Pathology	1.24	1.24	$ 84.24	$ 84.24
87812 00	Pathology	2.23	2.23	$ 151.63	$ 151.63
87850 00	Pathology	0.74	0.74	$ 50.00	$ 50.00
87880 00	Pathology	0.49	0.49	$ 33.65	$ 33.65
87899 00	Pathology	0.48	0.48	$ 32.72	$ 32.72
87900 00	Pathology	3.90	3.90	$ 265.38	$ 265.38
87901 00	Pathology	7.71	7.71	$ 524.14	$ 524.14
87902 00	Pathology	7.71	7.71	$ 524.14	$ 524.14
87903 00	Pathology	14.63	14.63	$ 994.85	$ 994.85
87904 00	Pathology	0.78	0.78	$ 53.08	$ 53.08
87905 00	Pathology	0.37	0.37	$ 24.88	$ 24.88
87906 00	Pathology	3.85	3.85	$ 262.08	$ 262.08
87910 00	Pathology	7.71	7.71	$ 524.14	$ 524.14
87912 00	Pathology	7.71	7.71	$ 524.14	$ 524.14
87913 00	Pathology	7.71	7.71	$ 524.14	$ 524.14
87999 00	Pathology	0.00	0.00	BR	BR
88000 00	Pathology	0.00	0.00	BR	BR
88005 00	Pathology	0.00	0.00	BR	BR
88007 00	Pathology	0.00	0.00	BR	BR
88012 00	Pathology	0.00	0.00	BR	BR
88014 00	Pathology	0.00	0.00	BR	BR
88016 00	Pathology	0.00	0.00	BR	BR
88020 00	Pathology	0.00	0.00	BR	BR
88025 00	Pathology	0.00	0.00	BR	BR
88027 00	Pathology	0.00	0.00	BR	BR
88028 00	Pathology	0.00	0.00	BR	BR
88029 00	Pathology	0.00	0.00	BR	BR
88036 00	Pathology	-	-	$ 29.24	$ 29.24
88037 00	Pathology	0.00	0.00	BR	BR
88040 00	Pathology	0.00	0.00	BR	BR

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
88045 00	Pathology	0.00	0.00	BR	BR
88099 00	Pathology	0.00	0.00	BR	BR
88104 00	Pathology	2.52	2.52	$ 171.36	$ 171.36
88104 26	Pathology	0.80	0.80	$ 54.40	$ 54.40
88104 TC	Pathology	1.72	1.72	$ 116.96	$ 116.96
88106 00	Pathology	2.02	2.02	$ 137.36	$ 137.36
88106 26	Pathology	0.53	0.53	$ 36.04	$ 36.04
88106 TC	Pathology	1.49	1.49	$ 101.32	$ 101.32
88108 00	Pathology	2.06	2.06	$ 140.08	$ 140.08
88108 26	Pathology	0.64	0.64	$ 43.52	$ 43.52
88108 TC	Pathology	1.42	1.42	$ 96.56	$ 96.56
88112 00	Pathology	1.96	1.96	$ 133.28	$ 133.28
88112 26	Pathology	0.78	0.78	$ 53.04	$ 53.04
88112 TC	Pathology	1.18	1.18	$ 80.24	$ 80.24
88120 00	Pathology	16.23	16.23	$ 1,103.64	$ 1,103.64
88120 26	Pathology	1.63	1.63	$ 110.84	$ 110.84
88120 TC	Pathology	14.60	14.60	$ 992.80	$ 992.80
88121 00	Pathology	11.79	11.79	$ 801.72	$ 801.72
88121 26	Pathology	1.36	1.36	$ 92.48	$ 92.48
88121 TC	Pathology	10.43	10.43	$ 709.24	$ 709.24
88125 00	Pathology	0.83	0.83	$ 56.44	$ 56.44
88125 26	Pathology	0.38	0.38	$ 25.84	$ 25.84
88125 TC	Pathology	0.45	0.45	$ 30.60	$ 30.60
88130 00	Pathology	0.54	0.54	$ 36.61	$ 36.61
88140 00	Pathology	0.24	0.24	$ 16.27	$ 16.27
88141 00	Pathology	0.72	0.72	$ 48.96	$ 48.96
88142 00	Pathology	0.61	0.61	$ 41.25	$ 41.25
88143 00	Pathology	0.69	0.69	$ 46.91	$ 46.91
88147 00	Pathology	1.51	1.51	$ 102.93	$ 102.93
88148 00	Pathology	0.56	0.56	$ 37.75	$ 37.75
88150 00	Pathology	0.56	0.56	$ 37.75	$ 37.75
88152 00	Pathology	0.83	0.83	$ 56.27	$ 56.27
88153 00	Pathology	0.72	0.72	$ 48.92	$ 48.92
88155 00	Pathology	0.44	0.44	$ 29.83	$ 29.83
88160 00	Pathology	2.44	2.44	$ 165.92	$ 165.92
88160 26	Pathology	0.72	0.72	$ 48.96	$ 48.96
88160 TC	Pathology	1.72	1.72	$ 116.96	$ 116.96
88161 00	Pathology	2.48	2.48	$ 168.64	$ 168.64
88161 26	Pathology	0.72	0.72	$ 48.96	$ 48.96
88161 TC	Pathology	1.76	1.76	$ 119.68	$ 119.68

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
88162 00	Pathology	3.82	3.82	$ 259.76	$ 259.76
88162 26	Pathology	1.10	1.10	$ 74.80	$ 74.80
88162 TC	Pathology	2.72	2.72	$ 184.96	$ 184.96
88164 00	Pathology	0.56	0.56	$ 37.75	$ 37.75
88165 00	Pathology	1.26	1.26	$ 85.95	$ 85.95
88166 00	Pathology	0.56	0.56	$ 37.75	$ 37.75
88167 00	Pathology	0.56	0.56	$ 37.75	$ 37.75
88172 00	Pathology	1.62	1.62	$ 110.16	$ 110.16
88172 26	Pathology	0.99	0.99	$ 67.32	$ 67.32
88172 TC	Pathology	0.63	0.63	$ 42.84	$ 42.84
88173 00	Pathology	4.99	4.99	$ 339.32	$ 339.32
88173 26	Pathology	1.96	1.96	$ 133.28	$ 133.28
88173 TC	Pathology	3.03	3.03	$ 206.04	$ 206.04
88174 00	Pathology	0.76	0.76	$ 51.65	$ 51.65
88175 00	Pathology	0.80	0.80	$ 54.17	$ 54.17
88177 00	Pathology	0.87	0.87	$ 59.16	$ 59.16
88177 26	Pathology	0.61	0.61	$ 41.48	$ 41.48
88177 TC	Pathology	0.26	0.26	$ 17.68	$ 17.68
88182 00	Pathology	4.46	4.46	$ 303.28	$ 303.28
88182 26	Pathology	1.05	1.05	$ 71.40	$ 71.40
88182 TC	Pathology	3.41	3.41	$ 231.88	$ 231.88
88184 00	Pathology	2.43	2.43	$ 165.24	$ 165.24
88185 00	Pathology	0.69	0.69	$ 46.92	$ 46.92
88187 00	Pathology	1.05	1.05	$ 71.40	$ 71.40
88188 00	Pathology	1.75	1.75	$ 119.00	$ 119.00
88189 00	Pathology	2.37	2.37	$ 161.16	$ 161.16
88199 00	Pathology	0.00	0.00	BR	BR
88199 26	Pathology	0.00	0.00	BR	BR
88199 TC	Pathology	0.00	0.00	BR	BR
88230 00	Pathology	3.49	3.49	$ 237.16	$ 237.16
88233 00	Pathology	4.21	4.21	$ 286.51	$ 286.51
88235 00	Pathology	4.50	4.50	$ 305.99	$ 305.99
88237 00	Pathology	4.30	4.30	$ 292.66	$ 292.66
88239 00	Pathology	4.42	4.42	$ 300.33	$ 300.33
88240 00	Pathology	0.39	0.39	$ 26.61	$ 26.61
88241 00	Pathology	0.36	0.36	$ 24.61	$ 24.61
88245 00	Pathology	5.18	5.18	$ 352.55	$ 352.55
88248 00	Pathology	5.18	5.18	$ 352.55	$ 352.55
88249 00	Pathology	5.18	5.18	$ 352.55	$ 352.55
88261 00	Pathology	7.91	7.91	$ 538.16	$ 538.16

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
88262 00	Pathology	3.76	3.76	$ 255.48	$ 255.48
88263 00	Pathology	4.50	4.50	$ 305.97	$ 305.97
88264 00	Pathology	4.33	4.33	$ 294.41	$ 294.41
88267 00	Pathology	5.65	5.65	$ 383.90	$ 383.90
88269 00	Pathology	5.20	5.20	$ 353.55	$ 353.55
88271 00	Pathology	0.64	0.64	$ 43.61	$ 43.61
88272 00	Pathology	1.22	1.22	$ 82.86	$ 82.86
88273 00	Pathology	1.04	1.04	$ 70.87	$ 70.87
88274 00	Pathology	1.27	1.27	$ 86.28	$ 86.28
88275 00	Pathology	1.53	1.53	$ 104.22	$ 104.22
88280 00	Pathology	1.00	1.00	$ 68.14	$ 68.14
88283 00	Pathology	2.05	2.05	$ 139.66	$ 139.66
88285 00	Pathology	0.81	0.81	$ 54.79	$ 54.79
88289 00	Pathology	1.03	1.03	$ 70.10	$ 70.10
88291 00	Pathology	0.99	0.99	$ 67.32	$ 67.32
88299 00	Pathology	0.00	0.00	BR	BR
88300 00	Pathology	0.49	0.49	$ 33.32	$ 33.32
88300 26	Pathology	0.13	0.13	$ 8.84	$ 8.84
88300 TC	Pathology	0.36	0.36	$ 24.48	$ 24.48
88302 00	Pathology	0.97	0.97	$ 65.96	$ 65.96
88302 26	Pathology	0.20	0.20	$ 13.60	$ 13.60
88302 TC	Pathology	0.77	0.77	$ 52.36	$ 52.36
88304 00	Pathology	1.23	1.23	$ 83.64	$ 83.64
88304 26	Pathology	0.31	0.31	$ 21.08	$ 21.08
88304 TC	Pathology	0.92	0.92	$ 62.56	$ 62.56
88305 00	Pathology	2.10	2.10	$ 142.80	$ 142.80
88305 26	Pathology	1.05	1.05	$ 71.40	$ 71.40
88305 TC	Pathology	1.05	1.05	$ 71.40	$ 71.40
88307 00	Pathology	8.32	8.32	$ 565.76	$ 565.76
88307 26	Pathology	2.29	2.29	$ 155.72	$ 155.72
88307 TC	Pathology	6.03	6.03	$ 410.04	$ 410.04
88309 00	Pathology	12.38	12.38	$ 841.84	$ 841.84
88309 26	Pathology	4.03	4.03	$ 274.04	$ 274.04
88309 TC	Pathology	8.35	8.35	$ 567.80	$ 567.80
88311 00	Pathology	0.59	0.59	$ 40.12	$ 40.12
88311 26	Pathology	0.34	0.34	$ 23.12	$ 23.12
88311 TC	Pathology	0.25	0.25	$ 17.00	$ 17.00
88312 00	Pathology	3.28	3.28	$ 223.04	$ 223.04
88312 26	Pathology	0.75	0.75	$ 51.00	$ 51.00
88312 TC	Pathology	2.53	2.53	$ 172.04	$ 172.04

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
88313 00	Pathology	2.42	2.42	$ 164.56	$ 164.56
88313 26	Pathology	0.34	0.34	$ 23.12	$ 23.12
88313 TC	Pathology	2.08	2.08	$ 141.44	$ 141.44
88314 00	Pathology	2.45	2.45	$ 166.60	$ 166.60
88314 26	Pathology	0.56	0.56	$ 38.08	$ 38.08
88314 TC	Pathology	1.89	1.89	$ 128.52	$ 128.52
88319 00	Pathology	3.95	3.95	$ 268.60	$ 268.60
88319 26	Pathology	0.76	0.76	$ 51.68	$ 51.68
88319 TC	Pathology	3.19	3.19	$ 216.92	$ 216.92
88321 00	Pathology	2.81	2.02	$ 191.08	$ 137.36
88323 00	Pathology	3.38	3.38	$ 229.84	$ 229.84
88323 26	Pathology	2.49	2.49	$ 169.32	$ 169.32
88323 TC	Pathology	0.89	0.89	$ 60.52	$ 60.52
88325 00	Pathology	4.59	3.37	$ 312.12	$ 229.16
88329 00	Pathology	1.56	0.84	$ 106.08	$ 57.12
88331 00	Pathology	2.91	2.91	$ 197.88	$ 197.88
88331 26	Pathology	1.73	1.73	$ 117.64	$ 117.64
88331 TC	Pathology	1.18	1.18	$ 80.24	$ 80.24
88332 00	Pathology	1.60	1.60	$ 108.80	$ 108.80
88332 26	Pathology	0.87	0.87	$ 59.16	$ 59.16
88332 TC	Pathology	0.73	0.73	$ 49.64	$ 49.64
88333 00	Pathology	2.64	2.64	$ 179.52	$ 179.52
88333 26	Pathology	1.72	1.72	$ 116.96	$ 116.96
88333 TC	Pathology	0.92	0.92	$ 62.56	$ 62.56
88334 00	Pathology	1.61	1.61	$ 109.48	$ 109.48
88334 26	Pathology	1.05	1.05	$ 71.40	$ 71.40
88334 TC	Pathology	0.56	0.56	$ 38.08	$ 38.08
88341 00	Pathology	2.82	2.82	$ 191.76	$ 191.76
88341 26	Pathology	0.80	0.80	$ 54.40	$ 54.40
88341 TC	Pathology	2.02	2.02	$ 137.36	$ 137.36
88342 00	Pathology	3.30	3.30	$ 224.40	$ 224.40
88342 26	Pathology	0.98	0.98	$ 66.64	$ 66.64
88342 TC	Pathology	2.32	2.32	$ 157.76	$ 157.76
88344 00	Pathology	5.19	5.19	$ 352.92	$ 352.92
88344 26	Pathology	1.08	1.08	$ 73.44	$ 73.44
88344 TC	Pathology	4.11	4.11	$ 279.48	$ 279.48
88346 00	Pathology	4.10	4.10	$ 278.80	$ 278.80
88346 26	Pathology	1.00	1.00	$ 68.00	$ 68.00
88346 TC	Pathology	3.10	3.10	$ 210.80	$ 210.80
88348 00	Pathology	14.31	14.31	$ 973.08	$ 973.08

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
88348 26	Pathology	2.16	2.16	$ 146.88	$ 146.88
88348 TC	Pathology	12.15	12.15	$ 826.20	$ 826.20
88350 00	Pathology	3.20	3.20	$ 217.60	$ 217.60
88350 26	Pathology	0.82	0.82	$ 55.76	$ 55.76
88350 TC	Pathology	2.38	2.38	$ 161.84	$ 161.84
88355 00	Pathology	4.20	4.20	$ 285.60	$ 285.60
88355 26	Pathology	2.35	2.35	$ 159.80	$ 159.80
88355 TC	Pathology	1.85	1.85	$ 125.80	$ 125.80
88356 00	Pathology	6.70	6.70	$ 455.60	$ 455.60
88356 26	Pathology	3.37	3.37	$ 229.16	$ 229.16
88356 TC	Pathology	3.33	3.33	$ 226.44	$ 226.44
88358 00	Pathology	3.90	3.90	$ 265.20	$ 265.20
88358 26	Pathology	1.38	1.38	$ 93.84	$ 93.84
88358 TC	Pathology	2.52	2.52	$ 171.36	$ 171.36
88360 00	Pathology	3.60	3.60	$ 244.80	$ 244.80
88360 26	Pathology	1.17	1.17	$ 79.56	$ 79.56
88360 TC	Pathology	2.43	2.43	$ 165.24	$ 165.24
88361 00	Pathology	3.43	3.43	$ 233.24	$ 233.24
88361 26	Pathology	1.21	1.21	$ 82.28	$ 82.28
88361 TC	Pathology	2.22	2.22	$ 150.96	$ 150.96
88362 00	Pathology	6.54	6.54	$ 444.72	$ 444.72
88362 26	Pathology	3.15	3.15	$ 214.20	$ 214.20
88362 TC	Pathology	3.39	3.39	$ 230.52	$ 230.52
88363 00	Pathology	0.68	0.46	$ 46.24	$ 31.28
88364 00	Pathology	3.79	3.79	$ 257.72	$ 257.72
88364 26	Pathology	0.95	0.95	$ 64.60	$ 64.60
88364 TC	Pathology	2.84	2.84	$ 193.12	$ 193.12
88365 00	Pathology	5.06	5.06	$ 344.08	$ 344.08
88365 26	Pathology	1.21	1.21	$ 82.28	$ 82.28
88365 TC	Pathology	3.85	3.85	$ 261.80	$ 261.80
88366 00	Pathology	7.94	7.94	$ 539.92	$ 539.92
88366 26	Pathology	1.73	1.73	$ 117.64	$ 117.64
88366 TC	Pathology	6.21	6.21	$ 422.28	$ 422.28
88367 00	Pathology	3.14	3.14	$ 213.52	$ 213.52
88367 26	Pathology	0.93	0.93	$ 63.24	$ 63.24
88367 TC	Pathology	2.21	2.21	$ 150.28	$ 150.28
88368 00	Pathology	4.37	4.37	$ 297.16	$ 297.16
88368 26	Pathology	1.20	1.20	$ 81.60	$ 81.60
88368 TC	Pathology	3.17	3.17	$ 215.56	$ 215.56
88369 00	Pathology	3.86	3.86	$ 262.48	$ 262.48

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
88369 26	Pathology	0.96	0.96	$ 65.28	$ 65.28
88369 TC	Pathology	2.90	2.90	$ 197.20	$ 197.20
88371 00	Pathology	0.67	0.67	$ 45.26	$ 45.26
88371 26	Pathology	0.54	0.54	$ 36.72	$ 36.72
88372 00	Pathology	0.79	0.79	$ 53.38	$ 53.38
88372 26	Pathology	0.53	0.53	$ 36.04	$ 36.04
88373 00	Pathology	1.90	1.90	$ 129.20	$ 129.20
88373 26	Pathology	0.71	0.71	$ 48.28	$ 48.28
88373 TC	Pathology	1.19	1.19	$ 80.92	$ 80.92
88374 00	Pathology	7.97	7.97	$ 541.96	$ 541.96
88374 26	Pathology	1.18	1.18	$ 80.24	$ 80.24
88374 TC	Pathology	6.79	6.79	$ 461.72	$ 461.72
88375 00	Pathology	1.35	1.35	$ 91.80	$ 91.80
88377 00	Pathology	11.50	11.50	$ 782.00	$ 782.00
88377 26	Pathology	1.82	1.82	$ 123.76	$ 123.76
88377 TC	Pathology	9.68	9.68	$ 658.24	$ 658.24
88380 00	Pathology	3.52	3.52	$ 239.36	$ 239.36
88380 26	Pathology	1.45	1.45	$ 98.60	$ 98.60
88380 TC	Pathology	2.07	2.07	$ 140.76	$ 140.76
88381 00	Pathology	5.62	5.62	$ 382.16	$ 382.16
88381 26	Pathology	0.66	0.66	$ 44.88	$ 44.88
88381 TC	Pathology	4.96	4.96	$ 337.28	$ 337.28
88387 00	Pathology	0.98	0.98	$ 66.64	$ 66.64
88387 26	Pathology	0.76	0.76	$ 51.68	$ 51.68
88387 TC	Pathology	0.22	0.22	$ 14.96	$ 14.96
88399 00	Pathology	0.00	0.00	BR	BR
88399 26	Pathology	0.00	0.00	BR	BR
88399 TC	Pathology	0.00	0.00	BR	BR
88720 00	Pathology	0.15	0.15	$ 10.22	$ 10.22
88738 00	Pathology	0.15	0.15	$ 10.22	$ 10.22
88740 00	Pathology	0.28	0.28	$ 19.08	$ 19.08
88741 00	Pathology	0.28	0.28	$ 19.08	$ 19.08
88749 00	Pathology	0.00	0.00	BR	BR
89049 00	Pathology	10.61	1.75	$ 721.48	$ 119.00
89050 00	Pathology	0.14	0.14	$ 9.61	$ 9.61
89051 00	Pathology	0.17	0.17	$ 11.40	$ 11.40
89055 00	Pathology	0.13	0.13	$ 8.69	$ 8.69
89060 00	Pathology	0.22	0.22	$ 14.92	$ 14.92
89060 26	Pathology	0.53	0.53	$ 36.04	$ 36.04
89125 00	Pathology	0.18	0.18	$ 11.97	$ 11.97

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
89160 00	Pathology	0.15	0.15	$ 9.87	$ 9.87
89190 00	Pathology	0.17	0.17	$ 11.79	$ 11.79
89220 00	Pathology	0.63	0.63	$ 42.84	$ 42.84
89230 00	Pathology	0.09	0.09	$ 6.12	$ 6.12
89240 00	Pathology	0.00	0.00	BR	BR
89250 00	Pathology	-	-	$ 3,174.92	$ 3,174.92
89251 00	Pathology	-	-	$ 3,935.84	$ 3,935.84
89253 00	Pathology	-	-	$ 1,565.36	$ 1,565.36
89254 00	Pathology	-	-	$ 1,306.96	$ 1,306.96
89255 00	Pathology	-	-	$ 950.64	$ 950.64
89257 00	Pathology	-	-	$ 782.00	$ 782.00
89258 00	Pathology	-	-	$ 2,015.52	$ 2,015.52
89259 00	Pathology	-	-	$ 519.52	$ 519.52
89260 00	Pathology	-	-	$ 371.96	$ 371.96
89261 00	Pathology	-	-	$ 449.48	$ 449.48
89264 00	Pathology	-	-	$ 848.64	$ 848.64
89268 00	Pathology	-	-	$ 1,476.96	$ 1,476.96
89272 00	Pathology	-	-	$ 2,500.36	$ 2,500.36
89280 00	Pathology	-	-	$ 3,340.84	$ 3,340.84
89281 00	Pathology	-	-	$ 3,059.32	$ 3,059.32
89290 00	Pathology	-	-	$ 3,601.28	$ 3,601.28
89291 00	Pathology	-	-	$ 3,839.96	$ 3,839.96
89300 00	Pathology	0.29	0.29	$ 20.03	$ 20.03
89310 00	Pathology	0.26	0.26	$ 17.53	$ 17.53
89320 00	Pathology	0.37	0.37	$ 25.06	$ 25.06
89321 00	Pathology	0.36	0.36	$ 24.53	$ 24.53
89322 00	Pathology	0.46	0.46	$ 31.56	$ 31.56
89325 00	Pathology	0.32	0.32	$ 21.72	$ 21.72
89329 00	Pathology	0.59	0.59	$ 39.88	$ 39.88
89330 00	Pathology	0.31	0.31	$ 21.13	$ 21.13
89331 00	Pathology	0.59	0.59	$ 39.88	$ 39.88
89335 00	Pathology	-	-	$ 528.36	$ 528.36
89337 00	Pathology	-	-	$ 3,697.16	$ 3,697.16
89342 00	Pathology	-	-	$ 1,329.40	$ 1,329.40
89343 00	Pathology	-	-	$ 1,181.16	$ 1,181.16
89344 00	Pathology	-	-	$ 979.20	$ 979.20
89346 00	Pathology	-	-	$ 1,470.84	$ 1,470.84
89352 00	Pathology	-	-	$ 980.56	$ 980.56
89353 00	Pathology	-	-	$ 333.88	$ 333.88
89354 00	Pathology	-	-	$ 414.80	$ 414.80

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
89356 00	Pathology	-	-	$ 974.44	$ 974.44
89398 00	Pathology	0.00	0.00	BR	BR
G0480 00	Pathology	3.43	3.43	232.96	232.96
G0481 00	Pathology	4.69	4.69	318.80	318.80
G0482 00	Pathology	5.95	5.95	404.61	404.61
G0483 00	Pathology	7.39	7.39	502.70	502.70
G0659 00	Pathology	1.86	1.86	126.51	126.51

Historical Note

New Appendix A, Pathology and Laboratory Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Pathology and Laboratory Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Pathology and Laboratory Codes 2019-2020 repealed; new Appendix A, Pathology and Laboratory Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Pathology Codes 2020-2021 repealed; new Appendix A, Pathology Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Pathology Codes 2021-2022 repealed; new Appendix A, Pathology Codes 2022- 2023 made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Pathology Codes 2022-2023 repealed; new Appendix A, Pathology Codes 2023- 2024 made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23- 3). Appendix A, Pathology Codes 2023- 2024 repealed; new Appendix A, Pathology Codes 2024- 2025 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Pathology Codes 2024- 2025 repealed; new Appendix A, Pathology Codes 2025 made by exempt rulemaking effective May 1, 2025 (Supp. 25-2). Appendix A, Pathology Codes 2025 repealed; new Appendix A, Pathology Codes 2026 made by exempt rulemaking effective May 1, 2026 (Supp. 26-2).

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MEDICINE GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction Section of the Fee Schedule.

The following Commission guidelines are in addition to the CPT® guidelines and represent additional guidance from the Commission relative to unit values for these services. To the extent that a conflict may exist between an incorporated portion of the CPT® publication or HCPCS codes and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier, or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

A. MATERIALS SUPPLIED BY A HEALTHCARE PROVIDER: A healthcare provider may charge for materials and supplies as described in the HCPCS Section of the Physician's Fee Schedule.

B. COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT: CPT® Code 99199 can be used to bill for the services of an interpreter when they are used to comply with the provisions of "The Americans With Disabilities Act", *i.e.*, interpreters for the hearing impaired.

C. ADD-ON CODES: Some of the listed procedures are commonly carried out in addition to the primary procedure performed. All add-on codes found in the CPT® codebook are exempt from the multiple procedure concept. They are exempt from the use of modifier 51.

D. SEPARATE PROCEDURES: Some of the procedures or services listed in the CPT® codebook that are commonly carried out as an integral component of a total service or procedure have been identified by the inclusion of the term "separate procedure". The codes designated as a "separate procedure" should not be reported in addition to the code for the total procedure or service of which it is considered an integral component.

When a procedure or service is carried out independently or considered to be unrelated or distinct from other procedures/services provided at that time, it may be reported by itself, or in addition to other procedures/services by appending modifier 59 to the specific "separate procedure" code to indicate that the procedure is not considered to be a component of another procedure, but is a distinct, independent procedure.

E. BUNDLED CODES: Indicates that the service is always bundled in a payment for another service. If these services are covered, payment for them is subsumed by the payment for the services to which they are incident (*e.g.*, a telephone call from a hospital nurse regarding the care of a patient).

F. MODERATE SEDATION: Codes specific to the provider performing the services (e.g., CPT® codes 99151, 99152, and 99153) are used when the physician performing the procedure provides the sedation whereas CPT® codes 99155, 99156, and 99157 are used when sedation is provided by a healthcare provider other than the physician performing the procedure.

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Historical Note

New Appendix A, Medicine Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Medicine Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Medicine Guidelines repealed; new Appendix A, Medicine Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Medicine Guidelines repealed; new Appendix A, Medicine Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Medicine Guidelines repealed; new Appendix A, Medicine Guidelines made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Medicine Guidelines repealed; new Appendix A, Medicine Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Medicine Guidelines repealed; new Appendix A, Medicine Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Medicine Guidelines repealed; new Appendix A, Medicine Guidelines made by exempt rulemaking effective May 1, 2025 (Supp. 25-2). Appendix A, Medicine Guidelines repealed; new Appendix A, Medicine Guidelines made by exempt rulemaking effective May 1, 2026 (Supp. 25-6).

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ARIZONA PHYSICIANS' FEE SCHEDULE
Medicine Codes 2026
Medicine Conversion Factor $68.00

Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
90281 00	Medicine	-	-	89.08	89.08
90283 00	Medicine	-	-	24.48	24.48
90284 00	Medicine	0.00	0.00	BR	BR
90287 00	Medicine	0.00	0.00	BR	BR
90288 00	Medicine	0.00	0.00	BR	BR
90291 00	Medicine	0.00	0.00	BR	BR
90296 00	Medicine	0.00	0.00	BR	BR
90371 00	Medicine	-	-	280.84	280.84
90375 00	Medicine	-	-	569.84	569.84
90376 00	Medicine	-	-	432.48	432.48
90377 00	Medicine	-	-	488.92	488.92
90378 00	Medicine	-	-	2384.08	2384.08
90380 00	Medicine	-	-	527.68	527.68
90381 00	Medicine	-	-	527.68	527.68
90382 00	Medicine	0.00	0.00	BR	BR
90384 00	Medicine	-	-	140.76	140.76
90385 00	Medicine	-	-	65.96	65.96
90386 00	Medicine	-	-	140.76	140.76
90389 00	Medicine	-	-	105.40	105.40
90393 00	Medicine	0.00	0.00	BR	BR
90396 00	Medicine	-	-	216.92	216.92
90399 00	Medicine	0.00	0.00	BR	BR
90460 00	Medicine	0.70	0.70	47.60	47.60
90461 00	Medicine	0.26	0.26	17.68	17.68
90471 00	Medicine	0.66	0.66	44.88	44.88
90472 00	Medicine	0.48	0.48	32.64	32.64
90473 00	Medicine	0.52	0.52	35.36	35.36
90474 00	Medicine	0.37	0.37	25.16	25.16
90476 00	Medicine	-	-	68.68	68.68
90477 00	Medicine	0.00	0.00	BR	BR
90480 00	Medicine	0.71	0.31	48.28	21.08
90481 00	Medicine	0.00	0.00	BR	BR
90482 00	Medicine	0.44	0.32	29.92	21.76
90483 00	Medicine	0.85	0.66	57.80	44.88
90484 00	Medicine	1.24	0.99	84.32	67.32

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
90581 00	Medicine	0.00	0.00	BR	BR
90584 00	Medicine	0.00	0.00	BR	BR
90585 00	Medicine	-	-	79.56	79.56
90586 00	Medicine	-	-	333.88	333.88
90587 00	Medicine	0.00	0.00	BR	BR
90589 00	Medicine	-	-	380.80	380.80
90593 00	Medicine	0.00	0.00	BR	BR
90611 00	Medicine	-	-	261.12	261.12
90612 00	Medicine	0.00	0.00	BR	BR
90613 00	Medicine	0.00	0.00	BR	BR
90619 00	Medicine	-	-	185.64	185.64
90620 00	Medicine	-	-	235.28	235.28
90621 00	Medicine	-	-	199.24	199.24
90622 00	Medicine	-	-	63.24	63.24
90623 00	Medicine	-	-	228.48	228.48
90624 00	Medicine	0.00	0.00	BR	BR
90625 00	Medicine	-	-	287.64	287.64
90626 00	Medicine	-	-	378.76	378.76
90627 00	Medicine	-	-	257.04	257.04
90631 00	Medicine	0.00	0.00	BR	BR
90632 00	Medicine	-	-	149.60	149.60
90633 00	Medicine	-	-	53.04	53.04
90634 00	Medicine	-	-	70.04	70.04
90635 00	Medicine	0.00	0.00	BR	BR
90636 00	Medicine	-	-	138.04	138.04
90637 00	Medicine	-	-	105.40	105.40
90638 00	Medicine	0.00	0.00	BR	BR
90644 00	Medicine	-	-	55.08	55.08
90647 00	Medicine	-	-	44.88	44.88
90648 00	Medicine	-	-	40.80	40.80
90649 00	Medicine	-	-	179.52	179.52
90650 00	Medicine	-	-	206.04	206.04
90651 00	Medicine	-	-	295.12	295.12
90653 00	Medicine	-	-	199.92	199.92
90655 00	Medicine	-	-	25.84	25.84
90656 00	Medicine	-	-	47.60	47.60
90657 00	Medicine	-	-	22.44	22.44
90658 00	Medicine	-	-	44.88	44.88
90660 00	Medicine	-	-	60.52	60.52
90661 00	Medicine	-	-	100.64	100.64

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
90662 00	Medicine	-	-	199.92	199.92
90664 00	Medicine	0.00	0.00	BR	BR
90666 00	Medicine	-	-	17.68	17.68
90667 00	Medicine	-	-	23.80	23.80
90668 00	Medicine	-	-	24.48	24.48
90670 00	Medicine	-	-	211.48	211.48
90671 00	Medicine	-	-	548.08	548.08
90672 00	Medicine	-	-	35.36	35.36
90673 00	Medicine	-	-	199.92	199.92
90674 00	Medicine	-	-	35.36	35.36
90675 00	Medicine	-	-	650.76	650.76
90676 00	Medicine	-	-	184.96	184.96
90677 00	Medicine	-	-	637.16	637.16
90678 00	Medicine	-	-	332.52	332.52
90679 00	Medicine	-	-	274.04	274.04
90680 00	Medicine	-	-	112.20	112.20
90681 00	Medicine	-	-	151.64	151.64
90682 00	Medicine	-	-	68.68	68.68
90683 00	Medicine	-	-	281.52	281.52
90684 00	Medicine	-	-	701.08	701.08
90685 00	Medicine	-	-	35.36	35.36
90686 00	Medicine	-	-	31.28	31.28
90687 00	Medicine	-	-	24.48	24.48
90688 00	Medicine	-	-	30.60	30.60
90689 00	Medicine	-	-	69.36	69.36
90690 00	Medicine	-	-	125.12	125.12
90691 00	Medicine	-	-	127.16	127.16
90694 00	Medicine	-	-	70.72	70.72
90695 00	Medicine	0.00	0.00	BR	BR
90696 00	Medicine	-	-	86.36	86.36
90697 00	Medicine	-	-	175.44	175.44
90698 00	Medicine	-	-	123.76	123.76
90700 00	Medicine	-	-	43.52	43.52
90702 00	Medicine	-	-	45.56	45.56
90707 00	Medicine	-	-	99.96	99.96
90710 00	Medicine	-	-	274.72	274.72
90713 00	Medicine	-	-	51.68	51.68
90714 00	Medicine	-	-	79.56	79.56
90715 00	Medicine	-	-	80.92	80.92
90716 00	Medicine	-	-	172.04	172.04

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
90717 00	Medicine	-	-	191.76	191.76
90723 00	Medicine	-	-	115.60	115.60
90732 00	Medicine	-	-	272.00	272.00
90733 00	Medicine	-	-	137.36	137.36
90734 00	Medicine	-	-	168.64	168.64
90736 00	Medicine	-	-	212.16	212.16
90738 00	Medicine	-	-	303.96	303.96
90739 00	Medicine	-	-	361.76	361.76
90740 00	Medicine	-	-	334.56	334.56
90743 00	Medicine	-	-	153.00	153.00
90744 00	Medicine	-	-	67.32	67.32
90746 00	Medicine	-	-	153.00	153.00
90747 00	Medicine	-	-	334.56	334.56
90748 00	Medicine	-	-	83.64	83.64
90749 00	Medicine	0.00	0.00	BR	BR
90750 00	Medicine	-	-	217.60	217.60
90756 00	Medicine	-	-	35.36	35.36
90758 00	Medicine	0.00	0.00	BR	BR
90759 00	Medicine	-	-	150.28	150.28
90785 00	Medicine	0.44	0.35	29.92	23.80
90791 00	Medicine	5.19	4.11	352.92	279.48
90792 00	Medicine	6.05	4.77	411.40	324.36
90832 00	Medicine	2.57	2.08	174.76	141.44
90833 00	Medicine	2.44	1.97	165.92	133.96
90834 00	Medicine	3.41	2.75	231.88	187.00
90836 00	Medicine	3.09	2.49	210.12	169.32
90837 00	Medicine	5.00	4.05	340.00	275.40
90838 00	Medicine	4.09	3.30	278.12	224.40
90839 00	Medicine	4.80	3.88	326.40	263.84
90840 00	Medicine	2.31	1.87	157.08	127.16
90845 00	Medicine	3.27	2.64	222.36	179.52
90846 00	Medicine	3.17	2.97	215.56	201.96
90847 00	Medicine	3.28	3.08	223.04	209.44
90849 00	Medicine	1.21	0.90	82.28	61.20
90853 00	Medicine	0.91	0.73	61.88	49.64
90863 00	Medicine	0.78	0.62	53.04	42.16
90865 00	Medicine	5.11	3.43	347.48	233.24
90867 00	Medicine	-	-	1117.24	1117.24
90868 00	Medicine	-	-	726.24	726.24
90869 00	Medicine	-	-	3351.04	3351.04

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
90870 00	Medicine	5.45	2.95	370.60	200.60
90875 00	Medicine	1.81	1.54	123.08	104.72
90876 00	Medicine	3.19	2.43	216.92	165.24
90880 00	Medicine	3.11	2.38	211.48	161.84
90882 00	Medicine	-	-	97.92	97.92
90885 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
90887 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
90889 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
90899 00	Medicine	0.00	0.00	BR	BR
90901 00	Medicine	1.23	0.49	83.64	33.32
90912 00	Medicine	2.46	1.12	167.28	76.16
90913 00	Medicine	0.98	0.63	66.64	42.84
90935 00	Medicine	1.84	1.84	125.12	125.12
90937 00	Medicine	2.65	2.65	180.20	180.20
90940 00	Medicine	-	-	41.48	41.48
90945 00	Medicine	2.31	2.31	157.08	157.08
90947 00	Medicine	3.18	3.18	216.24	216.24
90951 00	Medicine	35.44	35.44	2409.92	2409.92
90952 00	Medicine	0.00	0.00	BR	BR
90953 00	Medicine	-	-	105.40	105.40
90954 00	Medicine	30.97	30.97	2105.96	2105.96
90955 00	Medicine	16.12	16.12	1096.16	1096.16
90956 00	Medicine	10.98	10.98	746.64	746.64
90957 00	Medicine	23.86	23.86	1622.48	1622.48
90958 00	Medicine	15.53	15.53	1056.04	1056.04
90959 00	Medicine	10.15	10.15	690.20	690.20
90960 00	Medicine	11.16	11.16	758.88	758.88
90961 00	Medicine	9.30	9.30	632.40	632.40
90962 00	Medicine	6.44	6.44	437.92	437.92
90963 00	Medicine	18.75	18.75	1275.00	1275.00
90964 00	Medicine	15.99	15.99	1087.32	1087.32
90965 00	Medicine	15.45	15.45	1050.60	1050.60
90966 00	Medicine	9.29	9.29	631.72	631.72
90967 00	Medicine	0.55	0.55	37.40	37.40
90968 00	Medicine	0.53	0.53	36.04	36.04
90969 00	Medicine	0.52	0.52	35.36	35.36
90970 00	Medicine	0.30	0.30	20.40	20.40
90989 00	Medicine	-	-	655.52	655.52
90993 00	Medicine	-	-	93.16	93.16
90997 00	Medicine	2.28	2.28	155.04	155.04

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
90999 00	Medicine	0.00	0.00	BR	BR
91010 00	Medicine	7.36	7.36	500.48	500.48
91010 26	Medicine	2.03	2.03	138.04	138.04
91010 TC	Medicine	5.33	5.33	362.44	362.44
91013 00	Medicine	0.85	0.85	57.80	57.80
91013 26	Medicine	0.29	0.29	19.72	19.72
91013 TC	Medicine	0.56	0.56	38.08	38.08
91020 00	Medicine	9.24	9.24	628.32	628.32
91020 26	Medicine	2.28	2.28	155.04	155.04
91020 TC	Medicine	6.96	6.96	473.28	473.28
91022 00	Medicine	5.81	5.81	395.08	395.08
91022 26	Medicine	2.28	2.28	155.04	155.04
91022 TC	Medicine	3.53	3.53	240.04	240.04
91030 00	Medicine	4.87	4.87	331.16	331.16
91030 26	Medicine	1.44	1.44	97.92	97.92
91030 TC	Medicine	3.43	3.43	233.24	233.24
91034 00	Medicine	6.06	6.06	412.08	412.08
91034 26	Medicine	1.51	1.51	102.68	102.68
91034 TC	Medicine	4.55	4.55	309.40	309.40
91035 00	Medicine	15.04	15.04	1022.72	1022.72
91035 26	Medicine	2.55	2.55	173.40	173.40
91035 TC	Medicine	12.49	12.49	849.32	849.32
91037 00	Medicine	5.61	5.61	381.48	381.48
91037 26	Medicine	1.54	1.54	104.72	104.72
91037 TC	Medicine	4.07	4.07	276.76	276.76
91038 00	Medicine	13.35	13.35	907.80	907.80
91038 26	Medicine	1.79	1.79	121.72	121.72
91038 TC	Medicine	11.56	11.56	786.08	786.08
91040 00	Medicine	17.27	17.27	1174.36	1174.36
91040 26	Medicine	1.54	1.54	104.72	104.72
91040 TC	Medicine	15.73	15.73	1069.64	1069.64
91065 00	Medicine	1.93	1.93	131.24	131.24
91065 26	Medicine	0.29	0.29	19.72	19.72
91065 TC	Medicine	1.64	1.64	111.52	111.52
91110 00	Medicine	24.02	24.02	1633.36	1633.36
91110 26	Medicine	3.53	3.53	240.04	240.04
91110 TC	Medicine	20.49	20.49	1393.32	1393.32
91111 00	Medicine	28.65	28.65	1948.20	1948.20
91111 26	Medicine	1.43	1.43	97.24	97.24
91111 TC	Medicine	27.22	27.22	1850.96	1850.96

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
91112 00	Medicine	52.91	52.91	3597.88	3597.88
91112 26	Medicine	3.32	3.32	225.76	225.76
91112 TC	Medicine	49.59	49.59	3372.12	3372.12
91113 00	Medicine	29.50	29.50	2006.00	2006.00
91113 26	Medicine	3.81	3.81	259.08	259.08
91113 TC	Medicine	25.69	25.69	1746.92	1746.92
91117 00	Medicine	3.65	3.65	248.20	248.20
91124 00	Medicine	23.01	23.01	1564.68	1564.68
91124 26	Medicine	4.90	4.90	333.20	333.20
91124 TC	Medicine	18.11	18.11	1231.48	1231.48
91125 00	Medicine	10.40	10.40	707.20	707.20
91125 26	Medicine	4.26	4.26	289.68	289.68
91125 TC	Medicine	6.14	6.14	417.52	417.52
91132 00	Medicine	14.54	14.54	988.72	988.72
91132 26	Medicine	0.83	0.83	56.44	56.44
91132 TC	Medicine	13.71	13.71	932.28	932.28
91133 00	Medicine	15.22	15.22	1034.96	1034.96
91133 26	Medicine	1.03	1.03	70.04	70.04
91133 TC	Medicine	14.19	14.19	964.92	964.92
91200 00	Medicine	1.01	1.01	68.68	68.68
91200 26	Medicine	0.33	0.33	22.44	22.44
91200 TC	Medicine	0.68	0.68	46.24	46.24
91299 00	Medicine	0.00	0.00	BR	BR
91299 26	Medicine	0.00	0.00	BR	BR
91299 TC	Medicine	0.00	0.00	BR	BR
91304 00	Medicine	-	-	391.00	391.00
91318 00	Medicine	-	-	78.20	78.20
91319 00	Medicine	-	-	193.12	193.12
91320 00	Medicine	-	-	342.72	342.72
91321 00	Medicine	-	-	299.20	299.20
91322 00	Medicine	-	-	329.12	329.12
91323 00	Medicine	-	-	411.40	411.40
92002 00	Medicine	2.54	1.13	172.72	76.84
92004 00	Medicine	4.48	2.33	304.64	158.44
92012 00	Medicine	2.71	1.24	184.28	84.32
92014 00	Medicine	3.81	1.86	259.08	126.48
92015 00	Medicine	0.57	0.47	38.76	31.96
92018 00	Medicine	3.39	3.39	230.52	230.52
92019 00	Medicine	1.76	1.76	119.68	119.68
92020 00	Medicine	0.80	0.49	54.40	33.32

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
92025 00	Medicine	1.11	1.11	75.48	75.48
92025 26	Medicine	0.58	0.58	39.44	39.44
92025 TC	Medicine	0.53	0.53	36.04	36.04
92060 00	Medicine	1.92	1.92	130.56	130.56
92060 26	Medicine	1.08	1.08	73.44	73.44
92060 TC	Medicine	0.84	0.84	57.12	57.12
92065 00	Medicine	1.15	0.82	78.20	55.76
92066 00	Medicine	0.78	0.78	53.04	53.04
92071 00	Medicine	1.07	0.78	72.76	53.04
92072 00	Medicine	3.60	2.29	244.80	155.72
92081 00	Medicine	1.01	1.01	68.68	68.68
92081 26	Medicine	0.47	0.47	31.96	31.96
92081 TC	Medicine	0.54	0.54	36.72	36.72
92082 00	Medicine	1.42	1.42	96.56	96.56
92082 26	Medicine	0.61	0.61	41.48	41.48
92082 TC	Medicine	0.81	0.81	55.08	55.08
92083 00	Medicine	1.91	1.91	129.88	129.88
92083 26	Medicine	0.79	0.79	53.72	53.72
92083 TC	Medicine	1.12	1.12	76.16	76.16
92100 00	Medicine	2.53	0.78	172.04	53.04
92132 00	Medicine	0.89	0.89	60.52	60.52
92132 26	Medicine	0.46	0.46	31.28	31.28
92132 TC	Medicine	0.43	0.43	29.24	29.24
92133 00	Medicine	0.92	0.92	62.56	62.56
92133 26	Medicine	0.49	0.49	33.32	33.32
92133 TC	Medicine	0.43	0.43	29.24	29.24
92134 00	Medicine	0.98	0.98	66.64	66.64
92134 26	Medicine	0.53	0.53	36.04	36.04
92134 TC	Medicine	0.45	0.45	30.60	30.60
92136 00	Medicine	1.44	1.44	97.92	97.92
92136 26	Medicine	0.90	0.90	61.20	61.20
92136 TC	Medicine	0.54	0.54	36.72	36.72
92137 00	Medicine	1.79	1.79	121.72	121.72
92137 26	Medicine	1.04	1.04	70.72	70.72
92137 TC	Medicine	0.75	0.75	51.00	51.00
92145 00	Medicine	0.41	0.41	27.88	27.88
92145 26	Medicine	0.17	0.17	11.56	11.56
92145 TC	Medicine	0.24	0.24	16.32	16.32
92201 00	Medicine	0.75	0.55	51.00	37.40
92202 00	Medicine	0.47	0.35	31.96	23.80

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
92227 00	Medicine	0.56	0.56	38.08	38.08
92228 00	Medicine	0.91	0.91	61.88	61.88
92228 26	Medicine	0.49	0.49	33.32	33.32
92228 TC	Medicine	0.42	0.42	28.56	28.56
92229 00	Medicine	1.40	1.40	95.20	95.20
92230 00	Medicine	3.98	0.80	270.64	54.40
92235 00	Medicine	4.86	4.86	330.48	330.48
92235 26	Medicine	1.25	1.25	85.00	85.00
92235 TC	Medicine	3.61	3.61	245.48	245.48
92240 00	Medicine	7.35	7.35	499.80	499.80
92240 26	Medicine	1.40	1.40	95.20	95.20
92240 TC	Medicine	5.95	5.95	404.60	404.60
92242 00	Medicine	10.07	10.07	684.76	684.76
92242 26	Medicine	1.61	1.61	109.48	109.48
92242 TC	Medicine	8.46	8.46	575.28	575.28
92250 00	Medicine	1.11	1.11	75.48	75.48
92250 26	Medicine	0.61	0.61	41.48	41.48
92250 TC	Medicine	0.50	0.50	34.00	34.00
92260 00	Medicine	0.56	0.27	38.08	18.36
92265 00	Medicine	2.64	2.64	179.52	179.52
92265 26	Medicine	1.35	1.35	91.80	91.80
92265 TC	Medicine	1.29	1.29	87.72	87.72
92270 00	Medicine	3.77	3.77	256.36	256.36
92270 26	Medicine	1.26	1.26	85.68	85.68
92270 TC	Medicine	2.51	2.51	170.68	170.68
92273 00	Medicine	3.69	3.69	250.92	250.92
92273 26	Medicine	1.03	1.03	70.04	70.04
92273 TC	Medicine	2.66	2.66	180.88	180.88
92274 00	Medicine	2.76	2.76	187.68	187.68
92274 26	Medicine	0.98	0.98	66.64	66.64
92274 TC	Medicine	1.78	1.78	121.04	121.04
92283 00	Medicine	1.65	1.65	112.20	112.20
92283 26	Medicine	0.26	0.26	17.68	17.68
92283 TC	Medicine	1.39	1.39	94.52	94.52
92284 00	Medicine	0.99	0.99	67.32	67.32
92284 26	Medicine	0.41	0.41	27.88	27.88
92284 TC	Medicine	0.58	0.58	39.44	39.44
92285 00	Medicine	0.71	0.71	48.28	48.28
92285 26	Medicine	0.09	0.09	6.12	6.12
92285 TC	Medicine	0.62	0.62	42.16	42.16

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
92286 00	Medicine	1.18	1.18	80.24	80.24
92286 26	Medicine	0.63	0.63	42.84	42.84
92286 TC	Medicine	0.55	0.55	37.40	37.40
92287 00	Medicine	4.05	4.05	275.40	275.40
92287 26	Medicine	0.67	0.67	45.56	45.56
92287 TC	Medicine	3.38	3.38	229.84	229.84
92288 00	Medicine	0.71	0.71	48.28	48.28
92310 00	Medicine	3.02	1.46	205.36	99.28
92311 00	Medicine	2.96	1.26	201.28	85.68
92312 00	Medicine	3.39	1.47	230.52	99.96
92313 00	Medicine	2.86	1.07	194.48	72.76
92314 00	Medicine	2.64	0.86	179.52	58.48
92315 00	Medicine	2.37	0.53	161.16	36.04
92316 00	Medicine	2.93	0.79	199.24	53.72
92317 00	Medicine	2.50	0.53	170.00	36.04
92325 00	Medicine	1.40	1.40	95.20	95.20
92326 00	Medicine	1.17	1.17	79.56	79.56
92340 00	Medicine	1.07	0.46	72.76	31.28
92341 00	Medicine	1.22	0.59	82.96	40.12
92342 00	Medicine	1.31	0.66	89.08	44.88
92352 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92353 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92354 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92355 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92358 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92370 00	Medicine	0.92	0.40	62.56	27.20
92371 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92499 00	Medicine	0.00	0.00	BR	BR
92499 26	Medicine	0.00	0.00	BR	BR
92499 TC	Medicine	0.00	0.00	BR	BR
92502 00	Medicine	2.59	2.59	176.12	176.12
92504 00	Medicine	0.86	0.23	58.48	15.64
92507 00	Medicine	2.28	2.28	155.04	155.04
92508 00	Medicine	0.72	0.72	48.96	48.96
92511 00	Medicine	3.47	0.98	235.96	66.64
92512 00	Medicine	1.95	0.70	132.60	47.60
92516 00	Medicine	2.25	0.56	153.00	38.08
92517 00	Medicine	2.20	1.01	149.60	68.68
92518 00	Medicine	2.25	1.04	153.00	70.72
92519 00	Medicine	3.52	1.53	239.36	104.04

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
92520 00	Medicine	2.72	0.97	184.96	65.96
92521 00	Medicine	3.99	3.99	271.32	271.32
92522 00	Medicine	3.35	3.35	227.80	227.80
92523 00	Medicine	6.78	6.78	461.04	461.04
92524 00	Medicine	3.28	3.28	223.04	223.04
92526 00	Medicine	2.52	2.52	171.36	171.36
92531 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92532 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92533 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92534 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92537 00	Medicine	1.18	1.18	80.24	80.24
92537 26	Medicine	0.91	0.91	61.88	61.88
92537 TC	Medicine	0.27	0.27	18.36	18.36
92538 00	Medicine	0.65	0.65	44.20	44.20
92538 26	Medicine	0.46	0.46	31.28	31.28
92538 TC	Medicine	0.19	0.19	12.92	12.92
92540 00	Medicine	3.10	3.10	210.80	210.80
92540 26	Medicine	2.23	2.23	151.64	151.64
92540 TC	Medicine	0.87	0.87	59.16	59.16
92541 00	Medicine	0.74	0.74	50.32	50.32
92541 26	Medicine	0.61	0.61	41.48	41.48
92541 TC	Medicine	0.13	0.13	8.84	8.84
92542 00	Medicine	0.85	0.85	57.80	57.80
92542 26	Medicine	0.73	0.73	49.64	49.64
92542 TC	Medicine	0.12	0.12	8.16	8.16
92544 00	Medicine	0.53	0.53	36.04	36.04
92544 26	Medicine	0.42	0.42	28.56	28.56
92544 TC	Medicine	0.11	0.11	7.48	7.48
92545 00	Medicine	0.50	0.50	34.00	34.00
92545 26	Medicine	0.39	0.39	26.52	26.52
92545 TC	Medicine	0.11	0.11	7.48	7.48
92546 00	Medicine	4.03	4.03	274.04	274.04
92546 26	Medicine	0.44	0.44	29.92	29.92
92546 TC	Medicine	3.59	3.59	244.12	244.12
92547 00	Medicine	0.33	0.33	22.44	22.44
92548 00	Medicine	1.42	1.42	96.56	96.56
92548 26	Medicine	0.99	0.99	67.32	67.32
92548 TC	Medicine	0.43	0.43	29.24	29.24
92549 00	Medicine	1.87	1.87	127.16	127.16
92549 26	Medicine	1.29	1.29	87.72	87.72

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
92549 TC	Medicine	0.58	0.58	39.44	39.44
92550 00	Medicine	0.65	0.65	44.20	44.20
92551 00	Medicine	0.40	0.40	27.20	27.20
92552 00	Medicine	1.21	1.21	82.28	82.28
92553 00	Medicine	1.47	1.47	99.96	99.96
92555 00	Medicine	0.89	0.89	60.52	60.52
92556 00	Medicine	1.39	1.39	94.52	94.52
92557 00	Medicine	1.07	0.77	72.76	52.36
92558 00	Medicine	0.29	0.22	19.72	14.96
92562 00	Medicine	1.47	1.47	99.96	99.96
92563 00	Medicine	1.07	1.07	72.76	72.76
92565 00	Medicine	0.67	0.67	45.56	45.56
92567 00	Medicine	0.48	0.26	32.64	17.68
92568 00	Medicine	0.46	0.38	31.28	25.84
92570 00	Medicine	0.94	0.71	63.92	48.28
92571 00	Medicine	0.93	0.93	63.24	63.24
92572 00	Medicine	1.81	1.81	123.08	123.08
92575 00	Medicine	2.21	2.21	150.28	150.28
92576 00	Medicine	1.27	1.27	86.36	86.36
92577 00	Medicine	0.68	0.68	46.24	46.24
92579 00	Medicine	1.29	0.89	87.72	60.52
92582 00	Medicine	2.60	2.60	176.80	176.80
92583 00	Medicine	1.84	1.84	125.12	125.12
92584 00	Medicine	3.15	3.15	214.20	214.20
92587 00	Medicine	0.66	0.66	44.88	44.88
92587 26	Medicine	0.55	0.55	37.40	37.40
92587 TC	Medicine	0.11	0.11	7.48	7.48
92588 00	Medicine	1.01	1.01	68.68	68.68
92588 26	Medicine	0.86	0.86	58.48	58.48
92588 TC	Medicine	0.15	0.15	10.20	10.20
92596 00	Medicine	2.34	2.34	159.12	159.12
92597 00	Medicine	2.13	2.13	144.84	144.84
92601 00	Medicine	4.62	2.94	314.16	199.92
92602 00	Medicine	2.91	1.67	197.88	113.56
92603 00	Medicine	4.36	2.87	296.48	195.16
92604 00	Medicine	2.62	1.60	178.16	108.80
92605 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92606 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92607 00	Medicine	3.66	3.66	248.88	248.88
92608 00	Medicine	1.43	1.43	97.24	97.24

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
92609 00	Medicine	3.07	3.07	208.76	208.76
92610 00	Medicine	2.54	1.73	172.72	117.64
92611 00	Medicine	2.74	2.74	186.32	186.32
92612 00	Medicine	5.98	1.62	406.64	110.16
92613 00	Medicine	1.07	0.90	72.76	61.20
92614 00	Medicine	4.54	1.62	308.72	110.16
92615 00	Medicine	0.96	0.80	65.28	54.40
92616 00	Medicine	6.85	2.39	465.80	162.52
92617 00	Medicine	1.19	1.01	80.92	68.68
92618 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92620 00	Medicine	2.65	1.92	180.20	130.56
92621 00	Medicine	0.63	0.45	42.84	30.60
92622 00	Medicine	2.32	1.61	157.76	109.48
92623 00	Medicine	0.60	0.42	40.80	28.56
92625 00	Medicine	1.97	1.48	133.96	100.64
92626 00	Medicine	2.52	1.79	171.36	121.72
92627 00	Medicine	0.60	0.42	40.80	28.56
92628 00	Medicine	0.00	0.00	BR	BR
92629 00	Medicine	0.00	0.00	BR	BR
92630 00	Medicine	-	-	112.88	112.88
92631 00	Medicine	0.00	0.00	BR	BR
92632 00	Medicine	0.00	0.00	BR	BR
92633 00	Medicine	-	-	102.68	102.68
92634 00	Medicine	0.00	0.00	BR	BR
92635 00	Medicine	0.00	0.00	BR	BR
92636 00	Medicine	0.00	0.00	BR	BR
92637 00	Medicine	0.00	0.00	BR	BR
92638 00	Medicine	0.00	0.00	BR	BR
92639 00	Medicine	0.00	0.00	BR	BR
92640 00	Medicine	3.18	2.25	216.24	153.00
92641 00	Medicine	0.00	0.00	BR	BR
92642 00	Medicine	0.00	0.00	BR	BR
92650 00	Medicine	0.81	0.64	55.08	43.52
92651 00	Medicine	2.40	2.40	163.20	163.20
92652 00	Medicine	3.23	3.23	219.64	219.64
92653 00	Medicine	2.40	2.40	163.20	163.20
92700 00	Medicine	0.00	0.00	BR	BR
92920 00	Medicine	11.59	11.59	788.12	788.12
92924 00	Medicine	14.05	14.05	955.40	955.40
92928 00	Medicine	13.89	13.89	944.52	944.52

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
92930 00	Medicine	15.13	15.13	1028.84	1028.84
92933 00	Medicine	16.57	16.57	1126.76	1126.76
92937 00	Medicine	15.68	15.68	1066.24	1066.24
92941 00	Medicine	17.65	17.65	1200.20	1200.20
92943 00	Medicine	18.98	18.98	1290.64	1290.64
92945 00	Medicine	18.92	18.92	1286.56	1286.56
92950 00	Medicine	11.35	5.10	771.80	346.80
92953 00	Medicine	0.03	0.03	2.04	2.04
92960 00	Medicine	4.63	2.84	314.84	193.12
92961 00	Medicine	6.45	6.45	438.60	438.60
92970 00	Medicine	4.88	4.88	331.84	331.84
92971 00	Medicine	2.62	2.62	178.16	178.16
92972 00	Medicine	3.66	3.66	248.88	248.88
92973 00	Medicine	2.44	2.44	165.92	165.92
92974 00	Medicine	4.15	4.15	282.20	282.20
92978 00	Medicine	-	-	539.92	539.92
92978 26	Medicine	2.78	2.78	189.04	189.04
92978 TC	Medicine	-	-	350.88	350.88
92979 00	Medicine	-	-	325.04	325.04
92979 26	Medicine	2.20	2.20	149.60	149.60
92979 TC	Medicine	-	-	175.44	175.44
92986 00	Medicine	34.97	34.97	2377.96	2377.96
92987 00	Medicine	36.08	36.08	2453.44	2453.44
92990 00	Medicine	28.92	28.92	1966.56	1966.56
92997 00	Medicine	16.39	16.39	1114.52	1114.52
92998 00	Medicine	8.23	8.23	559.64	559.64
93000 00	Medicine	0.46	0.46	31.28	31.28
93005 00	Medicine	0.21	0.21	14.28	14.28
93010 00	Medicine	0.25	0.25	17.00	17.00
93015 00	Medicine	2.20	2.20	149.60	149.60
93016 00	Medicine	0.62	0.62	42.16	42.16
93017 00	Medicine	1.17	1.17	79.56	79.56
93018 00	Medicine	0.41	0.41	27.88	27.88
93024 00	Medicine	3.44	3.44	233.92	233.92
93024 26	Medicine	1.61	1.61	109.48	109.48
93024 TC	Medicine	1.83	1.83	124.44	124.44
93025 00	Medicine	4.07	4.07	276.76	276.76
93025 26	Medicine	1.12	1.12	76.16	76.16
93025 TC	Medicine	2.95	2.95	200.60	200.60
93040 00	Medicine	0.45	0.45	30.60	30.60

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
93041 00	Medicine	0.24	0.24	16.32	16.32
93042 00	Medicine	0.21	0.21	14.28	14.28
93050 00	Medicine	0.51	0.51	34.68	34.68
93050 26	Medicine	0.25	0.25	17.00	17.00
93050 TC	Medicine	0.26	0.26	17.68	17.68
93145 00	Medicine	1.64	0.83	111.52	56.44
93146 00	Medicine	2.48	1.17	168.64	79.56
93150 00	Medicine	3.32	1.09	225.76	74.12
93151 00	Medicine	2.83	1.03	192.44	70.04
93152 00	Medicine	4.36	2.27	296.48	154.36
93153 00	Medicine	1.74	0.56	118.32	38.08
93224 00	Medicine	2.11	2.11	143.48	143.48
93225 00	Medicine	0.54	0.54	36.72	36.72
93226 00	Medicine	1.04	1.04	70.72	70.72
93227 00	Medicine	0.53	0.53	36.04	36.04
93228 00	Medicine	0.75	0.75	51.00	51.00
93229 00	Medicine	22.71	22.71	1544.28	1544.28
93241 00	Medicine	8.36	8.36	568.48	568.48
93242 00	Medicine	0.35	0.35	23.80	23.80
93243 00	Medicine	7.33	7.33	498.44	498.44
93244 00	Medicine	0.68	0.68	46.24	46.24
93245 00	Medicine	8.67	8.67	589.56	589.56
93246 00	Medicine	0.35	0.35	23.80	23.80
93247 00	Medicine	7.58	7.58	515.44	515.44
93248 00	Medicine	0.74	0.74	50.32	50.32
93260 00	Medicine	2.26	2.26	153.68	153.68
93260 26	Medicine	1.22	1.22	82.96	82.96
93260 TC	Medicine	1.04	1.04	70.72	70.72
93261 00	Medicine	2.09	2.09	142.12	142.12
93261 26	Medicine	1.06	1.06	72.08	72.08
93261 TC	Medicine	1.03	1.03	70.04	70.04
93264 00	Medicine	1.58	0.89	107.44	60.52
93268 00	Medicine	5.08	5.08	345.44	345.44
93270 00	Medicine	0.25	0.25	17.00	17.00
93271 00	Medicine	4.12	4.12	280.16	280.16
93272 00	Medicine	0.71	0.71	48.28	48.28
93278 00	Medicine	0.99	0.99	67.32	67.32
93278 26	Medicine	0.37	0.37	25.16	25.16
93278 TC	Medicine	0.62	0.62	42.16	42.16
93279 00	Medicine	2.00	2.00	136.00	136.00

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
93279 26	Medicine	0.92	0.92	62.56	62.56
93279 TC	Medicine	1.08	1.08	73.44	73.44
93280 00	Medicine	2.35	2.35	159.80	159.80
93280 26	Medicine	1.10	1.10	74.80	74.80
93280 TC	Medicine	1.25	1.25	85.00	85.00
93281 00	Medicine	2.48	2.48	168.64	168.64
93281 26	Medicine	1.22	1.22	82.96	82.96
93281 TC	Medicine	1.26	1.26	85.68	85.68
93282 00	Medicine	2.35	2.35	159.80	159.80
93282 26	Medicine	1.21	1.21	82.28	82.28
93282 TC	Medicine	1.14	1.14	77.52	77.52
93283 00	Medicine	2.89	2.89	196.52	196.52
93283 26	Medicine	1.63	1.63	110.84	110.84
93283 TC	Medicine	1.26	1.26	85.68	85.68
93284 00	Medicine	3.12	3.12	212.16	212.16
93284 26	Medicine	1.77	1.77	120.36	120.36
93284 TC	Medicine	1.35	1.35	91.80	91.80
93285 00	Medicine	1.78	1.78	121.04	121.04
93285 26	Medicine	0.75	0.75	51.00	51.00
93285 TC	Medicine	1.03	1.03	70.04	70.04
93286 00	Medicine	1.33	1.33	90.44	90.44
93286 26	Medicine	0.43	0.43	29.24	29.24
93286 TC	Medicine	0.90	0.90	61.20	61.20
93287 00	Medicine	1.55	1.55	105.40	105.40
93287 26	Medicine	0.65	0.65	44.20	44.20
93287 TC	Medicine	0.90	0.90	61.20	61.20
93288 00	Medicine	1.66	1.66	112.88	112.88
93288 26	Medicine	0.60	0.60	40.80	40.80
93288 TC	Medicine	1.06	1.06	72.08	72.08
93289 00	Medicine	2.13	2.13	144.84	144.84
93289 26	Medicine	1.06	1.06	72.08	72.08
93289 TC	Medicine	1.07	1.07	72.76	72.76
93290 00	Medicine	1.57	1.57	106.76	106.76
93290 26	Medicine	0.61	0.61	41.48	41.48
93290 TC	Medicine	0.96	0.96	65.28	65.28
93291 00	Medicine	1.44	1.44	97.92	97.92
93291 26	Medicine	0.52	0.52	35.36	35.36
93291 TC	Medicine	0.92	0.92	62.56	62.56
93292 00	Medicine	1.54	1.54	104.72	104.72
93292 26	Medicine	0.61	0.61	41.48	41.48

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
93292 TC	Medicine	0.93	0.93	63.24	63.24
93293 00	Medicine	1.19	1.19	80.92	80.92
93293 26	Medicine	0.40	0.40	27.20	27.20
93293 TC	Medicine	0.79	0.79	53.72	53.72
93294 00	Medicine	0.88	0.88	59.84	59.84
93295 00	Medicine	1.08	1.08	73.44	73.44
93296 00	Medicine	0.95	0.95	64.60	64.60
93297 00	Medicine	1.82	1.82	123.76	123.76
93297 26	Medicine	0.73	0.73	49.64	49.64
93297 TC	Medicine	1.09	1.09	74.12	74.12
93298 00	Medicine	3.09	3.09	210.12	210.12
93298 26	Medicine	0.73	0.73	49.64	49.64
93298 TC	Medicine	2.36	2.36	160.48	160.48
93303 00	Medicine	6.60	6.60	448.80	448.80
93303 26	Medicine	1.80	1.80	122.40	122.40
93303 TC	Medicine	4.80	4.80	326.40	326.40
93304 00	Medicine	4.60	4.60	312.80	312.80
93304 26	Medicine	1.04	1.04	70.72	70.72
93304 TC	Medicine	3.56	3.56	242.08	242.08
93306 00	Medicine	5.89	5.89	400.52	400.52
93306 26	Medicine	2.02	2.02	137.36	137.36
93306 TC	Medicine	3.87	3.87	263.16	263.16
93307 00	Medicine	4.13	4.13	280.84	280.84
93307 26	Medicine	1.29	1.29	87.72	87.72
93307 TC	Medicine	2.84	2.84	193.12	193.12
93308 00	Medicine	3.03	3.03	206.04	206.04
93308 26	Medicine	0.74	0.74	50.32	50.32
93308 TC	Medicine	2.29	2.29	155.72	155.72
93312 00	Medicine	7.17	7.17	487.56	487.56
93312 26	Medicine	3.15	3.15	214.20	214.20
93312 TC	Medicine	4.02	4.02	273.36	273.36
93313 00	Medicine	0.31	0.31	21.08	21.08
93314 00	Medicine	6.93	6.93	471.24	471.24
93314 26	Medicine	2.65	2.65	180.20	180.20
93314 TC	Medicine	4.28	4.28	291.04	291.04
93315 00	Medicine	-	-	558.96	558.96
93315 26	Medicine	3.70	3.70	251.60	251.60
93315 TC	Medicine	-	-	307.36	307.36
93316 00	Medicine	0.73	0.73	49.64	49.64
93317 00	Medicine	-	-	499.12	499.12

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
93317 26	Medicine	2.57	2.57	174.76	174.76
93317 TC	Medicine	-	-	324.36	324.36
93318 00	Medicine	-	-	592.28	592.28
93318 26	Medicine	3.05	3.05	207.40	207.40
93318 TC	Medicine	-	-	384.88	384.88
93319 00	Medicine	1.67	0.62	113.56	42.16
93320 00	Medicine	1.54	1.54	104.72	104.72
93320 26	Medicine	0.52	0.52	35.36	35.36
93320 TC	Medicine	1.02	1.02	69.36	69.36
93321 00	Medicine	0.76	0.76	51.68	51.68
93321 26	Medicine	0.22	0.22	14.96	14.96
93321 TC	Medicine	0.54	0.54	36.72	36.72
93325 00	Medicine	0.71	0.71	48.28	48.28
93325 26	Medicine	0.10	0.10	6.80	6.80
93325 TC	Medicine	0.61	0.61	41.48	41.48
93350 00	Medicine	5.55	5.55	377.40	377.40
93350 26	Medicine	2.02	2.02	137.36	137.36
93350 TC	Medicine	3.53	3.53	240.04	240.04
93351 00	Medicine	6.99	6.99	475.32	475.32
93351 26	Medicine	2.43	2.43	165.24	165.24
93351 TC	Medicine	4.56	4.56	310.08	310.08
93352 00	Medicine	1.07	1.07	72.76	72.76
93355 00	Medicine	5.75	5.75	391.00	391.00
93356 00	Medicine	1.10	0.30	74.80	20.40
93451 00	Medicine	25.49	25.49	1733.32	1733.32
93451 26	Medicine	3.83	3.83	260.44	260.44
93451 TC	Medicine	21.66	21.66	1472.88	1472.88
93452 00	Medicine	26.23	26.23	1783.64	1783.64
93452 26	Medicine	6.92	6.92	470.56	470.56
93452 TC	Medicine	19.31	19.31	1313.08	1313.08
93453 00	Medicine	33.38	33.38	2269.84	2269.84
93453 26	Medicine	9.22	9.22	626.96	626.96
93453 TC	Medicine	24.16	24.16	1642.88	1642.88
93454 00	Medicine	26.28	26.28	1787.04	1787.04
93454 26	Medicine	6.98	6.98	474.64	474.64
93454 TC	Medicine	19.30	19.30	1312.40	1312.40
93455 00	Medicine	29.32	29.32	1993.76	1993.76
93455 26	Medicine	8.14	8.14	553.52	553.52
93455 TC	Medicine	21.18	21.18	1440.24	1440.24
93456 00	Medicine	32.74	32.74	2226.32	2226.32

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
93456 26	Medicine	9.07	9.07	616.76	616.76
93456 TC	Medicine	23.67	23.67	1609.56	1609.56
93457 00	Medicine	35.73	35.73	2429.64	2429.64
93457 26	Medicine	10.21	10.21	694.28	694.28
93457 TC	Medicine	25.52	25.52	1735.36	1735.36
93458 00	Medicine	30.24	30.24	2056.32	2056.32
93458 26	Medicine	8.60	8.60	584.80	584.80
93458 TC	Medicine	21.64	21.64	1471.52	1471.52
93459 00	Medicine	32.56	32.56	2214.08	2214.08
93459 26	Medicine	9.76	9.76	663.68	663.68
93459 TC	Medicine	22.80	22.80	1550.40	1550.40
93460 00	Medicine	36.10	36.10	2454.80	2454.80
93460 26	Medicine	10.89	10.89	740.52	740.52
93460 TC	Medicine	25.21	25.21	1714.28	1714.28
93461 00	Medicine	39.79	39.79	2705.72	2705.72
93461 26	Medicine	12.03	12.03	818.04	818.04
93461 TC	Medicine	27.76	27.76	1887.68	1887.68
93462 00	Medicine	6.10	5.30	414.80	360.40
93463 00	Medicine	2.87	2.48	195.16	168.64
93464 00	Medicine	6.68	6.68	454.24	454.24
93464 26	Medicine	2.62	2.62	178.16	178.16
93464 TC	Medicine	4.06	4.06	276.08	276.08
93503 00	Medicine	2.44	2.44	165.92	165.92
93505 00	Medicine	19.42	19.42	1320.56	1320.56
93505 26	Medicine	6.55	6.55	445.40	445.40
93505 TC	Medicine	12.87	12.87	875.16	875.16
93563 00	Medicine	1.51	1.33	102.68	90.44
93564 00	Medicine	1.60	1.42	108.80	96.56
93565 00	Medicine	0.79	0.70	53.72	47.60
93566 00	Medicine	0.76	0.67	51.68	45.56
93567 00	Medicine	1.10	0.97	74.80	65.96
93568 00	Medicine	1.37	1.21	93.16	82.28
93569 00	Medicine	1.11	0.97	75.48	65.96
93571 00	Medicine	-	-	539.92	539.92
93571 26	Medicine	2.78	2.78	189.04	189.04
93571 TC	Medicine	-	-	350.88	350.88
93572 00	Medicine	-	-	318.24	318.24
93572 26	Medicine	2.20	2.20	149.60	149.60
93572 TC	Medicine	-	-	168.64	168.64
93573 00	Medicine	1.83	1.59	124.44	108.12

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
93574 00	Medicine	2.01	1.76	136.68	119.68
93575 00	Medicine	2.70	2.35	183.60	159.80
93580 00	Medicine	25.27	25.27	1718.36	1718.36
93581 00	Medicine	34.30	34.30	2332.40	2332.40
93582 00	Medicine	17.11	17.11	1163.48	1163.48
93583 00	Medicine	19.19	19.19	1304.92	1304.92
93584 00	Medicine	1.46	1.46	99.28	99.28
93585 00	Medicine	1.38	1.38	93.84	93.84
93586 00	Medicine	1.78	1.78	121.04	121.04
93587 00	Medicine	2.59	2.59	176.12	176.12
93588 00	Medicine	2.61	2.61	177.48	177.48
93590 00	Medicine	27.32	27.32	1857.76	1857.76
93591 00	Medicine	22.51	22.51	1530.68	1530.68
93592 00	Medicine	9.79	9.79	665.72	665.72
93593 00	Medicine	0.00	0.00	BR	BR
93593 26	Medicine	5.57	5.57	378.76	378.76
93593 TC	Medicine	0.00	0.00	BR	BR
93594 00	Medicine	0.00	0.00	BR	BR
93594 26	Medicine	8.59	8.59	584.12	584.12
93594 TC	Medicine	0.00	0.00	BR	BR
93595 00	Medicine	0.00	0.00	BR	BR
93595 26	Medicine	7.57	7.57	514.76	514.76
93595 TC	Medicine	0.00	0.00	BR	BR
93596 00	Medicine	-	-	2225.64	2225.64
93596 26	Medicine	9.45	9.45	642.60	642.60
93596 TC	Medicine	-	-	1583.04	1583.04
93597 00	Medicine	-	-	2188.24	2188.24
93597 26	Medicine	12.25	12.25	833.00	833.00
93597 TC	Medicine	-	-	1355.24	1355.24
93598 00	Medicine	0.00	0.00	BR	BR
93598 26	Medicine	1.98	1.98	134.64	134.64
93598 TC	Medicine	0.00	0.00	BR	BR
93600 00	Medicine	-	-	384.20	384.20
93600 26	Medicine	3.39	3.39	230.52	230.52
93600 TC	Medicine	-	-	153.68	153.68
93602 00	Medicine	-	-	316.20	316.20
93602 26	Medicine	3.35	3.35	227.80	227.80
93602 TC	Medicine	-	-	88.40	88.40
93603 00	Medicine	-	-	362.44	362.44
93603 26	Medicine	3.36	3.36	228.48	228.48

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
93603 TC	Medicine	-	-	133.96	133.96
93609 00	Medicine	-	-	757.52	757.52
93609 26	Medicine	8.02	8.02	545.36	545.36
93609 TC	Medicine	-	-	212.16	212.16
93610 00	Medicine	-	-	426.36	426.36
93610 26	Medicine	4.70	4.70	319.60	319.60
93610 TC	Medicine	-	-	106.76	106.76
93612 00	Medicine	-	-	444.04	444.04
93612 26	Medicine	4.70	4.70	319.60	319.60
93612 TC	Medicine	-	-	124.44	124.44
93613 00	Medicine	7.42	7.42	504.56	504.56
93615 00	Medicine	-	-	98.60	98.60
93615 26	Medicine	1.07	1.07	72.76	72.76
93615 TC	Medicine	-	-	25.84	25.84
93616 00	Medicine	-	-	201.96	201.96
93616 26	Medicine	1.75	1.75	119.00	119.00
93616 TC	Medicine	-	-	82.96	82.96
93618 00	Medicine	-	-	717.40	717.40
93618 26	Medicine	6.33	6.33	430.44	430.44
93618 TC	Medicine	-	-	286.96	286.96
93619 00	Medicine	-	-	1342.32	1342.32
93619 26	Medicine	11.25	11.25	765.00	765.00
93619 TC	Medicine	-	-	577.32	577.32
93620 00	Medicine	-	-	1949.56	1949.56
93620 26	Medicine	18.06	18.06	1228.08	1228.08
93620 TC	Medicine	-	-	721.48	721.48
93621 00	Medicine	-	-	703.80	703.80
93621 26	Medicine	2.38	2.38	161.84	161.84
93621 TC	Medicine	-	-	541.96	541.96
93622 00	Medicine	-	-	1402.16	1402.16
93622 26	Medicine	4.95	4.95	336.60	336.60
93622 TC	Medicine	-	-	1065.56	1065.56
93623 00	Medicine	-	-	305.32	305.32
93623 26	Medicine	1.57	1.57	106.76	106.76
93623 TC	Medicine	-	-	198.56	198.56
93624 00	Medicine	-	-	609.96	609.96
93624 26	Medicine	7.00	7.00	476.00	476.00
93624 TC	Medicine	-	-	133.96	133.96
93631 00	Medicine	-	-	1729.24	1729.24
93631 26	Medicine	11.95	11.95	812.60	812.60

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
93631 TC	Medicine	-	-	916.64	916.64
93640 00	Medicine	-	-	877.20	877.20
93640 26	Medicine	5.16	5.16	350.88	350.88
93640 TC	Medicine	-	-	526.32	526.32
93641 00	Medicine	-	-	1156.00	1156.00
93641 26	Medicine	9.01	9.01	612.68	612.68
93641 TC	Medicine	-	-	543.32	543.32
93642 00	Medicine	9.88	9.88	671.84	671.84
93642 26	Medicine	7.38	7.38	501.84	501.84
93642 TC	Medicine	2.50	2.50	170.00	170.00
93644 00	Medicine	5.66	5.66	384.88	384.88
93644 26	Medicine	4.15	4.15	282.20	282.20
93644 TC	Medicine	1.51	1.51	102.68	102.68
93650 00	Medicine	14.88	14.88	1011.84	1011.84
93653 00	Medicine	21.30	21.30	1448.40	1448.40
93654 00	Medicine	25.67	25.67	1745.56	1745.56
93655 00	Medicine	7.81	7.81	531.08	531.08
93656 00	Medicine	24.15	24.15	1642.20	1642.20
93657 00	Medicine	7.81	7.81	531.08	531.08
93660 00	Medicine	5.04	5.04	342.72	342.72
93660 26	Medicine	2.69	2.69	182.92	182.92
93660 TC	Medicine	2.35	2.35	159.80	159.80
93662 00	Medicine	-	-	325.72	325.72
93662 26	Medicine	2.06	2.06	140.08	140.08
93662 TC	Medicine	-	-	185.64	185.64
93668 00	Medicine	0.46	0.46	31.28	31.28
93701 00	Medicine	0.81	0.81	55.08	55.08
93702 00	Medicine	3.97	3.97	269.96	269.96
93724 00	Medicine	8.30	8.30	564.40	564.40
93724 26	Medicine	6.91	6.91	469.88	469.88
93724 TC	Medicine	1.39	1.39	94.52	94.52
93740 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
93745 00	Medicine	0.00	0.00	BR	BR
93745 26	Medicine	0.00	0.00	BR	BR
93745 TC	Medicine	0.00	0.00	BR	BR
93750 00	Medicine	1.59	1.02	108.12	69.36
93770 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
93784 00	Medicine	1.43	1.43	97.24	97.24
93786 00	Medicine	0.71	0.71	48.28	48.28
93788 00	Medicine	0.18	0.18	12.24	12.24

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
93790 00	Medicine	0.54	0.54	36.72	36.72
93792 00	Medicine	2.17	2.17	147.56	147.56
93793 00	Medicine	0.35	0.35	23.80	23.80
93797 00	Medicine	0.53	0.23	36.04	15.64
93798 00	Medicine	0.78	0.36	53.04	24.48
93799 00	Medicine	0.00	0.00	BR	BR
93799 26	Medicine	0.00	0.00	BR	BR
93799 TC	Medicine	0.00	0.00	BR	BR
93880 00	Medicine	5.66	5.66	384.88	384.88
93880 26	Medicine	1.12	1.12	76.16	76.16
93880 TC	Medicine	4.54	4.54	308.72	308.72
93882 00	Medicine	3.71	3.71	252.28	252.28
93882 26	Medicine	0.70	0.70	47.60	47.60
93882 TC	Medicine	3.01	3.01	204.68	204.68
93886 00	Medicine	8.08	8.08	549.44	549.44
93886 26	Medicine	1.36	1.36	92.48	92.48
93886 TC	Medicine	6.72	6.72	456.96	456.96
93888 00	Medicine	5.10	5.10	346.80	346.80
93888 26	Medicine	1.08	1.08	73.44	73.44
93888 TC	Medicine	4.02	4.02	273.36	273.36
93892 00	Medicine	9.17	9.17	623.56	623.56
93892 26	Medicine	1.75	1.75	119.00	119.00
93892 TC	Medicine	7.42	7.42	504.56	504.56
93893 00	Medicine	10.95	10.95	744.60	744.60
93893 26	Medicine	1.78	1.78	121.04	121.04
93893 TC	Medicine	9.17	9.17	623.56	623.56
93895 00	Medicine	-	-	310.08	310.08
93895 26	Medicine	0.00	0.00	BR	BR
93895 TC	Medicine	-	-	310.08	310.08
93896 00	Medicine	5.61	5.61	381.48	381.48
93896 26	Medicine	1.23	1.23	83.64	83.64
93896 TC	Medicine	4.38	4.38	297.84	297.84
93897 00	Medicine	7.11	7.11	483.48	483.48
93897 26	Medicine	1.12	1.12	76.16	76.16
93897 TC	Medicine	5.99	5.99	407.32	407.32
93898 00	Medicine	7.86	7.86	534.48	534.48
93898 26	Medicine	1.32	1.32	89.76	89.76
93898 TC	Medicine	6.54	6.54	444.72	444.72
93922 00	Medicine	2.49	2.49	169.32	169.32
93922 26	Medicine	0.35	0.35	23.80	23.80

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
93922 TC	Medicine	2.14	2.14	145.52	145.52
93923 00	Medicine	4.00	4.00	272.00	272.00
93923 26	Medicine	0.64	0.64	43.52	43.52
93923 TC	Medicine	3.36	3.36	228.48	228.48
93924 00	Medicine	4.95	4.95	336.60	336.60
93924 26	Medicine	0.71	0.71	48.28	48.28
93924 TC	Medicine	4.24	4.24	288.32	288.32
93925 00	Medicine	7.11	7.11	483.48	483.48
93925 26	Medicine	1.10	1.10	74.80	74.80
93925 TC	Medicine	6.01	6.01	408.68	408.68
93926 00	Medicine	4.19	4.19	284.92	284.92
93926 26	Medicine	0.67	0.67	45.56	45.56
93926 TC	Medicine	3.52	3.52	239.36	239.36
93930 00	Medicine	5.95	5.95	404.60	404.60
93930 26	Medicine	1.11	1.11	75.48	75.48
93930 TC	Medicine	4.84	4.84	329.12	329.12
93931 00	Medicine	3.62	3.62	246.16	246.16
93931 26	Medicine	0.68	0.68	46.24	46.24
93931 TC	Medicine	2.94	2.94	199.92	199.92
93970 00	Medicine	5.51	5.51	374.68	374.68
93970 26	Medicine	0.96	0.96	65.28	65.28
93970 TC	Medicine	4.55	4.55	309.40	309.40
93971 00	Medicine	3.48	3.48	236.64	236.64
93971 26	Medicine	0.61	0.61	41.48	41.48
93971 TC	Medicine	2.87	2.87	195.16	195.16
93975 00	Medicine	7.76	7.76	527.68	527.68
93975 26	Medicine	1.59	1.59	108.12	108.12
93975 TC	Medicine	6.17	6.17	419.56	419.56
93976 00	Medicine	4.67	4.67	317.56	317.56
93976 26	Medicine	1.11	1.11	75.48	75.48
93976 TC	Medicine	3.56	3.56	242.08	242.08
93978 00	Medicine	5.40	5.40	367.20	367.20
93978 26	Medicine	1.12	1.12	76.16	76.16
93978 TC	Medicine	4.28	4.28	291.04	291.04
93979 00	Medicine	3.49	3.49	237.32	237.32
93979 26	Medicine	0.69	0.69	46.92	46.92
93979 TC	Medicine	2.80	2.80	190.40	190.40
93980 00	Medicine	3.62	3.62	246.16	246.16
93980 26	Medicine	1.79	1.79	121.72	121.72
93980 TC	Medicine	1.83	1.83	124.44	124.44

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
93981 00	Medicine	2.20	2.20	149.60	149.60
93981 26	Medicine	0.63	0.63	42.84	42.84
93981 TC	Medicine	1.57	1.57	106.76	106.76
93985 00	Medicine	7.46	7.46	507.28	507.28
93985 26	Medicine	1.11	1.11	75.48	75.48
93985 TC	Medicine	6.35	6.35	431.80	431.80
93986 00	Medicine	4.44	4.44	301.92	301.92
93986 26	Medicine	0.69	0.69	46.92	46.92
93986 TC	Medicine	3.75	3.75	255.00	255.00
93990 00	Medicine	4.32	4.32	293.76	293.76
93990 26	Medicine	0.67	0.67	45.56	45.56
93990 TC	Medicine	3.65	3.65	248.20	248.20
93998 00	Medicine	0.00	0.00	BR	BR
94002 00	Medicine	2.57	2.57	174.76	174.76
94003 00	Medicine	1.77	1.77	120.36	120.36
94004 00	Medicine	1.31	1.31	89.08	89.08
94005 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
94010 00	Medicine	0.89	0.89	60.52	60.52
94010 26	Medicine	0.25	0.25	17.00	17.00
94010 TC	Medicine	0.64	0.64	43.52	43.52
94011 00	Medicine	2.15	2.15	146.20	146.20
94012 00	Medicine	3.51	3.51	238.68	238.68
94013 00	Medicine	0.50	0.50	34.00	34.00
94014 00	Medicine	1.79	1.79	121.72	121.72
94015 00	Medicine	1.05	1.05	71.40	71.40
94016 00	Medicine	0.74	0.74	50.32	50.32
94060 00	Medicine	1.30	1.30	88.40	88.40
94060 26	Medicine	0.31	0.31	21.08	21.08
94060 TC	Medicine	0.99	0.99	67.32	67.32
94070 00	Medicine	2.09	2.09	142.12	142.12
94070 26	Medicine	0.86	0.86	58.48	58.48
94070 TC	Medicine	1.23	1.23	83.64	83.64
94150 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
94150 26	Medicine	0.00	0.00	Bundled Code	Bundled Code
94150 TC	Medicine	0.00	0.00	Bundled Code	Bundled Code
94200 00	Medicine	0.49	0.49	33.32	33.32
94200 26	Medicine	0.08	0.08	5.44	5.44
94200 TC	Medicine	0.41	0.41	27.88	27.88
94375 00	Medicine	1.26	1.26	85.68	85.68
94375 26	Medicine	0.43	0.43	29.24	29.24

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
94375 TC	Medicine	0.83	0.83	56.44	56.44
94450 00	Medicine	3.40	3.40	231.20	231.20
94450 26	Medicine	0.68	0.68	46.24	46.24
94450 TC	Medicine	2.72	2.72	184.96	184.96
94452 00	Medicine	1.72	1.72	116.96	116.96
94452 26	Medicine	0.44	0.44	29.92	29.92
94452 TC	Medicine	1.28	1.28	87.04	87.04
94453 00	Medicine	2.27	2.27	154.36	154.36
94453 26	Medicine	0.57	0.57	38.76	38.76
94453 TC	Medicine	1.70	1.70	115.60	115.60
94610 00	Medicine	1.43	1.43	97.24	97.24
94617 00	Medicine	2.79	2.79	189.72	189.72
94617 26	Medicine	0.94	0.94	63.92	63.92
94617 TC	Medicine	1.85	1.85	125.80	125.80
94618 00	Medicine	1.11	1.11	75.48	75.48
94618 26	Medicine	0.68	0.68	46.24	46.24
94618 TC	Medicine	0.43	0.43	29.24	29.24
94619 00	Medicine	2.00	2.00	136.00	136.00
94619 26	Medicine	0.64	0.64	43.52	43.52
94619 TC	Medicine	1.36	1.36	92.48	92.48
94621 00	Medicine	4.96	4.96	337.28	337.28
94621 26	Medicine	2.03	2.03	138.04	138.04
94621 TC	Medicine	2.93	2.93	199.24	199.24
94625 00	Medicine	2.61	0.49	177.48	33.32
94626 00	Medicine	3.27	0.73	222.36	49.64
94640 00	Medicine	0.26	0.26	17.68	17.68
94642 00	Medicine	-	-	95.88	95.88
94644 00	Medicine	1.87	1.87	127.16	127.16
94645 00	Medicine	0.50	0.50	34.00	34.00
94660 00	Medicine	2.07	0.97	140.76	65.96
94664 00	Medicine	0.60	0.60	40.80	40.80
94667 00	Medicine	0.82	0.82	55.76	55.76
94668 00	Medicine	1.17	1.17	79.56	79.56
94669 00	Medicine	0.77	0.77	52.36	52.36
94680 00	Medicine	1.73	1.73	117.64	117.64
94680 26	Medicine	0.37	0.37	25.16	25.16
94680 TC	Medicine	1.36	1.36	92.48	92.48
94681 00	Medicine	1.50	1.50	102.00	102.00
94681 26	Medicine	0.29	0.29	19.72	19.72
94681 TC	Medicine	1.21	1.21	82.28	82.28

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
94690 00	Medicine	1.57	1.57	106.76	106.76
94690 26	Medicine	0.11	0.11	7.48	7.48
94690 TC	Medicine	1.46	1.46	99.28	99.28
94726 00	Medicine	1.91	1.91	129.88	129.88
94726 26	Medicine	0.36	0.36	24.48	24.48
94726 TC	Medicine	1.55	1.55	105.40	105.40
94727 00	Medicine	1.49	1.49	101.32	101.32
94727 26	Medicine	0.36	0.36	24.48	24.48
94727 TC	Medicine	1.13	1.13	76.84	76.84
94728 00	Medicine	1.44	1.44	97.92	97.92
94728 26	Medicine	0.37	0.37	25.16	25.16
94728 TC	Medicine	1.07	1.07	72.76	72.76
94729 00	Medicine	1.90	1.90	129.20	129.20
94729 26	Medicine	0.28	0.28	19.04	19.04
94729 TC	Medicine	1.62	1.62	110.16	110.16
94760 00	Medicine	0.12	0.12	8.16	8.16
94761 00	Medicine	0.13	0.13	8.84	8.84
94762 00	Medicine	0.72	0.72	48.96	48.96
94772 00	Medicine	-	-	393.04	393.04
94772 26	Medicine	-	-	157.08	157.08
94772 TC	Medicine	-	-	235.96	235.96
94774 00	Medicine	0.00	0.00	BR	BR
94775 00	Medicine	0.00	0.00	BR	BR
94776 00	Medicine	0.00	0.00	BR	BR
94777 00	Medicine	-	-	180.20	180.20
94780 00	Medicine	1.65	0.61	112.20	41.48
94781 00	Medicine	0.66	0.21	44.88	14.28
94799 00	Medicine	0.00	0.00	BR	BR
94799 26	Medicine	0.00	0.00	BR	BR
94799 TC	Medicine	0.00	0.00	BR	BR
95004 00	Medicine	0.11	0.11	7.48	7.48
95012 00	Medicine	0.59	0.59	40.12	40.12
95017 00	Medicine	0.24	0.09	16.32	6.12
95018 00	Medicine	0.57	0.18	38.76	12.24
95024 00	Medicine	0.23	0.03	15.64	2.04
95027 00	Medicine	0.14	0.14	9.52	9.52
95028 00	Medicine	0.37	0.37	25.16	25.16
95044 00	Medicine	0.15	0.15	10.20	10.20
95052 00	Medicine	0.18	0.18	12.24	12.24
95056 00	Medicine	1.55	1.55	105.40	105.40

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
95060 00	Medicine	1.22	1.22	82.96	82.96
95065 00	Medicine	0.84	0.84	57.12	57.12
95070 00	Medicine	1.19	1.19	80.92	80.92
95076 00	Medicine	3.69	1.87	250.92	127.16
95079 00	Medicine	2.54	1.72	172.72	116.96
95115 00	Medicine	0.31	0.31	21.08	21.08
95117 00	Medicine	0.37	0.37	25.16	25.16
95120 00	Medicine	-	-	45.56	45.56
95125 00	Medicine	-	-	58.48	58.48
95130 00	Medicine	-	-	50.32	50.32
95131 00	Medicine	-	-	62.56	62.56
95132 00	Medicine	-	-	96.56	96.56
95133 00	Medicine	-	-	135.32	135.32
95134 00	Medicine	-	-	168.64	168.64
95144 00	Medicine	0.63	0.08	42.84	5.44
95145 00	Medicine	1.02	0.08	69.36	5.44
95146 00	Medicine	1.87	0.08	127.16	5.44
95147 00	Medicine	1.80	0.08	122.40	5.44
95148 00	Medicine	2.67	0.08	181.56	5.44
95149 00	Medicine	3.55	0.08	241.40	5.44
95165 00	Medicine	0.52	0.08	35.36	5.44
95170 00	Medicine	0.32	0.08	21.76	5.44
95180 00	Medicine	4.12	2.60	280.16	176.80
95199 00	Medicine	0.00	0.00	BR	BR
95249 00	Medicine	2.09	2.09	142.12	142.12
95250 00	Medicine	4.57	4.57	310.76	310.76
95251 00	Medicine	1.05	1.05	71.40	71.40
95700 00	Medicine	-	-	612.00	612.00
95705 00	Medicine	-	-	10332.60	10332.60
95706 00	Medicine	-	-	352.24	352.24
95707 00	Medicine	-	-	1136.96	1136.96
95708 00	Medicine	-	-	588.20	588.20
95709 00	Medicine	-	-	1903.32	1903.32
95710 00	Medicine	-	-	2057.68	2057.68
95711 00	Medicine	-	-	1126.08	1126.08
95712 00	Medicine	-	-	1245.76	1245.76
95713 00	Medicine	-	-	1297.44	1297.44
95714 00	Medicine	-	-	791.52	791.52
95715 00	Medicine	-	-	3363.96	3363.96
95716 00	Medicine	-	-	2666.28	2666.28

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
95717 00	Medicine	3.29	2.67	223.72	181.56
95718 00	Medicine	4.13	3.34	280.84	227.12
95719 00	Medicine	4.94	4.01	335.92	272.68
95720 00	Medicine	6.35	5.14	431.80	349.52
95721 00	Medicine	6.54	5.29	444.72	359.72
95722 00	Medicine	7.89	6.41	536.52	435.88
95723 00	Medicine	7.92	6.44	538.56	437.92
95724 00	Medicine	10.00	8.14	680.00	553.52
95725 00	Medicine	9.13	7.39	620.84	502.52
95726 00	Medicine	12.77	10.35	868.36	703.80
95782 00	Medicine	30.23	30.23	2055.64	2055.64
95782 26	Medicine	3.62	3.62	246.16	246.16
95782 TC	Medicine	26.61	26.61	1809.48	1809.48
95783 00	Medicine	32.01	32.01	2176.68	2176.68
95783 26	Medicine	3.93	3.93	267.24	267.24
95783 TC	Medicine	28.08	28.08	1909.44	1909.44
95800 00	Medicine	4.23	4.23	287.64	287.64
95800 26	Medicine	1.16	1.16	78.88	78.88
95800 TC	Medicine	3.07	3.07	208.76	208.76
95801 00	Medicine	3.11	3.11	211.48	211.48
95801 26	Medicine	1.23	1.23	83.64	83.64
95801 TC	Medicine	1.88	1.88	127.84	127.84
95803 00	Medicine	4.05	4.05	275.40	275.40
95803 26	Medicine	1.28	1.28	87.04	87.04
95803 TC	Medicine	2.77	2.77	188.36	188.36
95805 00	Medicine	14.36	14.36	976.48	976.48
95805 26	Medicine	1.73	1.73	117.64	117.64
95805 TC	Medicine	12.63	12.63	858.84	858.84
95806 00	Medicine	3.09	3.09	210.12	210.12
95806 26	Medicine	1.34	1.34	91.12	91.12
95806 TC	Medicine	1.75	1.75	119.00	119.00
95807 00	Medicine	13.28	13.28	903.04	903.04
95807 26	Medicine	1.78	1.78	121.04	121.04
95807 TC	Medicine	11.50	11.50	782.00	782.00
95808 00	Medicine	15.34	15.34	1043.12	1043.12
95808 26	Medicine	2.44	2.44	165.92	165.92
95808 TC	Medicine	12.90	12.90	877.20	877.20
95810 00	Medicine	20.17	20.17	1371.56	1371.56
95810 26	Medicine	3.58	3.58	243.44	243.44
95810 TC	Medicine	16.59	16.59	1128.12	1128.12

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
95811 00	Medicine	21.19	21.19	1440.92	1440.92
95811 26	Medicine	3.71	3.71	252.28	252.28
95811 TC	Medicine	17.48	17.48	1188.64	1188.64
95812 00	Medicine	11.47	11.47	779.96	779.96
95812 26	Medicine	1.75	1.75	119.00	119.00
95812 TC	Medicine	9.72	9.72	660.96	660.96
95813 00	Medicine	14.36	14.36	976.48	976.48
95813 26	Medicine	2.64	2.64	179.52	179.52
95813 TC	Medicine	11.72	11.72	796.96	796.96
95816 00	Medicine	12.38	12.38	841.84	841.84
95816 26	Medicine	1.69	1.69	114.92	114.92
95816 TC	Medicine	10.69	10.69	726.92	726.92
95819 00	Medicine	14.44	14.44	981.92	981.92
95819 26	Medicine	1.70	1.70	115.60	115.60
95819 TC	Medicine	12.74	12.74	866.32	866.32
95822 00	Medicine	13.38	13.38	909.84	909.84
95822 26	Medicine	1.70	1.70	115.60	115.60
95822 TC	Medicine	11.68	11.68	794.24	794.24
95824 00	Medicine	-	-	200.60	200.60
95824 26	Medicine	1.15	1.15	78.20	78.20
95824 TC	Medicine	-	-	122.40	122.40
95829 00	Medicine	59.08	59.08	4017.44	4017.44
95829 26	Medicine	10.10	10.10	686.80	686.80
95829 TC	Medicine	48.98	48.98	3330.64	3330.64
95830 00	Medicine	21.48	2.28	1460.64	155.04
95836 00	Medicine	3.21	2.65	218.28	180.20
95851 00	Medicine	0.78	0.20	53.04	13.60
95852 00	Medicine	0.64	0.15	43.52	10.20
95857 00	Medicine	2.02	0.71	137.36	48.28
95860 00	Medicine	3.58	3.58	243.44	243.44
95860 26	Medicine	1.54	1.54	104.72	104.72
95860 TC	Medicine	2.04	2.04	138.72	138.72
95861 00	Medicine	4.85	4.85	329.80	329.80
95861 26	Medicine	2.43	2.43	165.24	165.24
95861 TC	Medicine	2.42	2.42	164.56	164.56
95863 00	Medicine	6.60	6.60	448.80	448.80
95863 26	Medicine	2.96	2.96	201.28	201.28
95863 TC	Medicine	3.64	3.64	247.52	247.52
95864 00	Medicine	7.20	7.20	489.60	489.60
95864 26	Medicine	3.14	3.14	213.52	213.52

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
95864 TC	Medicine	4.06	4.06	276.08	276.08
95865 00	Medicine	4.60	4.60	312.80	312.80
95865 26	Medicine	2.49	2.49	169.32	169.32
95865 TC	Medicine	2.11	2.11	143.48	143.48
95866 00	Medicine	4.08	4.08	277.44	277.44
95866 26	Medicine	1.99	1.99	135.32	135.32
95866 TC	Medicine	2.09	2.09	142.12	142.12
95867 00	Medicine	3.21	3.21	218.28	218.28
95867 26	Medicine	1.23	1.23	83.64	83.64
95867 TC	Medicine	1.98	1.98	134.64	134.64
95868 00	Medicine	3.87	3.87	263.16	263.16
95868 26	Medicine	1.85	1.85	125.80	125.80
95868 TC	Medicine	2.02	2.02	137.36	137.36
95869 00	Medicine	2.85	2.85	193.80	193.80
95869 26	Medicine	0.59	0.59	40.12	40.12
95869 TC	Medicine	2.26	2.26	153.68	153.68
95870 00	Medicine	2.59	2.59	176.12	176.12
95870 26	Medicine	0.59	0.59	40.12	40.12
95870 TC	Medicine	2.00	2.00	136.00	136.00
95872 00	Medicine	6.45	6.45	438.60	438.60
95872 26	Medicine	4.60	4.60	312.80	312.80
95872 TC	Medicine	1.85	1.85	125.80	125.80
95873 00	Medicine	2.28	2.28	155.04	155.04
95873 26	Medicine	0.60	0.60	40.80	40.80
95873 TC	Medicine	1.68	1.68	114.24	114.24
95874 00	Medicine	2.41	2.41	163.88	163.88
95874 26	Medicine	0.59	0.59	40.12	40.12
95874 TC	Medicine	1.82	1.82	123.76	123.76
95875 00	Medicine	3.85	3.85	261.80	261.80
95875 26	Medicine	1.79	1.79	121.72	121.72
95875 TC	Medicine	2.06	2.06	140.08	140.08
95885 00	Medicine	1.93	1.93	131.24	131.24
95885 26	Medicine	0.55	0.55	37.40	37.40
95885 TC	Medicine	1.38	1.38	93.84	93.84
95886 00	Medicine	2.99	2.99	203.32	203.32
95886 26	Medicine	1.36	1.36	92.48	92.48
95886 TC	Medicine	1.63	1.63	110.84	110.84
95887 00	Medicine	2.64	2.64	179.52	179.52
95887 26	Medicine	1.11	1.11	75.48	75.48
95887 TC	Medicine	1.53	1.53	104.04	104.04

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
95905 00	Medicine	1.00	1.00	68.00	68.00
95905 26	Medicine	0.08	0.08	5.44	5.44
95905 TC	Medicine	0.92	0.92	62.56	62.56
95907 00	Medicine	2.82	2.82	191.76	191.76
95907 26	Medicine	1.60	1.60	108.80	108.80
95907 TC	Medicine	1.22	1.22	82.96	82.96
95908 00	Medicine	3.54	3.54	240.72	240.72
95908 26	Medicine	2.01	2.01	136.68	136.68
95908 TC	Medicine	1.53	1.53	104.04	104.04
95909 00	Medicine	4.25	4.25	289.00	289.00
95909 26	Medicine	2.40	2.40	163.20	163.20
95909 TC	Medicine	1.85	1.85	125.80	125.80
95910 00	Medicine	5.53	5.53	376.04	376.04
95910 26	Medicine	3.18	3.18	216.24	216.24
95910 TC	Medicine	2.35	2.35	159.80	159.80
95911 00	Medicine	6.59	6.59	448.12	448.12
95911 26	Medicine	3.97	3.97	269.96	269.96
95911 TC	Medicine	2.62	2.62	178.16	178.16
95912 00	Medicine	7.63	7.63	518.84	518.84
95912 26	Medicine	4.74	4.74	322.32	322.32
95912 TC	Medicine	2.89	2.89	196.52	196.52
95913 00	Medicine	8.98	8.98	610.64	610.64
95913 26	Medicine	5.62	5.62	382.16	382.16
95913 TC	Medicine	3.36	3.36	228.48	228.48
95919 00	Medicine	0.50	0.50	34.00	34.00
95919 26	Medicine	0.30	0.30	20.40	20.40
95919 TC	Medicine	0.20	0.20	13.60	13.60
95921 00	Medicine	2.70	2.70	183.60	183.60
95921 26	Medicine	1.32	1.32	89.76	89.76
95921 TC	Medicine	1.38	1.38	93.84	93.84
95922 00	Medicine	2.73	2.73	185.64	185.64
95922 26	Medicine	1.37	1.37	93.16	93.16
95922 TC	Medicine	1.36	1.36	92.48	92.48
95923 00	Medicine	3.67	3.67	249.56	249.56
95923 26	Medicine	1.31	1.31	89.08	89.08
95923 TC	Medicine	2.36	2.36	160.48	160.48
95924 00	Medicine	4.63	4.63	314.84	314.84
95924 26	Medicine	2.63	2.63	178.84	178.84
95924 TC	Medicine	2.00	2.00	136.00	136.00
95925 00	Medicine	4.54	4.54	308.72	308.72

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
95925 26	Medicine	0.82	0.82	55.76	55.76
95925 TC	Medicine	3.72	3.72	252.96	252.96
95926 00	Medicine	4.07	4.07	276.76	276.76
95926 26	Medicine	0.78	0.78	53.04	53.04
95926 TC	Medicine	3.29	3.29	223.72	223.72
95927 00	Medicine	5.09	5.09	346.12	346.12
95927 26	Medicine	0.81	0.81	55.08	55.08
95927 TC	Medicine	4.28	4.28	291.04	291.04
95928 00	Medicine	7.67	7.67	521.56	521.56
95928 26	Medicine	2.37	2.37	161.16	161.16
95928 TC	Medicine	5.30	5.30	360.40	360.40
95929 00	Medicine	7.49	7.49	509.32	509.32
95929 26	Medicine	2.35	2.35	159.80	159.80
95929 TC	Medicine	5.14	5.14	349.52	349.52
95930 00	Medicine	2.03	2.03	138.04	138.04
95930 26	Medicine	0.54	0.54	36.72	36.72
95930 TC	Medicine	1.49	1.49	101.32	101.32
95933 00	Medicine	2.56	2.56	174.08	174.08
95933 26	Medicine	0.95	0.95	64.60	64.60
95933 TC	Medicine	1.61	1.61	109.48	109.48
95937 00	Medicine	3.19	3.19	216.92	216.92
95937 26	Medicine	1.02	1.02	69.36	69.36
95937 TC	Medicine	2.17	2.17	147.56	147.56
95938 00	Medicine	11.98	11.98	814.64	814.64
95938 26	Medicine	1.35	1.35	91.80	91.80
95938 TC	Medicine	10.63	10.63	722.84	722.84
95939 00	Medicine	17.64	17.64	1199.52	1199.52
95939 26	Medicine	3.52	3.52	239.36	239.36
95939 TC	Medicine	14.12	14.12	960.16	960.16
95940 00	Medicine	0.80	0.80	54.40	54.40
95941 00	Medicine	-	-	1960.44	1960.44
95954 00	Medicine	11.36	11.36	772.48	772.48
95954 26	Medicine	3.18	3.18	216.24	216.24
95954 TC	Medicine	8.18	8.18	556.24	556.24
95955 00	Medicine	5.92	5.92	402.56	402.56
95955 26	Medicine	1.59	1.59	108.12	108.12
95955 TC	Medicine	4.33	4.33	294.44	294.44
95957 00	Medicine	9.28	9.28	631.04	631.04
95957 26	Medicine	3.04	3.04	206.72	206.72
95957 TC	Medicine	6.24	6.24	424.32	424.32

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
95958 00	Medicine	22.89	22.89	1556.52	1556.52
95958 26	Medicine	6.74	6.74	458.32	458.32
95958 TC	Medicine	16.15	16.15	1098.20	1098.20
95961 00	Medicine	10.93	10.93	743.24	743.24
95961 26	Medicine	5.08	5.08	345.44	345.44
95961 TC	Medicine	5.85	5.85	397.80	397.80
95962 00	Medicine	9.22	9.22	626.96	626.96
95962 26	Medicine	5.44	5.44	369.92	369.92
95962 TC	Medicine	3.78	3.78	257.04	257.04
95965 00	Medicine	-	-	3410.88	3410.88
95965 26	Medicine	12.54	12.54	852.72	852.72
95965 TC	Medicine	-	-	2558.16	2558.16
95966 00	Medicine	-	-	2152.20	2152.20
95966 26	Medicine	6.33	6.33	430.44	430.44
95966 TC	Medicine	-	-	1721.76	1721.76
95967 00	Medicine	-	-	1298.80	1298.80
95967 26	Medicine	5.54	5.54	376.72	376.72
95967 TC	Medicine	-	-	922.08	922.08
95970 00	Medicine	0.59	0.48	40.12	32.64
95971 00	Medicine	1.51	1.03	102.68	70.04
95972 00	Medicine	1.79	1.05	121.72	71.40
95976 00	Medicine	1.14	0.95	77.52	64.60
95977 00	Medicine	1.52	1.27	103.36	86.36
95980 00	Medicine	1.24	1.24	84.32	84.32
95981 00	Medicine	1.31	0.50	89.08	34.00
95982 00	Medicine	1.93	0.99	131.24	67.32
95983 00	Medicine	1.55	1.26	105.40	85.68
95984 00	Medicine	1.35	1.11	91.80	75.48
95990 00	Medicine	2.94	2.94	199.92	199.92
95991 00	Medicine	3.47	1.01	235.96	68.68
95992 00	Medicine	1.22	0.89	82.96	60.52
95999 00	Medicine	0.00	0.00	BR	BR
96000 00	Medicine	2.11	2.11	143.48	143.48
96001 00	Medicine	2.60	2.60	176.80	176.80
96002 00	Medicine	0.54	0.54	36.72	36.72
96004 00	Medicine	3.18	3.18	216.24	216.24
96020 00	Medicine	-	-	308.72	308.72
96020 26	Medicine	4.54	4.54	308.72	308.72
96020 TC	Medicine	0.00	0.00	BR	BR
96041 00	Medicine	-	-	112.20	112.20

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
96105 00	Medicine	2.91	2.91	197.88	197.88
96110 00	Medicine	0.37	0.37	25.16	25.16
96112 00	Medicine	3.75	3.20	255.00	217.60
96113 00	Medicine	1.68	1.35	114.24	91.80
96116 00	Medicine	2.82	2.16	191.76	146.88
96121 00	Medicine	2.26	1.84	153.68	125.12
96125 00	Medicine	3.08	3.08	209.44	209.44
96127 00	Medicine	0.15	0.15	10.20	10.20
96130 00	Medicine	3.71	2.98	252.28	202.64
96131 00	Medicine	2.59	2.10	176.12	142.80
96132 00	Medicine	3.66	2.95	248.88	200.60
96133 00	Medicine	2.93	2.11	199.24	143.48
96136 00	Medicine	1.31	0.64	89.08	43.52
96137 00	Medicine	1.11	0.49	75.48	33.32
96138 00	Medicine	1.13	1.13	76.84	76.84
96139 00	Medicine	1.06	1.06	72.08	72.08
96146 00	Medicine	0.07	0.07	4.76	4.76
96156 00	Medicine	3.22	2.60	218.96	176.80
96158 00	Medicine	2.21	1.79	150.28	121.72
96159 00	Medicine	0.76	0.61	51.68	41.48
96160 00	Medicine	0.09	0.09	6.12	6.12
96161 00	Medicine	0.10	0.10	6.80	6.80
96164 00	Medicine	0.35	0.28	23.80	19.04
96165 00	Medicine	0.15	0.12	10.20	8.16
96167 00	Medicine	2.34	1.89	159.12	128.52
96168 00	Medicine	0.85	0.68	57.80	46.24
96170 00	Medicine	2.24	1.91	152.32	129.88
96171 00	Medicine	0.81	0.69	55.08	46.92
96202 00	Medicine	0.60	0.52	40.80	35.36
96203 00	Medicine	0.16	0.15	10.88	10.20
96360 00	Medicine	1.00	1.00	68.00	68.00
96361 00	Medicine	0.39	0.39	26.52	26.52
96365 00	Medicine	2.01	2.01	136.68	136.68
96366 00	Medicine	0.64	0.64	43.52	43.52
96367 00	Medicine	0.89	0.89	60.52	60.52
96368 00	Medicine	0.62	0.62	42.16	42.16
96369 00	Medicine	4.34	4.34	295.12	295.12
96370 00	Medicine	0.51	0.51	34.68	34.68
96371 00	Medicine	1.69	1.69	114.92	114.92
96372 00	Medicine	0.46	0.46	31.28	31.28

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
96373 00	Medicine	0.59	0.59	40.12	40.12
96374 00	Medicine	1.13	1.13	76.84	76.84
96375 00	Medicine	0.47	0.47	31.96	31.96
96376 00	Medicine	-	-	41.48	41.48
96377 00	Medicine	0.57	0.57	38.76	38.76
96379 00	Medicine	0.00	0.00	BR	BR
96380 00	Medicine	0.90	0.90	61.20	61.20
96381 00	Medicine	0.73	0.73	49.64	49.64
96401 00	Medicine	2.15	2.15	146.20	146.20
96402 00	Medicine	1.16	1.16	78.88	78.88
96405 00	Medicine	2.53	0.71	172.04	48.28
96406 00	Medicine	3.95	1.12	268.60	76.16
96409 00	Medicine	3.13	3.13	212.84	212.84
96411 00	Medicine	1.71	1.71	116.28	116.28
96413 00	Medicine	3.99	3.99	271.32	271.32
96415 00	Medicine	0.85	0.85	57.80	57.80
96416 00	Medicine	3.99	3.99	271.32	271.32
96417 00	Medicine	1.99	1.99	135.32	135.32
96420 00	Medicine	3.15	3.15	214.20	214.20
96422 00	Medicine	4.20	4.20	285.60	285.60
96423 00	Medicine	2.26	2.26	153.68	153.68
96425 00	Medicine	5.21	5.21	354.28	354.28
96440 00	Medicine	22.98	3.48	1562.64	236.64
96446 00	Medicine	4.70	0.57	319.60	38.76
96450 00	Medicine	4.82	1.99	327.76	135.32
96521 00	Medicine	4.30	4.30	292.40	292.40
96522 00	Medicine	3.75	3.75	255.00	255.00
96523 00	Medicine	0.78	0.78	53.04	53.04
96542 00	Medicine	4.02	1.07	273.36	72.76
96547 00	Medicine	9.87	9.87	671.16	671.16
96548 00	Medicine	4.54	4.54	308.72	308.72
96549 00	Medicine	0.00	0.00	BR	BR
96567 00	Medicine	3.87	3.87	263.16	263.16
96570 00	Medicine	1.57	1.38	106.76	93.84
96571 00	Medicine	0.80	0.70	54.40	47.60
96573 00	Medicine	6.51	6.51	442.68	442.68
96574 00	Medicine	7.99	7.99	543.32	543.32
96900 00	Medicine	0.71	0.71	48.28	48.28
96902 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
96904 00	Medicine	1.98	1.98	134.64	134.64

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
96910 00	Medicine	3.44	3.44	233.92	233.92
96912 00	Medicine	2.91	2.91	197.88	197.88
96913 00	Medicine	4.41	4.41	299.88	299.88
96920 00	Medicine	4.13	1.23	280.84	83.64
96921 00	Medicine	4.43	1.40	301.24	95.20
96922 00	Medicine	5.27	2.25	358.36	153.00
96931 00	Medicine	4.93	4.93	335.24	335.24
96932 00	Medicine	3.67	3.67	249.56	249.56
96933 00	Medicine	1.26	1.26	85.68	85.68
96934 00	Medicine	3.46	3.46	235.28	235.28
96935 00	Medicine	2.28	2.28	155.04	155.04
96936 00	Medicine	1.18	1.18	80.24	80.24
96999 00	Medicine	0.00	0.00	BR	BR
97007 00	Medicine	50.75	50.75	3451.00	3451.00
97008 00	Medicine	0.30	0.30	20.40	20.40
97009 00	Medicine	0.19	0.19	12.92	12.92
99000 00	Medicine	-	-	13.60	13.60
99001 00	Medicine	-	-	20.40	20.40
99002 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
99024 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
99026 00	Medicine	-	-	100.64	100.64
99027 00	Medicine	0.00	0.00	BR	BR
99050 00	Medicine	-	-	60.52	60.52
99051 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
99053 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
99056 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
99058 00	Medicine	-	-	81.60	81.60
99060 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
99070 00	Medicine	0.00	0.00	BR	BR
99071 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
99072 00	Medicine	0.00	0.00	BR	BR
99075 00	Medicine	0.00	0.00	BR	BR
99078 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
99080 00	Medicine	0.00	0.00	BR	BR
99082 00	Medicine	0.00	0.00	BR	BR
99091 00	Medicine	1.66	1.42	112.88	96.56
99151 00	Medicine	1.86	0.63	126.48	42.84
99152 00	Medicine	1.54	0.33	104.72	22.44
99153 00	Medicine	0.37	0.37	25.16	25.16
99155 00	Medicine	2.44	2.44	165.92	165.92

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
99156 00	Medicine	2.13	2.13	144.84	144.84
99157 00	Medicine	1.62	1.62	110.16	110.16
99170 00	Medicine	4.98	2.15	338.64	146.20
99172 00	Medicine	-	-	42.16	42.16
99173 00	Medicine	0.10	0.10	6.80	6.80
99174 00	Medicine	0.20	0.20	13.60	13.60
99175 00	Medicine	1.37	1.37	93.16	93.16
99177 00	Medicine	0.16	0.16	10.88	10.88
99183 00	Medicine	3.28	3.28	223.04	223.04
99184 00	Medicine	5.51	5.51	374.68	374.68
99188 00	Medicine	0.36	0.25	24.48	17.00
99190 00	Medicine	-	-	1162.80	1162.80
99191 00	Medicine	-	-	895.56	895.56
99192 00	Medicine	-	-	592.28	592.28
99195 00	Medicine	2.94	2.94	199.92	199.92
99199 00	Medicine	0.00	0.00	BR	BR
99500 00	Medicine	-	-	274.72	274.72
99501 00	Medicine	-	-	335.92	335.92
99502 00	Medicine	-	-	911.20	911.20
99503 00	Medicine	-	-	146.20	146.20
99504 00	Medicine	-	-	74.80	74.80
99505 00	Medicine	-	-	1768.68	1768.68
99506 00	Medicine	-	-	182.92	182.92
99507 00	Medicine	-	-	310.08	310.08
99509 00	Medicine	-	-	27.88	27.88
99510 00	Medicine	-	-	302.60	302.60
99511 00	Medicine	0.00	0.00	BR	BR
99512 00	Medicine	-	-	3377.56	3377.56
99600 00	Medicine	0.00	0.00	BR	BR
99601 00	Medicine	-	-	211.48	211.48
99602 00	Medicine	-	-	123.76	123.76
99605 00	Medicine	-	-	93.84	93.84
99606 00	Medicine	-	-	76.84	76.84
99607 00	Medicine	-	-	75.48	75.48

Historical Note

New Appendix A, Medicine Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Medicine Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Medicine Codes 2019-2020 repealed; new Appendix A, Medicine Codes 2020- 2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Medicine Codes 2020-2021

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repealed; new Appendix A, Medicine Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Medicine Codes 2021- 2022 repealed; new Appendix A, Medicine Codes 2022-2023 made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Medicine Codes 2022-2023 repealed; new Appendix A, Medicine Codes 2023-2024 made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Medicine Codes 2023-2024 repealed; new Appendix A, Medicine Codes 2024-2025 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Medicine Codes 2024-2025 repealed; new Appendix A, Medicine Codes 2025 made by exempt rulemaking effective May 1, 2025 (Supp. 25-2). Appendix A, Medicine Codes 2025 repealed; new Appendix A, Medicine Codes 2026 made by exempt rulemaking effective May 1, 2026 (Supp. 26-1).

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PHYSICAL MEDICINE AND REHABILITATION GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction Section of the Fee Schedule.

The following Commission guidelines are in addition to the CPT® guidelines and represent additional guidance from the Commission relative to physical medicine and rehabilitation services. To the extent that a conflict may exist between an incorporated portion of the CPT® and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

General requirements on reporting services are found in the Introduction of the Fee Schedule. In addition to the definitions and commonalities preceding the coded medical procedures, several other requirements unique to this Section (Physical Medicine and Rehabilitation) are defined or identified as follows:

A. Payers shall review the documentation from healthcare providers before denying any service(s) described by billing codes in this section due to NCCI edits. Except when specified by a separate contract or network that governs fees pursuant to A.R.S. § 23-908(K)(1), documentation by healthcare providers supporting medically reasonable services that are performed separately to the same area may prevail and supersede NCCI edits for billing codes in this section. Payer denials for services described by CPT codes in this section shall not be based solely on NCCI edits when documentation accompanies the healthcare provider's invoice.

B. Except when specified by a separate contract or network that governs fees pursuant to A.R.S. § 23-908(K)(1), payers shall not reduce the Fee Schedule reimbursement for services provided by a physical therapist assistant (PTA) or occupational therapy assistant (OTA). Modifiers CQ and CO are not required when submitting an invoice for services provided by PTAs and OTAs.

C. Physical therapy (PT) evaluation codes (97161-97163) and occupational therapy (OT) evaluation codes (97165-97167) are billed at the initial visit and a re-evaluation code (97164 for PT, 97168 for OT) may be billed once every two (2) calendar weeks following an initial evaluation. Additional billing for PT and OT evaluation services may be allowed when specific additional services are warranted. Approval of the payer must be obtained prior to performing additional services. Criteria to select the appropriate evaluation and re-evaluation codes are outlined in the current CPT® publication.

   Note: These limitations do **not** apply to referring healthcare providers or to providers who treat patients once per month.

D. When multiple modalities (untimed 97012-97028 and/or time-based 97032-97036) are performed, the first modality (or the first unit of a time-based modality) is reported as listed. The second modality (or the second unit of a time-based modality) is identified by adding modifier -51 to the code number. The second and each subsequent modality (or unit(s) of a time-based modality) should be valued at fifty percent (50%) of its listed value.

   First modality reported or first unit of a time-based modality -
   100% Second, third, and additional approved modality or unit(s) - 50%

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Any more than three (3) modalities or more than three (3) units of a time-based modality or any combination of time-based and untimed modalities equaling three (3) billed units per body part being treated must have prior approval from the payer. The time a healthcare provider bills for a time-based modality (97032-97036) does not count towards the total timed therapeutic procedure maximum of four (4) units or 67 minutes. However, the time spent performing time-based modalities counts towards the total treatment time and should be used to determine the number of units a provider bills (*see* Section E and Example 5). **The amount of time spent performing each specific procedure or modality provided to the patient is not required to be documented in the treatment notes** (*see* Section G).

Note: 97010 is a bundled service and not separately reportable.

Example:

During a visit, a patient receives the following services:
45 minutes therapeutic exercise 97110
15 minutes mechanical traction 97012
15 minutes unattended electrical stimulation 97014
10 minutes ultrasound 97035
15 minutes moist heat 97010 while receiving the electric stimulation

Under the multiple modality rule, the healthcare provider would bill:

97110	3 units at 100% of value (therapeutic procedure, timed code)
97012	1 unit at 100% of value (modality, untimed code)
97014	1 unit at 50% of value (modality, untimed code)
97035	1 unit at 50% of value (modality, untimed code)

97010 is bundled into the above services and not paid as a separate service. The total time spent performing time-based codes (97110 and 97035) is 55 minutes and justifies billing four (4) units of time-based services (see Section E).

E. CPT® codes describing therapeutic procedures (97110-97150 and 97530-97546) are not subject to the multiple modality rule and shall be paid at 100% of their listed value. When performing therapeutic procedure(s), (excluding work hardening/conditioning, 97545-97546, and physical test or measures for functional capacity evaluation, 97750), a maximum of four (4) units or 67 minutes is allowed each day. Approval must be obtained from the payer prior to performing therapeutic procedures in excess of this maximum (e.g., when multiple body parts are treated in a single visit). Reimbursement for therapeutic procedures in excess of the maximum, without prior approval, shall not affect reimbursement for therapeutic procedures performed within the allowed maximum.

F. The values for the codes in this section include the time and work of the healthcare provider, the equipment required to provide the service, and the cost of the healthcare provider's liability insurance. Medications and disposable electrodes used in these procedures should be considered supplies and managed in accordance with the HCPCS Section of this Fee Schedule.

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G. Time-Based Physical Medicine and Rehabilitation CPT® codes are billed according to guidance from the Centers for Medicare and Medicaid Services (CMS), as published in the Medicare Claims Processing Manual, Chapter 5, Section 20.2, C. Counting Minutes for Timed Codes in 15 Minute Units.

When only one service is provided in a day, healthcare providers should not bill for services provided for less than eight (8) minutes. For any single 15-minute timed CPT® code in the same day, healthcare providers bill a single 15-minute unit for treatment of greater than or equal to eight (8) minutes through and including 22 minutes. If the duration of a single procedure in a day is greater than or equal to 23 minutes through and including 37 minutes, two (2) units should be billed. Please refer to the table below, which outlines how to bill for up to four (4) units or 67 minutes, without payer approval.

Units	Number of Minutes
0	< 8 minutes
1	≥ 8 minutes and ≤ 22 minutes
2	≥ 23 minutes and ≤ 37 minutes
3	≥ 38 minutes and ≤ 52 minutes
4	≥ 53 minutes and ≤ 67 minutes

If additional therapeutic procedures and/or time-based modalities are approved by the payer, the pattern for determining time/units is continued.

When more than one service represented by 15-minute timed codes is performed in a single day, the total number of minutes of service determines the number of timed units billed (as noted in the chart above). For any service represented by a 15-minute timed code that is performed for seven (7) minutes or less on the same day as another service also represented by a 15-minute timed code performed for seven (7) minutes or less, and the total time of these two services is eight (8) minutes or greater, the provider may bill one (1) unit of service that was performed for the most minutes. The same logic is applied if three (3) or more different services are performed on the same day for seven (7) minutes or less.

The expectation, based on the work values assigned to these codes, is that a healthcare provider's direct patient contact time for each unit will average 15 minutes in length. If more than one 15-minute timed CPT® code is billed during a single calendar day, the total number of units billed is constrained by the total treatment time for that day.

When documenting to support the billing of timed CPT® codes, the healthcare provider should **document the total number of timed minutes and the total time of the treatment provided that day.** Total treatment time includes the minutes for timed code treatment and untimed code treatment. Total treatment time does not include time for services that are not billable (*e.g.*, rest periods). **The amount of time for each specific intervention/modality provided to the patient is not required to be documented in the treatment note.**

It is important that the total number of timed treatment minutes support the billing of units on the invoice and that the total treatment time also reflects the services billed as untimed codes. The billing and the total timed code treatment minutes documented must be consistent. Additional guidance for documentation of timed codes is found in the CMS Benefit Policy Manual, Chapter 15, 220.3, E. Treatment Note.

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Examples of how to count the appropriate number of minutes for the total therapy minutes provided: Example 1

During a visit, the patient receives the following services:
45 minutes therapeutic exercise 97110
5 minutes manual therapy 97140
7 minutes therapeutic activities
97530 Total Timed Codes: 57
minutes

The healthcare provider would bill: 4
units 97110 3 units
97530 1 unit

Since the total time spent providing manual therapy and therapeutic exercises is greater than eight (8) minutes, one (1) unit is billed for the service which was performed for more time.

Example 2

During a visit, the patient receives the following services:
24 minutes neuromuscular reeducation 97112
23 minutes therapeutic exercise
97110 Total Timed Codes: 47
minutes

The healthcare provider would bill: 3
units 97112 2 units
97110 1 unit

Each service is provided for more than 15 minutes, so at least one (1) unit is appropriate for each. Two (2) units are billed for Neuromuscular reeducation since that service was performed for more time.

Example 3

During a visit, the patient receives the following services:
20 minutes therapeutic activities 97530
20 minutes therapeutic exercise
97110 Total Timed Codes: 40
minutes

The healthcare provider would bill: 3
units 97530 2 units
97110 1
unit OR
97110 2 units
97530 1 unit

Each service was provided for 20 minutes, which would allow for one unit for each service. However, the total time of 40 minutes allows for three (3) units to be billed. Since the time for each service is the same, the healthcare provider can choose which code to bill for two (2) units and which code to bill for one (1) unit.

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Example 4

During a visit, the patient receives the following services:
33 minutes therapeutic exercise 97110
7 minutes manual therapy
97140 Total Timed Codes: 40
minutes

The healthcare provider would bill: 3
units 97110 2 units
97140 1 unit

The first 30 minutes of therapeutic exercise is two (2) units. The remaining three (3) minutes is added to the seven (7) minutes of manual therapy and then is billed for one unit of manual therapy. The time for manual therapy is greater than the remaining time from the therapeutic exercise.

Example 5

During a visit, the patient receives the following services:
18 minutes therapeutic exercise 97110
13 minutes manual therapy 97140
10 minutes gait training 97116
8 minutes ultrasound 97035
Total Timed Codes: 49 minutes

The healthcare provider would bill: 3 units
97110 1 unit
97140 1 unit
97116 1 unit

Bill the procedures that the most time was spent performing. One (1) unit each of 97110, 97140, and 97116. Although the ultrasound should be documented, it cannot be billed, as the healthcare provider is constrained by the total timed codes minutes. Since the total for the timed codes is 49 minutes, only three (3) units would be billed.

H. A work hardening program is limited to 6 1/2 hours per day, not to exceed a six (6) week period of time.

I. The payer has the right to require documentation to establish that a modality or therapeutic procedure was performed. Inasmuch as these Guidelines allow for re-evaluations to be performed every two (2) weeks, it is at that time the healthcare provider should address and document the status of the treatment protocol.

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It is not appropriate for the payer on a per billing basis to require a healthcare provider to provide unnecessarily detailed documentation to justify payment. A healthcare provider is required to comply with A.R.S. § 23-1062.01 when submitting a bill. For example, the purpose of modalities like hot and cold packs, paraffin baths, and whirlpools is straightforward. Modalities are utilized as a sub-element of the overall treatment protocol to prepare the injured worker for therapy or to minimize the impact of the therapy on the injured worker. Other than a statement that certain modalities were performed, any additional documentation such as the purpose of the application of modalities, resulting flexibility or comfort is unnecessary. Additionally, listing the amount of weight an individual is lifting, repetitions, and sets is, again, unnecessary. During a re-evaluation visit, the healthcare provider should provide documentation regarding changes in strength, stamina, and flexibility.

Documentation of each treatment shall include the following elements:

- Date of treatment.
- Identification of each specific intervention/modality provided and billed, both timed and untimed services in a manner that it can be compared with the billing record to verify correct coding.
- Total timed code treatment minutes and total treatment time in minutes (the amount of time for each specific intervention/modality provided is not required).
- Signatures (written or electronic) and professional designation of the qualified healthcare provider who furnished or supervised the services provided.

Historical Note

New Appendix A, Physical Medicine Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Physical Medicine Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Physical Medicine Guidelines repealed; new Appendix A, Physical Medicine Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20- 3). Appendix A, Physical Medicine Guidelines repealed; new Appendix A, Physical Medicine and Rehabilitation Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Physical Medicine Guidelines repealed; new Appendix A, Physical Medicine and Rehabilitation Guidelines made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Physical Medicine and Rehabilitation Guidelines repealed; new Appendix A, Physical Medicine and Rehabilitation Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Physical Medicine and Rehabilitation Guidelines repealed; new Appendix A, Physical Medicine and Rehabilitation Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Physical Medicine and Rehabilitation Guidelines repealed; new Appendix A, Physical Medicine and Rehabilitation Guidelines made by exempt rulemaking effective May 1, 2025 (Supp. 25-2). Appendix A, Physical Medicine and Rehabilitation Guidelines repealed; new Appendix A, Physical Medicine and Rehabilitation Guidelines made by exempt rulemaking effective May 1, 2026 (Supp. 26-2).

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ARIZONA PHYSICIANS' FEE SCHEDULE
Physical Medicine Codes 2026
Physical Medicine Conversion Factor $68.00

Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
97010 00	Physical Medicine	-	-	$0.00	$0.00
97012 00	Physical Medicine	0.43	0.43	$ 29.24	$ 29.24
97014 00	Physical Medicine	0.38	0.38	$ 25.84	$ 25.84
97016 00	Physical Medicine	0.36	0.36	$ 24.48	$ 24.48
97018 00	Physical Medicine	0.18	0.18	$ 12.24	$ 12.24
97022 00	Physical Medicine	0.47	0.47	$ 31.96	$ 31.96
97024 00	Physical Medicine	0.22	0.22	$ 14.96	$ 14.96
97026 00	Physical Medicine	0.20	0.20	$ 13.60	$ 13.60
97028 00	Physical Medicine	0.25	0.25	$ 17.00	$ 17.00
97032 00	Physical Medicine	0.44	0.44	$ 29.92	$ 29.92
97033 00	Physical Medicine	0.57	0.57	$ 38.76	$ 38.76
97034 00	Physical Medicine	0.42	0.42	$ 28.56	$ 28.56
97035 00	Physical Medicine	0.43	0.43	$ 29.24	$ 29.24
97036 00	Physical Medicine	1.04	1.04	$ 70.72	$ 70.72
97037 00	Physical Medicine	-	-	$ 25.16	$ 25.16
97039 00	Physical Medicine	0.00	0.00	BR	BR
97110 00	Physical Medicine	0.87	0.87	$ 59.16	$ 59.16
97112 00	Physical Medicine	0.98	0.98	$ 66.64	$ 66.64
97113 00	Physical Medicine	1.11	1.11	$ 75.48	$ 75.48
97116 00	Physical Medicine	0.87	0.87	$ 59.16	$ 59.16
97124 00	Physical Medicine	0.89	0.89	$ 60.52	$ 60.52
97129 00	Physical Medicine	0.67	0.59	$ 45.56	$ 40.12
97130 00	Physical Medicine	0.63	0.55	$ 42.84	$ 37.40
97139 00	Physical Medicine	0.00	0.00	BR	BR
97140 00	Physical Medicine	0.83	0.83	$ 56.44	$ 56.44
97150 00	Physical Medicine	0.54	0.54	$ 36.72	$ 36.72
97151 00	Physical Medicine	-	-	$ 61.20	$ 61.20
97152 00	Physical Medicine	-	-	$ 42.16	$ 42.16
97153 00	Physical Medicine	-	-	$ 44.20	$ 44.20
97154 00	Physical Medicine	-	-	$ 29.92	$ 29.92
97155 00	Physical Medicine	-	-	$ 55.76	$ 55.76
97156 00	Physical Medicine	-	-	$ 48.96	$ 48.96
97157 00	Physical Medicine	-	-	$ 38.08	$ 38.08
97158 00	Physical Medicine	-	-	$ 36.04	$ 36.04
97161 00	Physical Medicine	2.93	2.93	$ 199.24	$ 199.24

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
97162 00	Physical Medicine	2.93	2.93	$ 199.24	$ 199.24
97163 00	Physical Medicine	2.93	2.93	$ 199.24	$ 199.24
97164 00	Physical Medicine	2.02	2.02	$ 137.36	$ 137.36
97165 00	Physical Medicine	3.01	3.01	$ 204.68	$ 204.68
97166 00	Physical Medicine	3.01	3.01	$ 204.68	$ 204.68
97167 00	Physical Medicine	3.01	3.01	$ 204.68	$ 204.68
97168 00	Physical Medicine	2.05	2.05	$ 139.40	$ 139.40
97169 00	Physical Medicine	-	-	$ 108.80	$ 108.80
97170 00	Physical Medicine	-	-	$ 133.28	$ 133.28
97171 00	Physical Medicine	-	-	$ 427.04	$ 427.04
97172 00	Physical Medicine	-	-	$ 161.16	$ 161.16
97530 00	Physical Medicine	1.05	1.05	$ 71.40	$ 71.40
97533 00	Physical Medicine	1.82	1.82	$ 123.76	$ 123.76
97535 00	Physical Medicine	0.97	0.97	$ 65.96	$ 65.96
97537 00	Physical Medicine	0.96	0.96	$ 65.28	$ 65.28
97542 00	Physical Medicine	0.93	0.93	$ 63.24	$ 63.24
97545 00	Physical Medicine	-	-	$ 161.81	$ 161.81
97546 00	Physical Medicine	-	-	$ 80.24	$ 80.24
97550 00	Physical Medicine	1.58	1.19	$ 107.44	$ 80.92
97551 00	Physical Medicine	0.78	0.63	$ 53.04	$ 42.84
97552 00	Physical Medicine	0.66	0.28	$ 44.88	$ 19.04
97597 00	Physical Medicine	3.04	0.93	$ 206.72	$ 63.24
97598 00	Physical Medicine	1.43	0.65	$ 97.24	$ 44.20
97602 00	Physical Medicine	-	-	$ 142.80	$ 142.80
97605 00	Physical Medicine	1.26	0.63	$ 85.68	$ 42.84
97606 00	Physical Medicine	1.51	0.69	$ 102.68	$ 46.92
97607 00	Physical Medicine	11.00	0.56	$ 748.00	$ 38.08
97608 00	Physical Medicine	11.88	0.65	$ 807.84	$ 44.20
97610 00	Physical Medicine	11.90	0.46	$ 809.20	$ 31.28
97750 00	Physical Medicine	1.01	1.01	$ 68.68	$ 68.68
97755 00	Physical Medicine	1.13	1.13	$ 76.84	$ 76.84
97760 00	Physical Medicine	1.38	1.38	$ 93.84	$ 93.84
97761 00	Physical Medicine	1.21	1.21	$ 82.28	$ 82.28
97763 00	Physical Medicine	1.50	1.50	$ 102.00	$ 102.00
97799 00	Physical Medicine	0.00	0.00	BR	BR
97802 00	Physical Medicine	1.10	0.79	$ 74.80	$ 53.72
97803 00	Physical Medicine	0.95	0.66	$ 64.60	$ 44.88
97804 00	Physical Medicine	0.51	0.37	$ 34.68	$ 25.16
97810 00	Physical Medicine	1.44	0.82	$ 97.92	$ 55.76
97811 00	Physical Medicine	0.85	0.62	$ 57.80	$ 42.16

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
97813 00	Physical Medicine	1.69	1.00	$ 114.92	$ 68.00
97814 00	Physical Medicine	0.86	0.63	$ 58.48	$ 42.84
98925 00	Physical Medicine	0.97	0.59	65.96	40.12
98926 00	Physical Medicine	1.38	0.89	93.84	60.52
98927 00	Physical Medicine	1.82	1.20	123.76	81.60
98928 00	Physical Medicine	2.20	1.50	149.60	102.00
98929 00	Physical Medicine	2.57	1.78	174.76	121.04
98940 00	Physical Medicine	0.80	0.55	54.40	37.40
98941 00	Physical Medicine	1.15	0.84	78.20	57.12
98942 00	Physical Medicine	1.49	1.14	101.32	77.52
98943 00	Physical Medicine	0.79	0.58	53.72	39.44
98960 00	Physical Medicine	1.00	1.00	68.00	68.00
98961 00	Physical Medicine	0.47	0.47	31.96	31.96
98962 00	Physical Medicine	0.36	0.36	24.48	24.48
98966 00	Physical Medicine	0.41	0.31	27.88	21.08
98967 00	Physical Medicine	0.75	0.60	51.00	40.80
98968 00	Physical Medicine	1.04	0.87	70.72	59.16
98970 00	Physical Medicine	0.37	0.31	25.16	21.08
98971 00	Physical Medicine	0.69	0.57	46.92	38.76
98972 00	Physical Medicine	1.03	0.87	70.04	59.16
98975 00	Physical Medicine	0.65	0.65	44.20	44.20
98976 00	Physical Medicine	1.56	1.56	106.08	106.08
98977 00	Physical Medicine	1.54	1.54	104.72	104.72
98978 00	Physical Medicine	-	-	69.36	69.36
98979 00	Physical Medicine	0.79	0.34	53.72	23.12
98980 00	Physical Medicine	1.62	0.77	110.16	52.36
98981 00	Physical Medicine	1.24	0.76	84.32	51.68
98984 00	Physical Medicine	1.56	1.56	106.08	106.08
98985 00	Physical Medicine	1.54	1.54	104.72	104.72
98986 00	Physical Medicine	0.00	0.00	BR	BR

Historical Note

New Appendix A, Physical Medicine Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Physical Medicine Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Physical Medicine Codes 2019-2020 repealed; new Appendix A, Physical Medicine Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Physical Medicine Codes 2020-2021 repealed; new Appendix A, Physical Medicine Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Physical Medicine Codes 2021-2022 repealed; new Appendix A, Physical Medicine Codes 2022-2023 made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Physical Medicine Codes 2022-2023 repealed; new Appendix A, Physical Medicine Codes 2023-2024 made by exempt rulemaking at 29 A.A.R. 2537 (October 20,

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2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Physical Medicine Codes 2023-2024 repealed; new Appendix A, 2024-2025 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24- 2). Appendix A, Physical Medicine Codes 2024-2025 repealed; new Appendix A, Physical Medicine Codes 2025 made by exempt rulemaking effective May 1, 2025 (Supp. 25-2). Appendix A, Physical Medicine Codes 2025 repealed; new Appendix A, Physical Medicine Codes 2026 made by exempt rulemaking effective May 1, 2026 (Supp. 26-2).

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EVALUATION AND MANAGEMENT GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction of the Fee Schedule.

The evaluation and management guidelines incorporated by reference may be found in the CPT® published by the AMA and is reprinted, in part, below with permission. To the extent that a conflict may exist between an incorporated portion of the CPT® publication or HCPCS code and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

Documentation and review of records, when required, is inclusive to the performance of the appropriate E/M service. A healthcare provider shall only be reimbursed for time that is not accounted for in the E/M service code by billing prolonged services codes 99415, 99416, 99417, or 99418. Proper documentation must justify the use of these codes and accompany the invoice.

Impairment Examinations

Impairment examinations shall be billed using CPT® 99455, work related or medical disability examination by the treating physician, or CPT® 99456, work related or medical disability examination by other than the treating physician. Physicians may bill one unit of these codes for the initial hour and an additional unit for each 30-minute increment after the initial hour. Each 30-minute increment commences the minute following the end of the previous time interval. The physician shall include documentation that demonstrates the complexity of the case and the time spent on the service to justify billing each additional unit. Reimbursement for CPT® codes 99455 and 99456 shall be made at one hundred percent (100%) of the listed reimbursement value for the initial unit and fifty percent (50%) of the listed reimbursement value for each additional unit.

Example:
A physician spends 72 minutes performing a work related disability examination on a patient they previously treated.

The physician would bill two units of 99455 and be reimbursed at 1.5 times the listed reimbursement value for CPT® 99455.

Remote Monitoring

One HCPCS code is included in this section of the 2026/2027 Fee Schedule for remote monitoring:

G2010 – Remote evaluation of recorded video and/or images submitted by an established patient (*e.g.*, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.

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A. CLASSIFICATION OF EVALUATION AND MANAGEMENT (E/M) SERVICES.

The E/M section is divided into broad categories such as office visits, hospital inpatient or observation care visits, and consultations. Most of the categories are further divided into two or more subcategories of E/M services. For example, there are two subcategories of office visits (new patient and established patient) and there are two subcategories of hospital inpatient and observation care visits (initial and subsequent). The subcategories of E/M services are further classified into levels of E/M services that are identified by specific codes.

The basic format of the levels of E/M services based on medical decision making (MDM) or time is the same. First, a unique code number is listed. Second, the place and/or type of service is specified, (*e.g.*, office or other outpatient visit). Third, the content of the service is defined. Fourth, time is specified (A detailed discussion of time is provided in the Guidelines for Selecting Level of Service Based on Time).

The place of service and service type are defined by the location where the face-to-face encounter with the patient and/or family/caregiver occurs. For example, service provided to a nursing facility resident brought to the office is reported with an office or other outpatient code.

New and Established Patients

Solely for the purposes of distinguishing between new and established patients, professional services are those face-to-face services rendered by physicians and other qualified healthcare providers who may report evaluation and management services. A new patient is one who has not received any professional services from the physician or other qualified healthcare provider or another physician or other qualified healthcare provider of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.

An established patient is one who has received professional services from the physician or other qualified healthcare provider or another physician or other qualified healthcare provider of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years. In the instance where a physician or other qualified healthcare provider is on call for or covering for another physician or other qualified healthcare provider, the patient's encounter will be classified as it would have been by the physician or other qualified healthcare provider who is not available. When advanced practice nurses and physician assistants are working with physicians, they are considered as working in the exact same specialty and subspecialty as the physician.

No distinction is made between new and established patients in the emergency department. E/M services in the emergency department category may be reported for any new or established patient who presents for treatment in the emergency department.

Initial and Subsequent Services

Some categories apply to both new and established patients (e.g., hospital inpatient or observation care). These categories differentiate services by whether the service is the initial service or a subsequent service. For the purpose of distinguishing between initial or subsequent visits, professional services are those face-to-face services rendered by physicians and other qualified healthcare providers who may report evaluation and management services. An initial

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service is when the patient has not received any professional services from the physician or other qualified healthcare provider or another physician or other qualified healthcare provider of the exact same specialty and subspecialty who belongs to the same group practice, during the inpatient, observation, or nursing facility admission and stay.

A subsequent service is when the patient has received professional service(s) from the physician or other qualified healthcare provider or another physician or other qualified healthcare provider of the exact same specialty and subspecialty who belongs to the same group practice, during the admission and stay.

In the instance when a physician or other qualified healthcare provider is on call for or covering for another physician or other qualified healthcare provider, the patient's encounter will be classified as it would have been by the physician or other qualified healthcare provider who is not available. When advanced practice nurses and physician assistants are working with physicians, they are considered as working in the exact same specialty and subspecialty as the physician.

For reporting hospital inpatient or observation care services, a stay that includes a transition from observation to inpatient is a single stay. For reporting nursing facility services, a stay that includes transition(s) between skilled nursing facility and nursing facility level of care is the same stay.

Split or Shared Visits

Physician(s) and other qualified healthcare provider(s) (QHP[s]) may act as a team in providing care for the patient, working together during a single E/M service. The split or shared visits guidelines are applied to determine which professional may report the service. If the physician or other QHP performs a substantive portion of the encounter, the physician or other QHP may report the service. If code selection is based on total time on the date of the encounter, the service is reported by the professional who spent the majority of the face-to-face or non-face-to-face time performing the service. For the purpose of reporting E/M services within the context of team-based care, performance of a substantive part of the MDM requires that the physician'(s) or other QHP(s) made or approved the management plan for the number and complexity of problems addressed at the encounter and takes responsibility for that plan with its inherent risk of complications and/or morbidity or mortality of patient management. By doing so, a physician or other QHP has performed two of the three elements used in the selection of the code level based on MDM. If the amount and/or complexity of data to be reviewed and analyzed is used by the physician or other QHP to determine the reported code level, assessing an independent historian's narrative and the ordering or review of tests or documents do not have to be personally performed by the physician or other QHP, because the relevant items would be considered in formulating the management plan. Independent interpretation of tests and discussion of management plan or test interpretation must be personally performed by the physician or other QHP if these are used to determine the reported code level by the physician or other QHP.

Multiple Evaluation and Management Services on the Same Date

The following guidelines apply to services that a patient may receive for hospital inpatient care, observation care, or nursing facility care. For instructions regarding transitions to these settings from the office or outpatient, home or residence, or emergency department setting, see guidelines for Hospital Inpatient and Observation Care Services or Nursing Facility Services.

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A patient may receive E/M services in more than one setting on a calendar date. A patient may also have more than one visit in the same setting on a calendar date. The guidelines for multiple E/M services on the same date address circumstances in which the patient has received multiple visits or services from the same physician or other QHP or another physician or QHP of the exact same specialty and subspecialty who belongs to the same group practice.

Per day: The hospital inpatient and observation care services and the nursing facility services are "per day" services. When multiple visits occur over the course of a single calendar date in the same setting, a single service is reported. When using MDM for code level selection, use the aggregated MDM over the course of the calendar date. When using time for code level selection, sum the time over the course of the day using the guidelines for reporting time.

Multiple encounters in different settings or facilities: A patient may be seen and treated in different facilities (e.g., a hospital-to-hospital transfer). When more than one primary E/M service is reported and time is used to select the code level for either service, only the time spent providing that individual service may be allocated to the code level selected for reporting that service. No time may be counted twice when reporting more than one E/M service. Prolonged services are also based on the same allocation and their relationship to the primary service. The designation of the facility may be defined by licensure or regulation. Transfer from a hospital bed to a nursing facility bed in a hospital with nursing facility beds is considered as two services in two facilities because there is a discharge from one type of designation to another. An intra-facility transfer for a different level of care (e.g., from a routine unit to a critical care unit) does not constitute a new stay, nor does it constitute a transfer to a different facility.

Emergency department (ED) and services in other settings (same or different facilities): Time spent in an ED by a physician or other QHP who provides subsequent E/M services may be included in calculating total time on the date of the encounter when ED services are not reported and another E/M service is reported (e.g., hospital inpatient and observation care services).

Discharge services and services in other facilities: Each service may be reported separately as long as any time spent on the discharge service is not counted towards the total time of a subsequent service in which code level selection for the subsequent service is based on time. This includes any hospital inpatient or observation care services (including admission and discharge services) time (99234, 99235, 99236) because these services may be selected based on MDM or time. When these services are reported with another E/M service on the same calendar date, time related to the hospital inpatient or observation care service (including admission and discharge services) may not be used for code selection of the subsequent service.

Discharge Services and services in the same facility: If the patient is discharged and readmitted to the same facility on the same calendar date, report a subsequent care service instead of a discharge or initial service. For the purpose of E/M reporting, this is a single stay.

Discharge services and services in a different facility: If the patient is admitted to another facility, for the purpose of E/M reporting, this is considered a different stay. Discharge and initial services may be reported as long as time spent on the discharge service is not counted towards the total time of the subsequent service reported when code level selection is based on time.

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Critical care services: Reporting guidelines for intensive and critical care services that are performed on the same calendar date as another E/M service are described in the service specific section guidelines.

Transitions between office or other outpatient, home or residence, or emergency department and hospital inpatient or observation or nursing facility: See the guidelines for Hospital Inpatient and Observation Care Services or Nursing Facility Services. If the patient is seen in two settings and only one service is reported, the total time on the date of the encounter of the aggregated MDM is used for determining the level of the single reported service. If prolonged services are reported, use the prolonged services code that is appropriate for the primary service reported, regardless of where the patient was located when the prolonged services time threshold was met. The choice of the primary service is at the discretion of the reporting physician or other QHP.

Services Reported Separately

Any specifically identifiable procedure or service (i.e., identified with a specific CPT code) performed on the date of E/M services may be reported separately.

The ordering and actual performance and/or interpretation of diagnostic tests/studies during a patient encounter are not included in determining the levels of E/M services when the professional interpretation of those tests/studies is reported separately by the physician or other qualified healthcare provider reporting the E/M service. Tests that do not require separate interpretation (e.g., tests that are results only) and are analyzed as part of MDM do not count as an independent interpretation, but may be counted as ordered or reviewed for selecting an MDM level. The performance of diagnostic tests/studies for which specific CPT codes are available may be reported separately, in addition to the appropriate E/M code. The interpretation of the results of diagnostic tests/studies (i.e., professional component) with preparation of a separate distinctly identifiable signed written report may also be reported separately, using the appropriate CPT code and, if required, with modifier 26 appended. The physician or other qualified healthcare provider may need to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant separately identifiable E/M service. The E/M service may be caused or prompted by the symptoms or condition for which the procedure and/or service was provided. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service. As such, different diagnoses are not required for reporting of the procedure and the E/M services on the same date.

History and/or Examination

E/M codes that have levels of services include a medically appropriate history and/or physical examination, when performed. The nature and extent of the history and/or physical examination are determined by the treating physician or other qualified healthcare provider reporting the service. The care team may collect information, and the patient or caregiver may supply information directly (e.g., by electronic health record [EHR] portal or questionnaire) that is reviewed by the reporting physician or other qualified healthcare provider. The extent of history and physical examination is not an element in the selection of the level of these E/M service codes.

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B. LEVELS OF E/M SERVICES.

Select the appropriate level of E/M services based on the following:

1. The level of the MDM as defined for each service, or
2. The total time for E/M services performed on the date of the encounter.

Within each category or subcategory of E/M service based on MDM or time, there are three to five levels of E/M services available for reporting purposes. Levels of E/M services are NOT interchangeable among the different categories or subcategories of service. For example, the first level of E/M services in the subcategory of office visit, new patient, does not have the same definition as the first level of E/M services in the subcategory of office visit, established patient. Each level of E/M services may be used by all physicians or other qualified healthcare providers.

Guidelines for Selecting Level of Service Based on Medical Decision Making

Four types of MDM are recognized: straightforward, low, moderate, and high. The concept of the level of MDM does not apply to CPT codes 99211 and 99281.

MDM includes establishing diagnoses, assessing the status of a condition, and/or selecting a management option. MDM is defined by three elements. The elements are:

- The number and complexity of problem(s) that are addressed during the encounter.

- The amount and/or complexity of data to be reviewed and analyzed. These data include medical records, tests, and/or other information that must be obtained, ordered, reviewed, and analyzed for the encounter. This includes information obtained from multiple sources or interprofessional communications that are not reported separately and interpretation of tests that are not reported separately. Ordering a test is included in the category of test result(s) and the review of the test result is part of the encounter and not a subsequent encounter. Ordering a test may include those considered but not selected after shared decision making. For example, a patient may request diagnostic imaging that is not necessary for their condition and discussion of the lack of benefit may be required. Alternatively, a test may normally be performed, but due to the risk for a specific patient it is not ordered. These considerations must be documented. Data are divided into three categories:
  1. Tests, documents, orders, or independent historian(s). Each unique test, order, or document is counted to meet a threshold number.
  2. Independent interpretation of tests (not separately reported).
  3. Discussion of management or test interpretation with an external physician or other qualified healthcare provider or appropriate source (not separately reported).

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- The risk of complications and/or morbidity or mortality of patient management. This includes decisions made at the encounter, associated with diagnostic procedure(s), and treatment(s). This includes the possible management options selected and those considered but not selected after shared decision making with the patient and/or family. For example, a decision about hospitalization includes considerations of alternative levels of care. Examples may include a psychiatric patient with a sufficient degree of support in the outpatient setting or the decision to not hospitalize a patient with advanced dementia with an acute condition that would generally warrant inpatient care, but for whom the goal is palliative treatment.

Shared decision making involves eliciting patient and/or family preferences, patient and/or family education, and explaining risks and benefits of management options.

MDM may be impacted by role and management responsibility.

When the physician or other qualified healthcare provider is reporting a separate CPT® code that includes interpretation and/or report, the interpretation and/or report is not counted toward the MDM when selecting a level of E/M services. When the physician or other qualified healthcare provider is reporting a separate service for discussion of management with a physician or another qualified healthcare provider, the discussion is not counted toward the MDM when selecting a level of outpatient E/M services.

The Levels of Medical Decision Making (MDM) table (Table 1) is a guide to assist in selecting the level of MDM for reporting an E/M services code. The table includes the four levels of MDM (*i.e.*, straightforward, low, moderate, high) and the three elements of MDM (*i.e.*, number and complexity of problems addressed at the encounter, amount and/or complexity of data reviewed and analyzed, and risk of complications and/or morbidity or mortality of patient management). To qualify for a particular level of MDM, two of the three elements for that level of MDM must be met or exceeded.

Examples in the table may be more or less applicable to specific settings of care. For example, the decision to hospitalize applies to the outpatient or nursing facility encounters, whereas the decision to escalate hospital level of care (e.g., transfer to ICU) applies to the hospitalized or observation care patient. See also the introductory guidelines of each code family section.

The elements listed in Table 1, Levels of Medical Decision Making, are defined in the guidelines for number and complexity of problems addressed at the encounter, amount and/or complexity of data to be reviewed and analyzed, and risk of complications and/or morbidity or mortality of patient management.

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Table 1: Levels of Medical Decision Making (MDM)

Elements of Medical Decision Making			
Level of MDM (Based on 2 out of 3 Elements of MDM)	**Number and Complexity of Problems Addressed at the Encounter**	**Amount and/or Complexity of Data to Be Reviewed and Analyzed** **Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.*	**Risk of Complications and/or Morbidity or Mortality of Patient Management**
Straightforward	**Minimal** 1 self-limited or minor problem	**Minimal or none**	**Minimal risk of morbidity from additional diagnostic testing or treatment**
Low	**Low** ● **2** or more self-limited or minor problems; **or** ● **1** stable, chronic illness; **or** ● **1** acute, uncomplicated illness or injury; **or** ● **1** stable, acute illness; **or** ● **1** acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care	**Limited** (Must meet the requirements of at least 1 out of 2 categories) **Category 1: Tests and documents** ● **Any combination of 2 from the following:** ● Review of prior external note(s) from each unique source*; ● Review of the result(s) of each unique test*;\ ● Ordering of each unique test* **or** **Category 2: Assessment requiring an independent historian(s)** *(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)*	**Low risk or morbidity from additional diagnostic testing or treatment**

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Moderate	**Moderate** ● **1** or more chronic illnesses with exacerbation, progression, or side effects of treatment; **or** ● **2** or more stable, chronic illnesses; **or** ● **1** undiagnosed new problem with uncertain prognosis; **or** ● **1** acute illness with systemic symptoms; **or** ● 1 acute, complicated injury	**Moderate** *(Must meet the requirements of at least 1 out of 3 categories)* **Category 1: Tests, documents, or independent historian(s)** ● Any combination of 3 from the following: ● Review of prior external note(s) from each unique source*; ● Review of the result(s) of each unique test*; ● Ordering of each unique test*; ● Assessment requiring an independent historian(s) **or** **Category 2: Independent interpretation of tests** ● Independent interpretation of a test performed by another physician /other qualified healthcare provider (not separately reported); **or** **Category 3: Discussion of management or test interpretation** ● Discussion of management or test interpretation with external physician/other qualified healthcare provider/appropriate source (not separately reported)	**Moderate risk of morbidity from additional diagnostic testing or treatment** *Examples only:* ● Prescription drug management ● Decision regarding minor surgery with identified patient or procedure risk factors ● Decision regarding elective major surgery without identified patient or procedure risk factors ● Diagnosis or treatment significantly limited by social determinants of health.

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High	**High** ● **1** or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; **or** ● **1** acute or chronic illness or injury that poses a threat to life or bodily function	**Extensive** *(Must meet the requirements of at least 2 out of 3 categories)* **Category 1: Tests, documents or independent historian(s)** **Any combination of 3 from the following:** ● Review of prior external note(s) from each unique source*; ● Review of the result(s) of each unique test*; ● Ordering of each unique test*; ● Assessment requiring an independent historian(s) **or** **Category 2: Independent interpretation of tests** ● Independent interpretation of a test performed by another physician/other qualified healthcare provider (not separately reported); **or** **Category 3: Discussion of management or test interpretation** ● Discussion of management or test interpretation with external physician/other qualified healthcare provider/appropriate source (not separately reported)	**High risk of morbidity from additional diagnostic testing or treatment** *Examples only:* ● Drug therapy requiring intensive monitoring for toxicity ● Decision regarding elective major surgery with identified patient or procedure risk factors ● Decision regarding emergency major surgery ● Decision regarding hospitalization or escalation of hospital-level care ● Decision not to resuscitate or to de-escalate care because of poor prognosis ● Decision regarding parenteral controlled substances

Number and Complexity of Problems Addressed at the Encounter

One element used in selecting the level of office or other outpatient services is the number and complexity of the problems that are addressed at an encounter. Multiple new or established conditions may be addressed at the same time and may affect MDM. Symptoms may cluster around a specific diagnosis and each symptom is not necessarily a unique condition. Comorbidities/underlying diseases, in and of themselves, are not considered in selecting a level of E/M services **unless** they are addressed, and their presence increases the amount and/or complexity of data to be reviewed and analyzed or the risk of complications and/or morbidity or mortality of patient management. The final diagnosis for a condition does not, in and of itself, determine the complexity or risk, as extensive evaluation may be required to reach the conclusion that the signs or symptoms do not represent a highly morbid condition. Therefore, presenting symptoms that are unlikely to represent a highly morbid condition may "drive" MDM even when the ultimate diagnosis is not highly morbid. The evaluation and/or treatment should be consistent with the likely nature of

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the condition. Multiple problems of a lower severity may, in the aggregate, create higher risk due to interaction. The term "risk" as used in these definitions relates to risk from the condition. While condition risk and management risk may often correlate, the risk from the condition is distinct from the risk of management.

Definitions for the elements of MDM (see Table 1, Levels of Medical Decision Making) are:

Problem: A problem is a disease, condition, illness, injury, symptom, sign, finding, complaint, or other matter addressed at the encounter, with or without a diagnosis being established at the time of the encounter.

Problem addressed: A problem is addressed or managed when it is evaluated or treated at the encounter by the physician or other qualified healthcare provider reporting the service. This includes consideration of further testing or treatment that may not be elected by virtue of risk/benefit analysis or patient/parent/guardian/surrogate choice. Notation in the patient's medical record that another professional is managing the problem without additional assessment or care coordination documented does not qualify as being addressed or managed by the physician or other qualified healthcare provider reporting the service. Referral without evaluation (by history, examination, or diagnostic study[ies]) or consideration of treatment does not qualify as being addressed or managed by the physician or other qualified healthcare provider reporting the service. For hospital inpatient and observation care services the problem addressed is the problem status on the date of the encounter, which may be significantly different than on admission. It is the problem being managed or co-managed by the reporting physician or other qualified healthcare provider and may not be the cause of admission or continued stay.

Minimal problem: A problem that may not require the presence of the physician or other qualified healthcare provider, but the service is provided under the physician's or other qualified healthcare provider's supervision (see CPT codes 99211, 99281).

Self-limiting or minor problem: A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status.

Stable, chronic illness: A problem with an expected duration of at least one year or until the death of the patient. For the purpose of defining chronicity, conditions are treated as chronic whether or not stage or severity changes (*e.g.*, uncontrolled diabetes and controlled diabetes are a single chronic condition). "Stable" for the purposes of categorizing MDM is defined by the specific treatment goals for an individual patient. A patient who is not at his or her treatment goal is not stable, even if the condition has not changed and there is no short-term threat to life or function. For example, in a patient with persistently poorly controlled blood pressure for whom better control is a goal is not stable, even if the pressures are not changing and the patient is asymptomatic, the risk of morbidity **without** treatment is significant.

Acute, uncomplicated illness or injury: A recent or new short-term problem with low risk of morbidity for which treatment is considered. There is little to no risk of mortality with treatment, and full recovery without functional impairment is expected. A problem that is normally self-limited or minor but is not resolving consistent with a definite and prescribed course is an acute, uncomplicated illness.

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Acute, uncomplicated illness or injury requiring hospital inpatient or observation level care: A recent or new short-term problem with low risk of morbidity for which treatment is required. There is little to no risk of mortality with treatment, and full recovery without functional impairment is expected. The treatment required is delivered in a hospital inpatient or observation one (l) level setting.

Stable, acute illness: A problem that is new or recent for which treatment has been initiated. The patient is improved and, while resolution may not be complete, is stable with respect to this condition.

Chronic illness with exacerbation, progression, or side effects of treatment: A chronic illness that is acutely worsening, poorly controlled, or progressing with an intent to control progression and requiring additional supportive care or requiring attention to treatment for side effects.

Undiagnosed new problem with uncertain prognosis: A problem in the differential diagnosis that represents a condition likely to result in a high risk of morbidity without treatment.

Acute illness with systemic symptoms: An illness that causes systemic symptoms and has a high risk of morbidity without treatment. For systemic general symptoms, such as fever, body aches, or fatigue in a minor illness that may be treated to alleviate symptoms, see the definitions for *self-limited or minor problem* or *acute, uncomplicated illness or injury.* Systemic symptoms may not be general but may be a single system.

Acute, complicated injury: An injury which requires treatment that includes evaluation of body systems that are not directly part of the injured organ, the injury is extensive, or the treatment options are multiple and/or associated with a risk of morbidity.

Chronic illness with severe exacerbation, progression, or side effects of treatment: The severe exacerbation or progression of a chronic illness or severe side effects of treatment that have significant risk of morbidity and may require escalation in level of care.

Acute or chronic illness or injury that poses a threat to life or bodily function: An acute illness with systemic symptoms, and acute complicated injury, or a chronic illness or injury with exacerbation and/or progression or side effects of treatment, that poses a threat to life or bodily function in the near term without treatment. Some symptoms may represent a condition that is significantly probable and poses a potential threat to life or bodily function. These may be included in this category when the evaluation and treatment are consistent with this degree of potential severity.

Amount and/or Complexity of Data to Be Reviewed and Analyzed

One element used in selecting the level of services is the amount and/or complexity of data to be reviewed or analyzed at an encounter.

Analyzed: the process of using the data as part of the MDM. The data element itself may not be subject to analysis (*e.g.*, glucose), but it is instead included in the thought processes for diagnosis, evaluation, or treatment. Tests ordered are presumed to be analyzed when the results are reported. Therefore, when they are ordered during an encounter, they

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are counted in that encounter. Tests that are ordered outside of an encounter may be counted in the encounter in which they are analyzed. In the case of a recurring order, each new result may be counted in the encounter in which it is analyzed. For example, an encounter that includes an order for monthly prothrombin times would count for one prothrombin time ordered and reviewed. Additional future results, if analyzed in a subsequent encounter, may be counted as a single test in that subsequent encounter. Any service for which the professional component is separately reported by the physician or other qualified healthcare provider reporting the E/M services is not counted as a data element ordered, reviewed, analyzed, or independently interpreted for the purposes of determining the level of MDM.

Test: Tests are imaging, laboratory, psychometric, or physiologic data. A clinical laboratory panel (*e.g.*, basic metabolic panel [80047]) is a single test. The differentiation between single or multiple tests is defined in accordance with the CPT® code set. For the purposes of data reviewed and analyzed, pulse oximetry is not a test.

Unique: A unique test is defined by the CPT® code set. When multiple results of the same unique test (*e.g.*, serial blood glucose values) are compared during an E/M service, count it as one unique test. Tests that have overlapping elements are not unique, even if they are identified with distinct CPT® codes. For example, a CBC with differential would incorporate the set of hemoglobin, CBC, without differential, and platelet count. A unique source is defined as a physician or other qualified healthcare provider in a distinct group or different specialty or subspecialty, or a unique entity. Review of all the materials from any unique source counts as one element toward MDM.

Combination of Data Elements: A combination of different data elements, for example, a combination of notes reviewed, tests ordered, tests reviewed, or independent historian, allows these elements to be summed. It does not require each item type or category to be represented. A unique test ordered, plus a note reviewed and an independent historian would be a combination of three elements.

External: External records, communications, and/or test results are from an external physician, other qualified healthcare provider, facility, or health care organization.

External physician or other qualified healthcare provider: An external physician or other qualified healthcare provider who is not in the same group practice or is of a different specialty or subspecialty. This includes licensed professionals who are practicing independently. The individual may also be a facility or organizational provider such as from a hospital, nursing facility, or home health care agency.

Discussion: Discussion requires an interactive exchange. The exchange must be direct and not through intermediaries (*e.g.*, clinical staff or trainees). Sending chart notes or written exchanges that are within progress notes does not qualify as an interactive exchange. The discussion does not need to be on the date of the encounter, but it is counted only once and only when it is used in the decision making of the encounter. It may be synchronous (*i.e.*, does not need to be in person), but it must be initiated and completed within a short time period (*e.g.*, within a day or two (2)).

Independent historian(s): An individual (*e.g.*, parent, guardian, surrogate, spouse, witness) who provides a history in addition to a history provided by the patient who is unable to provide a complete or reliable history (*e.g.*, due to developmental stage, dementia, or psychosis) or because a confirmatory history is judged to be necessary. In the case where there may be conflict or poor communication between multiple historians and more than one historian is needed, the independent historian requirement is met. It does not include translation services. The independent history

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does not need to be obtained in person but does need to be obtained directly from the historian providing the independent information.

Independent interpretations: The interpretation of a test for which there is a CPT® code and an interpretation or report is customary. This does not apply when the physician or other healthcare provider who reports the E/M service is reporting or has previously reported the test. A form of interpretation should be documented but need not conform to the usual standards of a complete report for the test. A test that is ordered and independently interpreted may count both as a test ordered and interpreted.

Appropriate source: For the purpose of the discussion of management data element (see Table 1, levels of Medical Decision Making), an appropriate source includes professionals who are not healthcare providers but may be involved in the management of the patient (*e.g*., lawyer, parole officer, case manager, teacher). It does not include discussion with family or informal caregivers. For the purpose of documents reviewed, documents from an appropriate source may be counted.

Risk of Complications and/or Morbidity or Mortality of Patient Management

One element used in selecting the level of service is the risk of complications and/or morbidity or mortality of patient management at an encounter. This is distinct from the risk of the condition itself.

Risk: The probability and/or consequences of an event. The assessment of the level of risk is affected by the nature of the event under consideration. For example, a low probability of death may be high risk, whereas a high chance of a minor, self-limited adverse effect of treatment may be low risk. Definitions of risk are based upon the usual behavior and thought processes of a physician or other qualified healthcare provider in the same specialty. Trained clinicians apply common language usage meanings to terms such as *high, medium, low,* or *minimal* risk and do not require quantification for these definitions (though quantification may be provided when evidence-based medicine has established probabilities). For the purposes of MDM, level of risk is based upon consequences of the problem(s) addressed at the encounter when appropriately treated. Risk also includes MDM related to the need to initiate or forego further testing, treatment and/or hospitalization. The risk of patient management criteria applies to the patient management decisions made by the reporting physician or other healthcare provider as part of the reported encounter.

Morbidity: A state of illness or functional impairment that is expected to be of substantial duration during which function is limited, quality of life is impaired, or there is organ damage that may not be transient despite treatment.

Social determinants of health: Economic and social conditions that influence the health of people and communities. Examples may include food or housing insecurity.

Surgery (minor or major, elective, emergency, procedure or patient risk):

Surgery - Minor or Major: The classification of surgery into minor or major is based on the common meaning of such terms when used by trained clinicians, similar to the use of the term “risk.” These terms are not defined by a surgical package classification.

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Surgery – Elective or Emergency: Elective procedures and emergent or urgent procedures describe the timing of the procedure when the timing is related to the patient's condition. An elective procedure is typically planned in advance (*e.g.*, scheduled for weeks later), while an emergent procedure is typically performed immediately or with minimal delay to allow for patient stabilization. Both elective and emergent procedures may be minor or major procedures.

Surgery – Risk Factors, Patient or Procedure: Risk factors are those that are relevant to the patient and procedure. Evidence-based risk calculators may be used, but are not required, in assessing patient and procedure risk.

Drug therapy requiring intensive monitoring for toxicity: A drug that requires intensive monitoring is a therapeutic agent that has the potential to cause serious morbidity or death. The monitoring is performed for assessment of these adverse effects and not primarily for assessment of therapeutic efficacy. The monitoring should be that which is generally accepted practice for the agent but may be patient-specific in some cases. Intensive monitoring may be long-term or short-term. Long-term intensive monitoring is not performed less than quarterly. The monitoring may be performed with a laboratory test, a physiologic test, or imaging. Monitoring by history or examination does not qualify. The monitoring affects the level of MDM in an encounter in which it is considered in the management of the patient. An example may be monitoring for cytopenia with the use of an antineoplastic agent between dose cycles. Examples of monitoring that do not qualify include monitoring glucose levels during insulin therapy, as the primary reason is the therapeutic effect (unless severe hypoglycemia is a current, significant concern); or annual electrolytes and renal function for a patient on a diuretic, as the frequency does not meet the threshold.

Parenteral controlled substances: The level of risk is based on the usual behavior and thought processes of a physician or other qualified healthcare provider in the same specialty and subspecialty and not simply based on the presence of an order for parenteral controlled substances.

Guidelines for Selecting Level of Service Based on Time

Certain categories of time-based E/M codes that do not have levels of services based on MDM (e.g., Critical Care Services) in the E/M section use time differently. It is important to review the instructions for each category.

Time is **not** a descriptive component for the emergency department levels of E/M services because emergency department services are typically provided on a variable intensity basis, often involving multiple encounters with several patients over an extended period of time.

When time is used for reporting E/M services codes, the time defined in the service descriptors is used for selecting the appropriate level of services. The E/M services for which these guidelines apply require a face-to-face encounter with the physician or other qualified healthcare provider and the patient and/or family/caregiver. For office or other outpatient services, if the physician's or other qualified healthcare provider's time is spent in the supervision of clinical staff who perform the face-to-face services of the encounter, use 99211.

For coding purposes, time for these services is the total time on the date of the encounter. It includes both the face-to-face time with the patient and/or family/caregiver and non-face-to-face time personally spent by the physician and/or other qualified healthcare provider(s) on the day of the encounter (includes time in activities that require the

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physician or other qualified healthcare provider and does not include time in activities normally performed by clinical staff). It includes time regardless of the location of the physician or other qualified healthcare provider (e.g., whether on or off the inpatient unit or in or out of the outpatient office). It does not include any time spent in the performance of other separately reported service(s).

Each service that may be reported using time for code level selection has a required time threshold. The concept of attaining a mid-point between levels does not apply. A full 15 minutes is required to report any unit of prolonged service codes 99417, and 99418.

Physician(s) and other qualified healthcare provider(s) may each provide a portion of the face-to-face and non-face-to-face work related to the service. When time is being used to select the appropriate level of services for which time-based reporting is allowed, the time personally spent by the physician(s) and other qualified healthcare provider(s) assessing and managing the patient and/or counseling, educating, communicating results to the patient/family/caregiver on the date of the encounter is summed to define total time. Only distinct time should be summed (i.e., when two or more individuals jointly meet with or discuss the patient, only the time of one individual should be counted).

When prolonged time occurs, the appropriate prolonged services code may be reported. The total time on the date of the encounter spent caring for the patient should be documented in the medical record when it is used as the basis for code selection.

Physician or other qualified healthcare provider time includes the following activities, when performed:

- Preparing to see the patient (e.g., review of tests)
- Obtaining and/or reviewing separately obtained history
- Performing a medically appropriate examination and/or evaluation
- Counseling and educating the patient/family/caregiver
- Ordering medications, tests, or procedures
- Referring and communicating with other healthcare providers (when not separately reported)
- Documenting clinical information in the electronic or other health record
- Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- Care coordination (not separately reported)

Do not count time spent on the following:

- The performance of other services that are reported separately
- Travel
- Teaching that is general and not limited to discussion that is required for the management of a specific patient

For split or shared visits, see the split or shared visits guidelines.

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C. UNLISTED SERVICE

An E/M service may be provided that is not listed in this section of CPT® codebook. When reporting such a service, the appropriate unlisted code may be used to indicate the service, identifying it by "Special Report," as discussed in item E. The "Unlisted Services" and accompanying codes for the E/M section are as follows:

99429 Unlisted preventive medicine service
99499 Unlisted evaluation and management service

D. SPECIAL REPORT

An unlisted service or one that is unusual, variable, or new may require a special report demonstrating the medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure and the time, effort, and equipment necessary to provide the service. Additional items that may be included are complexity of symptoms, final diagnosis, pertinent physical findings, diagnostic and therapeutic procedures, concurrent problems, and follow-up care.

Historical Note

New Appendix A, Evaluation and Management Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Evaluation and Management Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Evaluation and Management Guidelines repealed; new Appendix A, Evaluation and Management Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Evaluation and Management Guidelines repealed; new Appendix A, Evaluation and Management Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Evaluation and Management Guidelines repealed; new Appendix A, Evaluation and Management Guidelines made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Evaluation and Management Guidelines repealed; new Appendix A, Evaluation and Management Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Evaluation and Management Guidelines repealed; new Appendix A, Evaluation and Management Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Evaluation and Management Guidelines repealed; new Appendix A, Evaluation and Management Guidelines made by exempt rulemaking effective May 1, 2025 (Supp. 25-2). Appendix A, Evaluation and Management Guidelines repealed; new Appendix A, Evaluation and Management Guidelines made by exempt rulemaking effective May 1, 2026 (Supp. 26-2).

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ARIZONA PHYSICIANS' FEE SCHEDULE
Evaluation & Management Codes 2026
Evaluation & Management Conversion Factor $68.00

Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
98006 00	E&M	3.16	2.46	$ 214.88	$ 167.28
98007 00	E&M	4.19	3.33	$ 284.92	$ 226.44
98008 00	E&M	1.52	1.16	$ 103.36	$ 78.88
98009 00	E&M	2.51	1.98	$ 170.68	$ 134.64
98010 00	E&M	3.88	3.10	$ 263.84	$ 210.80
98011 00	E&M	5.08	4.10	$ 345.44	$ 278.80
98012 00	E&M	1.13	0.83	$ 76.84	$ 56.44
98013 00	E&M	1.97	1.54	$ 133.96	$ 104.72
98014 00	E&M	2.86	2.24	$ 194.48	$ 152.32
98015 00	E&M	4.16	3.33	$ 282.88	$ 226.44
98016 00	E&M	0.52	0.39	$ 35.36	$ 26.52
99202 00	E&M	2.25	1.23	$ 153.00	$ 83.64
99203 00	E&M	3.52	2.14	$ 239.36	$ 145.52
99204 00	E&M	5.31	3.50	$ 361.08	$ 238.00
99205 00	E&M	7.09	4.80	$ 482.12	$ 326.40
99211 00	E&M	0.73	0.23	$ 49.64	$ 15.64
99212 00	E&M	1.78	0.93	$ 121.04	$ 63.24
99213 00	E&M	2.85	1.72	$ 193.80	$ 116.96
99214 00	E&M	4.06	2.53	$ 276.08	$ 172.04
99215 00	E&M	5.76	3.76	$ 391.68	$ 255.68
99221 00	E&M	2.23	2.23	$ 151.64	$ 151.64
99222 00	E&M	3.50	3.50	$ 238.00	$ 238.00
99223 00	E&M	4.68	4.68	$ 318.24	$ 318.24
99231 00	E&M	1.32	1.32	$ 89.76	$ 89.76
99232 00	E&M	2.11	2.11	$ 143.48	$ 143.48
99233 00	E&M	3.20	3.20	$ 217.60	$ 217.60
99234 00	E&M	2.64	2.64	$ 179.52	$ 179.52
99235 00	E&M	4.28	4.28	$ 291.04	$ 291.04
99236 00	E&M	5.68	5.68	$ 386.24	$ 386.24
99238 00	E&M	2.24	2.24	$ 152.32	$ 152.32
99239 00	E&M	3.19	3.19	$ 216.92	$ 216.92
99242 00	E&M	2.25	1.66	$ 153.00	$ 112.88
99243 00	E&M	3.37	2.62	$ 229.16	$ 178.16
99244 00	E&M	4.82	4.00	$ 327.76	$ 272.00
99245 00	E&M	6.27	5.35	$ 426.36	$ 363.80

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
99252 00	E&M	2.10	2.10	$ 142.80	$ 142.80
99253 00	E&M	2.96	2.96	$ 201.28	$ 201.28
99254 00	E&M	4.12	4.12	$ 280.16	$ 280.16
99255 00	E&M	5.53	5.53	$ 376.04	$ 376.04
99281 00	E&M	0.33	0.33	$ 22.44	$ 22.44
99282 00	E&M	1.21	1.21	$ 82.28	$ 82.28
99283 00	E&M	2.08	2.08	$ 141.44	$ 141.44
99284 00	E&M	3.54	3.54	$ 240.72	$ 240.72
99285 00	E&M	5.13	5.13	$ 348.84	$ 348.84
99288 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99291 00	E&M	9.25	5.96	$ 629.00	$ 405.28
99292 00	E&M	4.01	3.00	$ 272.68	$ 204.00
99304 00	E&M	2.43	2.13	$ 165.24	$ 144.84
99305 00	E&M	4.22	3.59	$ 286.96	$ 244.12
99306 00	E&M	5.78	4.89	$ 393.04	$ 332.52
99307 00	E&M	1.26	1.11	$ 85.68	$ 75.48
99308 00	E&M	2.36	2.03	$ 160.48	$ 138.04
99309 00	E&M	3.43	2.95	$ 233.24	$ 200.60
99310 00	E&M	4.89	4.20	$ 332.52	$ 285.60
99315 00	E&M	2.57	2.19	$ 174.76	$ 148.92
99316 00	E&M	4.14	3.52	$ 281.52	$ 239.36
99341 00	E&M	1.47	1.47	$ 99.96	$ 99.96
99342 00	E&M	2.36	2.36	$ 160.48	$ 160.48
99344 00	E&M	4.39	4.39	$ 298.52	$ 298.52
99345 00	E&M	6.29	6.29	$ 427.72	$ 427.72
99347 00	E&M	1.38	1.38	$ 93.84	$ 93.84
99348 00	E&M	2.36	2.36	$ 160.48	$ 160.48
99349 00	E&M	3.96	3.96	$ 269.28	$ 269.28
99350 00	E&M	5.78	5.78	$ 393.04	$ 393.04
99358 00	E&M	2.75	2.30	$ 187.00	$ 156.40
99359 00	E&M	1.17	0.97	$ 79.56	$ 65.96
99360 00	E&M	1.54	1.54	$ 104.72	$ 104.72
99366 00	E&M	1.26	1.05	$ 85.68	$ 71.40
99367 00	E&M	1.41	1.41	$ 95.88	$ 95.88
99368 00	E&M	0.92	0.92	$ 62.56	$ 62.56
99374 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99375 00	E&M	3.16	2.21	$ 214.88	$ 150.28
99377 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99378 00	E&M	3.16	2.21	$ 214.88	$ 150.28
99379 00	E&M	0.00	0.00	Bundled Code	Bundled Code

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
99380 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99381 00	E&M	0.00	0.00	BR	BR
99382 00	E&M	0.00	0.00	BR	BR
99383 00	E&M	0.00	0.00	BR	BR
99384 00	E&M	0.00	0.00	BR	BR
99385 00	E&M	0.00	0.00	BR	BR
99386 00	E&M	0.00	0.00	BR	BR
99387 00	E&M	0.00	0.00	BR	BR
99391 00	E&M	0.00	0.00	BR	BR
99392 00	E&M	0.00	0.00	BR	BR
99393 00	E&M	0.00	0.00	BR	BR
99394 00	E&M	0.00	0.00	BR	BR
99395 00	E&M	0.00	0.00	BR	BR
99396 00	E&M	0.00	0.00	BR	BR
99397 00	E&M	0.00	0.00	BR	BR
99401 00	E&M	0.00	0.00	BR	BR
99402 00	E&M	0.00	0.00	BR	BR
99403 00	E&M	0.00	0.00	BR	BR
99404 00	E&M	0.00	0.00	BR	BR
99406 00	E&M	0.00	0.00	BR	BR
99407 00	E&M	0.00	0.00	BR	BR
99408 00	E&M	0.00	0.00	BR	BR
99409 00	E&M	0.00	0.00	BR	BR
99411 00	E&M	0.00	0.00	BR	BR
99412 00	E&M	0.00	0.00	BR	BR
99415 00	E&M	0.69	0.69	$ 46.92	$ 46.92
99416 00	E&M	0.38	0.38	$ 25.84	$ 25.84
99417 00	E&M	0.96	0.79	$ 65.28	$ 53.72
99418 00	E&M	1.04	1.04	$ 70.72	$ 70.72
99421 00	E&M	0.47	0.33	$ 31.96	$ 22.44
99422 00	E&M	0.92	0.67	$ 62.56	$ 45.56
99423 00	E&M	1.46	1.05	$ 99.28	$ 71.40
99424 00	E&M	2.62	1.94	$ 178.16	$ 131.92
99425 00	E&M	1.84	1.32	$ 125.12	$ 89.76
99426 00	E&M	2.03	1.32	$ 138.04	$ 89.76
99427 00	E&M	1.62	0.94	$ 110.16	$ 63.92
99429 00	E&M	0.00	0.00	BR	BR
99437 00	E&M	1.89	1.31	$ 128.52	$ 89.08
99439 00	E&M	1.51	0.92	$ 102.68	$ 62.56
99445 00	E&M	1.56	1.56	$ 106.08	$ 106.08

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
99446 00	E&M	0.57	0.48	$ 38.76	$ 32.64
99447 00	E&M	1.14	0.96	$ 77.52	$ 65.28
99448 00	E&M	1.70	1.43	$ 115.60	$ 97.24
99449 00	E&M	2.28	1.90	$ 155.04	$ 129.20
99450 00	E&M	0.00	0.00	BR	BR
99451 00	E&M	1.06	0.90	$ 72.08	$ 61.20
99452 00	E&M	1.11	0.93	$ 75.48	$ 63.24
99453 00	E&M	0.65	0.65	$ 44.20	$ 44.20
99454 00	E&M	1.56	1.56	$ 106.08	$ 106.08
99455 00	E&M	5.23	5.23	$ 355.64	$ 355.64
99456 00	E&M	6.87	6.87	$ 467.16	$ 467.16
99457 00	E&M	1.55	0.79	$ 105.40	$ 53.72
99458 00	E&M	1.24	0.79	$ 84.32	$ 53.72
99459 00	E&M	0.52	0.52	$ 35.36	$ 35.36
99460 00	E&M	2.42	2.42	$ 164.56	$ 164.56
99461 00	E&M	2.81	1.59	$ 191.08	$ 108.12
99462 00	E&M	1.06	1.06	$ 72.08	$ 72.08
99463 00	E&M	2.84	2.84	$ 193.12	$ 193.12
99464 00	E&M	1.89	1.89	$ 128.52	$ 128.52
99465 00	E&M	3.70	3.70	$ 251.60	$ 251.60
99466 00	E&M	6.04	6.04	$ 410.72	$ 410.72
99467 00	E&M	3.03	3.03	$ 206.04	$ 206.04
99468 00	E&M	23.31	23.31	$ 1,585.08	$ 1,585.08
99469 00	E&M	10.08	10.08	$ 685.44	$ 685.44
99470 00	E&M	0.78	0.40	$ 53.04	$ 27.20
99471 00	E&M	20.19	20.19	$ 1,372.92	$ 1,372.92
99472 00	E&M	10.53	10.53	$ 716.04	$ 716.04
99473 00	E&M	0.46	0.46	$ 31.28	$ 31.28
99474 00	E&M	0.55	0.24	$ 37.40	$ 16.32
99475 00	E&M	14.19	14.19	$ 964.92	$ 964.92
99476 00	E&M	9.17	9.17	$ 623.56	$ 623.56
99477 00	E&M	8.84	8.84	$ 601.12	$ 601.12
99478 00	E&M	3.47	3.47	$ 235.96	$ 235.96
99479 00	E&M	3.15	3.15	$ 214.20	$ 214.20
99480 00	E&M	3.03	3.03	$ 206.04	$ 206.04
99483 00	E&M	8.77	5.08	$ 596.36	$ 345.44
99484 00	E&M	1.72	1.16	$ 116.96	$ 78.88
99485 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99486 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99487 00	E&M	4.32	2.37	$ 293.76	$ 161.16

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
99489 00	E&M	2.34	1.31	$ 159.12	$ 89.08
99490 00	E&M	1.98	1.31	$ 134.64	$ 89.08
99491 00	E&M	2.67	1.96	$ 181.56	$ 133.28
99492 00	E&M	4.80	2.46	$ 326.40	$ 167.28
99493 00	E&M	4.34	2.68	$ 295.12	$ 182.24
99494 00	E&M	1.84	1.08	$ 125.12	$ 73.44
99495 00	E&M	6.59	3.66	$ 448.12	$ 248.88
99496 00	E&M	8.94	4.98	$ 607.92	$ 338.64
99497 00	E&M	2.60	1.97	$ 176.80	$ 133.96
99498 00	E&M	2.34	1.90	$ 159.12	$ 129.20
99499 00	E&M	0.00	0.00	BR	BR
G2010 00	E&M	0.39	0.24	$ 26.52	$ 16.32

Historical Note

New Appendix A, Evaluation and Management Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Evaluation and Management Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Evaluation and Management Codes 2019-2020 repealed; new Appendix A, Evaluation and Management Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Evaluation and Management Codes 2020- 2021 repealed; new Appendix A, Evaluation and Management Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Evaluation and Management Codes 2021-2022 repealed; new Appendix A, Evaluation and Management Codes 2022-2023 made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Evaluation and Management Codes 2022-2023 repealed; new Appendix A, Evaluation and Management Codes 2023-2024 made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Evaluation and Management Codes 2023-2024 repealed; new Appendix A, Evaluation and Management Codes 2024-2025 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Evaluation and Management Codes 2024-2025 repealed; new Appendix A, Evaluation and Management Codes 2025 made by exempt rulemaking effective May 1, 2025 (Supp. 25-2). Appendix A, Evaluation and Management Codes 2025 repealed; new Appendix A, Evaluation and Management Codes 2026 made by exempt rulemaking effective May 1, 2026 (Supp. 26-2).

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CATEGORY III CODES GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction Section of the Fee Schedule.

The following Commission guidelines are in addition to the CPT® guidelines and represent additional guidance from the Commission relative to unit values for these services. To the extent that a conflict may exist between an incorporated portion of the CPT® publication or HCPCS code and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier, or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

Category III Codes are temporary codes developed to allow collection of data for emerging technology, services, and procedures. The five (5) character alphanumeric codes contain four numbers with one alpha character in the fifth place. If a Category III Code is available, this code must be reported instead of a Category I unlisted code.

Historical Note

New Appendix A, Category III Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Category III Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Category III Guidelines; new Appendix A, Category III Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Category III Guidelines repealed; new Appendix A, Category III Codes Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Category III Code Guidelines repealed; new Appendix A, Category III Codes Guidelines made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Category III Code Guidelines repealed; new Appendix A, Category III Codes Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Category III Codes Guidelines repealed; new Appendix A, Category III Codes Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Category III Codes Guidelines repealed; new Appendix A, Category III Codes Guidelines made by exempt rulemaking effective May 1, 2025 (Supp. 25-2). Appendix A, Category III Codes Guidelines repealed; new Appendix A, Category III Codes Guidelines made by exempt rulemaking effective May 1, 2026 (Supp. 26-2).

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ARIZONA PHYSICIANS' FEE SCHEDULE
Category III Codes 2026

Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
0054T 00	Category III	0.00	0.00	RNE	RNE
0055T 00	Category III	0.00	0.00	RNE	RNE
0071T 00	Category III	0.00	0.00	RNE	RNE
0072T 00	Category III	0.00	0.00	RNE	RNE
0075T 00	Category III	0.00	0.00	RNE	RNE
0075T 26	Category III	0.00	0.00	RNE	RNE
0075T TC	Category III	0.00	0.00	RNE	RNE
0076T 00	Category III	0.00	0.00	RNE	RNE
0076T 26	Category III	0.00	0.00	RNE	RNE
0076T TC	Category III	0.00	0.00	RNE	RNE
0095T 00	Category III	0.00	0.00	RNE	RNE
0098T 00	Category III	0.00	0.00	RNE	RNE
0100T 00	Category III	0.00	0.00	RNE	RNE
0101T 00	Category III	0.00	0.00	RNE	RNE
0102T 00	Category III	0.00	0.00	RNE	RNE
0106T 00	Category III	0.00	0.00	RNE	RNE
0107T 00	Category III	0.00	0.00	RNE	RNE
0108T 00	Category III	0.00	0.00	RNE	RNE
0109T 00	Category III	0.00	0.00	RNE	RNE
0110T 00	Category III	0.00	0.00	RNE	RNE
0164T 00	Category III	0.00	0.00	RNE	RNE
0165T 00	Category III	0.00	0.00	RNE	RNE
0174T 00	Category III	0.00	0.00	RNE	RNE
0175T 00	Category III	0.00	0.00	RNE	RNE
0184T 00	Category III	0.00	0.00	RNE	RNE
0198T 00	Category III	0.00	0.00	RNE	RNE
0200T 00	Category III	0.00	0.00	RNE	RNE
0201T 00	Category III	0.00	0.00	RNE	RNE
0202T 00	Category III	0.00	0.00	RNE	RNE
0207T 00	Category III	0.00	0.00	RNE	RNE
0208T 00	Category III	0.00	0.00	RNE	RNE
0209T 00	Category III	0.00	0.00	RNE	RNE
0210T 00	Category III	0.00	0.00	RNE	RNE
0211T 00	Category III	0.00	0.00	RNE	RNE
0212T 00	Category III	0.00	0.00	RNE	RNE
0213T 00	Category III	0.00	0.00	RNE	RNE

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
0214T 00	Category III	0.00	0.00	RNE	RNE
0215T 00	Category III	0.00	0.00	RNE	RNE
0216T 00	Category III	0.00	0.00	RNE	RNE
0217T 00	Category III	0.00	0.00	RNE	RNE
0218T 00	Category III	0.00	0.00	RNE	RNE
0219T 00	Category III	0.00	0.00	RNE	RNE
0220T 00	Category III	0.00	0.00	RNE	RNE
0221T 00	Category III	0.00	0.00	RNE	RNE
0222T 00	Category III	0.00	0.00	RNE	RNE
0232T 00	Surgery	-	-	2405.52	2405.52
0234T 00	Category III	0.00	0.00	RNE	RNE
0235T 00	Category III	0.00	0.00	RNE	RNE
0236T 00	Category III	0.00	0.00	RNE	RNE
0237T 00	Category III	0.00	0.00	RNE	RNE
0238T 00	Category III	0.00	0.00	RNE	RNE
0253T 00	Category III	0.00	0.00	RNE	RNE
0263T 00	Category III	0.00	0.00	RNE	RNE
0264T 00	Category III	0.00	0.00	RNE	RNE
0265T 00	Category III	0.00	0.00	RNE	RNE
0274T 00	Category III	0.00	0.00	RNE	RNE
0278T 00	Category III	0.00	0.00	RNE	RNE
0308T 00	Category III	0.00	0.00	RNE	RNE
0329T 00	Category III	0.00	0.00	RNE	RNE
0330T 00	Category III	0.00	0.00	RNE	RNE
0331T 00	Category III	0.00	0.00	RNE	RNE
0332T 00	Category III	0.00	0.00	RNE	RNE
0333T 00	Category III	0.00	0.00	RNE	RNE
0335T 00	Category III	0.00	0.00	RNE	RNE
0338T 00	Category III	0.00	0.00	RNE	RNE
0339T 00	Category III	0.00	0.00	RNE	RNE
0342T 00	Category III	0.00	0.00	RNE	RNE
0345T 00	Category III	0.00	0.00	RNE	RNE
0347T 00	Category III	0.00	0.00	RNE	RNE
0348T 00	Category III	0.00	0.00	RNE	RNE
0349T 00	Category III	0.00	0.00	RNE	RNE
0350T 00	Category III	0.00	0.00	RNE	RNE
0351T 00	Category III	0.00	0.00	RNE	RNE
0352T 00	Category III	0.00	0.00	RNE	RNE
0353T 00	Category III	0.00	0.00	RNE	RNE
0354T 00	Category III	0.00	0.00	RNE	RNE

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
0358T 00	Category III	0.00	0.00	RNE	RNE
0362T 00	Category III	0.00	0.00	RNE	RNE
0373T 00	Category III	0.00	0.00	RNE	RNE
0378T 00	Category III	0.00	0.00	RNE	RNE
0379T 00	Category III	0.00	0.00	RNE	RNE
0395T 00	Category III	0.00	0.00	RNE	RNE
0397T 00	Category III	0.00	0.00	RNE	RNE
0402T 00	Category III	0.00	0.00	RNE	RNE
0403T 00	Category III	0.00	0.00	RNE	RNE
0408T 00	Category III	0.00	0.00	RNE	RNE
0409T 00	Category III	0.00	0.00	RNE	RNE
0410T 00	Category III	0.00	0.00	RNE	RNE
0411T 00	Category III	0.00	0.00	RNE	RNE
0412T 00	Category III	0.00	0.00	RNE	RNE
0413T 00	Category III	0.00	0.00	RNE	RNE
0414T 00	Category III	0.00	0.00	RNE	RNE
0415T 00	Category III	0.00	0.00	RNE	RNE
0416T 00	Category III	0.00	0.00	RNE	RNE
0417T 00	Category III	0.00	0.00	RNE	RNE
0417T 26	Category III	0.00	0.00	RNE	RNE
0417T TC	Category III	0.00	0.00	RNE	RNE
0418T 00	Category III	0.00	0.00	RNE	RNE
0418T 26	Category III	0.00	0.00	RNE	RNE
0418T TC	Category III	0.00	0.00	RNE	RNE
0419T 00	Category III	0.00	0.00	RNE	RNE
0420T 00	Category III	0.00	0.00	RNE	RNE
0422T 00	Category III	0.00	0.00	RNE	RNE
0437T 00	Category III	0.00	0.00	RNE	RNE
0439T 00	Category III	0.00	0.00	RNE	RNE
0440T 00	Category III	0.00	0.00	RNE	RNE
0441T 00	Category III	0.00	0.00	RNE	RNE
0442T 00	Category III	0.00	0.00	RNE	RNE
0443T 00	Category III	0.00	0.00	RNE	RNE
0444T 00	Category III	0.00	0.00	RNE	RNE
0445T 00	Category III	0.00	0.00	RNE	RNE
0449T 00	Category III	0.00	0.00	RNE	RNE
0450T 00	Category III	0.00	0.00	RNE	RNE
0464T 00	Category III	0.00	0.00	RNE	RNE
0469T 00	Category III	0.00	0.00	RNE	RNE
0472T 00	Category III	0.00	0.00	RNE	RNE

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
0473T 00	Category III	0.00	0.00	RNE	RNE
0474T 00	Category III	0.00	0.00	RNE	RNE
0479T 00	Category III	0.00	0.00	RNE	RNE
0480T 00	Category III	0.00	0.00	RNE	RNE
0481T 00	Category III	0.00	0.00	RNE	RNE
0483T 00	Category III	0.00	0.00	RNE	RNE
0484T 00	Category III	0.00	0.00	RNE	RNE
0485T 00	Category III	0.00	0.00	RNE	RNE
0485T 26	Category III	0.00	0.00	RNE	RNE
0485T TC	Category III	0.00	0.00	RNE	RNE
0486T 00	Category III	0.00	0.00	RNE	RNE
0486T 26	Category III	0.00	0.00	RNE	RNE
0486T TC	Category III	0.00	0.00	RNE	RNE
0488T 00	Category III	0.00	0.00	RNE	RNE
0489T 00	Category III	0.00	0.00	RNE	RNE
0490T 00	Category III	0.00	0.00	RNE	RNE
0494T 00	Category III	0.00	0.00	RNE	RNE
0495T 00	Category III	0.00	0.00	RNE	RNE
0496T 00	Category III	0.00	0.00	RNE	RNE
0505T 00	Category III	0.00	0.00	RNE	RNE
0506T 00	Category III	0.00	0.00	RNE	RNE
0506T 26	Category III	0.00	0.00	RNE	RNE
0506T TC	Category III	0.00	0.00	RNE	RNE
0507T 00	Category III	0.00	0.00	RNE	RNE
0507T 26	Category III	0.00	0.00	RNE	RNE
0507T TC	Category III	0.00	0.00	RNE	RNE
0510T 00	Category III	0.00	0.00	RNE	RNE
0511T 00	Category III	0.00	0.00	RNE	RNE
0512T 00	Category III	0.00	0.00	RNE	RNE
0513T 00	Category III	0.00	0.00	RNE	RNE
0515T 00	Category III	0.00	0.00	RNE	RNE
0516T 00	Category III	0.00	0.00	RNE	RNE
0517T 00	Category III	0.00	0.00	RNE	RNE
0518T 00	Category III	0.00	0.00	RNE	RNE
0519T 00	Category III	0.00	0.00	RNE	RNE
0520T 00	Category III	0.00	0.00	RNE	RNE
0521T 00	Category III	0.00	0.00	RNE	RNE
0521T 26	Category III	0.00	0.00	RNE	RNE
0521T TC	Category III	0.00	0.00	RNE	RNE
0522T 00	Category III	0.00	0.00	RNE	RNE

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
0522T 26	Category III	0.00	0.00	RNE	RNE
0522T TC	Category III	0.00	0.00	RNE	RNE
0523T 00	Category III	0.00	0.00	RNE	RNE
0524T 00	Category III	0.00	0.00	RNE	RNE
0525T 00	Category III	0.00	0.00	RNE	RNE
0526T 00	Category III	0.00	0.00	RNE	RNE
0527T 00	Category III	0.00	0.00	RNE	RNE
0528T 00	Category III	0.00	0.00	RNE	RNE
0528T 26	Category III	0.00	0.00	RNE	RNE
0528T TC	Category III	0.00	0.00	RNE	RNE
0529T 00	Category III	0.00	0.00	RNE	RNE
0529T 26	Category III	0.00	0.00	RNE	RNE
0529T TC	Category III	0.00	0.00	RNE	RNE
0530T 00	Category III	0.00	0.00	RNE	RNE
0531T 00	Category III	0.00	0.00	RNE	RNE
0532T 00	Category III	0.00	0.00	RNE	RNE
0541T 00	Category III	0.00	0.00	RNE	RNE
0542T 00	Category III	0.00	0.00	RNE	RNE
0543T 00	Category III	0.00	0.00	RNE	RNE
0544T 00	Category III	0.00	0.00	RNE	RNE
0545T 00	Category III	0.00	0.00	RNE	RNE
0546T 00	Category III	0.00	0.00	RNE	RNE
0547T 00	Category III	0.00	0.00	RNE	RNE
0552T 00	Category III	0.00	0.00	RNE	RNE
0554T 00	Category III	0.00	0.00	RNE	RNE
0555T 00	Category III	0.00	0.00	RNE	RNE
0556T 00	Category III	0.00	0.00	RNE	RNE
0557T 00	Category III	0.00	0.00	RNE	RNE
0558T 00	Category III	0.00	0.00	RNE	RNE
0559T 00	Category III	0.00	0.00	RNE	RNE
0560T 00	Category III	0.00	0.00	RNE	RNE
0561T 00	Category III	0.00	0.00	RNE	RNE
0562T 00	Category III	0.00	0.00	RNE	RNE
0563T 00	Category III	0.00	0.00	RNE	RNE
0565T 00	Category III	0.00	0.00	RNE	RNE
0566T 00	Category III	0.00	0.00	RNE	RNE
0569T 00	Category III	0.00	0.00	RNE	RNE
0570T 00	Category III	0.00	0.00	RNE	RNE
0571T 00	Category III	0.00	0.00	RNE	RNE
0572T 00	Category III	0.00	0.00	RNE	RNE

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
0573T 00	Category III	0.00	0.00	RNE	RNE
0574T 00	Category III	0.00	0.00	RNE	RNE
0575T 00	Category III	0.00	0.00	RNE	RNE
0576T 00	Category III	0.00	0.00	RNE	RNE
0577T 00	Category III	0.00	0.00	RNE	RNE
0578T 00	Category III	0.00	0.00	RNE	RNE
0579T 00	Category III	0.00	0.00	RNE	RNE
0580T 00	Category III	0.00	0.00	RNE	RNE
0581T 00	Category III	0.00	0.00	RNE	RNE
0582T 00	Category III	0.00	0.00	RNE	RNE
0584T 00	Category III	0.00	0.00	RNE	RNE
0585T 00	Category III	0.00	0.00	RNE	RNE
0586T 00	Category III	0.00	0.00	RNE	RNE
0587T 00	Category III	0.00	0.00	RNE	RNE
0588T 00	Category III	0.00	0.00	RNE	RNE
0589T 00	Category III	0.00	0.00	RNE	RNE
0590T 00	Category III	0.00	0.00	RNE	RNE
0591T 00	Category III	0.00	0.00	RNE	RNE
0592T 00	Category III	0.00	0.00	RNE	RNE
0593T 00	Category III	0.00	0.00	RNE	RNE
0594T 00	Category III	0.00	0.00	RNE	RNE
0598T 00	Category III	0.00	0.00	RNE	RNE
0599T 00	Category III	0.00	0.00	RNE	RNE
0600T 00	Category III	0.00	0.00	RNE	RNE
0601T 00	Category III	0.00	0.00	RNE	RNE
0602T 00	Category III	0.00	0.00	RNE	RNE
0603T 00	Category III	0.00	0.00	RNE	RNE
0604T 00	Category III	0.00	0.00	RNE	RNE
0606T 00	Category III	0.00	0.00	RNE	RNE
0607T 00	Category III	0.00	0.00	RNE	RNE
0608T 00	Category III	0.00	0.00	RNE	RNE
0609T 00	Category III	0.00	0.00	RNE	RNE
0610T 00	Category III	0.00	0.00	RNE	RNE
0611T 00	Category III	0.00	0.00	RNE	RNE
0612T 00	Category III	0.00	0.00	RNE	RNE
0613T 00	Category III	0.00	0.00	RNE	RNE
0614T 00	Category III	0.00	0.00	RNE	RNE
0615T 00	Category III	0.00	0.00	RNE	RNE
0620T 00	Category III	0.00	0.00	RNE	RNE
0621T 00	Category III	0.00	0.00	RNE	RNE

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
0622T 00	Category III	0.00	0.00	RNE	RNE
0627T 00	Category III	0.00	0.00	RNE	RNE
0628T 00	Category III	0.00	0.00	RNE	RNE
0629T 00	Category III	0.00	0.00	RNE	RNE
0630T 00	Category III	0.00	0.00	RNE	RNE
0632T 00	Category III	0.00	0.00	RNE	RNE
0633T 00	Category III	0.00	0.00	RNE	RNE
0633T 26	Category III	0.00	0.00	RNE	RNE
0633T TC	Category III	0.00	0.00	RNE	RNE
0634T 00	Category III	0.00	0.00	RNE	RNE
0634T 26	Category III	0.00	0.00	RNE	RNE
0634T TC	Category III	0.00	0.00	RNE	RNE
0635T 00	Category III	0.00	0.00	RNE	RNE
0635T 26	Category III	0.00	0.00	RNE	RNE
0635T TC	Category III	0.00	0.00	RNE	RNE
0636T 00	Category III	0.00	0.00	RNE	RNE
0636T 26	Category III	0.00	0.00	RNE	RNE
0636T TC	Category III	0.00	0.00	RNE	RNE
0637T 00	Category III	0.00	0.00	RNE	RNE
0637T 26	Category III	0.00	0.00	RNE	RNE
0637T TC	Category III	0.00	0.00	RNE	RNE
0638T 00	Category III	0.00	0.00	RNE	RNE
0638T 26	Category III	0.00	0.00	RNE	RNE
0638T TC	Category III	0.00	0.00	RNE	RNE
0639T 00	Category III	0.00	0.00	RNE	RNE
0640T 00	Category III	0.00	0.00	RNE	RNE
0640T 26	Category III	0.00	0.00	RNE	RNE
0640T TC	Category III	0.00	0.00	RNE	RNE
0643T 00	Category III	0.00	0.00	RNE	RNE
0644T 00	Category III	0.00	0.00	RNE	RNE
0645T 00	Category III	0.00	0.00	RNE	RNE
0646T 00	Category III	0.00	0.00	RNE	RNE
0647T 00	Category III	0.00	0.00	RNE	RNE
0648T 00	Category III	0.00	0.00	RNE	RNE
0648T 26	Category III	0.00	0.00	RNE	RNE
0648T TC	Category III	0.00	0.00	RNE	RNE
0649T 00	Category III	0.00	0.00	RNE	RNE
0649T 26	Category III	0.00	0.00	RNE	RNE
0649T TC	Category III	0.00	0.00	RNE	RNE
0650T 00	Category III	0.00	0.00	RNE	RNE

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
0650T 26	Category III	0.00	0.00	RNE	RNE
0650T TC	Category III	0.00	0.00	RNE	RNE
0651T 00	Category III	0.00	0.00	RNE	RNE
0652T 00	Category III	0.00	0.00	RNE	RNE
0653T 00	Category III	0.00	0.00	RNE	RNE
0654T 00	Category III	0.00	0.00	RNE	RNE
0655T 00	Category III	0.00	0.00	RNE	RNE
0656T 00	Category III	0.00	0.00	RNE	RNE
0657T 00	Category III	0.00	0.00	RNE	RNE
0658T 00	Category III	0.00	0.00	RNE	RNE
0659T 00	Category III	0.00	0.00	RNE	RNE
0660T 00	Category III	0.00	0.00	RNE	RNE
0661T 00	Category III	0.00	0.00	RNE	RNE
0664T 00	Category III	0.00	0.00	RNE	RNE
0665T 00	Category III	0.00	0.00	RNE	RNE
0666T 00	Category III	0.00	0.00	RNE	RNE
0667T 00	Category III	0.00	0.00	RNE	RNE
0668T 00	Category III	0.00	0.00	RNE	RNE
0669T 00	Category III	0.00	0.00	RNE	RNE
0670T 00	Category III	0.00	0.00	RNE	RNE
0671T 00	Category III	0.00	0.00	RNE	RNE
0672T 00	Category III	0.00	0.00	RNE	RNE
0673T 00	Category III	0.00	0.00	RNE	RNE
0674T 00	Category III	0.00	0.00	RNE	RNE
0675T 00	Category III	0.00	0.00	RNE	RNE
0676T 00	Category III	0.00	0.00	RNE	RNE
0677T 00	Category III	0.00	0.00	RNE	RNE
0678T 00	Category III	0.00	0.00	RNE	RNE
0679T 00	Category III	0.00	0.00	RNE	RNE
0680T 00	Category III	0.00	0.00	RNE	RNE
0681T 00	Category III	0.00	0.00	RNE	RNE
0682T 00	Category III	0.00	0.00	RNE	RNE
0683T 00	Category III	0.00	0.00	RNE	RNE
0683T 26	Category III	0.00	0.00	RNE	RNE
0683T TC	Category III	0.00	0.00	RNE	RNE
0684T 00	Category III	0.00	0.00	RNE	RNE
0684T 26	Category III	0.00	0.00	RNE	RNE
0684T TC	Category III	0.00	0.00	RNE	RNE
0685T 00	Category III	0.00	0.00	RNE	RNE
0685T 26	Category III	0.00	0.00	RNE	RNE

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
0685T TC	Category III	0.00	0.00	RNE	RNE
0686T 00	Category III	0.00	0.00	RNE	RNE
0687T 00	Category III	0.00	0.00	RNE	RNE
0688T 00	Category III	0.00	0.00	RNE	RNE
0689T 00	Category III	0.00	0.00	RNE	RNE
0689T 26	Category III	0.00	0.00	RNE	RNE
0689T TC	Category III	0.00	0.00	RNE	RNE
0690T 00	Category III	0.00	0.00	RNE	RNE
0690T 26	Category III	0.00	0.00	RNE	RNE
0690T TC	Category III	0.00	0.00	RNE	RNE
0691T 00	Category III	0.00	0.00	RNE	RNE
0691T 26	Category III	0.00	0.00	RNE	RNE
0691T TC	Category III	0.00	0.00	RNE	RNE
0692T 00	Category III	0.00	0.00	RNE	RNE
0693T 00	Category III	0.00	0.00	RNE	RNE
0694T 00	Category III	0.00	0.00	RNE	RNE
0694T 26	Category III	0.00	0.00	RNE	RNE
0694T TC	Category III	0.00	0.00	RNE	RNE
0695T 00	Category III	0.00	0.00	RNE	RNE
0696T 00	Category III	0.00	0.00	RNE	RNE
0697T 00	Category III	0.00	0.00	RNE	RNE
0697T 26	Category III	0.00	0.00	RNE	RNE
0697T TC	Category III	0.00	0.00	RNE	RNE
0698T 00	Category III	0.00	0.00	RNE	RNE
0698T 26	Category III	0.00	0.00	RNE	RNE
0698T TC	Category III	0.00	0.00	RNE	RNE
0699T 00	Category III	0.00	0.00	RNE	RNE
0700T 00	Category III	0.00	0.00	RNE	RNE
0700T 26	Category III	0.00	0.00	RNE	RNE
0700T TC	Category III	0.00	0.00	RNE	RNE
0701T 00	Category III	0.00	0.00	RNE	RNE
0701T 26	Category III	0.00	0.00	RNE	RNE
0701T TC	Category III	0.00	0.00	RNE	RNE
0704T 00	Category III	0.00	0.00	RNE	RNE
0705T 00	Category III	0.00	0.00	RNE	RNE
0706T 00	Category III	0.00	0.00	RNE	RNE
0707T 00	Category III	0.00	0.00	RNE	RNE
0708T 00	Category III	0.00	0.00	RNE	RNE
0709T 00	Category III	0.00	0.00	RNE	RNE
0710T 00	Category III	0.00	0.00	RNE	RNE

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
0711T 00	Category III	0.00	0.00	RNE	RNE
0712T 00	Category III	0.00	0.00	RNE	RNE
0713T 00	Category III	0.00	0.00	RNE	RNE
0714T 00	Category III	0.00	0.00	RNE	RNE
0716T 00	Category III	0.00	0.00	RNE	RNE
0717T 00	Category III	0.00	0.00	RNE	RNE
0718T 00	Category III	0.00	0.00	RNE	RNE
0719T 00	Category III	0.00	0.00	RNE	RNE
0721T 00	Category III	0.00	0.00	RNE	RNE
0721T 26	Category III	0.00	0.00	RNE	RNE
0721T TC	Category III	0.00	0.00	RNE	RNE
0722T 00	Category III	0.00	0.00	RNE	RNE
0722T 26	Category III	0.00	0.00	RNE	RNE
0722T TC	Category III	0.00	0.00	RNE	RNE
0723T 00	Category III	0.00	0.00	RNE	RNE
0723T 26	Category III	0.00	0.00	RNE	RNE
0723T TC	Category III	0.00	0.00	RNE	RNE
0724T 00	Category III	0.00	0.00	RNE	RNE
0724T 26	Category III	0.00	0.00	RNE	RNE
0724T TC	Category III	0.00	0.00	RNE	RNE
0725T 00	Category III	0.00	0.00	RNE	RNE
0726T 00	Category III	0.00	0.00	RNE	RNE
0727T 00	Category III	0.00	0.00	RNE	RNE
0728T 00	Category III	0.00	0.00	RNE	RNE
0729T 00	Category III	0.00	0.00	RNE	RNE
0730T 00	Category III	0.00	0.00	RNE	RNE
0731T 00	Category III	0.00	0.00	RNE	RNE
0732T 00	Category III	0.00	0.00	RNE	RNE
0733T 00	Category III	0.00	0.00	RNE	RNE
0734T 00	Category III	0.00	0.00	RNE	RNE
0735T 00	Category III	0.00	0.00	RNE	RNE
0736T 00	Category III	0.00	0.00	RNE	RNE
0737T 00	Category III	0.00	0.00	RNE	RNE
0738T 00	Category III	0.00	0.00	RNE	RNE
0739T 00	Category III	0.00	0.00	RNE	RNE
0740T 00	Category III	0.00	0.00	RNE	RNE
0741T 00	Category III	0.00	0.00	RNE	RNE
0742T 00	Category III	0.00	0.00	RNE	RNE
0742T 26	Category III	0.00	0.00	RNE	RNE
0742T TC	Category III	0.00	0.00	RNE	RNE

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
0743T 00	Category III	0.00	0.00	RNE	RNE
0743T 26	Category III	0.00	0.00	RNE	RNE
0743T TC	Category III	0.00	0.00	RNE	RNE
0744T 00	Category III	0.00	0.00	RNE	RNE
0745T 00	Category III	0.00	0.00	RNE	RNE
0746T 00	Category III	0.00	0.00	RNE	RNE
0747T 00	Category III	0.00	0.00	RNE	RNE
0748T 00	Category III	0.00	0.00	RNE	RNE
0749T 00	Category III	0.00	0.00	RNE	RNE
0750T 00	Category III	0.00	0.00	RNE	RNE
0751T 00	Category III	0.00	0.00	RNE	RNE
0752T 00	Category III	0.00	0.00	RNE	RNE
0753T 00	Category III	0.00	0.00	RNE	RNE
0754T 00	Category III	0.00	0.00	RNE	RNE
0755T 00	Category III	0.00	0.00	RNE	RNE
0756T 00	Category III	0.00	0.00	RNE	RNE
0757T 00	Category III	0.00	0.00	RNE	RNE
0758T 00	Category III	0.00	0.00	RNE	RNE
0759T 00	Category III	0.00	0.00	RNE	RNE
0760T 00	Category III	0.00	0.00	RNE	RNE
0761T 00	Category III	0.00	0.00	RNE	RNE
0762T 00	Category III	0.00	0.00	RNE	RNE
0763T 00	Category III	0.00	0.00	RNE	RNE
0764T 00	Category III	0.00	0.00	RNE	RNE
0765T 00	Category III	0.00	0.00	RNE	RNE
0766T 00	Category III	0.00	0.00	RNE	RNE
0767T 00	Category III	0.00	0.00	RNE	RNE
0770T 00	Category III	0.00	0.00	RNE	RNE
0771T 00	Category III	0.00	0.00	RNE	RNE
0772T 00	Category III	0.00	0.00	RNE	RNE
0773T 00	Category III	0.00	0.00	RNE	RNE
0774T 00	Category III	0.00	0.00	RNE	RNE
0776T 00	Category III	0.00	0.00	RNE	RNE
0777T 00	Category III	0.00	0.00	RNE	RNE
0777T 26	Category III	0.00	0.00	RNE	RNE
0777T TC	Category III	0.00	0.00	RNE	RNE
0778T 00	Category III	0.00	0.00	RNE	RNE
0779T 00	Category III	0.00	0.00	RNE	RNE
0779T 26	Category III	0.00	0.00	RNE	RNE
0779T TC	Category III	0.00	0.00	RNE	RNE

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
0780T 00	Category III	0.00	0.00	RNE	RNE
0781T 00	Category III	0.00	0.00	RNE	RNE
0782T 00	Category III	0.00	0.00	RNE	RNE
0783T 00	Category III	0.00	0.00	RNE	RNE
0784T 00	Category III	0.00	0.00	RNE	RNE
0785T 00	Category III	0.00	0.00	RNE	RNE
0786T 00	Category III	0.00	0.00	RNE	RNE
0787T 00	Category III	0.00	0.00	RNE	RNE
0788T 00	Category III	0.00	0.00	RNE	RNE
0789T 00	Category III	0.00	0.00	RNE	RNE
0790T 00	Category III	0.00	0.00	RNE	RNE
0791T 00	Category III	0.00	0.00	RNE	RNE
0792T 00	Category III	0.00	0.00	RNE	RNE
0793T 00	Category III	0.00	0.00	RNE	RNE
0794T 00	Category III	0.00	0.00	RNE	RNE
0795T 00	Category III	0.00	0.00	RNE	RNE
0796T 00	Category III	0.00	0.00	RNE	RNE
0797T 00	Category III	0.00	0.00	RNE	RNE
0798T 00	Category III	0.00	0.00	RNE	RNE
0799T 00	Category III	0.00	0.00	RNE	RNE
0800T 00	Category III	0.00	0.00	RNE	RNE
0801T 00	Category III	0.00	0.00	RNE	RNE
0802T 00	Category III	0.00	0.00	RNE	RNE
0803T 00	Category III	0.00	0.00	RNE	RNE
0804T 00	Category III	0.00	0.00	RNE	RNE
0804T 26	Category III	0.00	0.00	RNE	RNE
0804T TC	Category III	0.00	0.00	RNE	RNE
0805T 00	Category III	0.00	0.00	RNE	RNE
0806T 00	Category III	0.00	0.00	RNE	RNE
0807T 00	Category III	0.00	0.00	RNE	RNE
0807T 26	Category III	0.00	0.00	RNE	RNE
0807T TC	Category III	0.00	0.00	RNE	RNE
0808T 00	Category III	0.00	0.00	RNE	RNE
0808T 26	Category III	0.00	0.00	RNE	RNE
0808T TC	Category III	0.00	0.00	RNE	RNE
0810T 00	Category III	0.00	0.00	RNE	RNE
0811T 00	Category III	0.00	0.00	RNE	RNE
0812T 00	Category III	0.00	0.00	RNE	RNE
0813T 00	Category III	0.00	0.00	RNE	RNE
0814T 00	Category III	0.00	0.00	RNE	RNE

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
0815T 00	Category III	0.00	0.00	RNE	RNE
0815T 26	Category III	0.00	0.00	RNE	RNE
0815T TC	Category III	0.00	0.00	RNE	RNE
0816T 00	Category III	0.00	0.00	RNE	RNE
0817T 00	Category III	0.00	0.00	RNE	RNE
0818T 00	Category III	0.00	0.00	RNE	RNE
0819T 00	Category III	0.00	0.00	RNE	RNE
0820T 00	Category III	0.00	0.00	RNE	RNE
0821T 00	Category III	0.00	0.00	RNE	RNE
0822T 00	Category III	0.00	0.00	RNE	RNE
0823T 00	Category III	0.00	0.00	RNE	RNE
0824T 00	Category III	0.00	0.00	RNE	RNE
0825T 00	Category III	0.00	0.00	RNE	RNE
0826T 00	Category III	0.00	0.00	RNE	RNE
0826T 26	Category III	0.00	0.00	RNE	RNE
0826T TC	Category III	0.00	0.00	RNE	RNE
0827T 00	Category III	0.00	0.00	RNE	RNE
0828T 00	Category III	0.00	0.00	RNE	RNE
0829T 00	Category III	0.00	0.00	RNE	RNE
0830T 00	Category III	0.00	0.00	RNE	RNE
0831T 00	Category III	0.00	0.00	RNE	RNE
0832T 00	Category III	0.00	0.00	RNE	RNE
0833T 00	Category III	0.00	0.00	RNE	RNE
0834T 00	Category III	0.00	0.00	RNE	RNE
0835T 00	Category III	0.00	0.00	RNE	RNE
0836T 00	Category III	0.00	0.00	RNE	RNE
0837T 00	Category III	0.00	0.00	RNE	RNE
0838T 00	Category III	0.00	0.00	RNE	RNE
0839T 00	Category III	0.00	0.00	RNE	RNE
0840T 00	Category III	0.00	0.00	RNE	RNE
0841T 00	Category III	0.00	0.00	RNE	RNE
0842T 00	Category III	0.00	0.00	RNE	RNE
0843T 00	Category III	0.00	0.00	RNE	RNE
0844T 00	Category III	0.00	0.00	RNE	RNE
0845T 00	Category III	0.00	0.00	RNE	RNE
0846T 00	Category III	0.00	0.00	RNE	RNE
0847T 00	Category III	0.00	0.00	RNE	RNE
0848T 00	Category III	0.00	0.00	RNE	RNE
0849T 00	Category III	0.00	0.00	RNE	RNE
0850T 00	Category III	0.00	0.00	RNE	RNE

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
0851T 00	Category III	0.00	0.00	RNE	RNE
0852T 00	Category III	0.00	0.00	RNE	RNE
0853T 00	Category III	0.00	0.00	RNE	RNE
0854T 00	Category III	0.00	0.00	RNE	RNE
0855T 00	Category III	0.00	0.00	RNE	RNE
0856T 00	Category III	0.00	0.00	RNE	RNE
0857T 00	Category III	0.00	0.00	RNE	RNE
0857T 26	Category III	0.00	0.00	RNE	RNE
0857T TC	Category III	0.00	0.00	RNE	RNE
0858T 00	Category III	0.00	0.00	RNE	RNE
0858T 26	Category III	0.00	0.00	RNE	RNE
0858T TC	Category III	0.00	0.00	RNE	RNE
0859T 00	Category III	0.00	0.00	RNE	RNE
0859T 26	Category III	0.00	0.00	RNE	RNE
0859T TC	Category III	0.00	0.00	RNE	RNE
0860T 00	Category III	0.00	0.00	RNE	RNE
0861T 00	Category III	0.00	0.00	RNE	RNE
0862T 00	Category III	0.00	0.00	RNE	RNE
0863T 00	Category III	0.00	0.00	RNE	RNE
0864T 00	Category III	0.00	0.00	RNE	RNE
0865T 00	Category III	0.00	0.00	RNE	RNE
0865T 26	Category III	0.00	0.00	RNE	RNE
0865T TC	Category III	0.00	0.00	RNE	RNE
0866T 00	Category III	0.00	0.00	RNE	RNE
0866T 26	Category III	0.00	0.00	RNE	RNE
0866T TC	Category III	0.00	0.00	RNE	RNE
0867T 00	Category III	0.00	0.00	RNE	RNE
0868T 00	Category III	0.00	0.00	RNE	RNE
0868T 26	Category III	0.00	0.00	RNE	RNE
0868T TC	Category III	0.00	0.00	RNE	RNE
0869T 00	Category III	0.00	0.00	RNE	RNE
0870T 00	Category III	0.00	0.00	RNE	RNE
0871T 00	Category III	0.00	0.00	RNE	RNE
0872T 00	Category III	0.00	0.00	RNE	RNE
0873T 00	Category III	0.00	0.00	RNE	RNE
0874T 00	Category III	0.00	0.00	RNE	RNE
0875T 00	Category III	0.00	0.00	RNE	RNE
0876T 00	Category III	0.00	0.00	RNE	RNE
0876T 26	Category III	0.00	0.00	RNE	RNE
0876T TC	Category III	0.00	0.00	RNE	RNE

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
0877T 00	Category III	0.00	0.00	RNE	RNE
0878T 00	Category III	0.00	0.00	RNE	RNE
0879T 00	Category III	0.00	0.00	RNE	RNE
0880T 00	Category III	0.00	0.00	RNE	RNE
0881T 00	Category III	0.00	0.00	RNE	RNE
0882T 00	Category III	0.00	0.00	RNE	RNE
0883T 00	Category III	0.00	0.00	RNE	RNE
0884T 00	Category III	0.00	0.00	RNE	RNE
0885T 00	Category III	0.00	0.00	RNE	RNE
0886T 00	Category III	0.00	0.00	RNE	RNE
0887T 00	Category III	0.00	0.00	RNE	RNE
0888T 00	Category III	0.00	0.00	RNE	RNE
0889T 00	Category III	0.00	0.00	RNE	RNE
0890T 00	Category III	0.00	0.00	RNE	RNE
0891T 00	Category III	0.00	0.00	RNE	RNE
0892T 00	Category III	0.00	0.00	RNE	RNE
0893T 00	Category III	0.00	0.00	RNE	RNE
0893T 26	Category III	0.00	0.00	RNE	RNE
0893T TC	Category III	0.00	0.00	RNE	RNE
0894T 00	Category III	0.00	0.00	RNE	RNE
0895T 00	Category III	0.00	0.00	RNE	RNE
0896T 00	Category III	0.00	0.00	RNE	RNE
0897T 00	Category III	0.00	0.00	RNE	RNE
0897T 26	Category III	0.00	0.00	RNE	RNE
0897T TC	Category III	0.00	0.00	RNE	RNE
0898T 00	Category III	0.00	0.00	RNE	RNE
0898T 26	Category III	0.00	0.00	RNE	RNE
0898T TC	Category III	0.00	0.00	RNE	RNE
0899T 00	Category III	0.00	0.00	RNE	RNE
0899T 26	Category III	0.00	0.00	RNE	RNE
0899T TC	Category III	0.00	0.00	RNE	RNE
0900T 00	Category III	0.00	0.00	RNE	RNE
0900T 26	Category III	0.00	0.00	RNE	RNE
0900T TC	Category III	0.00	0.00	RNE	RNE
0901T 00	Category III	0.00	0.00	RNE	RNE
0902T 00	Category III	0.00	0.00	RNE	RNE
0903T 00	Category III	0.00	0.00	RNE	RNE
0904T 00	Category III	0.00	0.00	RNE	RNE
0905T 00	Category III	0.00	0.00	RNE	RNE
0906T 00	Category III	0.00	0.00	RNE	RNE

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
0907T 00	Category III	0.00	0.00	RNE	RNE
0908T 00	Category III	0.00	0.00	RNE	RNE
0909T 00	Category III	0.00	0.00	RNE	RNE
0910T 00	Category III	0.00	0.00	RNE	RNE
0911T 00	Category III	0.00	0.00	RNE	RNE
0912T 00	Category III	0.00	0.00	RNE	RNE
0913T 00	Category III	0.00	0.00	RNE	RNE
0914T 00	Category III	0.00	0.00	RNE	RNE
0915T 00	Category III	0.00	0.00	RNE	RNE
0916T 00	Category III	0.00	0.00	RNE	RNE
0917T 00	Category III	0.00	0.00	RNE	RNE
0918T 00	Category III	0.00	0.00	RNE	RNE
0919T 00	Category III	0.00	0.00	RNE	RNE
0920T 00	Category III	0.00	0.00	RNE	RNE
0921T 00	Category III	0.00	0.00	RNE	RNE
0922T 00	Category III	0.00	0.00	RNE	RNE
0923T 00	Category III	0.00	0.00	RNE	RNE
0924T 00	Category III	0.00	0.00	RNE	RNE
0925T 00	Category III	0.00	0.00	RNE	RNE
0926T 00	Category III	0.00	0.00	RNE	RNE
0926T 26	Category III	0.00	0.00	RNE	RNE
0926T TC	Category III	0.00	0.00	RNE	RNE
0927T 00	Category III	0.00	0.00	RNE	RNE
0927T 26	Category III	0.00	0.00	RNE	RNE
0927T TC	Category III	0.00	0.00	RNE	RNE
0928T 00	Category III	0.00	0.00	RNE	RNE
0929T 00	Category III	0.00	0.00	RNE	RNE
0930T 00	Category III	0.00	0.00	RNE	RNE
0930T 26	Category III	0.00	0.00	RNE	RNE
0930T TC	Category III	0.00	0.00	RNE	RNE
0931T 00	Category III	0.00	0.00	RNE	RNE
0931T 26	Category III	0.00	0.00	RNE	RNE
0931T TC	Category III	0.00	0.00	RNE	RNE
0932T 00	Category III	0.00	0.00	RNE	RNE
0932T 26	Category III	0.00	0.00	RNE	RNE
0932T TC	Category III	0.00	0.00	RNE	RNE
0933T 00	Category III	0.00	0.00	RNE	RNE
0934T 00	Category III	0.00	0.00	RNE	RNE
0935T 00	Category III	0.00	0.00	RNE	RNE
0936T 00	Category III	0.00	0.00	RNE	RNE

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
0937T 00	Category III	0.00	0.00	RNE	RNE
0938T 00	Category III	0.00	0.00	RNE	RNE
0939T 00	Category III	0.00	0.00	RNE	RNE
0940T 00	Category III	0.00	0.00	RNE	RNE
0941T 00	Category III	0.00	0.00	RNE	RNE
0942T 00	Category III	0.00	0.00	RNE	RNE
0943T 00	Category III	0.00	0.00	RNE	RNE
0944T 00	Category III	0.00	0.00	RNE	RNE
0944T 26	Category III	0.00	0.00	RNE	RNE
0944T TC	Category III	0.00	0.00	RNE	RNE
0945T 00	Category III	0.00	0.00	RNE	RNE
0946T 00	Category III	0.00	0.00	RNE	RNE
0946T 26	Category III	0.00	0.00	RNE	RNE
0946T TC	Category III	0.00	0.00	RNE	RNE
0947T 00	Category III	0.00	0.00	RNE	RNE
0947T 26	Category III	0.00	0.00	RNE	RNE
0947T TC	Category III	0.00	0.00	RNE	RNE
0948T 00	Category III	0.00	0.00	RNE	RNE
0949T 00	Category III	0.00	0.00	RNE	RNE
0950T 00	Category III	0.00	0.00	RNE	RNE
0951T 00	Category III	0.00	0.00	RNE	RNE
0952T 00	Category III	0.00	0.00	RNE	RNE
0953T 00	Category III	0.00	0.00	RNE	RNE
0954T 00	Category III	0.00	0.00	RNE	RNE
0955T 00	Category III	0.00	0.00	RNE	RNE
0956T 00	Category III	0.00	0.00	RNE	RNE
0957T 00	Category III	0.00	0.00	RNE	RNE
0958T 00	Category III	0.00	0.00	RNE	RNE
0959T 00	Category III	0.00	0.00	RNE	RNE
0960T 00	Category III	0.00	0.00	RNE	RNE
0961T 00	Category III	0.00	0.00	RNE	RNE
0961T 26	Category III	0.00	0.00	RNE	RNE
0961T TC	Category III	0.00	0.00	RNE	RNE
0962T 00	Category III	0.00	0.00	RNE	RNE
0962T 26	Category III	0.00	0.00	RNE	RNE
0962T TC	Category III	0.00	0.00	RNE	RNE
0963T 00	Category III	0.00	0.00	RNE	RNE
0964T 00	Category III	0.00	0.00	RNE	RNE
0965T 00	Category III	0.00	0.00	RNE	RNE
0966T 00	Category III	0.00	0.00	RNE	RNE

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
0967T 00	Category III	0.00	0.00	RNE	RNE
0968T 00	Category III	0.00	0.00	RNE	RNE
0969T 00	Category III	0.00	0.00	RNE	RNE
0970T 00	Category III	0.00	0.00	RNE	RNE
0971T 00	Category III	0.00	0.00	RNE	RNE
0972T 00	Category III	0.00	0.00	RNE	RNE
0972T 26	Category III	0.00	0.00	RNE	RNE
0972T TC	Category III	0.00	0.00	RNE	RNE
0973T 00	Category III	0.00	0.00	RNE	RNE
0974T 00	Category III	0.00	0.00	RNE	RNE
0975T 00	Category III	0.00	0.00	RNE	RNE
0976T 00	Category III	0.00	0.00	RNE	RNE
0977T 00	Category III	0.00	0.00	RNE	RNE
0977T 26	Category III	0.00	0.00	RNE	RNE
0977T TC	Category III	0.00	0.00	RNE	RNE
0978T 00	Category III	0.00	0.00	RNE	RNE
0979T 00	Category III	0.00	0.00	RNE	RNE
0980T 00	Category III	0.00	0.00	RNE	RNE
0981T 00	Category III	0.00	0.00	RNE	RNE
0982T 00	Category III	0.00	0.00	RNE	RNE
0983T 00	Category III	0.00	0.00	RNE	RNE
0984T 00	Category III	0.00	0.00	RNE	RNE
0984T 26	Category III	0.00	0.00	RNE	RNE
0984T TC	Category III	0.00	0.00	RNE	RNE
0985T 00	Category III	0.00	0.00	RNE	RNE
0985T 26	Category III	0.00	0.00	RNE	RNE
0985T TC	Category III	0.00	0.00	RNE	RNE
0986T 00	Category III	0.00	0.00	RNE	RNE
0986T 26	Category III	0.00	0.00	RNE	RNE
0986T TC	Category III	0.00	0.00	RNE	RNE
0987T 00	Category III	0.00	0.00	RNE	RNE
0987T 26	Category III	0.00	0.00	RNE	RNE
0987T TC	Category III	0.00	0.00	RNE	RNE
0988T 00	Category III	0.00	0.00	RNE	RNE
0989T 00	Category III	0.00	0.00	RNE	RNE
0990T 00	Category III	0.00	0.00	RNE	RNE
0991T 00	Category III	0.00	0.00	RNE	RNE
0992T 00	Category III	0.00	0.00	RNE	RNE
0992T 26	Category III	0.00	0.00	RNE	RNE
0992T TC	Category III	0.00	0.00	RNE	RNE

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
0993T 00	Category III	0.00	0.00	RNE	RNE
0993T 26	Category III	0.00	0.00	RNE	RNE
0993T TC	Category III	0.00	0.00	RNE	RNE
0994T 00	Category III	0.00	0.00	RNE	RNE
0995T 00	Category III	0.00	0.00	RNE	RNE
0996T 00	Category III	0.00	0.00	RNE	RNE
0997T 00	Category III	0.00	0.00	RNE	RNE
0998T 00	Category III	0.00	0.00	RNE	RNE
0999T 00	Category III	0.00	0.00	RNE	RNE
1000T 00	Category III	0.00	0.00	RNE	RNE
1001T 00	Category III	0.00	0.00	RNE	RNE
1002T 00	Category III	0.00	0.00	RNE	RNE
1002T 26	Category III	0.00	0.00	RNE	RNE
1002T TC	Category III	0.00	0.00	RNE	RNE
1003T 00	Category III	0.00	0.00	RNE	RNE
1004T 00	Category III	0.00	0.00	RNE	RNE
1005T 00	Category III	0.00	0.00	RNE	RNE
1006T 00	Category III	0.00	0.00	RNE	RNE
1007T 00	Category III	0.00	0.00	RNE	RNE
1008T 00	Category III	0.00	0.00	RNE	RNE
1009T 00	Category III	0.00	0.00	RNE	RNE
1010T 00	Category III	0.00	0.00	RNE	RNE
1010T 26	Category III	0.00	0.00	RNE	RNE
1010T TC	Category III	0.00	0.00	RNE	RNE
1011T 00	Category III	0.00	0.00	RNE	RNE
1012T 00	Category III	0.00	0.00	RNE	RNE
1013T 00	Category III	0.00	0.00	RNE	RNE
1014T 00	Category III	0.00	0.00	RNE	RNE
1015T 00	Category III	0.00	0.00	RNE	RNE
1016T 00	Category III	0.00	0.00	RNE	RNE
1017T 00	Category III	0.00	0.00	RNE	RNE
1018T 00	Category III	0.00	0.00	RNE	RNE
1019T 00	Category III	0.00	0.00	RNE	RNE
1020T 00	Category III	0.00	0.00	RNE	RNE
1021T 00	Category III	0.00	0.00	RNE	RNE
1022T 00	Category III	0.00	0.00	RNE	RNE
1023T 00	Category III	0.00	0.00	RNE	RNE
1024T 00	Category III	0.00	0.00	RNE	RNE
1025T 00	Category III	0.00	0.00	RNE	RNE
1025T 26	Category III	0.00	0.00	RNE	RNE

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Code	Category	FY26 NF RVU	FY26 FAC RVU	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
1025T TC	Category III	0.00	0.00	RNE	RNE

Historical Note

New Appendix A, Category III Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Category III Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Category III Codes 2019- 2020 repealed; new Appendix A, Category III Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20- 3). Appendix A, Category III Codes 2020-2021 repealed; new Appendix A, Category III Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Category III Codes 2021-2022 repealed; new Appendix A, Category III Codes 2022-2023 made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Category III Codes 2022-2023 repealed; new Appendix A, Category III Codes 2023-2024 made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Category III Codes 2023-2024 repealed; new Appendix A, Category III Codes 2024-2025 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Category III Codes 2024- 2025 repealed; new Appendix A, Category III Codes 2025 made by final exempt rulemaking effective May 1, 2025 (Supp. 25-2). Appendix A, Category III Codes 2025 repealed; new Appendix A, Category III Codes 2026 made by final exempt rulemaking effective May 1, 2026 (Supp. 26-2).

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HCPCS GUIDELINES

Information regarding the incorporation of HCPCS codes is found in the Introduction to the Fee Schedule. HCPCS codes are five (5) character codes with a leading alpha-character followed by four (4) numeric digits.

The following Commission guidelines are provided in addition to the Center for Medicare & Medicaid Services' (CMS) HCPCS codes and descriptions and represent additional guidance from the Commission relative to services unique or uniquely utilized in Workers' Compensation. To the extent that a conflict may exist between an incorporated HCPCS code and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier, or modifier shall control. Codes that contain explanatory language specific to Arizona are preceded by Δ in this Fee Schedule. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

HCPCS codes in this section are used to bill for services, equipment, and supplies including:

- Medical and surgical supplies
- Durable medical equipment
- Physician-administered drugs
- Prosthetics and orthotics
- Vision and hearing supplies

In this section, any reference to Durable Medical Equipment (DME) includes reimbursable supplies, prosthetics, and orthotics.

A. REIMBURSEMENT

1. Materials and supplies normally necessary to perform a service, such as needles and syringes, ultrasound pads and gel, band-aids, and dressings are considered part of a healthcare provider's overhead and are not separately reimbursable. Please see Section J of the Introduction Guidelines to the Fee Schedule for more examples of non-reimbursable supplies and materials.

2. This section of the fee schedule includes maximum reimbursement amounts for DME, services, and procedures billed with HCPCS codes.

3. DME dispensed by a healthcare provider to the patient ancillary to an office visit shall be reimbursed at the lesser of the provider's billed charge or the value listed in the fee schedule.

4. DME may be reimbursed differently based on whether the zip code where the materials are provided are classified by CMS as rural or nonrural. The fee schedule includes different rates for rural and nonrural zip codes where applicable. The zip codes included on the list below shall be reimbursed based on the fees in the "Rural" column in the fee schedule. All other zip codes shall be reimbursed based on the "Nonrural" fee.

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Rural Zip Codes

85135	85371	85542	85621	85920	85936	86034	86511
85192	85390	85543	85623	85922	85937	86039	86512
85320	85501	85544	85624	85923	85938	86042	86514
85321	85502	85545	85628	85924	85939	86043	86515
85325	85530	85546	85631	85925	85940	86047	86520
85328	85531	85547	85634	85926	85941	86054	86535
85334	85532	85548	85637	85927	85942	86502	86538
85341	85533	85550	85640	85928	86025	86503	86540
85344	85534	85551	85646	85929	86028	86504	86544
85346	85535	85552	85648	85930	86029	86505	86545
85348	85536	85553	85901	85932	86030	86506	86547
85357	85539	85554	85902	85933	86031	86507	86556
85358	85540	85611	85911	85934	86032	86508	
85359	85541	85618	85912	85935	86033	86510	

5. DME shipped to the patient shall be reimbursed based on the location of the patient when determining if the fees for rural or nonrural zip codes apply.

6. HCPCS codes describing physician-administered drugs and biologicals including, chemotherapy and immunosuppressive drugs, inhalation solutions and other miscellaneous drugs and solutions shall be used when billing for these products. Please refer to the Pharmaceutical Fee Schedule for billing and reimbursement information for prescription and over-the-counter drugs, including those that are described by HCPCS codes.

7. DME items that are listed as By Report, have no listed value, or are not included in the fee schedule, shall be reimbursed at one hundred forty percent (140%) of the actual cost. The DME provider shall include a copy of the original invoice for each item. No additional reimbursement for shipping or delivery shall be provided. If the DME was procured from an intermediary entity (e.g., wholesaler) and not the original manufacturer, the provider must disclose any rebates, reductions, discounts, or relationship with that intermediary entity and the impact on the original manufacturer's cost of that item. Reimbursement may also be based on a predetermined agreement between the provider and the payer.

8. Services that are listed as By Report, have no listed value, or are not included in the fee schedule, shall be reimbursed based on a predetermined agreement between the provider and the payer.

9. Reimbursement for DME shall not be less than the actual cost of an item. Specialized (*e.g.,* bariatric) equipment may have an actual cost that is greater than the reimbursement value listed in the Fee Schedule. The DME provider must demonstrate the actual cost of the DME is greater than the listed reimbursement value by presenting a copy of the original invoice for that item. The reimbursement value for the item shall be based on a predetermined agreement between the DME provider and the payer. When the DME was procured from an intermediary entity

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(*e.g.,* wholesaler) and not the original manufacturer, the provider must disclose any rebates, reductions, discounts, or relationship with that intermediary entity and the impact on the original manufacturer's cost of that item.

10. Home Health Care – please see the Home Health Care Fee Schedule Guidelines.

B. MODIFIERS

1. As appropriate, durable medical equipment, should be billed with the following modifiers:

   a. NU – indicates the purchase of new equipment.

   b. UE – indicates the purchase of used equipment.

   c. RR – indicates that the equipment is being rented. Rental periods shall be considered monthly unless defined differently in the code description.

      i. The maximum rental period is 13 months. After 13 months, the equipment shall be considered purchased.

   Note: Not all durable medical equipment will have modifiers. For example, certain supplies are low cost and therefore will not have used or rental options; other codes may have "rental" or "used" included in the code description.

C. BILLING

1. Providers of orthotics and prostheses may bill for fitting, training, and management using CPT® codes 97760-97763.

2. DME and Implantable devices shall be billed separately from facility and professional service fees only if they are not considered bundled with the primary service code.

3. Certain DME may be rented. Determination to purchase or rent DME shall be based on CMS Medicare guidelines in effect on the date the patient takes possession of the DME.

4. Materials, supplies, and equipment billed with a miscellaneous code (e.g., E1399 – durable medical equipment, miscellaneous) shall include the brand name and model number of the DME being supplied when available.

5. Actual shipping or delivery costs necessary to transit DME to the injured worker may be billed except those DME items described in Subsection (A)(7). Documentation demonstrating the cost of shipping shall be included with the invoice.

Historical Note

New Appendix A, HCPCS Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, HCPCS Guidelines repealed; new Appendix A, HCPCS Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, HCPCS Guidelines repealed; new Appendix A, HCPCS Guidelines made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).Appendix A, HCPCS Guidelines repealed; new Appendix A, HCPCS Guidelines made by exempt rulemaking effective May 1, 2026 (Supp. 26-2).

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ARIZONA PHYSICIANS' FEE SCHEDULE
HCPCS Codes 2026

Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
A2001 00	HCPCS	BR	BR
A2002 00	HCPCS	BR	BR
A2005 00	HCPCS	BR	BR
A2006 00	HCPCS	BR	BR
A2007 00	HCPCS	BR	BR
A2008 00	HCPCS	BR	BR
A2009 00	HCPCS	BR	BR
A2010 00	HCPCS	BR	BR
A2011 00	HCPCS	BR	BR
A2012 00	HCPCS	BR	BR
A2013 00	HCPCS	BR	BR
A2014 00	HCPCS	$ 84.77	$ 84.77
A2026 00	HCPCS	$ 96.24	$ 96.24
A4100 00	HCPCS	BR	BR
A4206 00	HCPCS	$ 0.92	$ 0.92
A4207 00	HCPCS	$ 1.85	$ 1.85
A4208 00	HCPCS	$ 12.78	$ 12.78
A4209 00	HCPCS	$ 4.14	$ 4.14
A4210 00	HCPCS	$ 5.53	$ 5.53
A4211 00	HCPCS	$ 30.17	$ 30.17
A4212 00	HCPCS	$ 16.98	$ 16.98
A4213 00	HCPCS	$ 5.47	$ 5.47
A4215 00	HCPCS	$ 0.92	$ 0.92
A4216 00	HCPCS	$ 0.87	$ 0.87
A4217 00	HCPCS	$ 6.26	$ 6.26
A4218 00	HCPCS	$ 1.32	$ 1.32
A4220 00	HCPCS	$ 64.15	$ 64.15
A4221 00	HCPCS	$ 36.22	$ 40.32
A4222 00	HCPCS	$ 68.70	$ 78.40
A4223 00	HCPCS	$ 126.52	$ 126.52
A4224 00	HCPCS	$ 36.22	$ 40.32
A4225 00	HCPCS	$ 4.86	$ 5.04
A4226 00	HCPCS	$ 13.71	$ 13.71
A4230 00	HCPCS	$ 12.84	$ 12.84
A4231 00	HCPCS	$ 8.64	$ 8.64
A4232 00	HCPCS	$ 4.14	$ 4.14

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
A4233 NU	HCPCS	$ 0.71	$ 0.71
A4234 NU	HCPCS	$ 3.30	$ 3.30
A4235 NU	HCPCS	$ 1.40	$ 1.40
A4236 NU	HCPCS	$ 1.62	$ 1.62
A4238 00	HCPCS	$ 579.67	$ 579.67
A4239 00	HCPCS	$ 382.59	$ 382.59
A4244 00	HCPCS	$ 2.24	$ 2.24
A4245 00	HCPCS	$ 6.92	$ 6.92
A4246 00	HCPCS	$ 8.64	$ 8.64
A4247 00	HCPCS	$ 11.91	$ 11.91
A4248 00	HCPCS	$ 0.14	$ 0.14
A4250 00	HCPCS	$ 21.14	$ 21.14
A4252 00	HCPCS	$ 17.46	$ 17.46
A4253 NU	HCPCS	$ 11.65	$ 11.65
A4255 00	HCPCS	$ 8.19	$ 8.19
A4256 00	HCPCS	$ 4.73	$ 4.73
A4257 00	HCPCS	$ 25.47	$ 25.47
A4258 00	HCPCS	$ 2.97	$ 2.97
A4259 00	HCPCS	$ 1.99	$ 1.99
A4262 00	HCPCS	$ 33.92	$ 33.92
A4263 00	HCPCS	$ 67.38	$ 67.38
A4265 00	HCPCS	$ 6.80	$ 6.80
A4266 00	HCPCS	$ 83.44	$ 83.44
A4267 00	HCPCS	$ 0.85	$ 0.85
A4268 00	HCPCS	$ 1.39	$ 1.39
A4269 00	HCPCS	$ 13.30	$ 13.30
A4270 00	HCPCS	$ 14.67	$ 14.67
A4271 00	HCPCS	$ 47.74	$ 47.74
A4280 00	HCPCS	$ 10.33	$ 10.33
A4281 00	HCPCS	$ 10.54	$ 10.54
A4282 00	HCPCS	$ 18.77	$ 18.77
A4283 00	HCPCS	$ 3.23	$ 3.23
A4284 00	HCPCS	$ 9.16	$ 9.16
A4285 00	HCPCS	$ 6.40	$ 6.40
A4286 00	HCPCS	$ 7.31	$ 7.31
A4287 00	HCPCS	$ 0.50	$ 0.50
A4288 00	HCPCS	$ 16.94	$ 16.94
A4290 00	HCPCS	$ 333.61	$ 333.61
A4295 00	HCPCS	$ 3.61	$ 3.61
A4296 00	HCPCS	$ 12.81	$ 12.81

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
A4297 00	HCPCS	$ 13.99	$ 13.99
A4300 00	HCPCS	$ 21.14	$ 21.14
A4301 00	HCPCS	$ 421.54	$ 421.54
A4305 00	HCPCS	$ 67.77	$ 67.77
A4306 00	HCPCS	$ 33.92	$ 33.92
A4310 00	HCPCS	$ 15.39	$ 15.39
A4311 00	HCPCS	$ 29.26	$ 29.26
A4312 00	HCPCS	$ 35.98	$ 35.98
A4313 00	HCPCS	$ 36.96	$ 36.96
A4314 00	HCPCS	$ 42.88	$ 42.88
A4315 00	HCPCS	$ 52.63	$ 52.63
A4316 00	HCPCS	$ 56.66	$ 56.66
A4320 00	HCPCS	$ 10.49	$ 10.49
A4321 00	HCPCS	$ 10.08	$ 10.08
A4322 00	HCPCS	$ 6.09	$ 6.09
A4326 00	HCPCS	$ 21.52	$ 21.52
A4327 00	HCPCS	$ 84.32	$ 84.32
A4328 00	HCPCS	$ 20.82	$ 20.82
A4330 00	HCPCS	$ 14.29	$ 14.29
A4331 00	HCPCS	$ 6.34	$ 6.34
A4332 00	HCPCS	$ 0.21	$ 0.21
A4333 00	HCPCS	$ 4.42	$ 4.42
A4334 00	HCPCS	$ 9.81	$ 9.81
A4335 00	HCPCS	BR	BR
A4336 00	HCPCS	$ 2.87	$ 2.87
A4338 00	HCPCS	$ 24.47	$ 24.47
A4340 00	HCPCS	$ 63.35	$ 63.35
A4341 00	HCPCS	$ 486.85	$ 486.85
A4342 00	HCPCS	$ 1,229.28	$ 1,229.28
A4344 00	HCPCS	$ 31.93	$ 31.93
A4346 00	HCPCS	$ 38.42	$ 38.42
A4349 00	HCPCS	$ 4.02	$ 4.02
A4351 00	HCPCS	$ 3.61	$ 3.61
A4352 00	HCPCS	$ 12.81	$ 12.81
A4353 00	HCPCS	$ 13.99	$ 13.99
A4354 00	HCPCS	$ 23.56	$ 23.56
A4355 00	HCPCS	$ 15.71	$ 15.71
A4356 00	HCPCS	$ 85.40	$ 85.40
A4357 00	HCPCS	$ 19.28	$ 19.28
A4358 00	HCPCS	$ 11.75	$ 11.75

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
A4360 00	HCPCS	$ 0.94	$ 0.94
A4361 00	HCPCS	$ 36.62	$ 36.62
A4362 00	HCPCS	$ 6.93	$ 6.93
A4363 00	HCPCS	$ 4.42	$ 4.42
A4364 00	HCPCS	$ 5.87	$ 5.87
A4366 00	HCPCS	$ 2.58	$ 2.58
A4367 00	HCPCS	$ 14.69	$ 14.69
A4368 00	HCPCS	$ 0.50	$ 0.50
A4369 00	HCPCS	$ 4.12	$ 4.12
A4371 00	HCPCS	$ 7.17	$ 7.17
A4372 00	HCPCS	$ 8.39	$ 8.39
A4373 00	HCPCS	$ 12.52	$ 12.52
A4375 00	HCPCS	$ 34.26	$ 34.26
A4376 00	HCPCS	$ 94.93	$ 94.93
A4377 00	HCPCS	$ 8.55	$ 8.55
A4378 00	HCPCS	$ 61.35	$ 61.35
A4379 00	HCPCS	$ 29.96	$ 29.96
A4380 00	HCPCS	$ 74.48	$ 74.48
A4381 00	HCPCS	$ 9.23	$ 9.23
A4382 00	HCPCS	$ 49.13	$ 49.13
A4383 00	HCPCS	$ 56.24	$ 56.24
A4384 00	HCPCS	$ 19.17	$ 19.17
A4385 00	HCPCS	$ 10.16	$ 10.16
A4387 00	HCPCS	$ 4.48	$ 4.48
A4388 00	HCPCS	$ 8.69	$ 8.69
A4389 00	HCPCS	$ 12.38	$ 12.38
A4390 00	HCPCS	$ 19.15	$ 19.15
A4391 00	HCPCS	$ 14.10	$ 14.10
A4392 00	HCPCS	$ 16.31	$ 16.31
A4393 00	HCPCS	$ 18.03	$ 18.03
A4394 00	HCPCS	$ 5.17	$ 5.17
A4395 00	HCPCS	$ 0.07	$ 0.07
A4396 00	HCPCS	$ 80.77	$ 80.77
A4398 00	HCPCS	$ 27.58	$ 27.58
A4399 00	HCPCS	$ 24.47	$ 24.47
A4400 00	HCPCS	$ 97.51	$ 97.51
A4402 00	HCPCS	$ 3.18	$ 3.18
A4404 00	HCPCS	$ 3.05	$ 3.05
A4405 00	HCPCS	$ 6.82	$ 6.82
A4406 00	HCPCS	$ 11.42	$ 11.42

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
A4407 00	HCPCS	$ 17.47	$ 17.47
A4408 00	HCPCS	$ 19.70	$ 19.70
A4409 00	HCPCS	$ 12.38	$ 12.38
A4410 00	HCPCS	$ 18.03	$ 18.03
A4411 00	HCPCS	$ 10.16	$ 10.16
A4412 00	HCPCS	$ 5.40	$ 5.40
A4413 00	HCPCS	$ 10.99	$ 10.99
A4414 00	HCPCS	$ 9.81	$ 9.81
A4415 00	HCPCS	$ 11.97	$ 11.97
A4416 00	HCPCS	$ 5.50	$ 5.50
A4417 00	HCPCS	$ 7.43	$ 7.43
A4418 00	HCPCS	$ 3.61	$ 3.61
A4419 00	HCPCS	$ 3.44	$ 3.44
A4420 00	HCPCS	$ 3.23	$ 3.23
A4421 00	HCPCS	BR	BR
A4422 00	HCPCS	$ 0.21	$ 0.21
A4423 00	HCPCS	$ 3.70	$ 3.70
A4424 00	HCPCS	$ 9.49	$ 9.49
A4425 00	HCPCS	$ 7.14	$ 7.14
A4426 00	HCPCS	$ 5.45	$ 5.45
A4427 00	HCPCS	$ 5.57	$ 5.57
A4428 00	HCPCS	$ 13.01	$ 13.01
A4429 00	HCPCS	$ 16.46	$ 16.46
A4430 00	HCPCS	$ 17.00	$ 17.00
A4431 00	HCPCS	$ 12.38	$ 12.38
A4432 00	HCPCS	$ 7.15	$ 7.15
A4433 00	HCPCS	$ 6.69	$ 6.69
A4434 00	HCPCS	$ 7.50	$ 7.50
A4435 00	HCPCS	$ 11.49	$ 11.49
A4436 00	HCPCS	$ 32.52	$ 32.52
A4437 00	HCPCS	$ 32.52	$ 32.52
A4438 00	HCPCS	$ 2.74	$ 2.74
A4450 00	HCPCS	$ 0.17	$ 0.17
A4452 00	HCPCS	$ 0.57	$ 0.57
A4453 00	HCPCS	$ 19.66	$ 19.66
A4455 00	HCPCS	$ 2.42	$ 2.42
A4456 00	HCPCS	$ 0.49	$ 0.49
A4457 00	HCPCS	$ 321.62	$ 321.62
A4458 00	HCPCS	$ 8.23	$ 8.23
A4459 00	HCPCS	$ 224.59	$ 224.59

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
A4461 00	HCPCS	$ 6.58	$ 6.58
A4463 00	HCPCS	$ 26.56	$ 26.56
A4465 00	HCPCS	$ 36.22	$ 36.22
A4467 00	HCPCS	$ 42.15	$ 42.15
A4468 00	HCPCS	$ 12.39	$ 12.39
A4480 00	HCPCS	$ 8.64	$ 8.64
A4481 00	HCPCS	$ 0.73	$ 0.73
A4483 00	HCPCS	$ 6.85	$ 6.85
A4495 00	HCPCS	$ 86.16	$ 86.16
A4500 00	HCPCS	$ 33.92	$ 33.92
A4510 00	HCPCS	$ 105.91	$ 105.91
A4520 00	HCPCS	$ 0.97	$ 0.97
A4540 00	HCPCS	$ 1,309.60	$ 1,309.60
A4541 00	HCPCS	$ 56.56	$ 56.56
A4542 00	HCPCS	$ 737.59	$ 737.59
A4544 00	HCPCS	$ 8.88	$ 8.88
A4545 00	HCPCS	$ 57.93	$ 57.93
A4550 00	HCPCS	$ 57.71	$ 57.71
A4553 00	HCPCS	$ 10.08	$ 10.08
A4554 00	HCPCS	$ 0.57	$ 0.57
A4555 00	HCPCS	$ 16.98	$ 16.98
A4556 00	HCPCS	$ 24.23	$ 24.23
A4557 00	HCPCS	$ 16.86	$ 27.73
A4558 00	HCPCS	$ 10.88	$ 10.88
A4559 00	HCPCS	$ 0.18	$ 0.18
A4560 00	HCPCS	$ 226.84	$ 226.84
A4561 00	HCPCS	$ 39.80	$ 39.80
A4562 00	HCPCS	$ 99.13	$ 99.13
A4563 00	HCPCS	$ 2,296.42	$ 2,296.42
A4564 00	HCPCS	$ 1.32	$ 1.32
A4565 00	HCPCS	$ 15.37	$ 15.37
A4566 00	HCPCS	$ 34.33	$ 34.33
A4570 00	HCPCS	$ 29.78	$ 29.78
A4580 00	HCPCS	$ 85.23	$ 85.23
A4590 00	HCPCS	$ 69.22	$ 69.22
A4593 RR	HCPCS	$ 66.00	$ 66.00
A4594 NU	HCPCS	$ 4,333.17	$ 4,333.17
A4595 00	HCPCS	$ 17.98	$ 38.11
A4596 00	HCPCS	$ 56.56	$ 56.56
A4600 00	HCPCS	$ 35.77	$ 35.77

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
A4601 00	HCPCS	$ 107.23	$ 107.23
A4602 NU	HCPCS	$ 7.43	$ 7.43
A4604 NU	HCPCS	$ 69.33	$ 96.25
A4605 NU	HCPCS	$ 32.73	$ 32.73
A4606 00	HCPCS	$ 63.22	$ 63.22
A4608 00	HCPCS	$ 100.02	$ 100.02
A4611 NU	HCPCS	$ 328.76	$ 328.76
A4611 RR	HCPCS	$ 85.23	$ 85.23
A4611 UE	HCPCS	$ 249.62	$ 249.62
A4612 NU	HCPCS	$ 243.53	$ 243.53
A4612 RR	HCPCS	$ 32.87	$ 32.87
A4612 UE	HCPCS	$ 185.08	$ 185.08
A4613 NU	HCPCS	$ 206.99	$ 206.99
A4613 RR	HCPCS	$ 48.71	$ 48.71
A4613 UE	HCPCS	$ 158.28	$ 158.28
A4614 00	HCPCS	$ 47.45	$ 47.45
A4615 00	HCPCS	$ 1.46	$ 1.46
A4616 00	HCPCS	$ 0.11	$ 0.11
A4617 00	HCPCS	$ 6.19	$ 6.19
A4618 NU	HCPCS	$ 15.09	$ 15.09
A4618 RR	HCPCS	$ 2.06	$ 2.06
A4618 UE	HCPCS	$ 11.31	$ 11.31
A4619 NU	HCPCS	$ 3.60	$ 3.65
A4620 00	HCPCS	$ 1.20	$ 1.20
A4623 00	HCPCS	$ 11.12	$ 11.12
A4624 NU	HCPCS	$ 5.26	$ 5.26
A4625 00	HCPCS	$ 13.15	$ 13.15
A4626 00	HCPCS	$ 5.40	$ 5.40
A4627 00	HCPCS	$ 33.92	$ 33.92
A4628 NU	HCPCS	$ 7.28	$ 7.28
A4629 00	HCPCS	$ 9.23	$ 9.23
A4630 NU	HCPCS	$ 12.33	$ 12.33
A4633 NU	HCPCS	$ 81.89	$ 81.89
A4635 NU	HCPCS	$ 8.67	$ 8.67
A4635 RR	HCPCS	$ 1.39	$ 1.39
A4635 UE	HCPCS	$ 5.78	$ 5.78
A4636 NU	HCPCS	$ 5.56	$ 5.87
A4636 RR	HCPCS	$ 0.56	$ 0.64
A4636 UE	HCPCS	$ 4.17	$ 4.33
A4637 NU	HCPCS	$ 3.08	$ 3.11

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
A4637 RR	HCPCS	$ 0.31	$ 0.41
A4637 UE	HCPCS	$ 2.32	$ 2.35
A4639 RR	HCPCS	$ 57.32	$ 57.32
A4640 NU	HCPCS	$ 87.09	$ 104.43
A4640 RR	HCPCS	$ 8.71	$ 11.51
A4640 UE	HCPCS	$ 65.32	$ 76.09
A4648 00	HCPCS	$ 334.98	$ 334.98
A4649 00	HCPCS	BR	BR
A4651 00	HCPCS	$ 12.78	$ 12.78
A4657 00	HCPCS	$ 1.85	$ 1.85
A4660 00	HCPCS	$ 30.69	$ 30.69
A4663 00	HCPCS	$ 42.15	$ 42.15
A4670 00	HCPCS	$ 141.55	$ 141.55
A4671 00	HCPCS	$ 115.46	$ 115.46
A4674 00	HCPCS	$ 102.62	$ 102.62
A4680 00	HCPCS	$ 121.45	$ 121.45
A4690 00	HCPCS	$ 175.07	$ 175.07
A4706 00	HCPCS	$ 52.23	$ 52.23
A4709 00	HCPCS	$ 51.31	$ 51.31
A4714 00	HCPCS	$ 13.30	$ 13.30
A4719 00	HCPCS	$ 16.94	$ 16.94
A4723 00	HCPCS	$ 16.46	$ 16.46
A4726 00	HCPCS	$ 10.54	$ 10.54
A4750 00	HCPCS	$ 51.31	$ 51.31
A4755 00	HCPCS	$ 116.38	$ 116.38
A4770 00	HCPCS	$ 0.85	$ 0.85
A4772 00	HCPCS	$ 5.07	$ 5.07
A4860 00	HCPCS	$ 42.15	$ 42.15
A4890 00	HCPCS	$ 559.97	$ 559.97
A4911 00	HCPCS	$ 13.76	$ 13.76
A4913 00	HCPCS	BR	BR
A4927 00	HCPCS	$ 15.15	$ 15.15
A4928 00	HCPCS	$ 10.08	$ 10.08
A4930 00	HCPCS	$ 1.39	$ 1.39
A4931 00	HCPCS	$ 42.15	$ 42.15
A5051 00	HCPCS	$ 4.12	$ 4.12
A5052 00	HCPCS	$ 2.97	$ 2.97
A5053 00	HCPCS	$ 2.93	$ 2.93
A5054 00	HCPCS	$ 3.58	$ 3.58
A5055 00	HCPCS	$ 2.79	$ 2.79

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
A5056 00	HCPCS	$ 9.32	$ 9.32
A5057 00	HCPCS	$ 19.15	$ 19.15
A5061 00	HCPCS	$ 7.06	$ 7.06
A5062 00	HCPCS	$ 4.14	$ 4.14
A5063 00	HCPCS	$ 5.40	$ 5.40
A5071 00	HCPCS	$ 12.00	$ 12.00
A5072 00	HCPCS	$ 6.87	$ 6.87
A5073 00	HCPCS	$ 6.08	$ 6.08
A5081 00	HCPCS	$ 5.61	$ 5.61
A5082 00	HCPCS	$ 20.19	$ 20.19
A5083 00	HCPCS	$ 1.29	$ 1.29
A5093 00	HCPCS	$ 3.89	$ 3.89
A5102 00	HCPCS	$ 38.99	$ 38.99
A5105 00	HCPCS	$ 81.35	$ 81.35
A5112 00	HCPCS	$ 69.09	$ 69.09
A5113 00	HCPCS	$ 9.39	$ 9.39
A5114 00	HCPCS	$ 17.85	$ 17.85
A5120 00	HCPCS	$ 0.53	$ 0.53
A5121 00	HCPCS	$ 12.64	$ 12.64
A5122 00	HCPCS	$ 25.62	$ 25.62
A5126 00	HCPCS	$ 2.62	$ 2.62
A5131 00	HCPCS	$ 26.88	$ 26.88
A5200 00	HCPCS	$ 22.54	$ 22.54
A5500 00	HCPCS	$ 126.88	$ 126.88
A5501 00	HCPCS	$ 380.52	$ 380.52
A5503 00	HCPCS	$ 64.11	$ 64.11
A5504 00	HCPCS	$ 64.11	$ 64.11
A5505 00	HCPCS	$ 64.11	$ 64.11
A5506 00	HCPCS	$ 64.11	$ 64.11
A5507 00	HCPCS	$ 64.11	$ 64.11
A5508 00	HCPCS	$ 75.10	$ 75.10
A5510 00	HCPCS	$ 121.45	$ 121.45
A5512 00	HCPCS	$ 51.74	$ 51.74
A5513 00	HCPCS	$ 77.22	$ 77.22
A5514 00	HCPCS	$ 77.22	$ 77.22
A6010 00	HCPCS	$ 61.80	$ 61.80
A6011 00	HCPCS	$ 4.55	$ 4.55
A6021 00	HCPCS	$ 41.96	$ 41.96
A6022 00	HCPCS	$ 41.96	$ 41.96
A6023 00	HCPCS	$ 379.71	$ 379.71

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
A6024 00	HCPCS	$ 12.33	$ 12.33
A6025 00	HCPCS	$ 38.01	$ 38.01
A6154 00	HCPCS	$ 28.66	$ 28.66
A6196 00	HCPCS	$ 14.69	$ 14.69
A6197 00	HCPCS	$ 32.82	$ 32.82
A6198 00	HCPCS	$ 28.38	$ 28.38
A6199 00	HCPCS	$ 10.53	$ 10.53
A6203 00	HCPCS	$ 6.72	$ 6.72
A6204 00	HCPCS	$ 12.40	$ 12.40
A6205 00	HCPCS	$ 3.16	$ 3.16
A6206 00	HCPCS	$ 13.76	$ 13.76
A6207 00	HCPCS	$ 14.66	$ 14.66
A6208 00	HCPCS	$ 74.17	$ 74.17
A6209 00	HCPCS	$ 14.91	$ 14.91
A6210 00	HCPCS	$ 39.76	$ 39.76
A6211 00	HCPCS	$ 58.60	$ 58.60
A6212 00	HCPCS	$ 19.38	$ 19.38
A6213 00	HCPCS	$ 16.94	$ 16.94
A6214 00	HCPCS	$ 20.55	$ 20.55
A6215 00	HCPCS	$ 5.47	$ 5.47
A6216 00	HCPCS	$ 0.07	$ 0.07
A6217 00	HCPCS	$ 0.41	$ 0.41
A6218 00	HCPCS	$ 0.22	$ 0.22
A6219 00	HCPCS	$ 1.90	$ 1.90
A6220 00	HCPCS	$ 5.17	$ 5.17
A6221 00	HCPCS	$ 3.16	$ 3.16
A6222 00	HCPCS	$ 4.26	$ 4.26
A6223 00	HCPCS	$ 4.84	$ 4.84
A6224 00	HCPCS	$ 7.18	$ 7.18
A6228 00	HCPCS	$ 1.85	$ 1.85
A6229 00	HCPCS	$ 7.18	$ 7.18
A6230 00	HCPCS	$ 25.62	$ 25.62
A6231 00	HCPCS	$ 9.35	$ 9.35
A6232 00	HCPCS	$ 13.69	$ 13.69
A6233 00	HCPCS	$ 38.26	$ 38.26
A6234 00	HCPCS	$ 13.06	$ 13.06
A6235 00	HCPCS	$ 33.56	$ 33.56
A6236 00	HCPCS	$ 54.36	$ 54.36
A6237 00	HCPCS	$ 15.78	$ 15.78
A6238 00	HCPCS	$ 45.50	$ 45.50

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
A6240 00	HCPCS	$ 24.43	$ 24.43
A6241 00	HCPCS	$ 5.12	$ 5.12
A6242 00	HCPCS	$ 12.08	$ 12.08
A6243 00	HCPCS	$ 24.58	$ 24.58
A6244 00	HCPCS	$ 78.39	$ 78.39
A6245 00	HCPCS	$ 14.50	$ 14.50
A6246 00	HCPCS	$ 19.82	$ 19.82
A6247 00	HCPCS	$ 47.45	$ 47.45
A6248 00	HCPCS	$ 32.41	$ 32.41
A6251 00	HCPCS	$ 3.98	$ 3.98
A6252 00	HCPCS	$ 6.50	$ 6.50
A6253 00	HCPCS	$ 12.64	$ 12.64
A6254 00	HCPCS	$ 2.38	$ 2.38
A6255 00	HCPCS	$ 6.08	$ 6.08
A6256 00	HCPCS	$ 3.23	$ 3.23
A6257 00	HCPCS	$ 3.05	$ 3.05
A6258 00	HCPCS	$ 8.60	$ 8.60
A6259 00	HCPCS	$ 21.83	$ 21.83
A6260 00	HCPCS	BR	BR
A6261 00	HCPCS	$ 65.53	$ 65.53
A6262 00	HCPCS	$ 0.80	$ 0.80
A6266 00	HCPCS	$ 3.81	$ 3.81
A6402 00	HCPCS	$ 0.21	$ 0.21
A6403 00	HCPCS	$ 0.81	$ 0.81
A6404 00	HCPCS	$ 1.39	$ 1.39
A6407 00	HCPCS	$ 3.72	$ 3.72
A6410 00	HCPCS	$ 0.74	$ 0.74
A6411 00	HCPCS	$ 4.14	$ 4.14
A6412 00	HCPCS	$ 0.85	$ 0.85
A6413 00	HCPCS	$ 0.32	$ 0.32
A6441 00	HCPCS	$ 1.36	$ 1.36
A6442 00	HCPCS	$ 0.32	$ 0.32
A6443 00	HCPCS	$ 0.56	$ 0.56
A6444 00	HCPCS	$ 1.12	$ 1.12
A6445 00	HCPCS	$ 0.63	$ 0.63
A6446 00	HCPCS	$ 0.77	$ 0.77
A6447 00	HCPCS	$ 1.36	$ 1.36
A6448 00	HCPCS	$ 2.30	$ 2.30
A6449 00	HCPCS	$ 3.50	$ 3.50
A6450 00	HCPCS	$ 3.50	$ 3.50

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
A6451 00	HCPCS	$ 3.50	$ 3.50
A6452 00	HCPCS	$ 11.76	$ 11.76
A6453 00	HCPCS	$ 1.26	$ 1.26
A6454 00	HCPCS	$ 1.57	$ 1.57
A6455 00	HCPCS	$ 2.79	$ 2.79
A6456 00	HCPCS	$ 2.51	$ 2.51
A6457 00	HCPCS	$ 2.27	$ 2.27
A6501 00	HCPCS	$ 75.61	$ 75.61
A6504 00	HCPCS	$ 466.45	$ 466.45
A6505 00	HCPCS	$ 914.13	$ 914.13
A6506 00	HCPCS	$ 1,091.52	$ 1,091.52
A6507 00	HCPCS	$ 433.45	$ 433.45
A6508 00	HCPCS	$ 778.06	$ 778.06
A6509 00	HCPCS	$ 571.84	$ 571.84
A6511 00	HCPCS	$ 478.84	$ 478.84
A6517 00	HCPCS	$ 887.99	$ 887.99
A6519 00	HCPCS	$ 597.53	$ 597.53
A6520 00	HCPCS	$ 177.03	$ 177.03
A6521 00	HCPCS	$ 702.45	$ 702.45
A6522 00	HCPCS	$ 430.16	$ 430.16
A6523 00	HCPCS	$ 1,020.63	$ 1,020.63
A6524 00	HCPCS	$ 536.68	$ 536.68
A6525 00	HCPCS	$ 1,083.46	$ 1,083.46
A6526 00	HCPCS	$ 970.28	$ 970.28
A6527 00	HCPCS	$ 1,784.23	$ 1,784.23
A6528 00	HCPCS	$ 932.99	$ 932.99
A6529 00	HCPCS	$ 1,474.26	$ 1,474.26
A6530 00	HCPCS	$ 54.70	$ 54.70
A6531 00	HCPCS	$ 54.99	$ 54.99
A6532 00	HCPCS	$ 97.55	$ 97.55
A6533 00	HCPCS	$ 76.80	$ 76.80
A6534 00	HCPCS	$ 87.71	$ 87.71
A6535 00	HCPCS	$ 100.98	$ 100.98
A6536 00	HCPCS	$ 103.53	$ 103.53
A6537 00	HCPCS	$ 122.74	$ 122.74
A6538 00	HCPCS	$ 143.71	$ 143.71
A6539 00	HCPCS	$ 137.00	$ 137.00
A6540 00	HCPCS	$ 163.35	$ 163.35
A6541 00	HCPCS	$ 193.49	$ 193.49
A6544 00	HCPCS	$ 84.77	$ 84.77

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
A6545 00	HCPCS	$ 114.14	$ 114.14
A6550 00	HCPCS	$ 43.89	$ 47.18
A6552 00	HCPCS	$ 81.16	$ 81.16
A6553 00	HCPCS	$ 316.93	$ 316.93
A6554 00	HCPCS	$ 111.61	$ 111.61
A6555 00	HCPCS	$ 316.93	$ 316.93
A6556 00	HCPCS	$ 434.35	$ 434.35
A6557 00	HCPCS	$ 434.35	$ 434.35
A6558 00	HCPCS	$ 448.24	$ 448.24
A6559 00	HCPCS	$ 1.85	$ 1.85
A6562 00	HCPCS	$ 1,421.52	$ 1,421.52
A6563 00	HCPCS	$ 1,421.52	$ 1,421.52
A6564 00	HCPCS	$ 1,531.29	$ 1,531.29
A6565 00	HCPCS	$ 245.63	$ 245.63
A6566 00	HCPCS	$ 356.65	$ 356.65
A6567 00	HCPCS	$ 1,120.59	$ 1,120.59
A6568 00	HCPCS	$ 232.76	$ 232.76
A6569 00	HCPCS	$ 1,325.44	$ 1,325.44
A6570 00	HCPCS	$ 158.59	$ 158.59
A6571 00	HCPCS	$ 953.18	$ 953.18
A6572 00	HCPCS	$ 147.15	$ 147.15
A6573 00	HCPCS	$ 349.20	$ 349.20
A6574 00	HCPCS	$ 445.19	$ 445.19
A6575 00	HCPCS	$ 144.27	$ 144.27
A6576 00	HCPCS	$ 273.22	$ 273.22
A6577 00	HCPCS	$ 226.14	$ 226.14
A6578 00	HCPCS	$ 111.37	$ 111.37
A6579 00	HCPCS	$ 438.56	$ 438.56
A6580 00	HCPCS	$ 435.34	$ 435.34
A6581 00	HCPCS	$ 102.19	$ 102.19
A6582 00	HCPCS	$ 68.15	$ 68.15
A6583 00	HCPCS	$ 224.18	$ 224.18
A6585 00	HCPCS	$ 265.44	$ 265.44
A6586 00	HCPCS	$ 782.03	$ 782.03
A6587 00	HCPCS	$ 102.44	$ 102.44
A6588 00	HCPCS	$ 341.42	$ 341.42
A6589 00	HCPCS	$ 134.78	$ 134.78
A6590 00	HCPCS	$ 624.54	$ 624.54
A6591 00	HCPCS	$ 126.90	$ 126.90
A6594 00	HCPCS	$ 49.07	$ 49.07

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
A6595 00	HCPCS	$ 48.27	$ 48.27
A6596 00	HCPCS	$ 0.25	$ 0.25
A6597 00	HCPCS	$ 2.17	$ 2.17
A6598 00	HCPCS	$ 1.05	$ 1.05
A6599 00	HCPCS	$ 2.38	$ 2.38
A6600 00	HCPCS	$ 4.30	$ 4.30
A6601 00	HCPCS	$ 4.83	$ 4.83
A6602 00	HCPCS	$ 7.04	$ 7.04
A6603 00	HCPCS	$ 3.30	$ 3.30
A6604 00	HCPCS	$ 1.93	$ 1.93
A6605 00	HCPCS	$ 2.20	$ 2.20
A6606 00	HCPCS	$ 6.54	$ 6.54
A6607 00	HCPCS	$ 1.75	$ 1.75
A6608 00	HCPCS	$ 7.29	$ 7.29
A6610 00	HCPCS	$ 316.93	$ 316.93
A6611 00	HCPCS	$ 21.07	$ 21.07
A7000 NU	HCPCS	$ 14.74	$ 16.21
A7001 NU	HCPCS	$ 65.98	$ 65.98
A7002 NU	HCPCS	$ 7.66	$ 7.66
A7003 NU	HCPCS	$ 2.72	$ 4.20
A7004 NU	HCPCS	$ 2.20	$ 3.01
A7005 NU	HCPCS	$ 19.59	$ 42.18
A7006 NU	HCPCS	$ 11.63	$ 16.46
A7007 NU	HCPCS	$ 5.21	$ 7.67
A7008 NU	HCPCS	$ 21.94	$ 21.94
A7009 NU	HCPCS	$ 83.92	$ 83.92
A7010 NU	HCPCS	$ 24.65	$ 38.35
A7012 NU	HCPCS	$ 4.55	$ 6.48
A7013 NU	HCPCS	$ 0.90	$ 1.36
A7014 NU	HCPCS	$ 5.35	$ 7.60
A7015 NU	HCPCS	$ 2.14	$ 3.09
A7016 NU	HCPCS	$ 14.48	$ 14.48
A7017 NU	HCPCS	$ 183.15	$ 245.67
A7017 RR	HCPCS	$ 18.31	$ 24.58
A7017 UE	HCPCS	$ 137.37	$ 184.25
A7018 00	HCPCS	$ 0.53	$ 0.69
A7020 NU	HCPCS	$ 27.82	$ 27.82
A7021 NU	HCPCS	$ 189.81	$ 189.81
A7025 RR	HCPCS	$ 86.79	$ 86.79
A7026 NU	HCPCS	$ 57.34	$ 57.34

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
A7027 NU	HCPCS	$ 206.00	$ 295.32
A7028 NU	HCPCS	$ 57.20	$ 82.10
A7029 NU	HCPCS	$ 27.09	$ 35.15
A7030 NU	HCPCS	$ 153.51	$ 248.99
A7031 NU	HCPCS	$ 58.38	$ 92.99
A7032 NU	HCPCS	$ 32.80	$ 53.30
A7033 NU	HCPCS	$ 27.12	$ 39.55
A7034 NU	HCPCS	$ 98.00	$ 155.44
A7035 NU	HCPCS	$ 31.58	$ 52.12
A7036 NU	HCPCS	$ 18.20	$ 25.93
A7037 NU	HCPCS	$ 20.64	$ 46.91
A7038 NU	HCPCS	$ 3.68	$ 6.69
A7039 NU	HCPCS	$ 10.75	$ 19.10
A7040 00	HCPCS	$ 78.74	$ 78.74
A7041 00	HCPCS	$ 148.02	$ 148.02
A7044 NU	HCPCS	$ 139.50	$ 184.70
A7045 NU	HCPCS	$ 20.03	$ 28.49
A7045 RR	HCPCS	$ 2.00	$ 2.84
A7045 UE	HCPCS	$ 15.02	$ 21.38
A7046 NU	HCPCS	$ 22.76	$ 29.72
A7047 NU	HCPCS	$ 241.23	$ 241.23
A7048 00	HCPCS	$ 82.40	$ 82.40
A7501 00	HCPCS	$ 209.52	$ 209.52
A7502 00	HCPCS	$ 99.61	$ 99.61
A7503 00	HCPCS	$ 22.64	$ 22.64
A7504 00	HCPCS	$ 1.36	$ 1.36
A7505 00	HCPCS	$ 9.35	$ 9.35
A7506 00	HCPCS	$ 0.64	$ 0.64
A7507 00	HCPCS	$ 4.98	$ 4.98
A7508 00	HCPCS	$ 5.73	$ 5.73
A7509 00	HCPCS	$ 2.81	$ 2.81
A7520 00	HCPCS	$ 94.72	$ 94.72
A7521 00	HCPCS	$ 93.86	$ 93.86
A7522 00	HCPCS	$ 90.10	$ 90.10
A7523 00	HCPCS	$ 12.78	$ 12.78
A7524 00	HCPCS	$ 154.46	$ 154.46
A7525 00	HCPCS	$ 4.12	$ 4.12
A7526 00	HCPCS	$ 6.76	$ 6.76
A7527 00	HCPCS	$ 7.14	$ 7.14
A8000 NU	HCPCS	$ 306.00	$ 306.00

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
A8000 RR	HCPCS	$ 30.60	$ 30.60
A8000 UE	HCPCS	$ 229.56	$ 229.56
A8001 NU	HCPCS	$ 306.00	$ 306.00
A8001 RR	HCPCS	$ 30.60	$ 30.60
A8001 UE	HCPCS	$ 229.56	$ 229.56
A9152 00	HCPCS	$ 2.76	$ 2.76
A9153 00	HCPCS	$ 5.07	$ 5.07
A9180 00	HCPCS	$ 35.29	$ 35.29
A9269 00	HCPCS	$ 27.93	$ 27.93
A9272 00	HCPCS	$ 26.14	$ 26.14
A9273 00	HCPCS	$ 8.64	$ 8.64
A9274 00	HCPCS	$ 44.00	$ 44.00
A9275 00	HCPCS	$ 25.62	$ 25.62
A9276 00	HCPCS	$ 22.46	$ 22.46
A9277 00	HCPCS	$ 1,049.76	$ 1,049.76
A9278 00	HCPCS	$ 955.84	$ 955.84
A9281 00	HCPCS	$ 62.78	$ 62.78
A9282 00	HCPCS	$ 681.83	$ 681.83
A9283 00	HCPCS	$ 62.78	$ 62.78
A9284 00	HCPCS	$ 18.31	$ 18.31
A9286 00	HCPCS	BR	BR
A9291 00	HCPCS	$ 212.16	$ 212.16
A9293 00	HCPCS	$ 101.75	$ 101.75
A9300 00	HCPCS	BR	BR
A9500 00	HCPCS	$ 268.48	$ 268.48
A9501 00	HCPCS	$ 88.91	$ 88.91
A9502 00	HCPCS	$ 222.24	$ 222.24
A9503 00	HCPCS	$ 68.77	$ 68.77
A9505 00	HCPCS	$ 177.77	$ 177.77
A9509 00	HCPCS	$ 367.07	$ 367.07
A9510 00	HCPCS	BR	BR
A9512 00	HCPCS	$ 23.79	$ 23.79
A9513 00	HCPCS	$ 618.09	$ 618.09
A9516 00	HCPCS	$ 206.68	$ 206.68
A9517 00	HCPCS	$ 66.46	$ 66.46
A9520 00	HCPCS	$ 928.83	$ 928.83
A9521 00	HCPCS	$ 622.23	$ 622.23
A9524 00	HCPCS	$ 1,325.60	$ 1,325.60
A9526 00	HCPCS	$ 1,325.14	$ 1,325.14
A9528 00	HCPCS	$ 154.45	$ 154.45

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
A9529 00	HCPCS	$ 66.46	$ 66.46
A9531 00	HCPCS	$ 11.47	$ 11.47
A9537 00	HCPCS	$ 132.45	$ 132.45
A9538 00	HCPCS	$ 105.38	$ 105.38
A9539 00	HCPCS	$ 111.78	$ 111.78
A9540 00	HCPCS	$ 422.06	$ 422.06
A9541 00	HCPCS	$ 275.38	$ 275.38
A9548 00	HCPCS	$ 1,751.81	$ 1,751.81
A9552 00	HCPCS	$ 665.76	$ 665.76
A9555 00	HCPCS	$ 715.30	$ 715.30
A9556 00	HCPCS	$ 187.91	$ 187.91
A9558 00	HCPCS	$ 436.69	$ 436.69
A9560 00	HCPCS	$ 275.91	$ 275.91
A9561 00	HCPCS	$ 74.23	$ 74.23
A9562 00	HCPCS	$ 1,104.75	$ 1,104.75
A9567 00	HCPCS	$ 213.08	$ 213.08
A9569 00	HCPCS	$ 2,585.73	$ 2,585.73
A9570 00	HCPCS	$ 5,074.37	$ 5,074.37
A9572 00	HCPCS	$ 5,788.29	$ 5,788.29
A9573 00	HCPCS	$ 4.62	$ 4.62
A9575 00	HCPCS	$ 0.14	$ 0.14
A9576 00	HCPCS	$ 1.98	$ 1.98
A9577 00	HCPCS	$ 2.52	$ 2.52
A9578 00	HCPCS	$ 2.46	$ 2.46
A9579 00	HCPCS	$ 2.05	$ 2.05
A9581 00	HCPCS	$ 20.65	$ 20.65
A9584 00	HCPCS	$ 4,177.17	$ 4,177.17
A9585 00	HCPCS	$ 0.39	$ 0.39
A9586 00	HCPCS	$ 3,578.26	$ 3,578.26
A9587 00	HCPCS	$ 143.91	$ 143.91
A9588 00	HCPCS	$ 1,521.74	$ 1,521.74
A9589 00	HCPCS	$ 1,994.67	$ 1,994.67
A9591 00	HCPCS	$ 1,619.37	$ 1,619.37
A9592 00	HCPCS	$ 2,264.57	$ 2,264.57
A9593 00	HCPCS	$ 1,471.41	$ 1,471.41
A9594 00	HCPCS	$ 1,436.58	$ 1,436.58
A9595 00	HCPCS	$ 916.44	$ 916.44
A9596 00	HCPCS	$ 1,919.97	$ 1,919.97
A9602 00	HCPCS	$ 1,553.82	$ 1,553.82
A9606 00	HCPCS	$ 304.23	$ 304.23

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
A9607 00	HCPCS	$ 440.83	$ 440.83
A9608 00	HCPCS	$ 1,111.15	$ 1,111.15
A9609 00	HCPCS	$ 54.47	$ 54.47
A9611 00	HCPCS	$ 1,207.84	$ 1,207.84
A9612 00	HCPCS	$ 0.27	$ 0.27
A9697 00	HCPCS	$ 889.38	$ 889.38
A9800 00	HCPCS	$ 1,420.51	$ 1,420.51
A9900 00	HCPCS	BR	BR
A9999 00	HCPCS	BR	BR
E0100 NU	HCPCS	$ 41.41	$ 41.41
E0100 RR	HCPCS	$ 11.82	$ 11.82
E0100 UE	HCPCS	$ 31.04	$ 31.04
E0105 NU	HCPCS	$ 98.00	$ 98.00
E0105 RR	HCPCS	$ 17.70	$ 17.70
E0105 UE	HCPCS	$ 74.63	$ 74.63
E0110 NU	HCPCS	$ 131.59	$ 131.59
E0110 RR	HCPCS	$ 31.89	$ 31.89
E0110 UE	HCPCS	$ 98.66	$ 98.66
E0111 NU	HCPCS	$ 90.30	$ 90.30
E0111 RR	HCPCS	$ 16.83	$ 16.83
E0111 UE	HCPCS	$ 69.72	$ 69.72
E0112 NU	HCPCS	$ 62.76	$ 62.76
E0112 RR	HCPCS	$ 19.84	$ 19.84
E0112 UE	HCPCS	$ 47.88	$ 47.88
E0113 NU	HCPCS	$ 35.85	$ 35.85
E0113 RR	HCPCS	$ 10.25	$ 10.25
E0113 UE	HCPCS	$ 26.88	$ 26.88
E0114 NU	HCPCS	$ 80.04	$ 80.04
E0114 RR	HCPCS	$ 17.09	$ 17.09
E0114 UE	HCPCS	$ 60.51	$ 60.51
E0116 NU	HCPCS	$ 47.07	$ 47.07
E0116 RR	HCPCS	$ 10.70	$ 10.70
E0116 UE	HCPCS	$ 35.42	$ 35.42
E0117 RR	HCPCS	$ 38.43	$ 38.43
E0118 00	HCPCS	$ 646.51	$ 646.51
E0130 NU	HCPCS	$ 74.90	$ 103.85
E0130 RR	HCPCS	$ 7.49	$ 18.80
E0130 UE	HCPCS	$ 56.17	$ 78.90
E0135 NU	HCPCS	$ 74.90	$ 115.63
E0135 RR	HCPCS	$ 7.49	$ 19.18

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
E0135 UE	HCPCS	$ 56.17	$ 87.96
E0140 RR	HCPCS	$ 44.98	$ 57.82
E0141 NU	HCPCS	$ 83.59	$ 141.88
E0141 RR	HCPCS	$ 8.36	$ 23.79
E0141 UE	HCPCS	$ 62.69	$ 106.40
E0143 NU	HCPCS	$ 83.59	$ 148.75
E0143 RR	HCPCS	$ 8.36	$ 23.10
E0143 UE	HCPCS	$ 62.69	$ 111.40
E0144 RR	HCPCS	$ 48.10	$ 51.45
E0147 NU	HCPCS	$ 699.78	$ 884.21
E0147 RR	HCPCS	$ 69.97	$ 88.42
E0147 UE	HCPCS	$ 524.83	$ 663.17
E0148 NU	HCPCS	$ 136.19	$ 188.30
E0148 RR	HCPCS	$ 13.62	$ 18.84
E0148 UE	HCPCS	$ 102.14	$ 141.22
E0149 RR	HCPCS	$ 19.40	$ 30.39
E0153 NU	HCPCS	$ 131.96	$ 131.96
E0153 RR	HCPCS	$ 15.67	$ 15.67
E0153 UE	HCPCS	$ 98.95	$ 98.95
E0154 NU	HCPCS	$ 79.42	$ 107.44
E0154 RR	HCPCS	$ 7.94	$ 12.04
E0154 UE	HCPCS	$ 59.56	$ 81.17
E0155 NU	HCPCS	$ 34.24	$ 43.01
E0155 RR	HCPCS	$ 3.43	$ 5.31
E0155 UE	HCPCS	$ 25.69	$ 32.55
E0156 NU	HCPCS	$ 26.03	$ 37.74
E0156 RR	HCPCS	$ 2.60	$ 4.41
E0156 UE	HCPCS	$ 19.52	$ 28.31
E0157 NU	HCPCS	$ 88.24	$ 124.04
E0157 RR	HCPCS	$ 8.82	$ 13.10
E0157 UE	HCPCS	$ 66.18	$ 93.03
E0158 NU	HCPCS	$ 35.13	$ 44.17
E0158 RR	HCPCS	$ 3.51	$ 5.12
E0158 UE	HCPCS	$ 26.35	$ 33.25
E0159 NU	HCPCS	$ 24.44	$ 29.39
E0159 RR	HCPCS	$ 2.45	$ 2.95
E0159 UE	HCPCS	$ 18.34	$ 22.05
E0160 NU	HCPCS	$ 47.45	$ 55.64
E0160 RR	HCPCS	$ 4.75	$ 6.51
E0160 UE	HCPCS	$ 35.59	$ 41.71

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
E0161 NU	HCPCS	$ 39.97	$ 44.48
E0161 RR	HCPCS	$ 3.99	$ 5.94
E0161 UE	HCPCS	$ 29.99	$ 33.29
E0162 NU	HCPCS	$ 247.10	$ 247.10
E0162 RR	HCPCS	$ 25.94	$ 25.94
E0162 UE	HCPCS	$ 191.62	$ 191.62
E0163 NU	HCPCS	$ 91.67	$ 160.50
E0163 RR	HCPCS	$ 9.17	$ 29.40
E0163 UE	HCPCS	$ 68.75	$ 122.70
E0165 RR	HCPCS	$ 20.64	$ 30.24
E0167 NU	HCPCS	$ 18.49	$ 22.33
E0167 RR	HCPCS	$ 1.85	$ 2.28
E0167 UE	HCPCS	$ 13.87	$ 16.80
E0168 NU	HCPCS	$ 194.99	$ 262.47
E0168 RR	HCPCS	$ 19.50	$ 26.24
E0168 UE	HCPCS	$ 146.24	$ 196.84
E0170 RR	HCPCS	$ 279.71	$ 316.43
E0171 RR	HCPCS	$ 52.65	$ 57.71
E0175 NU	HCPCS	$ 112.32	$ 112.32
E0175 RR	HCPCS	$ 11.23	$ 11.23
E0175 UE	HCPCS	$ 82.68	$ 82.68
E0181 RR	HCPCS	$ 27.78	$ 40.87
E0182 RR	HCPCS	$ 36.05	$ 46.02
E0183 RR	HCPCS	$ 27.78	$ 40.87
E0184 NU	HCPCS	$ 266.10	$ 318.95
E0184 RR	HCPCS	$ 26.61	$ 36.22
E0184 UE	HCPCS	$ 199.57	$ 242.00
E0185 NU	HCPCS	$ 302.04	$ 433.27
E0185 RR	HCPCS	$ 30.20	$ 54.32
E0185 UE	HCPCS	$ 226.53	$ 329.70
E0186 RR	HCPCS	$ 32.13	$ 38.14
E0187 RR	HCPCS	$ 37.63	$ 42.70
E0188 NU	HCPCS	$ 39.89	$ 49.94
E0188 RR	HCPCS	$ 3.99	$ 5.46
E0188 UE	HCPCS	$ 29.92	$ 37.48
E0189 NU	HCPCS	$ 89.42	$ 99.41
E0189 RR	HCPCS	$ 8.95	$ 10.36
E0189 UE	HCPCS	$ 67.07	$ 74.56
E0190 NU	HCPCS	$ 91.32	$ 91.32
E0190 RR	HCPCS	$ 30.55	$ 30.55

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
E0190 UE	HCPCS	$ 68.49	$ 68.49
E0191 NU	HCPCS	$ 16.94	$ 16.94
E0191 RR	HCPCS	$ 2.06	$ 2.06
E0191 UE	HCPCS	$ 12.64	$ 12.64
E0193 RR	HCPCS	$ 1,207.23	$ 1,390.07
E0194 RR	HCPCS	$ 6,493.02	$ 6,493.02
E0196 RR	HCPCS	$ 54.74	$ 55.09
E0197 RR	HCPCS	$ 30.21	$ 43.27
E0198 RR	HCPCS	$ 43.74	$ 43.74
E0199 NU	HCPCS	$ 53.65	$ 61.11
E0199 RR	HCPCS	$ 5.36	$ 6.09
E0199 UE	HCPCS	$ 40.24	$ 45.82
E0200 NU	HCPCS	$ 134.46	$ 134.46
E0200 RR	HCPCS	$ 18.26	$ 18.26
E0200 UE	HCPCS	$ 100.90	$ 100.90
E0201 NU	HCPCS	$ 205.13	$ 205.13
E0201 RR	HCPCS	$ 20.51	$ 20.51
E0201 UE	HCPCS	$ 153.85	$ 153.85
E0202 RR	HCPCS	$ 106.20	$ 106.20
E0203 00	HCPCS	$ 501.54	$ 501.54
E0205 NU	HCPCS	$ 329.11	$ 329.11
E0205 RR	HCPCS	$ 40.36	$ 40.36
E0205 UE	HCPCS	$ 246.85	$ 246.85
E0210 NU	HCPCS	$ 55.38	$ 55.38
E0210 RR	HCPCS	$ 6.15	$ 6.15
E0210 UE	HCPCS	$ 41.50	$ 41.50
E0215 NU	HCPCS	$ 127.96	$ 127.96
E0215 RR	HCPCS	$ 14.80	$ 14.80
E0215 UE	HCPCS	$ 95.91	$ 95.91
E0217 NU	HCPCS	$ 990.54	$ 990.54
E0217 RR	HCPCS	$ 110.26	$ 110.26
E0217 UE	HCPCS	$ 742.85	$ 742.85
E0218 NU	HCPCS	$ 487.05	$ 487.05
E0218 RR	HCPCS	$ 81.49	$ 81.49
E0218 UE	HCPCS	$ 365.29	$ 365.29
E0221 00	HCPCS	$ 5,091.67	$ 5,091.67
E0225 NU	HCPCS	$ 775.43	$ 775.43
E0225 RR	HCPCS	$ 76.43	$ 76.43
E0225 UE	HCPCS	$ 581.59	$ 581.59
E0235 RR	HCPCS	$ 34.41	$ 34.41

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
E0236 RR	HCPCS	$ 81.02	$ 81.02
E0239 NU	HCPCS	$ 897.50	$ 897.50
E0239 RR	HCPCS	$ 89.77	$ 89.77
E0239 UE	HCPCS	$ 673.15	$ 673.15
E0240 NU	HCPCS	$ 164.37	$ 164.37
E0240 RR	HCPCS	$ 16.44	$ 16.44
E0240 UE	HCPCS	$ 123.28	$ 123.28
E0241 00	HCPCS	$ 38.54	$ 38.54
E0243 00	HCPCS	$ 56.18	$ 56.18
E0244 00	HCPCS	$ 87.05	$ 87.05
E0245 00	HCPCS	$ 101.96	$ 101.96
E0246 00	HCPCS	$ 111.85	$ 111.85
E0247 NU	HCPCS	$ 146.12	$ 146.12
E0247 RR	HCPCS	$ 90.96	$ 90.96
E0247 UE	HCPCS	$ 109.59	$ 109.59
E0248 NU	HCPCS	$ 211.86	$ 211.86
E0248 RR	HCPCS	$ 24.35	$ 24.35
E0248 UE	HCPCS	$ 158.90	$ 158.90
E0249 NU	HCPCS	$ 168.91	$ 168.91
E0249 RR	HCPCS	$ 18.56	$ 18.56
E0249 UE	HCPCS	$ 126.67	$ 126.67
E0250 RR	HCPCS	$ 108.09	$ 142.20
E0251 RR	HCPCS	$ 101.28	$ 118.36
E0255 RR	HCPCS	$ 108.50	$ 159.59
E0256 RR	HCPCS	$ 106.12	$ 128.20
E0260 RR	HCPCS	$ 108.50	$ 179.40
E0261 RR	HCPCS	$ 108.50	$ 176.32
E0265 RR	HCPCS	$ 257.61	$ 300.68
E0266 RR	HCPCS	$ 224.15	$ 263.45
E0271 NU	HCPCS	$ 208.91	$ 309.16
E0271 RR	HCPCS	$ 20.89	$ 31.67
E0271 UE	HCPCS	$ 156.67	$ 237.82
E0272 NU	HCPCS	$ 234.95	$ 308.15
E0272 RR	HCPCS	$ 23.49	$ 31.58
E0272 UE	HCPCS	$ 176.20	$ 230.50
E0273 NU	HCPCS	$ 122.98	$ 122.98
E0273 RR	HCPCS	$ 12.18	$ 12.18
E0273 UE	HCPCS	$ 91.32	$ 91.32
E0274 NU	HCPCS	$ 158.28	$ 158.28
E0274 RR	HCPCS	$ 68.29	$ 68.29

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
E0274 UE	HCPCS	$ 119.32	$ 119.32
E0275 NU	HCPCS	$ 24.46	$ 25.97
E0275 RR	HCPCS	$ 2.45	$ 2.94
E0275 UE	HCPCS	$ 18.34	$ 19.47
E0276 NU	HCPCS	$ 21.29	$ 22.55
E0276 RR	HCPCS	$ 2.13	$ 2.72
E0276 UE	HCPCS	$ 15.97	$ 17.53
E0277 RR	HCPCS	$ 359.28	$ 739.12
E0280 NU	HCPCS	$ 54.47	$ 55.85
E0280 RR	HCPCS	$ 5.45	$ 6.54
E0280 UE	HCPCS	$ 40.85	$ 41.89
E0290 RR	HCPCS	$ 101.88	$ 118.79
E0291 RR	HCPCS	$ 78.85	$ 85.89
E0292 RR	HCPCS	$ 108.23	$ 129.02
E0293 RR	HCPCS	$ 102.02	$ 115.25
E0294 RR	HCPCS	$ 108.50	$ 170.93
E0295 RR	HCPCS	$ 108.50	$ 168.06
E0296 RR	HCPCS	$ 201.00	$ 220.50
E0297 RR	HCPCS	$ 177.37	$ 207.73
E0300 RR	HCPCS	$ 447.87	$ 468.01
E0301 RR	HCPCS	$ 284.28	$ 368.35
E0302 RR	HCPCS	$ 824.57	$ 1,065.13
E0303 RR	HCPCS	$ 289.31	$ 399.07
E0304 RR	HCPCS	$ 834.36	$ 1,124.98
E0305 RR	HCPCS	$ 18.87	$ 25.44
E0310 NU	HCPCS	$ 191.98	$ 273.90
E0310 RR	HCPCS	$ 19.19	$ 28.84
E0310 UE	HCPCS	$ 143.99	$ 206.56
E0315 00	HCPCS	$ 307.10	$ 307.10
E0316 RR	HCPCS	$ 308.83	$ 308.83
E0325 NU	HCPCS	$ 16.45	$ 17.16
E0325 RR	HCPCS	$ 1.64	$ 2.38
E0325 UE	HCPCS	$ 11.34	$ 11.34
E0326 NU	HCPCS	$ 16.98	$ 18.41
E0326 RR	HCPCS	$ 1.69	$ 2.11
E0326 UE	HCPCS	$ 12.74	$ 13.82
E0328 00	HCPCS	$ 16,776.66	$ 16,776.66
E0329 00	HCPCS	$ 26,049.98	$ 26,049.98
E0352 00	HCPCS	$ 6.86	$ 6.86
E0371 RR	HCPCS	$ 359.28	$ 538.62

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
E0372 RR	HCPCS	$ 359.28	$ 614.52
E0373 RR	HCPCS	$ 359.28	$ 677.17
E0424 RR	HCPCS	$ 137.42	$ 248.02
E0425 00	HCPCS	$ 290.70	$ 290.70
E0430 00	HCPCS	$ 63.76	$ 63.76
E0431 RR	HCPCS	$ 30.95	$ 44.30
E0433 RR	HCPCS	$ 66.04	$ 72.28
E0434 RR	HCPCS	$ 66.04	$ 72.28
E0439 RR	HCPCS	$ 137.42	$ 248.02
E0441 00	HCPCS	$ 94.96	$ 106.18
E0442 00	HCPCS	$ 94.96	$ 106.18
E0443 00	HCPCS	$ 86.06	$ 101.37
E0444 00	HCPCS	$ 86.06	$ 101.37
E0445 00	HCPCS	$ 17.11	$ 17.11
E0446 00	HCPCS	$ 611.79	$ 611.79
E0447 00	HCPCS	$ 129.08	$ 153.96
E0459 NU	HCPCS	$ 304.40	$ 304.40
E0459 RR	HCPCS	$ 30.44	$ 30.44
E0459 UE	HCPCS	$ 228.31	$ 228.31
E0462 RR	HCPCS	$ 494.21	$ 494.21
E0465 RR	HCPCS	$ 1,904.46	$ 1,904.46
E0466 RR	HCPCS	$ 1,904.46	$ 1,904.46
E0467 RR	HCPCS	$ 2,196.05	$ 2,233.91
E0468 RR	HCPCS	$ 2,037.20	$ 2,037.20
E0469 RR	HCPCS	$ 2,189.19	$ 2,189.19
E0470 RR	HCPCS	$ 186.75	$ 291.70
E0471 RR	HCPCS	$ 454.09	$ 811.59
E0472 RR	HCPCS	$ 691.38	$ 940.35
E0480 RR	HCPCS	$ 87.70	$ 87.70
E0482 RR	HCPCS	$ 796.33	$ 796.33
E0483 RR	HCPCS	$ 2,121.17	$ 2,121.17
E0484 NU	HCPCS	$ 73.70	$ 73.70
E0484 RR	HCPCS	$ 7.36	$ 7.36
E0484 UE	HCPCS	$ 55.27	$ 55.27
E0485 NU	HCPCS	$ 243.53	$ 243.53
E0485 RR	HCPCS	$ 24.35	$ 24.35
E0485 UE	HCPCS	$ 182.64	$ 182.64
E0486 NU	HCPCS	$ 7,914.55	$ 7,914.55
E0486 RR	HCPCS	$ 974.09	$ 974.09
E0486 UE	HCPCS	$ 5,935.92	$ 5,935.92

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
E0490 RR	HCPCS	$ 178.61	$ 178.61
E0491 00	HCPCS	$ 147.52	$ 147.52
E0500 RR	HCPCS	$ 211.36	$ 211.36
E0530 RR	HCPCS	$ 51.97	$ 51.97
E0550 RR	HCPCS	$ 100.03	$ 100.03
E0555 NU	HCPCS	$ 6.09	$ 6.09
E0555 RR	HCPCS	$ 3.65	$ 3.65
E0555 UE	HCPCS	$ 4.87	$ 4.87
E0560 NU	HCPCS	$ 294.92	$ 294.92
E0560 RR	HCPCS	$ 34.55	$ 34.55
E0560 UE	HCPCS	$ 221.21	$ 221.21
E0561 NU	HCPCS	$ 120.09	$ 161.83
E0561 RR	HCPCS	$ 12.01	$ 16.17
E0561 UE	HCPCS	$ 90.08	$ 121.37
E0562 NU	HCPCS	$ 237.73	$ 392.41
E0562 RR	HCPCS	$ 23.77	$ 39.23
E0562 UE	HCPCS	$ 178.30	$ 294.29
E0565 RR	HCPCS	$ 73.61	$ 92.16
E0570 RR	HCPCS	$ 10.01	$ 21.60
E0572 RR	HCPCS	$ 40.82	$ 63.06
E0574 RR	HCPCS	$ 74.98	$ 74.98
E0575 RR	HCPCS	$ 177.18	$ 177.18
E0580 NU	HCPCS	$ 230.51	$ 230.51
E0580 RR	HCPCS	$ 23.06	$ 23.06
E0580 UE	HCPCS	$ 172.86	$ 172.86
E0585 RR	HCPCS	$ 45.04	$ 56.97
E0600 RR	HCPCS	$ 84.46	$ 84.46
E0601 RR	HCPCS	$ 71.27	$ 135.83
E0602 NU	HCPCS	$ 58.88	$ 58.88
E0602 RR	HCPCS	$ 5.94	$ 5.94
E0602 UE	HCPCS	$ 44.18	$ 44.18
E0603 NU	HCPCS	$ 365.29	$ 365.29
E0603 RR	HCPCS	$ 242.30	$ 242.30
E0603 UE	HCPCS	$ 273.97	$ 273.97
E0604 NU	HCPCS	$ 426.16	$ 426.16
E0604 RR	HCPCS	$ 109.59	$ 109.59
E0604 UE	HCPCS	$ 319.62	$ 319.62
E0605 NU	HCPCS	$ 50.01	$ 50.01
E0605 RR	HCPCS	$ 6.15	$ 6.15
E0605 UE	HCPCS	$ 37.53	$ 37.53

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
E0606 RR	HCPCS	$ 45.78	$ 45.78
E0607 NU	HCPCS	$ 133.32	$ 133.32
E0607 RR	HCPCS	$ 13.33	$ 13.33
E0607 UE	HCPCS	$ 99.96	$ 99.96
E0610 NU	HCPCS	$ 474.56	$ 474.56
E0610 RR	HCPCS	$ 50.05	$ 50.05
E0610 UE	HCPCS	$ 355.96	$ 355.96
E0615 NU	HCPCS	$ 945.81	$ 945.81
E0615 RR	HCPCS	$ 99.20	$ 99.20
E0615 UE	HCPCS	$ 709.37	$ 709.37
E0616 00	HCPCS	$ 16,672.78	$ 16,672.78
E0617 RR	HCPCS	$ 606.62	$ 606.62
E0618 RR	HCPCS	$ 543.97	$ 543.97
E0619 RR	HCPCS	$ 491.57	$ 491.57
E0620 RR	HCPCS	$ 174.43	$ 174.43
E0621 NU	HCPCS	$ 148.36	$ 172.44
E0621 RR	HCPCS	$ 14.84	$ 17.22
E0621 UE	HCPCS	$ 111.26	$ 129.35
E0627 NU	HCPCS	$ 445.63	$ 581.06
E0627 RR	HCPCS	$ 44.56	$ 58.11
E0627 UE	HCPCS	$ 334.22	$ 435.78
E0629 NU	HCPCS	$ 437.40	$ 578.21
E0629 RR	HCPCS	$ 43.74	$ 57.82
E0629 UE	HCPCS	$ 328.05	$ 433.64
E0630 RR	HCPCS	$ 101.95	$ 156.72
E0635 RR	HCPCS	$ 220.15	$ 234.30
E0636 RR	HCPCS	$ 1,736.14	$ 1,996.82
E0637 NU	HCPCS	$ 5,062.88	$ 5,062.88
E0637 RR	HCPCS	$ 365.29	$ 365.29
E0637 UE	HCPCS	$ 3,797.15	$ 3,797.15
E0638 NU	HCPCS	$ 5,463.47	$ 5,463.47
E0638 RR	HCPCS	$ 547.93	$ 547.93
E0638 UE	HCPCS	$ 4,097.60	$ 4,097.60
E0639 RR	HCPCS	$ 222.57	$ 222.57
E0640 RR	HCPCS	$ 222.57	$ 222.57
E0641 00	HCPCS	$ 9,103.01	$ 9,103.01
E0642 00	HCPCS	$ 8,248.65	$ 8,248.65
E0650 NU	HCPCS	$ 1,436.95	$ 1,436.95
E0650 RR	HCPCS	$ 172.87	$ 172.87
E0650 UE	HCPCS	$ 1,077.72	$ 1,077.72

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
E0651 NU	HCPCS	$ 1,809.95	$ 1,809.95
E0651 RR	HCPCS	$ 187.19	$ 187.19
E0651 UE	HCPCS	$ 1,357.48	$ 1,357.48
E0652 NU	HCPCS	$ 10,577.43	$ 10,577.43
E0652 RR	HCPCS	$ 1,045.37	$ 1,045.37
E0652 UE	HCPCS	$ 7,925.99	$ 7,925.99
E0655 NU	HCPCS	$ 215.35	$ 215.35
E0655 RR	HCPCS	$ 25.31	$ 25.31
E0655 UE	HCPCS	$ 161.70	$ 161.70
E0656 RR	HCPCS	$ 115.29	$ 115.29
E0657 RR	HCPCS	$ 108.32	$ 108.32
E0658 RR	HCPCS	$ 250.81	$ 250.81
E0659 RR	HCPCS	$ 250.81	$ 250.81
E0660 NU	HCPCS	$ 318.54	$ 318.54
E0660 RR	HCPCS	$ 33.15	$ 33.15
E0660 UE	HCPCS	$ 238.94	$ 238.94
E0665 NU	HCPCS	$ 273.35	$ 273.35
E0665 RR	HCPCS	$ 28.06	$ 28.06
E0665 UE	HCPCS	$ 205.03	$ 205.03
E0666 NU	HCPCS	$ 275.52	$ 275.52
E0666 RR	HCPCS	$ 28.38	$ 28.38
E0666 UE	HCPCS	$ 206.67	$ 206.67
E0667 NU	HCPCS	$ 645.97	$ 645.97
E0667 RR	HCPCS	$ 72.94	$ 72.94
E0667 UE	HCPCS	$ 484.51	$ 484.51
E0668 NU	HCPCS	$ 881.64	$ 881.64
E0668 RR	HCPCS	$ 87.01	$ 87.01
E0668 UE	HCPCS	$ 661.25	$ 661.25
E0669 NU	HCPCS	$ 365.75	$ 365.75
E0669 RR	HCPCS	$ 36.57	$ 36.57
E0669 UE	HCPCS	$ 274.34	$ 274.34
E0670 NU	HCPCS	$ 2,508.06	$ 2,508.06
E0670 RR	HCPCS	$ 268.48	$ 268.48
E0670 UE	HCPCS	$ 1,880.94	$ 1,880.94
E0671 NU	HCPCS	$ 828.72	$ 828.72
E0671 RR	HCPCS	$ 82.92	$ 82.92
E0671 UE	HCPCS	$ 621.47	$ 621.47
E0672 NU	HCPCS	$ 643.89	$ 643.89
E0672 RR	HCPCS	$ 64.44	$ 64.44
E0672 UE	HCPCS	$ 482.94	$ 482.94

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
E0673 NU	HCPCS	$ 535.02	$ 535.02
E0673 RR	HCPCS	$ 53.51	$ 53.51
E0673 UE	HCPCS	$ 401.35	$ 401.35
E0675 RR	HCPCS	$ 767.24	$ 767.24
E0676 NU	HCPCS	$ 3,517.85	$ 3,517.85
E0676 RR	HCPCS	$ 351.78	$ 351.78
E0676 UE	HCPCS	$ 2,638.38	$ 2,638.38
E0677 RR	HCPCS	$ 115.29	$ 115.29
E0678 RR	HCPCS	$ 64.60	$ 64.60
E0679 RR	HCPCS	$ 36.58	$ 36.58
E0680 RR	HCPCS	$ 1,057.74	$ 1,057.74
E0681 RR	HCPCS	$ 180.99	$ 180.99
E0682 RR	HCPCS	$ 88.16	$ 88.16
E0683 RR	HCPCS	$ 114.14	$ 114.14
E0691 NU	HCPCS	$ 1,792.85	$ 1,792.85
E0691 RR	HCPCS	$ 179.27	$ 179.27
E0691 UE	HCPCS	$ 1,344.64	$ 1,344.64
E0692 NU	HCPCS	$ 2,251.34	$ 2,251.34
E0692 RR	HCPCS	$ 225.09	$ 225.09
E0692 UE	HCPCS	$ 1,688.50	$ 1,688.50
E0693 NU	HCPCS	$ 2,775.26	$ 2,775.26
E0693 RR	HCPCS	$ 277.55	$ 277.55
E0693 UE	HCPCS	$ 2,081.44	$ 2,081.44
E0694 NU	HCPCS	$ 8,833.41	$ 8,833.41
E0694 RR	HCPCS	$ 883.33	$ 883.33
E0694 UE	HCPCS	$ 6,625.11	$ 6,625.11
E0705 NU	HCPCS	$ 78.83	$ 99.20
E0705 RR	HCPCS	$ 7.88	$ 10.01
E0705 UE	HCPCS	$ 59.12	$ 67.40
E0720 NU	HCPCS	$ 99.18	$ 390.45
E0730 NU	HCPCS	$ 98.52	$ 394.60
E0731 NU	HCPCS	$ 126.35	$ 435.96
E0732 RR	HCPCS	$ 65.30	$ 65.30
E0733 RR	HCPCS	$ 65.30	$ 65.30
E0734 RR	HCPCS	$ 627.66	$ 627.66
E0735 RR	HCPCS	$ 65.30	$ 65.30
E0736 RR	HCPCS	$ 65.30	$ 65.30
E0738 RR	HCPCS	$ 2,855.50	$ 2,855.50
E0739 RR	HCPCS	$ 2,236.72	$ 2,236.72
E0740 RR	HCPCS	$ 104.33	$ 104.33

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
E0743 RR	HCPCS	$ 339.08	$ 339.08
E0744 RR	HCPCS	$ 182.71	$ 182.71
E0745 RR	HCPCS	$ 178.61	$ 178.61
E0746 NU	HCPCS	$ 121.77	$ 121.77
E0747 NU	HCPCS	$ 7,813.32	$ 7,813.32
E0747 RR	HCPCS	$ 776.40	$ 776.40
E0747 UE	HCPCS	$ 5,805.14	$ 5,805.14
E0748 NU	HCPCS	$ 7,762.72	$ 7,762.72
E0748 RR	HCPCS	$ 776.22	$ 776.22
E0748 UE	HCPCS	$ 5,822.05	$ 5,822.05
E0749 RR	HCPCS	$ 567.36	$ 567.36
E0760 NU	HCPCS	$ 6,450.67	$ 6,450.67
E0760 RR	HCPCS	$ 645.06	$ 645.06
E0760 UE	HCPCS	$ 4,837.94	$ 4,837.94
E0761 00	HCPCS	$ 3,350.55	$ 3,350.55
E0762 RR	HCPCS	$ 219.38	$ 219.38
E0764 RR	HCPCS	$ 2,208.00	$ 2,208.00
E0765 NU	HCPCS	$ 202.80	$ 202.80
E0765 RR	HCPCS	$ 23.41	$ 23.41
E0765 UE	HCPCS	$ 154.88	$ 154.88
E0766 RR	HCPCS	$ 22,938.62	$ 22,938.62
E0770 NU	HCPCS	$ 482.17	$ 482.17
E0770 RR	HCPCS	$ 152.19	$ 152.19
E0770 UE	HCPCS	$ 361.63	$ 361.63
E0776 NU	HCPCS	$ 242.79	$ 242.79
E0776 RR	HCPCS	$ 25.72	$ 31.46
E0776 UE	HCPCS	$ 179.93	$ 179.93
E0779 RR	HCPCS	$ 31.14	$ 31.14
E0780 NU	HCPCS	$ 20.69	$ 20.69
E0781 RR	HCPCS	$ 433.06	$ 461.76
E0782 NU	HCPCS	$ 8,566.22	$ 8,566.22
E0782 RR	HCPCS	$ 856.66	$ 856.66
E0782 UE	HCPCS	$ 6,424.66	$ 6,424.66
E0783 NU	HCPCS	$ 16,334.43	$ 16,334.43
E0783 RR	HCPCS	$ 1,633.48	$ 1,633.48
E0783 UE	HCPCS	$ 12,250.88	$ 12,250.88
E0784 RR	HCPCS	$ 780.85	$ 806.90
E0786 NU	HCPCS	$ 15,933.23	$ 15,933.23
E0786 RR	HCPCS	$ 1,593.31	$ 1,593.31
E0786 UE	HCPCS	$ 11,949.94	$ 11,949.94

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
E0791 RR	HCPCS	$ 514.47	$ 572.67
E0830 00	HCPCS	$ 73.98	$ 73.98
E0840 NU	HCPCS	$ 146.19	$ 146.19
E0840 RR	HCPCS	$ 27.69	$ 27.69
E0840 UE	HCPCS	$ 109.61	$ 109.61
E0849 RR	HCPCS	$ 102.83	$ 102.83
E0850 NU	HCPCS	$ 178.15	$ 178.15
E0850 RR	HCPCS	$ 28.78	$ 28.78
E0850 UE	HCPCS	$ 133.63	$ 133.63
E0855 RR	HCPCS	$ 98.62	$ 98.62
E0856 RR	HCPCS	$ 30.70	$ 30.70
E0860 NU	HCPCS	$ 75.38	$ 75.38
E0860 RR	HCPCS	$ 13.01	$ 13.01
E0860 UE	HCPCS	$ 56.56	$ 56.56
E0870 NU	HCPCS	$ 232.08	$ 232.08
E0870 RR	HCPCS	$ 26.75	$ 26.75
E0870 UE	HCPCS	$ 174.09	$ 174.09
E0880 NU	HCPCS	$ 234.23	$ 234.23
E0880 RR	HCPCS	$ 39.33	$ 39.33
E0880 UE	HCPCS	$ 175.66	$ 175.66
E0890 NU	HCPCS	$ 204.18	$ 204.18
E0890 RR	HCPCS	$ 65.52	$ 65.52
E0890 UE	HCPCS	$ 164.50	$ 164.50
E0900 NU	HCPCS	$ 217.32	$ 217.32
E0900 RR	HCPCS	$ 55.12	$ 55.12
E0900 UE	HCPCS	$ 163.03	$ 163.03
E0910 RR	HCPCS	$ 18.98	$ 27.80
E0911 RR	HCPCS	$ 72.38	$ 83.10
E0912 RR	HCPCS	$ 143.05	$ 176.53
E0920 RR	HCPCS	$ 92.09	$ 92.09
E0930 RR	HCPCS	$ 91.14	$ 91.14
E0935 RR	HCPCS	$ 38.58	$ 38.58
E0936 RR	HCPCS	$ 182.64	$ 182.64
E0940 RR	HCPCS	$ 35.91	$ 50.01
E0941 RR	HCPCS	$ 86.59	$ 86.59
E0942 NU	HCPCS	$ 33.66	$ 33.66
E0942 RR	HCPCS	$ 4.70	$ 4.70
E0942 UE	HCPCS	$ 25.19	$ 25.19
E0944 NU	HCPCS	$ 79.98	$ 79.98
E0944 RR	HCPCS	$ 9.21	$ 9.21

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
E0944 UE	HCPCS	$ 60.03	$ 60.03
E0945 NU	HCPCS	$ 79.98	$ 79.98
E0945 RR	HCPCS	$ 8.82	$ 8.82
E0945 UE	HCPCS	$ 60.03	$ 60.03
E0946 RR	HCPCS	$ 118.05	$ 118.05
E0947 NU	HCPCS	$ 1,210.01	$ 1,210.01
E0947 RR	HCPCS	$ 125.45	$ 125.45
E0947 UE	HCPCS	$ 907.47	$ 907.47
E0948 NU	HCPCS	$ 1,170.33	$ 1,170.33
E0948 RR	HCPCS	$ 117.00	$ 117.00
E0948 UE	HCPCS	$ 825.47	$ 825.47
E0950 NU	HCPCS	$ 130.19	$ 148.69
E0950 RR	HCPCS	$ 13.02	$ 16.13
E0950 UE	HCPCS	$ 97.64	$ 110.77
E0951 NU	HCPCS	$ 21.15	$ 28.69
E0951 RR	HCPCS	$ 2.11	$ 2.91
E0951 UE	HCPCS	$ 15.86	$ 21.50
E0952 NU	HCPCS	$ 29.04	$ 29.29
E0952 RR	HCPCS	$ 2.90	$ 3.14
E0952 UE	HCPCS	$ 21.78	$ 21.97
E0953 NU	HCPCS	$ 131.10	$ 156.76
E0953 RR	HCPCS	$ 13.10	$ 15.68
E0953 UE	HCPCS	$ 98.32	$ 117.57
E0954 NU	HCPCS	$ 91.21	$ 98.99
E0954 RR	HCPCS	$ 9.09	$ 10.12
E0954 UE	HCPCS	$ 68.39	$ 74.21
E0955 RR	HCPCS	$ 24.51	$ 31.05
E0956 NU	HCPCS	$ 131.10	$ 156.76
E0956 RR	HCPCS	$ 13.10	$ 15.68
E0956 UE	HCPCS	$ 98.32	$ 117.57
E0957 NU	HCPCS	$ 210.48	$ 231.87
E0957 RR	HCPCS	$ 21.06	$ 23.18
E0957 UE	HCPCS	$ 157.86	$ 173.91
E0958 RR	HCPCS	$ 71.11	$ 82.63
E0959 NU	HCPCS	$ 74.97	$ 74.97
E0959 RR	HCPCS	$ 7.59	$ 8.61
E0959 UE	HCPCS	$ 56.73	$ 56.73
E0960 NU	HCPCS	$ 124.89	$ 146.50
E0960 RR	HCPCS	$ 12.49	$ 14.66
E0960 UE	HCPCS	$ 93.67	$ 109.89

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
E0961 NU	HCPCS	$ 33.84	$ 48.96
E0961 RR	HCPCS	$ 3.39	$ 5.03
E0961 UE	HCPCS	$ 25.37	$ 29.27
E0966 NU	HCPCS	$ 123.84	$ 137.98
E0966 RR	HCPCS	$ 12.39	$ 13.71
E0966 UE	HCPCS	$ 92.89	$ 103.49
E0967 NU	HCPCS	$ 122.70	$ 128.88
E0967 RR	HCPCS	$ 12.26	$ 12.89
E0967 UE	HCPCS	$ 92.02	$ 96.61
E0968 RR	HCPCS	$ 35.73	$ 35.73
E0969 NU	HCPCS	$ 312.51	$ 312.51
E0969 RR	HCPCS	$ 30.94	$ 30.94
E0969 UE	HCPCS	$ 234.39	$ 234.39
E0970 NU	HCPCS	$ 182.64	$ 182.64
E0970 RR	HCPCS	$ 30.44	$ 30.44
E0970 UE	HCPCS	$ 136.99	$ 136.99
E0971 NU	HCPCS	$ 49.00	$ 71.75
E0971 RR	HCPCS	$ 4.90	$ 7.18
E0971 UE	HCPCS	$ 36.75	$ 53.84
E0973 NU	HCPCS	$ 87.12	$ 149.16
E0973 RR	HCPCS	$ 8.71	$ 14.43
E0973 UE	HCPCS	$ 65.34	$ 111.86
E0974 NU	HCPCS	$ 128.91	$ 132.99
E0974 RR	HCPCS	$ 12.89	$ 15.20
E0974 UE	HCPCS	$ 96.68	$ 100.48
E0978 NU	HCPCS	$ 38.81	$ 56.57
E0978 RR	HCPCS	$ 3.88	$ 5.98
E0978 UE	HCPCS	$ 29.11	$ 42.42
E0980 NU	HCPCS	$ 56.06	$ 56.06
E0980 RR	HCPCS	$ 6.61	$ 6.61
E0980 UE	HCPCS	$ 41.80	$ 41.80
E0981 NU	HCPCS	$ 72.76	$ 74.40
E0981 RR	HCPCS	$ 7.28	$ 7.77
E0981 UE	HCPCS	$ 54.57	$ 55.80
E0982 NU	HCPCS	$ 75.32	$ 75.32
E0982 RR	HCPCS	$ 8.05	$ 8.46
E0982 UE	HCPCS	$ 56.49	$ 56.49
E0983 RR	HCPCS	$ 463.78	$ 463.78
E0984 RR	HCPCS	$ 381.18	$ 381.18
E0985 RR	HCPCS	$ 36.64	$ 40.50

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
E0986 RR	HCPCS	$ 970.54	$ 970.54
E0988 RR	HCPCS	$ 574.28	$ 574.28
E0990 NU	HCPCS	$ 113.71	$ 167.09
E0990 RR	HCPCS	$ 11.37	$ 17.98
E0990 UE	HCPCS	$ 85.29	$ 128.48
E0992 NU	HCPCS	$ 134.74	$ 170.27
E0992 RR	HCPCS	$ 13.47	$ 16.76
E0992 UE	HCPCS	$ 101.05	$ 127.71
E0994 NU	HCPCS	$ 35.18	$ 35.18
E0994 RR	HCPCS	$ 3.56	$ 3.56
E0994 UE	HCPCS	$ 26.38	$ 26.38
E0995 NU	HCPCS	$ 46.76	$ 48.99
E0995 RR	HCPCS	$ 4.68	$ 4.96
E0995 UE	HCPCS	$ 35.07	$ 36.76
E1002 RR	HCPCS	$ 648.82	$ 672.90
E1003 RR	HCPCS	$ 755.16	$ 755.16
E1004 RR	HCPCS	$ 834.71	$ 836.00
E1005 RR	HCPCS	$ 906.30	$ 906.30
E1006 RR	HCPCS	$ 1,110.13	$ 1,110.13
E1007 RR	HCPCS	$ 1,397.49	$ 1,450.36
E1008 RR	HCPCS	$ 1,433.45	$ 1,468.38
E1010 RR	HCPCS	$ 194.80	$ 195.75
E1011 NU	HCPCS	$ 1,779.16	$ 1,779.16
E1012 RR	HCPCS	$ 194.80	$ 195.75
E1014 RR	HCPCS	$ 72.88	$ 72.88
E1015 NU	HCPCS	$ 202.02	$ 226.56
E1015 RR	HCPCS	$ 20.20	$ 22.65
E1015 UE	HCPCS	$ 151.52	$ 169.92
E1016 NU	HCPCS	$ 191.39	$ 218.16
E1016 RR	HCPCS	$ 19.14	$ 21.83
E1016 UE	HCPCS	$ 143.54	$ 163.62
E1020 RR	HCPCS	$ 31.00	$ 37.83
E1022 00	HCPCS	$ 605.15	$ 605.15
E1023 00	HCPCS	$ 769.57	$ 769.57
E1028 RR	HCPCS	$ 21.97	$ 30.42
E1029 RR	HCPCS	$ 63.53	$ 63.53
E1030 RR	HCPCS	$ 200.40	$ 200.40
E1031 RR	HCPCS	$ 73.43	$ 90.43
E1032 RR	HCPCS	$ 21.97	$ 30.42
E1033 RR	HCPCS	$ 21.97	$ 30.42

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
E1034 RR	HCPCS	$ 21.97	$ 30.42
E1035 RR	HCPCS	$ 1,005.65	$ 1,167.46
E1036 RR	HCPCS	$ 1,416.95	$ 1,666.13
E1037 RR	HCPCS	$ 175.97	$ 209.24
E1038 RR	HCPCS	$ 25.19	$ 31.81
E1039 RR	HCPCS	$ 54.73	$ 65.17
E1050 RR	HCPCS	$ 203.22	$ 203.22
E1060 RR	HCPCS	$ 251.51	$ 251.51
E1070 RR	HCPCS	$ 218.55	$ 218.55
E1083 RR	HCPCS	$ 133.53	$ 133.53
E1084 RR	HCPCS	$ 195.72	$ 195.72
E1085 NU	HCPCS	$ 595.42	$ 595.42
E1085 RR	HCPCS	$ 38.18	$ 38.18
E1085 UE	HCPCS	$ 446.56	$ 446.56
E1086 NU	HCPCS	$ 2,368.28	$ 2,368.28
E1086 RR	HCPCS	$ 243.53	$ 243.53
E1086 UE	HCPCS	$ 1,776.21	$ 1,776.21
E1087 RR	HCPCS	$ 214.59	$ 214.59
E1088 RR	HCPCS	$ 285.05	$ 285.05
E1089 NU	HCPCS	$ 182.64	$ 182.64
E1089 RR	HCPCS	$ 60.89	$ 60.89
E1089 UE	HCPCS	$ 136.99	$ 136.99
E1090 NU	HCPCS	$ 3,044.05	$ 3,044.05
E1090 RR	HCPCS	$ 413.99	$ 413.99
E1090 UE	HCPCS	$ 2,283.04	$ 2,283.04
E1092 RR	HCPCS	$ 256.41	$ 256.41
E1093 RR	HCPCS	$ 220.51	$ 220.51
E1100 RR	HCPCS	$ 190.58	$ 190.58
E1110 RR	HCPCS	$ 190.58	$ 190.58
E1130 NU	HCPCS	$ 852.33	$ 852.33
E1130 RR	HCPCS	$ 85.23	$ 85.23
E1130 UE	HCPCS	$ 639.25	$ 639.25
E1140 NU	HCPCS	$ 720.23	$ 720.23
E1140 RR	HCPCS	$ 234.01	$ 234.01
E1140 UE	HCPCS	$ 278.82	$ 278.82
E1150 RR	HCPCS	$ 162.75	$ 162.75
E1160 RR	HCPCS	$ 124.73	$ 124.73
E1161 RR	HCPCS	$ 472.07	$ 472.07
E1170 RR	HCPCS	$ 178.23	$ 178.23
E1171 RR	HCPCS	$ 159.91	$ 159.91

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
E1172 RR	HCPCS	$ 195.50	$ 195.50
E1180 RR	HCPCS	$ 202.19	$ 202.19
E1190 RR	HCPCS	$ 233.58	$ 233.58
E1195 RR	HCPCS	$ 250.63	$ 250.63
E1200 RR	HCPCS	$ 173.60	$ 173.60
E1220 00	HCPCS	$ 5,333.99	$ 5,333.99
E1221 RR	HCPCS	$ 94.81	$ 94.81
E1222 RR	HCPCS	$ 131.78	$ 131.78
E1223 RR	HCPCS	$ 147.67	$ 147.67
E1224 RR	HCPCS	$ 161.92	$ 161.92
E1225 RR	HCPCS	$ 62.80	$ 80.37
E1226 NU	HCPCS	$ 627.44	$ 819.36
E1226 RR	HCPCS	$ 62.75	$ 91.69
E1226 UE	HCPCS	$ 470.58	$ 614.49
E1227 NU	HCPCS	$ 470.62	$ 470.62
E1227 RR	HCPCS	$ 55.38	$ 55.38
E1227 UE	HCPCS	$ 353.02	$ 353.02
E1228 RR	HCPCS	$ 55.92	$ 55.92
E1230 NU	HCPCS	$ 4,512.75	$ 4,512.75
E1230 RR	HCPCS	$ 443.84	$ 443.84
E1230 UE	HCPCS	$ 3,569.05	$ 3,569.05
E1232 RR	HCPCS	$ 426.69	$ 426.69
E1233 RR	HCPCS	$ 442.06	$ 442.06
E1234 RR	HCPCS	$ 384.87	$ 384.87
E1235 RR	HCPCS	$ 370.61	$ 370.61
E1236 RR	HCPCS	$ 326.97	$ 326.97
E1237 RR	HCPCS	$ 329.80	$ 329.80
E1238 RR	HCPCS	$ 326.97	$ 326.97
E1240 RR	HCPCS	$ 196.85	$ 196.85
E1250 NU	HCPCS	$ 1,128.74	$ 1,128.74
E1250 RR	HCPCS	$ 121.77	$ 121.77
E1250 UE	HCPCS	$ 846.55	$ 846.55
E1260 NU	HCPCS	$ 608.82	$ 608.82
E1260 RR	HCPCS	$ 312.02	$ 312.02
E1260 UE	HCPCS	$ 456.61	$ 456.61
E1270 RR	HCPCS	$ 148.16	$ 148.16
E1280 RR	HCPCS	$ 261.88	$ 261.88
E1285 NU	HCPCS	$ 2,471.77	$ 2,471.77
E1285 RR	HCPCS	$ 181.43	$ 181.43
E1285 UE	HCPCS	$ 1,853.84	$ 1,853.84

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
E1290 NU	HCPCS	$ 940.00	$ 940.00
E1290 RR	HCPCS	$ 267.88	$ 267.88
E1290 UE	HCPCS	$ 705.00	$ 705.00
E1295 RR	HCPCS	$ 242.34	$ 242.34
E1296 NU	HCPCS	$ 833.80	$ 833.80
E1296 RR	HCPCS	$ 99.69	$ 99.69
E1296 UE	HCPCS	$ 625.37	$ 625.37
E1297 NU	HCPCS	$ 208.71	$ 208.71
E1297 RR	HCPCS	$ 23.18	$ 23.18
E1297 UE	HCPCS	$ 156.51	$ 156.51
E1298 NU	HCPCS	$ 845.28	$ 845.28
E1298 RR	HCPCS	$ 86.48	$ 86.48
E1298 UE	HCPCS	$ 633.95	$ 633.95
E1310 NU	HCPCS	$ 3,641.83	$ 3,641.83
E1310 RR	HCPCS	$ 364.20	$ 364.20
E1310 UE	HCPCS	$ 2,731.36	$ 2,731.36
E1353 00	HCPCS	$ 56.50	$ 56.50
E1354 00	HCPCS	$ 17.08	$ 17.08
E1355 00	HCPCS	$ 42.59	$ 42.59
E1356 00	HCPCS	$ 348.73	$ 348.73
E1372 NU	HCPCS	$ 191.25	$ 256.54
E1372 RR	HCPCS	$ 19.12	$ 31.92
E1372 UE	HCPCS	$ 143.44	$ 191.06
E1390 RR	HCPCS	$ 137.42	$ 248.02
E1391 RR	HCPCS	$ 137.42	$ 248.02
E1392 RR	HCPCS	$ 66.04	$ 72.28
E1399 00	HCPCS	BR	BR
E1405 RR	HCPCS	$ 182.46	$ 304.99
E1406 RR	HCPCS	$ 147.43	$ 269.63
E1510 NU	HCPCS	$ 1,095.86	$ 1,095.86
E1510 RR	HCPCS	$ 109.59	$ 109.59
E1510 UE	HCPCS	$ 821.90	$ 821.90
E1594 NU	HCPCS	$ 9,740.98	$ 9,740.98
E1594 RR	HCPCS	$ 965.96	$ 965.96
E1594 UE	HCPCS	$ 7,305.75	$ 7,305.75
E1610 NU	HCPCS	$ 3,652.87	$ 3,652.87
E1610 RR	HCPCS	$ 657.52	$ 657.52
E1610 UE	HCPCS	$ 2,739.65	$ 2,739.65
E1639 00	HCPCS	$ 153.89	$ 153.89
E1700 RR	HCPCS	$ 68.81	$ 68.81

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
E1701 00	HCPCS	$ 21.15	$ 21.15
E1702 00	HCPCS	$ 45.01	$ 45.01
E1800 RR	HCPCS	$ 244.41	$ 244.41
E1801 RR	HCPCS	$ 238.94	$ 238.94
E1802 RR	HCPCS	$ 652.05	$ 652.05
E1803 RR	HCPCS	$ 244.41	$ 244.41
E1804 RR	HCPCS	$ 244.41	$ 244.41
E1805 RR	HCPCS	$ 251.93	$ 251.93
E1806 RR	HCPCS	$ 196.07	$ 196.07
E1807 RR	HCPCS	$ 251.93	$ 251.93
E1808 RR	HCPCS	$ 251.93	$ 251.93
E1810 RR	HCPCS	$ 248.58	$ 248.58
E1811 RR	HCPCS	$ 248.35	$ 248.35
E1812 RR	HCPCS	$ 171.57	$ 171.57
E1813 RR	HCPCS	$ 248.58	$ 248.58
E1814 RR	HCPCS	$ 248.58	$ 248.58
E1815 RR	HCPCS	$ 251.93	$ 251.93
E1816 RR	HCPCS	$ 252.27	$ 252.27
E1818 RR	HCPCS	$ 257.54	$ 257.54
E1820 NU	HCPCS	$ 153.87	$ 153.87
E1820 RR	HCPCS	$ 15.41	$ 15.41
E1820 UE	HCPCS	$ 115.40	$ 115.40
E1821 NU	HCPCS	$ 209.97	$ 209.97
E1821 RR	HCPCS	$ 20.93	$ 20.93
E1821 UE	HCPCS	$ 157.54	$ 157.54
E1822 RR	HCPCS	$ 251.93	$ 251.93
E1823 RR	HCPCS	$ 251.93	$ 251.93
E1825 RR	HCPCS	$ 251.93	$ 251.93
E1826 RR	HCPCS	$ 251.93	$ 251.93
E1827 RR	HCPCS	$ 251.93	$ 251.93
E1828 RR	HCPCS	$ 251.93	$ 251.93
E1829 RR	HCPCS	$ 251.93	$ 251.93
E1830 RR	HCPCS	$ 251.93	$ 251.93
E1831 RR	HCPCS	$ 126.78	$ 126.78
E1832 RR	HCPCS	$ 126.78	$ 126.78
E1840 RR	HCPCS	$ 730.95	$ 730.95
E1841 RR	HCPCS	$ 903.80	$ 903.80
E1905 RR	HCPCS	$ 944.68	$ 944.68
E2000 RR	HCPCS	$ 95.91	$ 95.91
E2001 RR	HCPCS	$ 84.46	$ 84.46

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
E2100 NU	HCPCS	$ 1,283.25	$ 1,283.25
E2100 RR	HCPCS	$ 128.37	$ 128.37
E2100 UE	HCPCS	$ 962.49	$ 962.49
E2101 NU	HCPCS	$ 376.19	$ 376.19
E2101 RR	HCPCS	$ 37.63	$ 37.63
E2101 UE	HCPCS	$ 282.16	$ 282.16
E2102 NU	HCPCS	$ 334.91	$ 334.91
E2102 RR	HCPCS	$ 33.47	$ 33.47
E2102 UE	HCPCS	$ 251.19	$ 251.19
E2103 NU	HCPCS	$ 421.78	$ 421.78
E2103 RR	HCPCS	$ 42.18	$ 42.18
E2103 UE	HCPCS	$ 316.33	$ 316.33
E2104 NU	HCPCS	$ 76.33	$ 76.33
E2104 RR	HCPCS	$ 7.66	$ 7.66
E2104 UE	HCPCS	$ 57.29	$ 57.29
E2120 RR	HCPCS	$ 565.67	$ 565.67
E2201 NU	HCPCS	$ 520.90	$ 660.63
E2201 RR	HCPCS	$ 52.09	$ 66.07
E2201 UE	HCPCS	$ 390.67	$ 495.47
E2202 NU	HCPCS	$ 743.37	$ 893.05
E2202 RR	HCPCS	$ 74.34	$ 89.31
E2202 UE	HCPCS	$ 557.54	$ 669.82
E2203 NU	HCPCS	$ 710.51	$ 870.97
E2203 RR	HCPCS	$ 71.05	$ 87.08
E2203 UE	HCPCS	$ 532.90	$ 653.21
E2204 NU	HCPCS	$ 1,221.11	$ 1,499.33
E2204 RR	HCPCS	$ 122.11	$ 149.94
E2204 UE	HCPCS	$ 915.82	$ 1,124.51
E2205 NU	HCPCS	$ 58.38	$ 64.08
E2205 RR	HCPCS	$ 5.84	$ 6.37
E2205 UE	HCPCS	$ 43.79	$ 48.10
E2206 NU	HCPCS	$ 63.66	$ 75.57
E2206 RR	HCPCS	$ 6.37	$ 7.55
E2206 UE	HCPCS	$ 47.74	$ 56.69
E2207 NU	HCPCS	$ 76.79	$ 85.04
E2207 RR	HCPCS	$ 7.69	$ 8.54
E2207 UE	HCPCS	$ 57.60	$ 63.77
E2208 NU	HCPCS	$ 127.86	$ 172.05
E2208 RR	HCPCS	$ 12.78	$ 17.21
E2208 UE	HCPCS	$ 95.90	$ 129.04

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
E2209 NU	HCPCS	$ 138.71	$ 168.77
E2209 RR	HCPCS	$ 13.87	$ 16.87
E2209 UE	HCPCS	$ 104.03	$ 126.59
E2210 NU	HCPCS	$ 8.92	$ 10.63
E2210 RR	HCPCS	$ 0.90	$ 1.06
E2210 UE	HCPCS	$ 6.69	$ 7.99
E2211 NU	HCPCS	$ 56.66	$ 66.50
E2211 RR	HCPCS	$ 5.67	$ 7.18
E2211 UE	HCPCS	$ 42.49	$ 48.71
E2212 NU	HCPCS	$ 10.43	$ 11.52
E2212 RR	HCPCS	$ 1.05	$ 1.20
E2212 UE	HCPCS	$ 7.83	$ 8.68
E2213 NU	HCPCS	$ 49.71	$ 57.62
E2213 RR	HCPCS	$ 4.97	$ 5.80
E2213 UE	HCPCS	$ 37.28	$ 43.19
E2214 NU	HCPCS	$ 53.58	$ 61.07
E2214 RR	HCPCS	$ 5.36	$ 7.00
E2214 UE	HCPCS	$ 40.19	$ 45.77
E2215 NU	HCPCS	$ 16.97	$ 18.84
E2215 RR	HCPCS	$ 1.69	$ 1.89
E2215 UE	HCPCS	$ 12.73	$ 14.13
E2216 NU	HCPCS	$ 73.51	$ 80.19
E2216 RR	HCPCS	$ 7.35	$ 9.60
E2216 UE	HCPCS	$ 55.13	$ 60.14
E2217 NU	HCPCS	$ 65.06	$ 70.97
E2217 RR	HCPCS	$ 6.51	$ 8.50
E2217 UE	HCPCS	$ 48.79	$ 53.23
E2218 NU	HCPCS	$ 73.51	$ 80.19
E2218 RR	HCPCS	$ 7.35	$ 9.60
E2218 UE	HCPCS	$ 55.13	$ 60.14
E2219 NU	HCPCS	$ 65.06	$ 70.97
E2219 RR	HCPCS	$ 6.51	$ 8.50
E2219 UE	HCPCS	$ 48.79	$ 53.23
E2220 NU	HCPCS	$ 47.22	$ 55.72
E2220 RR	HCPCS	$ 4.72	$ 5.47
E2220 UE	HCPCS	$ 35.42	$ 42.21
E2221 NU	HCPCS	$ 44.23	$ 49.91
E2221 RR	HCPCS	$ 4.42	$ 4.96
E2221 UE	HCPCS	$ 33.17	$ 37.44
E2222 NU	HCPCS	$ 37.83	$ 41.78

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
E2222 RR	HCPCS	$ 3.78	$ 4.16
E2222 UE	HCPCS	$ 28.38	$ 31.35
E2224 NU	HCPCS	$ 153.34	$ 166.29
E2224 RR	HCPCS	$ 15.34	$ 19.08
E2224 UE	HCPCS	$ 115.01	$ 124.73
E2225 NU	HCPCS	$ 31.60	$ 34.73
E2225 RR	HCPCS	$ 3.16	$ 3.47
E2225 UE	HCPCS	$ 23.70	$ 26.01
E2226 NU	HCPCS	$ 65.80	$ 74.56
E2226 RR	HCPCS	$ 6.58	$ 7.46
E2226 UE	HCPCS	$ 49.35	$ 55.93
E2227 RR	HCPCS	$ 358.86	$ 358.86
E2228 RR	HCPCS	$ 157.57	$ 182.29
E2231 NU	HCPCS	$ 234.21	$ 283.18
E2231 RR	HCPCS	$ 23.42	$ 28.32
E2231 UE	HCPCS	$ 175.66	$ 212.38
E2291 00	HCPCS	$ 740.87	$ 740.87
E2292 00	HCPCS	$ 802.91	$ 802.91
E2293 00	HCPCS	$ 1,448.44	$ 1,448.44
E2294 00	HCPCS	$ 951.86	$ 951.86
E2298 RR	HCPCS	$ 294.48	$ 294.48
E2301 00	HCPCS	$ 27,713.78	$ 27,713.78
E2310 RR	HCPCS	$ 189.98	$ 195.59
E2311 RR	HCPCS	$ 383.38	$ 395.40
E2312 RR	HCPCS	$ 386.92	$ 386.92
E2313 RR	HCPCS	$ 61.49	$ 61.49
E2321 RR	HCPCS	$ 258.13	$ 265.72
E2322 RR	HCPCS	$ 242.51	$ 242.51
E2323 NU	HCPCS	$ 118.87	$ 118.92
E2323 RR	HCPCS	$ 11.89	$ 11.89
E2323 UE	HCPCS	$ 89.17	$ 89.17
E2324 NU	HCPCS	$ 75.35	$ 75.35
E2324 RR	HCPCS	$ 7.49	$ 7.49
E2324 UE	HCPCS	$ 56.52	$ 56.52
E2325 RR	HCPCS	$ 231.63	$ 231.63
E2326 RR	HCPCS	$ 59.71	$ 59.71
E2327 RR	HCPCS	$ 449.22	$ 449.22
E2328 RR	HCPCS	$ 852.12	$ 852.12
E2329 RR	HCPCS	$ 303.72	$ 303.72
E2330 RR	HCPCS	$ 588.46	$ 588.46

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
E2331 00	HCPCS	$ 1,719.07	$ 1,719.07
E2340 NU	HCPCS	$ 714.97	$ 714.97
E2340 RR	HCPCS	$ 71.53	$ 71.53
E2340 UE	HCPCS	$ 536.30	$ 536.30
E2341 NU	HCPCS	$ 1,072.57	$ 1,072.57
E2341 RR	HCPCS	$ 107.24	$ 107.24
E2341 UE	HCPCS	$ 804.47	$ 804.47
E2342 NU	HCPCS	$ 893.83	$ 893.83
E2342 RR	HCPCS	$ 89.38	$ 89.38
E2342 UE	HCPCS	$ 670.38	$ 670.38
E2343 NU	HCPCS	$ 1,430.13	$ 1,430.13
E2343 RR	HCPCS	$ 143.00	$ 143.00
E2343 UE	HCPCS	$ 1,072.57	$ 1,072.57
E2351 NU	HCPCS	$ 1,201.83	$ 1,201.83
E2351 RR	HCPCS	$ 120.19	$ 120.19
E2351 UE	HCPCS	$ 901.38	$ 901.38
E2359 NU	HCPCS	$ 282.11	$ 323.47
E2359 RR	HCPCS	$ 28.21	$ 32.34
E2359 UE	HCPCS	$ 211.58	$ 242.62
E2360 NU	HCPCS	$ 190.54	$ 190.54
E2360 RR	HCPCS	$ 21.38	$ 22.53
E2360 UE	HCPCS	$ 142.87	$ 142.87
E2361 NU	HCPCS	$ 190.04	$ 225.83
E2361 RR	HCPCS	$ 19.00	$ 22.60
E2361 UE	HCPCS	$ 142.52	$ 169.36
E2362 NU	HCPCS	$ 180.46	$ 180.46
E2362 RR	HCPCS	$ 18.05	$ 18.05
E2362 UE	HCPCS	$ 135.30	$ 135.30
E2363 NU	HCPCS	$ 233.70	$ 293.66
E2363 RR	HCPCS	$ 23.37	$ 29.37
E2363 UE	HCPCS	$ 175.28	$ 220.26
E2364 NU	HCPCS	$ 190.54	$ 190.54
E2364 RR	HCPCS	$ 21.60	$ 21.92
E2364 UE	HCPCS	$ 142.87	$ 142.87
E2365 NU	HCPCS	$ 122.33	$ 166.77
E2365 RR	HCPCS	$ 12.24	$ 16.67
E2365 UE	HCPCS	$ 91.74	$ 125.10
E2366 NU	HCPCS	$ 251.99	$ 339.37
E2366 RR	HCPCS	$ 25.20	$ 37.41
E2366 UE	HCPCS	$ 189.00	$ 254.55

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
E2367 NU	HCPCS	$ 655.07	$ 713.16
E2367 RR	HCPCS	$ 65.51	$ 71.32
E2367 UE	HCPCS	$ 491.30	$ 534.87
E2368 RR	HCPCS	$ 68.22	$ 82.73
E2369 RR	HCPCS	$ 63.27	$ 74.98
E2370 RR	HCPCS	$ 88.86	$ 118.72
E2371 NU	HCPCS	$ 234.21	$ 259.22
E2371 RR	HCPCS	$ 23.42	$ 25.94
E2371 UE	HCPCS	$ 175.66	$ 194.45
E2373 RR	HCPCS	$ 134.89	$ 134.89
E2374 RR	HCPCS	$ 87.54	$ 89.70
E2375 RR	HCPCS	$ 112.46	$ 136.92
E2376 RR	HCPCS	$ 217.49	$ 224.15
E2377 RR	HCPCS	$ 80.57	$ 82.04
E2378 RR	HCPCS	$ 93.65	$ 101.68
E2381 NU	HCPCS	$ 100.65	$ 121.45
E2381 RR	HCPCS	$ 10.07	$ 12.14
E2381 UE	HCPCS	$ 75.49	$ 91.08
E2382 NU	HCPCS	$ 31.91	$ 33.50
E2382 RR	HCPCS	$ 3.19	$ 3.33
E2382 UE	HCPCS	$ 23.94	$ 25.14
E2383 NU	HCPCS	$ 215.73	$ 248.11
E2383 RR	HCPCS	$ 21.57	$ 24.81
E2383 UE	HCPCS	$ 161.80	$ 186.10
E2384 NU	HCPCS	$ 101.60	$ 125.96
E2384 RR	HCPCS	$ 10.16	$ 12.57
E2384 UE	HCPCS	$ 76.20	$ 94.44
E2385 NU	HCPCS	$ 76.57	$ 80.14
E2385 RR	HCPCS	$ 7.66	$ 8.02
E2385 UE	HCPCS	$ 57.43	$ 60.10
E2386 NU	HCPCS	$ 173.26	$ 223.23
E2386 RR	HCPCS	$ 17.33	$ 22.33
E2386 UE	HCPCS	$ 129.95	$ 167.44
E2387 NU	HCPCS	$ 81.77	$ 100.97
E2387 RR	HCPCS	$ 8.18	$ 10.08
E2387 UE	HCPCS	$ 61.33	$ 75.71
E2388 NU	HCPCS	$ 83.33	$ 84.98
E2388 RR	HCPCS	$ 8.33	$ 8.51
E2388 UE	HCPCS	$ 62.50	$ 63.74
E2389 NU	HCPCS	$ 46.58	$ 46.82

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
E2389 RR	HCPCS	$ 4.66	$ 4.69
E2389 UE	HCPCS	$ 34.93	$ 35.10
E2390 NU	HCPCS	$ 72.11	$ 72.84
E2390 RR	HCPCS	$ 7.21	$ 7.28
E2390 UE	HCPCS	$ 54.08	$ 54.61
E2391 NU	HCPCS	$ 29.37	$ 34.15
E2391 RR	HCPCS	$ 2.94	$ 3.43
E2391 UE	HCPCS	$ 22.04	$ 25.62
E2392 NU	HCPCS	$ 68.96	$ 85.85
E2392 RR	HCPCS	$ 6.90	$ 8.61
E2392 UE	HCPCS	$ 51.73	$ 64.40
E2394 NU	HCPCS	$ 98.27	$ 120.51
E2394 RR	HCPCS	$ 9.83	$ 12.07
E2394 UE	HCPCS	$ 73.71	$ 90.38
E2395 NU	HCPCS	$ 73.82	$ 87.72
E2395 RR	HCPCS	$ 7.38	$ 8.78
E2395 UE	HCPCS	$ 55.37	$ 65.80
E2396 NU	HCPCS	$ 85.58	$ 106.26
E2396 RR	HCPCS	$ 8.55	$ 11.03
E2396 UE	HCPCS	$ 64.19	$ 79.72
E2397 NU	HCPCS	$ 745.43	$ 826.28
E2397 RR	HCPCS	$ 74.55	$ 82.63
E2397 UE	HCPCS	$ 559.08	$ 619.65
E2398 NU	HCPCS	$ 228.89	$ 228.89
E2398 RR	HCPCS	$ 22.89	$ 22.89
E2398 UE	HCPCS	$ 171.64	$ 171.64
E2402 RR	HCPCS	$ 1,117.23	$ 2,106.17
E2500 NU	HCPCS	$ 780.22	$ 780.22
E2500 RR	HCPCS	$ 78.02	$ 78.02
E2500 UE	HCPCS	$ 585.16	$ 585.16
E2502 NU	HCPCS	$ 2,385.84	$ 2,385.84
E2502 RR	HCPCS	$ 238.62	$ 238.62
E2502 UE	HCPCS	$ 1,789.40	$ 1,789.40
E2504 NU	HCPCS	$ 3,147.27	$ 3,147.27
E2504 RR	HCPCS	$ 314.76	$ 314.76
E2504 UE	HCPCS	$ 2,360.46	$ 2,360.46
E2506 NU	HCPCS	$ 4,614.78	$ 4,614.78
E2506 RR	HCPCS	$ 461.45	$ 461.45
E2506 UE	HCPCS	$ 3,461.02	$ 3,461.02
E2508 NU	HCPCS	$ 7,136.01	$ 7,136.01

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
E2508 RR	HCPCS	$ 713.59	$ 713.59
E2508 UE	HCPCS	$ 5,352.03	$ 5,352.03
E2510 NU	HCPCS	$ 13,503.97	$ 13,503.97
E2510 RR	HCPCS	$ 1,350.38	$ 1,350.38
E2510 UE	HCPCS	$ 10,127.95	$ 10,127.95
E2511 NU	HCPCS	$ 186.21	$ 186.21
E2511 RR	HCPCS	$ 4.87	$ 4.87
E2511 UE	HCPCS	$ 38.36	$ 38.36
E2512 NU	HCPCS	$ 2,655.63	$ 2,655.63
E2512 RR	HCPCS	$ 146.12	$ 146.12
E2512 UE	HCPCS	$ 1,086.72	$ 1,086.72
E2513 NU	HCPCS	$ 6,287.40	$ 6,287.40
E2513 RR	HCPCS	$ 628.77	$ 628.77
E2513 UE	HCPCS	$ 4,715.56	$ 4,715.56
E2601 NU	HCPCS	$ 63.59	$ 89.08
E2601 RR	HCPCS	$ 6.36	$ 8.93
E2601 UE	HCPCS	$ 47.70	$ 66.82
E2602 NU	HCPCS	$ 137.48	$ 181.36
E2602 RR	HCPCS	$ 13.75	$ 18.14
E2602 UE	HCPCS	$ 103.11	$ 136.02
E2603 NU	HCPCS	$ 173.25	$ 226.79
E2603 RR	HCPCS	$ 17.33	$ 22.69
E2603 UE	HCPCS	$ 129.93	$ 170.10
E2604 NU	HCPCS	$ 252.53	$ 298.59
E2604 RR	HCPCS	$ 25.26	$ 29.86
E2604 UE	HCPCS	$ 189.41	$ 223.97
E2605 NU	HCPCS	$ 355.26	$ 428.27
E2605 RR	HCPCS	$ 35.53	$ 42.84
E2605 UE	HCPCS	$ 266.45	$ 321.23
E2606 NU	HCPCS	$ 573.27	$ 676.69
E2606 RR	HCPCS	$ 57.33	$ 67.68
E2606 UE	HCPCS	$ 429.95	$ 507.50
E2607 NU	HCPCS	$ 344.83	$ 439.80
E2607 RR	HCPCS	$ 34.48	$ 43.97
E2607 UE	HCPCS	$ 258.64	$ 329.85
E2608 NU	HCPCS	$ 440.68	$ 539.39
E2608 RR	HCPCS	$ 44.07	$ 53.93
E2608 UE	HCPCS	$ 330.51	$ 404.54
E2609 00	HCPCS	$ 4,177.53	$ 4,177.53
E2611 NU	HCPCS	$ 258.89	$ 415.25

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
E2611 RR	HCPCS	$ 25.89	$ 41.51
E2611 UE	HCPCS	$ 194.17	$ 311.46
E2612 NU	HCPCS	$ 511.21	$ 649.59
E2612 RR	HCPCS	$ 51.13	$ 64.96
E2612 UE	HCPCS	$ 383.42	$ 487.19
E2613 NU	HCPCS	$ 519.48	$ 627.65
E2613 RR	HCPCS	$ 51.95	$ 62.78
E2613 UE	HCPCS	$ 389.62	$ 470.74
E2614 NU	HCPCS	$ 765.69	$ 895.13
E2614 RR	HCPCS	$ 76.57	$ 89.52
E2614 UE	HCPCS	$ 574.28	$ 671.37
E2615 NU	HCPCS	$ 593.84	$ 719.36
E2615 RR	HCPCS	$ 59.39	$ 71.95
E2615 UE	HCPCS	$ 445.38	$ 539.53
E2616 NU	HCPCS	$ 799.61	$ 968.35
E2616 RR	HCPCS	$ 79.97	$ 96.84
E2616 UE	HCPCS	$ 599.72	$ 726.28
E2617 00	HCPCS	$ 4,635.46	$ 4,635.46
E2619 NU	HCPCS	$ 85.79	$ 87.02
E2619 RR	HCPCS	$ 8.58	$ 8.71
E2619 UE	HCPCS	$ 64.34	$ 65.30
E2620 NU	HCPCS	$ 648.73	$ 825.12
E2620 RR	HCPCS	$ 64.88	$ 82.52
E2620 UE	HCPCS	$ 486.54	$ 618.86
E2621 NU	HCPCS	$ 763.43	$ 913.74
E2621 RR	HCPCS	$ 76.34	$ 91.38
E2621 UE	HCPCS	$ 572.57	$ 685.30
E2622 NU	HCPCS	$ 544.25	$ 557.13
E2622 RR	HCPCS	$ 54.43	$ 55.72
E2622 UE	HCPCS	$ 408.18	$ 417.84
E2623 NU	HCPCS	$ 688.24	$ 706.78
E2623 RR	HCPCS	$ 68.82	$ 70.69
E2623 UE	HCPCS	$ 516.18	$ 530.07
E2624 NU	HCPCS	$ 553.04	$ 563.86
E2624 RR	HCPCS	$ 55.31	$ 56.39
E2624 UE	HCPCS	$ 414.79	$ 422.93
E2625 NU	HCPCS	$ 684.45	$ 705.98
E2625 RR	HCPCS	$ 68.45	$ 70.59
E2625 UE	HCPCS	$ 513.34	$ 529.48
E2626 NU	HCPCS	$ 1,058.53	$ 1,224.24

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
E2626 RR	HCPCS	$ 105.85	$ 122.40
E2626 UE	HCPCS	$ 793.90	$ 918.13
E2627 NU	HCPCS	$ 1,702.51	$ 1,921.28
E2627 RR	HCPCS	$ 170.25	$ 192.15
E2627 UE	HCPCS	$ 1,276.88	$ 1,440.95
E2628 NU	HCPCS	$ 1,264.89	$ 1,469.22
E2628 RR	HCPCS	$ 126.49	$ 146.92
E2628 UE	HCPCS	$ 948.67	$ 1,101.91
E2629 NU	HCPCS	$ 1,645.67	$ 1,853.14
E2629 RR	HCPCS	$ 164.57	$ 185.30
E2629 UE	HCPCS	$ 1,234.25	$ 1,389.85
E2630 NU	HCPCS	$ 1,140.75	$ 1,277.56
E2630 RR	HCPCS	$ 114.07	$ 127.76
E2630 UE	HCPCS	$ 855.57	$ 958.16
E2631 NU	HCPCS	$ 460.18	$ 519.60
E2631 RR	HCPCS	$ 46.02	$ 51.97
E2631 UE	HCPCS	$ 345.14	$ 389.69
E2632 NU	HCPCS	$ 290.86	$ 326.23
E2632 RR	HCPCS	$ 29.09	$ 32.62
E2632 UE	HCPCS	$ 218.15	$ 244.66
E2633 NU	HCPCS	$ 242.14	$ 275.04
E2633 RR	HCPCS	$ 24.22	$ 27.51
E2633 UE	HCPCS	$ 181.61	$ 206.29
E3000 RR	HCPCS	$ 342.78	$ 342.78
E3200 RR	HCPCS	$ 1,650.12	$ 1,650.12
E8000 00	HCPCS	$ 4,726.41	$ 4,726.41
E8001 00	HCPCS	$ 8,413.44	$ 8,413.44
E8002 00	HCPCS	$ 8,016.89	$ 8,016.89
G0281 00	HCPCS	$ 16.37	$ 16.37
G0283 00	HCPCS	$ 17.77	$ 17.77
G0316 00	HCPCS	$ 48.63	$ 48.63
G0317 00	HCPCS	$ 47.23	$ 47.23
G0318 00	HCPCS	$ 47.70	$ 47.70
G0329 00	HCPCS	$ 14.96	$ 14.96
G0453 00	HCPCS	$ 38.34	$ 38.34
G0460 00	HCPCS	BR	BR
G0465 00	HCPCS	$ 1,488.88	$ 1,488.88
G0480-G0483, G0659 00	HCPCS	See Pathology Fee Schedule	See Pathology Fee Schedule

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
G2010 00	HCPCS	See E/M Fee Schedule	See E/M Fee Schedule
G2212 00	HCPCS	$ 47.70	$ 47.70
JXXXX 00	HCPCS	See Pharmaceutical Fee Schedule	See Pharmceutical Fee Schedule
K0001 RR	HCPCS	$ 39.93	$ 74.51
K0002 RR	HCPCS	$ 64.85	$ 119.53
K0003 RR	HCPCS	$ 62.19	$ 111.20
K0004 NU	HCPCS	$ 2,435.26	$ 2,435.26
K0004 RR	HCPCS	$ 73.75	$ 173.88
K0004 UE	HCPCS	$ 1,826.44	$ 1,826.44
K0005 NU	HCPCS	$ 3,626.94	$ 3,626.94
K0005 RR	HCPCS	$ 362.70	$ 362.70
K0005 UE	HCPCS	$ 2,720.24	$ 2,720.24
K0006 NU	HCPCS	$ 1,217.62	$ 1,217.62
K0006 RR	HCPCS	$ 107.48	$ 185.32
K0006 UE	HCPCS	$ 913.21	$ 913.21
K0007 NU	HCPCS	$ 1,704.67	$ 1,704.67
K0007 RR	HCPCS	$ 145.82	$ 249.31
K0007 UE	HCPCS	$ 1,278.51	$ 1,278.51
K0009 RR	HCPCS	$ 142.60	$ 142.60
K0010 NU	HCPCS	$ 7,305.75	$ 7,305.75
K0010 RR	HCPCS	$ 849.93	$ 849.93
K0010 UE	HCPCS	$ 5,479.31	$ 5,479.31
K0011 NU	HCPCS	$ 7,469.13	$ 7,469.13
K0011 RR	HCPCS	$ 980.77	$ 980.77
K0011 UE	HCPCS	$ 5,601.85	$ 5,601.85
K0012 NU	HCPCS	$ 3,409.35	$ 3,409.35
K0012 RR	HCPCS	$ 601.64	$ 601.64
K0012 UE	HCPCS	$ 2,557.00	$ 2,557.00
K0015 RR	HCPCS	$ 24.21	$ 28.67
K0017 NU	HCPCS	$ 82.60	$ 84.50
K0017 RR	HCPCS	$ 8.26	$ 8.46
K0017 UE	HCPCS	$ 61.95	$ 63.38
K0018 NU	HCPCS	$ 46.69	$ 47.50
K0018 RR	HCPCS	$ 4.68	$ 4.75
K0018 UE	HCPCS	$ 35.03	$ 35.63
K0019 NU	HCPCS	$ 20.68	$ 27.30
K0019 RR	HCPCS	$ 2.07	$ 2.73
K0019 UE	HCPCS	$ 15.51	$ 20.48

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
K0020 NU	HCPCS	$ 78.55	$ 78.55
K0020 RR	HCPCS	$ 7.85	$ 7.85
K0020 UE	HCPCS	$ 58.91	$ 58.91
K0037 NU	HCPCS	$ 77.71	$ 80.26
K0037 RR	HCPCS	$ 7.39	$ 7.39
K0037 UE	HCPCS	$ 58.30	$ 60.21
K0038 NU	HCPCS	$ 41.02	$ 41.02
K0038 RR	HCPCS	$ 4.07	$ 4.07
K0038 UE	HCPCS	$ 30.74	$ 30.74
K0039 NU	HCPCS	$ 88.65	$ 89.88
K0039 RR	HCPCS	$ 8.86	$ 9.02
K0039 UE	HCPCS	$ 66.49	$ 67.40
K0040 NU	HCPCS	$ 89.81	$ 112.34
K0040 RR	HCPCS	$ 8.97	$ 11.23
K0040 UE	HCPCS	$ 67.35	$ 84.27
K0041 NU	HCPCS	$ 84.71	$ 87.12
K0041 RR	HCPCS	$ 8.47	$ 8.71
K0041 UE	HCPCS	$ 63.53	$ 65.31
K0042 NU	HCPCS	$ 53.26	$ 53.26
K0042 RR	HCPCS	$ 5.32	$ 5.32
K0042 UE	HCPCS	$ 39.93	$ 39.93
K0043 NU	HCPCS	$ 33.03	$ 33.03
K0043 RR	HCPCS	$ 3.30	$ 3.30
K0043 UE	HCPCS	$ 24.77	$ 24.77
K0044 NU	HCPCS	$ 28.15	$ 28.15
K0044 RR	HCPCS	$ 2.83	$ 2.83
K0044 UE	HCPCS	$ 21.07	$ 21.07
K0045 NU	HCPCS	$ 96.12	$ 96.74
K0045 RR	HCPCS	$ 9.62	$ 9.83
K0045 UE	HCPCS	$ 72.10	$ 72.56
K0046 NU	HCPCS	$ 33.03	$ 33.03
K0046 RR	HCPCS	$ 3.30	$ 3.30
K0046 UE	HCPCS	$ 24.77	$ 24.77
K0047 NU	HCPCS	$ 119.46	$ 124.38
K0047 RR	HCPCS	$ 11.94	$ 12.45
K0047 UE	HCPCS	$ 89.60	$ 93.30
K0050 NU	HCPCS	$ 54.95	$ 54.95
K0050 RR	HCPCS	$ 5.49	$ 5.49
K0050 UE	HCPCS	$ 41.23	$ 41.23
K0051 NU	HCPCS	$ 87.68	$ 88.30

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
K0051 RR	HCPCS	$ 8.76	$ 8.82
K0051 UE	HCPCS	$ 65.76	$ 66.22
K0052 NU	HCPCS	$ 119.45	$ 144.79
K0052 RR	HCPCS	$ 11.94	$ 14.50
K0052 UE	HCPCS	$ 89.59	$ 108.57
K0053 NU	HCPCS	$ 142.16	$ 165.58
K0053 RR	HCPCS	$ 14.22	$ 16.56
K0053 UE	HCPCS	$ 106.62	$ 124.17
K0056 NU	HCPCS	$ 155.60	$ 181.69
K0056 RR	HCPCS	$ 15.57	$ 18.19
K0056 UE	HCPCS	$ 116.70	$ 136.30
K0065 NU	HCPCS	$ 79.18	$ 87.22
K0065 RR	HCPCS	$ 7.92	$ 8.72
K0065 UE	HCPCS	$ 59.39	$ 65.45
K0069 NU	HCPCS	$ 158.48	$ 186.86
K0069 RR	HCPCS	$ 15.85	$ 18.70
K0069 UE	HCPCS	$ 118.86	$ 140.15
K0070 RR	HCPCS	$ 26.91	$ 32.86
K0071 NU	HCPCS	$ 184.97	$ 209.64
K0071 RR	HCPCS	$ 18.49	$ 21.00
K0071 UE	HCPCS	$ 138.73	$ 157.23
K0072 NU	HCPCS	$ 115.63	$ 128.18
K0072 RR	HCPCS	$ 11.56	$ 12.82
K0072 UE	HCPCS	$ 86.72	$ 96.15
K0073 NU	HCPCS	$ 59.51	$ 65.66
K0073 RR	HCPCS	$ 5.95	$ 6.57
K0073 UE	HCPCS	$ 44.63	$ 49.21
K0077 NU	HCPCS	$ 91.10	$ 108.11
K0077 RR	HCPCS	$ 9.11	$ 10.81
K0077 UE	HCPCS	$ 68.32	$ 81.06
K0098 NU	HCPCS	$ 40.70	$ 44.63
K0098 RR	HCPCS	$ 4.07	$ 4.49
K0098 UE	HCPCS	$ 30.53	$ 33.49
K0105 NU	HCPCS	$ 168.29	$ 191.03
K0105 RR	HCPCS	$ 16.83	$ 19.10
K0105 UE	HCPCS	$ 126.22	$ 143.29
K0195 RR	HCPCS	$ 17.78	$ 27.45
K0455 RR	HCPCS	$ 490.45	$ 490.45
K0552 00	HCPCS	$ 4.86	$ 5.04
K0601 NU	HCPCS	$ 2.20	$ 2.21

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
K0602 NU	HCPCS	$ 12.43	$ 12.54
K0603 NU	HCPCS	$ 1.12	$ 1.12
K0604 NU	HCPCS	$ 11.98	$ 12.05
K0605 NU	HCPCS	$ 28.63	$ 28.88
K0606 RR	HCPCS	$ 5,024.46	$ 5,024.46
K0607 RR	HCPCS	$ 38.77	$ 38.77
K0608 NU	HCPCS	$ 241.84	$ 241.84
K0608 RR	HCPCS	$ 24.23	$ 24.23
K0608 UE	HCPCS	$ 181.37	$ 181.37
K0609 00	HCPCS	$ 1,608.29	$ 1,608.29
K0669 00	HCPCS	$ 690.24	$ 690.24
K0672 00	HCPCS	$ 142.38	$ 142.38
K0730 RR	HCPCS	$ 343.97	$ 343.97
K0733 NU	HCPCS	$ 48.31	$ 51.95
K0733 RR	HCPCS	$ 4.83	$ 5.24
K0733 UE	HCPCS	$ 36.25	$ 38.99
K0738 RR	HCPCS	$ 66.04	$ 72.28
K0739 00	HCPCS	$ 34.80	$ 34.80
K0743 00	HCPCS	$ 227.64	$ 227.64
K0800 NU	HCPCS	$ 1,425.63	$ 1,902.95
K0800 RR	HCPCS	$ 142.56	$ 190.30
K0800 UE	HCPCS	$ 1,069.22	$ 1,427.22
K0801 NU	HCPCS	$ 2,559.86	$ 3,239.32
K0801 RR	HCPCS	$ 255.98	$ 323.90
K0801 UE	HCPCS	$ 1,919.90	$ 2,429.49
K0802 NU	HCPCS	$ 3,458.83	$ 3,956.65
K0802 RR	HCPCS	$ 345.88	$ 395.65
K0802 UE	HCPCS	$ 2,594.12	$ 2,967.50
K0806 NU	HCPCS	$ 2,448.36	$ 2,568.86
K0806 RR	HCPCS	$ 244.83	$ 256.89
K0806 UE	HCPCS	$ 1,836.28	$ 1,926.67
K0807 NU	HCPCS	$ 3,794.36	$ 3,937.60
K0807 RR	HCPCS	$ 379.43	$ 393.76
K0807 UE	HCPCS	$ 2,845.78	$ 2,953.20
K0808 NU	HCPCS	$ 5,865.47	$ 6,089.68
K0808 RR	HCPCS	$ 586.54	$ 608.97
K0808 UE	HCPCS	$ 4,399.09	$ 4,567.25
K0813 RR	HCPCS	$ 454.78	$ 560.14
K0814 RR	HCPCS	$ 473.03	$ 655.83
K0815 RR	HCPCS	$ 526.97	$ 737.67

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
K0816 RR	HCPCS	$ 484.47	$ 697.83
K0820 RR	HCPCS	$ 471.23	$ 588.13
K0821 RR	HCPCS	$ 484.47	$ 690.59
K0822 RR	HCPCS	$ 526.97	$ 799.46
K0823 RR	HCPCS	$ 484.47	$ 783.15
K0824 RR	HCPCS	$ 748.96	$ 1,031.73
K0825 RR	HCPCS	$ 700.87	$ 949.05
K0826 RR	HCPCS	$ 1,199.37	$ 1,497.97
K0827 RR	HCPCS	$ 1,064.28	$ 1,289.88
K0828 RR	HCPCS	$ 1,557.26	$ 1,745.34
K0829 RR	HCPCS	$ 1,502.65	$ 1,636.38
K0831 00	HCPCS	$ 10,811.47	$ 10,811.47
K0835 RR	HCPCS	$ 629.09	$ 837.84
K0836 RR	HCPCS	$ 652.50	$ 868.94
K0837 RR	HCPCS	$ 806.88	$ 1,028.02
K0838 RR	HCPCS	$ 715.16	$ 916.33
K0839 RR	HCPCS	$ 1,071.81	$ 1,344.52
K0840 RR	HCPCS	$ 1,645.57	$ 2,047.79
K0841 RR	HCPCS	$ 708.93	$ 911.47
K0842 RR	HCPCS	$ 707.90	$ 910.95
K0843 RR	HCPCS	$ 840.36	$ 1,090.80
K0848 RR	HCPCS	$ 1,363.12	$ 1,363.12
K0849 RR	HCPCS	$ 1,310.55	$ 1,310.55
K0850 RR	HCPCS	$ 1,581.13	$ 1,581.13
K0851 RR	HCPCS	$ 1,520.29	$ 1,520.29
K0852 RR	HCPCS	$ 1,826.92	$ 1,826.92
K0853 RR	HCPCS	$ 1,876.71	$ 1,876.71
K0854 RR	HCPCS	$ 2,486.25	$ 2,486.25
K0855 RR	HCPCS	$ 2,348.61	$ 2,348.61
K0856 RR	HCPCS	$ 1,463.13	$ 1,463.13
K0857 RR	HCPCS	$ 1,492.47	$ 1,492.47
K0858 RR	HCPCS	$ 1,815.32	$ 1,815.32
K0859 RR	HCPCS	$ 1,731.28	$ 1,731.28
K0860 RR	HCPCS	$ 2,593.44	$ 2,593.44
K0861 RR	HCPCS	$ 1,465.49	$ 1,465.49
K0862 RR	HCPCS	$ 1,815.32	$ 1,815.32
K0863 RR	HCPCS	$ 2,593.44	$ 2,593.44
K0864 RR	HCPCS	$ 3,086.19	$ 3,086.19
K0884 00	HCPCS	$ 34,269.41	$ 34,269.41
K0899 00	HCPCS	$ 4,552.21	$ 4,552.21

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
K1007 00	HCPCS	$ 133,113.40	$ 133,113.40
K1027 00	HCPCS	$ 8,319.49	$ 8,319.49
L0112 00	HCPCS	$ 2,350.40	$ 2,350.40
L0113 00	HCPCS	$ 478.90	$ 478.90
L0120 00	HCPCS	$ 56.92	$ 56.92
L0130 00	HCPCS	$ 284.30	$ 284.30
L0140 00	HCPCS	$ 102.98	$ 102.98
L0150 00	HCPCS	$ 231.80	$ 231.80
L0160 00	HCPCS	$ 284.38	$ 284.38
L0170 00	HCPCS	$ 1,371.64	$ 1,371.64
L0172 00	HCPCS	$ 256.07	$ 256.07
L0174 00	HCPCS	$ 589.25	$ 589.25
L0180 00	HCPCS	$ 763.92	$ 763.92
L0190 00	HCPCS	$ 1,062.56	$ 1,062.56
L0200 00	HCPCS	$ 1,107.71	$ 1,107.71
L0220 00	HCPCS	$ 197.02	$ 197.02
L0450 00	HCPCS	$ 191.56	$ 287.97
L0452 00	HCPCS	$ 5,918.44	$ 5,918.44
L0454 00	HCPCS	$ 582.41	$ 582.41
L0455 00	HCPCS	$ 355.63	$ 479.77
L0456 00	HCPCS	$ 1,670.19	$ 1,670.19
L0457 00	HCPCS	$ 1,019.80	$ 1,375.81
L0458 00	HCPCS	$ 1,497.65	$ 1,497.65
L0460 00	HCPCS	$ 1,685.71	$ 1,685.71
L0462 00	HCPCS	$ 2,096.77	$ 2,096.77
L0464 00	HCPCS	$ 2,496.16	$ 2,496.16
L0466 00	HCPCS	$ 801.40	$ 801.40
L0467 00	HCPCS	$ 398.83	$ 612.18
L0468 00	HCPCS	$ 971.32	$ 971.32
L0469 00	HCPCS	$ 508.19	$ 755.12
L0470 00	HCPCS	$ 1,367.56	$ 1,367.56
L0472 00	HCPCS	$ 867.33	$ 867.33
L0480 00	HCPCS	$ 2,602.60	$ 2,602.60
L0482 00	HCPCS	$ 2,968.07	$ 2,968.07
L0484 00	HCPCS	$ 3,340.11	$ 3,340.11
L0486 00	HCPCS	$ 3,617.39	$ 3,617.39
L0488 00	HCPCS	$ 1,685.71	$ 1,685.71
L0490 00	HCPCS	$ 475.06	$ 475.06
L0491 00	HCPCS	$ 1,289.68	$ 1,289.68
L0492 00	HCPCS	$ 889.98	$ 889.98

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
L0621 00	HCPCS	$ 101.00	$ 152.45
L0622 00	HCPCS	$ 554.15	$ 554.15
L0623 00	HCPCS	$ 181.03	$ 244.57
L0625 00	HCPCS	$ 56.50	$ 76.20
L0626 00	HCPCS	$ 130.87	$ 130.87
L0627 00	HCPCS	$ 690.31	$ 690.31
L0628 00	HCPCS	$ 86.03	$ 116.06
L0629 00	HCPCS	$ 178.86	$ 178.86
L0630 00	HCPCS	$ 271.96	$ 271.96
L0631 00	HCPCS	$ 1,723.93	$ 1,723.93
L0633 00	HCPCS	$ 481.56	$ 481.56
L0635 00	HCPCS	$ 2,053.21	$ 2,053.21
L0636 00	HCPCS	$ 3,039.51	$ 3,039.51
L0637 00	HCPCS	$ 2,031.71	$ 2,031.71
L0638 00	HCPCS	$ 2,214.83	$ 2,214.83
L0639 00	HCPCS	$ 2,031.71	$ 2,031.71
L0640 00	HCPCS	$ 1,757.27	$ 1,757.27
L0641 00	HCPCS	$ 79.94	$ 107.83
L0642 00	HCPCS	$ 421.58	$ 568.69
L0643 00	HCPCS	$ 166.08	$ 224.04
L0648 00	HCPCS	$ 1,052.86	$ 1,420.20
L0649 00	HCPCS	$ 294.10	$ 396.72
L0650 00	HCPCS	$ 1,218.21	$ 1,661.76
L0651 00	HCPCS	$ 1,218.21	$ 1,661.76
L0700 00	HCPCS	$ 4,336.60	$ 4,336.60
L0710 00	HCPCS	$ 4,479.90	$ 4,479.90
L0720 00	HCPCS	$ 3,260.08	$ 3,260.08
L0810 00	HCPCS	$ 5,532.93	$ 5,532.93
L0820 00	HCPCS	$ 4,361.64	$ 4,361.64
L0830 00	HCPCS	$ 6,726.34	$ 6,726.34
L0859 00	HCPCS	$ 1,959.85	$ 1,959.85
L0861 00	HCPCS	$ 361.94	$ 361.94
L0970 00	HCPCS	$ 245.17	$ 245.17
L0972 00	HCPCS	$ 220.75	$ 220.75
L0974 00	HCPCS	$ 371.20	$ 371.20
L0976 00	HCPCS	$ 262.05	$ 262.05
L0978 00	HCPCS	$ 412.90	$ 412.90
L0980 00	HCPCS	$ 28.10	$ 28.10
L0982 00	HCPCS	$ 27.86	$ 27.86
L0984 00	HCPCS	$ 110.01	$ 110.01

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
L1000 00	HCPCS	$ 4,354.88	$ 4,354.88
L1005 00	HCPCS	$ 5,374.88	$ 5,374.88
L1006 00	HCPCS	$ 1,832.73	$ 1,832.73
L1010 00	HCPCS	$ 122.21	$ 122.21
L1020 00	HCPCS	$ 185.40	$ 185.40
L1025 00	HCPCS	$ 249.77	$ 249.77
L1030 00	HCPCS	$ 107.20	$ 107.20
L1040 00	HCPCS	$ 167.34	$ 167.34
L1050 00	HCPCS	$ 178.60	$ 178.60
L1060 00	HCPCS	$ 205.14	$ 205.14
L1070 00	HCPCS	$ 193.03	$ 193.03
L1080 00	HCPCS	$ 102.68	$ 102.68
L1085 00	HCPCS	$ 330.18	$ 330.18
L1090 00	HCPCS	$ 196.62	$ 196.62
L1100 00	HCPCS	$ 341.12	$ 341.12
L1110 00	HCPCS	$ 547.83	$ 547.83
L1120 00	HCPCS	$ 85.19	$ 85.19
L1200 00	HCPCS	$ 3,360.87	$ 3,360.87
L1210 00	HCPCS	$ 561.26	$ 561.26
L1220 00	HCPCS	$ 475.22	$ 475.22
L1230 00	HCPCS	$ 954.88	$ 954.88
L1240 00	HCPCS	$ 166.56	$ 166.56
L1250 00	HCPCS	$ 132.12	$ 132.12
L1260 00	HCPCS	$ 144.45	$ 144.45
L1270 00	HCPCS	$ 166.19	$ 166.19
L1280 00	HCPCS	$ 185.05	$ 185.05
L1290 00	HCPCS	$ 168.59	$ 168.59
L1300 00	HCPCS	$ 3,583.12	$ 3,583.12
L1310 00	HCPCS	$ 3,367.20	$ 3,367.20
L1320 00	HCPCS	$ 3,551.23	$ 3,551.23
L1600 00	HCPCS	$ 263.42	$ 263.42
L1610 00	HCPCS	$ 94.16	$ 94.16
L1620 00	HCPCS	$ 267.26	$ 267.26
L1630 00	HCPCS	$ 296.56	$ 296.56
L1640 00	HCPCS	$ 742.34	$ 742.34
L1650 00	HCPCS	$ 434.62	$ 434.62
L1652 00	HCPCS	$ 598.58	$ 598.58
L1653 00	HCPCS	$ 598.58	$ 598.58
L1660 00	HCPCS	$ 275.32	$ 275.32
L1680 00	HCPCS	$ 2,613.55	$ 2,613.55

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
L1681 00	HCPCS	$ 3,913.36	$ 3,913.36
L1685 00	HCPCS	$ 2,551.47	$ 2,551.47
L1686 00	HCPCS	$ 1,956.68	$ 1,956.68
L1690 00	HCPCS	$ 3,247.36	$ 3,247.36
L1700 00	HCPCS	$ 3,275.69	$ 3,275.69
L1710 00	HCPCS	$ 3,834.56	$ 3,834.56
L1720 00	HCPCS	$ 2,826.53	$ 2,826.53
L1730 00	HCPCS	$ 2,427.71	$ 2,427.71
L1755 00	HCPCS	$ 3,378.79	$ 3,378.79
L1810 00	HCPCS	$ 209.01	$ 209.01
L1812 00	HCPCS	$ 98.17	$ 164.50
L1820 00	HCPCS	$ 254.49	$ 254.49
L1821 00	HCPCS	$ 254.49	$ 254.49
L1830 00	HCPCS	$ 88.45	$ 147.88
L1831 00	HCPCS	$ 494.26	$ 494.26
L1832 00	HCPCS	$ 1,167.94	$ 1,167.94
L1833 00	HCPCS	$ 637.22	$ 973.38
L1834 00	HCPCS	$ 1,573.78	$ 1,573.78
L1836 00	HCPCS	$ 125.08	$ 188.48
L1840 00	HCPCS	$ 1,972.32	$ 1,972.32
L1843 00	HCPCS	$ 1,506.76	$ 1,506.76
L1844 00	HCPCS	$ 3,410.74	$ 3,410.74
L1845 00	HCPCS	$ 1,314.94	$ 1,314.94
L1846 00	HCPCS	$ 2,396.27	$ 2,396.27
L1847 00	HCPCS	$ 965.89	$ 965.89
L1848 00	HCPCS	$ 965.89	$ 965.89
L1850 00	HCPCS	$ 288.09	$ 484.76
L1851 00	HCPCS	$ 841.09	$ 1,267.39
L1852 00	HCPCS	$ 802.38	$ 1,147.80
L1860 00	HCPCS	$ 2,301.74	$ 2,301.74
L1900 00	HCPCS	$ 490.92	$ 490.92
L1902 00	HCPCS	$ 147.15	$ 147.15
L1904 00	HCPCS	$ 1,008.67	$ 1,008.67
L1906 00	HCPCS	$ 257.96	$ 257.96
L1907 00	HCPCS	$ 944.93	$ 944.93
L1910 00	HCPCS	$ 573.62	$ 573.62
L1920 00	HCPCS	$ 586.49	$ 586.49
L1930 00	HCPCS	$ 507.43	$ 507.43
L1932 00	HCPCS	$ 1,498.55	$ 1,498.55
L1933 00	HCPCS	$ 1,498.55	$ 1,498.55

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
L1940 00	HCPCS	$ 1,060.82	$ 1,060.82
L1945 00	HCPCS	$ 1,985.63	$ 1,985.63
L1950 00	HCPCS	$ 1,597.72	$ 1,597.72
L1951 00	HCPCS	$ 1,410.32	$ 1,410.32
L1952 00	HCPCS	$ 1,410.32	$ 1,410.32
L1960 00	HCPCS	$ 1,188.96	$ 1,188.96
L1970 00	HCPCS	$ 1,243.24	$ 1,243.24
L1971 00	HCPCS	$ 787.12	$ 787.12
L1980 00	HCPCS	$ 787.23	$ 787.23
L1990 00	HCPCS	$ 956.14	$ 956.14
L2000 00	HCPCS	$ 2,175.68	$ 2,175.68
L2005 00	HCPCS	$ 6,881.29	$ 6,881.29
L2006 00	HCPCS	$ 55,913.34	$ 55,913.34
L2010 00	HCPCS	$ 1,983.34	$ 1,983.34
L2020 00	HCPCS	$ 2,504.64	$ 2,504.64
L2030 00	HCPCS	$ 2,173.00	$ 2,173.00
L2034 00	HCPCS	$ 3,364.42	$ 3,364.42
L2035 00	HCPCS	$ 290.88	$ 290.88
L2036 00	HCPCS	$ 3,568.71	$ 3,568.71
L2037 00	HCPCS	$ 3,572.74	$ 3,572.74
L2038 00	HCPCS	$ 2,625.43	$ 2,625.43
L2040 00	HCPCS	$ 285.63	$ 285.63
L2050 00	HCPCS	$ 1,021.80	$ 1,021.80
L2060 00	HCPCS	$ 1,245.38	$ 1,245.38
L2070 00	HCPCS	$ 238.49	$ 238.49
L2080 00	HCPCS	$ 771.53	$ 771.53
L2090 00	HCPCS	$ 940.58	$ 940.58
L2106 00	HCPCS	$ 1,458.45	$ 1,458.45
L2108 00	HCPCS	$ 2,119.57	$ 2,119.57
L2112 00	HCPCS	$ 923.38	$ 923.38
L2114 00	HCPCS	$ 1,245.05	$ 1,245.05
L2116 00	HCPCS	$ 1,527.04	$ 1,527.04
L2126 00	HCPCS	$ 2,203.96	$ 2,203.96
L2128 00	HCPCS	$ 3,461.91	$ 3,461.91
L2132 00	HCPCS	$ 1,337.46	$ 1,337.46
L2134 00	HCPCS	$ 2,074.63	$ 2,074.63
L2136 00	HCPCS	$ 2,536.72	$ 2,536.72
L2180 00	HCPCS	$ 251.20	$ 251.20
L2182 00	HCPCS	$ 171.96	$ 171.96
L2184 00	HCPCS	$ 199.29	$ 199.29

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
L2186 00	HCPCS	$ 242.20	$ 242.20
L2188 00	HCPCS	$ 481.81	$ 481.81
L2190 00	HCPCS	$ 140.49	$ 140.49
L2192 00	HCPCS	$ 764.82	$ 764.82
L2200 00	HCPCS	$ 101.98	$ 101.98
L2210 00	HCPCS	$ 144.19	$ 144.19
L2220 00	HCPCS	$ 175.66	$ 175.66
L2230 00	HCPCS	$ 164.58	$ 164.58
L2232 00	HCPCS	$ 167.13	$ 167.13
L2240 00	HCPCS	$ 179.41	$ 179.41
L2250 00	HCPCS	$ 762.19	$ 762.19
L2260 00	HCPCS	$ 430.00	$ 430.00
L2265 00	HCPCS	$ 252.62	$ 252.62
L2270 00	HCPCS	$ 115.19	$ 115.19
L2275 00	HCPCS	$ 251.61	$ 251.61
L2280 00	HCPCS	$ 971.29	$ 971.29
L2300 00	HCPCS	$ 577.53	$ 577.53
L2310 00	HCPCS	$ 263.89	$ 263.89
L2320 00	HCPCS	$ 441.35	$ 441.35
L2330 00	HCPCS	$ 842.27	$ 842.27
L2335 00	HCPCS	$ 487.28	$ 487.28
L2340 00	HCPCS	$ 958.68	$ 958.68
L2350 00	HCPCS	$ 1,911.32	$ 1,911.32
L2360 00	HCPCS	$ 109.79	$ 109.79
L2370 00	HCPCS	$ 550.63	$ 550.63
L2375 00	HCPCS	$ 242.37	$ 242.37
L2380 00	HCPCS	$ 264.08	$ 264.08
L2385 00	HCPCS	$ 287.31	$ 287.31
L2387 00	HCPCS	$ 355.00	$ 355.00
L2390 00	HCPCS	$ 234.81	$ 234.81
L2395 00	HCPCS	$ 307.61	$ 307.61
L2397 00	HCPCS	$ 212.60	$ 212.60
L2405 00	HCPCS	$ 146.40	$ 146.40
L2415 00	HCPCS	$ 203.97	$ 203.97
L2425 00	HCPCS	$ 240.70	$ 240.70
L2430 00	HCPCS	$ 240.70	$ 240.70
L2492 00	HCPCS	$ 190.20	$ 190.20
L2500 00	HCPCS	$ 676.70	$ 676.70
L2510 00	HCPCS	$ 1,558.10	$ 1,558.10
L2520 00	HCPCS	$ 988.18	$ 988.18

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
L2525 00	HCPCS	$ 2,440.87	$ 2,440.87
L2526 00	HCPCS	$ 1,362.44	$ 1,362.44
L2530 00	HCPCS	$ 503.99	$ 503.99
L2540 00	HCPCS	$ 906.88	$ 906.88
L2550 00	HCPCS	$ 616.07	$ 616.07
L2570 00	HCPCS	$ 1,021.69	$ 1,021.69
L2580 00	HCPCS	$ 995.53	$ 995.53
L2600 00	HCPCS	$ 440.55	$ 440.55
L2610 00	HCPCS	$ 520.93	$ 520.93
L2620 00	HCPCS	$ 573.54	$ 573.54
L2622 00	HCPCS	$ 657.79	$ 657.79
L2624 00	HCPCS	$ 710.30	$ 710.30
L2627 00	HCPCS	$ 2,757.92	$ 2,757.92
L2628 00	HCPCS	$ 2,695.32	$ 2,695.32
L2630 00	HCPCS	$ 531.16	$ 531.16
L2640 00	HCPCS	$ 720.85	$ 720.85
L2650 00	HCPCS	$ 215.11	$ 215.11
L2660 00	HCPCS	$ 399.78	$ 399.78
L2670 00	HCPCS	$ 328.05	$ 328.05
L2680 00	HCPCS	$ 304.56	$ 304.56
L2750 00	HCPCS	$ 134.47	$ 134.47
L2755 00	HCPCS	$ 219.45	$ 219.45
L2760 00	HCPCS	$ 130.33	$ 130.33
L2768 00	HCPCS	$ 218.76	$ 218.76
L2780 00	HCPCS	$ 145.18	$ 145.18
L2785 00	HCPCS	$ 67.98	$ 67.98
L2795 00	HCPCS	$ 182.27	$ 182.27
L2800 00	HCPCS	$ 228.80	$ 228.80
L2810 00	HCPCS	$ 167.54	$ 167.54
L2820 00	HCPCS	$ 186.27	$ 186.27
L2830 00	HCPCS	$ 201.52	$ 201.52
L2840 00	HCPCS	$ 70.29	$ 70.29
L2850 00	HCPCS	$ 120.43	$ 120.43
L2861 00	HCPCS	$ 894.39	$ 894.39
L2999 00	HCPCS	BR	BR
L3000 00	HCPCS	$ 527.52	$ 527.52
L3001 00	HCPCS	$ 222.12	$ 222.12
L3002 00	HCPCS	$ 271.22	$ 271.22
L3003 00	HCPCS	$ 292.66	$ 292.66
L3010 00	HCPCS	$ 292.66	$ 292.66

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
L3020 00	HCPCS	$ 333.16	$ 333.16
L3030 00	HCPCS	$ 128.17	$ 128.17
L3031 00	HCPCS	$ 205.69	$ 205.69
L3040 00	HCPCS	$ 79.03	$ 79.03
L3050 00	HCPCS	$ 79.03	$ 79.03
L3060 00	HCPCS	$ 123.83	$ 123.83
L3070 00	HCPCS	$ 53.35	$ 53.35
L3080 00	HCPCS	$ 53.35	$ 53.35
L3090 00	HCPCS	$ 68.36	$ 68.36
L3100 00	HCPCS	$ 72.60	$ 72.60
L3140 00	HCPCS	$ 149.52	$ 149.52
L3150 00	HCPCS	$ 136.68	$ 136.68
L3160 00	HCPCS	$ 172.06	$ 172.06
L3170 00	HCPCS	$ 85.46	$ 85.46
L3201 00	HCPCS	$ 75.24	$ 75.24
L3202 00	HCPCS	$ 77.55	$ 77.55
L3203 00	HCPCS	$ 82.74	$ 82.74
L3204 00	HCPCS	$ 75.68	$ 75.68
L3206 00	HCPCS	$ 75.10	$ 75.10
L3207 00	HCPCS	$ 83.26	$ 83.26
L3209 00	HCPCS	$ 43.33	$ 43.33
L3211 00	HCPCS	$ 60.42	$ 60.42
L3215 00	HCPCS	$ 102.47	$ 102.47
L3216 00	HCPCS	$ 172.10	$ 172.10
L3217 00	HCPCS	$ 102.38	$ 102.38
L3219 00	HCPCS	$ 201.21	$ 201.21
L3221 00	HCPCS	$ 196.90	$ 196.90
L3222 00	HCPCS	$ 188.10	$ 188.10
L3224 00	HCPCS	$ 126.14	$ 126.14
L3225 00	HCPCS	$ 145.10	$ 145.10
L3230 00	HCPCS	$ 516.32	$ 516.32
L3250 00	HCPCS	$ 403.26	$ 403.26
L3252 00	HCPCS	$ 362.60	$ 362.60
L3253 00	HCPCS	$ 57.92	$ 57.92
L3254 00	HCPCS	$ 34.22	$ 34.22
L3255 00	HCPCS	$ 45.33	$ 45.33
L3257 00	HCPCS	$ 118.59	$ 118.59
L3260 00	HCPCS	$ 51.32	$ 51.32
L3265 00	HCPCS	$ 34.20	$ 34.20
L3300 00	HCPCS	$ 87.57	$ 87.57

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
L3310 00	HCPCS	$ 136.68	$ 136.68
L3320 00	HCPCS	$ 170.93	$ 170.93
L3330 00	HCPCS	$ 950.40	$ 950.40
L3332 00	HCPCS	$ 123.83	$ 123.83
L3334 00	HCPCS	$ 64.09	$ 64.09
L3340 00	HCPCS	$ 143.16	$ 143.16
L3350 00	HCPCS	$ 38.47	$ 38.47
L3360 00	HCPCS	$ 59.81	$ 59.81
L3370 00	HCPCS	$ 83.24	$ 83.24
L3380 00	HCPCS	$ 83.24	$ 83.24
L3390 00	HCPCS	$ 83.24	$ 83.24
L3400 00	HCPCS	$ 68.36	$ 68.36
L3410 00	HCPCS	$ 155.89	$ 155.89
L3420 00	HCPCS	$ 91.87	$ 91.87
L3430 00	HCPCS	$ 269.11	$ 269.11
L3440 00	HCPCS	$ 128.17	$ 128.17
L3450 00	HCPCS	$ 177.30	$ 177.30
L3455 00	HCPCS	$ 68.36	$ 68.36
L3460 00	HCPCS	$ 57.62	$ 57.62
L3465 00	HCPCS	$ 98.22	$ 98.22
L3470 00	HCPCS	$ 104.64	$ 104.64
L3480 00	HCPCS	$ 104.64	$ 104.64
L3485 00	HCPCS	$ 52.04	$ 52.04
L3500 00	HCPCS	$ 49.13	$ 49.13
L3510 00	HCPCS	$ 49.13	$ 49.13
L3520 00	HCPCS	$ 53.35	$ 53.35
L3530 00	HCPCS	$ 53.35	$ 53.35
L3540 00	HCPCS	$ 85.46	$ 85.46
L3550 00	HCPCS	$ 14.91	$ 14.91
L3560 00	HCPCS	$ 38.47	$ 38.47
L3570 00	HCPCS	$ 143.16	$ 143.16
L3580 00	HCPCS	$ 108.93	$ 108.93
L3590 00	HCPCS	$ 89.70	$ 89.70
L3595 00	HCPCS	$ 70.46	$ 70.46
L3600 00	HCPCS	$ 128.17	$ 128.17
L3610 00	HCPCS	$ 168.71	$ 168.71
L3620 00	HCPCS	$ 128.17	$ 128.17
L3630 00	HCPCS	$ 168.71	$ 168.71
L3640 00	HCPCS	$ 72.60	$ 72.60
L3650 00	HCPCS	$ 124.49	$ 124.49

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
L3660 00	HCPCS	$ 191.49	$ 191.49
L3670 00	HCPCS	$ 237.36	$ 237.36
L3671 00	HCPCS	$ 1,377.15	$ 1,377.15
L3674 00	HCPCS	$ 1,806.52	$ 1,806.52
L3675 00	HCPCS	$ 268.21	$ 268.21
L3677 00	HCPCS	$ 103.92	$ 103.92
L3678 00	HCPCS	$ 209.93	$ 209.93
L3702 00	HCPCS	$ 441.29	$ 441.29
L3710 00	HCPCS	$ 217.90	$ 217.90
L3720 00	HCPCS	$ 1,372.91	$ 1,372.91
L3730 00	HCPCS	$ 1,892.16	$ 1,892.16
L3740 00	HCPCS	$ 2,243.32	$ 2,243.32
L3760 00	HCPCS	$ 764.26	$ 764.26
L3761 00	HCPCS	$ 764.26	$ 764.26
L3762 00	HCPCS	$ 164.33	$ 164.33
L3763 00	HCPCS	$ 1,288.87	$ 1,288.87
L3764 00	HCPCS	$ 1,482.17	$ 1,482.17
L3765 00	HCPCS	$ 1,959.66	$ 1,959.66
L3766 00	HCPCS	$ 2,075.14	$ 2,075.14
L3806 00	HCPCS	$ 694.25	$ 694.25
L3807 00	HCPCS	$ 382.16	$ 382.16
L3808 00	HCPCS	$ 695.09	$ 695.09
L3809 00	HCPCS	$ 382.16	$ 382.16
L3891 00	HCPCS	$ 466.63	$ 466.63
L3900 00	HCPCS	$ 2,493.96	$ 2,493.96
L3901 00	HCPCS	$ 3,069.81	$ 3,069.81
L3904 00	HCPCS	$ 6,146.85	$ 6,146.85
L3905 00	HCPCS	$ 1,515.67	$ 1,515.67
L3906 00	HCPCS	$ 829.39	$ 829.39
L3908 00	HCPCS	$ 125.75	$ 125.75
L3912 00	HCPCS	$ 199.07	$ 199.07
L3913 00	HCPCS	$ 413.92	$ 413.92
L3915 00	HCPCS	$ 812.39	$ 812.39
L3916 00	HCPCS	$ 812.39	$ 812.39
L3917 00	HCPCS	$ 161.52	$ 161.52
L3918 00	HCPCS	$ 161.52	$ 161.52
L3919 00	HCPCS	$ 413.92	$ 413.92
L3921 00	HCPCS	$ 490.92	$ 490.92
L3923 00	HCPCS	$ 136.93	$ 136.93
L3924 00	HCPCS	$ 136.93	$ 136.93

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
L3925 00	HCPCS	$ 100.42	$ 100.42
L3927 00	HCPCS	$ 53.44	$ 53.44
L3929 00	HCPCS	$ 164.08	$ 164.08
L3930 00	HCPCS	$ 164.08	$ 164.08
L3931 00	HCPCS	$ 366.42	$ 366.42
L3933 00	HCPCS	$ 326.05	$ 326.05
L3935 00	HCPCS	$ 337.61	$ 337.61
L3956 00	HCPCS	$ 51.24	$ 51.24
L3960 00	HCPCS	$ 1,542.63	$ 1,542.63
L3961 00	HCPCS	$ 2,567.73	$ 2,567.73
L3962 00	HCPCS	$ 1,506.04	$ 1,506.04
L3967 00	HCPCS	$ 3,031.64	$ 3,031.64
L3971 00	HCPCS	$ 2,877.74	$ 2,877.74
L3973 00	HCPCS	$ 3,031.64	$ 3,031.64
L3975 00	HCPCS	$ 2,567.73	$ 2,567.73
L3976 00	HCPCS	$ 2,567.73	$ 2,567.73
L3977 00	HCPCS	$ 2,877.74	$ 2,877.74
L3978 00	HCPCS	$ 3,031.64	$ 3,031.64
L3980 00	HCPCS	$ 648.90	$ 648.90
L3981 00	HCPCS	$ 1,538.36	$ 1,538.36
L3982 00	HCPCS	$ 783.59	$ 783.59
L3984 00	HCPCS	$ 722.46	$ 722.46
L3995 00	HCPCS	$ 59.99	$ 59.99
L4000 00	HCPCS	$ 2,735.00	$ 2,735.00
L4002 00	HCPCS	$ 39.83	$ 39.83
L4010 00	HCPCS	$ 1,439.56	$ 1,439.56
L4020 00	HCPCS	$ 1,847.58	$ 1,847.58
L4030 00	HCPCS	$ 1,082.98	$ 1,082.98
L4040 00	HCPCS	$ 875.59	$ 875.59
L4045 00	HCPCS	$ 703.63	$ 703.63
L4050 00	HCPCS	$ 885.56	$ 885.56
L4055 00	HCPCS	$ 573.44	$ 573.44
L4060 00	HCPCS	$ 681.69	$ 681.69
L4070 00	HCPCS	$ 603.65	$ 603.65
L4080 00	HCPCS	$ 185.92	$ 185.92
L4090 00	HCPCS	$ 177.09	$ 177.09
L4100 00	HCPCS	$ 223.75	$ 223.75
L4110 00	HCPCS	$ 181.90	$ 181.90
L4130 00	HCPCS	$ 1,064.21	$ 1,064.21
L4205 00	HCPCS	$ 41.89	$ 41.89

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
L4210 00	HCPCS	$ 95.80	$ 95.80
L4350 00	HCPCS	$ 191.73	$ 191.73
L4360 00	HCPCS	$ 519.72	$ 519.72
L4361 00	HCPCS	$ 519.72	$ 519.72
L4370 00	HCPCS	$ 303.72	$ 303.72
L4386 00	HCPCS	$ 266.22	$ 266.22
L4387 00	HCPCS	$ 266.22	$ 266.22
L4392 00	HCPCS	$ 38.85	$ 38.85
L4394 00	HCPCS	$ 28.31	$ 28.31
L4396 00	HCPCS	$ 277.06	$ 277.06
L4397 00	HCPCS	$ 277.06	$ 277.06
L4398 00	HCPCS	$ 127.58	$ 127.58
L4631 00	HCPCS	$ 3,160.60	$ 3,160.60
L5000 00	HCPCS	$ 1,030.04	$ 1,030.04
L5010 00	HCPCS	$ 2,312.41	$ 2,312.41
L5020 00	HCPCS	$ 4,528.80	$ 4,528.80
L5050 00	HCPCS	$ 4,563.62	$ 4,563.62
L5060 00	HCPCS	$ 6,311.91	$ 6,311.91
L5100 00	HCPCS	$ 4,607.89	$ 4,607.89
L5105 00	HCPCS	$ 7,938.88	$ 7,938.88
L5150 00	HCPCS	$ 8,025.12	$ 8,025.12
L5160 00	HCPCS	$ 8,728.76	$ 8,728.76
L5200 00	HCPCS	$ 6,878.33	$ 6,878.33
L5210 00	HCPCS	$ 5,074.96	$ 5,074.96
L5220 00	HCPCS	$ 6,303.32	$ 6,303.32
L5230 00	HCPCS	$ 8,693.51	$ 8,693.51
L5250 00	HCPCS	$ 11,857.19	$ 11,857.19
L5270 00	HCPCS	$ 11,753.32	$ 11,753.32
L5280 00	HCPCS	$ 11,635.79	$ 11,635.79
L5301 00	HCPCS	$ 5,224.58	$ 5,224.58
L5312 00	HCPCS	$ 6,753.53	$ 6,753.53
L5321 00	HCPCS	$ 7,510.97	$ 7,510.97
L5331 00	HCPCS	$ 9,981.47	$ 9,981.47
L5341 00	HCPCS	$ 11,549.62	$ 11,549.62
L5400 00	HCPCS	$ 2,719.71	$ 2,719.71
L5410 00	HCPCS	$ 716.11	$ 716.11
L5420 00	HCPCS	$ 3,473.64	$ 3,473.64
L5430 00	HCPCS	$ 968.16	$ 968.16
L5450 00	HCPCS	$ 698.26	$ 698.26
L5460 00	HCPCS	$ 934.58	$ 934.58

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
L5500 00	HCPCS	$ 2,922.95	$ 2,922.95
L5505 00	HCPCS	$ 3,974.80	$ 3,974.80
L5510 00	HCPCS	$ 3,015.18	$ 3,015.18
L5520 00	HCPCS	$ 3,284.32	$ 3,284.32
L5530 00	HCPCS	$ 3,947.19	$ 3,947.19
L5535 00	HCPCS	$ 3,875.35	$ 3,875.35
L5540 00	HCPCS	$ 4,133.49	$ 4,133.49
L5560 00	HCPCS	$ 4,029.26	$ 4,029.26
L5570 00	HCPCS	$ 4,417.42	$ 4,417.42
L5580 00	HCPCS	$ 5,361.64	$ 5,361.64
L5585 00	HCPCS	$ 4,748.35	$ 4,748.35
L5590 00	HCPCS	$ 5,493.61	$ 5,493.61
L5595 00	HCPCS	$ 9,201.60	$ 9,201.60
L5600 00	HCPCS	$ 10,161.33	$ 10,161.33
L5610 00	HCPCS	$ 4,199.99	$ 4,199.99
L5611 00	HCPCS	$ 3,396.65	$ 3,396.65
L5613 00	HCPCS	$ 5,600.48	$ 5,600.48
L5614 00	HCPCS	$ 2,839.28	$ 2,839.28
L5615 00	HCPCS	$ 12,279.08	$ 12,279.08
L5616 00	HCPCS	$ 2,418.79	$ 2,418.79
L5617 00	HCPCS	$ 941.39	$ 941.39
L5618 00	HCPCS	$ 494.93	$ 494.93
L5620 00	HCPCS	$ 501.30	$ 501.30
L5622 00	HCPCS	$ 649.73	$ 649.73
L5624 00	HCPCS	$ 712.64	$ 712.64
L5626 00	HCPCS	$ 936.25	$ 936.25
L5628 00	HCPCS	$ 828.51	$ 828.51
L5629 00	HCPCS	$ 544.68	$ 544.68
L5630 00	HCPCS	$ 944.34	$ 944.34
L5631 00	HCPCS	$ 753.07	$ 753.07
L5632 00	HCPCS	$ 405.03	$ 405.03
L5634 00	HCPCS	$ 695.14	$ 695.14
L5636 00	HCPCS	$ 436.72	$ 436.72
L5637 00	HCPCS	$ 657.61	$ 657.61
L5638 00	HCPCS	$ 1,112.15	$ 1,112.15
L5639 00	HCPCS	$ 2,562.18	$ 2,562.18
L5640 00	HCPCS	$ 1,329.83	$ 1,329.83
L5642 00	HCPCS	$ 1,061.90	$ 1,061.90
L5643 00	HCPCS	$ 2,667.64	$ 2,667.64
L5644 00	HCPCS	$ 1,012.33	$ 1,012.33

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
L5645 00	HCPCS	$ 1,548.01	$ 1,548.01
L5646 00	HCPCS	$ 939.08	$ 939.08
L5647 00	HCPCS	$ 1,817.83	$ 1,817.83
L5648 00	HCPCS	$ 1,128.41	$ 1,128.41
L5649 00	HCPCS	$ 3,284.47	$ 3,284.47
L5650 00	HCPCS	$ 1,115.63	$ 1,115.63
L5651 00	HCPCS	$ 2,058.31	$ 2,058.31
L5652 00	HCPCS	$ 747.25	$ 747.25
L5653 00	HCPCS	$ 1,116.61	$ 1,116.61
L5654 00	HCPCS	$ 698.36	$ 698.36
L5655 00	HCPCS	$ 606.14	$ 606.14
L5656 00	HCPCS	$ 847.71	$ 847.71
L5658 00	HCPCS	$ 645.16	$ 645.16
L5661 00	HCPCS	$ 1,289.22	$ 1,289.22
L5665 00	HCPCS	$ 1,170.11	$ 1,170.11
L5666 00	HCPCS	$ 159.96	$ 159.96
L5668 00	HCPCS	$ 230.78	$ 230.78
L5670 00	HCPCS	$ 620.12	$ 620.12
L5671 00	HCPCS	$ 1,136.72	$ 1,136.72
L5672 00	HCPCS	$ 540.27	$ 540.27
L5673 00	HCPCS	$ 1,343.01	$ 1,343.01
L5676 00	HCPCS	$ 828.11	$ 828.11
L5677 00	HCPCS	$ 1,126.75	$ 1,126.75
L5678 00	HCPCS	$ 90.73	$ 90.73
L5679 00	HCPCS	$ 1,119.15	$ 1,119.15
L5680 00	HCPCS	$ 546.57	$ 546.57
L5681 00	HCPCS	$ 2,213.26	$ 2,213.26
L5682 00	HCPCS	$ 1,429.18	$ 1,429.18
L5683 00	HCPCS	$ 2,213.26	$ 2,213.26
L5684 00	HCPCS	$ 110.00	$ 110.00
L5685 00	HCPCS	$ 215.52	$ 215.52
L5686 00	HCPCS	$ 106.39	$ 106.39
L5688 00	HCPCS	$ 139.59	$ 139.59
L5690 00	HCPCS	$ 223.62	$ 223.62
L5692 00	HCPCS	$ 303.66	$ 303.66
L5694 00	HCPCS	$ 414.58	$ 414.58
L5695 00	HCPCS	$ 372.68	$ 372.68
L5696 00	HCPCS	$ 422.81	$ 422.81
L5697 00	HCPCS	$ 183.46	$ 183.46
L5698 00	HCPCS	$ 235.12	$ 235.12

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
L5699 00	HCPCS	$ 426.09	$ 426.09
L5700 00	HCPCS	$ 6,258.29	$ 6,258.29
L5701 00	HCPCS	$ 7,770.18	$ 7,770.18
L5702 00	HCPCS	$ 9,928.66	$ 9,928.66
L5703 00	HCPCS	$ 4,125.79	$ 4,125.79
L5704 00	HCPCS	$ 1,045.16	$ 1,045.16
L5705 00	HCPCS	$ 1,715.87	$ 1,715.87
L5706 00	HCPCS	$ 1,700.62	$ 1,700.62
L5707 00	HCPCS	$ 2,417.56	$ 2,417.56
L5710 00	HCPCS	$ 821.91	$ 821.91
L5711 00	HCPCS	$ 1,193.26	$ 1,193.26
L5712 00	HCPCS	$ 984.70	$ 984.70
L5714 00	HCPCS	$ 855.81	$ 855.81
L5716 00	HCPCS	$ 1,665.58	$ 1,665.58
L5718 00	HCPCS	$ 2,081.81	$ 2,081.81
L5722 00	HCPCS	$ 1,859.70	$ 1,859.70
L5724 00	HCPCS	$ 3,305.51	$ 3,305.51
L5726 00	HCPCS	$ 3,380.33	$ 3,380.33
L5728 00	HCPCS	$ 5,437.77	$ 5,437.77
L5780 00	HCPCS	$ 2,616.42	$ 2,616.42
L5781 00	HCPCS	$ 6,732.28	$ 6,732.28
L5782 00	HCPCS	$ 7,097.33	$ 7,097.33
L5783 00	HCPCS	$ 4,410.10	$ 4,410.10
L5785 00	HCPCS	$ 941.46	$ 941.46
L5790 00	HCPCS	$ 1,515.81	$ 1,515.81
L5795 00	HCPCS	$ 1,912.69	$ 1,912.69
L5810 00	HCPCS	$ 1,112.61	$ 1,112.61
L5811 00	HCPCS	$ 1,666.67	$ 1,666.67
L5812 00	HCPCS	$ 1,291.85	$ 1,291.85
L5814 00	HCPCS	$ 6,248.89	$ 6,248.89
L5816 00	HCPCS	$ 1,943.49	$ 1,943.49
L5818 00	HCPCS	$ 2,194.60	$ 2,194.60
L5822 00	HCPCS	$ 2,918.68	$ 2,918.68
L5824 00	HCPCS	$ 3,504.58	$ 3,504.58
L5826 00	HCPCS	$ 5,254.52	$ 5,254.52
L5827 00	HCPCS	$ 11,094.83	$ 11,094.83
L5828 00	HCPCS	$ 6,269.69	$ 6,269.69
L5830 00	HCPCS	$ 4,336.36	$ 4,336.36
L5840 00	HCPCS	$ 6,917.81	$ 6,917.81
L5841 00	HCPCS	$ 5,346.49	$ 5,346.49

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
L5845 00	HCPCS	$ 3,015.81	$ 3,015.81
L5848 00	HCPCS	$ 1,809.33	$ 1,809.33
L5850 00	HCPCS	$ 219.25	$ 219.25
L5855 00	HCPCS	$ 705.77	$ 705.77
L5856 00	HCPCS	$ 40,391.72	$ 40,391.72
L5857 00	HCPCS	$ 14,332.57	$ 14,332.57
L5858 00	HCPCS	$ 31,271.06	$ 31,271.06
L5859 00	HCPCS	$ 24,413.06	$ 24,413.06
L5910 00	HCPCS	$ 620.75	$ 620.75
L5920 00	HCPCS	$ 909.41	$ 909.41
L5925 00	HCPCS	$ 747.52	$ 747.52
L5926 00	HCPCS	$ 1,301.85	$ 1,301.85
L5930 00	HCPCS	$ 5,663.43	$ 5,663.43
L5940 00	HCPCS	$ 913.77	$ 913.77
L5950 00	HCPCS	$ 1,333.46	$ 1,333.46
L5960 00	HCPCS	$ 1,652.31	$ 1,652.31
L5961 00	HCPCS	$ 8,792.70	$ 8,792.70
L5962 00	HCPCS	$ 1,343.24	$ 1,343.24
L5964 00	HCPCS	$ 1,933.72	$ 1,933.72
L5966 00	HCPCS	$ 2,506.99	$ 2,506.99
L5968 00	HCPCS	$ 6,114.37	$ 6,114.37
L5970 00	HCPCS	$ 437.92	$ 437.92
L5971 00	HCPCS	$ 437.92	$ 437.92
L5972 00	HCPCS	$ 805.39	$ 805.39
L5973 00	HCPCS	$ 29,578.72	$ 29,578.72
L5974 00	HCPCS	$ 532.53	$ 532.53
L5975 00	HCPCS	$ 780.01	$ 780.01
L5976 00	HCPCS	$ 1,279.81	$ 1,279.81
L5978 00	HCPCS	$ 666.90	$ 666.90
L5979 00	HCPCS	$ 5,166.27	$ 5,166.27
L5980 00	HCPCS	$ 7,233.39	$ 7,233.39
L5981 00	HCPCS	$ 5,614.28	$ 5,614.28
L5982 00	HCPCS	$ 1,321.14	$ 1,321.14
L5984 00	HCPCS	$ 1,301.85	$ 1,301.85
L5985 00	HCPCS	$ 475.15	$ 475.15
L5986 00	HCPCS	$ 1,448.15	$ 1,448.15
L5987 00	HCPCS	$ 12,104.02	$ 12,104.02
L5988 00	HCPCS	$ 3,361.32	$ 3,361.32
L5990 00	HCPCS	$ 3,052.57	$ 3,052.57
L5991 00	HCPCS	$ 16,457.06	$ 16,457.06

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
L6000 00	HCPCS	$ 3,036.42	$ 3,036.42
L6010 00	HCPCS	$ 3,379.03	$ 3,379.03
L6020 00	HCPCS	$ 3,150.39	$ 3,150.39
L6026 00	HCPCS	$ 7,943.24	$ 7,943.24
L6050 00	HCPCS	$ 4,327.34	$ 4,327.34
L6055 00	HCPCS	$ 5,549.68	$ 5,549.68
L6100 00	HCPCS	$ 3,601.14	$ 3,601.14
L6110 00	HCPCS	$ 4,663.69	$ 4,663.69
L6120 00	HCPCS	$ 5,295.54	$ 5,295.54
L6130 00	HCPCS	$ 5,915.88	$ 5,915.88
L6200 00	HCPCS	$ 6,234.38	$ 6,234.38
L6205 00	HCPCS	$ 7,610.36	$ 7,610.36
L6250 00	HCPCS	$ 6,136.72	$ 6,136.72
L6300 00	HCPCS	$ 8,514.03	$ 8,514.03
L6310 00	HCPCS	$ 6,934.86	$ 6,934.86
L6320 00	HCPCS	$ 3,905.36	$ 3,905.36
L6350 00	HCPCS	$ 8,883.71	$ 8,883.71
L6360 00	HCPCS	$ 7,278.96	$ 7,278.96
L6370 00	HCPCS	$ 4,641.55	$ 4,641.55
L6380 00	HCPCS	$ 2,217.04	$ 2,217.04
L6382 00	HCPCS	$ 2,789.11	$ 2,789.11
L6384 00	HCPCS	$ 3,616.63	$ 3,616.63
L6386 00	HCPCS	$ 917.73	$ 917.73
L6388 00	HCPCS	$ 936.96	$ 936.96
L6400 00	HCPCS	$ 5,302.71	$ 5,302.71
L6450 00	HCPCS	$ 6,463.77	$ 6,463.77
L6500 00	HCPCS	$ 5,876.14	$ 5,876.14
L6550 00	HCPCS	$ 8,714.26	$ 8,714.26
L6570 00	HCPCS	$ 10,002.30	$ 10,002.30
L6580 00	HCPCS	$ 3,063.05	$ 3,063.05
L6582 00	HCPCS	$ 2,358.92	$ 2,358.92
L6584 00	HCPCS	$ 3,829.69	$ 3,829.69
L6586 00	HCPCS	$ 3,257.70	$ 3,257.70
L6588 00	HCPCS	$ 5,542.26	$ 5,542.26
L6590 00	HCPCS	$ 4,869.33	$ 4,869.33
L6600 00	HCPCS	$ 428.67	$ 428.67
L6605 00	HCPCS	$ 423.26	$ 423.26
L6610 00	HCPCS	$ 380.48	$ 380.48
L6611 00	HCPCS	$ 692.79	$ 692.79
L6615 00	HCPCS	$ 313.99	$ 313.99

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
L6616 00	HCPCS	$ 111.17	$ 111.17
L6620 00	HCPCS	$ 654.95	$ 654.95
L6621 00	HCPCS	$ 3,848.57	$ 3,848.57
L6623 00	HCPCS	$ 1,099.43	$ 1,099.43
L6624 00	HCPCS	$ 6,336.78	$ 6,336.78
L6625 00	HCPCS	$ 1,215.41	$ 1,215.41
L6628 00	HCPCS	$ 821.07	$ 821.07
L6629 00	HCPCS	$ 300.10	$ 300.10
L6630 00	HCPCS	$ 369.39	$ 369.39
L6632 00	HCPCS	$ 111.36	$ 111.36
L6635 00	HCPCS	$ 402.51	$ 402.51
L6637 00	HCPCS	$ 734.96	$ 734.96
L6638 00	HCPCS	$ 4,207.69	$ 4,207.69
L6640 00	HCPCS	$ 480.09	$ 480.09
L6641 00	HCPCS	$ 344.33	$ 344.33
L6642 00	HCPCS	$ 446.53	$ 446.53
L6645 00	HCPCS	$ 729.53	$ 729.53
L6646 00	HCPCS	$ 5,306.85	$ 5,306.85
L6647 00	HCPCS	$ 873.66	$ 873.66
L6648 00	HCPCS	$ 5,473.24	$ 5,473.24
L6650 00	HCPCS	$ 773.53	$ 773.53
L6655 00	HCPCS	$ 171.67	$ 171.67
L6660 00	HCPCS	$ 209.76	$ 209.76
L6665 00	HCPCS	$ 84.98	$ 84.98
L6670 00	HCPCS	$ 109.59	$ 109.59
L6672 00	HCPCS	$ 385.32	$ 385.32
L6675 00	HCPCS	$ 261.60	$ 261.60
L6676 00	HCPCS	$ 277.14	$ 277.14
L6677 00	HCPCS	$ 499.13	$ 499.13
L6680 00	HCPCS	$ 530.19	$ 530.19
L6682 00	HCPCS	$ 527.91	$ 527.91
L6684 00	HCPCS	$ 796.57	$ 796.57
L6686 00	HCPCS	$ 1,349.14	$ 1,349.14
L6687 00	HCPCS	$ 999.91	$ 999.91
L6688 00	HCPCS	$ 1,083.22	$ 1,083.22
L6689 00	HCPCS	$ 1,235.26	$ 1,235.26
L6690 00	HCPCS	$ 1,430.94	$ 1,430.94
L6691 00	HCPCS	$ 787.32	$ 787.32
L6692 00	HCPCS	$ 1,277.99	$ 1,277.99
L6693 00	HCPCS	$ 4,776.84	$ 4,776.84

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
L6694 00	HCPCS	$ 1,343.01	$ 1,343.01
L6695 00	HCPCS	$ 1,119.15	$ 1,119.15
L6696 00	HCPCS	$ 2,213.26	$ 2,213.26
L6697 00	HCPCS	$ 2,213.26	$ 2,213.26
L6698 00	HCPCS	$ 1,136.72	$ 1,136.72
L6700 00	HCPCS	$ 41,314.27	$ 41,314.27
L6703 00	HCPCS	$ 616.00	$ 616.00
L6704 00	HCPCS	$ 1,338.33	$ 1,338.33
L6706 00	HCPCS	$ 739.69	$ 739.69
L6707 00	HCPCS	$ 2,824.43	$ 2,824.43
L6708 00	HCPCS	$ 1,911.55	$ 1,911.55
L6709 00	HCPCS	$ 2,768.67	$ 2,768.67
L6711 00	HCPCS	$ 1,131.23	$ 1,131.23
L6712 00	HCPCS	$ 2,082.77	$ 2,082.77
L6713 00	HCPCS	$ 2,628.75	$ 2,628.75
L6714 00	HCPCS	$ 2,226.52	$ 2,226.52
L6715 00	HCPCS	$ 5,312.12	$ 5,312.12
L6721 00	HCPCS	$ 3,957.32	$ 3,957.32
L6722 00	HCPCS	$ 3,411.53	$ 3,411.53
L6805 00	HCPCS	$ 725.75	$ 725.75
L6810 00	HCPCS	$ 373.07	$ 373.07
L6880 00	HCPCS	$ 40,201.00	$ 40,201.00
L6881 00	HCPCS	$ 6,878.80	$ 6,878.80
L6882 00	HCPCS	$ 5,217.90	$ 5,217.90
L6883 00	HCPCS	$ 2,946.29	$ 2,946.29
L6884 00	HCPCS	$ 5,101.88	$ 5,101.88
L6885 00	HCPCS	$ 7,278.96	$ 7,278.96
L6890 00	HCPCS	$ 388.70	$ 388.70
L6895 00	HCPCS	$ 957.05	$ 957.05
L6900 00	HCPCS	$ 3,438.37	$ 3,438.37
L6905 00	HCPCS	$ 3,355.24	$ 3,355.24
L6910 00	HCPCS	$ 3,268.69	$ 3,268.69
L6915 00	HCPCS	$ 1,383.83	$ 1,383.83
L6920 00	HCPCS	$ 12,778.57	$ 12,778.57
L6925 00	HCPCS	$ 14,583.97	$ 14,583.97
L6930 00	HCPCS	$ 11,893.62	$ 11,893.62
L6935 00	HCPCS	$ 13,813.69	$ 13,813.69
L6940 00	HCPCS	$ 15,053.77	$ 15,053.77
L6945 00	HCPCS	$ 17,494.61	$ 17,494.61
L6950 00	HCPCS	$ 17,092.46	$ 17,092.46

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
L6955 00	HCPCS	$ 20,470.55	$ 20,470.55
L6960 00	HCPCS	$ 21,901.92	$ 21,901.92
L6965 00	HCPCS	$ 25,429.84	$ 25,429.84
L6970 00	HCPCS	$ 26,932.14	$ 26,932.14
L6975 00	HCPCS	$ 31,846.16	$ 31,846.16
L7007 00	HCPCS	$ 5,897.81	$ 5,897.81
L7008 00	HCPCS	$ 9,914.81	$ 9,914.81
L7009 00	HCPCS	$ 6,017.62	$ 6,017.62
L7040 00	HCPCS	$ 4,831.92	$ 4,831.92
L7045 00	HCPCS	$ 2,770.31	$ 2,770.31
L7170 00	HCPCS	$ 10,049.73	$ 10,049.73
L7180 00	HCPCS	$ 62,099.59	$ 62,099.59
L7181 00	HCPCS	$ 67,417.70	$ 67,417.70
L7185 00	HCPCS	$ 10,260.95	$ 10,260.95
L7186 00	HCPCS	$ 15,160.80	$ 15,160.80
L7190 00	HCPCS	$ 13,440.38	$ 13,440.38
L7191 00	HCPCS	$ 15,842.13	$ 15,842.13
L7259 00	HCPCS	$ 6,914.91	$ 6,914.91
L7360 00	HCPCS	$ 416.33	$ 416.33
L7362 00	HCPCS	$ 442.51	$ 442.51
L7364 00	HCPCS	$ 814.10	$ 814.10
L7366 00	HCPCS	$ 1,051.83	$ 1,051.83
L7367 00	HCPCS	$ 655.06	$ 655.06
L7368 00	HCPCS	$ 849.18	$ 849.18
L7400 00	HCPCS	$ 515.69	$ 515.69
L7401 00	HCPCS	$ 577.35	$ 577.35
L7402 00	HCPCS	$ 623.46	$ 623.46
L7403 00	HCPCS	$ 619.61	$ 619.61
L7404 00	HCPCS	$ 935.23	$ 935.23
L7405 00	HCPCS	$ 1,223.11	$ 1,223.11
L7406 00	HCPCS	$ 4,410.10	$ 4,410.10
L7510 00	HCPCS	$ 455.24	$ 455.24
L7520 00	HCPCS	$ 70.08	$ 70.08
L7600 00	HCPCS	$ 178.71	$ 178.71
L7700 00	HCPCS	$ 210.76	$ 210.76
L7900 00	HCPCS	$ 808.95	$ 808.95
L8000 00	HCPCS	$ 83.43	$ 83.43
L8001 00	HCPCS	$ 211.08	$ 211.08
L8002 00	HCPCS	$ 277.58	$ 277.58
L8015 00	HCPCS	$ 100.87	$ 100.87

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
L8020 00	HCPCS	$ 358.27	$ 358.27
L8030 00	HCPCS	$ 654.57	$ 654.57
L8031 00	HCPCS	$ 654.57	$ 654.57
L8032 00	HCPCS	$ 65.91	$ 65.91
L8033 00	HCPCS	$ 1,593.44	$ 1,593.44
L8035 00	HCPCS	$ 6,164.37	$ 6,164.37
L8040 00	HCPCS	$ 4,407.45	$ 4,407.45
L8041 00	HCPCS	$ 5,312.73	$ 5,312.73
L8042 00	HCPCS	$ 5,969.35	$ 5,969.35
L8043 00	HCPCS	$ 6,685.70	$ 6,685.70
L8044 00	HCPCS	$ 7,402.01	$ 7,402.01
L8045 00	HCPCS	$ 4,652.30	$ 4,652.30
L8046 00	HCPCS	$ 4,775.51	$ 4,775.51
L8047 00	HCPCS	$ 2,447.37	$ 2,447.37
L8300 00	HCPCS	$ 192.78	$ 192.78
L8310 00	HCPCS	$ 304.36	$ 304.36
L8320 00	HCPCS	$ 122.15	$ 122.15
L8330 00	HCPCS	$ 112.81	$ 112.81
L8400 00	HCPCS	$ 35.97	$ 35.97
L8410 00	HCPCS	$ 46.40	$ 46.40
L8415 00	HCPCS	$ 41.03	$ 41.03
L8417 00	HCPCS	$ 126.55	$ 126.55
L8420 00	HCPCS	$ 44.44	$ 44.44
L8430 00	HCPCS	$ 47.73	$ 47.73
L8435 00	HCPCS	$ 44.27	$ 44.27
L8440 00	HCPCS	$ 95.56	$ 95.56
L8460 00	HCPCS	$ 152.31	$ 152.31
L8465 00	HCPCS	$ 83.59	$ 83.59
L8470 00	HCPCS	$ 15.25	$ 15.25
L8480 00	HCPCS	$ 18.21	$ 18.21
L8485 00	HCPCS	$ 24.67	$ 24.67
L8500 00	HCPCS	$ 1,131.13	$ 1,131.13
L8501 00	HCPCS	$ 207.03	$ 207.03
L8507 00	HCPCS	$ 70.48	$ 70.48
L8509 00	HCPCS	$ 183.74	$ 183.74
L8510 00	HCPCS	$ 425.17	$ 425.17
L8511 00	HCPCS	$ 122.37	$ 122.37
L8512 00	HCPCS	$ 3.63	$ 3.63
L8513 00	HCPCS	$ 8.74	$ 8.74
L8514 00	HCPCS	$ 158.63	$ 158.63

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
L8515 00	HCPCS	$ 106.18	$ 106.18
L8600 00	HCPCS	$ 1,166.51	$ 1,166.51
L8603 00	HCPCS	$ 751.52	$ 751.52
L8605 00	HCPCS	$ 1,205.12	$ 1,205.12
L8606 00	HCPCS	$ 390.24	$ 390.24
L8607 00	HCPCS	$ 72.14	$ 72.14
L8609 00	HCPCS	$ 10,962.76	$ 10,962.76
L8610 00	HCPCS	$ 1,003.20	$ 1,003.20
L8612 00	HCPCS	$ 1,363.54	$ 1,363.54
L8613 00	HCPCS	$ 506.16	$ 506.16
L8614 00	HCPCS	$ 33,808.68	$ 33,808.68
L8615 00	HCPCS	$ 758.87	$ 758.87
L8616 00	HCPCS	$ 176.76	$ 176.76
L8617 00	HCPCS	$ 154.38	$ 154.38
L8618 00	HCPCS	$ 44.10	$ 44.10
L8619 00	HCPCS	$ 14,513.84	$ 14,513.84
L8621 00	HCPCS	$ 1.05	$ 1.05
L8622 00	HCPCS	$ 0.55	$ 0.55
L8623 00	HCPCS	$ 108.85	$ 108.85
L8624 00	HCPCS	$ 271.35	$ 271.35
L8625 00	HCPCS	$ 317.76	$ 317.76
L8627 00	HCPCS	$ 12,328.22	$ 12,328.22
L8628 00	HCPCS	$ 2,185.62	$ 2,185.62
L8629 00	HCPCS	$ 301.25	$ 301.25
L8630 00	HCPCS	$ 577.44	$ 577.44
L8631 00	HCPCS	$ 3,835.44	$ 3,835.44
L8641 00	HCPCS	$ 606.82	$ 606.82
L8642 00	HCPCS	$ 593.70	$ 593.70
L8658 00	HCPCS	$ 523.10	$ 523.10
L8659 00	HCPCS	$ 3,246.84	$ 3,246.84
L8670 00	HCPCS	$ 954.09	$ 954.09
L8678 00	HCPCS	$ 17.98	$ 38.11
L8679 00	HCPCS	$ 14,741.92	$ 14,741.92
L8680 00	HCPCS	$ 1,139.66	$ 1,139.66
L8681 00	HCPCS	$ 1,849.01	$ 1,849.01
L8682 00	HCPCS	$ 10,532.76	$ 10,532.76
L8683 00	HCPCS	$ 9,271.26	$ 9,271.26
L8684 00	HCPCS	$ 1,349.95	$ 1,349.95
L8687 00	HCPCS	$ 62,036.70	$ 62,036.70
L8689 00	HCPCS	$ 2,902.35	$ 2,902.35

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
L8690 00	HCPCS	$ 8,004.33	$ 8,004.33
L8691 00	HCPCS	$ 2,897.62	$ 2,897.62
L8692 00	HCPCS	$ 7,737.91	$ 7,737.91
L8693 00	HCPCS	$ 2,551.33	$ 2,551.33
L8694 00	HCPCS	$ 1,588.97	$ 1,588.97
L8695 00	HCPCS	$ 28.00	$ 28.00
L8696 00	HCPCS	$ 364.69	$ 364.69
L8701 00	HCPCS	$ 48,958.18	$ 48,958.18
L8702 00	HCPCS	$ 96,322.39	$ 96,322.39
Q0035 00	HCPCS	$ 26.65	$ 26.65
Q0081 00	HCPCS	$ 261.67	$ 261.67
Q0083 00	HCPCS	BR	BR
Q0084 00	HCPCS	$ 131.07	$ 131.07
Q0091 00	HCPCS	$ 64.53	$ 64.53
Q0092 00	HCPCS	$ 36.01	$ 36.01
Q0111 00	HCPCS	$ 25.96	$ 25.96
Q0112 00	HCPCS	$ 8.16	$ 8.16
Q0113 00	HCPCS	$ 5.98	$ 5.98
Q0114 00	HCPCS	$ 13.64	$ 13.64
Q0115 00	HCPCS	$ 35.00	$ 35.00
Q0477 00	HCPCS	$ 1,305.35	$ 1,305.35
Q0478 00	HCPCS	$ 309.22	$ 309.22
Q0479 00	HCPCS	$ 20,141.52	$ 20,141.52
Q0480 00	HCPCS	$ 151,540.70	$ 151,540.70
Q0481 00	HCPCS	$ 24,449.29	$ 24,449.29
Q0482 00	HCPCS	$ 7,657.97	$ 7,657.97
Q0483 00	HCPCS	$ 31,547.49	$ 31,547.49
Q0484 00	HCPCS	$ 6,126.43	$ 6,126.43
Q0485 00	HCPCS	$ 591.46	$ 591.46
Q0486 00	HCPCS	$ 492.31	$ 492.31
Q0487 00	HCPCS	$ 574.35	$ 574.35
Q0489 00	HCPCS	$ 27,349.94	$ 27,349.94
Q0490 00	HCPCS	$ 1,183.04	$ 1,183.04
Q0491 00	HCPCS	$ 1,859.87	$ 1,859.87
Q0492 00	HCPCS	$ 149.81	$ 149.81
Q0493 00	HCPCS	$ 426.68	$ 426.68
Q0494 00	HCPCS	$ 361.06	$ 361.06
Q0495 00	HCPCS	$ 7,028.22	$ 7,028.22
Q0496 00	HCPCS	$ 2,522.55	$ 2,522.55
Q0497 00	HCPCS	$ 787.70	$ 787.70

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
Q0498 00	HCPCS	$ 864.30	$ 864.30
Q0499 00	HCPCS	$ 280.81	$ 280.81
Q0500 00	HCPCS	$ 51.39	$ 51.39
Q0501 00	HCPCS	$ 859.25	$ 859.25
Q0502 00	HCPCS	$ 1,093.95	$ 1,093.95
Q0503 00	HCPCS	$ 2,187.98	$ 2,187.98
Q0504 00	HCPCS	$ 1,154.55	$ 1,154.55
Q0506 00	HCPCS	$ 1,437.16	$ 1,437.16
Q0507 00	HCPCS	BR	BR
Q0508 00	HCPCS	BR	BR
Q0509 00	HCPCS	BR	BR
Q0510 00	HCPCS	$ 44.39	$ 44.39
Q0511 00	HCPCS	$ 21.53	$ 21.53
Q0512 00	HCPCS	$ 14.22	$ 14.22
Q0513 00	HCPCS	$ 29.37	$ 29.37
Q0514 00	HCPCS	$ 58.62	$ 58.62
Q0515 00	HCPCS	BR	BR
Q1004 00	HCPCS	BR	BR
Q1005 00	HCPCS	BR	BR
Q2057 00	HCPCS	$ 1,078,868.00	$ 1,078,868.00
Q3031 00	HCPCS	BR	BR
Q4001 00	HCPCS	$ 87.30	$ 87.30
Q4002 00	HCPCS	$ 329.90	$ 329.90
Q4003 00	HCPCS	$ 62.69	$ 62.69
Q4004 00	HCPCS	$ 217.04	$ 217.04
Q4005 00	HCPCS	$ 23.11	$ 23.11
Q4006 00	HCPCS	$ 52.08	$ 52.08
Q4007 00	HCPCS	$ 11.55	$ 11.55
Q4008 00	HCPCS	$ 26.03	$ 26.03
Q4009 00	HCPCS	$ 15.44	$ 15.44
Q4010 00	HCPCS	$ 34.72	$ 34.72
Q4011 00	HCPCS	$ 7.70	$ 7.70
Q4012 00	HCPCS	$ 17.40	$ 17.40
Q4013 00	HCPCS	$ 28.10	$ 28.10
Q4014 00	HCPCS	$ 47.38	$ 47.38
Q4015 00	HCPCS	$ 14.07	$ 14.07
Q4016 00	HCPCS	$ 23.67	$ 23.67
Q4017 00	HCPCS	$ 16.24	$ 16.24
Q4018 00	HCPCS	$ 25.87	$ 25.87
Q4019 00	HCPCS	$ 8.12	$ 8.12

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
Q4020 00	HCPCS	$ 12.99	$ 12.99
Q4021 00	HCPCS	$ 12.03	$ 12.03
Q4022 00	HCPCS	$ 21.70	$ 21.70
Q4023 00	HCPCS	$ 6.03	$ 6.03
Q4024 00	HCPCS	$ 10.86	$ 10.86
Q4025 00	HCPCS	$ 67.37	$ 67.37
Q4026 00	HCPCS	$ 210.45	$ 210.45
Q4027 00	HCPCS	$ 33.71	$ 33.71
Q4028 00	HCPCS	$ 105.28	$ 105.28
Q4029 00	HCPCS	$ 51.55	$ 51.55
Q4030 00	HCPCS	$ 135.69	$ 135.69
Q4031 00	HCPCS	$ 25.75	$ 25.75
Q4032 00	HCPCS	$ 67.84	$ 67.84
Q4033 00	HCPCS	$ 48.09	$ 48.09
Q4034 00	HCPCS	$ 119.55	$ 119.55
Q4035 00	HCPCS	$ 24.04	$ 24.04
Q4036 00	HCPCS	$ 59.82	$ 59.82
Q4037 00	HCPCS	$ 29.29	$ 29.29
Q4038 00	HCPCS	$ 73.47	$ 73.47
Q4039 00	HCPCS	$ 14.70	$ 14.70
Q4040 00	HCPCS	$ 36.72	$ 36.72
Q4041 00	HCPCS	$ 35.67	$ 35.67
Q4042 00	HCPCS	$ 60.89	$ 60.89
Q4043 00	HCPCS	$ 17.84	$ 17.84
Q4044 00	HCPCS	$ 30.49	$ 30.49
Q4045 00	HCPCS	$ 20.71	$ 20.71
Q4046 00	HCPCS	$ 33.31	$ 33.31
Q4047 00	HCPCS	$ 10.30	$ 10.30
Q4048 00	HCPCS	$ 16.66	$ 16.66
Q4049 00	HCPCS	$ 3.75	$ 3.75
Q4101 00	HCPCS	BR	BR
Q4102 00	HCPCS	BR	BR
Q4103 00	HCPCS	BR	BR
Q4104 00	HCPCS	BR	BR
Q4105 00	HCPCS	BR	BR
Q4107 00	HCPCS	BR	BR
Q4108 00	HCPCS	BR	BR
Q4110 00	HCPCS	BR	BR
Q4111 00	HCPCS	BR	BR
Q4113 00	HCPCS	BR	BR

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
Q4114 00	HCPCS	BR	BR
Q4115 00	HCPCS	BR	BR
Q4116 00	HCPCS	BR	BR
Q4117 00	HCPCS	BR	BR
Q4118 00	HCPCS	BR	BR
Q4121 00	HCPCS	BR	BR
Q4122 00	HCPCS	BR	BR
Q4123 00	HCPCS	BR	BR
Q4124 00	HCPCS	BR	BR
Q4125 00	HCPCS	BR	BR
Q4126 00	HCPCS	BR	BR
Q4127 00	HCPCS	BR	BR
Q4128 00	HCPCS	BR	BR
Q4130 00	HCPCS	BR	BR
Q4132 00	HCPCS	BR	BR
Q4133 00	HCPCS	BR	BR
Q4134 00	HCPCS	BR	BR
Q4135 00	HCPCS	BR	BR
Q4136 00	HCPCS	BR	BR
Q4137 00	HCPCS	BR	BR
Q4138 00	HCPCS	BR	BR
Q4140 00	HCPCS	BR	BR
Q4141 00	HCPCS	BR	BR
Q4142 00	HCPCS	BR	BR
Q4143 00	HCPCS	BR	BR
Q4145 00	HCPCS	BR	BR
Q4146 00	HCPCS	BR	BR
Q4147 00	HCPCS	BR	BR
Q4148 00	HCPCS	BR	BR
Q4149 00	HCPCS	BR	BR
Q4150 00	HCPCS	BR	BR
Q4151 00	HCPCS	BR	BR
Q4152 00	HCPCS	BR	BR
Q4153 00	HCPCS	BR	BR
Q4154 00	HCPCS	BR	BR
Q4155 00	HCPCS	BR	BR
Q4156 00	HCPCS	BR	BR
Q4157 00	HCPCS	BR	BR
Q4158 00	HCPCS	BR	BR
Q4159 00	HCPCS	BR	BR

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
Q4160 00	HCPCS	BR	BR
Q4161 00	HCPCS	BR	BR
Q4162 00	HCPCS	BR	BR
Q4163 00	HCPCS	BR	BR
Q4164 00	HCPCS	BR	BR
Q4165 00	HCPCS	BR	BR
Q4166 00	HCPCS	BR	BR
Q4167 00	HCPCS	BR	BR
Q4169 00	HCPCS	BR	BR
Q4170 00	HCPCS	BR	BR
Q4173 00	HCPCS	BR	BR
Q4174 00	HCPCS	BR	BR
Q4175 00	HCPCS	BR	BR
Q4176 00	HCPCS	BR	BR
Q4177 00	HCPCS	BR	BR
Q4178 00	HCPCS	BR	BR
Q4179 00	HCPCS	BR	BR
Q4180 00	HCPCS	BR	BR
Q4181 00	HCPCS	BR	BR
Q4182 00	HCPCS	BR	BR
Q4183 00	HCPCS	BR	BR
Q4184 00	HCPCS	BR	BR
Q4185 00	HCPCS	BR	BR
Q4186 00	HCPCS	BR	BR
Q4187 00	HCPCS	BR	BR
Q4188 00	HCPCS	BR	BR
Q4190 00	HCPCS	BR	BR
Q4191 00	HCPCS	BR	BR
Q4193 00	HCPCS	BR	BR
Q4194 00	HCPCS	BR	BR
Q4195 00	HCPCS	BR	BR
Q4196 00	HCPCS	BR	BR
Q4197 00	HCPCS	BR	BR
Q4198 00	HCPCS	BR	BR
Q4199 00	HCPCS	BR	BR
Q4200 00	HCPCS	BR	BR
Q4201 00	HCPCS	BR	BR
Q4203 00	HCPCS	BR	BR
Q4204 00	HCPCS	BR	BR
Q4205 00	HCPCS	BR	BR

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
Q4208 00	HCPCS	BR	BR
Q4209 00	HCPCS	BR	BR
Q4211 00	HCPCS	BR	BR
Q4214 00	HCPCS	BR	BR
Q4216 00	HCPCS	BR	BR
Q4217 00	HCPCS	BR	BR
Q4218 00	HCPCS	BR	BR
Q4219 00	HCPCS	BR	BR
Q4220 00	HCPCS	BR	BR
Q4221 00	HCPCS	BR	BR
Q4222 00	HCPCS	BR	BR
Q4224 00	HCPCS	BR	BR
Q4225 00	HCPCS	BR	BR
Q4227 00	HCPCS	BR	BR
Q4229 00	HCPCS	BR	BR
Q4230 00	HCPCS	BR	BR
Q4232 00	HCPCS	BR	BR
Q4233 00	HCPCS	BR	BR
Q4234 00	HCPCS	BR	BR
Q4235 00	HCPCS	BR	BR
Q4236 00	HCPCS	BR	BR
Q4237 00	HCPCS	BR	BR
Q4238 00	HCPCS	BR	BR
Q4239 00	HCPCS	BR	BR
Q4242 00	HCPCS	BR	BR
Q4247 00	HCPCS	BR	BR
Q4248 00	HCPCS	BR	BR
Q4249 00	HCPCS	BR	BR
Q4250 00	HCPCS	BR	BR
Q4251 00	HCPCS	BR	BR
Q4252 00	HCPCS	BR	BR
Q4253 00	HCPCS	BR	BR
Q4254 00	HCPCS	BR	BR
Q4255 00	HCPCS	BR	BR
Q4256 00	HCPCS	BR	BR
Q4257 00	HCPCS	BR	BR
Q4258 00	HCPCS	BR	BR
Q4259 00	HCPCS	BR	BR
Q4260 00	HCPCS	BR	BR
Q4261 00	HCPCS	BR	BR

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
Q4262 00	HCPCS	BR	BR
Q4263 00	HCPCS	BR	BR
Q4264 00	HCPCS	BR	BR
Q4265 00	HCPCS	BR	BR
Q4266 00	HCPCS	BR	BR
Q4267 00	HCPCS	BR	BR
Q4268 00	HCPCS	BR	BR
Q4269 00	HCPCS	BR	BR
Q4270 00	HCPCS	BR	BR
Q4271 00	HCPCS	BR	BR
Q4272 00	HCPCS	BR	BR
Q4273 00	HCPCS	BR	BR
Q4274 00	HCPCS	BR	BR
Q4275 00	HCPCS	BR	BR
Q4276 00	HCPCS	BR	BR
Q4278 00	HCPCS	BR	BR
Q4279 00	HCPCS	BR	BR
Q4280 00	HCPCS	BR	BR
Q4281 00	HCPCS	BR	BR
Q4282 00	HCPCS	BR	BR
Q4283 00	HCPCS	BR	BR
Q4284 00	HCPCS	BR	BR
Q4285 00	HCPCS	BR	BR
Q4286 00	HCPCS	BR	BR
Q4287 00	HCPCS	BR	BR
Q4288 00	HCPCS	BR	BR
Q4289 00	HCPCS	BR	BR
Q4290 00	HCPCS	BR	BR
Q4291 00	HCPCS	BR	BR
Q4292 00	HCPCS	BR	BR
Q4293 00	HCPCS	BR	BR
Q4294 00	HCPCS	BR	BR
Q4295 00	HCPCS	BR	BR
Q4296 00	HCPCS	BR	BR
Q4297 00	HCPCS	BR	BR
Q4298 00	HCPCS	BR	BR
Q4299 00	HCPCS	BR	BR
Q4300 00	HCPCS	BR	BR
Q4301 00	HCPCS	BR	BR
Q4302 00	HCPCS	BR	BR

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
Q4303 00	HCPCS	BR	BR
Q4304 00	HCPCS	BR	BR
Q4305 00	HCPCS	BR	BR
Q4306 00	HCPCS	BR	BR
Q4307 00	HCPCS	BR	BR
Q4308 00	HCPCS	BR	BR
Q4309 00	HCPCS	BR	BR
Q4310 00	HCPCS	BR	BR
Q4311 00	HCPCS	BR	BR
Q4312 00	HCPCS	BR	BR
Q4313 00	HCPCS	BR	BR
Q4314 00	HCPCS	BR	BR
Q4315 00	HCPCS	BR	BR
Q4316 00	HCPCS	BR	BR
Q4317 00	HCPCS	BR	BR
Q4318 00	HCPCS	BR	BR
Q4319 00	HCPCS	BR	BR
Q4320 00	HCPCS	BR	BR
Q4321 00	HCPCS	BR	BR
Q4322 00	HCPCS	BR	BR
Q4323 00	HCPCS	BR	BR
Q4324 00	HCPCS	BR	BR
Q4325 00	HCPCS	BR	BR
Q4326 00	HCPCS	BR	BR
Q4327 00	HCPCS	BR	BR
Q4328 00	HCPCS	BR	BR
Q4329 00	HCPCS	BR	BR
Q4330 00	HCPCS	BR	BR
Q4331 00	HCPCS	BR	BR
Q4332 00	HCPCS	BR	BR
Q4333 00	HCPCS	BR	BR
Q4334 00	HCPCS	BR	BR
Q4335 00	HCPCS	BR	BR
Q4336 00	HCPCS	BR	BR
Q4337 00	HCPCS	BR	BR
Q4338 00	HCPCS	BR	BR
Q4339 00	HCPCS	BR	BR
Q4340 00	HCPCS	BR	BR
Q4341 00	HCPCS	BR	BR
Q4342 00	HCPCS	BR	BR

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
Q4343 00	HCPCS	BR	BR
Q4344 00	HCPCS	BR	BR
Q4345 00	HCPCS	BR	BR
Q4346 00	HCPCS	BR	BR
Q4347 00	HCPCS	BR	BR
Q4348 00	HCPCS	BR	BR
Q4349 00	HCPCS	BR	BR
Q4350 00	HCPCS	BR	BR
Q4351 00	HCPCS	BR	BR
Q4352 00	HCPCS	BR	BR
Q4353 00	HCPCS	BR	BR
Q4354 00	HCPCS	BR	BR
Q4355 00	HCPCS	BR	BR
Q4356 00	HCPCS	BR	BR
Q4357 00	HCPCS	BR	BR
Q4358 00	HCPCS	BR	BR
Q4359 00	HCPCS	BR	BR
Q4360 00	HCPCS	BR	BR
Q4361 00	HCPCS	BR	BR
Q4362 00	HCPCS	BR	BR
Q4363 00	HCPCS	BR	BR
Q4364 00	HCPCS	BR	BR
Q4365 00	HCPCS	BR	BR
Q4366 00	HCPCS	BR	BR
Q4367 00	HCPCS	BR	BR
Q4368 00	HCPCS	BR	BR
Q4369 00	HCPCS	BR	BR
Q4370 00	HCPCS	BR	BR
Q4371 00	HCPCS	BR	BR
Q4372 00	HCPCS	BR	BR
Q4373 00	HCPCS	BR	BR
Q4375 00	HCPCS	BR	BR
Q4376 00	HCPCS	BR	BR
Q4377 00	HCPCS	BR	BR
Q4378 00	HCPCS	BR	BR
Q4379 00	HCPCS	BR	BR
Q4380 00	HCPCS	BR	BR
Q4382 00	HCPCS	BR	BR
Q4383 00	HCPCS	BR	BR
Q4384 00	HCPCS	BR	BR

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
Q4385 00	HCPCS	BR	BR
Q4386 00	HCPCS	BR	BR
Q4387 00	HCPCS	BR	BR
Q4388 00	HCPCS	BR	BR
Q4389 00	HCPCS	BR	BR
Q4390 00	HCPCS	BR	BR
Q4391 00	HCPCS	BR	BR
Q4392 00	HCPCS	BR	BR
Q4393 00	HCPCS	BR	BR
Q4394 00	HCPCS	BR	BR
Q4395 00	HCPCS	BR	BR
Q4396 00	HCPCS	BR	BR
Q4397 00	HCPCS	BR	BR
Q4398 00	HCPCS	BR	BR
Q4399 00	HCPCS	BR	BR
Q4400 00	HCPCS	BR	BR
Q4401 00	HCPCS	BR	BR
Q4402 00	HCPCS	BR	BR
Q4403 00	HCPCS	BR	BR
Q4404 00	HCPCS	BR	BR
Q4405 00	HCPCS	BR	BR
Q4406 00	HCPCS	BR	BR
Q4407 00	HCPCS	BR	BR
Q4408 00	HCPCS	BR	BR
Q4409 00	HCPCS	BR	BR
Q4410 00	HCPCS	BR	BR
Q4411 00	HCPCS	BR	BR
Q4412 00	HCPCS	BR	BR
Q4413 00	HCPCS	BR	BR
Q4414 00	HCPCS	BR	BR
Q4415 00	HCPCS	BR	BR
Q4416 00	HCPCS	BR	BR
Q4417 00	HCPCS	BR	BR
Q4420 00	HCPCS	BR	BR
Q5001 00	HCPCS	$ 165.45	$ 165.45
Q5002 00	HCPCS	$ 182.32	$ 182.32
Q5003 00	HCPCS	$ 214.91	$ 214.91
Q5005 00	HCPCS	$ 1,032.82	$ 1,032.82
Q5006 00	HCPCS	$ 1,027.82	$ 1,027.82
Q5007 00	HCPCS	BR	BR

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
Q5008 00	HCPCS	BR	BR
Q5009 00	HCPCS	BR	BR
Q5010 00	HCPCS	BR	BR
Q5099 00	HCPCS	$ 16.59	$ 16.59
Q5100 00	HCPCS	$ 34.56	$ 34.56
Q5133 00	HCPCS	$ 7.82	$ 7.82
Q5135 00	HCPCS	$ 5.87	$ 5.87
Q5136 00	HCPCS	$ 39.52	$ 39.52
Q5137 00	HCPCS	$ 264.84	$ 264.84
Q5138 00	HCPCS	$ 16.30	$ 16.30
Q5142 00	HCPCS	$ 24.30	$ 24.30
Q5143 00	HCPCS	$ 154.45	$ 154.45
Q5144 00	HCPCS	$ 42.15	$ 42.15
Q5146 00	HCPCS	$ 52.01	$ 52.01
Q5147 00	HCPCS	$ 1,212.68	$ 1,212.68
Q5148 00	HCPCS	$ 1.40	$ 1.40
Q5151 00	HCPCS	$ 44.34	$ 44.34
Q5152 00	HCPCS	$ 59.29	$ 59.29
Q5157 00	HCPCS	$ 25.62	$ 25.62
Q9950 00	HCPCS	$ 25.43	$ 25.43
Q9951 00	HCPCS	$ 1.85	$ 1.85
Q9953 00	HCPCS	$ 62.71	$ 62.71
Q9954 00	HCPCS	$ 20.62	$ 20.62
Q9956 00	HCPCS	$ 56.29	$ 56.29
Q9957 00	HCPCS	$ 56.29	$ 56.29
Q9958 00	HCPCS	$ 0.10	$ 0.10
Q9959 00	HCPCS	$ 0.17	$ 0.17
Q9960 00	HCPCS	$ 0.90	$ 0.90
Q9961 00	HCPCS	$ 0.36	$ 0.36
Q9962 00	HCPCS	$ 0.43	$ 0.43
Q9963 00	HCPCS	$ 0.31	$ 0.31
Q9964 00	HCPCS	$ 0.27	$ 0.27
Q9965 00	HCPCS	$ 1.45	$ 1.45
Q9966 00	HCPCS	$ 0.56	$ 0.56
Q9967 00	HCPCS	$ 0.21	$ 0.21
Q9968 00	HCPCS	$ 39.84	$ 39.84
Q9996 00	HCPCS	$ 30.17	$ 30.17
Q9997 00	HCPCS	$ 11.58	$ 11.58
Q9998 00	HCPCS	$ 60.48	$ 60.48
Q9999 00	HCPCS	$ 46.14	$ 46.14

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
T4521 00	HCPCS	$ 0.74	$ 0.74
T4522 00	HCPCS	$ 0.84	$ 0.84
T4523 00	HCPCS	$ 0.87	$ 0.87
T4524 00	HCPCS	$ 1.01	$ 1.01
T4525 00	HCPCS	$ 0.84	$ 0.84
T4526 00	HCPCS	$ 0.55	$ 0.55
T4527 00	HCPCS	$ 0.84	$ 0.84
T4528 00	HCPCS	$ 0.84	$ 0.84
T4529 00	HCPCS	$ 2.31	$ 2.31
T4530 00	HCPCS	$ 0.56	$ 0.56
T4531 00	HCPCS	$ 0.92	$ 0.92
T4532 00	HCPCS	$ 0.99	$ 0.99
T4533 00	HCPCS	$ 0.87	$ 0.87
T4534 00	HCPCS	$ 0.92	$ 0.92
T4535 00	HCPCS	$ 0.36	$ 0.36
T4536 00	HCPCS	$ 12.78	$ 12.78
T4537 00	HCPCS	$ 12.78	$ 12.78
T4539 00	HCPCS	$ 6.92	$ 6.92
T4540 00	HCPCS	$ 7.31	$ 7.31
T4541 00	HCPCS	$ 0.63	$ 0.63
T4542 00	HCPCS	$ 0.55	$ 0.55
T4543 00	HCPCS	$ 1.85	$ 1.85
T4544 00	HCPCS	$ 1.85	$ 1.85
T4545 00	HCPCS	$ 0.27	$ 0.27
V2020 00	HCPCS	$ 143.29	$ 143.29
V2025 00	HCPCS	$ 162.69	$ 162.69
V2100 00	HCPCS	$ 67.14	$ 67.14
V2101 00	HCPCS	$ 90.01	$ 90.01
V2102 00	HCPCS	$ 109.16	$ 109.16
V2103 00	HCPCS	$ 64.11	$ 64.11
V2104 00	HCPCS	$ 67.82	$ 67.82
V2105 00	HCPCS	$ 74.37	$ 74.37
V2106 00	HCPCS	$ 88.98	$ 88.98
V2107 00	HCPCS	$ 95.77	$ 95.77
V2108 00	HCPCS	$ 91.06	$ 91.06
V2109 00	HCPCS	$ 102.34	$ 102.34
V2110 00	HCPCS	$ 87.67	$ 87.67
V2111 00	HCPCS	$ 103.33	$ 103.33
V2112 00	HCPCS	$ 108.46	$ 108.46
V2113 00	HCPCS	$ 107.53	$ 107.53

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
V2114 00	HCPCS	$ 116.49	$ 116.49
V2115 00	HCPCS	$ 162.32	$ 162.32
V2118 00	HCPCS	$ 162.04	$ 162.04
V2121 00	HCPCS	$ 173.01	$ 173.01
V2200 00	HCPCS	$ 100.35	$ 100.35
V2201 00	HCPCS	$ 122.09	$ 122.09
V2202 00	HCPCS	$ 112.70	$ 112.70
V2203 00	HCPCS	$ 109.16	$ 109.16
V2204 00	HCPCS	$ 110.78	$ 110.78
V2205 00	HCPCS	$ 109.35	$ 109.35
V2206 00	HCPCS	$ 122.89	$ 122.89
V2207 00	HCPCS	$ 119.31	$ 119.31
V2208 00	HCPCS	$ 131.43	$ 131.43
V2209 00	HCPCS	$ 123.33	$ 123.33
V2210 00	HCPCS	$ 131.53	$ 131.53
V2211 00	HCPCS	$ 159.74	$ 159.74
V2212 00	HCPCS	$ 149.95	$ 149.95
V2213 00	HCPCS	$ 139.68	$ 139.68
V2214 00	HCPCS	$ 157.96	$ 157.96
V2215 00	HCPCS	$ 194.25	$ 194.25
V2218 00	HCPCS	$ 186.47	$ 186.47
V2219 00	HCPCS	$ 76.31	$ 76.31
V2220 00	HCPCS	$ 72.11	$ 72.11
V2221 00	HCPCS	$ 201.85	$ 201.85
V2299 00	HCPCS	$ 105.91	$ 105.91
V2300 00	HCPCS	$ 124.12	$ 124.12
V2301 00	HCPCS	$ 152.82	$ 152.82
V2302 00	HCPCS	$ 140.55	$ 140.55
V2303 00	HCPCS	$ 133.91	$ 133.91
V2304 00	HCPCS	$ 138.92	$ 138.92
V2305 00	HCPCS	$ 139.34	$ 139.34
V2306 00	HCPCS	$ 140.48	$ 140.48
V2307 00	HCPCS	$ 150.49	$ 150.49
V2308 00	HCPCS	$ 146.76	$ 146.76
V2309 00	HCPCS	$ 177.70	$ 177.70
V2310 00	HCPCS	$ 150.08	$ 150.08
V2311 00	HCPCS	$ 183.74	$ 183.74
V2312 00	HCPCS	$ 204.78	$ 204.78
V2313 00	HCPCS	$ 228.70	$ 228.70
V2314 00	HCPCS	$ 212.27	$ 212.27

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
V2315 00	HCPCS	$ 263.37	$ 263.37
V2318 00	HCPCS	$ 335.22	$ 335.22
V2319 00	HCPCS	$ 85.12	$ 85.12
V2320 00	HCPCS	$ 89.80	$ 89.80
V2321 00	HCPCS	$ 249.86	$ 249.86
V2399 00	HCPCS	$ 113.62	$ 113.62
V2410 00	HCPCS	$ 204.90	$ 204.90
V2430 00	HCPCS	$ 246.95	$ 246.95
V2499 00	HCPCS	$ 44.91	$ 44.91
V2500 00	HCPCS	$ 150.70	$ 150.70
V2501 00	HCPCS	$ 237.05	$ 237.05
V2502 00	HCPCS	$ 346.82	$ 346.82
V2503 00	HCPCS	$ 240.76	$ 240.76
V2510 00	HCPCS	$ 202.64	$ 202.64
V2511 00	HCPCS	$ 327.45	$ 327.45
V2512 00	HCPCS	$ 380.14	$ 380.14
V2513 00	HCPCS	$ 348.80	$ 348.80
V2520 00	HCPCS	$ 178.74	$ 178.74
V2521 00	HCPCS	$ 311.19	$ 311.19
V2522 00	HCPCS	$ 403.80	$ 403.80
V2523 00	HCPCS	$ 258.09	$ 258.09
V2524 00	HCPCS	$ 206.86	$ 206.86
V2526 00	HCPCS	$ 272.16	$ 272.16
V2530 00	HCPCS	$ 382.27	$ 382.27
V2531 00	HCPCS	$ 911.05	$ 911.05
V2623 00	HCPCS	$ 2,051.34	$ 2,051.34
V2624 00	HCPCS	$ 104.34	$ 104.34
V2625 00	HCPCS	$ 739.76	$ 739.76
V2626 00	HCPCS	$ 455.94	$ 455.94
V2627 00	HCPCS	$ 2,208.47	$ 2,208.47
V2628 00	HCPCS	$ 521.47	$ 521.47
V2629 00	HCPCS	$ 3,756.02	$ 3,756.02
V2630 00	HCPCS	$ 204.02	$ 204.02
V2631 00	HCPCS	$ 204.02	$ 204.02
V2632 00	HCPCS	$ 204.02	$ 204.02
V2700 00	HCPCS	$ 100.10	$ 100.10
V2702 00	HCPCS	$ 27.47	$ 27.47
V2710 00	HCPCS	$ 138.75	$ 138.75
V2715 00	HCPCS	$ 26.57	$ 26.57
V2718 00	HCPCS	$ 65.25	$ 65.25

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
V2730 00	HCPCS	$ 46.82	$ 46.82
V2744 00	HCPCS	$ 28.13	$ 28.13
V2745 00	HCPCS	$ 18.23	$ 18.23
V2750 00	HCPCS	$ 40.96	$ 40.96
V2755 00	HCPCS	$ 28.46	$ 28.46
V2756 00	HCPCS	$ 22.86	$ 22.86
V2760 00	HCPCS	$ 36.60	$ 36.60
V2761 00	HCPCS	$ 51.31	$ 51.31
V2762 00	HCPCS	$ 100.28	$ 100.28
V2770 00	HCPCS	$ 44.60	$ 44.60
V2780 00	HCPCS	$ 28.63	$ 28.63
V2781 00	HCPCS	$ 168.62	$ 168.62
V2782 00	HCPCS	$ 108.33	$ 108.33
V2783 00	HCPCS	$ 122.09	$ 122.09
V2784 00	HCPCS	$ 79.41	$ 79.41
V2786 00	HCPCS	$ 97.55	$ 97.55
V2787 00	HCPCS	$ 1,173.06	$ 1,173.06
V2788 00	HCPCS	$ 1,033.30	$ 1,033.30
V2790 00	HCPCS	$ 822.05	$ 822.05
V2799 00	HCPCS	BR	BR
V5008 00	HCPCS	$ 87.99	$ 87.99
V5010 00	HCPCS	$ 109.07	$ 109.07
V5011 00	HCPCS	$ 260.23	$ 260.23
V5014 00	HCPCS	$ 227.75	$ 227.75
V5020 00	HCPCS	$ 131.92	$ 131.92
V5030 00	HCPCS	$ 2,379.57	$ 2,379.57
V5050 00	HCPCS	$ 1,720.60	$ 1,720.60
V5060 00	HCPCS	$ 1,643.66	$ 1,643.66
V5090 00	HCPCS	$ 478.84	$ 478.84
V5100 00	HCPCS	$ 1,881.89	$ 1,881.89
V5110 00	HCPCS	$ 573.29	$ 573.29
V5120 00	HCPCS	$ 1,820.11	$ 1,820.11
V5130 00	HCPCS	$ 3,440.26	$ 3,440.26
V5140 00	HCPCS	$ 4,244.53	$ 4,244.53
V5150 00	HCPCS	$ 91.15	$ 91.15
V5160 00	HCPCS	$ 911.85	$ 911.85
V5172 00	HCPCS	$ 1,720.19	$ 1,720.19
V5181 00	HCPCS	$ 1,721.12	$ 1,721.12
V5200 00	HCPCS	$ 566.78	$ 566.78
V5211 00	HCPCS	$ 5,099.08	$ 5,099.08

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Code	Category	FY26 Non-rural Rate	FY 26 Rural Rate
V5214 00	HCPCS	$ 3,203.87	$ 3,203.87
V5215 00	HCPCS	$ 3,748.71	$ 3,748.71
V5221 00	HCPCS	$ 3,755.63	$ 3,755.63
V5240 00	HCPCS	$ 688.69	$ 688.69
V5241 00	HCPCS	$ 477.92	$ 477.92
V5247 00	HCPCS	$ 2,044.18	$ 2,044.18
V5248 00	HCPCS	$ 4,276.15	$ 4,276.15
V5250 00	HCPCS	$ 2,846.49	$ 2,846.49
V5251 00	HCPCS	$ 3,870.16	$ 3,870.16
V5252 00	HCPCS	$ 3,420.17	$ 3,420.17
V5253 00	HCPCS	$ 4,930.98	$ 4,930.98
V5254 00	HCPCS	$ 2,279.65	$ 2,279.65
V5255 00	HCPCS	$ 2,277.81	$ 2,277.81
V5256 00	HCPCS	$ 2,503.73	$ 2,503.73
V5257 00	HCPCS	$ 2,503.73	$ 2,503.73
V5258 00	HCPCS	$ 5,677.83	$ 5,677.83
V5259 00	HCPCS	$ 4,312.32	$ 4,312.32
V5260 00	HCPCS	$ 5,129.38	$ 5,129.38
V5261 00	HCPCS	$ 6,031.07	$ 6,031.07
V5262 00	HCPCS	$ 1,948.35	$ 1,948.35
V5263 00	HCPCS	$ 4,105.70	$ 4,105.70
V5264 00	HCPCS	$ 114.09	$ 114.09
V5265 00	HCPCS	$ 39.84	$ 39.84
V5266 00	HCPCS	$ 1.39	$ 1.39
V5268 00	HCPCS	$ 399.08	$ 399.08
V5270 00	HCPCS	$ 341.78	$ 341.78
V5275 00	HCPCS	$ 85.23	$ 85.23
V5281 00	HCPCS	$ 56.84	$ 56.84
V5282 00	HCPCS	$ 2,503.73	$ 2,503.73
V5285 00	HCPCS	$ 5,700.69	$ 5,700.69
V5286 00	HCPCS	$ 5,699.89	$ 5,699.89
V5288 00	HCPCS	$ 1,229.44	$ 1,229.44
V5290 00	HCPCS	$ 570.00	$ 570.00
V5299 00	HCPCS	BR	BR
V5362 00	HCPCS	$ 126.52	$ 126.52
V5363 00	HCPCS	$ 139.31	$ 139.31
V5364 00	HCPCS	$ 199.77	$ 199.77

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Historical Note

New Appendix A, HCPCS Codes made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, HCPCS Codes repealed; new Appendix A, HCPCS Codes 2024 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, HCPCS Codes 2024 repealed; new Appendix A, HCPCS Codes 2025 made by exempt rulemaking effective May 1, 2025 (Supp. 25-2). Appendix A, HCPCS Codes 2025 repealed; new Appendix A, HCPCS Codes 2026 made by exempt rulemaking effective May 1, 2026 (Supp. 26-2).

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HOME HEALTHCARE GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction of the Fee Schedule.

The following Commission guidelines are in addition to the CPT® guidelines and the Center for Medicare & Medicaid Services' (CMS) HCPCS codes and descriptions and represent additional guidance from the Commission relative to services unique or uniquely utilized in Workers' Compensation. To the extent that a conflict may exist between an incorporated portion of the CPT® publication or a HCPCS code and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier, or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

GENERAL GUIDANCE:

1. The determination that the injury/illness or condition is work related must be made by the payer and home health services shall be authorized as medically necessary.

2. All nursing services and personal care services shall have prior authorization by the payer.

3. A description of needed nursing or other attendant care must accompany the request for authorization.

4. Rates and reimbursement guidelines shall be predetermined in writing.

5. Except when governed by a separate contract or network that governs fees pursuant to A.R.S. § 23-908(K)(1), reasonably required supplies shall be reimbursed based on the HCPCS Guidelines. This includes supplies dispensed prior to the execution of an agreement and during times when preauthorization of services is in process.

6. Submission of invoices and reimbursement for invoices shall be made in accordance with A.R.S. § 23-1062.01 (See Section B of the Introduction).

Historical Note

New Appendix A, Home Healthcare Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Home Healthcare Guidelines repealed; new Appendix A, Home Healthcare Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Home Healthcare Guidelines repealed; new Appendix A, Home Healthcare Guidelines made by exempt rulemaking effective May 1, 2025 (Supp. 25-2). Appendix A, Home Healthcare Guidelines repealed; new Appendix A, Home Healthcare Guidelines made by exempt rulemaking effective May 1, 2026 (Supp. 26-2).

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ARIZONA SPECIFIC CODES GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction Section of the Fee Schedule.

The following Commission guidelines are in addition to the CPT® guidelines and represent additional guidance from the Commission relative to services uniquely utilized in Workers' Compensation in Arizona. To the extent that a conflict may exist between an incorporated portion of the CPT® and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

A. PEER TO PEER CONSULTATION: Healthcare providers may bill for Peer-to-Peer consultations by using Arizona state specific codes AZ001 and AZ002. Determination of the proper code is based on time spent in discussion and review.

AZ001 Peer-to-Peer interprofessional telephone consultations between treating physician or healthcare provider and Peer Reviewer; 5-10 minutes of medical consultative discussion and review.

AZ002 Peer-to-Peer interprofessional telephone consultations between treating physician or healthcare provider and Peer Reviewer; 11-30 minutes of medical consultative discussion and review.

B. NURSE CASE MANAGER MEETING: Healthcare providers may bill for meeting with a nurse case manager (NCM) by using Arizona state specific codes AZ003 and AZ004. Determination of the proper code is based on patient presence during the meeting.

AZ003 Meeting with NCM with patient.

AZ003 may be billed if time is spent discussing a patient's treatment plan or other related information with the NCM when the patient is present. This should not be billed if there is no interaction with the NCM who is present during the time that a service, which is billed using a separate CPT® code, is performed. The documentation must include:

- The name of the NCM.
- The name of the organization the NCM is representing.
- The purpose of the interaction.

AZ004 Meeting with NCM without patient.

AZ004 may be billed if time is spent discussing a patient's treatment plan or other related information with the NCM when the patient is not present. The documentation must include:

- The name of the NCM.
- The name of the organization the NCM is representing.
- The purpose of the interaction.

It is not appropriate for the payer on a per billing basis to require a healthcare provider to provide unnecessarily detailed documentation to justify payment. A healthcare provider is required to comply with A.R.S. § 23-1062.01 when submitting a bill.

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C. SPECIAL REPORTS: Healthcare providers may bill for completion of workers' compensation insurance forms by using Arizona state specific code AZ005 when the request is submitted by the Commission, the payer or third-party administrator of the payer, or the Special Fund of the Commission and limited to one billing of code AZ005 per thirty (30) day period. The applicable form must be attached to the billing.

AZ005 Completion of workers' compensation insurance forms (i.e. return-to-work status, work restrictions, supportive care restrictions) which are requested or required either by the Commission, the applicable payer (insurance, self-insured employer, or the Special Fund of the Commission), or a third-party administrator of the applicable payer, not to exceed more than one billing in a thirty (30) day period. The applicable form must be attached to the billing.

D. TRAVEL REIMBURSEMENT: Healthcare providers may bill for collection and handling performed outside of a physician's office or laboratory.

AZ026 Mileage charge for collection and handling service performed outside of the physician's office or laboratory, within a radius of seven (7) miles.

AZ027 Mileage charge for collection and handling service performed outside of the physician's office or laboratory, per mile over seven (7) miles.

AZ028 When more than one patient is seen, apportion mileage charge among total number of patients.

AZ030 Mileage round trip: each mile in excess of eight (8) miles of travel by physician.

AZ031 Within large metropolitan areas a travel time basis may be appropriate. Code AZ031 would apply to Arizona's major metropolitan areas, to include Phoenix, Tucson, Flagstaff, Kingman, and Yuma. This code would only be used when travel times are 45 minutes or more.

E. EXPERT TESTIMONY: Medical testimony by personal appearance or deposition of a physician is reported using Arizona specific code AZ099. Reimbursement for time spent providing testimony at hearing is described in Section I of the Introduction Section of the Fee Schedule.

Historical Note

New Appendix A, Special Services Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Special Services Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Special Services Guidelines repealed; new Appendix A, Special Services Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Special Services Guidelines repealed; new Appendix A, Special Services Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Special Services Guidelines repealed; new Appendix A, Special Services Guidelines made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Special Services Guidelines repealed; new Appendix A, Special Services Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Special Services Guidelines repealed; new Appendix A, with new heading Arizona Specific Codes Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Special Services Guidelines repealed; new Appendix A, with new heading Arizona Specific Codes Guidelines made by exempt rulemaking effective May 1, 2025 (Supp. 25-2). Appendix A, Special Services Guidelines repealed; new Appendix A, with new heading Arizona Specific Codes Guidelines made by exempt rulemaking effective May 1, 2026 (Supp. 26-2).

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ARIZONA PHYSICIANS' FEE SCHEDULE
Arizona Specific Codes 2026

Code	Category	Description	FY26 NF RBRVS Rate	FY26 FAC RBRVS Rate
AZ001 00	AZ Specific Codes	Peer-to-Peer interprofessional telephone consultations between treating physician or medical provider and Peer Reviewer; 5-10 minutes of medical consultative discussion and review.	$ 75.00	$ 75.00
AZ002 00	AZ Specific Codes	Peer-to-Peer interprofessional telephone consultations between treating physician or medical provider and Peer Reviewer; 11-30 minutes of medical consultative discussion and review.	$ 100.00	$ 100.00
AZ003 00	AZ Specific Codes	Meeting with NCM with patient.	$ 75.00	$ 75.00
AZ004 00	AZ Specific Codes	Meeting with NCM without patient.	$ 100.00	$ 100.00
AZ005 00	AZ Specific Codes	Completion of workers' compensation insurance forms (i.e. return-to-work status, work restrictions, supportive care restrictions) which are requested or required by the Commission, the applicable payer (insurance, self-insured employer, or the Special Fund of the Commission), or a third party administrator of the applicable payer, not to exceed more than one billing in a thirty (30) day period. The applicable form must	$ 40.00	$ 40.00
AZ026 00	AZ Specific Codes	Mileage charge, within a radius of 7 miles, for a collection and handling service performed outside the physician's office or laboratory.	BR	BR
AZ027 00	AZ Specific Codes	Over 7 miles, per mile.	BR	BR
AZ028 00	AZ Specific Codes	When more than one patient seen, apportion mileage charge among total number of patients.	BR	BR
AZ030 00	AZ Specific Codes	Mileage round-trip: each mile in excess of 8 miles of travel by physician.	BR	BR
AZ031 00	AZ Specific Codes	Within large metropolitan areas a travel time basis may be appropriate. Code AZ031 00 would apply to Arizona's major metropolitan areas, to include Phoenix, Tucson, Flagstaff, Kingman and Yuma. This code would only be used when travel times are 45	BR	BR
AZ099 00	AZ Specific Codes	Expert testimony at hearing, for the initial hour (or any portion thereof), prorated for each additional 20 minute increment (or any portion thereof).	$ 150.00	$ 150.00

Historical Note

New Appendix A, Special Services Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Special Services Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Special Services Codes 2019- 2020 repealed; new Appendix A, Special Services Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Special Services Codes 2020-2021 repealed; new Appendix A, Special Services Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Special Services Codes 2021-2022 repealed; new Appendix A, Special Services Codes 2022-2023 made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Special Services Codes 2022-2023 repealed; new Appendix A, Special Services Codes 2023-2024 made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective

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October 1, 2023 (Supp. 23-3). Appendix A, Special Services Codes 2023-2024 repealed; new Appendix A, with new heading Arizona Specific Codes 2024 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Arizona Specific Codes 2024 repealed; new Arizona Specific Codes 2025 made by exempt rulemaking effective May 1, 2025 (Supp. 25-2). Arizona Specific Codes 2025 repealed; new Arizona Specific Codes 2026 made by exempt rulemaking effective May 1, 2026 (Supp. 26-2).

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DENTAL GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction of the Fee Schedule.

The following Commission guidelines are in addition to the CDT© guidelines and represent additional guidance from the Commission relative to dental services. To the extent that a conflict may exist between an incorporated portion of the CDT© and a guideline or identifier unique to Arizona, then the Arizona guideline or identifier shall control.

General requirements on reporting services are found in the Introduction of the Fee Schedule. In addition to the definitions and commonalities preceding the coded procedures, several other requirements unique to this Section (Dental) are defined or identified as follows:

A. Dental practitioners shall include dentists, dental specialists, denturists, dental therapists, dental hygienists, hospitals, and dental clinics. Practitioners shall be licensed in the state where they practice. Services provided by dental therapists and dental hygienists shall be billed by the dentist or dental specialist, except when a dental hygienist is providing service under an affiliated practice agreement and the State dental practice act allows individual billing by the hygienist or other providers.

B. A CDT© code shall be billed when a CDT© code exists that accurately describes the service provided. If a code is not listed in the rate table, reimbursement shall be By Report, and the bill must be accompanied by documentation to support the amount billed.

C. Laboratory services such as crafting dental appliances, including but not limited to crowns and dentures, are bundled with the MAR for the associated dental procedure. No additional reimbursement shall be due for these services. Laboratory services do not include imaging such as radiographs or scans, which shall be reimbursed based on the MAR of the CDT© code or the billed amount, whichever is less.

D. Preexisting or underlying conditions shall be covered only when required to successfully complete treatment related to the compensable workers' compensation illness or injury.

E. Prophylaxis or routine preventive care shall not be reimbursed.

Historical Note
New Appendix A, Dental Guidelines made by exempt rulemaking effective May 1, 2026 (Supp. 26-2).

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DENTAL CODES 2026

Editor's Note: Due to copyright restrictions set by the American Dental Association (ADA) for Current Dental Terminology (CDT) codes, the Industrial Commission of Arizona (ICA) may only distribute the 2026 Dental Rate Codes to requestors after they agree to the Terms & Conditions.
To access the Arizona Physicians' Fee Schedule Dental Codes 2026 visit: https://www.azica.gov/forms/dental-rate-table-request-form.

Historical Note

New Appendix A, Dental Codes made by exempt rulemaking effective May 1, 2026 (Supp. 26-2). The Industrial Commission of Arizona made a clerical error when it filed the Dental Codes for codification in this Chapter. The Dental Codes were not intended for publication and have been removed. They are incorporated by reference and available on the Commission's website after requestors agree to terms and conditions required under the ICA's agreement with the American Dental Association (Supp. 26-3).

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